ANNUAL REPORT AND ACCOUNTS 2011

Celebrating Ordinary Heroes

Irish Cancer Society

celebrating ordinary NETOES

The Irish Cancer Society is Ireland's National Cancer Charity.

Each year we work for and on behalf of everyone in Ireland who is affected by cancer. We strive to ensure that fewer people in Ireland get cancer, and those that do get the best care, treatment, information and support.

In 2011, 30,000 people in Ireland were told they have cancer. Cancer doesn't take a break. It works 24 hours, 365 days of the year. But so do our volunteers. They support, donate, fundraise, and campaign. But above all they CARE. Through their selfless efforts, they make sure that the services you need are available when you need them. It is not possible to carry out our mission without the amazing support of so many people across Ireland. They are our ordinary heroes.

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chairman's veview

Bill McCabe

Your generosity continues to allow us to support cancer patients in Ireland in many ways. 2011 saw the work of the Irish Cancer Society grow and expand to provide even more services to cancer patients and their families. I am both proud and humbled; proud of our achievements but at the same time humbled by the huge level of support for our work, particularly by donors and fundraisers.

During 2011, we opened four new Daffodil Centres in Cork and Dublin. Our nurses and volunteers work closely with hospital teams to support cancer patients and their families and we know this new service is making all the difference.

I am also very proud of the success of our Care to Drive programme, which provides a vital support for cancer patients by taking them to and from the hospital for their treatment. This service is now available to many more patients and we know from what they tell us that it is making all the difference.

In 2011, we grew our investment in cancer research and the appointment of Professor John Fitzpatrick as our first Head of Research is an expression of our commitment to bring cancer research to a whole new level in Ireland. We know you support this ambition too. And I am very pleased at the growth of the truly inspiring Relay For Life 24-hour community event, which has been so warmly embraced by communities across Ireland. There were four Relays in 2011, an increase from two in 2010.

We put prostate cancer patients and their experience at the heart of our work and have continued to press for bowel cancer screening. Of course, all this new work is taking place alongside our established work – the Night Nursing Service, the Cancer Information Service, our work across the country with Cancer Support Centres, our Patient Support Groups, our public awareness programmes, our advocacy work, and the growth and development of cancer research.

Growing during a recession is challenging, but thanks to your support and your generosity, we have been able to give support to those who need it most.

I want to acknowledge the support of my fellow Board members who have given their time so generously during 2011 for the cause of the Society and our mission.

W.g. Make

Bill McCabe Chairman

HIGHLIGHTS



We appointed a new Head of Research, Professor John Fitzpatrick



The roll-out of our Care to Drive programme began and now operates in seven hospitals across the country



Four communities hosted a Relay For Life: Carlow, Dundalk, Tipperary and Ballinasloe

Your generosity has allowed us to do new things for cancer patients in Ireland

Bill McCabe Chairman

chief executive's ceview

In 2011, we successfully met the many challenges raised by the serious economic crisis in the country. Thanks to the amazing generosity of our donors, fundraisers and volunteers, we have not only maintained our services to cancer patients, but we have grown them too. Thank you all.

The need for our services is growing all the time. More people are getting cancer in Ireland, but there is good news as well.

The implementation of the Government's National Cancer Strategy is showing results. Patients are being diagnosed faster and getting the treatment they need in the eight designated cancer centres and one satellite centre across the country.

The two screening programmes that delivered the National Cancer Screening Service, BreastCheck and CervicalCheck, are successful world-class programmes.

There have been breakthroughs in cancer treatments also, all of which adds up to a very welcome development – a growing number of cancer survivors. Part of our mission is to meet the needs of cancer survivors.

In 2011, the new Government committed itself to the roll-out of Bowel Cancer Screening, which we lobbied for, as well as a new law to control the use of sunbeds and to ensure that enough money is being given to the Cancer Control Programme. We lobbied strongly for these commitments and this is to be welcomed.

The battle against tobacco continues and we are asking the Government and all decision makers to take the necessary steps to reduce our unacceptably high smoking rate here in Ireland. We will not tackle cancer until we tackle smoking.

In November the Irish Cancer Society was delighted to cohost the World Cancer Leaders Summit in Dublin, with the National Cancer Control Programme. The Society was joined by 240 Government representatives from around the globe, the World Health Organization (WHO), the World Economic Forum, and civil and corporate leaders from over sixty countries. At the summit we made a commitment to reduce the incidence of non-communicable diseases (NCDs) by 25% by 2025, the Dublin Resolution. Setting and meeting targets like this will ultimately improve health and quality of life while cutting healthcare costs, and is critical to Ireland's leadership role in cancer control.

I want to thank all the members of the Board for their unstinting dedication and partnership with all of us here in the Society to advance our mission. They have significantly contributed to our success and growth in 2011. I want to thank all the staff of the Society for their passion and professionalism on behalf of all the people we serve.

I also want to thank our many partners in our work - our corporate partners, other charities we work with, the hospitals who host our Daffodil Centres, and the support centres we work with, as well as the wide range of agencies and organisations without whom we could not advance our mission.

You and Comacia

John McCormack **CEO**, Irish Cancer Society





HIGHLIGHTS



Survival Rates for cancer continued to increase – the National Cancer Strategy is showing results

In 2011, the Government committed to Bowel Cancer Screening in response to our lobby

Our work is made possible by the thousands of people who support us across Ireland

Most of all, I want to thank our volunteers. Superheroes don't Shave or Øye, Care to Ørive, grow a Mo, be there for someone with cancer, run marathons, care for a loved one or shake buckets. But the Irish Cancer Society's ordinary heroes do.

> John McCormack CEO, Irish Cancer Society

friends of the SOCIETy

Our friends and supporters

To achieve its mission, the Irish Cancer Society relies on the dedication, help and support of many people.

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Lynda Bellingham
Marty Morrissey
Matt Cooper
Mícheál Ó Muircheartaigh
Michelle Massey
Mick Galwey
Ollie Canning
Podge and Rodge
Ray D'Arcy
Ray Foley
Seamus Moynihan
Sean Munsanje
Sean Óg Ó hÁilpín
Zig and Zag

PART 1

our services you are not alone...

Every year, tens of thousands of people contact the Irish Cancer Society looking for information, advice, support and someone to listen. Whether you've been diagnosed with cancer, or know someone who has been, we have a variety of practical and compassionate services to help you along the way.

"Alone we can do so little; together we can do so much." helen keller

Improving lives by promoting health and reducing risk

As well as providing support for everyone affected by cancer, an important part of our work is promoting healthy lifestyles and helping to change peoples' behaviour so they know what they can do to reduce their risk of cancer.

Our Health Promotion programmes focus on the message that up to 50% of cancers can be prevented through lifestyle changes, and others can be cured if detected early. We promote early detection and we save lives by making people aware of the changes that lower their risk of cancer. We run public awareness campaigns, develop new materials and distribute information to hospitals, GPs and communities across the country. We also run physical activity programmes for cancer survivors that help reduce the risk of cancer coming back.

Tobacco

There are still far too many people smoking in Ireland and in 2011 the Society continued to call for more action by the Government to bring down the smoking rate and in the process tackle the single biggest cause of preventable cancer in Ireland.

We looked for a \in 1 increase on the price of cigarettes because the evidence internationally shows that significant tobacco tax increases have a much greater impact on smoking rates. We were disappointed that the Government chose to increase the tax by just 25c.

"I couldn't have quit without support from the National Smokers' Quitline." JOHN

> "I was delighted with the support of the service and I've gained confidence since quitting smoking." PATRICIA

And we shone a light on the ways in which the tobacco industry ensures it keeps its profits high. We asked the Government to tax tobacco profits at a higher rate than other, less harmful goods, because we believe the tobacco industry should pay for the damage it causes. Currently the Government is spending €2 billion a year on dealing with the health effects of smoking.





Over 3,700 people asked for our help to quit smoking through the National Smokers' Quitline



Tweny-five youth organisations took part in our X-Hale initiative, empowering young people to stand up to tobacco

HIGHLIGHTS



We made improving services for the 2,800 men diagnosed with prostate cancer each year a priority in 2011

We also campaigned for more measures to tackle tobacco smuggling into Ireland. Children and poor communities are being targeted by smugglers of these cheap illegal cigarettes, putting them at high risk of illness, especially cancer.

We were particularly concerned and alarmed by the announcement in 2011 by the National Cancer Registry of Ireland (NCRI) that more Irish women now die of lung cancer than breast cancer, due to the increase in lung cancer among women, as a result of smoking. We started to look in particular at highlighting this issue and how the tobacco industry is targeting women to become smokers.

X-Hale

X-Hale is a smoke-free initiative led by and for young people. Its aim is to give young people the opportunity to voice their opinions on tobacco and influence the smoke-free agenda. In 2011, the programme reached out to a total of 1,200 people. Twentyfive youth organisations took part to help raise awareness of the issue of smoking and young people. Seven projects across the country were awarded funding between €1,500 and €4,000. Each of these projects held a local showcase event and attended the National Exposition in Croke Park in October.

National Smokers' Quitline

The National Smokers' Quitline provides support, advice and counselling to smokers who wish to quit. In 2011, we responded to 3,706 calls to the Quitline, which is run in partnership with the HSE. The Society was also involved in the HSE's Quit campaign, which was launched in June. The campaign led with the message that one in two smokers will die from a smoking-related illness.



Rhianna O'Brien (12) and Aoibheann McCaul (Fair City) tackle Mr Big Cig

Physical Activity Programme for Cancer Survivors

The Irish Cancer Society's Physical Activity Programme is based on evidence that concluded that just thirty minutes of physical activity per day, or a minimum of two to three hours per week, can help reduce the risk of cancer recurring by up to 50%. The results of our four-month pilot study with forty-eight women, aged between 36-72 years, were so impressive that two more programmes were offered to new participants in 2011. Thirtynine women took part in our second programme for breast cancer survivors in March, and in September, thirty-eight men and women took part in a programmes have been designed and supervised by our consultant Exercise Specialist, Marie Murphy

Over €700,000 was spent on these campaigns and we estimate that almost one-third of the population of Ireland was reached with messages during the year.

Exercise Specialist, Marie Murphy

As part of the Mouth, Head and Neck Cancer (MHNC) Awareness campaign we worked with the Dublin Dental Hospital, the Cork University Dental School and Hospital and the Irish Dental

Association. Dentists around the country signed up to provide free mouth examinations. 5,806 patients attended for a free check-up. The Irish Cancer Society's "Mouth, Head & Neck: What You Should Know" leaflet and smoking cessation resources were circulated to all dentists nationwide.

The Irish Cancer Society launched its 2011 SunSmart campaign by highlighting the alarming fact that skin cancer is the most common cancer in young people in Ireland. This was followed by an advertising campaign that comprised a mix of radio, outdoor and online advertising.

Public Awareness Campaigns Lung Cancer Awareness Month was the first of many

major awareness campaigns that ran during 2011. The campaign was launched in January 2011 by Des Bishop and the theme of the campaign was "Lung Cancer – You Can Avoid it, You Can Get it, You Can Survive it".

Our awareness campaigns aim to get the message out about the signs and symptoms of cancer, how to reduce your risk, and promote early detection.

In 2011, our Public Awareness Campaigns included:

- Lung Cancer Awareness Month January
- National No Smoking Day February
- Bowel Cancer Awareness Month April
- SunSmart (Skin Cancer Awareness) May
- World No Tobacco Day May
- Men's Health Awareness Week June
- Mouth, Head and Neck Cancer Awareness
 Week September
- Breast Cancer Awareness Month October
- Women's Cancer Awareness October
- Prostate Cancer Awareness (Movember) November

Des Bishop with (left to right) Monica Murphy, Marion Keegan and Brian Caffrey



Sun Smart

SMOKING

SUNBEDS

Kirish Cancer Society

make a difference to cancer today

We Are Your Voice – Advocacy

In 2011, the Society grew our advocacy team and expanded our advocacy work.

For the first time ever, we ran a General Election Advocacy Campaign and established "iCAN", an advocacy mechanism that allowed the Society's volunteers, supporters and cancer survivors the opportunity to have their voices heard by all election candidates.

We called on the new Government to tackle Ireland's high rate of smoking, to extend the age groups screened for breast and bowel cancer and to pass legislation to control the use of sunbeds in Ireland.

