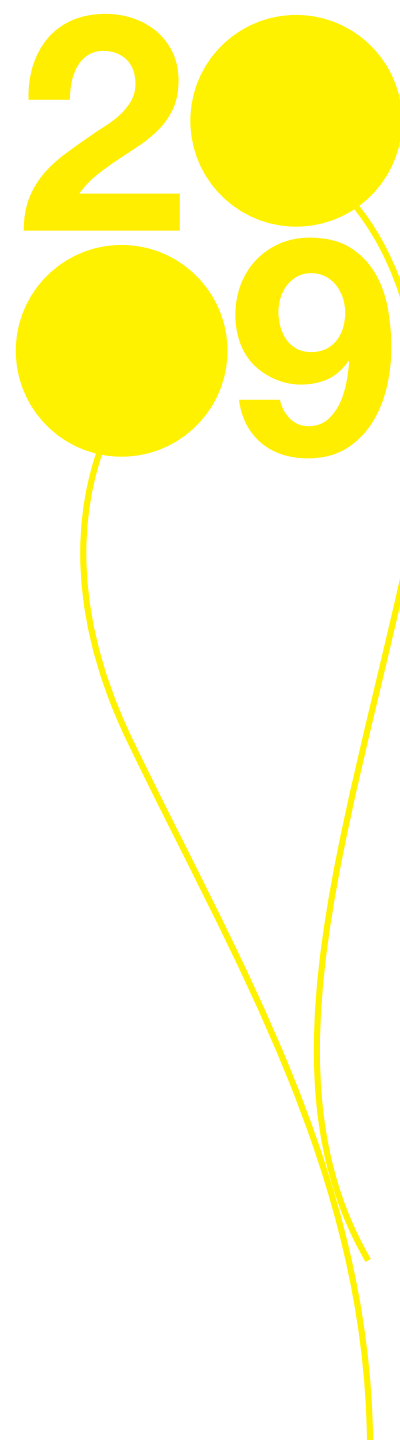


Raising Hope

Irish Cancer Society
Annual Report and Accounts



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Chairman's Review

Dear friend, I am presenting this Annual Report of the Irish Cancer Society in this, my second year as Chairman of the Board, at a time of great change and great challenge, but also in the full knowledge and confidence that the Society is meeting those challenges head on with determination and commitment.

More people are getting cancer in Ireland. This is our main challenge and it makes achieving our strategic targets all the more urgent.

Achieving them is undoubtedly harder in a difficult economic environment. Like many others, we have to do more for less.

Despite that, in 2009 we have made a lot of progress in achieving our ambitious targets around cancer prevention, early detection and fighting cancer.

We opened our pilot Daffodil Centre in Galway University Hospital, bringing our Cancer Information Service to the place where patients and their families need it most – to the hospital where cancer services are being delivered.

We have made significant progress in delivering a free nationwide bowel cancer screening service, which is vital if we are to reduce the incidence of late or advanced bowel cancer and in turn reduce the number of deaths from the disease. The Minister for Health and Children, Mary Harney TD, has accepted our offer of €1m towards the rollout of screening. This offer is a 'first' for the Irish Cancer Society, but we are putting our money where our mouth is in order to achieve our ambitious targets. We also know that this offer is what could make the difference between having screening delivered now or not at all.

The battle against tobacco remains among our biggest challenges and our most urgent, as tobacco is the biggest single cause of cancer in Ireland. The introduction of the Point of Sale (POS) regulations, which further inhibit the marketing of tobacco to young people, was very much welcomed by us in 2009 and it is one of a list of important tobacco control legislative measures taken by the Government.

But smoking prevalence remains stubbornly high and much more needs to be done.

Over the course of two budgets in 2009, an increase of 75c in the price of tobacco was achieved. Lobbying to keep the price high is a vital activity as it is well proven that high price discourages young people from starting smoking and encourages existing smokers to quit.

The growth in the incidence of tobacco smuggling also emerged in 2009 as a major challenge and we continue to urge the Government and its agencies not to allow criminal activity to undermine the very important aim of protecting young people from smoking.

The work of the Irish Cancer Society is also ever-changing and growing and we are constantly evaluating how we deliver our services to ensure we get the best value for the money raised on our behalf and give the best service to the public we serve.

Our staff show unstinting commitment to delivering world-class cancer services, and this year saw some staff changes.

In 2009 we decided to deliver counselling in a different way. We are now funding counselling services in the community-based cancer support centres rather than providing them directly ourselves.

And we acknowledge the many years of valuable work carried out by our workplace health-promotion sessional workers who completed their service with us this year.



Above
Chairman Bill McCabe (left) and Chief Executive
John McCormack (right)

But we could not do what we do without the wonderful commitment and amazing achievements of the many thousands of Irish people who fundraise for us and who donate to us.

We are constantly amazed and indeed inspired by the many challenges that our fundraisers in the community take on for the Irish Cancer Society. They enthusiastically climb mountains, swim channels, take 'Dips in the Nip', run marathons, cycle the length of Ireland, drive across 27 EU states in 27 days, to name but a few of their endeavours to raise money for the Society. They even grow moustaches as part of the incredibly innovative Movember campaign.

I also want to acknowledge and thank our many corporate partners and sponsors and supporters without whom the battle against cancer could not be fought. We salute you all.

A handwritten signature in black ink that reads "W. G. McCabe".

Bill McCabe Chairman
Irish Cancer Society

Chief Executive's Review

Dear friend, the Irish Cancer Society had a demanding but very successful year in 2009. Balancing an uncertain economic climate and difficult fundraising environment against the demand for increased services, we have succeeded in doing more for less in 2009. We have also continued to enjoy tremendous support from a very loyal volunteer force and wider Irish public and this has allowed us work towards our overarching mission of ensuring that fewer people get cancer and those that do have better outcomes.

We began the year knowing that the domestic economy had entered one of its most difficult and uncertain periods in many years, and that it would be impossible to predict the impact of the recession on the fortunes of the Society, given the rapid and severe decline in economic activity, growing unemployment and a big drop in personal income for many of our donors.

Our ambition to increase our income on our 2008 performance was a very big ask, considering that it had represented our best year yet.

The Society took on cutting our costs and managing our spending as responsibly as possible without affecting any of the vital services that we deliver, or undermining our work in any way. Our staff rose to the challenge of ensuring that we got the very best value for every euro we spent in order to ensure that the work of the Irish Cancer Society and in particular the people we assist would not suffer.

We have not diluted, in any way, any of our ambitious targets around cancer prevention, early detection and fighting cancer out of concerns that we couldn't afford them or deliver them. Through enhanced advocacy, increased cancer services and support for cancer research, I can report that much progress continues to be made on our goals and that we have grown our activity in many areas.

TOBACCO CONTROL

We continued our lobby for increased tobacco taxes in the two budgets of 2009. A 75c increase was delivered, which was a significant achievement. We also began to focus on the challenge of the significant growth in tobacco smuggling

and combating its potential to undermine very valuable and necessary measures to combat the effects of tobacco.

The Point of Sale legislation banning the display of tobacco products in shops and pubs came into force mid-2009, and we continued to press for the introduction of pictorial warnings on cigarette packets as part of a series of measures necessary to fight tobacco.

The National Smokers Quitline (CallSave 1850 201 203) which we run in partnership with the HSE, looked after 4,486 callers in 2009 and we also continue to support health professionals in supporting smokers in their efforts to quit.

BOWEL CANCER

2009 was the year in which the Irish Cancer Society took the unprecedented step of offering the Government €1m towards the roll-out of bowel cancer screening, as an expression of our commitment to see this vital screening service rolled out. We were clear that this was necessary if screening was going to be delivered while the Government was cutting spending and services.

We ran the first ever Bowel Cancer Awareness Month in April 2009 and continued to highlight the unacceptably long waiting times for colonoscopies in public hospitals. Over the course of 2009, the number of people waiting over three months for a colonoscopy was reduced by 18 per cent from 1103 to 911, while the number of people waiting more than 12 months for a colonoscopy was reduced by a staggering 86 per cent from 146 to 20. We warmly welcome these developments while continuing to monitor waiting times for this vital procedure in detecting bowel cancer.

INFORMATION AND SUPPORT

The Society remains the lead provider of a comprehensive Cancer Information Service (CIS) primarily through our National Cancer Helpline (Freefone 1800 200 700). Our Helpline assisted 19,300 callers in 2009, which was an increase from 16,500 calls in 2008. We also assisted people concerned or affected by cancer through our email service, live chat facility, website and vast number of publications. These services both empower people to live healthy lives and stay well by reducing their cancer risk and help people diagnosed with cancer overcome obstacles in their personal cancer battles.

2009 saw the opening of our pilot Daffodil Centre in Galway University Hospital and this has provided us with a valuable and successful model for the roll-out of Daffodil Centres all over the country. This is a major extension of our nationwide CIS into the hospital where the patient and their family can receive information and support where they need it most.

We continued to look after people in their own homes at the end of their cancer journey through our free nationwide night nursing service and in 2009 our 250 night nurses cared for 1,700 people and their families at home, which was an increase from 1,640 people in 2008.

The impact of the recession was felt directly in an increased level of demand for financial support from people with cancer and in 2009 we provided financial assistance to 1,260 people, which was an increase from 1,000 patients in 2008.

We were also delighted to have been nominated by Tesco as their Charity of the Year, which over the next two years will allow us to roll out our volunteer driving service, Care to Drive, across the country.

In the cancer research arena in 2009, 30 discoveries from research funded by the Society were published in international peer review journals. These findings were predominantly made in the areas of breast, leukemia, lung, myeloma, oesophageal, ovarian, prostate and renal cancer.

Dundalk hosted its very own Relay For Life event in October 2009. This gave the people of Co. Louth a wonderful opportunity to celebrate survivorship, remember those lost to cancer, play an active role in raising awareness of cancer in the community, help people better understand how to prevent the disease, and in doing so raise funds to help the Irish Cancer Society undertake our vital work. We are greatly looking forward to more Relay events in the local communities in 2010.

Together, all of these actions mean that we are doing the right things to further progress the fight against cancer and are making significant progress in our goal of saving lives.

Last year you helped us raise approximately €17m and this meant we were in good financial shape going into 2010, but the need for support keeps on growing and now more than ever we need your continued loyalty.

So I would like to conclude with heartfelt thanks to all of our volunteers, fundraisers, donors and campaigners. Each one of you in your own way is helping us do even more for people with cancer.

I would like to congratulate the staff on their achievements in 2009 and the Board, Medical Committee and Cancer Research Committee for their passion, time, expertise and unflinching commitment.

Together we are raising hope.



John McCormack Chief Executive
Irish Cancer Society

Friends of the Society

Every year our thousands of volunteers come out in force to support the Irish Cancer Society. The following list names but a few.

BOARD OF DIRECTORS

Mr B. McCabe (Chairperson)	Ms B. Godley
Prof. J. Armstrong	Mr D. Heather
Mr D. Breen	Dr J. Kennedy
Ms V. Campbell (Retired 1 July 2009)	Mr P. McMahon
Mr V. Crowley	Prof. C. O'Farrelly
Dr G. Flannelly	Mr P. Ó hUiginn
	Mr J. Slattery

MEDICAL COMMITTEE

Dr G. Flannelly (Chairperson)	Prof. C. Kelleher
Dr M. Barry	Dr J. Kennedy
Dr B. Clune	Dr P. Lawlor
Dr H. Comber	Mr T. Lynch
Ms M. Cox	Ms E. Maher
Dr G. Crotty	Dr J. McCaffrey
Ms Y. Davidson	Dr R. McQuillan
Dr D. Fennelly	Ms E. O'Donnell
Ms E. Furlong	Dr A. O'Meara
Mr J. Geraghty	Prof. C. O'Morain
Dr L. Grogan	Dr S. O'Reilly
Dr R. Gupta	Ms E. O'Shea
Mr D. Hehir	Mr P. Sweeney
Dr B. Hennessy	Dr P. Thirion
Prof. D. Hollywood	Dr N. Walsh

FINANCE COMMITTEE

Mr Paddy McMahon (Chairman)
Mr Vernon Crowley
Mr Fergus Brennan

CANCER RESEARCH COMMITTEE MEMBERS

Prof. Cliona O'Farrelly (Chair)	Ms Deirdre O'Hanlon
Dr Harry Comber	Prof. William Watson
Prof. Tom Cotter	Prof. John Armstrong
Prof. Elaine Kay	Dr John Kennedy
Prof. Mark Lawler	Prof. Laurence Egan
Prof. Noel Lowndes	Dr Liam Grogan

EXTERNAL ASSESSORS

Prof. Michael O'Brien	Prof. Liam Murray
Prof. Carlos Caldas	Dr Lee Helman
Prof. Frances Balkwill	Dr Maggie Watson
Prof. Nora Kearney	Prof. Finbarr Cotter
Dr Anna Gavin	

SUPPORT GROUPS

Bowel Cancer Support Group Canteen
Lymphoma Support Ireland (LSI)
Men Against Cancer (MAC)
Reach to Recovery

ORDINARY AND LIFE MEMBERS

Mr P. Anderson	Mr V.P. Koziell
Mr J. Armstrong	Mr B. McCabe
Mr A. Beckwith	Mr J. McCormack
Mr J. Bowman	Mr M.J. Moriarty
Mr G. Byrne	Mr J.F. Murphy
Ms V. Campbell	Ms N. Ni Chonghaile
Mr D.N. Carney	Mr B. O'Donovan
Mr V. Crowley	Mr F. O'Donovan (RIP May 2010)
Mr M. Cully	Mr P. Ó hUiginn
Mr A. Darragh	Mr G.A. O'Mahoney
Mr B. Dempsey	Mr P. O'Reilly
Mr J.J. Fennelly	Mr C. Preston
Mr T. Finlay	Mr M. Ryan
Mr B. Godley	Ms U. Sheridan-Grace
Mr D. Heather	Ms J. Ward Ramos
Ms B. Herity	Mr E.N. Webb
Mr T. Hudson	Mr K. Wylie
Mr J. Kennedy	

CORPORATE PARTNERS

Abbott Ireland	Curves
Anglo Irish Bank	Dell Computers
AOL Europe	Deutsche Bank
Aramark	Dunnes Stores
Audi Ireland	EBS
Aviva	Elave
Bank of America/MBNA	EMC Ireland
Bank of Ireland	Eurostyle
BJ Fitzpatrick	Fáilte Ireland
Boots	ghd
Bristol Myers Squibb	Glaxo Smith Kline
Brown Thomas	Go Green Mobile
Calcul	Google Ireland
Calor Gas	Hallmark
Citi Group	Hewlett Packard
Compass Group	Irish Examiner
CRH	Irish Independent



Left
National No Smoking Day 2009 launch.
Bill Cullen and Mr Big Cig

Right
Fashion Targets Breast Cancer 2009 launch.
Designer Paul Smith and Ryan Tubridy

CORPORATE PARTNERS CONTINUED

- | | |
|----------------------------|-----------------|
| Irish Life | Roche Ireland |
| Investment Managers | Sanofi Aventis |
| Johnson & Johnson | Schering Plough |
| L'Oreal | State Street |
| Leinster Rugby | Stellarsound |
| Matheson Ormsby Prentice | Third Force PLC |
| Mercury Engineering | Vhi Healthcare |
| Metro Herald | Vodafone |
| Microsoft | |
| Mundipharma | |
| Musgraves Centra SuperValu | |
| Novartis | |
| Papertree | |
| Peter Mark | |
| Pfizer | |
| Prestigious Textiles | |
| Proctor & Gamble | |

CELEBRITIES / PERSONALITIES

- | | |
|--------------------|------------------|
| Aidan Power | Oliver Callan |
| Anne Cassin | Paschal Sheehy |
| Bill Cullen | Pat Falvey |
| Bill O'Herlihy | Patrick Guilbaud |
| Brian Dobson | Paul Smith |
| Caroline Morahan | Peter Dowdall |
| Claudia Carroll | Ray Houghton |
| Colm Murray | Ronnie Whelan |
| Eileen Dunne | Ryan Tubridy |
| Gerry Daly | Stephen Roche |
| Glenda Gilson | Victoria Smurfit |
| Jim Beglin | |
| John Aldridge | |
| John Cushnie (RIP) | |
| John Giles | |
| Kathryn Thomas | |
| Mike Murphy | |



Top
27 States in 27 Days

L-R: Danny O'Connor, RTÉ presenter Kathryn Thomas and Paul Goodwin launch an epic bid to drive through 27 EU states in 27 days

-
Bottom Left

L-R: Claudia Carroll, Anne Cassin and Caroline Morahan launch Eurostyles's range of handbag accessories in aid of Action Breast Cancer

-
Bottom Right

L-R: Valerie Duignan, Dr Bernadette Carr, Klara Droog, Evie Fitzgibbon and RTÉ's Eileen Dunne launch Breast Cancer Awareness Month 2009



Top

L-R: RTÉ pundit John Giles and John O' Shea, founder of Goal, launch Prostate Cancer Awareness Week 2009

Bottom Left

L-R: Jim Beglin, John Aldrige, Ronnie Whelan and Ray Houghton launch Bowel Cancer Awareness Month 2009

Bottom Right

L-R: RTÉ presenter Aidan Power pictured with oncology diploma graduate nurse Judy McAuliffe from Dundrum, Co. Dublin



A large, solid yellow circle is centered on the page. Inside the circle, the text "The race to prevent" is written in a bold, white, sans-serif font.

