



Dutch Cancer Society Annual Report 2010



Foreword

While we celebrated our sixtieth anniversary in 2009, the Dutch Cancer Society passed an important new milestone in 2010 when our revenue from fundraising first exceeded the magic level of 100 million euros. We would like to pay tribute to the enormous efforts of the thousands of volunteers who helped the Dutch Cancer Society to achieve this significant result, as collectors or organizers of the collection in their neighbourhood or municipality, as amateur cyclists who undertook the sponsored bicycle ride up the challenging Alpe d'Huez, and to those who took part in the Ride for the Roses or 'simply' organized a collection in their company, street or during a family party.

Raising more than 100 million euros at a time when we are still feeling the pain of the economic crisis is also a great achievement for the staff of the Dutch Cancer Society. Professionalism and a volunteer spirit are combined in an exemplary fashion in our organization. This was revealed clearly for example in the TV programme *Sta op tegen Kanker* (Stand Up Against Cancer) that was broadcast in mid-November. More than a million viewers watched this show where the importance of the fight against cancer was portrayed through a mixture of information and entertainment. And as a result, no fewer than fifty thousand new donors signed up.

Collecting money is not the only important thing here: it is at least equally important to spend the funds raised in the right way. It may be stated in brief that the Dutch Cancer Society devotes its financial resources to the financing of scientific research and the training of researchers (84.6 million euros in 2010) and to the provision of information, prevention and patient support (22 million euros in 2010). You will find further details of this expenditure in the present annual report. One crucial question in this context is how all these efforts benefit cancer patients. This question is dealt with at length in the report entitled "De kwaliteit van de kankerzorg in Nederland" (The quality of cancer care in the Netherlands) produced by the Signalling Committee on Cancer (SCK) this year. It was concluded in this report that while the care received by cancer patients is on average of high quality, there are large differences between different hospitals. The publication of this report did not go unnoticed: it was one of the main factors leading to resumption of the lively discussion about concentration and transparency in healthcare in general, and cancer care in particular. The Dutch Cancer Society will continue to monitor whether the recommendations made by the SCK are put into effect.

In this annual report we look back on 2010 – a year in which we made a conscious effort to look at the future. We formulated a new policy vision for the period 2011 – 2014. We decided to continue with the same basic activities that represent our strength and the focus of our attention: the financing of research, provision of information, prevention and patient support. In addition, we picked out four focal points – themes to which we were going to pay particular attention. These were: Eradicating smoking in the Netherlands; Using research results to help patients as quickly as possible; The KankerNL programme: patients will be able to manage their own treatment; and Improving cancer care in the Netherlands.

We will enter our new policy period with a new director. After having led the Dutch Cancer Society for eight years, Ton Hanselaar decided that it was time for something new. He assumed the position of the chairman of the board of management of the Pantein care group with effect from 1 January 2011. He left the Dutch Cancer Society in the knowledge that the organization is in good condition, both financially and as regards the content of its activities. Ton Hanselaar made a great contribution to the growth of the organization and its positioning in the field of cancer care during his time as director, and we would like to express our gratitude to him for that.

Dr Gijs Boerrigter, acting managing director
Harm Bruins Slot, chairman of the board of the Dutch Cancer Society

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2010 in figures

120,000

volunteers

1.650

branches

880.000

donors

140

paid staff (116 FTE)

109,9 million euro's

collected

14,6 per cent

fundraising costs

3,0 per cent

management and administration costs

84,6 million euro's

spend on research and education



The Dutch Cancer Society in a nutshell

The Dutch Cancer Society has been leading the fight against cancer for more than 60 years. We do not work in isolation, but together with patients, physicians, scientists, donors and a whole army of volunteers.

The Dutch Cancer Society was founded in 1949. Queen Beatrix is its current patron.

Our goal is less cancer, more cure, and a better quality of life for cancer patients.

The Dutch Cancer Society is a foundation and does not receive any government grants. We get all our money from the annual collection, from contributions by donors and lottery players, from private fundraising campaigns and bequests. The Dutch Cancer Society has the seal of approval of the [Dutch Central Bureau on Fundraising \(CBF\)](#).

Mission

The Dutch Cancer Society is the driving force behind the fight against cancer in the Netherlands. Our goal is less cancer, more cure, and a better quality of life for cancer patients.

Vision

- We must, and we can, reduce the impact of cancer. More than a third of the population gets cancer. But we are making progress: the (five-year) survival rate for people with cancer has more than doubled since 1949.
- Scientific knowledge is key to this struggle. It's the only way to achieve structural improvement of the prospects for cancer patients and to reduce the risk of cancer.
- New knowledge needs to be mobilized as quickly as possible to help everyone affected by this disease. Today's knowledge about cancer and how it is caused is the key to better prevention, detection and treatment tomorrow.
- We combine forces with other agencies in the Netherlands and abroad. That is the best way to get the most out of the available resources and achieve better results faster.
- We cannot determine government policy in this field, but we can influence it. The extent, expertise and composition of our supporters make us a strong player in the cancer care sector.
- The Dutch population is our main partner. Anyone who is willing to help can make a contribution, either as a volunteer or as a professional. We combine all individual efforts in terms of time and money to form one powerful force.

