



# Dutch Cancer Society Annual Report 2011

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## Foreword

The Dutch Cancer Society had an excellent fundraising year in 2011. The Dutch public donated 133.4 million euros to back the fight against cancer – a record sum. We are proud of this achievement, and grateful for the support we received. At the same time, another figure published in 2011 confronted us with the hard reality that the incidence of cancer is rising: there will be 123,000 new cases in the Netherlands in 2020, as compared with 87,000 in 2007. This was stated in the report *Kanker in Nederland tot 2020* (Cancer in the Netherlands up to 2020) of the Signalling Committee on Cancer (SCK) published by the Dutch Cancer Society in 2011. It is however important to note in this connection that the average survival rate of cancer patients continues to rise thanks to earlier diagnosis and better treatment. The risk of dying of cancer is falling.

Both these figures (an income of 133.4 million euros and 123,000 new cases of cancer in 2020) reflect the importance of cancer in Dutch society. The aging of the population is the main cause of the rise in the number of cancer patients. Two out of three new patients are over 65 when the diagnosis is made. The rise in the number of cancer patients boosts social involvement. For you rarely get cancer in isolation: it has an impact on friends, relations and others in your surroundings, and this growing involvement is reflected in more support and income for the fight against cancer and the Dutch Cancer Society.

This huge involvement was clearly illustrated during the national collection week in 2011 (which raised a total of 7.9 million euros), when the Dutch Cancer Society and the whole country was shocked by the theft of five hundred collection boxes in The Hague. Spontaneous reactions from Dutch society turned this black moment into a happy event. For example, Malika Chtatou from The Hague used Twitter to organize a new collection that in the space of a week raised an amount equal to what had been stolen. The radio station Q-Music did its bit too. Presenter Jeroen van Inkel was so furious about the theft that he kept on broadcasting an appeal for funds until he too had raised an amount equal to what the thieves had taken. He collected 63,000 euros by nine o'clock in the evening.

Thanks to their support and that of many others in 2011, we can continue the fight against cancer – and that is urgently needed, because everyone deserves a tomorrow. That is what we stand for, and what we will continue to work for as hard as we can.

Mr. Harm Bruin Slot  
Chairman of the Dutch Cancer Society

Drs. Michel T. Rudolphie, MBA  
Managing Director of the Dutch Cancer Society

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## 2011 in figures

**More than 100,000**

volunteers

**1.600**

branches

**961.000**

donors

**155**

paid staff (130 FTE)

**18,9 million euros**

spend on prevention and patient support

**133,4 million euros**

collected

**13,1 per cent**

fundraising costs

**2,7 per cent**

management and administration costs

**76,4 million euros**

spend on research and education

**6 million euros**

spend on focal point campaigns

## The Dutch Cancer Society in a nutshell

Everyone is confronted with cancer sooner or later: one person out of every three in the Netherlands will get cancer. We do not wish to accept that so many people suffer from cancer, and all too often die of it. The Dutch Cancer Society has been leading the fight against cancer ever since it was founded in 1949. Our goal is less cancer, more cure, and a better quality of life for cancer patients.

The Dutch Cancer Society finances cancer research, provides information about cancer and supports patients. We raise funds to make this possible. We do not act in isolation, but together with the Dutch public. A donation to the Dutch Cancer Society is an investment in life.

## 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.

## New policy vision

The Dutch Cancer Society has 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 following four focal points to which the Dutch Cancer Society will devote extra effort.

## Eradicating smoking in The Netherlands

Not smoking is the best way of reducing the risk of cancer. If people stopped smoking completely in the Netherlands, eventually 30 percent fewer people would die of cancer. We promote a rise in the number of non-smokers and more smoke-free areas through public education and lobbying. We fight to make the Netherlands a smoke-free zone in collaboration with the Netherlands Heart Foundation ([Nederlandse Hartstichting](#)) and the Netherlands Asthma Fund ([Astma fonds](#)), among others.

## Using research results to help patients as quickly as possible

The wealth of knowledge gained from cancer research is not always translated quickly enough into treatments for patients. The process of transferring it from laboratory to bedside is not ideal, for various reasons: there are obstacles (legislation, for instance), and we do not have sufficient understanding of how best to achieve this transfer. This is why the Dutch Cancer Society is collaborating with researchers to resolve these difficulties and translate knowledge into practice faster and more effectively.

## The KankerNL programme: patients will be able to manage their own treatment

The Dutch Cancer Society's information service is being modernized. We are developing a high-quality Internet service for everyone faced with cancer, under the name 'KankerNL'. We provide customized information and enable people to meet online. We combine patients' knowledge and experience with that of professionals, transparently and accessibly, working together with the cancer patients' organizations and their umbrella organization and the Comprehensive Cancer Centres.

## Improving cancer care in the Netherlands

The average quality of cancer care in the Netherlands is good, but there are significant differences between one hospital and another. We regard this as unacceptable. Patients are entitled to the best possible care and reliable information on the quality of their treatment. We are working to reduce quality differences in care, for example by advocating the concentration of complex cancer care. We are calling for special attention to be paid to the position of older patients and for good psychosocial care for cancer patients.

## Board of management, executive board and advisory bodies

### Statement of accountability

The Dutch Cancer Society subscribes to the three basic principles of good management that must be met by any Dutch fundraising organization before it can be awarded the CBF seal of approval (CBF-Keur) by the Centraal Bureau Fondsenwerving (Central Bureau on Fundraising). This annual report describes how the Dutch Cancer Society has performed its tasks of:

- supervision and management;
- guaranteeing the effectiveness and efficiency of the deployment of the resources at its disposal;
- striving to achieve an optimal relationship with stakeholders.

### Effectiveness and efficiency

The activities of the Dutch Cancer Society in 2011 were guided by the 2011 – 2014 Policy vision, which lays down the objectives and focal points for this period. These objectives are translated into implementable activities in the annual planning cycle, in which an annual plan with budget is drawn up each year on the basis of the results for the previous year and the objectives specified in the policy vision. The annual plan and budget are discussed and approved by the management team (MT) and the board.