The race to prevent

The Race to Prevent

According to the World Health Organisation, at least half of all cancer cases are preventable. Here's a snapshot of what we did during 2009 to help people reduce their risk of getting cancer, both through raising awareness and through influencing public policy.

THE BATTLE AGAINST TOBACCO – ENCOURAGING SMOKERS TO BREAK THE HABIT

The Campaign

Six thousand people in Ireland die from smoking related illnesses every year. Twenty-nine per cent of the Irish population currently smoke, compared to 27 per cent in 2002. Throughout 2009 we worked hard to raise awareness of the health effects of smoking and to encourage people to break the habit.

The Impact

- We responded to 4,486 calls to the National Smokers' Quitline, which we run in partnership with the HSE.
- Ash Wednesday was National No Smoking Day and we encouraged the smokers of Ireland to quit smoking by distributing wallet cards with details of the National Smokers' Quitline to social welfare offices and pharmacies across the country.
- We developed a new resource for SPHE (Social, Personal and Health Education) in primary schools called 'Be Smart, Don't Start'. An art competition was held and over 1,000 highly creative and innovative posters were received from 250 primary schools. The winners were honoured at a ceremony held in Croke Park.
- We created an opportunity for young people to influence the smoke-free agenda through a new youth-led initiative called X-HALE (cutting out harmful addictions and lethal effects). The group are planning a national conference for young people in 2010 where they will launch X-HALE.

THE BATTLE AGAINST TOBACCO – INFLUENCING PUBLIC POLICY

The Campaign

Tobacco is the only legal consumer product that kills half of its regular users. Reducing smoking prevalence through influencing public policy is one of our key priorities.

The Impact

- Dr Douglas Bettcher, Director of the Tobacco Free Initiative at the World Health Organisation, was awarded the Irish Cancer Society's annual Charles Cully Memorial Medal and told delegates at an honorary lecture that Ireland must implement comprehensive tobacco-control policies.
 - Following intensive lobbying, we welcomed the introduction of Point of Sale legislation on 1 July, which banned the advertising and display of cigarettes in shops, pubs and hotels. This groundbreaking legislation was designed to protect children from becoming addicted to cigarettes as evidence shows that more than half of all smokers start before the age of 15, and 83 per cent start before they are 18.
 - Following a targeted advocacy and complementary media campaign, the Government increased the price of cigarettes by a total of 75 per cent in Budget 2009 and the supplementary budget in April 2009. High taxes on tobacco are the single most effective intervention to prevent smoking.
 - We highlighted the growing problem of tobacco smuggling and the way it undermines policies designed to reduce smoking prevalence, and urged the Government to act.
-

““ This groundbreaking legislation was designed to protect children from becoming addicted to cigarettes as evidence shows that more than half of all smokers start before the age of 15, and 83 per cent start before they are 18.””

PREVENTING CERVICAL CANCER

The Campaign

A combination of a mass vaccination programme alongside national organised cervical screening is the most effective approach to controlling cervical cancer in the longer term. In 2008, the Minister for Health and Children agreed to implement the programme but later withdrew that commitment due to budgetary constraints.

The Impact

- In order to maintain pressure on the Government to commit to rolling out a free nationwide HPV vaccination programme in secondary schools, we invited Professor Ian Frazer, co-inventor of the HPV vaccine, to present at our annual Charles Cully Memorial Lecture in January 2010. This triggered further discussions with Government at the end of 2009.

COMMUNITY AND WORKPLACE HEALTH AWARENESS TALKS

The Campaign

Our health awareness talks are specifically designed to meet the needs of communities and workplaces in relation to motivating behaviour change and reducing cancer risk.

The Impact

- We facilitated 182 health awareness talks and information stands in workplaces and communities across the country, covering topics such as skin cancer prevention, smoking cessation, diet and physical activity.

PREVENTING SKIN CANCER

The Campaign

Between 1998 and 2008, the incidence of melanoma, the most serious form of skin cancer, almost doubled in Ireland.

The Impact

- Our high-profile SunSmart advertising and public relations campaign highlighted the importance of staying safe in the sun and seeking medical advice for changes in moles.
- 206 pharmacy staff received SunSmart pharmacy-training regarding best practice for the sale of UV protective products.
- In our campaign to ban sunbed usage in under-18 year-olds, we carried out an undercover survey that highlighted the lack of supervision and controls at sunbed providers in Dublin. A snapshot survey of eight different facilities showed little evidence of warnings about skin cancer. The results of the research were widely reported in the media.
- The Society sits on the National Cancer Control Programme Skin Cancer Prevention Group.

““ Our high-profile SunSmart advertising and public relations campaign highlighted the importance of staying safe in the sun and seeking medical advice for changes in moles.””



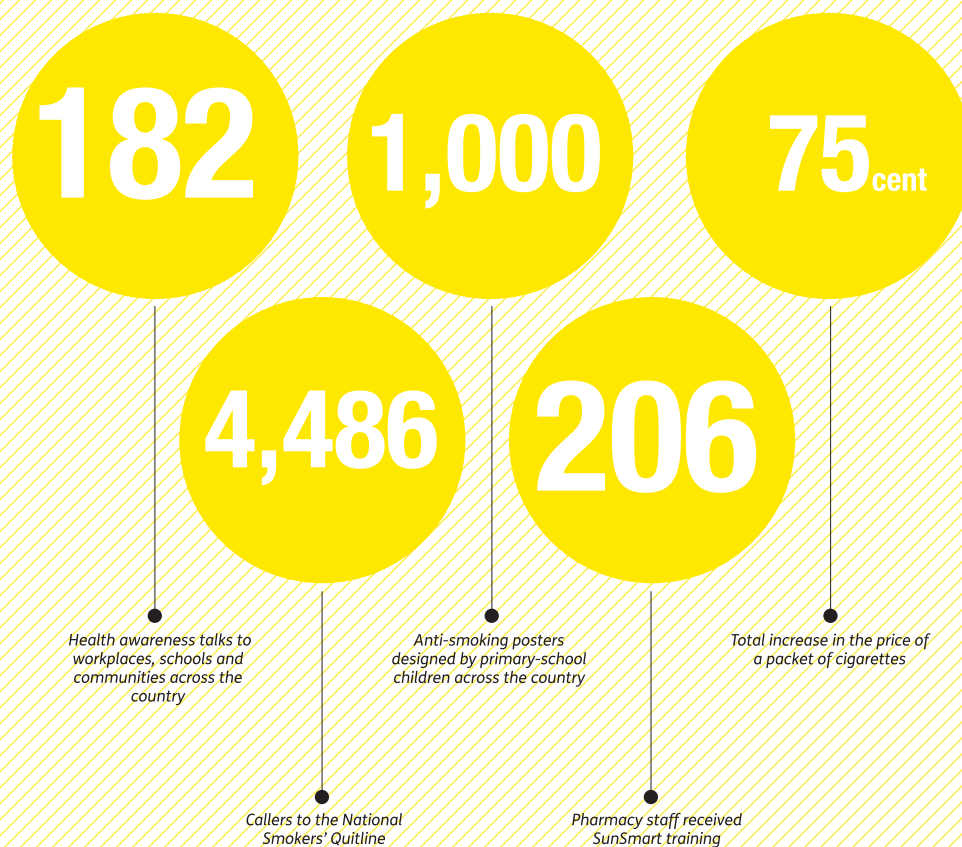
Top
L-R: Emer Cullen, Micheal Clancy, Lucy Crowley and Emer Clancy campaign outside Government Buildings for a €2 increase in the price of a packet of cigarettes.

Bottom Left and Right
Winners of the 'Be Smart, Don't Start' poster competition.

“ Ireland changed the history of global tobacco control and cancer prevention by adopting the revolutionary ban on smoking in public places and workplaces. However, it should do more to protect people from the dangers of smoking. Political will to adopt more progressive tobacco control policies is crucial in this regard.”

DOUGLAS BETTCHER, DIRECTOR, TOBACCO FREE INITIATIVE, WORLD HEALTH ORGANISATION

2009 IN NUMBERS







**The key is
early detection**

The Key is Early Detection

According to the World Health Organisation, about one-third of the cancer burden could be reduced if cases were detected and treated early. Early detection is about education and screening – education to help people recognise early signs of cancer and seek prompt medical attention for symptoms, and screening programmes to identify pre-cancer or early cancer before signs are recognisable by the people themselves.

RAISING AWARENESS OF BOWEL CANCER

The Campaign

Ireland has the highest mortality rate for bowel cancer in Western Europe, with approximately 1,000 people dying from the disease every year. Half of all bowel cancer cases are diagnosed at an advanced stage when treatment is more difficult. In April, we launched Ireland's first ever Bowel Cancer Awareness Month, and conducted a high-profile advertising and public relations campaign to increase awareness of the early warning signs of bowel cancer and encourage people to take action when concerned.

The Impact

- We received over 1,000 calls to our National Cancer Helpline from people concerned about or affected by bowel cancer throughout the campaign.
- We received four times the number of calls for prevention and symptom information than usual, a measure of the success of the campaign.
- The bowel cancer section of our website received approximately 32,000 visits during the campaign, a 15-fold increase of visits compared to the previous month.

REDUCING COLONOSCOPY WAITING TIMES

The Campaign

A colonoscopy is a vital procedure for diagnosing bowel cancer. As the Minister for Health and Children, Mary Harney TD has publicly stated, anyone who urgently needs a colonoscopy should not have to wait longer than four weeks. In December 2008, there were 146 people waiting more than a year for a colonoscopy and 1,103 people waiting more than three months. Throughout 2009, we carried out a targeted advocacy and complementary media campaign bringing attention to unacceptably long waiting times.

The Impact

- The number of people waiting more than 12 months for a colonoscopy was reduced by 86 per cent from 146 to 20.
 - The number of people waiting over three months for a colonoscopy was reduced by 17 per cent from 1103 to 911.
-

🗨️ In April, we launched Ireland's first ever Bowel Cancer Awareness Month, and conducted a high-profile advertising and public relations campaign to increase awareness of the early warning signs of bowel cancer and encourage people to take action when concerned. 🗨️

THE IMPLEMENTATION OF A BOWEL CANCER SCREENING PROGRAMME

The Campaign

Screening is vital in the battle against bowel cancer. Screening saves lives and there is international evidence to show that a bowel cancer screening programme would start to save lives immediately. In July we announced details of our offer of €1m to the Government towards the roll-out of a free national bowel cancer screening programme, a significant new step for the Society.

The Impact

- We participated in a Government expert advisory group to explore ways of delivering a bowel cancer screening programme.
- In January 2010, Minister for Health and Children, Mary Harney TD announced that a bowel cancer screening programme would be rolled out by 2012 for the 60-69 age group.
- We received spontaneous contributions from individuals who were delighted to support the campaign.

INCREASING AWARENESS AND UNDERSTANDING OF BREAST CANCER

The Campaign

October was Breast Cancer Awareness Month and we partnered Vhi Healthcare on a high-profile advertising campaign to encourage the women of Ireland to make breast awareness a part of their routine.

We also announced results of a study conducted by the Athlone Institute of Technology in partnership with the Society, which examined why women with breast changes symptomatic of breast cancer delay going to the GP.

The Impact

- Throughout Breast Cancer Awareness Month, our Cancer Information Service Nurses answered 1,160 calls from people concerned about or affected by breast cancer.
- The results of the study conducted by the Athlone Institute of Technology in partnership with the Society have helped us understand how we can reach out to more women who might delay seeking help, and shaped our breast awareness campaign. The good news was that most women seek help quickly and those that delay have significant issues in their lives such as moving house, changing jobs or seeking separation from a partner.



Top

L-R: Valerie Duignan, Evie Fitzgibbon, Eileen Dunne and Klara Droog launch Breast Cancer Awareness Month 2009

Bottom

Bowel Cancer Survivors, Art Cosgrove (left) and Tony Killeen TD, Minister for Defence, at the launch of Ireland's first ever Bowel Cancer Awareness Month

““ A proportion of women, when they detect a change in their breast, do not seek medical advice immediately. Women need to know their breasts and act immediately when they notice a change.””

DR NOREEN CUSHEN, RESEARCHER, DEPARTMENT OF NURSING AND HEALTH SCIENCES, ATHLONE INSTITUTE OF TECHNOLOGY

““ I made the decision to speak out about my personal cancer experience because I know what a difference it makes to catch it early. If I had been more aware, I might have got it even earlier. Awareness saves lives, and I am proof of that.””

TONY KILLEEN TD, MINISTER FOR DEFENCE AND BOWEL CANCER SURVIVOR

2009 IN NUMBERS

86%

Reduction in the number of patients waiting more than one year for a colonoscopy through our media and advocacy campaign

€1,000,000

Offered by the Irish Cancer Society to the Government towards the roll-out of a free national bowel cancer screening programme

58%

Of women go immediately to see a healthcare professional on discovering a lump or change in their breast (Athlone Institute of Technology/Irish Cancer Society Study 2009)

32,000

Visits to www.cancer.ie/bowelcancer during Bowel Cancer Awareness Month

1,000

Calls to our Cancer Information Service during our bowel cancer awareness campaign





**The helping
hand at every
stage of the
cancer journey**

The Helping Hand at Every Stage of the Cancer Journey

Throughout 2009, our information, nursing and support services improved the lives of people affected by cancer at every stage of their cancer journey.