Strategy

Scientific Research

We invest heavily in scientific research to achieve our goals. We devote about 80 % of our budget for objectives to this end. The Dutch Cancer Society does not perform cancer research itself, but finances research – both fundamental, clinical and applied – in Dutch research institutions. We are particularly interested in the relatively new discipline of translational oncology (which aims to transfer the results of scientific research from the laboratory to the patient's bedside as quickly and effectively as possible). And we invest in research in the field of social oncology. We also invest in the training of oncology researchers, in order to maintain the quality of Dutch cancer research at a high level.

Prevention and Patient Support

- We invest twenty per cent of our budget in the provision of information, prevention and patient support.
- We provide the Dutch public with understandable, up-to-date and independent information about cancer.
- We inform the Dutch public about cancer risks and the preventive measures people can take to reduce their risk of getting cancer. We organize campaigns and we lobby to reduce smoking and to encourage people to lead a healthy life.
- We offer patients understandable information on cancer, how the disease develops and how it can be treated, to empower them to take the best decisions in their fight against cancer.
- Cancer patient organizations are invaluable allies, and we give them our full support.

Fundraising

Money is needed to fund these activities – lots of money. That is why we engage in fundraising activities. We do this in a number of different ways:

- By attaching great value to our current donors (all 880,000 of them) and volunteers.
- By mobilizing more people in the fight against cancer.
- By enhancing the visibility of the Dutch Cancer Society.

Volunteers

The Dutch Cancer Society is a social organization, widely supported by the Dutch population. This is reflected among other things by the annual Dutch Cancer Society collection, in which about 120 thousand volunteers play an active role. In addition, there are more than three hundred private fundraising projects throughout the country each year. We attach great value to the activities of these volunteers, not only because of the essential funds they generate but also because of the grassroots support they represent. The Dutch Cancer Society has set up a special programme to support and facilitate its volunteers.

New Policy Vision

The Dutch Cancer Society formulated a new policy vision for the period 2011 – 2014, which will provide a platform for continuation of the Dutch Cancer Society's basic activities such as the financing of research, the provision of information and patient support and for the realization of the four focal points to which the Dutch Cancer Society will devote extra effort:

- Eradicating smoking in the Netherlands;
- Using research results to help patients as quickly as possible;
- The KankerNL programme: patients will be able to manage their own treatment; and
- Improving cancer care in the Netherlands.

Mode of Operation

The Dutch Cancer Society's activities are based on a multi-year policy vision, which is renewed periodically. The content and organizational consequences of this policy vision are translated into a strategic and operational plan, which forms the basis for the Dutch Cancer Society's annual plan that is drawn up each year. Important points of consideration during the formulation of the annual plan are the interim evaluation of the policy vision ('Where are we now?'), the evaluation of the former annual plan ('What did we achieve last year?'), the presence of new developments to which we need to respond and of course the financial background ('How much money is available?').

Organization

The Dutch Cancer Society has an honorary (unpaid) board of management. The working organization is led by a general director. The main lines of the Dutch Cancer Society's activities are laid down in a number of programmes: Research, Prevention & Patient Support, Volunteers and Fundraising. The policy is formulated in these programmes, while its implementation is delegated to three clusters: Operations (including finance, administration and management), Service (including campaigns,

events, editorial and services) and IT. A staff department (dealing with HR, strategy, communications and international relations among other things) supports the director and the organization as a whole.

The Dutch Cancer Society has three main advisory bodies, the Scientific Council, the Social Council for Cancer Control and the Advisory Committee on Prevention & Patient Support.

Management

Powers and tasks of board of management, executive board and advisory bodies

The Dutch Cancer Society is a foundation with a board of management, advisory bodies, an executive board, employees who work in the programme departments, the clusters and the staff department, local branches and volunteers. The organization of governance and operational activities is described in the present chapter.

The tasks and powers of the board of management and the management team are laid down in the Management Regulations. New management regulations drawn up in 2008 comply fully with the requirements of model 3 of the Wijffels Code, the Dutch Good Governance Guide for NGOs drawn up by a committee chaired by Herman Wijffels in 2005. The governance structure was further elaborated in 2009, in an internal Management Team Regulation and a Tasks and Powers Schedule that closely defines the decision-making procedure at all levels of the organization.

The board of management is charged with the overall running of the foundation. This means, among other things, that the board of management operates at a distance from the executive board and the management team. Its tasks include to decide on the budget and the associated annual plan, the annual report including the annual accounts and the multi-year policy plan for the foundation.