The approval of each new policy vision is followed by recalibration of the Strategic Map, which shows the management criteria and objectives that apply up to the end of the policy period in question. This map is then translated into key performance indicators (KPIs) for each part of the organization.

### Optimal relationship with stakeholders

The mission of the Dutch Cancer Society is to reduce the incidence of cancer and to bring this disease under control as quickly as possible. We offer support to people who are living with cancer and those who come into close contact with them. Our goal is less cancer, more cure, and a better quality of life for cancer patients.

These are the points of departure for everything we do, all the choices we make and all the activities we perform.

The Dutch Cancer Society is supported on a regular basis by a number of advisory committees: the Scientific Council in the field of scientific research, the Social Council for Cancer Control concerning the links of the Dutch Cancer Society with wider Dutch society and the Advisory Committee on Prevention & Patient Support in the field of prevention and patient support.

In addition, the Dutch Cancer Society works together on a regular basis with its strategic partners:

- the [Netherlands Cancer Institute \(NKI\)/Antoni van Leeuwenhoek Hospital \(AVL\)](#);
- the various cancer patient associations; and
- the [Alpe d'HuZes Foundation](#).

It has ad hoc relationships with many other stakeholders such as research institutes and healthcare organizations, healthfunds and various bodies that raise funds for the fight against cancer.

At an international level the Dutch Cancer Society is a member of the Union for International Cancer Control ([UICC](#)) and the Association of European Cancer Leagues ([ECL](#)).

### 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 deciding 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, since 2008

#### **Vice-chairman**

Prof. E.G.E. (Liesbeth) de Vries since 2003. Resigned in 2011.

Prof. J. (Jaap) Verwey, Vice-chairman since 2011.

Domain: cancer research and care

#### **Secretary**

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

#### **Treasurer**

P.H.J.M. (Paul) Dirken, since 2010.

Domain: finance

General member:

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

Domain: marketing



## International Relations

The Dutch Cancer Society continued to be internationally as well as nationally active on many fronts in the fight against cancer in 2011. Many of its international activities are in cooperation with partners such as the Union for International Cancer Control (UICC) and the Association of European Cancer Leagues (ECL). The Society signed up to the UICC's 'Together we are stronger' programme, providing both financial support and expertise to the drive to raise cancer awareness and to give the disease a prominent place on the international agenda.

- On World Cancer Day (4 February) we started a campaign for the online collection of signatures in support of the UICC's World Cancer Declaration. The campaign was a great success: the target was 10,000 signatures, but in fact we collected 26,000 in the space of a month.
- The Dutch Cancer Society hosted the 5th European Conference on Tobacco or Health in Amsterdam in March. It took us two years of hard work in cooperation with the Dutch expert centre for tobacco control STIVORO to prepare for the conference, but we were rewarded by the appreciative comments of many of the 600 participants who spoke of the fascinating, interactive nature of the event.
- 2011 saw the first ever United Nations summit on chronic diseases, which was held in New York. The objective of the summit was to place cancer, cardiovascular diseases, pulmonary diseases and diabetes firmly on the international political agenda. The Dutch Cancer Society, Heart Foundation, Asthma Fund and Diabetes Federation took part on behalf of the Netherlands, and did their best via their international umbrella organizations to reach agreement on objectives that were kept as concrete as possible, in particular in the field of prevention. They also entered into discussion with Dutch political bodies to this end. During the coming years we will monitor the extent to which the results of the summit to which the Dutch government committed itself are actually translated into official health policy in the Netherlands.
- The Dutch Cancer Society made use of its membership of the Association of European Cancer Leagues (ECL) in 2011 to put the socioeconomic position of and psychosocial care for cancer patients on the EU agenda. This led to the Continuing Cancer Care Conference held in the European Parliament in Brussels in September. There is still a long way to go before the EU's anti-discrimination directives can be modified to deal explicitly with the employment and insurance problems of cancer patients.
- Congresses are intended as opportunities to share knowledge and experience, on an international as well as a national level. Apart from attending and giving presentations at various congresses in 2011, the Dutch Cancer Society also organized a meet and greet session at the International Fundraisers Congress in Noordwijkerhout, specially for organizations engaged in the fight against cancer. It allowed delegates from eleven different countries to take part in an open-hearted exchange of views about which of their campaigns had been the most (and least) successful. All participants agreed that this was an initiative that was well worth repeating.
- The Dutch Cancer Society issued two vision documents on international issues in 2011, one on the Society's scope for financing international research and one on development aid. These visions will provide the basis for formulating policy in these two fields and for drawing up a plan of attack in 2012.
- In order to take part on an equal footing in the international fight against cancer, the Dutch Cancer Society started translating a number of its key documents, including the corporate brochure, into English in 2011. We have long had an English summary on our corporate website [www.kwfkankerbestrijding.nl](http://www.kwfkankerbestrijding.nl), but this has now been expanded into an independent English-language website that is directly accessible at [www.dutch-cancersociety.org](http://www.dutch-cancersociety.org). This contains English versions of our policy vision, annual report for 2010 and the summaries of all reports of the Signalling Committee on Cancer (SCK).

## Goals and Activities

### Research: goals and activities 2011

#### Goal: only support the best cancer research

##### Explanation:

Researchers can apply for a grant from the Dutch Cancer Society. The scientific quality of the research is the main criterion on which the Dutch Cancer Society decides whether to approve the application. Advice from the society's Scientific Council plays a key role in this context.