👍👍 It is a wonderful service and the nurses are so understanding. 👍👍

CANCER CHAT USER

👍👍 Thank you so much for all your support and help in the past year. You'll never know the difference you make in people's lives. 👍👍

FINANCIAL AID RECIPIENT

OUR SERVICES

1. CANCER INFORMATION SERVICE

Our Cancer Information Service is a valued and trusted source of information, advice and support for anyone concerned about cancer. At the heart of the service is the National Cancer Helpline, Freefone 1800 200 700. In late 2009, our Action Breast Cancer and Action Prostate Cancer helplines were amalgamated into the National Cancer Helpline, providing one single access point to anyone concerned about cancer or affected by cancer.

The Impact

- Our Cancer Information Service Nurses answered 19,331 calls to our National Cancer Helpline, an increase of almost 3,000 calls on 2008.
- We continued to maintain over 2,000 pages of up-to-date cancer information, practical advice and support on our website.
- We increased our Understanding Cancer series of booklets to 38 titles and produced a range of new factsheets on breast, prostate and bowel cancer.
- We sent approximately 350,000 information booklets, factsheets and leaflets to enquirers to our Cancer Information Service, hospitals, and health professionals.
- Use of our CancerChat service at www.cancer.ie, a live online chat room linked to our Cancer Information Service, continued to increase. In an independent survey, 79 per cent of those who used this service said it was excellent.

2. THE DAFFODIL CENTRE

The Daffodil Centre is a much-needed resource in the hospital, providing information and support on any aspect of cancer to patients, families, friends, healthcare professionals and visitors to the hospital. The Centre is staffed by a specialist nurse and trained volunteers and is located strategically within the hospital to make it visible and accessible.

The Impact

- Our first ever Daffodil Centre opened in Galway University Hospital. Following its success, we reached out to 31 hospitals across the country, inviting them to submit expressions of interest in establishing a Daffodil Centre. We are planning to establish at least five centres in 2010.

3. NIGHT NURSING SERVICE

Our *Night Nursing Service* allows seriously ill patients to remain at home surrounded by their family and loved ones. Night nurses sit with patients throughout the night, providing nursing care, practical support and reassurance.

The Impact

- Our night nurses provided 6,924 nights of free care to 1,700 seriously ill patients in their homes, representing an increase of 12 per cent on 2008.
 - We were able to fulfil 95 per cent of requests for a night nurse in 2009.
 - 45 night nurses were recruited bringing the total to 250.
-

👩👧 The afternoon beauty session was a very uplifting process. It is wonderful for such young, professional and talented ladies to be able to give of their time and expertise. 👩👧

LOOK GOOD ... FEEL BETTER SERVICE USER

4. PEER SUPPORT PROGRAMME

Through our Peer Support Programme, we train people who have been treated for cancer to help newly diagnosed patients by providing emotional support, advice and practical information. We also host conferences and seminars for cancer patients, survivors and family members.

The Impact

- We trained 24 new peer support volunteers to provide support, encouragement and a listening ear to newly diagnosed patients.
- We hosted two conferences through our Peer Support Programme – a breast cancer conference in association with Reach to Recovery, and a lymphoma conference in association with Lymphoma Support Ireland – along with three public meetings in association with Men Against Cancer (MAC). Nearly 500 patients and family members attended these conferences and public meetings.
- We held a patient conference for 80 women with secondary breast cancer, and their partners. We also began work on the establishment of a support group for women with secondary breast cancer.

5. BUILDING EFFECTIVE CANCER SUPPORT GROUPS IN IRELAND

Through our project Building Effective Cancer Support Groups in Ireland we will expand our role by becoming an umbrella body to which all cancer support groups, support centres and peer support programmes will be affiliated. This was recommended in Ireland's second National Cancer Strategy – A Strategy for Cancer Control in Ireland.

The Impact

- As a first step, we conducted in-depth research to further our knowledge of existing cancer support services in Ireland in order to develop an affiliation network of Cancer Support Services.
- The vast majority of research participants agreed with the concept of affiliation to the Irish Cancer Society as the umbrella body.

6. NATIONAL COUNSELLING SERVICE

Our National Counselling Service helps patients and families who have difficulty coming to terms with a cancer diagnosis, living with cancer or difficulties coping with loss. Over the past six years we have trail-blazed a model for a free professional counselling service.

The Impact

- Our counsellors provided approximately 1,600 sessions of free counselling to over 500 families across the country.

7. LOOK GOOD... FEEL BETTER

Look Good ... Feel Better is a charity partnership between the cosmetics industry in Ireland and the Irish Cancer Society. It helps cancer patients deal with the appearance-related side-effects of their treatment. We are currently operating this programme in 11 hospitals around the country.

The Impact

- 738 women attended 94 Look Good ... Feel Better workshops that were held across the country in 11 hospitals.

8. CARE TO DRIVE

Care to Drive is a volunteer driving service to help patients get to and from their cancer treatment, easing the stress and worry that travel can cause. A pilot Care to Drive service was developed by St Vincent's University Hospital in association with the Irish Cancer Society. This pilot service has provided a blueprint for a nationwide volunteer-based system of transportation.

The Impact

- 117 volunteer drivers have completed 1,355 journeys for 118 patients and covered over 42,000 km in the pilot Care to Drive service.
- From 2010 it is hoped that this service will be rolled out across the country on a phased basis.

9. FINANCIAL AID SCHEME

Through our Financial Aid scheme, we help patients who are finding it difficult to cope financially due to a cancer diagnosis. There may be particular needs that arise specifically because of illness or as a result of treatment.

We also administer the Travel2Care scheme, which is funded by the National Cancer Control Programme and aims to help people with travel costs when attending their nearest specialist breast centre.

The Impact

- We provided financial aid to 1,260 people to the value of €707,351. This represents a 22 per cent increase on the number of people we helped in 2008.
- We allocated €73,623 on behalf of the Travel2Care scheme to 236 people.



Top

Our Cancer Information Service Nurses responded to 19,331 calls to the National Cancer Helpline during 2009

-

Bottom Left

Cancer patient Grace Hudson attends a Look Good ... Feel Better workshop

-

Bottom Right

Care to Drive volunteer Mary Bruton drives patient Thomas Carroll to his appointment at St Vincent's University Hospital, Dublin

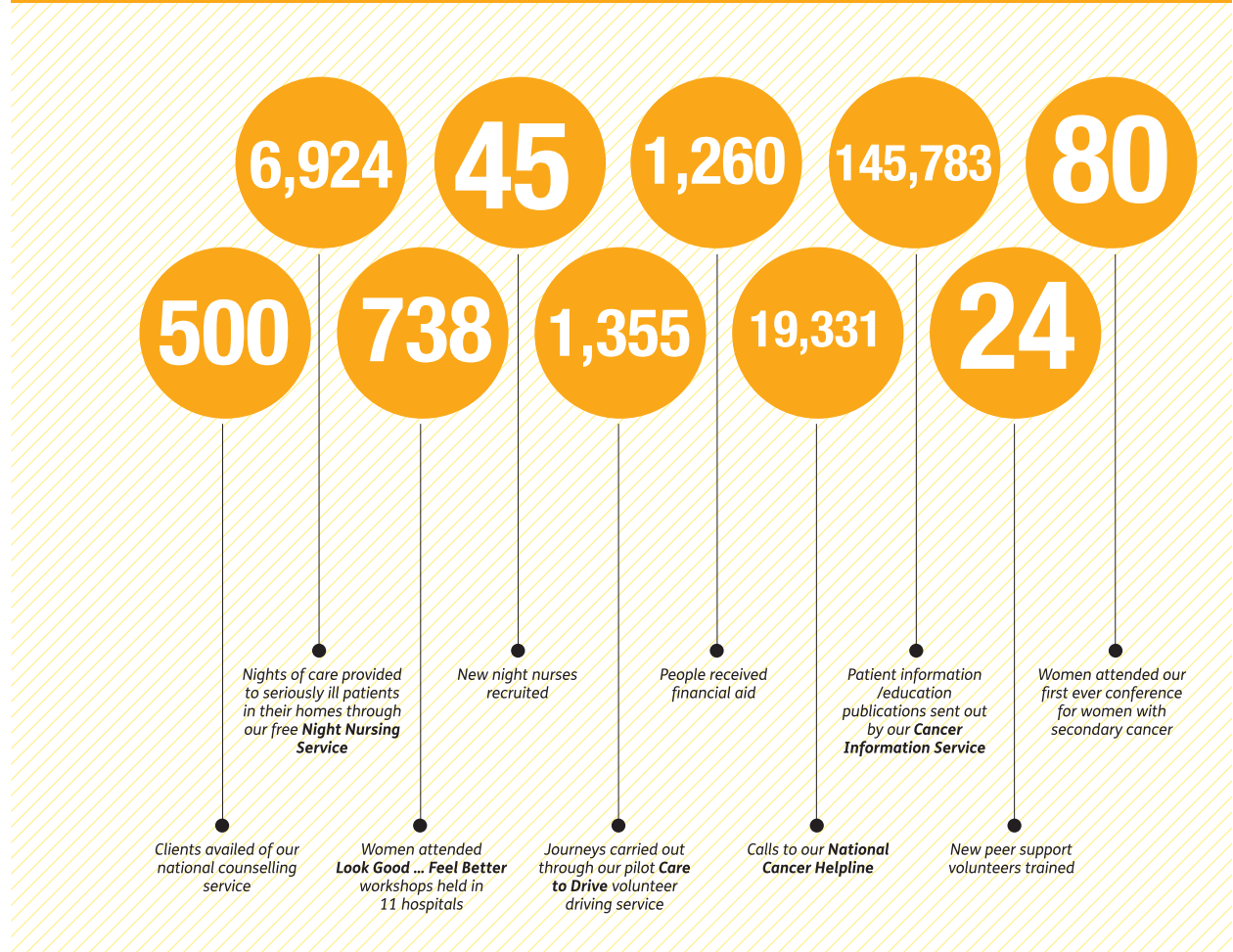
“He only spoke to the Irish Cancer Society Nurse for a few minutes when he was not sleeping but we could tell he trusted her and he knew he was in good hands.”

NIGHT NURSING SERVICE USER

“Before Care to Drive came into our lives, the journey to St Vincent’s was always a stressful and tiring experience. Since the social worker told us about the service, life has become so much easier. Care to Drive is simply a wonderful service.”

THOMAS AND PAT CARROLL, CARE TO DRIVE SERVICE USERS, BLESSINGTON, CO WICKLOW

2009 IN NUMBERS







**Research - the
future for cancer
prevention, early
detection and
fighting cancer**

Research - the future for cancer prevention, early detection and fighting cancer

Latest data from the National Cancer Registry of Ireland (NCRI) shows that approximately **24,800** new cases of cancer were diagnosed in Ireland in 2008 and cancer will affect one in three of us during our lifetime.

New cancer cases are expected to reach over **43,000** in the year 2020. Just over **8,000** people died from cancer in 2008 and cancer is responsible for **25 per cent** of all deaths every year.

Faced with such stark facts we must do everything in our power to combat the disease. Cancer research is helping to identify the causes of cancer and is pointing the way to improved methods of diagnosis and treatment.

The Irish Cancer Society is the largest voluntary cancer funder of research in Ireland. In 2009, the Society provided **€1.5m** towards cancer research in universities and hospitals across the country. Here are some examples.



Dr Claire Donohoe
Trinity Health Science
Centre, St James's Hospital

“ Sponsorship from the Irish Cancer Society is critical to the completion of this project and we are extremely grateful to the Society for supporting this work which hopefully will generate novel research findings and help inform targeting the emerging threat of obesity-related cancers ”

PROFESSOR JOHN REYNOLDS, PROFESSOR OF SURGERY, TRINITY COLLEGE DUBLIN

RESEARCH

EXPLORING THE LINK BETWEEN OBESITY AND THE DEVELOPMENT OF CANCER.

There is increasing evidence that obesity, in particular central (visceral) fat, is associated with the incidence and mortality from many cancers, especially oesophageal, colon and rectum, pancreas, kidney and post-menopausal breast cancer. However, scientific research in this area is in its infancy.

In 2009, the Society established a Research Scholarship Programme to fund young post-graduate students starting out on a career in cancer research with the aim of encouraging the brightest and the best students in Ireland to complete PhDs in cancer research.

In November 2009, Dr Claire Donohoe, Trinity Health Sciences Centre, St James's Hospital, Dublin 8, was awarded one of these scholarships to investigate the link between obesity and oesophageal and colon cancers.

Obese people produce increased amounts of insulin and the insulin-like growth factor family (a group of proteins involved in promoting growth and prolonging the life span of cells within the body).

The aim of Dr Donohoe's three-year study is to examine the role of insulin and the insulin-like growth factor family in obesity-related cancers.

Impact:

Commenting on the impact of this research, Prof. John Reynolds, Professor of Surgery, Trinity College Dublin, and Dr Claire Donohoe's supervisor said, "The emerging focus of our research group is now on the cellular and molecular mechanisms that link obesity with cancer. This includes detailed molecular and immunological studies of the visceral fat in patients coming to cancer surgery, and a detailed analysis of the altered metabolism in obese patients, in particular relating to insulin and its receptors.

"Dr Claire Donohoe is undertaking research towards a PhD that focuses on the insulin-like growth factor family. Uncovering the key links in the obesity cancer pathways may enable significant advances in the prevention and treatment of oesophageal and other cancers. Sponsorship from the Irish Cancer Society is critical to the completion of this project and we are extremely grateful to the Society for supporting this work, which hopefully will generate novel research findings and help inform targeting the emerging threat of obesity-related cancers," continued Prof. Reynolds.

Speaking about the research, Dr Donohoe said, "We hope to determine if the insulin-like growth factor family influences cancer growth and survival, reduces cancer cell death and enhances the ability of cancer cells to spread to other organs."

Dr Donohoe also commented on the potential impact of her research: "If we can demonstrate that insulin-like growth factor is the reason why those who are overweight are at increased risk of developing cancer, there may be a role for blocking the action of the insulin-like growth factor family to prevent or treat cancers in these patients."



Dr Deirdre Fanning
UCD Urology Conway Institute Fellow
and Urology Surgeon-in-Training

“ In January 2009, UCD Urology Conway Institute Fellow and Urology Surgeon-in-Training, Dr Deirdre Fanning, was recognised for her research in validating this panel of prostate cancer biomarkers by the American Association for Cancer Research (AACR). ”

RESEARCH

PREDICTING OUTCOME FOR THE TREATMENT OF PROSTATE CANCER.

Latest data shows that 2,579 new cases of prostate cancer were diagnosed in 2008 and men currently have a one-in- nine chance of developing prostate cancer.

The Irish Cancer Society has long recognised the need to support high-quality research in prostate cancer. In fact, 2009 marked the five-year anniversary of a collaborative prostate cancer research initiative funded by the Irish Cancer Society. The Prostate Cancer Research Consortium (PCRC) was established in 2004 with the aim of bringing like-minded researchers from different academic institutions and hospitals together in a co-ordinated approach to maximise research potential in prostate cancer. The PCRC is a group of doctors, scientists and research nurses all working together to find better ways to diagnose and treat prostate cancer.