The board of management is also responsible for formulating the investment policy and for managing the foundation's investments. It is supported in this task by recommendations from the Investment Committee.

The board of management has delegated its administrative tasks and powers to the managing director, and monitors his execution of these responsibilities. Administrative tasks and powers that have not been delegated to the managing director remain the province of the board of management. The powers of attorney of the members of executive board and of the management team are laid down in a Powers of Attorney Regulation.

The executive board is charged with the day-to-day running of the foundation. This task includes drawing up the budget and the associated annual plan, the annual report including the annual accounts and the multi-year policy plan, management of the foundation's office, formulation of HR management policy, external communications, dealing with the foundation's Works Council, approving expenditure and signing contracts with third parties.

The executive board draws up the annual report within six months after the end of each financial year, in compliance with the requirements of the Dutch Directive on the Reporting of Fundraising Institutions (Richtlijn Verslaggeving Fondsenwervende Instellingen).

Chairman:

H.J.E. (Harm) Bruins Slot, chairman since 2008

Vice-chairman:

Prof. E.G.E. (Liesbeth) de Vries since 2003

Secretary:

P.N.M. (Philippe) Creijghton, since 2004.

Treasurer:

R. (Rinus) van der Struis RA, from 2002 to June 2010

P.H.J.M. Paul Dirken, from June 2010

General member:

A.W. (Adriaan) Grandia, member since 2008

Executive Board

The executive board of the Dutch Cancer Society is represented by the managing director of the foundation. Dr A.G.J.M. (Ton) Hanselaar held this position in 2010. The executive board is responsible for the day-to-day running of the Dutch Cancer Society, and reports to the board of management.

Management Team

The managing director is assisted by a management team consisting of the heads of the units into which he has divided the office.

The mode of operation of the management team was changed in 2010, the team being split into a Strategic Consultation Group and an Operational Consultation Group. These two groups prepared strategic (content-based) issues and operational organizational issues for decision-making in the top-level consultation group consisting of the general director and the chairmen of the Strategic and Operational Consultation Groups.

The Strategic Consultation Group comprises the heads of the Research, Fundraising, Prevention & Patient Support and Volunteers programmes and the Strategy & Communications manager.

The Operational Consultation Group comprises the heads of the Operations, Service and IT clusters and the HR manager.

The Strategic and Operational Consultation Groups meet at least twice a month, while the top-level consultation group meets weekly.

Head of Research programme:

Dr Gijs Boerrigter.

Head of Fundraising programme:

Onno Mulder (till 1 May 2010) and Joep Verboeket from 1 May 2010 to 1 January 2011 (a.i.) (interim appointment).

Head of Prevention & Patient Support programme:

Femke Welles.

Head of Volunteers programme:

Helmi Speijkers.

Head of Operations cluster:

Ruud Kamphuis

Head of ICT cluster:

Rob van de Coevering (a.i.)

Manager H&R:

Ward Loggen

Manager Strategy & communication:

Stan Termeer

Advisory Council and Committees

Scientific Council of the Dutch Cancer Society

The Scientific Council advises the board of management of the Dutch Cancer Society and arranges (if necessary with the aid of special committees) for the appraisal of applications for subsidies for research and related activities, in order to ensure effective use of the available resources to support scientific cancer research and training in this field. The Scientific Council also makes recommendations, on request and on its own initiative, concerning the subsidy policy for scientific cancer research and concerning developments that are of importance for the progress of this research and the fields to which this research applies.

Chair:

Prof. Jaap Verweij, professor of Experimental Chemotherapy and head of the Internal Oncology department at Erasmus Medical Center, Rotterdam

The Advisory Committee on Prevention & Patient Support

The Advisory Committee on Prevention & Patient Support (ACPP) was formed in 2010. It acts as an independent advisory body, charged with providing the executive board and the head of the Prevention & Patient Support Programme with advice in the fields of cancer prevention, cancer patient support and public information.

The Advisory Committee bases its recommendations on current scientific and social knowledge, and weighs up the various possibilities for cost-effective improvement of the efforts of the Dutch Cancer Society in the fields of cancer prevention and patient support.

The Advisory Committee meets four times a year. The chairman of the Advisory Committee confers once a year with a delegation from the Social Council for Cancer Control in the presence of the general director and the head of the Prevention & Patient Support programme to discuss the general lines of the organization's policy.

The AACPP in 2010

In 2010, this advisory committee made recommendations concerning such topics as the new policy vision, the "Psychosocial care" PR recommendation, and the plan to develop Kanker.NL. An ACPP working group also assessed four ACare2 implementation projects.

The Advisory Committee on Prevention and Patient Support consists of at least seven permanent members, including the chairman.