##### Activities and results:

- The Dutch Cancer Society spent 44.8 million euros on financing research projects in 2011. Sixty new research projects were supported: 17 in the field of fundamental research, 20 translational and applied research projects, 5 studies in the field of social oncology and 18 clinical studies. The society also continued to support existing research projects. Eighty-eight final research reports on projects financed by the Dutch Cancer Society appeared in 2011. Thirty of these concerned fundamental research, 44 translational and applied research, 5 clinical studies and 9 studies in the field of social oncology.
- The Dutch Cancer Society decided in 2011 to increase the number of rounds of decision-making about research grants to three a year and to reduce the decision-making time still further. This was in response to the results of the satisfaction survey held among researchers in 2009, which showed that the nine months then required to reach a decision about whether to fund a given project was considered to be too long. The reorganization initiated in October 2011 made it possible to reduce the decision-making time to four months.
- The evaluation of the research programme of the Netherlands Cancer Institute (NKI) in Amsterdam was completed in 2010. The international committee responsible for this evaluation praised research at NKI highly. It was decided on the basis of this appraisal to renew the contract with NKI. This institute has long been one of the strategic partners of the Dutch Cancer Society, and it receives a percentage of the society's annual income to fund its activities each year. In 2011 it received 11.6 million euros from the Dutch Cancer Society.
- The Dutch Cancer Society works together with Health Foundation Limburg - University Hospital Maastricht (AzM), Netherlands Cancer Institute (NKI) /Antoni van Leeuwenhoek Hospital (AVL) in Amsterdam and the University Medical Centre Groningen (UMCG) in the fields of fundraising and disbursement. In 2011 this joint fundraising led to local expenditure of 0.1 millions euros in the research centres of Maastricht University Medical Centre (MUMC) and NKI/AVL.

The objectives in the field of fundamental, translational and applied research listed below form part of the budget for research projects of 44.8 million euros.

#### Goal: Ensure a continued high level of fundamental research effort

##### Explanation:

Fundamental research – study of the basic principles and mechanisms of the way cancer develops – is essential to increase our understanding of cancer.

##### Activities and results:

The Dutch Cancer Society devoted a total of 10.8 million euros to fundamental research in 2011. Seventeen new research projects received grants, and the Scientific Council (WR) of the Dutch Cancer Society evaluated 30 final research reports.

An example of the research funded by the Dutch Cancer Society in this field is the study of the final stages of cell division by Wouter van Zon of the university medical centre at [VU University Amsterdam](http://www.vu.nl). The new knowledge about cell division proteins gathered by this young researcher could form the basis for the development of new forms of treatment targeting specific cancers more effectively.

### Goal: Boost efforts in the fields of translational and applied research

#### Explanation:

Translational and applied research is essential in order to convert the findings from fundamental research into treatments that work at the patient's bedside. Apart from investing in research, the Dutch Cancer Society also wants to remove obstacles to the progress of research (see the description of the focal point 'Getting research results to the patient fast').

#### Activities and results:

- A total of 34 million euros was spent on research into the prevention, diagnosis and treatment of cancer in 2011. One example of the kind of research done in this field is the study of the treatment of prostate cancer at the University of Utrecht that was completed in 2011. These researchers were the first in the world who managed to introduce a needle into a patient's prostate with the aid of a robot during an MRI scan. This procedure makes it possible to deliver a dose of radiation at exactly the right spot – a great improvement on the existing method, in which the scan is made first and the irradiation is given later. The movement of organs in the intervening period can cause the radiation to be delivered in the wrong place.
- The Dutch Cancer Society approved a subsidy for a new clinical study by the European Organisation for Research and Treatment of Cancer ([EORTC](#)) in 2011. It also funded sixteen existing EORTC projects in the same year.
- The Dutch Cancer Society set up a joint study on the experience of breast cancer patients who are taking part in a clinical trial, in cooperation with the Breast Cancer Research Group ([BOOG](#)) and the Dutch Breast Cancer Association ([BVN](#)) a patient organization. This involved interviewing 31 patients with breast cancer. In addition, a focus group was formed with eight participants, all from the same hospital. The aim of the study was to see how such clinical trials could be tailored to meet the needs of the patients better.
- A project aimed at promoting patient participation was also set up.
- The Dutch Cancer Society broadcast the TV programme *Sta op tegen kanker* (Stand up to cancer) in November 2010. About 20 per cent of the money raised with the aid of this programme will be used to support international translational research projects, the rest being devoted to the general objectives of the Dutch Cancer Society. According to the current rules, the international research projects must have a Dutch project leader if they are to come into consideration for a grant from the Dutch Cancer Society. The Dutch Cancer Society wants to stimulate pioneering international cancer research by joining forces at an international level. A total of 2.4 million euros from the sum raised by *Sta op tegen kanker* is available for the financing of such international research. The Dutch Cancer Society made a special announcement in the second half of 2011, asking for research proposals. The subsidy applications will be judged in 2012.

### Goal: Active facilitation and support of researchers

#### Explanation:

Good scientific research demands well-trained researchers. The Dutch Cancer Society therefore invests in the education and training of cancer researchers.

#### Activities and results:

The Dutch Cancer Society spent 6.5 million euros on education and training in 2011. This money went to:

- 58 scientific scholarships for students abroad.
- 25 travel grants for researchers, to allow them to gain specific expertise abroad.
- Ten Dutch Cancer Society fellowships for postdoctoral researchers, to allow them to attend renowned research institutes in the Netherlands or abroad to acquire knowledge and/or skills in cancer research or in treatment of cancer in the Netherlands.
- Dutch Cancer Society research bursary for clinical trainees, allowing them to combine their training as a medical specialist with doctoral research for up to three years. This research experience will enable the trainees to perform cancer research more effectively alongside their clinical tasks – thus helping to shorten the path between the laboratory and the patient's bedside.
- Writing a good grant application is no easy matter. The workshop 'Successful grant application writing' helps young researchers to polish their grant application skills. The workshop was held twice in 2011, and was attended by between 20 and 30 young researchers. The participants appreciated the coaching they received.

### **Goal: Monitoring and addressing developments in the fight against cancer**

#### **Explanation:**

The fight against cancer is subject to constant rapid change. The Dutch Cancer Society monitors relevant trends, so that it can take them into account in its policy.