The detection of Prostate Specific Antigen (PSA) is a blood test or “biomarker” that is currently used to test for prostate cancer. This marker does not definitively detect cancer, and so better biomarkers are needed to allow doctors detect prostate cancer earlier and with more certainty than currently possible.

The PCRC researchers have discovered and published significant results. These results include the identification of a new panel of biomarkers, which could be used to help diagnose prostate cancer earlier.

In January 2009, UCD Urology Conway Institute Fellow and Urology Surgeon-in-Training, Dr Deirdre Fanning, was recognised for her research in validating this panel of prostate cancer biomarkers by the American Association for Cancer Research (AACR). Dr Fanning received the AACR-AstraZeneca research award at an AACR special conference, which focused on prostate cancer in San Diego, California.

Impact:

The panel of biomarkers identified by Dr Fanning and the PCRC could act as an additional clinical tool to help identify men with prostate cancer that has spread beyond the prostate, who would be best treated by non-surgical means.

Successful external validation of the PCRC models would have an impact on routine urologic practice, enabling urologists to reliably counsel their patients as to their likely pathological outcome from radical prostatectomy, reduce the number of patients undergoing unnecessary surgery, and as such have a positive impact on health economics.

Speaking about the impact of these bio-markers, Dr Fanning said, “Serum markers that are reflective of pathological grade and stage may be beneficial in identifying appropriate treatment strategies within prostate cancer patients. Panels of markers, such as those investigated in the Conway Institute, could allow for more accurate molecular staging and potentially provide important indicators for the presence of disease, disease stage, metastasis and the need for targeted systemic therapy.

“I was honoured to represent the PCRC and receive the American Association for Cancer Research (AACR)-AstraZeneca award at the AACR conference, especially as only one international Scholar-in-Training award was given.”



Dr Pamela Gallagher
Director of Research, School of Nursing, DCU

“ A research team from Dublin City University in association with the Irish Cancer Society led a study to investigate services for people with lymphoedema from the perspective of service providers and the experiences of people living with lymphoedema in Ireland. ”

RESEARCH

LIVING WITH LYMPHOEDEMA IN IRELAND FROM THE PERSPECTIVE OF PATIENTS AND HEALTHCARE PROFESSIONALS.

Lymphoedema refers to a chronic swelling, comprised of lymph fluid, following damage to or malformation of the lymphatic system.

It most commonly occurs after breast cancer treatment but also after cervical, prostate, bladder and bowel cancer treatment. It can also occur as a complication of non-cancer related conditions or can develop independently. Lymphoedema is a chronic condition that can have physical, psychological and social consequences for the individual.

Given the predicted increase in cancer incidence, lymphoedema rates are likely to increase both nationally and internationally.

A research team from Dublin City University in association with the Irish Cancer Society led a study to investigate services for people with lymphoedema from the perspective of service providers and the experiences of people living with lymphoedema in Ireland. The study was published in February 2010.

The research was conducted in three phases:

- phase one involved a postal survey of 320 lymphoedema service providers (e.g. physiotherapists, occupational therapists, manual lymphatic drainage therapists and oncology nurses)
- phase two comprised five focus groups to explore patients' experiences of accessing treatment and living with lymphoedema
- phase three comprised a postal survey of 1,529 lymphoedema patients to investigate the experiences of a wider group of lymphoedema patients

Impact

The results showed:

- lymphoedema services are insufficient and patchy across the country
- key challenges exist with regard to the sustainability of these services
- there are barriers to effective treatment
- there is evidence of tension with some healthcare professionals
- living with lymphoedema has financial, physical, social, emotional and psychological implications

A series of recommendations were made in the report, which focused on the need for:

- increased availability of lymphoedema services not solely located in cancer clinics
- lymphoedema practitioners and services to work together, share protocols and standards and develop practice guidelines
- promotion of individual and group psychological support
- inclusion of lymphoedema information in the undergraduate curricula of relevant healthcare professional disciplines
- provision of continuous professional development programmes to existing healthcare professionals

Arising from this research, the Irish Cancer Society has facilitated education and training seminars for healthcare professionals and people living with lymphoedema. The Society is also advocating on behalf of cancer survivors living with lymphoedema through the National Cancer Control Programme (NCCP).

Fundraising in the Community

Our work is almost entirely funded by voluntary donations, and none of it would be possible without the generosity and commitment of our amazing supporters.

INNISHANNON STEAM AND VINTAGE RALLY

👏👏 The success of the Innishannon Steam and Vintage Rally is attributed to an all-out effort by our organising committee, stewards and ticket sellers. John Kelleher is the main organiser of the ticket selling and it is all done on a voluntary basis. We consider the Irish Cancer Society a most deserving charity as most of our committee have either lost someone to cancer, know people who are fighting it or know people who have survived cancer and lived to tell the tale.

What makes the Rally so special is the people you meet and the friendships you make with people from all over Ireland, the UK and even as far away as America. The effect it has on the community spirit is that we are like one big family where everyone knows one another. It also brings into the village and the surrounding area a great buzz and it brings a good deal of business to local shops, hotels and B&Bs. 👏👏

MARY DESMOND, ADMINISTRATION SECRETARY, INNISHANNON STEAM AND VINTAGE RALLY.



DIP IN THE NIP

An all-female 'Dip in the Nip' took place on Lisadell Beach, Co. Sligo, on Sunday, 21 June 2009. The key objectives of the event were to be the biggest all female skinny dip ever and raise money for Action Breast Cancer.

●● I've always found a great sense of liberation from skinny-dipping, and I just thought that there would be a great synergy between that and surviving breast cancer. It then occurred to me that it might be a good way of raising money for breast cancer research.

Having come up with the idea, and wanting to do it for breast cancer, the Irish Cancer Society was the first charity to come to mind and it's the one I most associate with cancer. I had originally thought that I'd be able to recruit about 50 women, and perhaps between us we would raise about €5,000.

Women who had been diagnosed with breast cancer, or were currently being treated for breast cancer took part and we raised over €56,000. A total of 180 women from all over Ireland participated – a very impressive turnout for a first-time event! Women who had never been naked in front of other women before shook off hang-ups and took part. Women who had never met before the day became lifelong friends. It was the women themselves who fundraised, by getting sponsorship for their participation.

It was only on the morning of the Dip in the Nip itself, when women started thanking me for organising it, and applauded me when I stood up to welcome them, that I began to realise that this was something special. I was one of the first in the water and when I turned around all I saw was scarred bodies, and it dawned on me just what this event meant to people. I was very moved by it all and I also became much more comfortable in my own body as a direct result of that morning.

There was an incredible sense of fun to the whole event and I think for most of those who took part, a realisation that a lot of the things we worry about, particularly about our bodies, are really irrelevant.

The Irish Cancer Society relies on support from people like me and the work they do for breast cancer services in Ireland is simply amazing.

There are plans already underway for 2010 with the return of the all-female Dip in the Nip and also an all-male dip in aid of Action Prostate Cancer.

Watch this space! ●●

Maire Garvey, Dip in the Nip, Organiser

PINK RIBBON WALK

👩👩 I have always been a keen walker and like many other people, I have also lost dear friends to cancer or supported people who have overcome a cancer diagnosis. I was already aware of the great work undertaken by Action Breast Cancer and I wanted to help the cause. So, I approached some local women and put together a committee to organise the Pink Ribbon Walk. While I was determined that the first Kells Pink Ribbon Walk would be a success, it really exceeded all my expectations. One of the main reasons behind its success was simply down to the hard work of the committee. We had a dream, we aimed high and we worked very hard. People responded very generously, from those who signed up in droves, to the sponsors who supported us from the start and all those who donated their time and skills for free. We raised some much-needed funds for Action Breast Cancer, as well as gaining some wonderful memories and friendships along the way. My most lasting memory of the day was the sight of the pink ribbons fluttering on a washing line in the summer breeze. We gave each of the participants a length of pink ribbon and asked them to write their reason for participating in the Walk. Reading those messages was both heartbreaking and uplifting. There were so many sad stories, but also wonderful messages of support and anecdotes about survival. 👩👩

PENNY MCGOWAN, KELLS PINK RIBBON WALK ORGANISER

SHEEP'S HEAD WALK

👩👩 We organised the Sheep's Head Walk in Bantry, West Cork to raise awareness of melanoma skin cancer and to raise funds for the Irish Cancer Society's SunSmart campaign. The Society's aims and aspirations are in line with those of the Melanoma Trust and that's why we fundraise on its behalf. The Society appreciates the time and efforts put in by the Trust in promoting skin cancer awareness. What makes our fundraising efforts special is the cause, personal involvement and whole hearted enthusiasm. It gives people a better understanding of the importance of early detection in relation to melanoma skin cancer. 👩👩

BERNIE RICE, FOUNDER, THE MELANOMA TRUST AND SHEEP'S HEAD WALK ORGANISER



RELAY FOR LIFE

Relay For Life is a 24-hour community celebration that honours all those who are affected by cancer. Tremendous community spirit made Dundalk's first ever Relay For Life an extraordinarily special event and the Irish Cancer Society hopes to roll out Relay to every town and city in Ireland.

●● In May 2008, a team from the Irish Cancer Society approached me and asked if I would chair the first Relay For Life event to be held in Dundalk, Co. Louth. My responsibility was to bring people together whom I knew could be trusted to deliver results and I found eight absolute stars.

On Friday, 9 October 2009, over 1,000 people from Dundalk came together in a true show of solidarity in the fight against cancer. It was an amazing event to be involved in and we had the support of the entire community behind us.

One of the most powerful aspects of the event was the Candle of Hope ceremony which took place later on Friday evening. Hundreds of simple white paper bags lined the venue, each bag holding a small candle in dedication to a loved one. A very poignant reminder of lives lost, and lives that go on fighting.

I regained some faith in our fractured society. Dundalk, which has suffered a great deal in this border area, really surpassed itself. Ordinary or really very extraordinary people came out, organised countless fundraising activities and came together in real style. Afterwards, many, many people came up to me and others in the street and told us how wonderful their experience had been; that's all the reward most of us wanted.

It was an enormously interesting experience. I've worked in the industry all my life and am not noted for wearing my conscience on my sleeve. However, having watched my father smoke himself to death, I knew that if I could make a difference, I should.

Relay For Life is such an important event for the Irish Cancer Society and every one of the committee will be back for Relay for Life 2010! ●●

Bill Tosh, Committee Chair, Relay For Life Dundalk

Corporate Partnerships

Our partnerships are so important to us as we rely on the commitment and enthusiasm of companies. We work together on innovative campaigns to help raise funds for the Irish Cancer Society and its work.

PETER MARK

💡💡 Most of our staff and clients know someone who has been affected by cancer, and so they can easily identify the relevance of supporting the Irish Cancer Society. They can see that whether through the immediate services of providing nursing care and support, or through longer-term investments in research and health promotion, every euro raised will benefit the community in the neighbourhood of each Peter Mark salon throughout Ireland. Every time we partner with the Society we distribute their publications and contact details and hope that this encourages people with a concern about cancer to seek information and assistance. Projects like the 'Pink ghd', as well as being hugely successful fashion events, can generate valuable funds for the Society's work and introduce a whole new generation to the Irish Cancer Society. 💡💡

BARRY DEMPSEY, CEO, PETER MARK

ghd

💡💡 ghd is proud to be entering our fifth year of partnership with the Irish Cancer Society. Along with its 800 salon partners in Ireland, ghd is passionate about raising money for such a good cause, which touches the hearts of so many people. For every pink styler that is sold in Ireland ghd donates €10 to the Society and we support all of our salons with their individual fundraising efforts. To date, ghd has raised over €225,000 for the Society and we look forward to a continuing partnership and to supporting them every step of the way in their mission to develop world class cancer services in Ireland. 💡💡

MIKE COHEN, CHIEF MARKETING OFFICER, GHD.



IRISH LIFE CHANNEL SWIM

Glenn Tracey ran the London Marathon in 2002 in aid of the Irish Cancer Society. At the time, he was struck by the direct connection that his sponsors had to cancer. Then, in 2009, he proposed swimming the Channel to Irish Life Investment Managers (ILIM).

●● Irish Life and Permanent Group has a very broad Corporate Social Responsibility (CSR) agenda encompassing the marketplace, workplace, community and environment and takes account of any stakeholders with an interest in the organisation, including shareholders, customers, employees, the communities where we operate, etc.

In relation to the community our policy is to concentrate our community activities in Ireland. We aim to make a difference to whatever causes we select and to create volunteering opportunities for our employees. In relation to the ISAC project, ILIM matched funds raised by staff for the Irish Cancer Society. We also offered use of company resources to support their activities and time off to enable those undertaking the channel swim to train, and for the wider team to organise fundraising events.

We were very lucky to get excellent advice and encouragement from a great number of experienced sea swimmers and former Channel swimmers. The swimming side of the project was achieved through setting and achieving appropriate milestones during training. We had a tremendous support team who organised a whole range of events. Some were on a small scale, such as table quizzes and cake sales, whilst others, such as a summer ball in the Westbury and a clothes swap shop party, were more substantial. The project team ran a bag-packing day at Cornelscourt and undertook collections at a concert at the RDS.

Additionally, each swimmer collected amongst their network of family and friends and a collection was organised amongst the staff in Irish Life and ILIM.

This project took a whole year to organise from start to finish and we felt that the Society was very supportive and helpful during the period. The level of interest from the Society at the start of the project was crucial and it was clear that they wanted to help in any way possible. The Society also brought speakers into our company to motivate the swimmers and were always on hand to advise on our fundraising.

Before we even dipped a toe in the Channel, the campaign had been a success given that we had exceeded our ambitious target of raising €100,000 for the Irish Cancer Society. Involving so many people from the company in the project created such a positive buzz. Finally, to get all three relay teams across the Channel was the icing on the cake.

It meant a great deal to me that the project idea captured the imagination of so many people in ILIM. I was delighted that so many novice swimmers got involved and completed the swim. I am also very proud that I stood firm on our fundraising target and, through the dedication, enthusiasm and generosity of so many people, we exceeded that target so significantly.

We undertook the Channel swim project when it was a particularly difficult time for employees in the Financial Services sector but the staff in ILIM rallied together, and really enjoyed participating in such a socially responsible project. The Irish Cancer Society was a very popular charity with staff and they felt a huge sense of pride that their efforts had contributed and were appreciated so much by the Irish Cancer Society. ●●

Glenn Tracey, Head of Quantitative Research, Irish Life Investment Managers and Channel Swim Organiser

Pictured: Donal, Glenn, Fergus, Catherine, Ciaran and Eoin stand on French soil!