Chair:

Prof. B. (Bert) Schadé, professor of General Medical Practice, AMC Amsterdam

The Social Council for Cancer Control

The Social Council advises the board of management of the Dutch Cancer Society, on request and on its own initiative, on a wide variety of topics. It focuses in particular on issues that are the subject of public interest or on volunteer-related issues.

The Social Council consists of volunteers. Apart from membership of the Social Council, many members are also active in other volunteer activities for the Dutch Cancer Society.

The Social Council has a statutory obligation to meet at least three times a year. While electronic contacts can be very useful, experience shows repeatedly that round-the-table discussion is often the best way to arrive at a balanced recommendation. The Social Council met six times in 2010, including two joint meetings with the board of management.

Tasks of the Social Council for Cancer Control

The tasks of the Social Council are to advise the board of management of the foundation about the multi-year policy plan, the annual budget and the annual plan to be decided on by the board of management. It also advises the board of management about any intentions the board may have to change the articles of association, to merge the Dutch Cancer Society with other bodies, to split it up or to terminate it.

In addition, the Social Council advises the board of management of the foundation, on request and on its own initiative, on other topics – in particular those relating to volunteer policy and in any case on issues concerning the regulations of the individual branches and the division of the organization into branches.

The Social Council for Cancer Control in 2010

In 2010, the Social Council discussed the policy vision of the Volunteers programme and gave it a clean bill of health in their report to the board of management. The Social Council further produced opinions on the contours of the new policy vision for 2011-2014, the evaluation of the Dutch national collection day for the Dutch Cancer Society and door-to-door collection. Regular requests were made for information on the effects of the credit crunch on the revenues of the Dutch Cancer Society. Fight cancer, the youth programme of the Dutch Cancer Society, was discussed a number of times. The Social Council considers it important to keep costs and benefits in balance in this project, which is seen as a promising means of spawning other activities.

IT improvements (including the website), and in particular ways in which the branches can be provided with improved IT facilities, are still matters for concern. With reference to the policy vision and the budget, the Social Council asked the board of management to pay extra attention to this point. The Social Council also believed that more attention should be paid to the image the Dutch Cancer Society presents to ethnic minorities in the Netherlands and the way the organization involves them in its activities.

Chair:

A.E. (Kike) Laagewaard-van den Beld, chair of the Zoetermeer branch of the Dutch Cancer Society. She was previously the Secretary of the Board of Directors of the Lange Land Hospital in Zoetermeer.

Questions

What has the Dutch Cancer Society achieved?

The fight against cancer is a long-drawn-out affair. The magic bullet that will cure cancer has not been discovered, and never will be. Cancer is too complicated and wide-ranging for that. But real progress is being made. The important measure of success in the treatment of cancer is the five-year survival rate – the proportion of people who are still alive five years after they were diagnosed with cancer. In 1949, when the Dutch Cancer Society was founded, the five-year survival rate was 25 per cent. Now it is more than 59 per cent. Important advances have also been made in public and patient education about cancer. For example, the Dutch Cancer Society cooperated with the Dutch Heart Foundation and the Dutch Asthma Fund to set up the Stivoro foundation to campaign against smoking. When Stivoro was founded in 1974, 70 per cent of the Dutch population were smokers. That figure has now been reduced to 28 per cent. The Dutch Cancer Society also provides a great deal of information about (living with) cancer, both on its website and via other channels. And there has been a radical change in the support given to cancer patients since the Dutch Cancer Society was set up. In the old days, people were scared to talk about cancer, and patients were often left in the dark about what really ailed them. Today, 25 cancer patient associations subsidized by the Dutch Cancer Society bring cancer patients together and represent their interests. And the DCS Cancer Information Line helps patients and those close to them to cope with the effects of the disease on a daily basis.

How many people are working for the Dutch Cancer Society in 2010?

The Dutch Cancer Society had a total of 140 members of staff on its payroll in 2010. This corresponds to 116 FTE. (1 FTE, or full-time equivalent, represents the amount of work done by 1 full-time employee working 38 hours a week). Of our employees, 101 were female and 39 male. Of these 140 employees, 30 per cent had a full-time position and 70 per cent a part-time position. The largest group of our employees (44.78 per cent) was in the 35 to 49 years age range, and the average age was 45.

How was the Dutch Cancer Society's research budget spent in 2010?

The Dutch Cancer Society spent 84.6 million euros on research and training in 2010. Eight researchers received a personal grant of 600,000 euros to be used to set up their own research line over a period of 6 years, 45 researchers were given a grant of 500,000 euros to be used within 4 years and 13 postdoctoral researchers received a fellowship for cancer research in the Netherlands and abroad. The Dutch Cancer Society also financed 4 research fellowships for junior doctors, 4 paediatric oncology projects and 17 clinical studies. One researcher was awarded the Queen Wilhelmina Research Prize, with a value of 2 million euros.