The three issues highlighted during the iCAN campaign before the general election formed the basis for much of our activity during the year. When the election was over, we held a briefing session for TDs and senators and outlined our issues to them in detail. We have built a core group of Oireachtas advocates from these briefings and our messages have been well reflected in debates in both the Dáil and Seanad.



DIFFERENCE

Minister Róisin Shorthall (first on left) spoke at our launch of Breast Cancer Awareness Month

SCREENING

Workplace and Community Education

In 2011, the Irish Cancer Society facilitated 118 health promotion awareness talks and information stands within the workplace and communities throughout the country. This community-orientated programme trains and supports volunteers to share important health information on how the public can reduce their risk of cancer by as much as 50% by making lifestyle changes. To date, forty-four volunteers have been trained in Dublin and in Cork. Left to right: Alison and Nicola Crimmins show how important it is to be SunSmart_

Podge and Rodge get behind bowel cancer

Securing bowel cancer screening, a commitment on the regulation of sunbeds and improving services for men with prostate cancer were key priorities for the Irish Cancer Society in 2011.

Screening

In 2011, we worked to ensure that the introduction of Bowel Cancer Screening was kept on the new Government's agenda despite major cuts in health spending.

At the same time, we continued to highlight the problem of long waiting times for a colonscopy, the vital test to detect bowel cancer. Keeping waiting times for colonscopies down is key to the success of Bowel Cancer Screening and we welcomed the establishment of a Special Delivery Unit by the new Government to tackle waiting lists.

The year ended with the publication of the HSE Services Plan for 2012, which shows that Bowel Cancer Screening will begin towards the end of 2012 and that colonoscopy waiting times are beginning to fall.

On the issue of breast cancer screening, the Irish Cancer Society sought a Government commitment that the screening age would be extended to all women aged up to sixty-nine years. The Programme for Government included this goal and we are continuing to work with the National Cancer Screening Service to make sure it happens.

Sunbeds

The Irish Cancer Society continues to lobby strongly for the introduction of a law to control the use of sunbeds and was glad to see that the new Government intended bringing it forward. We continued to monitor its progress and ensure that it was being progressed.

In particular, the Society wants to see the Bill include:

- Prohibiting the sale or hire of sunbeds to anyone under eighteen years of age;
- Prohibiting the use of sunbeds in an unsupervised premises;
- Requiring the placing of warning signs in sunbed premises and on sunbeds;
- Prohibiting those with skin type 1 (very fair skin) from using sunbeds.



Left to right: Ciara Conway TD, Myles Shelly from Waterford and Kathleen O'Meara, April 2011

Prostate Cancer – A Patients' Charter

In 2011, we took on transforming the experience of the prostate cancer patient. Our evidence showed that prostate cancer patients were not getting everything they needed and deserved, particularly for the side effects of their treatment.

The Irish Cancer Society developed a Prostate Cancer Patient's Charter in direct response to the findings of Ireland's largest survey of prostate cancer survivors which took place over the summer of 2011. The survey results revealed that men were making life-changing decisions without fully comprehending the severity of the physical and psychological side effects.

Using the Health Service Executive's document, You and Your Health Service as a reference, the Prostate Cancer Patient's Charter explains what men with prostate cancer should expect from their health services. It outlines when and how men should ask for information and support to ensure they obtain the best-quality care.

Using the Charter as a benchmark for best practice, the Irish Cancer Society is advocating for improvements in the way prostate cancer patients are informed and supported at every stage of their journey. To deliver a better standard of care for men with prostate cancer, the Irish Cancer Society is calling for more specialist nurses, improved access to medical cards, clearer communication around treatment options and a sufficient number of urology and oncology consultants.

Prostate. There, I've said it.

Prostate Cancel Patients' Charte The care that you deserve

15

we're here to talk, and to listen

Cancer Information Service

Our Cancer Information Service (CIS) is the leading provider of information, advice and support for anyone concerned about cancer. Cancer patients, relatives, friends and healthcare professionals can all contact our specialist cancer nurses via the National Cancer Helpline (Freefone 1800 200 700), by email, through the website www.cancer.ie, online Live Cancer Chat or by dropping in to us at Northumberland Road, Dublin.



Specialist Prostate Cancer Information Nurse, Karen Flynn

The CIS is part of the Nursing Services Department and is made up of:

- National Cancer Helpline, Freefone 1800 200 700
- Daffodil Centres
- Booklets & Factsheets
- www.cancer.ie
- email
- Live Cancer Chat

This year, the Irish Cancer Society's National Cancer Helpline, Freefone 1800 200 700, achieved international accreditation under The Helplines Association (THA) Quality Standard. THA Quality Standard is an internationally recognised "stamp of approval" and ensures all calls to the National Cancer Helpline are dealt with under strict guidelines, which are measured and monitored by an external independent body. This significant achievement reflects our ongoing commitment to delivering the best possible information, advice and support to anyone concerned about cancer in Ireland.

Throughout the year, our specialist cancer nurses answered over 21,518 calls to our National Cancer Helpline, responded to 1,049 emails and had 223 online Cancer Chats. This is an increase of 11% on the number of enquiries in 2010. There has also been an increase in calls from those diagnosed with cancer. Breast cancer continues to be the number one reason why people contact the CIS. The majority of other queries relate to prostate, bowel, lung and gynaecological cancers. More people are calling us about palliative care and support and how to talk to children.

Financial Aid

There were 1,943 applications for financial assistance from the Irish Cancer Society for cancer patients, an increase of 341 applications on 2010. A Grants Application Administrator was appointed to deal with the increased demand for these services.

Trave2Care

The Society received 781 applications for the Travel2Care scheme, which is funded by the National Cancer Control Programme (NCCP) and administered by the Society. The Travel2Care scheme is specifically aimed at patients who have financial difficulty in meeting the costs of travelling to designated centres for treatment. This was an increase of 42% on 2010 applications.

HIGHLIGHTS





Our helpline responded to over 21,000 callers during 2011 Over 2,000 patients received over 8,110 nights of care



Irish Cancer Society Daffodil Centres now in seven hospitals across Ireland

There when you need us most – Our Night Nurses

The Irish Cancer Society's Night Nursing Service is a nationwide service available to people with cancer who are seriously ill at home. The aim of the service is to provide care during the night for the person who is ill and wishes to be cared for at home with their family. It is part of the Society's commitment to help patients and their carers during what is often a difficult and anxious time. The Irish Cancer Society Night Nurses are provided free of charge for up to ten nights.

- The Night Nursing Service has been in operation since 1986 and currently employs 230 Night Nurses nationwide.
- During 2011, the Irish Cancer Society Night Nurses supported over 2,000 patients and their families coping with the advanced stages of cancer. We delivered 8,114 nights of care, an increase of 9% on 2010. Demand for this service has grown an average of 11% per year over the past six years.
- Two-thirds of the patients are over sixty-five years and the four most common cancers in patients who avail of our service are lung, bowel, breast and pancreatic.
- 94% of requests for night nursing were met in 2011.



"With Thanks" Booklet

In 2011, the Society published a "With Thanks" booklet. The idea came from the large number of thank you cards and letters received from families who had Night Nursing care and we decided to publish a selection of the letters.

"I often think of you, especially when the weather is bad. I often think of you going out at night to offer support to families in need and how dedicated you are to leave your comfortable home. For us you were a Godsend." Reach to Recovery support volunteer. Marie O'Laoi

> "The smallest act of kindness is worth more than the grandest intention." oscar wilde

With you every step of your journey – Patient Support

The Irish Cancer Society Patient Support Department runs many programmes that have a direct impact on the lives of those living with cancer and their families and friends.

Survivors Supporting Survivors

The Survivors Supporting Survivors programme links cancer survivors with those who are newly diagnosed, providing them with support, information and reassurance. In 2011, survivor volunteers supported almost 1,000 patients nationwide. Our volunteers support patients across a number of different cancers, including women with a secondary diagnosis of breast cancer and those with rarer or less common cancers.

Look Good Feel Better

Look Good Feel Better is a programme that helps cancer patients deal with the side effects of their treatment that affect their appearance. All of the

Patient Education Booklets

Since the late 1990s, the Irish Cancer Society has been producing patient education booklets in its Understanding Cancer series and associated titles. To date, there are forty-one booklets/journals available free of charge. New titles produced in 2011 include 'Caring for Someone with Lung Cancer', 'Understanding Cancer of the Kidney', 'Understanding Early Prostate Cancer', and 'Understanding Cancers of the Head, Neck and Mouth'. All our booklets are reviewed and updated every year.

Hair Loss and Cancer Treatment

Look Good Feel Better workshops are delivered by volunteers from the beauty industry. The Look Good Feel Better programme provided 114 free workshops to 1,300 women in 2011. We also hosted two Look Good Feel Better workshops for men – one as part of Men's Health Awareness week in June and another at the National Prostate Cancer Conference in November.

Care to Drive

The Society's Care to Drive programme, which began in May 2008, continues to go from strength to strength. Since those early days when we partnered with our very first hospital, St Vincent's Hospital, Dublin, on a pilot basis, we now are in the middle of rolling out the service nationwide. Thanks to the support from the staff of Tesco and our wonderful volunteer drivers across the country, the service is now available in seven hospitals with plans for six more to come on board in 2012. They are

- St Vincent's Hospital;
- Sligo General Hospital;
- Letterkenny General Hospital;
- The Mater Misericordiare Hospital;
- Mid-Western Regional Hospital, Limerick;
- Portiuncula Hospital, Ballinasloe;
- St James's Hospital, Dublin.



The Irish Cancer Society could not run many of these programmes without the support of our amazing volunteers. In February 2011, President of Ireland Mary McAleese met some of the Society's patient support volunteers at an event to honour their contribution to the Society and to those who have been diagnosed with cancer.

In 2011, 147 volunteer drivers drove 98,355 km to transport 166 patients to 1,378 hospital appointments.

Computer giant, IBM also came on board with the Care to Drive programme in 2011. Working with the Irish Cancer Society, volunteers from IBM are developing a technological system, to help us deliver this service as efficiently and effectively as possible. "Overall I just wanted to emphasise that we are extremely happy with this service, which is an invaluable asset to offer to patients attending for treatment."

Juliet Herbst, Senior Social Worker, St James'S Hospital (service opened in April, 2011)

"Personally I find the work very rewarding – it really brings it home when you see so much bad news in the press and on TV, then you pick up a client from the hospital and his first words are 'I'll live another while'. It lifts your heart." **Brendan Canning** – Care to Drive volunteer driver – Sligo General Hospital (driving since June 2011)



Roy Keane officially opens the Bon Secours Daffodil Centre, Cork, in October irish V

cancer

society

To date, the Irish Cancer Society has recruited and trained 122 volunteers across seven Daffodil Centres. In 2011, they greeted, listened to, supported and helped over 9,400 enquirers.

Daffodil Centres – Centres of Hope

Daffodil Centres are the first service of their kind in Ireland and are an extension of the Irish Cancer Society's existing Cancer Information Service into the hospitals. Funded entirely by the Society, thanks to some major gifts, each centre is staffed by Irish Cancer Society specialist cancer nurses who are supported by trained volunteers. The centres offer advice, information and support to all of those concerned about cancer on site in hospitals, often at a crucial time – when the patient has been diagnosed and is going through treatment.

The Irish Cancer Society's first Daffodil Centre opened in Galway University Hospital in July 2009 and there are currently six centres open in hospitals across the country, with five more planned for 2012 and beyond. The Society plans to invest \in 3.6 million over the next three years in the nationwide roll-out of Daffodil Centres. In order to do this, the Society has launched a major fundraising campaign to raise money to build and staff the centres.

support a

Daffodil Centres are currently set up in:

- University College Hospital, Galway;
- Beaumont Hospital, Dublin;
- Mater Misericordiae University Hospital, Dublin;
- St James's Hospital, Dublin;
- Bon Secours Hospital, Cork;
- The Adelaide and Meath Hospital, Dublin, Incorporating The National Children's Hospital;
- The Hermitage Medical Clinic, Dublin (opening March 2012).





" Thoroughly enjoyed the evening – I felt you read my mind and answered all my fears. Thank you."

"As a carer of my mum who has cancer it was good to hear how normal all our feelings are for us and to see what mum goes through is normal.".

Supporting a Cancer Support Network across the country

In 2011, thirty-six Cancer Support Services from all over Ireland signed up to become affiliated to the Irish Cancer Society. They form part of a national network that provides information and support services to people with cancer. In 2011, over 1,200 people attended training and events organised by the Society across the country.