GOGREEN MOBILE

👏👏 GoGreen Mobile supports the Irish Cancer Society because of the vital work it ceaselessly carries out in helping those affected by cancer and its continuing endeavours to enhance cancer services and facilitate research. GoGreen Mobile raises funds for the Irish Cancer Society by collecting your unwanted mobile phones. These mobiles are then sold into global markets where they are reused by others, thus providing funds for the Irish Cancer Society and helping the environment in the process. 👏👏

DONAL FEWER, SALES AND MARKETING DIRECTOR, GOGREEN MOBILE

VHI HEALTHCARE

👏👏 Vhi Healthcare developed an advertising campaign for Breast Cancer Awareness Month that was wholly integrated with the Irish Cancer Society's activity to ensure maximum impact. The integration of social media marketing into traditional media channels for building awareness continues to prove highly effective following this campaign. Vhi Healthcare is delighted to have brought together over 15,000 fans on our Facebook page; and a further 9,000 plus people who have sent a loved one or friend a virtual pink ribbon on SendARibbon.ie. Utilising social media has allowed Vhi Healthcare to create a community where women and men can share their stories, support one another and access breast awareness information from the Irish Cancer Society as well as pass the message on to their friends and family. 👏👏

TONY BOYLAN, SPONSORSHIP AND ADVERTISING MANAGER, VHI HEALTHCARE

LA ROCHE-POSAY

👏👏 La Roche-Posay supports the Irish Cancer Society as they are providing an essential care and educational service to all of us. Not only do they support those most in need who are going through cancer but they also help their families and run important public awareness health campaigns. I believe that it is so important to support cancer care as cancer is such a prevalent disease among the Irish population. On the subject of skin cancer in particular, it is great to think that working together, to raise awareness and change people's behaviour in the sun, can drive down the incidences of skin cancer in Ireland. 👏👏

ELEANOR LAWLOR, PRODUCT MANAGER, LA ROCHE-POSAY



MUSGRAVE TRIATHLON

●● SuperValu and Centra stores are at the heart of communities across the country, often acting as the hub of local community life. As our retailers live in the towns and villages in which they operate, they play an important role in building vibrant communities and supporting local initiatives, clubs and charities. Local ownership and the positioning of our stores are key to the delivery of a genuine community active retailing model, which is what we and our retail partners strive to deliver each day.

So in terms of our approach to charitable giving, we seek to partner groups who take the same community approach, as this ensures that together we can achieve something meaningful and tangible for everyone involved.

Musgrave, in partnership with our SuperValu and Centra retailer network, is hugely committed to a policy of supporting local communities and places a high value on our fundraising work with charities. Sadly, most of us know a friend or family member who has been affected by cancer and the fantastic work undertaken by the Irish Cancer Society in offering support to those affected and raising awareness of the issues is a great source of comfort to impacted families.

Unfortunately, cancer touches many families across Ireland and we wanted to do our bit to help those families at a time when they really need it as they are our customers, staff, friends and family members. The Irish Cancer Society plays a vital role in combating cancer in Ireland. We are very proud of our support for the Irish Cancer Society and the €2.7m that both ourselves and our retail partners in SuperValu and Centra have raised from our Triathlon since its inception in 2002.

We have had an extremely successful partnership with the Irish Cancer Society over the last eight years. Every year the relationship grows stronger and we feel more passionate than ever in terms of our ability to support such a deserving charity. It makes everyone who takes part in the Triathlon feel proud when they can see where their efforts are going. Over the next few years we hope to work closely with the Irish Cancer Society to roll out Daffodil Centres in hospitals across Ireland, which will add yet another vital service for patients and their families.

To date, the Musgrave Triathlon has raised over €2.7m in aid of the Irish Cancer Society and cancer services in Our Lady's Children's Hospital Crumlin. The event attracts over 500 participants every year and this year's triathlon is expected to raise another record amount. The Musgrave Triathlon raised €250,000 in 2009 alone and has provided much-needed funds for the Irish Cancer Society and Our Lady's Children's Hospital, Crumlin, since its inception in 2002. To date, funds raised from the Musgrave Triathlon have been used in the construction of the Oncology/ Haematology outpatient facilities in the New Medical Tower at Our Lady's Children's Hospital, the expansion of the emergency department at the hospital and the development of Irish Cancer Society Daffodil Centres in hospitals across Ireland. For us, it is imperative to know that the funds we raise are put to good use. We are delighted to witness the results of our fundraising efforts being used in very tangible and worthwhile projects each year.

I believe that Ireland is a local community at heart. For me, the Triathlon is a great way for people to get involved in their local community and have a bit of fun at the same time. This year will be the ninth year of the triathlon and every year we see an increase in the passion displayed by the participants, our retail partners and our staff in the run-up to the event. The triathlon is about uniting people under the banner of helping their local community and those within the community who are suffering. Seeing this commitment and the valuable contribution the Triathlon makes to the development of the Irish Cancer Society's much-needed support services gives me great satisfaction.

The partnership with the Irish Cancer Society has obviously had a positive impact on customers and staff. Community issues are at the heart of what we do because without the support of local people, our initiatives wouldn't succeed. Our business model focuses on community-based retailing and the Musgrave Triathlon brings the community, retailers and local people together for the common good. ●●

Donal Horgan, Managing Director,
Musgrave Retail Partners, Ireland

Ways to Give

There are many ways you can support the Irish Cancer Society's programmes in patient care, prevention, education and cancer research. The simplest are writing a cheque or making a donation online. All gifts, regardless of size, really do make a difference.

HOW TO DONATE:

Post

Please complete and return the donation envelope contained within this report with your gift.

Online

Enquire at fundraising@irishcancer.ie or visit www.cancer.ie/donate

Phone

Contact us on CallSave 1850 60 60 60 with your credit or laser card details.

In person

Visit us at our office with your donation:
Dublin – 43/45 Northumberland Road, Dublin 4
Cork – 15 Bridge Street, Cork

OTHER WAYS TO SUPPORT OUR WORK:

Become a regular supporter: You can donate directly from your bank account on a regular basis by direct debit. Regular donations help us save on administration and postage.

Give a gift in memory or in honour: You may also choose to make a tribute gift in memory or in honour of a family member, friend, or colleague lost to cancer. For further information CallSave our Fundraising Department on 1850 60 60 60.

Give as you earn: If your employer operates a payroll-giving scheme, or you would like to introduce one into your workplace, you can make a donation directly from your salary. For further information contact Jim O'Malley, Corporate Partnerships Manager, on 01 2316 621.

Charity shop donations: We are always looking for high-quality goods to sell in our shops, so why not do a spring clean! You can donate any of your unwanted clothes, shoes, bric-a-brac, or gifts that are in good condition. Please contact us at any of our charity shops.

Corporate support: Our corporate sponsorship programme supports mutually beneficial and respectful relationships that meet the business goals and objectives of both partners. Contact us about creating a win-win partnership. For further information contact Jim O'Malley, Corporate Partnerships Manager, on 01 2316 621.

Tax-effective giving: Individual donations of €250 or more in any one year qualify for tax relief.

- For PAYE/ PRSI donors: complete a CHY2 form (available at www.cancer.ie/donate or from our office). The Society can then reclaim the tax paid from the Revenue Commissioners.
- Self-Assessed taxpayers and companies, can claim for tax relief when completing their tax return.

Legacies: A gift to the Irish Cancer Society through your will is a significant contribution to our work – both present and future. Please contact Claire Whelan, Donor Development Manager, on 01 2310 510.

Volunteer: Donating money isn't the only way you can help us. A gift of your time can be just as precious. We are always looking for new volunteers. Volunteering can mean working in our Irish Cancer Society Shops, getting involved in a fundraiser or becoming part of one of our Support Group initiatives such as Look Good ... Feel Better or Care to Drive.

CallSave 1850 60 60 60

for further information on ways to support our work.

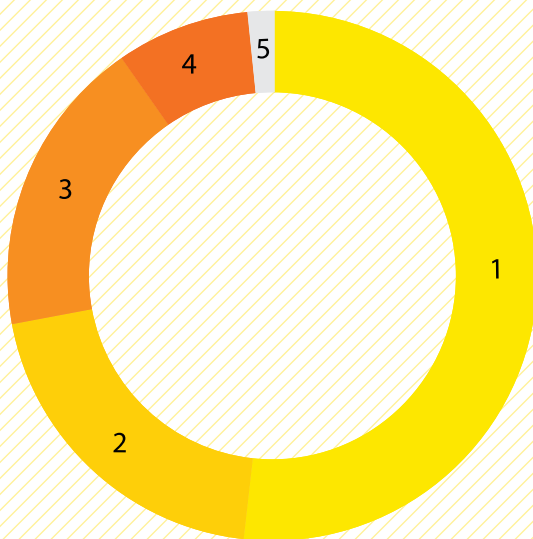
Your support will help us to provide quality care and emotional support to cancer patients and their families throughout Ireland. Thank you for supporting us.



Irish Cancer Society staff say thank you

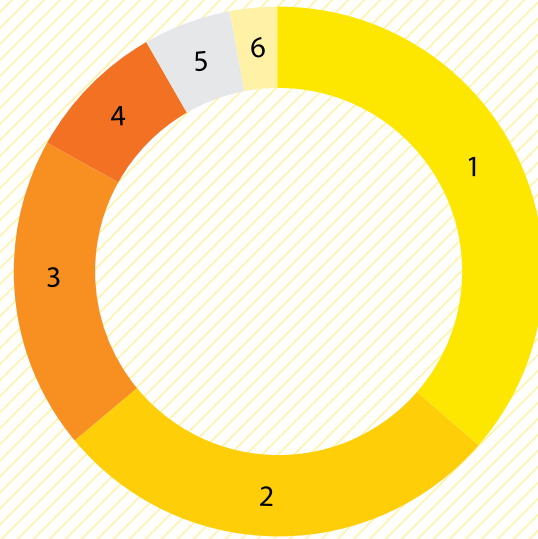
SNAPSHOT: INCOME & EXPENDITURE

Income 2009 €'000



- 1. Activities for generating funds: €8,786
- 2. Voluntary Income: €3,432
- 3. Daffodil Day: €3,092
- 4. Incoming resoures from charitable activities: €1,383
- 5. Other Income: €267

Expenditure 2009 €'000



- 1. Fighting Cancer: €5,561
- 2. Cancer Care: €4,201
- 3. Fundraising: €2,929
- 4. Research & Development: €1,325
- 5. Governance Costs: €825
- 6. Advocacy: €442

Accounts



Consolidated financial statements for the year ended 31 December 2009

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Directors and other information

Directors

Mr. W. G. McCabe (Chairman)
Prof. J. Armstrong
Mr. D. Breen
Ms. V. Campbell (Retired 1 July 2009)
Mr. V. Crowley
Dr. G. Flannelly
Ms. B. Godley

Mr. D. Heather
Dr. J. Kennedy
Mr. P. McMahon
Prof. C. O'Farrelly
Mr. P. Ó'hUiginn
Mr. J. Slattery

Chief Executive

John McCormack

Secretary

Niamh Ní Chonghaile

Registered Office

43/45 Northumberland Road
Dublin 4

Registered Number

20868

Solicitors

Hayes Solicitors
Lavery House
Earlsfort Terrace
Dublin 2

Bankers

AIB Bank
9 Terenure Road
Rathgar
Dublin 6

Bank of Ireland
Ballsbridge
Dublin 4

Auditors

Deloitte & Touche
Chartered Accountants
Deloitte & Touche House
Earlsfort Terrace
Dublin 2

Directors' report

The Directors submit their annual report, together with the audited financial statements, for the year ended 31 December 2009.

Review of the activities of the society

The Irish Cancer Society, a charitable organisation with a Board of Directors and employees led by its Chief Executive, Mr. John McCormack, is the national cancer charity.

The Society's current Strategic Plan (2008 to 2012) has a vision for world class cancer services for Ireland, with equal access for all, where fewer people will get cancer and those that do will have better outcomes. During 2009, in addition to continuing the Society's work across all areas of prevention, early detection and fighting cancer, the Society also set specific targets in the areas of anti-tobacco initiatives, bowel cancer and delivery of information and support in the hospital environment.

In order to assist in understanding the Society's activities, the format of the accounts has changed to reflect the focus of our strategic work across six headings: the issues specific to each of the four biggest cancers, tobacco and, generic issues which are relevant to all cancers. The four biggest cancers, bowel, breast, lung and prostate, combined account for 40% of cancer incidence. Tobacco alone causes 30% of all cancers.

The Society's work across these six key headings is delivered through our advocacy, health promotion, nursing and patient support services work. This work is aimed at preventing cancer, detecting it early to improve survival, supporting patients, families and carers living with, affected by and, surviving cancer. The Society's programme and advocacy work includes:

- Anti-smoking initiatives and campaigns
- Operation of the National Smokers Quitline in partnership with the Health Service Executive
- Lobbying for State intervention in managing tobacco sales and smuggling in partnership with ASH Ireland
- Lobbying for national screening programmes
- Health education and public awareness campaigns
- Provision of cancer information and support

- Peer to peer psychosocial support
- Daffodil Centres to provide information and support on hospital sites
- Financial assistance for patients and their families who are suffering financially because of a cancer diagnosis and treatment.
- A travel grant programme (Travel2Care), funded by the National Cancer Control Programme (NCCP), for patients travelling to the eight designated cancer centres, and the designated satellite centres.
- Free counselling service for patients and their families.
- A volunteer driving service for patients travelling to treatment, Care2Drive.
- Look Good Feel Better workshops for newly diagnosed patients
- Building an affiliation network of cancer support groups and centres in Ireland
- A play therapy service in the paediatric oncology service in Our Lady's Hospital for Sick Children in Crumlin.

In addition to the work focused on the four big cancers, tobacco and generic cancer issues, the Society also directly provides, or funds, cancer services:

- The Night Nursing Service enables families to provide end of life care to their loved ones at home. The night nurses are employees of the Society. The Society works with local home care teams to provide this service in every county in Ireland.
- Grants to support the employment of Oncology Liaison Nurses who work in hospitals providing emotional and practical support for patients and their families at the time of diagnosis of cancer and throughout treatment.
- Grants to support the employment of home care nurses. These nurses are specialists in palliative care and work in the community seeing patients in their own homes.

Cancer research

The Society is the largest voluntary funder of cancer research in Ireland. Research projects aimed at finding better ways of diagnosing and treating cancer are a vital element in the fight against cancer. The Society's grants fund research fellowships and scholarships over a three year period. In 2009, over 30 discoveries from research funded by the Society were published in international peer review journals. These research findings

were made in the areas of lung, renal, breast, prostate, oesophageal, leukaemia, myeloma, and ovarian cancer research. The Society also provides core funding to the Irish Clinical Oncology Research Group (ICORG), a charitable organisation which aims to increase the availability of clinical trials and translational research for people with cancer in Ireland during their treatment.

Review of the results for the year

The detailed results for the year are set out on pages 56 and 57. Income in 2009 was €17m (2008: €17m). Although there was no growth, the Society is delighted to have been able to maintain its income in a very challenging economic climate. However, 2009 income benefited from the huge success of the Movember campaign (a campaign that started in 2008) and from some substantial bequests. The income from voluntary donations declined significantly.

During 2009, the Society received €379,835 (2008: €408,762) from the scheme established to assist charitable lotteries whose products are in direct competition with the products being sold by the National Lottery. The income is included as restricted income in *Other Activities for Generating Funds* and was used across the six key headings above.