In addition, the Dutch Cancer Society continued to contribute to the basic financing of the Netherlands Cancer Institute (NKI) in 2010, allowing this institute to carry out its important cancer research. The Dutch Cancer Society paid the NKI 9.8 million euros in 2010.

How much does a cancer research project cost?

Cancer research is a long-term, expensive process. Researchers can apply for a research grant from the Dutch Cancer Society. The work they want to do is often part of a larger research project. In most cases, the application covers a four-year project, and the grant has an average value of 500,000 euros.

Why does it take so long for new medicinal products to reach the patient?

Unfortunately, scientific research is not some kind of slot machine where you put in your coin and push a button, and the desired product pops out. It is a question of trial and error, repeated effort and sometimes making a useful discovery. An enormous amount of fundamental research is needed to advance our understanding of cancer. Research on the basic biological principles of the way healthy cells work and cancers arise and grow. Such research is vitally important, but even when we do make advances in our understanding it is difficult to predict when these will lead to concrete benefits for the patient such as a new cancer drug or a new method of treatment. Fundamental research is needed to enhance our basic understanding of cancer, but the results have to be translated into patient applications. That is not an automatic process, and it requires a great deal of follow-up research.

In order to promote the transition from laboratory to bedside, the Dutch Cancer Society finances translational and applied clinical research aimed at effectively converting scientific findings into drugs and treatments. Studies by the Dutch Cancer Society show that too few research results are translated into patient therapies, and that this process takes too long. There are a number of reasons for this, including unclear and unnecessarily bureaucratic legislation, and insufficient knowledge among

researchers to drive the transition. The Dutch Cancer Society promoted discussion of these problems in various ways in 2010, for example by organizing the Symposium On Translational Oncology (SOTO) which provided a platform for young researchers to discuss and explore these problems. In addition, the Dutch Cancer Society implemented the Translational Research project of the Dutch National Cancer Control Programme (NPK), which provides active support for researchers who are trying to clear up bottlenecks on the pathway from the laboratory to the patient and hence to promote the development of new therapeutic products and/or treatments. With effect from 2011, the project "Using research results to help patients as quickly as possible" will be one of the focal points in the Dutch Cancer Society's new policy vision.

Can foreign researchers be funded by the Dutch Cancer Society too?

The Dutch Cancer Society is a Dutch organization. That means that in principle we only subsidize researchers in Dutch research institutes, irrespective of their nationality. It is however possible for Dutch researchers financed by KWF to spend some time in research institutes abroad to gain experience. We are also active at an international level. For example, the Dutch Cancer Society joined the International Cancer Research Partnership (ICRP) early in 2009. The objective of the ICRP is to help ensure that the results of cancer research are translated into measures that really help all cancer patients, through worldwide cooperation and strategic coordination of research activities. The ICRP has many leading organizations in this field as members alongside the Dutch Cancer Society, such as the American Cancer Society, the US National Cancer Institute and Cancer Research UK. The Dutch Cancer Society also has an overseas aid programme through which projects aimed at structural cooperation between Dutch and Indonesian institutions are financed.

Which campaign was most successful in 2010?

This is the Alpe d'HuZes foundation, which raises money for the Queen Wilhelmina Cancer Fund by sponsored cycle rides up the Alpe d'Huez – one of the most legendary ascents on the route of the Tour de France. The name Alpe d'HuZes is a combination of Alpe d'Huez and 'zes' which is the Dutch for 'six' and symbolizes the first event in the series, when 66 riders made the ascent six times each on 6 June 2006. They raised more than 370,000 Euros. The amount collected has risen steadily in succeeding years, reaching 5.6 million Euros in 2009. The bar was raised even higher for the fifth event in the series in 2010, when the target was set at 10 million Euros. In fact they did even better, raising more than twelve million in early June when more than 3,000 participants made the traditional ascents. The money collected will be used for a number of purposes, including the funding of a new research programme on the rehabilitation of cancer patients, 'A-CaRe', and two chairs on different aspects of cancer research: 'Living with cancer' and the chair on 'Cancer and diet' that was instituted in 2010 and promotes research into a healthy diet for cancer patients.

How important is the 'SamenLoop voor Hoop' (Relay for Life) to the Dutch Cancer Society?

Samenloop voor Hoop is an event of the Dutch Cancer Society in which cancer survivors and people living with cancer play an important role. The runs allow people to exchange experience and remember those who have not survived their disease. They also provide an opportunity for fundraising. Ten Dutch towns and cities organized runs in 2010, and these were all unforgettable events. They also raised a total of more than 500,000 euros between them. The Dutch Cancer Society wants to increase the number of these runs in the future: our hope is that by 2014, everyone in the Netherlands will be able to take part in a Samenloop voor Hoop no more than 100 kilometres from their home.

How many new donors signed up in 2010?

We recruited a total of 115,000 new regular donors in 2010. That is 32 per cent more than in 2009, when the figure was 87,000 donors.

