



# Dutch Cancer Society 2013

Annual report

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## About the Dutch Cancer Society

One person out of every three in the Netherlands will get cancer. The Dutch Cancer Society is convinced that this number can and must be reduced. With the help of the Dutch public, we finance research, provide information and support patients. Our goal is less cancer, more cure and a better quality of life for cancer patients.

### [Organization](#)

The mission of the Dutch Cancer Society is to cut cancer rates as soon as possible and get it under control.

### [The Dutch Cancer Society in 2013](#)

What were the main events during this year?

### [Focal points](#)

The Dutch Cancer Society has devoted special attention to four focal points.

### [Facts & Figures](#)

#### **F.A.Q.: Why does the Dutch Cancer Society have money in the bank?**

“The Dutch Cancer Society had 313.4 million euros in securities and bank accounts at the end of 2013. This is an enormous amount, but the Dutch Cancer Society is holding most of it on a temporary basis because the money has already been earmarked for specific research projects and subsidies.”

## Organization

**The Dutch Cancer Society engages in fundraising activities to support its aims of less cancer, more cure and a better quality of life for cancer patients.**

### **Our mission**

To cut cancer rates as soon as possible and get it under control. We are here to help people living with cancer and those who share their lives.

### **Our goal**

Less cancer, more cure and a better quality of life for cancer patients.

### **Our organization**

The Dutch Cancer Society is a foundation; the official Dutch name of which is *Koningin Wilhelmina Fonds voor de Nederlandse Kankerbestrijding*.

The foundation consists of:

- A supervisory board, which monitors the policy of the board of management and the overall running of the foundation.
- A board of management, charged with the overall running of the foundation. The CEO/president is Michel T. Rudolphie, MBA.

### **CBF seal of approval**

The Dutch Cancer Society was one of the first charitable bodies in the Netherlands to receive the CBF seal of approval (*CBF-Keurmerk*) awarded by the *Centraal Bureau Fondsenwerving* (Central Bureau on Fundraising) as a guarantee to donors that they are dealing with a reliable organization. This occurred in 1996.

## **The Dutch Cancer Society in 2013**

### **The main events of the year**

#### **January – launch of the Smoking is so old-fashioned! (*Roken kan echt niet meer*) campaign**

This campaign, which aims to discourage the use of tobacco, achieved high awareness ratings in young people in the 15 – 35 age range. It was launched in January with support from online media, TV spots and activities at schools and festivals and with follow-up in March and September. Dutch celebrities like the rapper Yes-R, the actress Liza Sips and the singer Gordon released video clips to get the message across that smoking is no longer the smart thing to do. A survey in October showed that 84% of the target group were aware of the campaign, and that the proportion of young people in the age-range 15-19 who regard smoking as old-fashioned rose significantly from 30% in December 2012 to 46% in October 2013.

#### **April – National Dutch Cancer Society day**

About 350 visitors attended the National Dutch Cancer Society day, which was filled with presentations and workshops for volunteers. They gave this event, which is intended as a source of inspiration for people who do volunteer work for the Dutch Cancer Society, a rating of better than 8 out of 10. One of the ceremonies that took place during the day was the presentation of the Muntendam Prize for services to the fight against cancer to 63-year-old Lide van der Vegt, the founder of the Mammарosa Foundation. Mammарosa's mission is to provide information about breast cancer to as many women from ethnic minorities as possible in their own languages. While the National Dutch Cancer Society day was appreciated by those who attended it, attendance was clearly too low in our opinion. It would seem that volunteers – in particular those who have been giving their services to the Dutch Cancer Society for many years – no longer feel such a need for this national get-together with workshops and presentations. We therefore aim to change the formula in 2014 by setting up regional meetings for volunteers and a national meeting to celebrate the 65<sup>th</sup> anniversary of the Dutch Cancer Society.

#### **May – SamenLoop voor Hoop (Relay for Life)**

This 24-hour relay walk set up to raise funds for the Dutch Cancer Society was held in 20 Dutch towns and cities in 2013, and attracted 19,000 participants – a substantial rise on the 13,500 who took part last year. The amount raised grew from 1.2 million euros in 2012 to 1.7 million euros. A multimedia campaign linked with SamenLoop voor Hoop in 2013 caused public awareness of this event in the Netherlands to rise from 12% to 18%, offering an opportunity for further growth.