#### **Activities and results:**

The Signalling Committee on Cancer (SCK) produced two reports in 2011. The members of this committee are experts taken from the wide field of oncology and cancer control.

'Cancer in the Netherlands up to 2020' maps incidence, mortality and prevalence trends for the period 1989-2007 and predicts the further development of these variables up to the year 2020. Due in particular to the aging of the population, the number of new cases of cancer in the Netherlands (the incidence) is expected to rise from 87,000 in 2007 to 123,000 per annum in 2020. The number of people with cancer, or who have been treated successfully for the disease (the prevalence) is predicted to rise from 420,000 in 2007 to 660,000 in 2020. The good news is that the average survival rate continues to rise, thanks to earlier diagnosis and better treatment. The risk of dying cancer shows a slight decline. However, the rise in the total number of cancer patients will have enormous consequences for the way cancer care is organized.

The other report by SCK, 'Nazorg bij kanker: de rol van de eerste lijn' (Aftercare of cancer patients: the role of the primary care) is an exploratory study of current primary care of chronic cancer patients. One of the recommendations in the report is that GPs should play a more important role in the aftercare of cancer patients once they have received their initial treatment. This demands a better division of tasks between specialists and GPs, and will contribute to improvement in the quality of the aftercare.

The findings and recommendations of these two SCK reports received ample attention in the media and are playing a role in the discussion about the future organization of the care for cancer patients. The Dutch Cancer Society is monitoring whether the recommendations have been implemented. The two reports also formed the basis for the planning of the focal point 'Quality of care'.

## Prevention: goals and activities 2011

### Goal: Promoting early detection

#### Explanation:

The Dutch Cancer Society wants to provide the best possible information about the advantages of the early detection of cancer, because early detection increases the chances of cure.

#### Activities and results:

The lobbying for the introduction of screening for bowel cancer paid off in 2011. The Dutch Cancer Society has been working with other bodies to advocate rapid introduction of this screening in the Netherlands. Edith Schippers, minister of Health, Welfare and Sport, decided early in 2011 that screening for men and women aged between 55 and 75 should be introduced by 2013. It is estimated that this measure will reduce the annual death rate from colorectal cancer by 2400, contributing directly to the fulfilment of the Dutch Cancer Society's mission.

### Goal: Provision of information about risk factors

#### Explanation:

A healthy lifestyle can reduce the incidence of cancer by 35 to 50 per cent.

#### Activities and results:

In 2011 all parts of the campaigns 'Know the 9 signals', '6x stronger against cancer', 'Sensible Sunbathing' and 'Johnny Shadow' were converted into information for the public on the corporate website [www.kwfkankerbestrijding.nl](http://www.kwfkankerbestrijding.nl). Concentrating all the information at a single spot made it easier for visitors to the website to find what they needed without having to go to four different websites.

The brochure 'Sensible Sunbathing' has also been updated, and the first steps have been taken towards updating all website information on prevention. This activity will be completed in 2012.

### Goal: Introduction of Cancer Risk Test

#### Explanation:

The Dutch Cancer Society developed the Cancer Risk Test to map the effect of a healthy lifestyle on the risk of getting cancer. People fill in a questionnaire, and can determine on the basis of their answers what their risk of getting certain types of cancer is. They also receive suggestions about how to improve their lifestyle to reduce the risk of getting cancer.

#### Activities and results:

- A study was performed in 2011 in cooperation with the [University of Maastricht](#) and [VU University Amsterdam](#) to determine what steps need to be taken to get people to really change their lifestyle once they have received their personal risk profile based on the results of the Cancer Risk Test.
- Agreement was also reached in 2011 with the Dutch College of General Practitioners ([NHG](#)) about cooperation in the use of the Cancer Risk Test. The Dutch Cancer Society will make the test available on its website in 2012.

### Goal: Keeping minority groups informed about cancer

#### Explanation:

While the incidence of cancer in minority groups in the Netherlands is still lower than in the general population, the Dutch Cancer Society expects this incidence to rise appreciably in the coming years. In an attempt to keep this rise within limits, the Dutch Cancer Society has been paying extra attention since 2010 to keeping minority groups informed about cancer by means of folders and courses. This multi-year plan is aimed both at prevention and at providing support for cancer patients from minority groups.

#### Activities and results:

- The expert group 'Minority groups and cancer' was set up in 2011.
- In addition, the folder 'Wat is kanker?' (What is cancer?) was published. This folder is written in simple Dutch, to meet the needs of people with poor Dutch reading and writing skills – many

of whom are found among minority groups. A course on cancer prevention for minority groups has also been developed.

- A project has been set up to encourage women and girls from minority groups to take part in screening campaigns aimed at early detection of cancer. Studies have shown that information about cancer and cancer prevention does not yet reach this group to a sufficient extent at the present.

## Patient support: goals and activities in 2011

### Goal: Further improvement in information for patients

#### Explanation:

Apart from the investment in the focal point KankerNL, the regular provision of information to the public and to patients – online, by means of brochures and also through the Kanker Infolijn (Cancer Helpline) – must go on and must remain up to date and reliable.

#### Activities and results:

- The planned patient information activities proved to be too ambitious. For example we have not managed to revise all the brochures we intended to, due to capacity problems among other things. Nevertheless, work on more than half of the brochures and website content we planned to revise in 2011 has been completed. Two new brochures have been published in 2011: 'Bone tumours' and 'What is cancer?' (for people with poor Dutch reading and writing skills).
- We have also worked hard in 2011 to make the website more accessible and interactive, for example by producing eight web clips on psychosocial topics in which patients talk candidly on sensitive subjects such as dealing with the end of life and sexuality. A video diary on bowel cancer has been added to the existing material in this series.