Four hundred people attended a public lecture series called the Emotional Effects of Cancer, which travelled to Tralee, Cork, Clonmel and Dublin. The series aimed to address the range of reactions that patients and their loved ones experience when faced with a diagnosis of cancer and some helpful coping strategies.

National Conference of Cancer Support Groups

The National Conference of Cancer Support Groups, now in its eighteenth year, took place over two days in March in Dublin Castle and had 425 participants. The event was a platform for people to share hope, support and understanding with others like themselves.

Almost 900 cancer survivors and their families attended the four patient conferences hosted by the Irish Cancer Society in 2011.

part 2 leading the wayresearch

The Irish Cancer Society is the largest voluntary funder of cancer research in Ireland. Research to find better ways of diagnosing and treating cancer is a vital element in the battle against cancer. During 2011, the Society appointed Prof. John Fitzpatrick to the new post of Head of Research. Under Prof. Fitzpatrick, the Society aims to increase its focus and impact in the area of cancer research, particularly around creating co-operation and collaborations.



"The quality of cancer care is dependent on the quality of cancer research". Prof. John Fitzpatrick Prof. Fitzpatrick has unveiled the Society's vision for cancer research in Ireland that focuses on encouraging collaboration in research and developing a Cancer Research Centre. Prof. Fitzpatrick has considerable experience in cancer research, which has been recognised nationally and internationally, having been Professor of Surgery and Consultant Urologist at the Mater Misericordiae University Hospital and University College Dublin since 1986.

In his role as Head of Research, Prof. Fitzpatrick is responsible for developing a plan for cancer research and co-ordinating research efforts throughout Ireland, while encouraging collaboration through mechanisms such as the Cancer Research UK model of cancer centres. "The quality of cancer care to the patient is dependent on the quality of cancer research," said Prof. Fitzpatrick. "Cancer research of the highest quality is already being widely performed in this country and this level of research attracts internationally recognised leaders. Their work ensures that new approaches to diagnosis and management of cancer will be available to patients in this country, which will of course ultimately improve outcomes.

HIGHLIGHTS







In 2011, the Irish Cancer Society committed €3.1 million to cancer research Forty-seven discoveries were published in international peer review journals Thanks to funds raised during Movember by 8,000 Mo Bros and Mo Sistas, we were able to increase our research into prostate cancer

Our vision is to establish a Cancer Research Centre similar to the existing model in Belfast, where such a centre allows clinical activity and research endeavours to co-exist in the same building on a hospital campus. It also houses a drug trials unit with the result that the 'bench to bedside' concept is easier to achieve. As we know from programme grants already funded by the Irish Cancer Society, collaboration is beneficial in that it has a much greater impact and prevents fragmentation of research and reduplication of effort around the country."

How our research made an impact in 2011

In 2011, forty-seven discoveries from research funded by the Society were published in international peer review journals. These research findings were made in the areas of oesophageal, prostate, brain, breast, leukaemia, lung, ovarian, cervical, and multiple myeloma cancer research. Additionally, seventeen reviews analysing the knowledge generated to date in cancer research topics were published in 2011. This brings to sixty-four the total number of research publications from Society-funded research last year, an increase of 42% from 2010.

Irish Cancer Society doubles its research efforts

In 2011, the Irish Cancer Society doubled its efforts in cancer research by announcing four programmes of research compared with two in 2010. In line with our research focus of funding people, the Society once again invited applications for Research Fellowships and Scholarships. In addition, a targeted call on prostate cancer research was launched, inviting applications for Prostate Cancer Research Projects and a Prostate Cancer Research Programme.

The Society continued to provide core funding to the Irish Clinical Oncology Research Group (ICORG) in 2011, a charitable organisation that aims to increase the availability of clinical trials and translational research for people with cancer in Ireland.



Left to right: Ray D'Arcy, Joanna Stanicka, Maeve Kiely, Michelle Cronin and Conor Horgan

Irish Cancer Society announced €3.1 million investment in cancer research

In 2011, the Irish Cancer Society announced its largest investment to date in research of €3.1 million at its annual Research Awards Ceremony. Ray D'Arcy from Today FM presented the awards to our new Research Scholars, Fellows and Prostate Cancer Researchers at a ceremony that took place in Dublin in November.

A total of eight Irish Cancer Society Research Scholars, four Research Fellows and four Prostate Cancer Researchers were announced at the ceremony, which will ensure new research projects are commenced in breast, colorectal, ovarian, leukaemia, oesophageal, lung, prostate and metastatic cancers.

The sixteen research awards span a wide range of areas that will investigate a number of potentially important discoveries. Some of these research projects include the following.

Joanna Stanicka, Irish Cancer Society Research Scholar, working at University College Cork. Joanna's research on leukaemia will investigate how changes in a gene can turn a normal cell into an aggressive cancer cell.



Maeve Kiely, Irish Cancer Society Research Scholar, working at University of Limerick. Maeve's research will investigate what happens when communication within normal cells goes wrong, leading to breast cancer.

irish cancer soci Research



Dr Michelle Cronin, Irish Cancer Society Research Fellow, working at the Cork Cancer Research Centre, at University College Cork. Dr Cronin will investigate if bacteria and viruses can be used to deliver anti-cancer treatments to the site of tumours.

Research funded by the Irish Cancer Society seeks to identify better treatments for prostate cancer patients

This year, the Irish Cancer Society funded four new prostate cancer research projects to encourage advances that will impact and improve the lives of those affected by prostate cancer. These projects include the research being commenced by Prof. Caitriona O'Driscoll at UCC, two research projects at NUI, Galway, led by Prof. Ciaran Morrison and Dr Laura Barkley-Elliman and continued funding for the Prostate Cancer Research Consortium in Dublin, led by Prof. William Watson at University College Dublin.

Professor Caitriona O'Driscoll explains, "Certain genes can regulate the growth and development of prostate cancer and the controlled destruction of these may be viewed as potential therapy. Small interfering RNAs (siRNAs) are a new class of exciting drugs that can be tailor-made to stop cells from producing a specific cancer-associated protein without affecting other normal functioning genes. Therefore, they have huge potential for cancer therapy. It is hoped at the end of this project, through improvements in quality, stability, safety and efficacy, we will have a prostate specific siRNA delivery system ready to enter clinical trials in patients."

The Irish Cancer Society's prostate cancer research programmes are supported by the Movember Foundation. In 2011, 8,000 Mo Bros and Sistas raised funds that have supported prostate cancer research in Ireland, including those projects listed above.



Ten years of Action Breast Cancer marks achievements in Breast Cancer Research

In October, we celebrated the tenth birthday of Action Breast Cancer, a programme of the Irish Cancer Society. Over the last ten years the Irish Cancer Society has invested more than €1.8 million in twelve different breast cancer research projects at research institutions in Dublin, Cork and Galway. These projects have led to advances including the discovery of a breast cancer marker that predicts metastasis, and developments in gene therapy delivery, amongst others. Today in Ireland, 83% of women diagnosed with breast cancer across all age groups survive for five years or longer (NCRI, 2011). This has grown from 72% from 1994 – 1999 (NCRI).



New Cancer Prevention Fellowship

In June, the Irish Cancer Society and Health Research Board announced a joint call for applications for individuals working in Ireland to apply to become a National Cancer Institute (NCI) Cancer Prevention Fellow, under the auspices of the Ireland-Northern Ireland-NCI Cancer Consortium. The prestigious National Cancer Institute Cancer Prevention Fellowship Programme provides training for post-doctorate candidates from the health professions, biomedical and behavioural sciences to become leaders in the field of cancer prevention and control. This Fellowship training takes place at the National Cancer Institute, Maryland, USA, with the Fellows returning to Ireland for the final year of their Fellowship. The

Irish Cancer Society believes that this research and training in the USA will equip these researchers with the expertise to develop cancer prevention research in Ireland upon their return.





Left to right: Joanna Stanicka, Dr Conor Horgan and Michelle Cronin

Research funded by the Irish Cancer Society sheds new light on the biology of Hodgkin's Lymphoma

In December, research funded by the Irish Cancer Society, the Health Research Board and the Dublin City University Educational Trust revealed a new target for future treatment of Hodgkin's Lymphoma. This research featured on the front cover of the leading scientific journal, International Journal of Cancer (IJC) on 15 December. The findings came from a collaborative research initiative led by Dr Dermot Wall and Dr Sinead Loughran at the School of Biotechnology in DCU. They discovered that a component of our cells known as the Bfl1 protein plays a crucial role in prolonging the survival of Hodgkin/Reed-Sternberg (HRS) cells, a type of white blood cell that is critical to the development of these tumours.



PART 3 Inspiring Ingrages

The unwavering support of our army of volunteers all across the country never ceases to amaze us. Their commitment and dedication allows us to be there for the thousands of people affected by cancer across Ireland every year. Through their selfless efforts, they make sure that care and support services are available where they are needed.

They give hope by giving their time, energy and enthusiasm. They are our ordinary heroes.

"Superheroes don't shake buckets, but ordinary heroes do."

Every daffodil you buy helps to fund free cancer care ...

Daffodil Day, introduced twenty-four years ago by the Irish Cancer Society, is the Society's largest fundraising day supporting cancer patient care and information services across the country.

Even after twenty-four years, we never fail to be humbled by the support and dedication of kind and generous people who continue to go to amazing lengths on our behalf. Daffodil Day 2011 was an outstanding success and exceeded the funds raised last year by 4%.

Monies raised on Daffodil Day will fund the Society's free Night Nursing Service for patients at the advanced stage of the illness the funding of hospital-based cancer liaison nurses and the funding of cancer homecare teams, who work in the community to provide specialist palliative care to patients with cancer in their own homes. Daffodil Day monies are also used to fund the Cancer Information Services Helpline (Freefone 1800 200 700), which is staffed by specialist cancer nurses, who offer advice, information and support to anyone worried about any aspect of cancer prevention, early detection, diagnosis and treatment.

Dell employees plant daffodils in Garden of Hope



HIGHLIGHTS









We turned the country yellow with our twentyfourth Daffodil Day campaign and raised €3.38 million to support our patient care services

Staff and customers of Tesco Ireland raised a staggering €907,000 for the Irish Cancer Society's Care to Drive service

The response was phenomenal, as people across the length and breadth of the country raised €1.3 million for Today FM's Shave or Dye campaign Walkers who signed up to our Trek4Life to China brought in €150,000 for cancer research

Dell-ighted to support people affected by cancer

In 2011, we were thrilled to welcome Dell Ireland as lead partner for Daffodil Day. In addition to helping fund our Daffodil Day campaign, Dell employees in Cherrywood and Limerick volunteered their time and expertise to the campaign, including assembling thousands of Garden of Hope daffodils from around the country. As well as joining our wonderful volunteers selling silks and pins on the day itself, the campuses in Cherrywood and Limerick were turned yellow!

Mr Aongus Hegarty, Vice President and General Manger, Dell EMEA, said, "Dell Ireland is delighted to have been part of such a successful Daffodil Day campaign during 2011. We're already looking forward to exceeding this target in 2012. This was the first year of Dell Ireland being the lead sponsor for Daffodil Day. The campaign began back in October 2010 with our employees supporting the Irish Cancer Society through the donation of their time and expertise. It's a great partnership and one we hope continues to grow. We're looking forward to this year's campaign and are already planning for the big day in partnership with the Irish Cancer Society."



Left to right: Bernard Mahoney, Tesco Ireland; Nuala Ginnelly, Sligo General Hospital; Dorothy Thomas, Irish Cancer Society and Michelle Mahon, Tesco Ireland at the launch of Care to Drive in Sligo



Tesco staff at Ballinasloe give a big cheer

On yer bikes!

In May 2011, a host of GAA stars and amateur cyclists tested their strength, endurance and competitive side as they raced An Post's Rás in aid of the Irish Cancer Society and Goal.

The participants set off each morning three hours before the official stage start, ensuring that they stayed well ahead of the professionals, and after cycling for an average distance of 156 km a day, enjoyed their own race to the finishing line in towns such as Portumna, Kilrush, Castleisland, Castletownbere, Blarney, Tramore and Kildare, with the final stage and race finale in Skerries.



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The cycle was an enormous success and we had tremendous support for the cyclists all along the route. The Race the Rás team raised an incredible €100,000, which went towards our Daffodil Centre in Beaumont Hospital.