How does the Dutch Cancer Society involve young people in its work?

The Dutch Cancer Society has a special platform for young people, known as Fight cancer. It engages in fundraising activities for scientific cancer research, information and patient support, and raises awareness about cancer among young adults under the motto 'Love life. Fight cancer'. Fight cancer mainly uses new media, guerrilla marketing and surprise publicity campaigns to reach this

target group. It was launched on a trial basis in 2007, and has since developed into an established brand with good brand awareness in the Netherlands. Major achievements in 2010 were the production of Fight Magazine in association with Sanoma Media, special awareness-raising campaigns aimed at getting people to stop smoking and to take care while sunbathing and the use of successful new fundraising techniques such as the unique street collection campaigns. Fight cancer raised more than 1.1 million euros in 2010.

What did the Dutch Cancer Society do in 2010 to reduce smoking in the Netherlands?

The Dutch Cancer Society lobbied all year long in favour of measures aimed at reducing the number of smokers and creating more smoke-free zones. For example, it has long urged the minister of Health to raise the duty on tobacco products. The minister acceded to this request in 2010. However, not all our efforts turned out equally well. For example, the Dutch Cancer Society commissioned an opinion poll among local members of the Dutch governing parties CDA, VVD and PVV which showed that a majority of these local members opposed relaxation of the ban on smoking for small catering establishments. Despite this finding, the ban was relaxed and people can now smoke freely in bars and other small catering establishments.

We used a publicity campaign early in 2010 to announce that smoking one cigarette shortens your life by 28 minutes. This prediction was made by epidemiologists, who divided the average number of years that smoking cuts off one's life by the average number of cigarettes consumed by smokers over their lifetime. The main communication channel for this campaign was the social media, which reaches many young people.

The Dutch Cancer Society further commissioned Stivoro (the Public Health and Smoking Foundation, a Dutch expert centre for tobacco control) in 2010 to work together with the Stoppen met Roken (Quit Smoking) partnership to get the cost of stop smoking services included in the basic medical insurance package. Approval for this measure was one of the last documents signed by minister of Health Ab Klink during his term of office. Stop smoking support – both behavioural and medicinal-based – has been included in the basic medical insurance package with effect from 2011. In December 2010, the Dutch Cancer Society worked with Stivoro to set up a national campaign, focusing on radio and TV advertisements, to persuade people to stop smoking and to raise awareness of the existence of this support package. The results of this campaign have not yet been quantified.

What has the Dutch Cancer Society done in 2010 for cancer patients from ethnic minorities and their friends relatives and other carers?

In 2009, the Dutch Cancer Society drew up a multi-year plan on ethnic minorities in the Netherlands and cancer on the basis of the report on cancer in ethnic minority groups published by the Signalling Committee for Cancer (SCK) of the Dutch Cancer Society. This plan, to be implemented via a number of projects, aims to promote prevention, patient support, professionalization of healthcare workers and contact between fellow patients. An Ethnic Minorities and Cancer coordinator working within the Prevention & Patient Support programme and charged with supporting the implementation of this plan was appointed in June 2010 for a two-year period (0.5 FTE). The Dutch Cancer Society is working with a standing committee of experts from this field to determine which organizations should implement projects to contribute to improvement of the provision of information and care to ethnic minorities.

An inventory of all existing initiatives in the field of ethnic minorities and cancer has already been made within the framework of this plan. In addition, to help people with reading difficulties (including people from ethnic minority groups), an information brochure in simple Dutch entitled *Wat is kanker?* (What is cancer?) has been developed and included in the general series of information brochures made available by the Dutch Cancer Society. A teaching module on Cancer prevention in ethnic minorities has also been developed for use by information specialists.

What's the opinion of the Dutch Cancer Society about alternative medicine?

The Dutch Cancer Society believes that any treatment must be subjected to scientific trials to demonstrate that it has a significant curative effect before it is approved for general use. Statements about the efficacy of alternative medicine are often based on anecdotal evidence from therapists, patients or their relatives. But such reports based on a small number of patients are not sufficient. The Dutch Cancer Society strongly advises people with cancer to consult a regular physician for diagnosis, in order to maximize the chance of effective treatment.

Alternative therapy may be beneficial for some people as a supplement to conventional treatment, for example for people who feel the need to take some kind of action themselves or for people who believe that alternative treatment may support their recovery.

People who are considering the use of alternative therapies or who have decided to make use of such therapies would be well advised to consult their specialist or GP first, and to think carefully about the wisdom of relying on the services of therapists who claim to be able to cure cancer without any evidence in the form of articles published in reputable medical journals.

Is the Dutch Cancer Society also actively involved in psychological cancer care for current and former patients?