#### **June – Kanker.nl live**

A new central information platform and online meeting place for cancer patients, cancer survivors and their friends and relatives was set up in June under the name Kanker.nl. The organizations NFK (Dutch Federation of Cancer Patient Organizations), IKNL (Comprehensive Cancer Centre Netherlands, the expertise and quality institute for healthcare professionals in cancer and palliative care) and the Dutch Cancer Society work together to offer information for cancer patients and those close to them on this website. Kanker.nl provides two main sources of information on a single platform – a social network and a library.

#### **June – Alpe d'HuZes campaign**

Nearly 7,500 cyclists made the ascent of the French mountain Alpe d'Huez on Wednesday 5 June and

Thursday 6 June – in fact, many of them made multiple ascents. Their efforts raised a grand total of 29.2 million euros.

### **August – Inspire2Live controversy**

The leading Dutch daily *NRC Handelsblad* reported at the end of August that Coen van Veenendaal, who helped to found the Alpe d'HuZes event, was paid for his activities as project manager of Inspire2Live, an organization that facilitates and inspires people with cancer to live a healthy and happy life. This is not unusual in itself, but the news met with great public outrage because Van Veenendaal had always been a big supporter of the anti rake-off policy at Alpe d'HuZes. Shortly after this announcement, the TV current affairs programme *Nieuwsuur* devoted an issue to Inspire2Live, in which it was claimed that much of the research initiated by the organization never really got going, and that their fundraising was stagnating. This led the board of Inspire2Live to resign, and the Dutch Cancer Society to stop the subsidy from the Alpe d'HuZes Fund they had been giving this organization. The Dutch Cancer Society and Inspire2Live were embroiled in discussions about the justification for this subsidy throughout the autumn and winter. The results of this debate were published in March 2014, and the Dutch Cancer Society took over the management of the research originally set up by Inspire2Live.

### **September – Dutch Cancer Society collection week**

While the public debate about Inspire2Live was at its height, more than 100,000 Dutch Cancer Society volunteers were out on the streets for the annual door to door collection. This raised 6.4 million euros – an impressive sum, but still nearly 16% less than in 2012. The drop was probably partly due to the economic crisis and partly to the media discussion on Inspire2Live.

### **October – Dream Team**

The Dutch Cancer Society awarded 6.0 million euros to a multidisciplinary team of researchers with an international reputation, to support their joint research. This Dream Team will be working during the coming four years under the leadership of Prof. Clevers of the Hubrecht Institute (a research institute of the Royal Netherlands Academy of Arts and Sciences KNAW), who is also President of the KNAW, and Prof. Bos of the University Medical Centre UMC in Utrecht on culturing tumour tissue outside patients' bodies. The aim is to test out a wide variety of drug combinations on these tissue cultures to discover which treatments give the best results without causing hardship to patients. The Dream Team is financed by the money raised by the *Sta Op Tegen Kanker* (Stand up to Cancer) campaign.

### **November – the *Attention, please (Aandacht AUB!)* campaign**

The Dutch Cancer Society started a campaign in mid-November targeting medical specialists and oncology nurses working in hospitals. Despite all the efforts of healthcare professionals, studies have shown that cancer patients do not always receive the support they need. The aim of the *Attention please!* campaign was to use a number of comical sketches to raise awareness of the importance of good psychosocial support for cancer patients. However, these sketches achieved cult status on the internet for their comedy value, taking them completely out of their initial context. When some viewers criticized what they saw as the inappropriate nature of this comic approach to cancer, the Dutch Cancer Society shut down the whole campaign.

### **December – Cancer research prize presented by Dutch Cancer Society**

The Queen Wilhelmina Research Prize for pioneering cancer research was awarded to Prof. Ton

Schumacher of the Antoni van Leeuwenhoek hospital in Amsterdam in December. Prof. Schumacher won this prize – the most important research grant offered by the Dutch Cancer Society, with a value of two million euros - for the research he and his team are performing on the mechanism of immunotherapy and the possibility of applying this form of treatment to cancer patients. This unique investigation makes use of technology developed at the Antoni van Leeuwenhoek hospital. The prize will be presented in 2014.