Expenditure in 2009 was €15.3m, a decrease of 4% over 2008 (2008: €15.9m). During the year the Society cut back on expenditure due to the decline in income in the earlier part of the year. However as income recovered to 2008 levels towards the year end, the Society has been able to plan for increased activity in 2010. Expenditure is analysed into the categories set out below:

- Total expenditure on strategic targets and cancer services amounted to €9.8m in 2009, compared with €9.6m in 2008.
- Cancer research expenditure in 2009 amounted to €1.3m (2008: €2.9m). The 2008 research charge includes a residual charge for previous years amounting to €0.75m. The €1.3m research expenditure in 2009 includes a €0.95m cost of funding three Fellowships and three Scholarships, and a €0.3m cost of funding clinical research (funding provided to ICORG). The three funded Fellowships were entered into the Medical Research Charities Group – Health Research Board (MRCG-HRB)

funding scheme, all three were successful in receiving joint funding from the HRB to the total value of €0.32m.

- Expenditure on advocacy, a new area in 2008, amounted to €0.442m in 2009 (2008: €0.247m). Advocacy costs are directly related to the strategic targets and reflect high profile activity during 2009.
- Fundraising costs in 2009 were €2.9m (2008: €2.4m). These costs include the direct costs of running campaigns and the costs of the fundraising team and overheads. A substantial part of the increase over 2008 was the cost of running Movember, direct marketing and Relay For Life campaigns.
- Communications costs in 2009 were €0.3m (2008: €0.3m). These costs reflect communications and media activity on all of the Society's programmes.
- Administration costs in 2009 were €0.5m (2008: €0.5m). These are support costs including accounting, human resources, information technology and facilities. Some administration costs are allocated directly to programme, advocacy and research costs in supporting the delivery of these activities. These are shown as Support Costs.

During the year, the Society pledged €1m to the Government to assist in the roll-out of national bowel cancer screening. The Society's financial commitment is to ensure that bowel cancer screening, and its timely national roll-out, is a priority of the Government. The Government has now announced the roll-out of a screening programme. The commitment of this €1m is included in our Statement of Financial Activities, but because the Society has not yet paid over the funds to the Government, the amount is included in liabilities at the year end (see Note 16). The Society will manage the payment of these funds in such a way as to ensure the speediest implementation of the screening programme.

The net result for 2009 was a surplus of €1.7m (2008: €1.1m)

Directors' report (continued)

Review of the results for the year (continued)

Funds management

In accordance with best practice for charities fund management, the Society manages its funds across three reserves. Unrestricted reserves are built from income donated to the Society without any stipulation by the donor as to how the funds should be spent. Restricted funds are derived from income where the donor has restricted the expenditure of the donation to a particular cancer or project. Designated funds are those funds where the donor has made no such stipulation but the directors have decided to hold the funds separately in order to ensure that there are resources available to spend on key strategic areas of work over the medium term.

The movements on the Designated and Restricted Funds are analysed in Note 8.

Key Performance Indicators

Income levels

The Society maintained its income at the 2008 level, despite the drop in voluntary income. Voluntary and some community fundraising declined in 2009 because of the economic environment. All sources of income will be closely monitored in 2010.

Demand for services

The demand for the Society's services continues to grow. The financial strain experienced generally in Irish society in 2009 resulted in increased demands on the Society's resources. For example, financial assistance requests were up by over 20% on 2008, helpline calls increased by 15% and night nursing by 18%. The proposal to expand provision of the Society's pilot Daffodil Centre Galway to a number of other hospitals has been very well received. Tenders to invite other hospitals to host a Daffodil Centre are currently in preparation.

Influencing government policy

The Society continues to monitor the implementation of the National Cancer Control Strategy including the national roll out of breast cancer, cervical cancer programmes and bowel cancer screening in accordance with agreed timelines. Ensuring delivery of the Government's tobacco policy will continue to be a key part of the Society's advocacy work.

Benchmarking

The Society seeks to use national and international benchmarks as a guideline for expenditure ratios. The directors are satisfied that the Society's expenditure ratios are acceptable when compared with available benchmarks. Expenditure was 90% of income in 2009. The surplus for the year has been ring-fenced for strategic objectives. Of total resources expended in 2009, campaigns and service provision represented 64% (2008:60%), Research 9% (2008:18%), Advocacy 3% (2008: 2%), Fundraising costs 19% (2008: 15%) and back office support costs (including communications and administration) 5% (2008:5%).

Financial position at year end

At 31 December 2009, the Society had net assets of €12.8m. This was comprised of fixed assets of €11.9m (mainly the head office premises and its contents), current assets of €10m (mainly bank funds of €7.4m and investments of €1.9m), current liabilities of €4m (including €1.9m grant commitments) and long term liabilities of €5.2m (comprising the long term commitments on the premises mortgage €1.3m, grant commitments €1.2m, national bowel screening programme €1m and the pension deficit €1.7m). At 31 December 2009, the Designated Fund was €1.3m, Restricted Fund was €2.4m and the Unrestricted Fund was €9.1m.

The pension deficit of €1.7m (2008: €2.2m) is based on the valuation under FRS 17 (see Note 18). The most recent actuarial valuation, taking all factors up to October 2008 into account, calculated a deficit of €1m to be funded. This is currently being re-calculated. The Society is also preparing a funding proposal to be reviewed by the Irish Pensions Board. The Society is keeping this matter under review and actively reviewing its options.

Post balance sheet events

There have been no significant events affecting the company and/or its subsidiaries since the year end.

Principal risks and uncertainties

In common with other charities whose principal source of income is fundraising, the Society must maintain and develop its income sources to ensure continued supply of services. To mitigate this risk the directors review all sources of income

on an ongoing basis and implement a policy of growth and development. In addition, reserve levels are monitored to ensure they are maintained at a reasonable level in the context of planned expenditure and future commitments.

The Society holds long term ethical fund investments. These investments are marked to market and suffered losses in 2008 which was reflected in the accounts. The value of these investments recovered to original investment level during 2009.

The Society is actively managing its risk register and principal risks. The directors are at all times conscious that maintaining the reputation of the Society is critical.

The Society has built reserves and has budgeted for a surplus in 2010, reflecting the uncertain economic outlook and the need to retain the ability to deliver on its plans and services to those with cancer and the wider public.

Directors

The present members of the Board of Directors are set out on page 2. The Directors all serve in a voluntary capacity.

- On 1 July 2009, Ms. V. Campbell retired from the Board.
- On 20 October 2009, in accordance with Article 51 of the Articles of Association, Mr. W. G. McCabe was re-elected as Chairman.
- On 20 October 2009, the following Directors retired in accordance with Articles 42 and 43 of the Articles of Association and being eligible offered themselves for re-election and were duly re-elected: Dr. G. Flannelly, Ms. B. Godley and Mr. P. Ó'hUiginn.
- On 20 October 2009, Mr. D. Breen retired in accordance with Article 47 of the Articles of Association and being eligible offered himself for re-election and was duly re-elected.

Books and accounting records

The Directors are responsible for producing this report and for ensuring that proper books and accounting records, as outlined in Section 202 of the Companies Act 1990, are kept by the Company. To achieve this, the Directors have appointed appropriate accounting personnel, including the Company Secretary, a qualified accountant, in order to ensure that those requirements are complied with. The books and records are maintained at the company's registered office.

Auditors

The auditors, Deloitte & Touche, Chartered Accountants, continue in office in accordance with Section 160(2) of the Companies Act, 1963.

Signed on behalf of the Board:

Director: Mr W.G. McCabe Director: Mr. P. McMahon

Date: 02.06.2010

Statement of directors' responsibilities

Irish Company law requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company and the group and of the surplus or deficit of the group for that period. In preparing those financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company and the group will continue in business.

The directors are responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the company and the group and to enable them to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland and comply with Irish statute comprising the Companies Acts, 1963 to 2009. They are also responsible for safeguarding the assets of the company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent auditor's report to the members of Irish Cancer Society Limited

We have audited the financial statements of Irish Cancer Society Limited for the year ended 31 December 2009, which comprise the Consolidated Summary Statement of Financial Activities And Summary Income and Expenditure Account, the Consolidated Statement of Financial Activities And Income and Expenditure Account, the Consolidated Statement of Total Recognised Gains and Losses, the Consolidated Balance Sheet, the Company Balance Sheet, the Consolidated Cashflow Statement, the Statement of Accounting Policies and the related notes 1 to 22. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act, 1990. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the financial statements, as set out in the Statement of Directors' Responsibilities, in accordance with applicable law and accounting standards issued by the Accounting Standards Board and published by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

Our responsibility, as independent auditor, is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, and are

properly prepared in accordance with Irish statute comprising the Companies Acts, 1963 to 2009. We also report to you whether in our opinion: proper books of account have been kept by the company; and whether the information given in the Directors' Report is consistent with the financial statements. In addition, we state whether we have obtained all the information and explanations necessary for the purpose of our audit and whether the company's balance sheet is in agreement with the books of account.

We also report to you if, in our opinion, any information specified by law regarding directors' remuneration and directors' transactions is not disclosed and, where practicable, include such information in our report.

We read the Directors' Report and consider the implications for our report if we become aware of any apparent misstatement within it. Our responsibilities do not extend to other information.

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the financial statements and of whether the accounting policies are appropriate to the company's and the group's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we evaluated the overall adequacy of the presentation of information in the financial statements.
Continued on next page/

Independent auditor's report to the members of Irish Cancer Society Limited (continued from page 53)

Opinion

In our opinion the financial statements:

- give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the affairs of the company and the group as at 31 December 2009 and of the surplus of the group for the year then ended; and;
- have been properly prepared in accordance with the Companies Acts, 1963 to 2009.

We have obtained all the information and explanations we considered necessary for the purpose of our audit. In our opinion proper books of account have been kept by the company.

The company's balance sheet is in agreement with the books of account.

In our opinion the information given in the Directors' Report is consistent with the financial statements.

Deloitte and Touche

Chartered Accountants and Registered Auditors, Dublin.

Date: 02.06.2010

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Consolidated summary statement of financial activities and summary income and expenditure account for the year ended 31 December 2009

	2009 Total €'000	2008 Total €'000
Resources arising	16,960	17,005
Use of resources		
Strategic Targets and Cancer Services	9,762	9,618
Research	1,325	2,862
Advocacy	442	247
Total programme costs	11,529	12,727
Fundraising costs	2,929	2,393
Communication costs	314	333
Administration costs	511	461
Resources expended in year	15,283	15,914
Result for the financial year – surplus	1,677	1,091

The detailed Consolidated Statement of Financial Activities and Income and Expenditure Account is set out on pages 56 and 57.

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Consolidated statement of financial activities and income and expenditure account for the year ended 31 December 2009

	Notes	2009 Unrestricted €'000	2009 Restricted €'000	2009 Designated €'000	2009 Total €'000	%	2008 Total €'000 (Restated)	%
Resources Arising:								
Incoming Resources from Fundraising Activities:								
Daffodil Day campaign proceeds	1	3,092	-	-	3,092	18	3,229	19
Other activities for generating funds	2	5,164	3,622	-	8,786	52	7,922	47
Voluntary income	2	3,190	242	-	3,432	20	4,462	26
Other income	2	267	-	-	267	2	(567)	(3)
Incoming Resources from Charitable Activities	2	99	1,284	-	1,383	8	1,959	11
		11,812	5,148	-	16,960	100	17,005	100
Use of Resources:								
Charitable Activities, Strategic Targets and Mission								
Bowel cancer	3	-	95	1,706	1,801	12	634	4
Breast cancer	3	-	1,213	54	1,267	8	1,519	10
Lung cancer	3	-	78	342	420	3	512	3
Prostate cancer	3	-	669	54	723	5	872	5
Anti-tobacco initiatives	3	596	81	16	693	4	839	5
Other cancers	3	460	143	54	657	4	666	4
Cancer services								
Night Nursing		1,932	288	-	2,220	14	2,011	13
Oncology Liaison Nurses	4	751	-	-	751	5	1,074	7
Daffodil Nurses	5	304	-	-	304	2	528	3
Sundry Grants		73	-	-	73	1	194	1
Allocated Support Costs		853	-	-	853	6	769	5
		4,969	2,567	2,226	9,762	64	9,618	60
Charitable Activities, Research								
Cancer Research Ireland grants	6	-	1,001	-	1,001	7	2,554	16
Operating costs		153	-	-	153	1	154	1
Research support costs		171	-	-	171	1	154	1
		324	1,001	-	1,325	9	2,862	18
Charitable Activities, Advocacy								
Advocacy		271	-	-	271	2	93	1
Allocated support costs		171	-	-	171	1	154	1
		442	-	-	442	3	247	2

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Consolidated statement of financial activities and income and expenditure account for the year ended 31 December 2009 (continued)

	2009 Unrestricted Notes €'000	2009 Restricted €'000	2009 Designated €'000	2009 Total €'000	%	2008 Total €'000 (Restated)	%
Total programme costs	5,735	3,568	2,226	11,529	76	12,727	80
Fundraising costs	7 2,929	-	-	2,929	19	2,393	15
Communication costs	314	-	-	314	2	333	2
Administration costs	511	-	-	511	3	461	3
Resources expended in year	<u>9,489</u>	<u>3,568</u>	<u>2,226</u>	<u>15,283</u>	<u>100</u>	<u>15,914</u>	<u>100</u>
Net Surplus/(Deficit)	9 2,323	1,580	(2,226)	1,677		1,091	
Transfers to designated fund	8 (2,000)	-	2,000	-		-	
Result for the Financial Year	<u>323</u>	<u>1,580</u>	<u>(226)</u>	<u>1,677</u>		<u>1,091</u>	

All income and expenditure derives from continuing operations.