Psychosocial care for people with cancer and those close to them is an extremely important issue; the Dutch Cancer Society agrees with this assessment. The Dutch Cancer Society has been financing scientific research on this topic for many years. Preparatory work for activities in this field planned for future years continued in 2010. We have been working with other organizations to inventory the demand for psychosocial care for cancer patients and former patients, and to explore ways of meeting this demand. This sector will form an increasingly important part of the focal point "Improving cancer care in the Netherlands" during the present policy- plan period; for example, we will be focusing on the training of specialized psychosocial care providers and on increasing access to the services of these professionals.

What contact does the Dutch Cancer Society have with patient associations?

Cancer patient associations are indispensable allies of the Dutch Cancer Society. They play a key role in ensuring contact between fellow cancer patients, the provision of information and representing the interests of this group. Twenty-five such organizations have combined forces in the Dutch Federation of Cancer Patient Organizations (NFK).

The members of this federation work together to represent the interests of cancer patients and to offer them practical and emotional support. The NFK wants to help people with cancer, or people who have had cancer, to live as normal a life as possible. The Dutch Cancer Society wants to intensify its joint efforts with the NFK and the cancer patient organizations that belong to it in order to remove the barriers to information supply and care in this field. The Dutch Cancer Society is the main source of funding for the NFK and its member organizations.

Is the Dutch Cancer Society active on an international scale too?

Yes, the fight against cancer does not stop at national boundaries. We have long been working with partners from other countries, especially in the field of research. To reflect the increasing importance of this international cooperation, the Dutch Cancer Society appointed an International Relations Officer two years ago. The Dutch Cancer Society increased its involvement in the world-wide fight against cancer yet further in 2010. Four members of the Dutch Cancer Society staff took part in the biennial congress of the Union for International Cancer Control (UICC) in China in August 2010. The director of the Dutch Cancer Society gave a speech at the World Leaders Summit held in conjunction with this event, and the Dutch Cancer Society's International Relations Officer gave a presentation on the contribution made by European cancer patient organizations to patient support. The Dutch Cancer Society also participates in the International Cancer Research Partnership, which is building up an international cancer research database. Our organization was also active in the European circuit in 2010, including giving a presentation on the role of the Dutch Cancer Society in the development and implementation of a Dutch National Cancer Control Plan. The head of the Research programme and the International Relations Officer also took part in an Oncopolicy meeting organized by the European Cancer Organisation (ECCO) in the framework of the European Partnership for Action against Cancer. The Dutch Cancer Society staff members paid various working visits to European sister organizations; for example, people from our Volunteers programme visited Cancer Research UK and Macmillan Cancer Support in the United Kingdom, while delegates from our Fundraising programme attended a meeting in Copenhagen organized by the Scandinavian organizations supporting the fight against cancer. Interchange of knowledge and experience benefits all parties concerned.

What did the Dutch Cancer Society do for elderly cancer patients in 2010?

The Signalling Committee on Cancer (SCK), which is part of the Dutch Cancer Society's Scientific Council, set up a working group on "Cancer in the elderly" in mid-2008. This working group was charged with preparing well-based recommendations on a research policy in the field of cancer in the

elderly. The working group submitted its recommendations to the board of management of the Dutch Cancer Society in June 2010, stating that the Dutch Cancer Society needed to enhance the focus on cancer in the elderly in the research field by intensifying its pronouncements on the importance of research in this sector and by facilitating and encouraging researchers. To back up these recommendations, the working group drew up a validated overview of points on which cancer in the elderly differs from cancer in middle age.

The aging of the population leads to more cancer patients. What is the Dutch Cancer Society doing about this problem?

The Dutch population is aging, and cancer occurs more often in older people – nearly sixty per cent of cancer patients are older than 65. This percentage is expected to rise sharply in the future. The problems of cancer in the elderly need to receive more attention, in view of the prevalence and impact of the disease in this age-group. The Dutch Cancer Society wants older patients with complex medical problems to receive the best possible care too. To this end, the Dutch Cancer Society will focus in its current policy vision (for the period 2011-2014) on putting the topic of cancer in the elderly higher on the agenda of various key stakeholder groups such as healthcare professionals, the government, researchers and the general public. We will intensify our publicity campaign to get across the message that improvement of the care for older people with cancer requires an approach that is not limited to the disease itself but includes cooperation between academic researchers and healthcare establishments on the ground. Medical and geriatric disciplines within the healthcare and research fields also need to be integrated, and primary care needs to be involved too. The overall goal is to create more cooperation, cohesion and joined-up management in care and research targeting cancer in the elderly in the Netherlands.

Financial Statement

Income and expenditure

The Dutch Cancer Society has succeeded over the past year in considerably increasing its total income as compared to the previous year. In 2010, a record amount of 109.9 million euro was received, representing growth of 14.2 million euro (15%) as compared to 2009, when total receipts amounted to 95.7 million euro. For the first time, the Dutch Cancer Society has raised more than one hundred million euro.