## **Focal points of activities at the Dutch Cancer Society**

**Apart from its basic activities – financing research, providing information and patient support – the Dutch Cancer Society devotes extra effort to the following four focal points, which were defined for the policy period 2011-2014.**

### **1. Eradicating smoking in the Netherlands**

Stopping smoking is the best way of reducing the risk of cancer. If everyone gave up smoking in the Netherlands, the incidence of cancer would drop by 20-30% in the long term. The Dutch Cancer Society tries to increase the number of non-smokers through the provision of information and lobbying at a national and European level, and works closely together with the Smoke-free Netherlands Alliance (*Alliantie Nederland Rookvrij!*) to this end. “It’s great that our activities aimed at eradicating smoking in the Netherlands are making a real contribution to reducing the number of young people who smoke on a daily basis,” enthused Roy Meerburg, a project leader for Smoke-free Netherlands.

The Dutch Cancer Society spent 2.5 million euros on eradicating smoking in the Netherlands in 2013.

Our lobbying had the following results, among others:

- The duty on cigarettes rose by 35 cents and that on rolling tobacco by 60 cents on 1 January 2013.
- The age limit for buying tobacco rose from 16 to 18 on 1 January 2014.
- Smoking will be banned in all catering establishments, including small cafés, in July 2014.
- Stop smoking support will remain in the basic medical insurance package in 2014.

### **2. Getting research results to the patient fast**

It isn’t easy to translate knowledge gained from cancer research into new treatments for patients, because of the long multidisciplinary process – often involving many different forms of expertise – that has to be gone through, the complex regulations that have to be complied with and the high costs that are often involved.

Translational project leader Wia Timmerman works together with her team and other researchers to look for solutions to this problem: “If there really is a promising new treatment for a particular type of cancer or patient, we will have to be prepared to make this treatment applicable in practice as soon as possible.”

The existing research financing set-up was evaluated and the current field of operation was inventoried in 2013 as a basis for introduction of a new set-up. New forms of research financing and new cooperative frameworks have also been introduced, to ensure that the Dutch Cancer

Society is in a position to be optimally effective in contributing to making new treatments available for cancer patients.

In addition, the foundation has been laid for a new research support set-up in which applied research occupies an important place alongside fundamental research. This is desirable because applied research is particularly useful in the development of promising new methods. The Dutch Cancer Society is working within the framework of the European TRANSCAN (Translational Cancer Research) consortium to promote this strategy at an international level.

The Dutch Cancer Society spent 3.9 million euros on getting research results to the patient fast in 2013.

### **3. KankerNL: digital and customized**

Kanker.nl is an information platform and social network for cancer patients, cancer survivors and those close to them. About 1,000 cancer patients and survivors helped to set up this platform for the exchange of information about cancer and experiences about living with cancer. The first few months of 2013 were devoted to building the platform in combination with the running of a “test bed” where users could give feedback about the platform over a 5-month period. The test bed was designed for use by a wide variety of users – young and old, with various levels of skill in the use of the Internet. Some 40 trained volunteer experience experts acted as moderators alongside the test bed users on Kanker.nl, leading discussions and supporting users. The platform became fully operational in June 2013, under the leadership of a management team. Kanker.nl had 390,000 unique visitors in 2013, and some 2,500 people filled in a member profile.

Studies have shown that cancer patients attach great importance to the reliability of the information they receive about the disease. Close attention was therefore paid to the reliability of information right from the start of the development of Kanker.nl, and this still remains the case today. The medical information available from the website’s library at the launch was provided by the associated organizations and their stakeholders. The addition of further content to the library is centrally coordinated by the editorial board of Kanker.nl. The number of visitors to the website reflects the great need for information in this field, and the growing appreciation of the online information provided by Kanker.nl. The information from the above-mentioned organizations on Kanker.nl is combined with stories about the experience of cancer patients, carers etc. through discussions and blogs. The number of such stories to be viewed on Kanker.nl is growing steadily, but this growth naturally depends on the number of participants. The Dutch Federation of Cancer Patient Organizations NFK and the associated cancer patient organizations, together with IKNL and the Dutch Cancer Society expect the daily number of unique visitors to the website to grow to 8,000 in 2014, and the number of “members” to reach approximately 10,000.