The financial statements were approved by the Board of Directors on 2 June 2010 and signed on its behalf by:

Director: Mr W.G. McCabe

Director: Mr. P. McMahon

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Consolidated statement of total recognised gains and losses for the year ended 31 December 2009

	Notes	2009 €'000	2008 €'000
Surplus for the financial year		1,677	1,091
Actuarial gain/(loss) on defined benefit pension scheme	18	451	(1,633)
Total recognised gains and (losses)		<u>2,128</u>	<u>(542)</u>

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Consolidated balance sheet as at 31 December 2009

	Notes	2009 €'000	2008 €'000
Fixed Assets			
Tangible assets	12	11,887	12,174
Financial assets	13	1	1
		11,888	12,175
Current Assets			
Investments	14	1,909	1,656
Stocks		166	209
Debtors	15	601	590
Cash at bank and in hand		7,404	6,088
		10,080	8,543
Creditors: (Amounts falling due within one year)	16	(3,989)	(4,188)
Net Current Assets		6,091	4,355
Total Assets Less Current Liabilities		17,979	16,530
Creditors: (Amounts falling due after more than one year)			
Long term liabilities	16	(3,530)	(3,666)
Net Assets Excluding Pension Liability		14,449	12,864
Pension Liability	18	(1,657)	(2,200)
Net Assets		12,792	10,664
Funds:			
Resources retained - designated	8	1,328	1,554
Resources retained - restricted	8	2,410	830
Resources retained - unrestricted		9,054	8,280
	20	12,792	10,664

The financial statements were approved by the Board of Directors on 02.06.2010 and signed on its behalf by:
Director: Mr W.G. McCabe Director: Mr. P. McMahon

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Company balance sheet as at 31 December 2009

	Notes	2009 €'000	2008 €'000
Fixed Assets			
Tangible assets	12	11,887	12,174
Financial assets	13	1	1
		11,888	12,175
Current Assets			
Investments	14	1,909	1,656
Stocks		114	165
Debtors	15	874	753
Cash at bank and in hand		7,147	5,751
		10,044	8,325
Creditors: (Amounts falling due within one year)	16	(3,953)	(3,970)
Net Current Assets		6,091	4,355
Total Assets Less Current Liabilities		17,979	16,530
Creditors: (Amounts falling due after more than one year)			
Long term liabilities	16	(3,530)	(3,666)
Net Assets Excluding Pension Liability		14,449	12,864
Pension liability	18	(1,657)	(2,200)
Net Assets		12,792	10,664
Funds			
Resources retained - designated	8	1,328	1,554
Resources retained - restricted	8	2,410	830
Resources retained - unrestricted		9,054	8,280
Reconciliation of Movement on Resources	20	12,792	10,664

The financial statements were approved by the Board of Directors on 2 June 2010 and signed on its behalf by:
Director: Mr W.G. McCabe Director: Mr. P. McMahon

Accounts

Irish Cancer Society Limited
(company limited by guarantee not having a share capital)

Consolidated cashflow statement for the year ended 31 December 2009

	Notes	2009 €'000	2008 €'000
Net Cash Inflow from Operating Activities	17(a)	1,707	2,100
Return On Investments And Servicing Of Finance			
Deposit interest received		97	108
Net Cash Inflow from Returns on Investments and Servicing of Finance		97	108
Capital Expenditure and Financial Investment			
Purchase of fixed assets		(208)	(188)
Proceeds on sale of fixed assets		12	5
Net Cash Outflow from Capital Expenditure and Financial Investment		(196)	(183)
Financing			
Repayments of borrowing		(298)	(226)
Increase in Cash and Cash Equivalents		1,310	1,799
Cash and cash equivalents at 1 January		5,532	3,733
Cash and cash equivalents at 31 December		6,842	5,532
Bank and cash		7,404	6,088
Bank overdraft facility	16	(562)	(556)
Cash and cash equivalents at 31 December		6,842	5,532

Statement of accounting policies

Basis of preparation

The financial statements are prepared under the historical cost convention, with the exception of Investments which are held at market value, and comply with financial reporting standards of the Accounting Standards Board and the requirements of the Companies Acts, 1963 to 2009.

Basis of consolidation

The consolidated financial statements deal with the company and its wholly owned subsidiaries, Earlsfort Limited and Irish Cancer Society Research Limited, for the year ended 31 December 2009. All transactions with these companies have been eliminated in the preparation of the consolidated financial statements.

The investment in Conquer & Care Lotteries Limited is shown in the Company balance sheet as a financial fixed asset and is stated at cost less provision for impairment in value. It is accounted for in the Consolidated Balance Sheet using the equity method.

Revenue

Revenue includes donations, bequests, collections and income from other fund raising activities. Revenue is analysed as Restricted, Unrestricted or Designated. Restricted funds represent income recognised in the financial statements, which is subject to specific conditions imposed by the donors or grant making institutions. Unrestricted funds represent amounts which are expendable at the discretion of the company, in furtherance of the objectives of the charity. Such funds may be held in order to finance working capital or capital investment. Designated Income is income received without any restriction but allocated to a particular area of expenditure by the Directors.

No amount is included for bequests which will be received by the Society following the expiry of a life interest in the bequest, as the amounts involved are not capable of accurate financial measurement at this time.

Research grants

Research grants are payable quarterly over a three year period. Approval and payment commences in October of each year, in line with the academic year. Grants are recognised in full in

the financial statements in the year of approval as their full payment is not dependent on receipt of re-applications.

Other grants

Other grants are recorded in full in the financial statements in the year in which they are approved.

Support and administration costs

Support and administration costs comprise the following

- salaries and pension costs for the following staff:
 - Accounts
 - Management and administration
 - Stores
 - Computer support
- general overheads including:
 - Insurance
 - Premises and other maintenance
 - Bank charges
 - Audit

Depreciation

Provision is made for depreciation on all tangible assets at rates calculated to write off the cost, less estimated residual value, of each asset over its expected useful life as follows:

Charity shop:	2% Straight line
Premises:	2% Straight line
Fixtures and fittings:	10% Straight line
Motor vehicles:	25% Straight line
Furniture and equipment:	20% Straight line
Computer equipment:	33 $\frac{1}{3}$ % Straight line

Leased assets

The costs of operating leases are charged to the income and expenditure account as they accrue.

Investments

Investments are stated at market value. Movements in market value are recognised in the Statement of Financial Activities and Income and Expenditure Account. Income from investments is recognised in the year in which it is receivable.

Stocks

Stocks are stated at the lower of cost and net realisable value. Cost is defined as invoice price.

Pensions

Pension benefits are funded over the employees' period of service by way of contributions to an approved fund. Contributions are based on actuarial advice and additional contributions are made from time to time at the discretion of the Board. The pension costs in respect of the defined benefit pension scheme are charged to the Income and Expenditure account on a systematic basis based on actuarial calculations using the current service cost rate. Past service costs are recognised in the Income and Expenditure account on a straight line basis over the period in which the increases in benefit vest.

Differences between the amounts charged in the Income and Expenditure account and payments made to pension funds are treated as assets or liabilities.

Assets in the scheme are measured at their fair value at the balance sheet date. Defined benefit liabilities are measured on an actuarial basis using the projected unit method. The assets and liabilities of the scheme are subject to a full actuarial valuation by an external professionally qualified actuary triennially and are reviewed annually by the actuary and updated to reflect current conditions.

An excess in the value of the assets in the scheme over the present value of the scheme liabilities is recognised as an asset when the amount can be recovered through reduced contributions or refunds from the scheme. A shortfall in the value of the assets in the scheme below the present value of the scheme liabilities is recognised as a liability.

Actuarial gains and losses that arise on the valuation of the scheme's assets and liabilities are recognised through the Statement of Total Recognised Gains and Losses.

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Irish Cancer Society Limited
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Notes to the consolidated financial statements for the year ended 31 December 2009

1. Daffodil Day campaign proceeds	2009	2008
	€'000	€'000
Daffodil Day gross income	3,659	3,929
Less direct expenses	(567)	(700)
	3,092	3,229

2. Fundraising activities, voluntary contributions and other income

Other activities for generating funds include income from fundraising functions and events, lottery grants, collections and profit from charity shops and Christmas card sales.

Voluntary Income includes income from bequests and donations.

Included in other income is a gain of €0.253m (2008: loss €0.674m) on investments (see note 14) and deposit interest income of €0.097m (2008: €0.076m) and finance costs arising on the pension of €0.083m (2008: income €0.031m) (see note 18).

Included in incoming resources from charitable activities is State funding of €0.581m (2008: €0.817m) for the operation of the Quitline and the Travel2Care initiative. In 2008 there was additional funding for a HSE Stop Smoking Project. Also included in this heading is a research grant from the Health Research Board and income from working in the community and business environment on anti-tobacco and health awareness.

The net income from the operation of nineteen shops by the Society and the Christmas card sales is included within fundraising income in the financial statements. The income and expenditure accounts are set out below:

Shops and Christmas cards income and expenditure account	2009	2008
	€'000	€'000
Shop income and Christmas card sales	3,442	3,213
Operating costs	(2,709)	(2,519)
Operating income	733	694
Refurbishment	(135)	(82)
Net income	598	612
Lottery Income and Expenditure Account		
Sale of tickets	466	482
Lottery compensation	380	409
	846	891
Less: Prizes	(156)	(153)
Running costs	(377)	(372)
Income from Lottery	313	366

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

3. Strategic targets

	Bowel	Breast	Lung	Prostate	Anti - Tobacco	Other Cancers	2009 Total	2008 Total
Anti-Smoking Projects	-	-	9,763	-	471,839	-	481,602	657,968
Prevention & Early Detection	1,225,640	40,538	40,538	40,538	25,812	77,209	1,450,275	373,369
Cancer Information Services	86,035	86,035	86,035	86,035	-	86,034	430,174	489,937
Daffodil Centres	16,265	16,265	16,265	16,265	16,265	16,264	97,589	-
Professional & Patient Support	64,613	64,613	64,613	64,613	64,614	64,614	387,680	581,426
Patient Support Groups	233,793	257,621	28,509	229,021	-	238,763	987,707	897,387
Action Prostate Cancer	-	-	-	112,011	-	-	112,011	217,344
Cash Assistance Grants	114,945	114,945	114,945	114,945	114,945	114,945	689,670	651,535
Travel2Care Cash Assistance	-	117,719	-	-	-	-	117,719	19,133
Action Breast Cancer	-	509,595	-	-	-	-	509,595	838,360
Nursing Services	59,523	59,523	59,523	59,523	-	59,521	297,613	314,813
	<u>1,800,814</u>	<u>1,266,854</u>	<u>420,191</u>	<u>722,951</u>	<u>693,475</u>	<u>657,350</u>	<u>5,561,635</u>	<u>5,041,272</u>

The above table sets out how the Society's public and patient care programme work is analysed across the main four cancers, anti-tobacco and all other cancers grouped under one heading. Included in bowel cancer expenditure is a €1m pledge to the Government to assist in the roll-out of national bowel cancer screening. The Society will manage the payment of these funds in such a way as to ensure the speediest implementation of the screening programme. The amount is included in liabilities at year end (see Note 16).

The sub-analysis of anti-smoking projects, prevention and early detection and professional and patient support is set out below.

	2009 €'000	2008 €'000
Anti-smoking Projects		
Anti-smoking department	166	172
Quitline	81	128
Health service executive NE pilot	-	106
Youth & schools	30	25
Public education	-	12
Lung cancer initiatives	10	59
ASH funding	103	107
Anti-smoking projects support costs allocated	92	49
	<u>482</u>	<u>658</u>
Prevention and Early Detection		
Health promotion general	63	136
Bowel campaigns	1,185	-
Sunsmart	37	13
Public education	27	38
Education in the workplace	46	98
Men's cancers	-	22
Community project	-	18
Prevention and early detection support costs allocated	92	49
	<u>1,450</u>	<u>374</u>

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

3. Strategic targets (Continued)

	2009 €'000	2008 €'000
Professional & Patient Support		
Oncology course bursaries	9	83
European cancer league	13	10
Professional education	8	30
Patient education	79	171
Public education	209	222
Paediatric oncology	64	56
Irish Association for Nurses in Oncology	6	9
	388	581

4. Oncology liaison nurses

Grant aid is provided to support the cost of oncology liaison nurses in the following hospitals:

Hospital

St. James's Hospital, Dublin
St. Luke's Hospital, Dublin
Beaumont Hospital, Dublin
Waterford Regional Hospital
Sligo Regional Hospital
Letterkenny General Hospital
St. Vincent's Hospital, Dublin
Royal Victoria Eye & Ear Hospital, Dublin

Hospital

Cork University Hospital
Cavan Hospital
University College Hospital, Galway
Limerick Regional Hospital
South Infirmary, Cork
Our Lady of Lourdes Hospital, Drogheda
Adelaide & Meath Hospital, Tallaght, Dublin

5. Daffodil Funded Home Care Nurses

The grant charged of €0.304m for Daffodil funded home care nurses is the amount the Society contributes to the salaries of Daffodil funded home care nurses providing home care service throughout the Republic of Ireland. The HSE and hospice groups are mainly the employing authorities of these nurses.

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

6. Cancer Research Ireland Grants

Cancer Research Ireland is an independent body of research experts, who operate within the framework of the Irish Cancer Society. They are responsible for assessing all applications received annually from applicants for cancer research funding. The Board is composed of Irish and overseas medical and scientific professionals who all serve in a voluntary capacity.

Expenditure on the following research grants was incurred in 2009:

Recipient	Project description	€
Dr Patrick Kiely NUI, Cork	To determine how RACK1 regulates cell migration during tissue morphogenesis and tumorigenesis using 3D culture model systems	240,188
Dr Eva Szegezdi NUI, Cork	Uncoupling of death receptor-induced nuclear factor kappa B activation from apoptosis	195,592
Ms Maria Pertl Trinity & St James's	Mechanisms underlying a psychological intervention for prolonged cancer-related fatigue: a role for symptom perceptions?	45,000
Irish Clinical Oncology Research Group	Core funding	300,000
Irish Association for Cancer Research	Conference Support	7,000
Cork Cancer Research Centre	International Society for Cell & Gene therapy of cancer	2,000
Dr Antoinette Perry Trinity & St James's	Prostate DNA methylation in prostate cancer: further evaluation of GSTP1, SFR2 and IGFBP3 as prognostic biomarkers and an unmasking of epigenetically controlled miRNAs.	225,000
Ms Christine White Trinity & Coombe Hospital	Cervical HPV mRNA and p16 INK4a detection for improved diagnosis and management of cervical neoplasia in smokers.	119,990
Ms Claire Donohoe Trinity & St. James's	Gastrointestinal Exploring the association between visceral adipose tissue and gastrointestinal malignancy: the role of insulin-like growth factor pathway.	118,810
Refunds	Prior years grant unused and returned	(252,189)
Total		1,001,391

Accounts

Irish Cancer Society Limited
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Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

7. Fundraising costs

Fundraising costs comprise the following:

	2009 €'000	2008 €'000
Salaries and pension costs	989	776
Direct fundraising costs	1,565	1,059
Fundraising department overheads	375	558
	<u>2,929</u>	<u>2,393</u>

Direct fundraising costs consist of costs incurred directly in organising campaigns, events and functions. Fundraising department overheads include postage, stationery, maintenance, depreciation and other costs. The increase in direct fundraising costs reflect an investment in new fundraising initiatives.

8. Designated and Restricted Funds

Designated Funds

The designated fund sets aside unrestricted income to ensure funds are available for the strategic areas of expenditure. They are analysed as the four main cancers, anti-tobacco and other cancers as a group.

	Opening Balance as at 01/01/2009 €	Transfers Y/E 31/12/2009 €	Expenditure Y/E 31/12/2009 €	Reallocations €	Closing Balance as at 31/12/2009 €
Bowel Cancer	555,332	1,352,292	(1,705,703)	48,949	250,870
Breast Cancer	105,332	102,292	(54,077)	48,949	202,496
Lung Cancer	313,867	299,166	(341,855)	48,949	320,127
Prostate Cancer	399,026	102,292	(54,077)	(244,745)	202,496
Anti-tobacco	75,000	41,666	(16,265)	48,949	149,350
Other Cancers	105,332	102,292	(54,077)	48,949	202,496
	<u>1,553,889</u>	<u>2,000,000</u>	<u>(2,226,054)</u>	<u>-</u>	<u>1,327,835</u>

The opening balance in the designated funds have been restated by cancer type.

Included in the closing balance of €1,327,835 is €293,694 designated fund for Daffodil Centres.
This amount is analysed across the six headings above.

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

8. Designated and Restricted Funds (Continued)

Restricted funds

These are funds reserved as income where the donor or funder has specified how the funds are to be used.