> Dublin GAA players Barry Cahill, Bernard Brogan and Ross McConnell

Staff and customers of Tesco Ireland raise a staggering €907,000 for the Irish Cancer Society's Care to Drive service and cancer research

The figure comes after year one of Tesco's two-year charity partnership with the Society. The funds raised throughout the last year go towards the roll-out of 'Care to Drive', a national volunteer driving service for cancer patients as well as supporting Irish Cancer Society research programmes.

Tesco's staff and customers showed their support for the Care to Drive service by hosting a range of innovative fundraising activities throughout the year.

Commenting on the announcement, Tony Keohane, CEO Tesco Ireland, said, "We are delighted to partner with the Irish Cancer Society through our Charity of the Year programme and today we can announce that we have raised €907,000 to fund the roll-out of the Care to Drive scheme at locations nationwide. At Tesco Ireland our philosophy is that 'Every Little Helps' and we are delighted to be able to contribute towards the incredible work which the Irish Cancer Society does."

Movember – Let the Growing Begin!

Back for the fourth year running, men all over Ireland harvested their upper lips in anticipation of Movember (the month formerly known as November), where the hair of the wild was grown and groomed to perfection.

Irish Mo Bros register at www.Movember.com, start the month clean-shaven then have the remainder of the month to grow and craft their Mo to raise awareness for men's health. All the money raised in Ireland goes directly to the Irish Cancer Society's initiative, Action Prostate Cancer.

The hair-raising campaign raised €1.9 million in 2011!





A 'Mo bro' (left), and Jamie Heaslip soaps up!

Making every step count

In 2004, Dubliner Steven Moody sketched out an eight-year plan as a tribute to his beloved father Liam. Steven had recently run the Dublin Marathon and having caught the running bug hatched a plan to run a marathon for every letter of his dad's name, all while raising an incredible amount for the Irish Cancer Society.

Over eight years Steven ran nine marathons and completed his challenge in April 2011 at the London Marathon.

Steven Moody



Pink pays off as Centra raises funds for Action Breast Cancer

Centra, the largest convenience retailer in Ireland, has got behind Action Breast Cancer, a programme of the Irish Cancer Society. Funds were raised from the sale of the hugely popular pink mittens across Centra's 475 stores during the month of October – Breast Cancer Awareness Month.

As part of its support for the Action Breast Cancer programme, Centra also encouraged women to participate in the *Get the Girls 'Round* initiative which raised €104,000 with over 400 women getting involved in hosting a 'girls' night in' and donating money to the much-needed cause.

Hats off to Ireland's leading female models for supporting Centra's pink beanies campaign for Action Breast Cancer



Relay For Life – Celebrating. Remembering. Fighting Back

Our Relay community in Ireland grew to four this year with Tipperary and Ballinasloe joining our veteran Relayers in Carlow and Dundalk. Over 2,500 people attended the events that celebrate cancer survivors in our communities, remembering those we have lost to the disease and providing a way to fight back through awareness-raising, advocacy and research. Relay For Life 2011 raised €363,000.



Musgrave Triathlon – a real community effort for charity

Hundreds of people turned out at Farran Woods, Co. Cork, on Saturday, 3 September to participate in the annual Musgrave Triathlon. Now in its tenth year, the event has raised a whopping €2.9 million to date for the Irish Cancer Society, Our Lady's Children's Hospital, Crumlin and Cork Cancer Research Centre.

On the day itself, Farran Woods was alive with energy and excitement as the athletes got ready to battle it out and spectators prepared to cheer them on. Over 110 teams participated in making the day a huge success.

Martin Kelleher, Managing Director, Musgrave Retail Partners Ireland, said, "We are delighted with the participation and support on the day. Our triathlon has been in existence for ten years and it is great to see that enthusiasm has not waned. This event is something we feel very passionate about in terms of our ability to support and work closely with such deserving and essential services in Ireland, such as the Irish Cancer Society."



Jedward announced return of Shave or Dye and promised it will be bigger, brighter and balder than ever

Shave or Dye added a burst of colour to Monday, 31 January. The campaign is the brainchild of Today FM, which encouraged people across the country to dye their hair or shave their heads to raise funds for the Irish Cancer Society. The outcome was nothing short of phenomenal with €1.3 million raised for this very worthy cause.





Jedward annoucing the return of Shave or Dye which was bigger, brighter and balder than ever

Pink Ribbon Walks Penny McGowan shares her inspiration ...

Like many people across the country, Penny McGowan, the energetic driving force behind the Pink Ribbon Walks, had lost friends to cancer. Penny wanted to do something and put together a committee of local women from Kells, Co. Meath, who organised the first Pink Ribbon Walk in 2009.

"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. 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, all those who donated their time and skills for free. I am delighted to say that to date, the Pink Ribbon Walks in Kells, Co. Meath, and Ballina/ Killaloe, Co. Clare, have raised nearly €400,000 for Action Breast Cancer." Penny McGowan, Pink Ribbon Walk, Kells Committee Chairwoman

Left to right: Pink Ribbon Walk Organisers and Walkers Nicola Wood, Maresa McKeogh, Penny McGowan and Sara McGowan

Employees show they 'care'

In 2011, as part of our Daffodil Day campaign, we launched Our Company Cares to give businesses around Ireland the opportunity to show that they cared and to make a difference in the lives of those living with cancer in Ireland. We had a great response with 180 companies signing up to take part, many new supporters of the Society. Each company had an in-house team, which helped make all the events a huge success. Some of the highlights included yellow-themed workplaces, daffodil-shaped cakes and sponsored leg waxes! We are very grateful for the support given by employees throughout every level of their organisation and the innovative and creative lengths they are prepared to go to in order to raise funds for the Irish Cancer Society.







William Fry staff dress up for Daffodil Day and Citi staff go yellow

Ann Flanagan – one of our extra'ordinary' heroes

"In Galway, my wonderful committee and I organise four coffee mornings, and we sell silk and fresh daffodils. We have tables set up in the Eyre Square Shopping Centre prior to and on Daffodil Day. Weeks of preparation go into the day but it is made easier by the excellent committee and the great contacts we have all over Galway in Clifden, Gort, the Aran Islands and all around, and we organise 250 volunteers in Galway city.

Every year we invite a new committee member to join us and ensure that we have continuity and fresh ideas and energies. Unless we had volunteers we simply couldn't do what we do. Daffodil Day is the one charity you know that no one will refuse. You often see people queuing up to get their daffodils. It's great that both young and old are involved in the day, you have students emptying their pockets to make sure they have enough to buy their flowers. Daffodils are the first flowers of the season and they are now synonymous with the Irish Cancer Society. I am so proud to be involved in organising the day."



Trek4Life to Great Wall of China

The week of 14–23 October presented a fabulous opportunity for thirty-one walkers to enjoy some breathtaking scenic routes and absorb plenty of Chinese culture, all in aid of the Irish Cancer Society's cancer research programmes. There were plenty of tired legs but it was worth it as the group raised a staggering €156,000 between them, the highest amount ever from a Trek!

"It's hard to put into words the experience I had, it was emotional, challenging, exhilarating, tiring and immensely rewarding. Most importantly I got to spend a week with twenty amazing supporters of the Society whose dedication, effort and passion to do their bit to support the Society's fight against cancer was so humbling and life affirming" JUSTIN MCDERMOTT, Community Fundraiser for the Society took part in the Trek



ways to give

You make our work possible

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. Thank you.

How to donate

In person

Visit us at our office with your donation:

- Dublin 43/45 Northumberland Road, Dublin 4
- Cork Lawley House, Monahan Road, Cork

Phone

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

Post

Send your donation by post to Fundraising, Irish Cancer Society, FREEPOST 43/45 Northumberland Road, Dublin 4. No stamp is required, but if you use one, it'll save us money

Online

Visit www.cancer.ie/donate or enquire at fundraising@irishcancer.ie

Other ways to give

Become a monthly donor: You can donate directly from your bank account on a regular basis by standing order or direct debit. Regular donations help us save on administration and postage and ensure we can plan into the future, knowing your gift is on its way. For more information, please contact Edel on 01 231 0500 or ecribbin@irishcancer.ie.

This support means so much.

Did you know?

If your donation to the Irish Cancer Society in one year amounted to €250 or more, it is eligible for Ireland's charity tax-refund scheme. This means your donation could be worth up to 69% more to the Irish Cancer Society, simply by completing a form we will send to you the following year.

This is at no extra cost to you as charities are able to reclaim the PAYE tax you paid to earn this donation.

If you are a self-assessed taxpayer, or the donation was from a company, you can receive tax relief on your donation when you complete your tax return.

Support our nationwide campaigns: Support us by buying or selling a Daffodil in March, thinking Pink in October, becoming a Mo Bro in Movember, or taking part in a Relay For Life – there are many



ways to help fight cancer in Ireland. To find out all the ways you can get involved, call our team 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 Emma Barrett in our Corporate Partnerships team on 01 231 0500 or ebarrett@irishcancer.ie.

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 phone our Fundraising Department on 1850 60 60 60.

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 or go to www.cancer.ie.

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 Emma Barrett in our Corporate Partnerships team on 01 231 0500 or ebarrett@irishcancer.ie.

Leaving a gift to the Irish Cancer Society in your

will is an effective way to ensure the protection and care of your children and their children. You don't need to be wealthy to give a significant gift to people affected by cancer. And you can make a substantial contribution that costs nothing during your lifetime. For more information, please contact Edel on 01 231 0500 or ecribbin@irishcancer.ie.

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 Patient Support initiatives. Please get in touch on 1850 60 60 60 or go to www.cancer.ie 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!

We thank you from the bottom of our hearts...

We would like to pay immense tribute to our many thousands of volunteers, supporters and donors across the country.

Delivering care in the community is what the Irish Cancer Society is all about. We work together with you in pursuit of a common goal to reach communities all across the country, dedicating our resources to preventing cancer, saving lives from cancer and empowering people facing cancer to cope and maintain the highest possible quality of life.

Without your commitment and tireless efforts none of this would be achievable.



Let's talk shop!

In 2011, most charities reported a decline in donations of clothes and household goods, Irish Cancer Society shops, however, experienced their best sales and profit in the 23 years that they have been trading. This was due to a number of factors; the first was the generosity of all of the people who chose to donate clothes, books, shoes, bric-a-brac, household goods and unwanted gifts to their local Irish Cancer Society shop. The second was the hard work and commitment that our volunteers and staff gave to making the most of every donation that they received. The third factor was an increase in the number of people who support the Society, through the purchase of goods from our charity shops.

In 2012, we aim to do even better, but to achieve this we need everyone who has donated goods to our shops to continue doing so and we need them to ask their friends and family to do the same. To find your nearest shop log on to http://www. cancer.ie/get-involved/fundraise/shop/shoplocations or CallSave 1850 60 60 60.



Thousands of new donors commit to regular donations

In 2011, the Irish Cancer Society continued its successful door-to-door fundraising campaign. Also known as home fundraising, it is a very effective way or raising awareness of the work the Irish Cancer Society carries out. It is also a great way to attract long-term, regular supporters. The Irish Cancer Society has employed a professional fundraising organisation called FMI (Field Management Ireland) to speak on our behalf. This dedicated team speak to around 500 people every single week; letting them



know where they can find support and advice should they be affected by cancer. Based in Dublin, currently they work only in Leinster, but we are developing plans to extend their work throughout Ireland. Donating monthly from your bank account is a safe and secure way of ensuring the Irish Cancer Society is able to continue its work. The fundraisers will only ask for regular gifts via direct debit and are not authorised to accept one-off cash gifts. We also contact the local Gardaí and the IFFDR (Irish Fundraising Forum for Direct Recruitment) before the fundraisers begin work in any area. If one of our team does call to your door, you will know the representative is legitimate and working on behalf of the Irish Cancer Society if they are:

- wearing a FMI Identification Badge.
- carrying an Irish Cancer Society authorisation letter signed by Edel Cribbin
- carrying up to date Irish Cancer Society literature.

Our dedicated team continues to be hugely successful in securing new regular supporters for the Irish Cancer Society. In 2011, we were able to recruit 3,000 new donors this way, helping to ensure the sustainability of our work, today, and into the future. Giving monthly is a simple and impactful way to make a difference every month of the year. If you would like to make a monthly contribution, you can do so by visiting www.cancer.ie or CallSave 1850 60 60 60.