### Goal: The aid fund, providing direct support to patients

#### Explanation:

The Dutch Cancer Society aid fund helps people who are faced with extra costs related to their disease which they are unable to pay for themselves. We all know that illness may lead to additional expenses, varying from the costs of extra material such as a wig to frequent use of special transport. This means-tested support amounts to 350 or 450 euros, depending on family composition and income, for patients whose application is approved.

#### Activities and results:

The aid fund continued to provide assistance in 2011. Two hundred and eight aid applications were approved, and the total sum paid out amounted to 82,508 euros.

### Goal: Keeping cancer patient organizations healthy

#### Explanation:

Cancer patient organizations have long been an indispensable ally in the fight against cancer. The Dutch Cancer Society works closely together with the individual organizations and the overarching Dutch Federation of Cancer Patients' Organizations (NFK). Both the patient organizations and the NFK have contributed to improvement of the quality of care for cancer patients, with active support from the Dutch Cancer Society. The issues of full social participation and the ability to manage one's own life have also been high on the agenda recently.

#### Activities and results:

- The Dutch Cancer Society continued to finance the 25 individual patient organizations and the NFK in 2011. The patient organizations received a total of 2.1 million euros, while 1 million euros went to the NFK. Examples of activities shared with the NFK in 2011 included the formulation and implementation of a cancer care standard and the development of a joint Internet strategy for patients.
- The Dutch Cancer Society also developed a new subsidy arrangement for patient organizations, in which the amount of the subsidy is no longer automatically determined by the number of members the organization has. The procedural rules organizations had to meet to come into consideration for a subsidy were also relaxed, thus giving the patient organizations more scope to choose their activities and set their priorities themselves. In addition, steps were taken to ensure that the subsidy funds were used as cost-effectively as possible. The patient organizations will be informed of the new subsidy arrangement in 2012, but the subsidies will continue to be calculated according to the old rules for a year in order to allow the organizations to get used to the new set-up. Cancer patient organizations will receive their subsidies calculated according to the new criteria in 2013.

### Goal: Giving patients access to the results of clinical trials

#### Explanation:

The Dutch-language cancer research website [kankeronderzoek.info](http://kankeronderzoek.info) was launched in 2009. This website gives reliable, objective information about cancer treatments that are still at the research stage. Until then, the results of clinical trials of cancer therapies were only made available to doctors and researchers, but not to patients. The creation of this website is in line with the current trend towards giving patients the right to have a say in the management of their own treatment.

#### Activities and results:

- Initially, the website [kankeronderzoek.info](http://kankeronderzoek.info) only published the results of current trials in a limited part of the country (the east and south of the Netherlands). In the course of 2011, the Dutch Cancer Society has been working together with the NFK, the comprehensive cancer centre for the south Netherlands [IKZ](#) in Eindhoven and the comprehensive cancer centre for the Netherlands [IKNL](#) to make preparations for the national roll-out of research data in 2012.
- Procedures have also been simplified, to allow information on current trials to be placed on the website faster. It is expected that details of more than eighty per cent of all clinical trials of cancer therapies in the Netherlands will be available on the website in 2012.



## Fundraising: goals and activities in 2011

### Goal: Focusing on relations

#### Explanation:

A personal approach to our partners and donors ensures that they all feel involved in our work. The donors enjoy that, and it's important for the Dutch Cancer Society.

#### Activities and results:

- The Dutch Cancer Society carried out a qualitative survey of its biggest target group, donors above forty years of age, in May 2011. One important finding from this survey was that people did not feel sufficiently involved with the Dutch Cancer Society as an organization. It was concluded that we need to listen to this group to boost and prolong grass-roots support for the fight against cancer. One of the steps we took to achieve this in 2011 was issuing 'close alerts' through various channels such as mailings and our newsletter the KWF Journaal. This is a direct, low-threshold way of getting feedback from our contacts about their views on the content of our communications.
- The Dutch Cancer Society also set up innovation platforms in 2011, where people are invited to take part in think tanks to brainstorm about our fundraising policy. One think tank had the objective of considering the best way to roll out the online concept 'Stand up to cancer', while another was given the task of devising ways of involving companies more in the Dutch Cancer Society's fundraising activities. One of the bright ideas that arose from the brainstorming sessions of this latter group was the concept of the 'healthiest employer'.
- This involves getting the Dutch Cancer Society to challenge Dutch companies to introduce health-promoting measures among the workforce, such as offering healthy food in the company canteen, supporting employees who want to stop smoking and encouraging employees to set up fitness schemes such as regular cycling to and from work. Companies can gain points by introducing such measures, and the company with the most points at the end of each year is crowned 'the healthiest employer in the Netherlands'. This idea has now been turned into a concrete plan, in which the members of the think tank are still involved on a volunteer basis.
- The Dutch Cancer Society plans to optimize its compliance policy further in 2012. The Society received a total of 2303 complaints about fundraising in 2011 – slightly less than in 2010, when there were 2846 complaints.

### Goal: Private donations

#### Explanation:

The Dutch Cancer Society had 961,000 donors – that is, people who make regular or one-off donations – by the end of 2011.

#### Activities and results:

- More than 34 million euros were raised from private donors (not including the revenue from the Dutch Cancer Society lotteries) in 2011. That is five million euros more than budgeted.
- The major part of that amount (25.6 million euros) came from direct debits from regular donors.
- Direct mail (DM) also proved to be a very successful fundraising approach in 2011. A total of 4,153,554 euros was raised in four big DM campaigns (more than the budgeted 3,648,993 euros).
- There was a further roll-out of the 'direct dialogue' approach (street collection and door-to-door collection) in 2011. This raised 706,000 euros – less than the target of one million euros.
- The Dutch Cancer Society's national lotteries raised 8.4 million euros from regular donors in 2011, exceeding the target of 7.7 million euros. (Income from private donors is given under the heading 'Donations and gifts' in the annual accounts.)