	Opening Balance as at 01/01/2009 €	Transfers €	Income 2009 €	Expenditure 2009 €	Closing Balance as at 31/12/2009 €
Bowel	-	76,078	29,187	(95,111)	10,154
Breast	214,369	76,078	1,571,818	(1,095,058)	767,207
Lung	-	76,078	3,610	(78,335)	1,353
Mens' cancers	10,067	76,078	1,087,061	(668,876)	504,330
Tobacco	-	-	81,243	(81,243)	-
Other	44,448	76,078	77,307	(143,231)	54,602
Lottery and other	-	(380,390)	380,390	-	-
Research	-	-	1,130,447	(1,001,391)	129,056
Nursing care	-	-	288,302	(288,302)	-
Travel grants	560,867	-	500,000	(117,719)	943,148
	<u>829,751</u>	<u>-</u>	<u>5,149,365</u>	<u>(3,569,266)</u>	<u>2,409,850</u>

The lottery compensation fund of €379,835 and other restricted income of €555 has been spread across five headings above, shown in the transfers' column.

During 2009, €117,719 was expended on Travel2Care grants which are grants funded by NCCP. These were all spent in regard to breast cancer. From 2010 this fund will be applied to other cancers as the scheme rolls out.

9. Net Surplus for the year

The net surplus for the year is stated after charging/(crediting):

	2009 €	2008 €
Depreciation	486,269	486,852
Auditor's remuneration	26,620	32,197
Directors' remuneration	-	-
Profit on sale of fixed assets	(4,636)	(5,271)
Loan interest	38,016	107,216

10. Taxation

The company is exempt from taxation on Income (excluding Value Added Tax) under Section 207 Taxes Consolidation Act 1997.

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Irish Cancer Society Limited
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Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

11. Employees and remuneration

The average number of persons employed by the group during the year is set out below:

	2009 Number	2008 Number
Programme	31	33
Fundraising, advocacy and communications	28	22
Charity shops	41	36
Management and administration	24	21
Total	124	112

The aggregate payroll costs of these persons were as follows:

	€	€
Salaries	5,013,474	4,422,907
Social welfare costs	507,889	458,940
Pension service costs	499,000	450,000
Total	6,020,363	5,331,847

Employee emoluments exceeding €100,000:

	2009	2008
€100,000 - €124,999	2	1
€125,000 - €150,000	2	2

12. Tangible assets

Group and company	Charity Shop €	Freehold Premises €	Fixtures & Fittings €	Motor Vehicles €	Furniture & Equipment €	Computer Equipment €	Total €
Cost:							
At 1/1/2009	931,877	12,200,398	86,783	89,912	364,697	418,534	14,092,201
Additions	-	48,661	12,669	-	49,099	97,564	207,993
Disposals	-	-	(11,303)	(18,754)	(3,146)	(23,542)	(56,745)
At 31/12/2009	931,877	12,249,059	88,149	71,158	410,650	492,556	14,243,449
Depreciation:							
At 1/1/2009	93,190	1,187,050	28,959	66,182	277,507	265,584	1,918,472
Charge for year	18,638	244,981	9,458	7,908	53,557	151,727	486,269
Disposals	-	-	(11,303)	(18,754)	(1,155)	(17,469)	(48,681)
At 31/12/2009	111,828	1,432,031	27,114	55,336	329,909	399,842	2,356,060
Net book amounts:							
At 31/12/2009	820,049	10,817,028	61,035	15,822	80,741	92,714	11,887,389
At 31/12/2008	838,687	11,013,348	57,824	23,730	87,190	152,950	12,173,729

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

13. Financial Assets

	% Held	Group		Company	
		2009 €	2008 €	2009 €	2008 €
Shares in group companies - unlisted					
Earlsfort Limited	100	-	-	127	127
Irish Cancer Society Research Limited	100	-	-	3	3
Shares in related company - unlisted					
Conquer & Care Lotteries Limited	50	635	635	635	635
		635	635	765	765

In the opinion of the Directors the value of the unlisted investments is not less than cost.

The investment in the related company comprises a 50% interest in ordinary allotted share capital of Conquer and Care Lotteries Limited, the registered office of which is Park House, Stillorgan Grove, Stillorgan, Co. Dublin. The investment comprises 500 ordinary shares of €1.27 each. The remaining 50% of Conquer and Care Lotteries Limited is held by a single shareholder. The aggregate amount of the capital and reserves of that company at 31 December 2009 amounted to €1,270. The company made neither a profit nor a loss for the year ended 31 December 2009.

The Irish Cancer Society's interest in Conquer and Care Lotteries Limited is managed through a wholly owned subsidiary Earlsfort Limited. Irish Cancer Society has supported Earlsfort Limited to date and intends to continue its policy of providing financial support sufficient for Earlsfort Limited to continue trading at its present level and meet its liabilities as and when they fall due.

The company is also a joint member in Conquer and Care (N.I.) Limited, a company limited by guarantee and not having a share capital. Conquer and Care (N.I.) Limited made a Stg£Nil profit or loss for the year ended 31 January 2010 (2009: Stg£Nil) and had a surplus of Stg£7,790 at 31 January 2010 (2009: Stg£7,790).

Irish Cancer Society has supported Irish Cancer Society Research Limited to date and intends to continue its policy of providing financial support sufficient for Irish Cancer Society Research Limited to continue trading at its present level and meet its liabilities as and when they fall due.

The company is also a joint member in ASH Ireland, a company limited by guarantee and not having a share capital. ASH Ireland made a profit of €913 for the year ended 31 December 2009 (2008: €472) and had a surplus of €30,092 at 31 December 2009 (2008: €29,899).

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

14. Investments

	Group €	Company €
Unit linked funds		
Opening balance at 1 January 2009 at cost	1,904,607	1,904,607
Opening Balance at 1 January 2009 at market value	1,656,290	1,656,290
At 31 December 2009 at market value (included in Balance Sheet)	1,909,337	1,909,337
Prize Bonds		
At 1 January 2009 and 31 December 2009 at cost (included in Balance Sheet)	406	330
Total included in 31 December 2009 Balance Sheet	1,909,743	1,909,667
Total included in 31 December 2008 Balance Sheet	1,656,696	1,656,620
Total at 31 December 2009 at cost	1,905,013	1,904,937
Total at 31 December 2009 at market value	1,909,743	1,909,667

Market Value

Group: 31 December 2009: €1,909,743 comprises market value of Unit Linked Funds of €1,909,337 (31 December 2008: €1,656,696) plus value of Prize Bonds of €406 (31 December 2008: €406).

Company: 31 December 2009: €1,909,667 (31 December 2008: €1,656,290).

Included in other income is investment income for the year which is comprised of an increase in valuation of the Unit Linked Funds of €253,047.

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Irish Cancer Society Limited
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Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

15. Debtors

Amounts falling due within one year:

	Group		Company	
	2009	2008	2009	2008
	€	€	€	€
Trade and other debtors	308,137	410,107	308,137	363,060
Prepayments	244,921	115,427	244,921	115,427
Amounts owed by group companies	-	-	273,477	210,076
Amounts owed by related companies	47,919	64,400	47,919	64,400
	600,977	589,934	874,454	752,963

Amounts owed by related companies are owed by Conquer and Care Lotteries Limited (see Note 13).

16. Creditors

Amounts falling due within one year:

	Group		Company	
	2009	2008	2009	2008
	€	€	€	€
Trade and other creditors	667,251	657,647	634,722	617,319
Accruals	434,618	591,750	431,800	413,701
PAYE	177,229	163,716	177,229	163,716
Instalments due under grants payable	1,868,912	1,989,607	1,868,912	1,989,607
Bank overdraft	561,623	555,550	561,623	555,550
Term loan	279,520	229,531	279,520	229,531
	3,989,153	4,187,801	3,953,806	3,969,424

Amounts falling due after more than one year:

	Group		Company	
	2009	2008	2009	2008
	€	€	€	€
Instalments due under grants payable	1,193,432	1,981,606	1,193,432	1,981,606
Term loan	1,336,747	1,684,259	1,336,747	1,684,259
Bowel cancer screening pledge	1,000,000	-	1,000,000	-
	3,530,179	3,665,865	3,530,179	3,665,865

The long term loan relates to a mortgage on the premises. At 31 December 2009 repayments due within one year amounted to €279,520 (included in creditors due within one year above). The bank has a fixed charge over the premises of the company as security.

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Irish Cancer Society Limited
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Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

17. Cash flow statement

a) Reconciliation of changes in net incoming resources to net cash inflow from operating activities

	2009 €'000	2008 €'000
Net surplus for the year	1,677	1,091
Depreciation	486	487
Profit on disposal of fixed assets	(5)	(5)
(Increase)/decrease in value of investments	(253)	675
(Decrease)/increase in creditors	(43)	92
Decrease in stocks	43	121
Increase in debtors	(11)	(57)
Deposit interest	(97)	(108)
Net impact of FRS 17	(90)	(196)
Net cash inflow from operating activities	<u>1,707</u>	<u>2,100</u>

b) Reconciliation of net cash flow to movement in net funds

	2009 €'000	2008 €'000
Increase in cash in the year	1,311	1,799
Decrease in borrowings:		
- Cashflows	298	226
- Other changes	-	-
Increase/(decrease) in liquid resources:		
- Cashflows	-	-
- Other changes	253	(675)
Movement in net funds in the year	<u>1,862</u>	<u>1,350</u>
Net funds at start of year	5,275	3,925
Net funds at end of year	<u>7,137</u>	<u>5,275</u>

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

18. Pension commitments

FRS 17 – Retirement Benefits

The company operates a defined benefit pension scheme. Pension costs for the defined benefit scheme are assessed in accordance with the advice of independent qualified actuaries using the projected unit method. For active and deferred categories of membership, the average life expectancy according to mortality assumptions used to calculate defined obligations at 65 years of age are 20.5 years for males and for females 23.4 year.

Changes in the present value of the defined benefit obligation in the year were as follows:

	2009 €'000	2008 €'000
Opening defined benefit obligation	(6,215)	(5,581)
Service cost (including employee contributions)	(664)	(589)
Interest cost	(370)	(317)
Benefit paid	133	133
Actuarial gains	143	139
Closing defined benefit obligation	<u>(6,973)</u>	<u>(6,215)</u>

Changes in the fair value of plan assets in the year were as follows:

	2009 €'000	2008 €'000
Opening fair value of plan assets	4,015	4,818
Contributions (including employees)	839	754
Benefits paid	(133)	(133)
Actual return on plan assets	595	(1,424)
Closing fair value of plan assets	<u>5,316</u>	<u>4,015</u>

The principal actuarial assumptions at the balance sheet date (expressed as weighted averages):

	2009 %	2008 %
Rate of general increase in salaries	4.00%	4.00%
Discount rate of scheme liabilities	5.75%	5.75%
Rate of pension increase	2.00%	2.00%
Inflation	2.00%	2.00%

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Irish Cancer Society Limited
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Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

18. Pension commitments (continued)

The expected long-term return and the market value of the scheme's assets at the year end were as follows:

	At Year End 31 December			
	2009 %	2009 €'000	2008 %	2008 €'000
Equities	8.00%	2,448	8.00%	1,986
Bonds	4.25%	871	4.00%	848
Other	6.25%	1,997	6.50%	1,181
		5,316		4,015

	2009 €'000	2008 €'000
The actual return on plan assets	595	(1,424)
The amounts recognised in the balance sheet are as follows:		
Fair value of plan assets	5,316	4,015
Present value of funded obligations	(6,973)	(6,215)
Deficit in the scheme	(1,657)	(2,200)
Deferred tax asset (note 10)	-	-
Net liability	(1,657)	(2,200)

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

18. Pension commitments (continued)

The amounts included in the performance statements are as follows:

	2009 €'000	2008 €'000
Current service cost	(499)	(450)
Past service cost	-	-
Total operating charge	(499)	(450)
Expected return on pension scheme assets	287	348
Interest on pension scheme liabilities	(370)	(317)
Net interest (charge)/income included in investment income	(83)	31
Actual return less expected return on pension scheme's assets	308	(1,772)
Experience gains and losses arising on the scheme's liabilities	143	(202)
Changes in assumptions underlying the present value of the scheme's liabilities	-	341
Actuarial gain/(loss) included in the Statement of Total Recognised Gains and Losses	451	(1,633)

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Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

18. Pension commitments (continued)

The movements in the deficit in the scheme during the year arose as follows:

	2009 €'000	2008 €'000
Deficit at beginning of year	(2,200)	(763)
Current service cost	(499)	(450)
Contributions	674	615
Past service cost	-	-
Other financial (income)/charge	(83)	31
Actuarial gain/(loss)	451	(1,633)
Deficit at end of year	<u>(1,657)</u>	<u>(2,200)</u>

History of defined benefit obligations, assets and experience gains and losses for the year ended 31 December 2009:

	2009 €'000	2008 €'000	2007 €'000	2006 €'000	2005 €'000
Defined benefit obligation	(6,973)	(6,215)	(5,581)	(5,683)	(5,670)
Fair value of plan assets	5,316	4,015	4,818	4,986	4,098
Deficit	<u>(1,657)</u>	<u>(2,200)</u>	<u>(763)</u>	<u>(697)</u>	<u>(1,572)</u>

Difference between the expected and actual return on plan assets:

	2009	2008	2007	2006	2005
Amount €'000	<u>308</u>	<u>(1,772)</u>	<u>(779)</u>	<u>81</u>	<u>342</u>

Experience (gains)/losses on plan liabilities:

	2009	2008	2007	2006	2005
Amount €'000	<u>143</u>	<u>(202)</u>	<u>(281)</u>	<u>65</u>	<u>(685)</u>

Future contributions:

The company expects to contribute €505,961 (2009: €517,000) to the defined pension plan in 2010.

Notes to the consolidated financial statements for the year ended 31 December 2009 (continued)

19. Constitution

The liability of the members of the company to contribute towards its assets is limited to an amount not to exceed the sum of €1.27 in each case.

20. Reconciliation of Movement on Resources

	2009 €'000	2008 €'000
Balance at 1 January	10,664	11,206
Total recognised gains and losses	2,128	(542)
Balance at 31 December	12,792	10,664

The opening balance contains €829,751 Restricted Funds. Total restricted resources arising during the year were not fully expended, leaving €2,409,852 Restricted Funds at year end.

21. Financial Commitments

Amounts payable during the next year in respect of leases which expire:

	Charity Shops €'000
Within one year	77
Between two and five years	177
More than five years	330
	584

22. Comparative Amounts

Comparative amounts have been regrouped where necessary on the same basis as the current year.

We hereby certify that the within Statement of Financial Activities, Balance Sheet, Auditor's Report and Directors' Report, are true copies of the documents laid before the Annual General Meeting of the Company held on 30 June 2010.

Director: Mr W.G. McCabe Director: Mr. P. McMahon



Message from President McAleese *Patron of the Irish Cancer Society*

“ It gives me great pleasure to send my warmest greetings to the Irish Cancer Society as it publishes its annual report.

The Irish Cancer Society plays a vital role in support and education for cancer patients and their families. The comfort and advice you offer is invaluable and you provide the security and support to help people come to terms with a diagnosis that still strikes fear into the hearts of many. ”

The Irish Cancer Society also plays a key role in awareness, education and in promoting research. One of the highlights of 2009 was the inaugural Irish Cancer Society research scholarships. I was delighted to be invited to present these scholarships to promising young scientists and researchers and it is the hope of all of us that the Irish Cancer Society's research scholars and fellows will contribute to replacing fear with hope for those diagnosed with cancer.

I would like to extend my best wishes to the Board, Committee and Executive of the Irish Cancer Society and to express my gratitude for the wonderful work done by the many volunteers throughout Ireland. I wish you every success for 2010.

Mary McAleese
President of Ireland