Statement of Guiding Principles

The Irish Cancer Society has adopted and is compliant with the Statement of Guiding Principles for Fundraising. The Statement is a set of overarching principles – respect, honesty and openness – for how charities operating in Ireland should behave with their supporters, clients and beneficiaries. It also provides guidelines for fundraising.

To review the full statement or for more information, please go to http://www.ictr.ie/.



accounts

Irish Cancer Society Limited (company limited by guarantee not having a share capital) Consolidated Financial Statements for the year ended 31 December 2011

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DIRECTORS AND OTHER INFORMATION

DIRECTORS	Mr. W. G. McCabe (Chairman) Prof. J. Armstrong Mr. D. Breen Dr. G. Flannelly	SOLICITORS	Hayes Solicitors Lavery House Earlsfort Terrace Dublin 2
	Ms. B. Godley Mr. D. Heather Dr. J. Kennedy Mr. P. McMahon Prof. C. O'Farrelly	BANKERS	AIB Bank 9 Terenure Road Rathgar Dublin 6
	Mr. P. O'hUiginn Mr. J. Slattery Mr. M. Colgan		Bank of Ireland Ballsbridge Dublin 4
CHIEF EXECUTIVE	Mr. W. O'Reilly John McCormack	AUDITORS	Deloitte & Touche Chartered Accountants and Registered Auditors
SECRETARY REGISTERED OFFICE	Niamh Ní Chonghaile 43/45 Northumberland Road Dublin 4		Deloitte & Touche House Earlsfort Terrace Dublin 2
REGISTERED NUMBER	20868		

DIRECTORS' REPORT

The Directors submit their annual report, together with the audited financial statements, for the year ended 31 December 2011.

REVIEW OF THE ACTIVITIES OF THE SOCIETY

The Irish Cancer Society is the national cancer charity. It is a charitable organisation and a Company Limited by Guarantee with a Board of Directors. The Board meets five times a year and its work is also managed through a number of sub-committees, which are chaired by directors and meet regularly. They are: Strategy & Advocacy, Finance, Medical, Research Priorities and Fundraising & Nominating. Responsibility for the day to day management is delegated by the Board to the Chief Executive, Mr. John McCormack, who is supported by a senior management team, staff and volunteers.

The Society's current Strategic Plan (2008 to 2012) is built on 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 2012, the Society will be building on its current strategy and will develop a new strategy for 2013 to 2018.

The Society's strategy is delivered through three pillars of work – Prevention, Early Detection and Fighting Cancer. Its means of delivering on the pillars is through Services, Research and Advocacy.

Services

The Society runs cancer specific campaigns, operates front line services and provides grants both directly to individuals and to other service providers. Combined, the four big cancers, bowel, breast, lung and prostate account for 40% of cancer incidence. Tobacco alone causes 30% of all cancers. The Society identified the four big cancers as priority areas of work therefore it concentrates much of its services work across:

- Bowel.
- Breast.
- Lung.
- Prostate.
- Tobacco.
- All other cancers.

In 2011 this work included:

Campaigns

- Anti-smoking initiatives and campaigns.
- Public awareness campaigns on lung, bowel, prostate and breast cancers.
- Relay For Life celebrating life after cancer, acknowledging those lives lost and bringing communities together to take on the challenge of preventing cancer.

Services provided

- Operation of the National Smokers Quitline in partnership with the Health Service Executive.
- Provision of cancer information and support through the National Cancer Helpline, web cancer chat and through Daffodil Centres on hospital sites. Seven Daffodil Centres were up and running by the end of 2011.
- Peer to peer psychosocial support provided by survivors to survivors.

- A volunteer driving service, Care to Drive, for patients travelling to and from treatment. By the end of 2011 this was operating to three hospitals in Dublin, Sligo and Letterkenny with agreement reached in three others.
- Look Good Feel Better workshops nationally for newly diagnosed patients.
- Building and developing the affiliation network of cancer support services in Ireland.

Grants

- 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 any of the eight designated cancer centres and the designated satellite centres.
- Grant aid to cancer support centres to provide free counselling services for patients and their families.
- A grant to Our Lady's Hospital for Sick Children in Crumlin to fund a play therapy service in paediatric oncology.
- A grant to St. Francis Hospice to support lymphoedema services.

Other services work of the Society not analysed across the six key headings included:

- The Night Nursing Service enables families to provide end of life care to their loved ones at home. The Society employs nurses and works with local home care teams to provide this free 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.
- Hosting of the World Cancer Leaders Summit (WCLS). This is an international event held annually by the Union for International Cancer Control (UICC). This event was held in Dublin in 2011 hosted by the Society.

Research

The Society is the largest voluntary funder of cancer research in Ireland. Research to find better ways of diagnosing and treating cancer is a vital element in the fight against cancer. During 2011, the Society appointed Professor John Fitzpatrick to the new post of Head of Research. Under Prof. Fitzpatrick the Society aims to increase its focus and impact in the area of cancer research particularly around creating co-operation and collaborations.

The Society's grants fund research fellowships and scholarships over a three year period. In 2011, over 47 discoveries from research funded by the Society were published in international peer review journals. These research findings were made in the areas of oesophageal, prostate, brain, breast, leukaemia, lung, ovarian, cervical, and multiple myeloma cancer research. Additionally, 17 reviews analysing the knowledge generated to date in cancer research topics were published in 2011. This brings to 64 the total number of research publications from Society funding last year, an increase of 42% from 2010.

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.

Advocacy

In 2011, the focus of the Society's advocacy work was mainly on tobacco control as well as monitoring progress on the roll-out of bowel cancer screening and pursuing legislation to regulate the use of sunbeds.

We also began to monitor the impact on cancer patients of the cuts in Government spending, particularly those whose income has been impacted by a cancer diagnosis as well as social welfare recipients and medical card holders who are also cancer patients.

In 2009 the Society committed €1m to the State to support national roll-out of bowel cancer screening. This pledge is included in liabilities at the year end and will only be paid over once the roll-out criteria have been achieved. It is now anticipated that screening will begin in quarter four 2012.

The Society's Head of Advocacy, Kathleen O'Meara, chairs ICTR, the charity umbrella body which lobbies for tax reform for charities as well as being involved in other governance issues including the fundraising guidelines. In 2011 the Society's total Vat bill, none of which is reclaimable, amounted to ≤ 1.1 m.

Fundraising

The Society fundraises approximately 95% of its income. The balance comes from Government grants (NCCP and Health Research Board), earned income (workplace and Quitline) and deposit and investment income.

Fundraising costs include the costs of running campaigns and the costs of the fundraising personnel and overheads. The Society's fundraising activities are run by a team of employees and a vast body of volunteers throughout the country.

Governance

This is comprised of the Society's communication and administration costs. Communications activities are the costs of the public relations and media activities and the management of the Society's publications and events. Administration costs are facilities, utilities, IT, storage, depreciation and back office support. Costs are allocated directly to programme, advocacy, research and fundraising costs based on use of resources in the delivery of the activities. These are shown as Support Costs (see Note 3). The balance of costs shown as Administration in the Consolidated Statement of Financial Activities and Income and Expenditure Account are those that cannot be directly assigned to an activity.

REVIEW OF THE RESULTS FOR THE YEAR

The detailed results for the year are set out on pages 48 and 49.

Income in 2011 was €21.3m (2010: €17.5m). Included in income for the year was a one-off bequest of €2.5m, without which income would have been €18.8m which is an increase of 7%, a very successful result in an ongoing difficult climate. The success of the year would not have been achievable without two notable income lines – the Shave or Dye campaign run by TodayFM which raised €1.3m and the generosity of some key donors making contributions towards the development of our Daffodil Centres. Other campaigns which increased income in 2011 were Movember, corporate sponsorship and our shops performance.

In accordance with best practice for charities fund management, the Society manages its funds between restricted, unrestricted and designated reserves.

- *Unrestricted:* income donated to the Society without any stipulation by the donor as to how the funds should be spent.
- *Designated:* this is unrestricted income allocated by the directors to key strategic areas of work over the medium term.
- Restricted: income where the donor specifies how the donation should be spent.

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

During 2011, the Society received $\leq 209,729$ (2010: $\leq 340,105$) 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 to fund the Society's Cancer Information and Support service.

Expenditure in 2011 was €20.4m (2010: €15.4m). The significant increase in expenditure reflects the Society's commitment to invest in research. Direct grants increased by €2m over 2010. Other increases in expenditure were in Daffodil Centres, prostate cancer, cash assistance grants and tobacco campaigns.

The Society manages expenditure closely to deliver on targets with the most effective use of resources. Expenditure is analysed into the categories set out below:

- Total expenditure on campaigns and services in 2011 amounted to €11.2m (2010: €8.9m).
- Cancer research expenditure in 2011 amounted to €3.8m (2010: €1.7m). The increase is due to a higher number of scholarships and fellowships funded by the Society as well as specific prostate cancer projects.
- Advocacy expenditure was €0.5m in 2011 (2010: €0.4m). Advocacy costs are directly related to the strategic targets.
- Fundraising costs in 2011 were €4m (2010: €3.5m). The increases reflect continued and increased investment across campaigns, such as Daffodil Day, Movember, Shave or Dye and Direct Marketing.
- Communications costs in 2011 were €0.4m (2010 €0.3m).
- Administration costs in 2011 were €0.5m (2010: €0.5m).

The net result for 2011 was a surplus of €0.9m (2010: surplus €2.2m).

Demand for services

The demand for the Society's services continues to grow.

- The roll-out of the Daffodil Centres is proving very successful. The Daffodil Centres provide volunteer and professional support to patients, families and visitors to the hospitals. In 2011, there were 7,523 visits to the Daffodil Centres.
- Helpline calls to the Cancer Information Service increased by 10%.
- 2,015 patients were given 8,114 nights of nursing care.
- The Society's literature is distributed via public information stands throughout the GP network and other key health service areas.
- Cash assistance grants and NCCP funded travel grants increased by almost 30%.

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 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.

FINANCIAL POSITION AT YEAR END

At 31 December 2011, the Society had net assets of ≤ 16.2 m. This was comprised of fixed assets of ≤ 11.7 m (mainly the head office premises and its contents), current assets of ≤ 14.5 m (mainly bank funds of ≤ 8.3 m and investments of ≤ 4.7 m), current liabilities of ≤ 5.1 m (of which ≤ 2.3 m was research grant commitments and ≤ 1 m was the operating bank overdraft) and long term liabilities of ≤ 3.8 m (comprising the long term commitments on the premises mortgage ≤ 0.7 m, grant commitments ≤ 2 m, ≤ 1 m bowel cancer screening commitment) and a pension deficit of ≤ 0.9 m. At 31 December 2011, the Designated Fund was ≤ 2.6 m, Restricted Fund was ≤ 2.4 m and the Unrestricted Fund was ≤ 11.2 m. See Note 8 for the analysis of Designated and Restricted Funds.

The pension deficit of €0.9m (2010: €1.4m) is based on the accounting valuation under FRS 17 (see Note 18). During 2011, the Society's submission on funding its pension deficit was approved by the Irish Pensions Board and funding has commenced. In addition to manage risk going forward the Society has restructured its pension scheme. The current Defined Benefit Scheme will be closed to new entrants and future accrual. Existing staff will join a new scheme which is a hybrid defined contribution, defined benefit scheme. This will help reduce the Society's pension risk into the future. A new defined contribution scheme has also been set up from 1 January 2012 for all new staff.

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

The Society actively manages its principal risks. A risk register is maintained which identifies key risks, including business continuity, and the controls that have been put in place to mitigate against and manage these risks. The register is updated annually. Risk management is the responsibility of the senior management team and is reported on at each Finance Committee and Board meeting.

There are strong systems of internal controls and procedures covering all elements of financial, fundraising and operational activities. Some controls are in place to ensure compliance with legislation and regulations. Other controls ensure the effective and efficient use of resources, including staff and volunteers, are deployed, and that the integrity of the financial information is protected. All controls are continually reviewed and improved as part of normal operational activities and risk management.

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. The Fundraising and Nominating sub-committee of the Board focuses on income development.

The cash reserves of the Society are spread across a number of institutions covered by the Government Bank Guarantee Scheme. In addition, the Society holds investments as a resource should income sources decline. These investments are marked to market. The Society takes a conservative view in its investment planning.