Following the deduction of costs for fundraising, management and administration, a total of 91.1 million euro was left to be spent on the Society's goals. Total expenditure for 2010 amounted to 106.6 million euro, 8.6 million euro higher than in 2009, representing growth of 9%. 2009 and 2010 saw the society make up its expenditure rate in connection with the decision taken in 2008 to immediately allocate financing for scientific research, for its full term, to the institutions. Until 2008, financing was only allocated for the initial period of 2 years. In respect of research for which a second period was allocated in 2010, the balance sheet position changed in 2010 from a reserve to an obligation. This change took place via the statement of income and expenditure, and explains the shortfall in 2010.

Summary of results 2006 through to 2010

(in € million)

	2010	2009	2008	2007	2006
Own fundraising	102.6	87.7	88.8	77.1	68.8
Campaigns by third parties and government subsidies	2.1	2.1	1.8	1.8	1.8
Investments	5.1	5.9	8.4	7.9	7.9
Total income	109.9	95.7	99.0	86.8	78.5
Spent on objectives	-106.6	-98	-70.5	-58.6	-59
Costs of fundraising income	-15.6	-13	-10.9	-13.2	-12.5
Management and administration	-3.2	-3.1	-3.2	-2.9	-2.6
Total expenditure	-125.4	-114.1	-84.6	-74.7	-74.1
Result	-15.5	-18.4	14.4	12.1	4.4
Cost percentage own fundraising	14.6%	14.5%	12.0.%	16.7%	17.8%
Cost percentage management and administration	3.0%	3.3%	3.2%	3.3%	3.3%

Sources of total income in 2010, amounting to 109.9 million euro

(in € million)

Bequests	34.9	31.8%
Private individuals	32.7	29.8%
Volunteers & Campaigns by Third Parties	23.8	21.7%
Investments	5.2	4.7%
Dutch Cancer Society Lotteries	7.1	6.5%
Businesses and partnerships	3.0	2.7%
Other	3.2	2.8%
Total	109.9	100.0%

Balance sheet as at 31 December

(in € thousands)

Assets	31 December 2010		31 December 2009	
Intangible fixed assets	413		-	
Tangible fixed assets	7,677		6,775	
Financial fixed assets	<u>216</u>		<u>218</u>	
		8,306		6,993
Stocks		113		48
Accounts receivable and prepayments and accrued income		6,703		7,769
Securities		184,754		177,695
Cash at bank and in hand		<u>33,173</u>		<u>19,617</u>
		233,049		212,122
Liabilities				
<i>Reserves and funds</i>				
<i>Reserves</i>				
Continuity reserve	19,227		21,365	
Appropriated reserve	<u>17,903</u>		<u>38,020</u>	
		37,130		59,385
<i>Funds</i>				
Appropriated funds		<u>18,864</u>		<u>12,123</u>
		55,994		71,508
Provisions		21,331		10,940
Long-term debts		81,272		70,637
Short-term debts		<u>74,452</u>		<u>59,037</u>
		233,049		212,122

Statement of income and expenditure 2010

(in € thousands)

	Actual 2010	Budgeted 2010	Actual 2009
Income			
Local committees	9,736	10,639	9,603
Volunteers	14,033	7,900	8,201
Donations and gifts	32,754	29,915	28,891
Own lotteries	7,089	7,000	6,020
Bequests	34,923	34,085	31,272
Businesses and partnerships	2,988	4,678	3,055
Other	<u>1,100</u>	<u>1,630</u>	<u>719</u>
From own fundraising	102,623	95,847	87,761
From campaigns by third parties	1,790	2,250	1,813
Government subsidies	286	291	286
From investments	<u>5,243</u>	<u>6,235</u>	<u>5,861</u>
Total income	109,942	104,623	95,721
Expenditure			
<i>Spent on objectives</i>			
Scientific research, education and training	84,545	80,536	80,622
Prevention and patient support	<u>22,074</u>	<u>22,725</u>	<u>17,379</u>
Total spent on objectives	106,619	103,261	98,001
<i>Fundraising income</i>			
Costs of own fundraising	14,981	14,374	12,690
Costs of investments	163	100	148
Costs of Campaigns by Third Parties	<u>438</u>	<u>765</u>	<u>140</u>
Total fundraising income	15,582	15,239	12,978
<i>Management and administration</i>			
Costs of management and administration	3,255	3,256	3,194
Total expenditure	125,456	121,756	114,173
Result	-15,514	-17,133	-18,452
Appropriation of results 2010			
Contribution to / withdrawal from:			
Continuity reserve	-2,138	-1,500	-2,428
Appropriated reserve	-20,117	-15,228	-20,503
Other reserves	-	-	-720
Funds by name	<u>6,741</u>	<u>-405</u>	<u>5,199</u>
	-15,514	-17,133	-18,452