### Goal: Further expansion fo the 'Fight Cancer' action label

#### Explanation:

'Fight Cancer' is the quirky, youth-oriented action label of the Dutch Cancer Society. Its aims, like those of its big brother, are less cancer, more cure and better quality of life for all cancer patients and their nearest and dearest.

#### Activities and results:

- The primary objective of Fight Cancer for 2011 was to create stronger links with donors in the 20-40-year target group. The secondary objective was prevention, publicity and innovate new fundraising techniques. The youth arm raised 33 per cent more in 2011 than in 2010. The number of regular donors in 2011 was 24,000. Donor awareness of the label rose in 2011. Fight Cancer raised a total of 1.5 million euros in 2011. It may be noted that the launch of the new Fight Cancer platform and the social communities housed there was delayed, so that the income growth from this online source was less than had been hoped for in 2011.
- One of the actions developed by Fight Cancer in 2011 was the Loveland Festival / Fight Cancer tour, which raised 170,000 euros. The blue Fight Cancer truck visited various big Dutch cities, providing a venue where prominent DJs like Roog, Sander Kleinenberg and Gregor Salto performed free of charge.
- Loveland and Fight Cancer also shared a boat during the world-famous Gay Pride Canal Parade in Amsterdam to raise awareness among the five hundred thousand spectators. The Fight Cancer Loveland tour ended at the Loveland Festival, where Fight Cancer played an active role and recruited new donors.

### Objective: Corporate support

#### Explanation:

The Dutch Cancer Society works together with companies in the fight against cancer. The companies help not only to raise income but also to spread information about cancer.

#### Activities and results:

- The objective of generating 25 per cent more growth by new links with companies, thus boosting the income by four million euros, was not entirely achieved: the sum ultimately raised was 2.4 million euros. The main reasons for this were the recession and the undermanning of the Fundraising Department.
- Business partners also played a supporting role in some activities of the Dutch Cancer Society; for example, people could hand in collection envelopes at Kruidvat and Hunkemöller. A three-year cooperation agreement was also signed with the insurer Menzis.
- In addition, synergy was achieved in the relations with various partners. A good example is the attention paid to the fight against cancer in the football match between PSV Eindhoven and FC Utrecht on 5 October. Both these teams are corporate partners of the Dutch Cancer Society. Various activities in the framework of the 'Stand up to cancer' campaign were held during the match, including a collection among spectators that raised 11,000 euros. The company Driessen HRM Payroll donated an extra 10,000 euros, and the auction held by PSV Eindhoven before the match raised more than a thousand euros. PSV sponsor Menzis had provided a boarding with the message 'Samen staan we sterk' (which may be roughly translated as 'We can beat cancer if we stand up to it together') specially for the match.
- The Dutch Cancer Society continued its cooperation with Didi, Hema and Hunkemöller in the framework of the Breast Cancer Month.

### Goal: Activities on behalf of the Dutch Cancer Society

#### Explanation:

People are often not only donors, but also organize local campaigns for the benefit of the Dutch Cancer Society. Such individual initiatives are making an increasingly important contribution to the Society's fundraising policy.

#### Activities and results:

- The objectives of the third-party activities for 2011 are very ambitious: growth of the number of activities from four hundred to six hundred, average amount raised per activity fifteen hundred euros and total income 740,000 euros. The last-mentioned target was amply surpassed, the total amount raised being 1.1 million euros. And more than three hundred activities within the framework of the 'Stand up to cancer' action platform have been announced since this programme was launched in October 2010.
- The big events such as Alpe d'HuZes, Ride for the Roses, KippenLoop (the Chicken Run), Mont Ventoux and Bergh in het Zadel (Bergh in the Saddle) were very successful once again this year. Alpe d'HuZes raised 20.2 million euros, Ride for the Roses 1.6 million euros, the KippenLoop more than 105,000 euros, Mont Ventoux 465,000 euros and Bergh in het Zadel 486,000 euros. However, the average amount raised by the activities on the action platform was lower than the target of fifteen hundred euros. (The income from third-party activities is given in the annual accounts under the heading 'Volunteers').

### Objective: Big donors

#### Explanation:

A big donor is defined as an individual, foundation or religious body that makes a one-off donation of more than two thousand euros.

#### Activities and results:

The goal for 2011 was to raise 2.2 million euros from this source. We actually exceeded this target, with a take of 2.4 million euros. Apart from that, 2011 was mainly the year of relationship management. We have also mapped the donation history and donation behaviour of the big donors, to provide a better basis for the search for new donors in the future.

(The income from big donors is given in the annual accounts under the heading 'Donations and gifts').

### Objective: Boost donation from legacies

#### Explanation:

The sums – large or small – that people leave to the Dutch Cancer Society in their wills are of inestimable value to the fight against cancer. The Society gets forty per cent of its income from legacies.

#### Activities and results:

- The Dutch Cancer Society's target for 2011 was 788 legacies, yielding a total amount of 34.5 million euros. In fact, we surpassed this target since the income from legacies in 2011 was 39.8 million euros.
- The Dutch Cancer Society wants to get in touch with people who might like to leave us something in their will, in order to ensure that income from this source will continue in the future. We had a successful campaign to this end in 2011. Barbara Hellendoorn, the head of Fundraising, explained: "We developed a legacies dossier scheme in 2011. A tactful approach is needed here: it would not be right to start off by asking people bluntly whether they wanted to leave the Dutch Cancer Society something in their will. Our initial step was to offer people a personalized document that would help them to lay down in detail what they wanted to be done with their effects when they die. If someone requests the dossier, we ask them if we can enclose some information about the Dutch Cancer Society with it. If the answer is yes, we phone these people later to ask whether they would consider leaving the Dutch Cancer Society something in their will. If they reply yes to this question too, we ask if we can pay them a personal call. This is a time-consuming procedure, but it has been generating an increasing level of income and the potential donors seem to appreciate it."
- A trial run of the legacies dossier scheme was held in the province of Utrecht in 2011. The target was 1500 requests of the legacies dossier. This was amply surpassed: there were 3200 requests by 1 April 2011.