The Society maintains reserves to ensure continuity of mission, targets and services to those with cancer and the wider public. At 31 December 2011, the Society had €7m in net cash reserves and €5m in short to medium term liquid investments, of which €2.4m is tied to restricted expenditure and €4m is committed to current liabilities (excluding bank overdraft). Taking into account normal income streams, investments, current liabilities and planned levels of expenditure, the directors are satisfied that the level of cash reserves is sufficient.

The Society is committed to providing a safe working environment for its employees, clients and members of the public in accordance with the Safety Health and Welfare at Work Act, 2005, and the General Application Regulations, 2007. A Health & Safety Committee, headed by a Health & Safety Officer, oversees all aspects of Health & Safety ensuring all appropriate training takes place, monitors legislation and implements changes as required.

DIRECTORS

The present members of the Board of Directors are set out on page 37. The directors all serve in a voluntary capacity.

- On 5 October 2011, the following directors retired in accordance with Article 42 of the Articles of Association and being eligible offered themselves for re-election and were duly re-elected: Mr. W.G. McCabe, Dr. J. Kennedy, and Prof. J. Armstrong.
- On 5 October 2011, in accordance with Article 51 of the Articles of Association, Mr. W. G. McCabe was re-elected as Chairman.
- On 5 October 2011, Mr. V. Crowley resigned as a director of the Society.
- On 5 October 2011, in accordance with Article 47 of the Articles of Association the following directors resigned and were re-elected Mr. M. Colgan and Mr. W. O'Reilly.

BOOKS AND ACCOUNTING RECORDS

The directors are responsible for the 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:

Mr. W.G. McCabe Mr. P. Mc Mahon

Date: 06 June 2012

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 for the company and the group financial statements 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 (company limited by guarantee not having a share capital)

We have audited the financial statements of Irish Cancer Society Limited for the year ended 31 December 2011, 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 21. 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 auditor's 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 the directors and auditors

The directors are responsible for preparing the Annual Report, including as set out in the Statement of Directors' Responsibilities, the preparation of the financial statements, 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 other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatement or material inconsistencies with the financial statements. The other information comprises only the Chairman's Review, Chief Executive's Review and the Directors' Report. 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.

INDEPENDENT AUDITOR'S REPORT (continued) TO THE MEMBERS OF IRISH CANCER SOCIETY LIMITED (company limited by guarantee not having a share capital)

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.

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 2011 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.

Thomas Cassin for and on behalf of Deloitte & Touche Chartered Accountants and Registered Auditors Dublin

Date: 06 June 2012

CONSOLIDATED SUMMARY STATEMENT OF FINANCIAL ACTIVITIES AND SUMMARY INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2011

	2011	2010
	Total	Total
	€′000	€′000
Resources arising	21,297	17,527
Use of resources		
Strategic Targets and Cancer Services	11,186	8,935
Research	3,845	1,737
Advocacy	467	438
Total programme costs	15,498	11,110
Fundraising costs	3,990	3,460
Communication costs	367	305
Administration costs	505	479
Resources expended in year	20,360	15,354
Result for the financial year – surplus	937	2,173

The detailed Consolidated Statement of Financial Activities and Income and Expenditure Account are set out on pages 48 and 49.

The financial statements were approved by the Board of Directors on 06 June 2012 and signed on its behalf by:

Mr. W.G. McCabe Mr. P. Mc Mahon

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES AND INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2011

		2011	2011	
	Notes	Unrestricted	Restricted	
		€′000	€′000	
RESOURCES ARISING:				
Incoming Resources from Fundraising Activities:	_		_	
Daffodil Day campaign proceeds	1	2,476	2	
Other activities for generating funds	2	7,697	4,743	
Voluntary income	2	4,939	260	
Other income	2	247	-	
Incoming Resources from				
Charitable Activities	2	63	870	
		15,422	5,875	
USE OF RESOURCES:				
Charitable Activities				
Strategic Targets and Mission				
Bowel cancer	3	838	108	
Breast cancer	3	-	1,430	
Lung cancer	3	655	89	
Prostate cancer	3	-	1,284	
Anti-tobacco initiatives	3	585	81	
Other cancers	3	1,034	159	
		3,112	3,151	
Cancer services			-,	
Night Nursing		1,855	647	
Oncology Liaison Nurses	4	266	-	
Daffodil Nurses	5	30	-	
Sundry Grants	_	-	337	
		2,151	984	
Allocated Support Costs		841	-	
		6,104	4,135	
Charitable Activities, Research				
Cancer Research Ireland grants	6	1,562	1,805	
Operating costs		310	-	
Research support costs		168	-	
		2,040	1,805	
Charitable Activities, Advocacy				
Advocacy		295	4	
Allocated support costs		168	-	
			-	
		463	4	
Total programme costs		8,607	5,944	
Fundraising costs	7	3,172	818	
Communication costs		367	-	
Administration costs		505	-	
Resources expended in year		12,651	6,762	
NET SURPLUS	9	2,771	(887)	
Transfers to designated fund	8	(1,000)	-	
RESULT FOR THE FINANCIAL YEAR		1,771	(887)	

All income and expenditure derives from continuing operations.

The financial statements were approved by the Board of Directors on 06 June 2012 and signed on its behalf by:

Mr. W.G. McCabe Mr. P. Mc Mahon

2014	2044		2010	
2011 Designated	2011 Total		2010 Total	
€'000	€'000	%	TOLAI	%
	2000	/0		/0
-	2,478	12	2,737	16
-	12,440	59	10,851	62
-	5,199	24	3,422	19
-	247	1	197	1
-	933	4	320	2
-	21,297	100	17,527	100
	•		· ·	
338	1,284	6	920	6
89	1,519	8	1,162	8
203	947	5	652	4
88	1,372	7	910	6
141	807	4	778	5
88	1,281	6	811	5
947	7,210	36	5,233	34
	-,		-,	
-	2,502	12	2,395	16
-	266	1	480	3
-	30	-	30	-
-	337	1	-	-
-	3,135	14	2,905	19
<u>-</u>	841	4	797	5
947	11,186	54	8,935	58
-	3,367	17	1,373	9
-	310	1	204	1
-	168	1	160	1
-	3,845	19	1,737	11
<u>-</u>	299	1	278	2
	168	1	160	1
-	467	2	438	3
947	15,498	75	11,110	72
-	3,990	20	3,460	23
-	367	2	305	2
-	505	3	479	3
947	20,360	100	15,354	100
(947)	937		2,173	
1,000	-		-	
53	937		2,173	

CONSOLIDATED STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 DECEMBER 2011

	Notes	2011	2010
		€′000	€′000
Surplus for the financial year Actuarial gain on defined benefit pension scheme	18	937 140	2,173 204
Total recognised gains		1,077	2,377

CONSOLIDATED BALANCE SHEET AS AT 31 DECEMBER 2011

	Notes	2011	2010
		€′000	€′000
FIXED ASSETS			
Tangible assets	12	11,670	11,624
Financial assets	13	1	1
		11,671	11,625
CURRENT ASSETS			
Investments	14	4,784	2,256
Stocks		142	203
Debtors	15	1,174	1,095
Cash at bank and in hand		8,356	8,980
		14,456	12,534
CREDITORS: (Amounts falling due within one year)	16	(5,161)	(4,519)
NET CURRENT ASSETS		9,295	8,015
TOTAL ASSETS LESS CURRENT LIABILITIES		20,966	19,640
CREDITORS: (Amounts falling due after more than one year)			
Long term liabilities	16	(3,809)	(3,076)
NET ASSETS EXCLUDING PENSION LIABILITY		17,157	16,564
Pension liability	18	(911)	(1,395)
NET ASSETS		16,246	15,169
FUNDS:			
Resources retained - designated	8	2,552	2,499
Resources retained - restricted	8	2,443	3,330
Resources retained - unrestricted		11,251	9,340
	20	16,246	15,169

The financial statements were approved by the Board of Directors on 06 June 2012 and signed on its behalf by:

Mr. W.G. McCabe Mr. P. Mc Mahon

COMPANY BALANCE SHEET AS AT 31 DECEMBER 2011

	Notes	2011	2010
		€′000	€′000
FIXED ASSETS			
Tangible assets	12	11,670	11,624
Financial assets	13	1	1
		11,671	11,625
CURRENT ASSETS			
Investments	14	4,784	2,256
Stocks		142	156
Debtors	15	1,174	1,204
Cash at bank and in hand		8,344	8,887
		14,444	12,503
CREDITORS: (Amounts falling due within one year)	16	(5,149)	(4,488)
NET CURRENT ASSETS		9,295	8,015
TOTAL ASSETS LESS CURRENT LIABILITIES		20,966	19,640
CREDITORS: (Amounts falling due after more than one year)			
Long term liabilities	16	(3,809)	(3,076)
NET ASSETS EXCLUDING PENSION LIABILITY		17,157	16,564
Pension liability	18	(911)	(1,395)
NET ASSETS		16,246	15,169
FUNDS			
Resources retained - designated	8	2,552	2,499
Resources retained - restricted	8	2,443	3,330
Resources retained - unrestricted		11,251	9,340
RECONCILIATION OF MOVEMENT OF RESOURCES	20	16,246	15,169

The financial statements were approved by the Board of Directors on 06 June 2012 and signed on its behalf by:

Mr. W.G. McCabe Mr. P. Mc Mahon

CONSOLIDATED CASHFLOW STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2011

	Notes	2011	2010
		€'000	€'000
NET CASH INFLOW FROM OPERATING ACTIVITIES	17(a)	1,881	2,240
RETURN ON INVESTMENTS AND SERVICING OF FINANCE			
Deposit interest received		259	110
NET CASH INFLOW FROM RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		259	110
CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT			
Purchase of fixed assets		(531)	(137)
Proceeds on sale of fixed assets		1	1
Net additions of investments		(2,581)	(202)
NET CASH OUTFLOW FROM CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT		(3,111)	(338)
FINANCING			
Repayments of borrowing		(312)	(314)
(DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS		(1,283)	1,698
Cash and cash equivalents at 1 January		8,540	6,842
Cash and cash equivalents at 31 December		7,257	8,540
Bank and cash		8,356	8,980
Bank overdraft facility	16	(1,099)	(440)
Cash and cash equivalents at 31 December		7,257	8,540
		•	

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 2011. All transactions between 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

STATEMENT OF ACCOUNTING POLICIES (continued)

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 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

The Irish Cancer Society operates a defined benefit scheme. 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.

From 1 January 2012 the Society will operate a hybrid scheme and a defined contribution scheme.

1. DAFFODIL DAY CAMPAIGN PROCEEDS

	2011	2010
	€′000	€′000
Daffodil Day gross income	3,380	3,250
Less direct expenses	(902)	(513)
	2,478	2,737

2. FUNDRAISING ACTIVITIES, VOLUNTARY CONTRIBUTIONS AND OTHER INCOME

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

Voluntary Income includes income from bequests and donations.

Included in other income is a loss of ≤ 0.053 m (2010: gain ≤ 0.145 m) on investments, deposit interest income of ≤ 0.259 m (2010: ≤ 0.110 m) and net finance income arising on the pension scheme of ≤ 0.026 m (2010: finance cost ≤ 0.058 m) (see note 18).

Included in incoming resources from charitable activities is State funding of $\in 0.246m$ (2010: $\in 0.378m$) for the operation of the Quitline and the World Cancer Leaders Summit. Also included in this heading is a research grant from the Health Research Board and income from education seminars to the community and business sector on anti-tobacco and health awareness. Reimbursements relating to historical grants result in net income of $\in 0.933m$ (2010: $\in 0.32m$).

Detailed income and expenditure accounts are set out below:

Shops and Christmas Cards Income and Expenditure Account	2011	2010
	€′000	€′000
Shop income and Christmas card sales	3,761	3,626
Operating costs	(2,799)	(2,781)
	062	0.45
Operating income	962	845
Refurbishment	(11)	(51)
Net income	951	794
Lottery Income and Expenditure Account		
Sale of tickets	313	370
Lottery compensation	210	340
	523	710
Less: Prizes	(115)	(115)
Running costs	(287)	(329)
Income from Lottery	121	266

3. STRATEGIC TARGETS

Analysis of Expenditure

The Society analyses its expenditure across three pillars of activity: Services (Strategic Targets and Other Services), Research and Advocacy. To deliver on this work the Society incurs fundraising, communication and administration costs. The work to deliver on the Strategic Targets is analysed across the four main cancers (bowel, breast, lung and prostate), tobacco and other work that affects all cancers.