Anyone can visit Kanker.nl, but certain parts of the website are only accessible to those who register as members and create a member profile. Members can make use of extra options, which can be accessed via a personal menu. You can store information about yourself, such as the treatments you have had and the hospitals where you have been treated, and you can post



a blog. Members receive tailor-made information based on the details included in their profile – for example, suggestions about information from the library they might like to consult and details of discussion groups they might like to participate in. Members can send one another invitations to connect and personal messages, and can take part in discussions. They can indicate at any time whether or not they want to be contacted by the Dutch Cancer Society, NFK and IKNL, and whether they are interested in taking part in trials or other forms of research. Opt-in is the default option here, so members are not signed up for anything unless they state explicitly that they want to be.

The Dutch Cancer Society spent 3.1 million euros on Kanker.nl in 2013, of which 2.3 million euros came from the Alpe d’HuZes Fund.

#### **4. Improving cancer care in the Netherlands**

Cancer patients should be able to rely on the best possible care. The Dutch Cancer Society lobbies tirelessly to achieve this ambition. We concentrate on the following three areas within this sector in our attempts to ensure even greater improvement in cancer care in the Netherlands:

- ***Transparency and allocation of tasks***, aimed at more stringent quality standards, registration of the quality of care, concentration of complex cancer care in a smaller number of facilities and transparency for patients. There is room for improvement on all these points.

“Treatments for some types of cancer, such as pancreatic cancer, cancer of the oesophagus and stomach cancer, are already being concentrated. This improves the quality of care in these fields,” said senior quality of care programme coordinator Freke Kloosterboer.

The Dutch Cancer Society promotes the concentration of care for other tumour types. “We need greater insight into the variation and quality of care to do this properly,” Freke Kloosterboer commented.

That is why the working group on Quality of Cancer Care of the Signalling Committee on Cancer (SCK) studied the quality of care for four types of cancer in 2013. This study showed for example that the treatment of thyroid cancer is still carried out in a large number of centres, and that the guidelines for treatment of prostate cancer are not yet uniformly followed by the healthcare professionals involved. The report of this study, which appeared in early January 2014, is intended to encourage hospitals and medical staff to improve the care they offer in this field.

The Dutch Cancer Society started financing 9 projects aimed at exploring the variation in and quality of care for other forms of cancer in 2013, within the framework of a call for proposals for *Mapping the quality of oncology care in the Netherlands*. The objective of this programme is to mobilize the field so as to achieve greater improvement in care.

To promote transparency for patients, the Dutch Cancer Society is investing in the development of instruments yielding information that would be useful for patients, such as a method for

measuring patient satisfaction with the care they receive in connection with radiotherapy treatment. This information could also help medical staff to improve the care they deliver.

The Dutch Cancer Society spent 0.8 million euros on transparency and allocation of tasks in 2013.

- **Psychosocial care**, aimed at a more accessible offering of high-quality psychosocial support for cancer patients. The current support leaves room for improvement.

One of the problems relating to psychosocial care is the lack of data on the effectiveness of psychological treatment. The Dutch Cancer Society issued a call for proposals relating to research projects that would yield such evidence. This produced seven proposals, of which two were approved.

The Dutch Cancer Society subsidized IPSO, the umbrella organization for day-care centres for cancer patients, to work on a joint project aimed at improving the quality, findability and efficiency of these day-care centres. It is also working together with healthcare insurer Menzis on the introduction in Dutch cancer care of the Lastmeter (*©Integraal Kankercentrum Nederland* IKNL) – a Dutch version of the English-language Distress Thermometer – which helps to measure what psychosocial problems cancer patients experience.

Spending cuts threaten to make psychosocial care for patients unaffordable. We are developing a lobbying programme for affordable psychosocial care, aimed at politicians and healthcare insurers. The Dutch Cancer Society spent a total of 2.1 million euros on psychosocial care in 2013.

- **Better cancer care for the elderly**, aimed at getting rid of the knowledge gap in this field and ensuring that the care provided for elderly patients is better suited to their condition. More than 60% of cancer patients are already older than 65, and the proportion is set to rise appreciably in the future.

The Dutch Cancer Society is working hard – as much as possible in cooperation with other bodies – to put cancer care for the elderly on the agenda of key figures in the worlds of healthcare, research and politics. We have been airing this problem on TV, radio and other media, and in meetings for healthcare professionals and researchers. A special report entitled *Cancer and the elderly - 65 reasons to invest in tomorrow today (Kanker en Ouderen - 65 redenen om vandaag te investeren in morgen)* was presented to Edith Schippers, Minister of Health, Welfare and Sport, in June, followed by a conversation with the minister in October.