### Goal: Cooperation with University Medical Centres

**Explanation:** The Dutch Cancer Society wants to work together with University Medical Centres for increased synergy in the fields of both fundraisings and research.

#### Activities and results:

- A structural cooperation agreement was signed with the Netherlands Cancer Institute (NKI) / Antoni van Leeuwenhoek Hospital (AVL) in Amsterdam for joint fundraising via the NKI-AVL Fund. This will have benefits for both parties: the NKI / AVL will be able to make use of the fundraising know-how, experience and services of the Dutch Cancer Society, while the Society will profit from the loyalty donors feel towards 'their' hospital.
  - A similar cooperative scheme was set up in May 2011, when the Limburg Cancer Research Fund was formed as a joint venture between the Limburg Health Foundation / Maastricht University Medical Centre and The Dutch Cancer Society.
  - Exploratory talks have been held about the setting up of the UMCG Cancer Research Fund, a joint venture between the Dutch Cancer Society and UMCG Groningen.
  - A market survey has been carried out in conjunction with Radboud UMC in Nijmegen and LUMC in Leiden. The further steps to be taken towards a joint venture here will depend on the interpretation of the results of this survey.
- The total income from joint fundraising activities with UMCs in 2011 was 915,000 euros.

## Volunteers: goals and activities in 2011

### Goal: Promoters to play a coordinating role

#### Explanation:

Promoters are the Dutch Cancer Society's external relationship managers. Their task is to raise the enthusiasm and interest of volunteers in their region, and to encourage them in their work. They used to do this by providing direct support to the volunteers. However in the new organizational model of local activity for the Dutch Cancer Society with fewer, more independent local branches, the role of the promoter will change towards one of mediating between the various people who are actually taking the initiatives so that each activity will raise more money for the fight against cancer and volunteers will work together more effectively.

#### Activities and results:

The Dutch Cancer Society redefined the role of the promoter in 2011, and gave promoters a new name. With effect from 1 January 2012 they will be known as regional coordinators. They will also undergo further training to prepare them for their new role.

### Goal: SamenLoop voor Hoop (Relay for Life)

#### Explanation:

[SamenLoop voor Hoop](#) is a team event involving 24-hour sponsored walks with a dual objective: to raise money for the fight against cancer and to put cancer survivors in the spotlight. Based on an American model, the SamenLoop voor Hoop has caught on in the Netherlands over the past few years, mobilizing thousands of people at various venues in support of this good cause.

#### Activities and results:

The target for 2011 was fourteen sponsored walks raising 600,000 euros. In fact there were fifteen and the amount raised exceeded 1.4 million euros – more than twice the target. More than 40,000 people took part. Apart from the walk itself information was provided about cancer, and cancer survivors were honoured. SamenLoop voor Hoop is designed so that almost anyone – people who are living with cancer, their nearest and dearest, and other interested parties – can participate. They get together at various places in the Netherlands for a whole weekend to walk together, think about cancer, derive hope from the example of survivors and celebrate their presence, and commemorate cancer victims. A quiet spot is set aside for the remembrance of those who have passed away.

### Goal: National collection week

#### Explanation:

The Dutch Cancer Society has nearly 100,000 collectors at the moment. The more collectors knock on people's doors, the more money will be raised to support the Society's aims. That was why the Dutch Cancer Society aimed to recruit at least three thousand more collectors in 2011.

#### Activities and results:

The recruitment campaign started in May. A TV spot, posters, mailings and social media were used to encourage people to sign up as collectors for the Dutch Cancer Society. The branches also set up successful local recruitment campaigns. As a result, 5250 extra collectors were finally recruited. The national collection held in the first week of September raised more than 7.9 million euros. Though this is not an amount to be sneezed at, it was slightly less than the 8.1 million euros collected in 2010 – and less than the target of nine million euros set for 2011.

### Goal: More volunteer participation - at the head office too

#### Explanation:

The vision document *Burgers aan boord* (Citizens on Board), published in 2010, described recent trends in volunteer work. One of the trends pointed out was the fact that many people nowadays want to put their professional skills and experience to good use by volunteer work for a good cause. The Dutch Cancer Society therefore decided to explore the possibilities of using volunteers in their head office.

#### Activities and results:

The Dutch Cancer Society set up a pilot scheme for the employment of volunteers for certain activities at its national head office in 2011. In addition, specific jobs were outsourced to volunteers working for certain companies and an HR policy for volunteers was drawn up in cooperation with the Human Resources department. A study was also made of the deployment of volunteers from the Baby Boom

generation. The results of these various investigations formed the basis for formulation of a marketing approach that will be rolled out in 2012.

**Goal: National Dutch Cancer Society Day**

**Explanation:**

The National Dutch Cancer Society Day is traditionally the day when the Society thanks all its volunteers for the work they have done and discusses the policy for the coming period.

**Activities and results:**

The National Dutch Cancer Society Day was held at a new venue this year, Ouwehands Zoo in Rhenen. Another new feature was that volunteers could bring their family along on payment of a small fee. Nine hundred people turned up on the day, equalling the target that had been set.

## Financial statements 2011

### 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 2011, a record amount of 133,4 million euro was received, representing growth of 23,3 million euro (21%) as compared to 2010, when total receipts amounted to 110,1 million euro. For the second 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 101,4 million euro was left to be spent on the Society's goals. Total expenditure for 2011 amounted to 121,9 million euro, 5,2 million euro lower than in 2010, due to postponed activities.