	Bowel	Breast	Lung	Prostate	- Anti Tobacco	Other Cancers	2011 Total	2010 Total
Strategic Targets								
Smoking Projects	-	-	114,286	-	546,097	-	660,383	538,960
Prevention and Early Detection	340,302	90,106	90,106	93,733	49,427	231,365	895,039	536,054
Fighting Cancer								
Cancer Information Services	153,717	153,717	153,717	153,717	-	153,717	768,585	715,510
Daffodil Centres	136,594	136,594	136,594	136,594	136,594	136,594	819,564	331,143
Professional & Patient Support	75,342	75,342	75,342	75,342	75,342	115,342	492,052	391,727
Patient Support Groups	271,997	292,395	31,711	275,659	-	285,997	1,157,759	867,045
Action Prostate Cancer	-	-	-	288,120	-	-	288,120	152,744
Cash Assistance Grants	211,007	211,007	211,007	211,007	-	211,007	1,055,035	896,379
Travel2Care Cash Assistance	-	276,020	38,458	42,673	-	51,369	408,520	237,091
Action Breast Cancer	-	187,975	-	-	-	-	187,975	186,878
Nursing Services	95,410	95,410	95,410	95,410	-	95,410	477,050	379,325
Direct Expenditure and								
Central Cost allocation	1,284,369	1,518,566	946,631	1,372,255	807,460	1,280,801	7,210,082	5,232,856

The Society allocates central and support costs across its activities to fairly represent the cost of delivering those activities. Allocations are based on direct and indirect staff involved, use of premises and IT infrastructure. Central costs are the costs of the premises (utilities, depreciation, repairs and maintenance) and IT infrastructure, support costs are management, administration, finance and HR services.

Included in the Income & Expenditure charge for the above six categories is the direct expenditure inclusive of the central cost allocation. The table below shows this total analysed between direct expenditure and central costs allocated.

	Bowel	Breast	Lung	Prostate	- Anti Tobacco	Other Cancers	2011 Total	2010 Total
Direct Costs of Strategic Targets	1,159,619	1,393,815	852,282	1,247,505	640,549	1,156,050	6,449,820	4,691,519
Central Costs allocated to Strategic Targets	124,750	124,751	94,349	124,750	166,911	124,751	760,262	541,337
	1,284,369	1,518,566	946,631	1,372,255	807,460	1,280,801	7,210,082	5,232,856

3. STRATEGIC TARGETS (CONTINUED)

Allocated Central Costs as a percentage of total Strategic Target costs:

The Society defines Services as being the work to deliver on the Strategic Targets and other grant or direct service support. These other services, set out below are not allocated across the six headings above.

	2011	2010
	€	€
Strategic Targets & Other Services		
Strategic Targets	6,449,820	4,691,519
Allocated central costs	760,262	541,337
Statement of Financial Activities	7,210,082	5,232,856
	7,210,002	5,252,050
Other Services		
Night Nursing Service	2,502,011	2,394,899
Oncology Liaison Nurse Grants	266,273	479,895
Daffodil Home Care Nurse Grants	30,000	30,000
World Cancer Leaders Summit (fully funded externally)	336,676	-
Statement of Financial Activities	3,134,960	2,904,794
		<u> </u>
Allocated Support Costs	840,905	797,528
Statement of Financial Activities	11,185,947	8,935,178
Allocated Support Costs as a percentage of Strategic Targets and Other Services	9%	10%
Allocated Central Costs & Support Costs as a percentage of Strategic Targets and Other Services.	17%	18%

3. STRATEGIC TARGETS (CONTINUED)

	2011	2010
	€	€
Research		
Grants	3,367,240	1,373,420
Direct Operating costs	265,607	173,632
Allocated Central Costs	44,234	30,344
	309,841	203,976
Allocated Support Costs	168,181	159,506
Statement of Financial Activities	3,845,262	1,736,902
Allocated Central Costs & Support Costs as a percentage of Grants & Direct Costs	6%	11%
Advocacy		
Direct Operating Costs	200,142	278,629
Allocated Central Costs	99,527	68,275
	299,669	346,904
Allocated Support Costs	168,181	159,506
Statement of Financial Activities	467,850	506,410
Allocated Central Costs & Support Costs as a percentage of Advocacy Costs	57%	45%
The high allocation to Advocacy reflects the fact that the advocacy work is people l significant involvement of senior staff in the advocacy work of the Society. Campai cancer specific Strategic Targets above.		
	2011	2010

Fundraising		
Direct & Indirect Costs	3,801,527	3,330,876
Allocated Central Costs	187,995	128,964
Statement of Financial Activities	3,989,522	3,459,840
Allocated Central Costs as a percentage of total Fundraising Costs	5%	4%

Direct and Indirect costs of Fundraising include all campaign costs, advertising, materials and all staffing costs

Governance		
Communications	366,633	304,797
Administration Costs	504,543	478,517
	871,176	783,314

4. ONCOLOGY LIAISON NURSES

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

Hospital

Hospital

St. James's Hospital, Dublin	Cavan Hospital
St. Luke's Hospital, Dublin	University College Hospital, Galway
Beaumont Hospital, Dublin	Limerick Regional Hospital
Royal Victoria Eye & Ear Hospital, Dublin	South Infirmary, Cork
Our Lady of Lourdes Hospital, Drogheda	Adelaide & Meath Hospital, Tallaght, Dublin
South Infirmary – Victoria, Cork	

5. DAFFODIL FUNDED HOME CARE NURSES

The grant charged of \in 30,000 for a Daffodil funded home care nurse is the amount the Society contributes to the salary of a Daffodil funded home care nurse. The HSE and hospice groups are mainly the employing authorities of these nurses.

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.

Recipient **Project Description** € Biomedical All Cancers Dr Michelle Cronin Combined biotherapeutics for the treatment of metastatic cancer. 203,178 UCC, Cork Breast Dr Patricia McGowan The role of ADAMs in mediating resistance to HER-targeted UCD & St Vincent's 231,033 therapies. Naomi Elster The Role of HER Family Gene Mutations and Other Abnormalities **RCSI & Beaumont** in HER2-amplified Breast Cancer Resistance to HER2-Targeted 120,000 Therapies. Patricia Cleary Role of xbp1 in breast cancer development and resistance to therapy. 120,000 NUI, Galway Ms Claire Fergus An analysis of how Q-tRNA influences breast cancer growth and TCD metastasis. 116,950 Ms Maeve Kiely To investigate how RACK1 facilitates the activity, substrate specificity University Limerick and cellular location of PP2A in mammary epithelial cells. 120,000 Prostate Professor Caitriona O'Driscoll Pre-clinical development of stealth cyclodextrin siRNA nano-delivery 282,013 UCC, Cork systems for prostate cancer treatment. Centrosome amplification and radiosensitization of prostate Dr Ciaran Morrisson NUI, Galway cancer cells. 177,912 Dr Laura Barkley Elliman Therapeutic microRNA control of Prostate Cancer growth. NUI, Galway 125,070 Prof William Watson Integrating biomarkers for the stratification of patients into UCD, Dublin 750,000 insignificant and significant prostate cancer. Ovarian Dr Conor Horgan Identification and characterisation of guanine nucleotide exchange factors (GEFs) which activate Rab25 during invasive ovarian cancer UCC, Cork cell migration. 217,866

Expenditure on the following grants was charged in 2011:

6. CANCER RESEARCH IRELAND GRANTS (CONTINUED)

	Oesophageal	
Dr Naoimh O'Farrell TCD & St James's	The Importance of Random Mitochondrial Mutations during Disease Progression in Barrett's Oesophagus.	116,400
	Lung	
Ms Susan Heavey TCD & St James's	The Identification of Biomarkers that Predict Sensitivity/Resistance to PI3K Inhibitors.	119,273
	Colorectal	
Dr Mary Clare Cathcart TCD & St James's	Examination of the role of thromboxane synthase signalling and its link to tumour angiogenesis in colorectal cancer.	209,416
Nicholas Clarke UCC, Cork	Investigating factors associated with compliance in the national population-based colorectal cancer screening programme, with particular emphasis on men.	116,095
	Leukaemia	
Joanna Stanicka UCC, Cork	FLT3 signaling in Acute Myeloid Leukaemia.	116,310
	Clinical	
Irish Clinical Oncology Research Group	Core Funding	300,000
	Other	
Irish Association for Cancer Research	Conference Support	7,000
All Ireland Institute of Hospice and Palliative care	Palliative Care Funding	50,000
Refunds	Prior years grants unused and returned	(131,276)
Total		3,367,240

7. FUNDRAISING COSTS

Fundraising costs comprise the following:

	2011	2010
	€′000	€′000
Salaries and pension costs	1,236	1,146
Direct fundraising costs	2,332	1,895
Fundraising department overheads	422	419
	3,990	3,460

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

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.

	Opening Balance as at 01/01/2011	Transfers Y/E 31/12/2011	Expenditure Y/E 31/12/2011	Closing Balance as at 31/12/2011
	€	€	€	€
Bowel Cancer	1,021,616	500,000	(338,443)	1,183,173
Breast Cancer	147,305	-	(88,247)	59,058
Lung Cancer	441,857	250,000	(202,533)	489,324
Prostate Cancer	397,305	-	(88,247)	309,058
Anti-tobacco	344,159	250,000	(141,466)	452,693
Other Cancers	147,305	-	(88,247)	59,058
	2,499,547	1,000,000	(947,183)	2,552,364

Included in the closing balance of €2,552,364 is €529,481 which is a designated fund for Daffodil Centres. This amount is analysed across the six headings above.

8. DESIGNATED AND RESTRICTED FUNDS (CONTINUED)

Restricted Funds

These are funds received where the donor or funder has specified how the funds are to be used.

	Opening Balance as at 01/01/2011	Transfers 2011	Income 2011	Expenditure 2011	Closing Balance as at 31/12/2011
	€	€	€	€	€
Douvel		107 774		(107774)	
Bowel	-	107,734		(107,734)	-
Breast	1,361,364	107,734	1,575,515	(1,359,532)	1,685,081
Lung	-	50,143	-	(50,143)	-
Mens' cancers	963,258	(877,261)	1,968,696	(1,853,852)	200,841
Tobacco	-	-	80,695	(80,695)	-
Other cancers	-	107,734	256	(107,990)	-
Lottery & other income	-	(210,063)	210,063	-	-
Research	-	984,995	820,255	(1,805,250)	-
Nursing care	-	-	646,673	(646,673)	-
Travel grants	1,005,160	(40,000)	-	(408,520)	556,640
Psychological support	-	(231,016)	231,016	-	-
World Cancer Leaders					
Summit	-	-	341,090	(341,090)	-
	3,329,782	-	5,874,259	(6,761,479)	2,442,562

The lottery compensation fund of \in 209,729 and other restricted income of \in 334 have been spread across five headings above, shown in the transfers' column.

During 2011, €363,176 was expended on Travel 2 Care grants which are grants funded by NCCP. During 2011 this grants scheme was rolled out to all cancers, but the majority of grants still relate to breast cancer.

9. NET SURPLUS FOR THE YEAR

	2011	2010
	€	€
The net surplus for the year is stated after charging/(crediting):		
Depreciation	484,830	399,658
Auditor's remuneration:		
- Audit of financial statements	22,000	22,000
- Other assurance services	3,675	4,425
- Tax advisory services	-	-
- Other non-audit services	2,000	-
Directors' remuneration	-	-
Loss on sale of fixed assets	292	1,097
Loan interest	12,805	21,133

The auditor's remuneration is disclosed net of VAT. VAT of €6,325 (2010: €5,549) is not reclaimable by the Society.