The Dutch Cancer Society has also financed 12 projects aimed at bringing the care provided to elderly cancer patients more in line with their needs. One area in which there is room for improvement in this field is multidisciplinary care. The Society has also set up a study group on Cancer care for the elderly (*Werkgemeenschap Kanker en Ouderen*), in order to boost the volume of research being done in this field.

Laura Houtenbos, senior programme coordinator on Cancer care for the elderly, commented that all this promotional activities has had an effect: “The Study group on cancer care for the elderly stated in its 2013 annual report that the Dutch Cancer Society has firmly placed the need for better cancer care for elderly patients on the agendas of Dutch clinicians and researchers. Visible progress is being made in the fields of research and healthcare – and the Society is getting a reputation as an authority in this field. People are starting to approach us proactively for information about cancer care for the elderly. ”

The Dutch Cancer Society spent 1.3 million euros on cancer care for the elderly in 2013.

## Facts and figures

On average

**61%**

of cancer patients are still alive five years after the disease was first diagnosed, as compared with only 25% in 1949.

**1,467**

local branches carry on the work of the Dutch Cancer Society at grassroots level.

**More than 100,000**

volunteers devote time and energy to the work of the Dutch Cancer Society.

**1,048,201**

regular and occasionally donors gave money in 2013 to keep the activities of the Dutch Cancer Society going.

**198**

paid staff worked for the Dutch Cancer Society at the end of 2013, of whom 85% were part-time.

**148.1 million euros**

was collected in 2013.

**16.3%**

of our fundraising revenue was spent on fundraising costs.

**2.6%**

was spent on management and organization.

**74.9 million euros**

was spent on research and the training of researchers.

**26.5 million euros**

was spent on prevention and patient support.

## **Less cancer**

**We can do something to reduce our risk of getting cancer. More than 30% of cancers are preventable. One in four deaths from cancer are caused by smoking. That is something where we can make a contribution, by creating a living environment where no one smokes.**

### [Prevention policy](#)

**A new Prevention team has been set up**

### [Prevention research](#)

**Getting research results to policy-makers fast**

### [Prevention, education and lobbying](#)

**The added value of a powerful coalition**

### [Facts and Figures](#)

#### **F.A.Q.: Is there any point spending money on cancer prevention?**

“Yes. Research has shown that more than 30% of all cancers can be prevented by a healthy lifestyle, in particular by not smoking. In many cases, cancer cannot be prevented, but you can reduce your risk of getting cancer by living healthily.”

## **Prevention policy**

**Our prevention policy is based on lobbying, education and research, for example in the framework of our focal point ‘the Netherlands a smokefree zone’. The Dutch Cancer Society has had a separate Prevention team since 2013, with an annual budget of 2.3 million euros.**

We had a combined Prevention and Patient Support programme, with three active Prevention coordinators, up to 2013. During the reorganization of the Dutch Cancer Society in 2013, it was decided to set up a separate Prevention team comprising 10 professionals. “This restructuring made a big difference,” enthused Lieke van Mourik, the head of the Prevention team. “Our activities have a much greater impact now.”

Various bits of evidence indicate that there is still a big need for the Dutch Cancer Society’s prevention activities. A public opinion poll carried out by TNS Nipo in 2013 showed that people in the Netherlands are in general not very aware of the relation between cancer and alcohol, exercise and overweight. Our donors also stress the importance of prevention and education. It has been decided on the basis of field analysis that the Prevention team should focus on the following points in 2013:

- Continuing our efforts to eradicate smoking in the Netherlands.
- Adopting a more professional approach to telling people about the six major risk factors for cancer.
- Building a clear vision on early detection of cancer, focusing on research and provision of honest information about screening.
- Developing a policy on tertiary (care-related) prevention.
- Taking an active approach to management of the prevention research agenda.