### Summary of results 2007 through to 2011

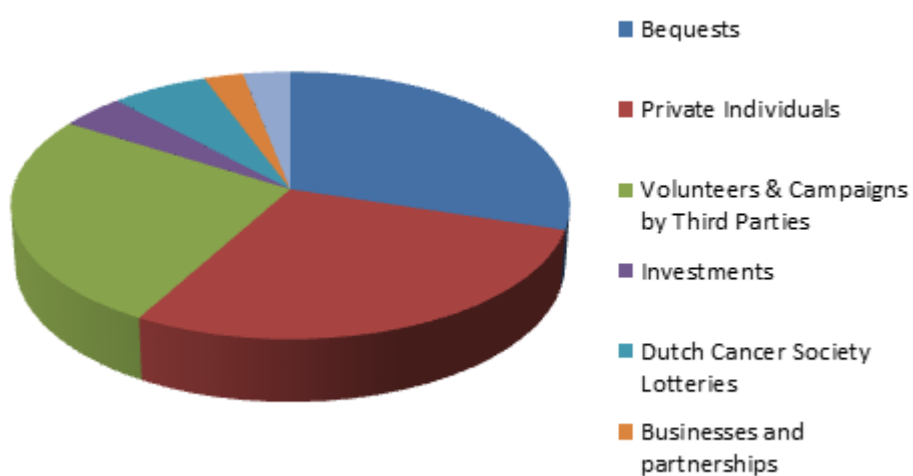
(in € million)

	2011	2010	2009	2008	2007
Own fundraising	125.1	102.6	87.7	88.8	77.1
Campaigns by third parties and government subsidies	2.7	2.1	2.1	1.8	1.8
Investments	5.6	5.1	5.9	8.4	7.9
<b>Total income</b>	<b>133.4</b>	<b>109.9</b>	<b>95.7</b>	<b>99.0</b>	<b>86.8</b>
Spent on objectives	-101.4	-106.6	-98	-70.5	-58.6
Costs of fundraising income	-16.8	-15.6	-13	-10.9	-13.2
Management and administration	-3.7	-3.2	-3.1	-3.2	-2.9
<b>Total expenditure</b>	<b>-121.9</b>	<b>-125.4</b>	<b>-114.1</b>	<b>-84.6</b>	<b>-74.7</b>
<b>Result</b>	<b>11.5</b>	<b>-15.5</b>	<b>-18.4</b>	<b>14.4</b>	<b>12.1</b>
Cost percentage own fundraising	13.1%	14.6%	14.5%	12.0%	16.7%
Cost percentage management and administration	2.7%	3.0%	3.3%	3.2%	3.3%

## Sources of total income in 2011, amounting to 133,4 million euro

(in € million)

Bequests	39.8	29.8%
Private individuals	37.7	28.3%
Volunteers & Campaigns by Third Parties	34.4	25.8%
Investments	5.6	4.2%
Dutch Cancer Society Lotteries	8.4	6.3%
Businesses and partnerships	3.4	2.5%
Other	4.1	3.1%
<b>Total</b>	<b>133.4</b>	<b>100.0%</b>



## Consolidated balance sheet as at 31 December

(in € thousand)

Assets	31 December 2011			31 December 2010		
Intangible fixed assets	1,538			413		
Tangible fixed assets	7,336			7,677		
Financial fixed assets	<u>212</u>			<u>216</u>		
			9,086			8,306
Stocks			103			113
Accounts receivable and prepayments and accrued income			7,450			6,703
Securities			168,996			187,312
Cash at bank and in hand			<u>85,300</u>			<u>35,360</u>
			<b>270,935</b>			<b>237,837</b>
<b>Liabilities</b>						
<i>Reserves and funds</i>						
<i>Reserves</i>						
Continuity reserve	20,842			19,227		
Appropriated reserve	<u>21,999</u>			<u>17,903</u>		
		42,841			37,130	
<i>Funds</i>						
Appropriated funds		<u>29,407</u>			<u>23,648</u>	
			72,248			60,778
Provisions			122			21,331
Long-term debts			129,936			81,272
Short-term debts			<u>68,629</u>			<u>74,452</u>
			<b>270,935</b>			<b>237,837</b>



## Statement of income and expenditure 2011

(in € thousand)

	Actual 2011	Budgeted 2011	Actual 2010
<b>Income</b>			
Local committees	9,516	10,639	9,736
Volunteers	24,869	7,900	14,033
Donations and gifts	37,739	29,915	32,754
Own lotteries	8,431	7,000	7,089
Bequests	39,770	34,085	34,923
Businesses and partnerships	2,435	4,678	2,988
Other	<u>1,467</u>	<u>1,630</u>	<u>1,100</u>
From own fundraising	125,142	95,847	102,623
From campaigns by third parties	2,294	2,250	1,790
Government subsidies	361	291	286
From investments	<u>5,564</u>	<u>6,235</u>	<u>5,243</u>
<b>Total income</b>	<b>133,361</b>	<b>104,623</b>	<b>109,942</b>
<b>Expenditure</b>			
<i>Spent on objectives</i>			
Scientific research, education and training	76,376	80,536	84,545
Prevention and patient support	18,944	<u>22,725</u>	<u>22,074</u>
Focal points	<u>6,071</u>		
Total spent on objectives	101,391	103,261	106,619
<i>Fundraising income</i>			
Costs of own fundraising	16,371	14,374	14,981
Costs of investments	104	100	163
Costs of Campaigns by Third Parties	<u>351</u>	<u>765</u>	<u>438</u>
Total fundraising income	16,826	15,239	15,582
<i>Management and administration</i>			
Costs of management and administration	-3,674	3,256	3,255
<b>Total expenditure</b>	<b>121,891</b>	<b>121,756</b>	<b>125,456</b>
<b>Result</b>	<b>11,470</b>	<b>-17,133</b>	<b>-15,514</b>
<b>Appropriation of results 2011</b>			
Contribution to / withdrawal from:			
Continuity reserve			
Appropriated reserve	1,615	-626	-2,138
Other reserves	3,533	-4,216	-20,117
Funds by name	<u>5,768</u>	<u>-4,856</u>	<u>6,741</u>
	<b>10,916</b>	<b>-9,698</b>	<b>-15,514</b>