10. TAXATION

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

11. EMPLOYEES AND REMUNERATION

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

	2011 Number	2010 Number
Programme	36	29
Fundraising, advocacy and communications	34	28
Charity shops	42	44
Management and administration	25	24
Total	137	125
The aggregate payroll costs of these persons were as follows:	€	€
Salaries	5,413,802	4,913,303
Social welfare costs	558,163	498,056
Pension service costs	446,000	554,000
Total	6,417,965	5,965,359
Employee emoluments exceeding €100,000:	2011	2010
	Number	Number
€100,000 - €124,999	1	1
€125,000 - €150,000	1	2

12. TANGIBLE ASSETS

Group and Company

	Charity Shop	Freehold Premises	Fixtures and Fittings	Motor Vehicles	Furniture and Equipment	Computer Equipment	Total
	€	€	€	€	€	€	€
Cost:							
At 1/1/2011	931,877	12,326,357	117,393	71,158	415,490	477,232	14,339,507
Additions	-	-	38,513	-	230,097	262,796	531,406
Disposals	-	-	-	-	(2,542)	(933)	(3,475)
At 31/12/2011	931,877	12,326,357	155,906	71,158	643,045	739,095	14,867,438
	551,677	12/020/007	100,000	7 17100	0 10/0 10	100,000	11,007,100
Depreciation:							
At 1/1/2011	130,466	1,678,558	59,874	63,246	355,859	427,720	2,715,723
Charge for year	18,638	246,527	14,073	7,910	70,374	127,308	484,830
Disposals	-	-	-	-	(2,534)	(249)	(2,783)
At 31/12/2011	149,104	1,925,085	73,947	71,156	423,699	554,779	3,197,770
Net book amounts:							
At 31/12/2011	782,773	10,401,272	81,959	2	219,346	184,316	11,669,668
At 31/12/2010	801,411	10,647,799	57,519	7,912	59,631	49,512	11,623,784

13. FINANCIAL ASSETS

		Gro	oup	Com	pany
	% Held	2011 €	2010 €	2011 €	2010 €
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

13. FINANCIAL ASSETS (CONTINUED)

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 2011 amounted to €1,270. The company made neither a profit nor a loss for the year ended 31 December 2011.

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 2012 (2011: Stg£Nil) and had a surplus of Stg£7,133 at 31 January 2012 (2011: surplus Stg£7,256).

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.

	Group	Group	Company	Company
	€	€	€	€
	2011	2010	2011	2010
Investment Funds				
At 1 January	2,256,185	1,909,337	2,256,185	1,909,337
Net additions	2,580,459	202,019	2,580,459	202,019
Market value adjustments	(53,265)	144,829	(53,265)	144,829
At 31 December	4,783,379	2,256,185	4,783,379	2,256,185
Prize Bonds				
At 1 January at cost	406	406	330	330
At 31 December at cost	406	406	330	330
Total included in 31 December Balance Sheet	4,783,785	2,256,591	4,783,709	2,256,515

14. INVESTMENTS

Investment funds are included in the accounts at market value and any fluctuations are accounted for in the Statement of Financial Activities.

15. DEBTORS: (Amounts falling due within one year)

	Group		Co	mpany
	2011	2010	2011	2010
	€	€	€	€
Trade and other debtors	617,749	383,354	617,749	383,354
Prepayments	531,791	657,682	531,791	657,682
Amounts owed by group companies	-	-	-	109,031
Amounts owed by related companies	24,709	53,543	24,709	53,543
	1,174,249	1,094,579	1,174,249	1,203,610

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		Co	ompany	
	2011	2010	2011	2010	
	€	€	€	€	
Trade and other creditors	587,912	1,480,084	575,924	1,458,529	
Accruals	632,010	573,782	632,010	563,782	
PAYE	215,435	168,335	215,435	168,335	
Instalments due under grants payable	2,323,455	1,577,727	2,323,455	1,577,727	
Bank overdraft	1,098,740	439,770	1,098,740	439,770	
Term loan	303,529	279,529	303,529	279,529	
	5,161,081	4,519,227	5,149,093	4,487,672	

Amounts falling due after more than one year:

	Group		Со	mpany
	2011	2010	2011	2010
	€	€	€	€
Instalments due under grants payable	2,122,554	1,053,372	2,122,554	1,053,372
Term loan	686,529	1,022,351	686,529	1,022,351
Bowel cancer screening pledge	1,000,000	1,000,000	1,000,000	1,000,000
	3,809,083	3,075,723	3,809,083	3,075,723

The long term loan relates to a mortgage on the premises. At 31 December 2011 repayments due within one year amounted to \leq 303,529 (included in creditors due within one year above). The bank has a fixed charge over the premises of the company as security.

17. CASH FLOW STATEMENT

Increase in liquid resources:

Net funds at start of year

Net funds at end of year

Movement in net funds in the year

- Cashflows

- Other changes

e*000 €*000 Net surplus for the year 937 2,173 Depreciation 485 400 Loss on disposal of fixed assets 1 1 Market value adjustments in investments 53 (145 Increase in creditors 1,027 512 Decrease/(increase) in stocks 61 (38 Increase in debtors (80) (494 Deposit interest (259) (110 Net impact of FRS 17 (344) (59 Net cash inflow from operating activities 1,881 2,240 b) Reconciliation of net cash flow to movement in net funds 2011 2010 e*0000 e*0000 e*0000 e*0000 C/Decrease/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: Decrease in borrowings: 1 1	a) Reconciliation of changes in net incoming resources to net cash inflow from operating activities	2011	2010
Depreciation485400Loss on disposal of fixed assets11Market value adjustments in investments53(145Increase in creditors1,027512Decrease/(increase) in stocks61(38Increase in debtors(80)(494Deposit interest(259)(110Net cash inflow from operating activities1,8812,240Percease in cash flow to movement in net funds(Decrease)/Increase in cash in the year(1,283)1,697Decrease in borrowings:312314		€′000	€′000
Depreciation485400Loss on disposal of fixed assets11Market value adjustments in investments53(145Increase in creditors1,027512Decrease/(increase) in stocks61(38Increase in debtors(80)(494Deposit interest(259)(110Net cash inflow from operating activities1,8812,240Percease in cash flow to movement in net funds(Decrease)/Increase in cash in the year(1,283)1,697Decrease in borrowings:312314			
Loss on disposal of fixed assets11Market value adjustments in investments53(145Increase in creditors1,027512Decrease/(increase) in stocks61(38Increase in debtors(80)(494Deposit interest(259)(110Net impact of FRS 17(344)(59Net cash inflow from operating activities1,8812,240 b) Reconciliation of net cash flow to movement in net funds (Decrease)/Increase in cash in the year(1,283)1,697Decrease in borrowings: - Cashflows312314	Net surplus for the year	937	2,173
Market value adjustments in investments53(145Increase in creditors1,027512Decrease/(increase) in stocks61(38Increase in debtors(80)(494Deposit interest(259)(110Net impact of FRS 17(344)(59Interest in the year201120102222222 <t< td=""><td>Depreciation</td><td>485</td><td>400</td></t<>	Depreciation	485	400
Increase in creditors1,027512Decrease/(increase) in stocks61(38Increase in debtors(80)(494Deposit interest(259)(110Net impact of FRS 17(344)(59Net cash inflow from operating activities1,8812,240b) Reconciliation of net cash flow to movement in net funds(1,283) $\epsilon^{\circ}000$ (Decrease)/Increase in cash in the year(1,283)1,697Decrease in borrowings:312314	Loss on disposal of fixed assets	1	1
Decrease/(increase) in stocks 61 (38 Increase in debtors (80) (494 Deposit interest (259) (110 Net impact of FRS 17 (344) (59 Net cash inflow from operating activities 1,881 2,240 b) Reconciliation of net cash flow to movement in net funds 2011 2010 €'000 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: - 312 314	Market value adjustments in investments	53	(145)
Increase in debtors (80) (494 Deposit interest (259) (110 Net impact of FRS 17 (344) (59 Net cash inflow from operating activities 1,881 2,240 b) Reconciliation of net cash flow to movement in net funds 2011 2010 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: - Cashflows 312 314	Increase in creditors	1,027	512
Deposit interest (259) (110 Net impact of FRS 17 (344) (59 Net cash inflow from operating activities 1,881 2,240 b) Reconciliation of net cash flow to movement in net funds 2011 2010 €'000 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: 312 314	Decrease/(increase) in stocks	61	(38)
Net impact of FRS 17 (344) (59 Net cash inflow from operating activities 1,881 2,240 b) Reconciliation of net cash flow to movement in net funds 2011 2010 €'000 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: 312 314	Increase in debtors	(80)	(494)
Net cash inflow from operating activities 1,881 2,240 b) Reconciliation of net cash flow to movement in net funds 2011 2010 €'000 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: 312 314	Deposit interest	(259)	(110)
b) Reconciliation of net cash flow to movement in net funds 2011 2010 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: - Cashflows 312 314	Net impact of FRS 17	(344)	(59)
2011 2010 €'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: 312 314	Net cash inflow from operating activities	1,881	2,240
€'000 €'000 (Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: 312 314	b) Reconciliation of net cash flow to movement in net funds		
(Decrease)/Increase in cash in the year (1,283) 1,697 Decrease in borrowings: - Cashflows 312 314		2011	2010
Decrease in borrowings: - Cashflows 312 314		€′000	€′000
- Cashflows 312 314	(Decrease)/Increase in cash in the year	(1,283)	1,697
	Decrease in borrowings:		
- Other changes	- Cashflows	312	314
	- Other changes	-	-

2,580

1,556

9,495

11,051

(53)

347

-

2,358

7,137

9,495

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 24.8 years for males and for females 26.0 years.

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

	2011	2010
	€′000	€′000
Opening defined benefit obligation	(7,850)	(6,973)
Service cost (including employee contributions)	(629)	(727)
Interest cost	(450)	(436)
Benefit paid	259	244
Actuarial gains	581	42
Closing defined benefit obligation	(8,089)	(7,850)

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

	2011	2010
	€′000	€′000
Opening fair value of plan assets	6,455	5,316
Contributions (including employees)	947	843
Benefits paid	(259)	(244)
Actual return on plan assets	35	540
Closing fair value of plan assets	7,178	6,455

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

	2011	2010
	%	%
Rate of general increase in salaries	4.00%	4.00%
Discount rate of scheme liabilities	5.75%	5.60%
Rate of pension increase	2.00%	2.00%
Inflation	2.00%	2.00%

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			
	2011	2011	2010	2010
	%	€′000	%	€′000
Equities	7.5%	3,132	8.4%	2,921
Bonds	4.0%	2,010	4.4%	992
Other	6.5%	2,036	6.4%	2,542
		7,178		6,455
		2011		2010
		€′000		€′000
The actual return on plan assets	-	35	_	540
The amounts recognised in the balance sheet are as follows:				
Fair value of plan assets		7,178		6,455
Present value of funded obligations		(8,089)		(7,850)
Deficit in the scheme		(911)		(1,395)
Deferred tax asset	_	-		-
Net liability		(911)		(1,395)

18. PENSION COMMITMENTS (CONTINUED)

The amounts included in the performance statements are as follows:

	2011	2010
	€′000	€′000
Current service cost	(446)	(554)
Past service cost	-	-
Total operating charge	(446)	(554)
Expected return on pension scheme assets	476	378
Interest on pension scheme liabilities	(450)	(436)
Net interest income/(charge) included in investment income	26	(58)
Actual return less expected return on pension scheme's assets	(441)	162
Experience gains and losses arising on the scheme's liabilities	251	271
Changes in assumptions underlying the present value of the scheme's liabilities	330	(229)
Actuarial gain included in the Statement of Total Recognised Gains and Losses	140	204

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

	2011	2010
	€′000	€′000
Deficit at beginning of year	(1,395)	(1,657)
Current service cost	(446)	(554)
Contributions	764	670
Other financial income/(charge)	26	(58)
Actuarial gain	140	204
Deficit at end of year	(911)	(1,395)

18. PENSION COMMITMENTS (CONTINUED)

History of defined benefit obligations, assets and experience gains and losses for the year ended 31 December 2011:

	2011	2010	2009	2008	2007
	€′000	€′000	€′000	€′000	€′000
Defined benefit obligation	(8,089)	(7,850)	(6,973)	(6,215)	(5,581)
Fair value of plan assets	7,178	6,455	5,316	4,015	4,818
Deficit	(911)	(1,395)	(1,657)	(2,200)	(763)

Difference between the expected and actual return on plan assets:

	2011	2010	2009	2008	2007
Amount €'000	(441)	162	308	(1,772)	(779)

Experience (gains)/losses on plan liabilities:

	Amount €′000	251	271	143	(202)	(281)
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Future contributions:

The company expects to contribute €627,000 employer contributions to the defined benefit and hybrid pension plans in 2012.

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 OF RESOURCES

	2011	2010
	€′000	€′000
Balance at 1 January	15,169	12,792
Total recognised gains and losses	1,077	2,377
Balance at 31 December	16,246	15,169

21. FINANCIAL COMMITMENTS

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

	Charity Shops
	€
Within one year	38,494
Between two and five years	161,595
More than five years	419,480
	619,569

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

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