### **Expanding our network**

The Dutch Cancer Society plays a leading role in encouraging people to stop smoking. But when it comes to the provision of information about other cancer risk factor such as overweight, exposure to sunlight, alcohol consumption, an unhealthy diet and lack of exercise, the most appropriate role for us is that of knowledge broker. This is because there are already various organizations that have built up considerable expertise about a particular unhealthy lifestyle and ways of avoiding it. The Dutch Cancer Society has decided that the best contribution it can make is to provide such organizations with useful information about cancer prevention or to offer them financial or other kinds of support. We share information with the following organizations and initiatives, among others:

The Healthy Weight Covenant (*Convenant Gezond Gewicht*)

The Lung Fund (*Longfonds*)

Milieudefensie (Environmental Defence League)

Ministry of Health, Welfare and Sport

The Reinout Pfeiffer Expertise Centre of the Dutch Institute for Alcohol Policy (STAP)

The National Institute for Public Health and the Environment (RIVM)

The Melanoma Foundation

The Sunwiser Foundation

Nederlandse Hartstichting (Dutch Heart Foundation)

The Smoke-free Netherlands Alliance (*Alliantie Nederland Rookvrij!*)

## **Prevention research**

**Unbiased research results lend credibility to the Dutch Cancer Society's prevention messages, and that's essential for the success of our lobbying and public education activities.**

The Prevention team was involved in a number of different studies in 2013, including:

### ***Contribution of risk factors to the development of cancer***

The Dutch Cancer Society wants to know precisely how much the six main cancer risk factors (smoking, exposure to sunlight, weight, diet, exercise and alcohol consumption) contribute to the development of cancer in the Dutch situation. We therefore commissioned the Dutch Organization for Applied Scientific Research TNO to study this topic in 2013. The results of this study, which will be presented in the second half of 2014, will be crucial for the tightening of our prevention policy.

### ***Prevention research at a European level***

The European TRANSCAN (Translational Cancer Research) consortium financed 10 research projects concerning the prevention or exacerbation of cancer in 2013. Dutch research groups were involved in six of these projects. In order to permit the financing of this large-scale research programme, the Dutch members of TRANSCAN (the Dutch Cancer Society and the Dutch Organization for Health Research and Development ZonMw) decided to raise their contribution from 1 million to 1.6 million euros.

## **Prevention, education and lobbying**

**Providing the public with information has more effect if well-known bodies who know what they are talking about support the message. That is why the Dutch Cancer Society does its best to team up with like-minded organizations in its campaign to raise awareness about cancer prevention.**

We use the following strategies and approaches, among others, to inform the public about the importance of cancer prevention:

### ***Lobbying***

Most of our lobbying in the field of Prevention focuses on encouraging people to stop smoking, largely through our activities aimed at eradicating smoking in the Netherlands. These efforts were effective, as shown by the following facts:

- Photographic warnings will be placed on cigarette packages, and the use of flavouring such as menthol in cigarettes will be forbidden.
- The ban on smoking in catering establishments will be reimposed.
- Stricter rules will be imposed on the use of electronic cigarettes.

The Dutch Cancer Society also talked to various companies about tobacco policy and corporate social responsibility in 2013. Pension provider PGGM set a good example by closing its investments in the tobacco industry – which amounted to 600 million euros – in 2013. The Dutch Cancer Society remains in discussion with other leading organizations.

### ***The Smoking is so old-fashioned! (Roken kan echt niet meer) campaign***

The Dutch Cancer Society ran its mass media campaign *Smoking is so old-fashioned!* in March and September/October 2013, with the aid of TV commercials on various channels, online ads and posters in schools and entertainment venues. Dutch rapper Marra (who appeared in the first commercial) toured schools with this message in September, and many other celebrities added their support to the campaign.

The campaign had a big impact: 84% of the target group (young people in the 15 – 35 age range) were aware of it, and it achieved a rating of 7 out of 10. A survey in October 2013 showed that the proportion of young people in the age-ranges 15-19 and 20-25 who believed that smoking is no longer the smart thing to do rose from 30% and 39% respectively in December 2012 to 46% and 47% respectively in October 2013. The number of young people who smoked on a daily basis fell from 11% in 2012 to 9% in 2013.

The campaign gave the Dutch Cancer Society a prominent profile in the world of anti-smoking campaigners targeting young Dutch people, as reflected by the above figures and by the fact that many like-minded bodies wanted to work together with us in this field.

### ***The NL Fit Operation***

The Dutch Cancer Society supported *The NL Fit Operation* in 2013. This TV programme followed five participants over a 10-week period in their attempts to achieve a healthier lifestyle. Viewers were encouraged to follow their example, and were given support – for example, in the form of information about the relation between overweight and cancer. The programme attracted an average of 500,000 unique viewers per instalment. The Dutch Cancer Society helped by providing relevant information input and by investing 25,000 euros in the programme.



### ***The Cancer Risk Test***

This test, which shows participants whether their risk of getting a given type of cancer is above or below average, was launched in 2012 with relatively little publicity. The Dutch Cancer Society devoted two publicity campaigns to the test in 2013, both of which led to a sharp rise in the number of people taking the test. Our Prevention team started a study in 2013 of the behavioural changes that may be brought about by the Cancer Risk Test.

### ***The Dutch Cancer Society cancer complaints tool***

The website [kwfklachtadvies.nl](http://kwfklachtadvies.nl), set up by the Dutch Cancer Society to provide advice for people with complaints that might indicate the presence of cancer, was shut down in 2013. People who had complaints probably related to cancer received the advice to consult their GP as soon as possible. However, qualitative studies showed that the website was not effective, while statistical analysis revealed that this approach had a negligible effect in reducing cancer mortality.

### ***Knowledge bank***

Our Prevention team started designing and building a knowledge bank in 2013. This internal digital database contains information about cancer prevention, and the aim is that the knowledge bank will help the Dutch Cancer Society to ensure that the information it provides about cancer prevention is well structured and accurate.

### ***Prevention Open Day***

Our Prevention team held an open day entitled *Meet the preventers* in Oegstgeest near Leiden in December 2013. We saw this as an opportunity to introduce our Prevention team to Dutch cancer prevention professionals and its policy.

### ***Brochure on sensible sunbathing***

The Dutch Cancer Society reviewed its brochure *Zon verstandig* (Sun wise) and reissued it in a revised version. We will be working together with other parties to increase awareness of the need for safe sunbathing in 2014, in view of the current rise in the incidence of skin cancer.

### ***Cancer prevention expertise centre***

The Dutch Cancer Society financed part of the Cancer prevention expertise centre at the Radboud University Oncology Centre (RUCO) in Nijmegen in 2013. This expertise centre has a two-fold objective: to share information about cancer prevention with healthcare professionals, patients and those close to them at the Radboud University Medical Centre and elsewhere, and to improve the lifestyle of cancer survivors and their nearest and dearest.

## Facts and figures

**9%**

of young people in the Netherlands smoked on a daily basis in 2013 – down from 11% in 2012.

**18**

is the minimum age you have to be to buy tobacco and alcohol in the Netherlands since 2013 – up from 16.

**10%**

is the proposed increase in duty on tobacco – intended as a real deterrent to smoking (this comes to more than EUR 0.50 per pack).

**500,000**

unique viewers watched each instalment of the TV programme *The NL Fit Operation*, which included information provided by the Dutch Cancer Society.

**11**

Dutch schools used an educational package provided by the Dutch Cancer Society in 2013 to support their pupils in social internships.

**61**

cancer prevention professionals attended the open day *Meet the preventers* hosted by our Prevention team.

**2**

publicity campaigns led to an immediate boost in the uptake of the Cancer Risk Test.

## **More cure**

**Scientific research offers new options in cancer control. The survival rate of cancer patients increases with the level of our knowledge of cancer. That is why the Dutch Cancer Society funds cancer research in the Netherlands.**

### [Research](#)

**What was your donation spent on?**

### [Dutch Cancer Society Alpe d'HuZes Fund](#)

**Disbursements will be guided by a spending plan from now on**

### [Professor P. Muntendam Award](#)

**Promoting the discussion of breast cancer in other languages**

### [Signalling Committee on Cancer \(SCK\)](#)

**Following the developments closely**

### [Figures](#)

**74.9 million euros**

*to research, education and training.*

### **F.A.Q.: What guides the selection of studies to be funded?**

“The Dutch Cancer Society gets hundreds of funding requests every year. In order to ensure that they are carefully appraised and the right ones are selected for funding, the Dutch Cancer Society submits them to its Scientific Council, an independent advisory council consisting of prominent Dutch physicians and oncology researchers who start by assessing the proposals for clarity, quality and feasibility. Proposals that do not meet these criteria are rejected. The Dutch Cancer Society then decides which proposals will be sent to at least two independent referees (experts in the field of the proposed study). These referees, who may be Dutch or from another country, write an assessment report for the Scientific Council which considers the importance of the research for the patient, society, the fight against cancer in general and the uniqueness of the research topic and the investigative methods used. The Scientific Council makes a final recommendation to the Dutch Cancer Society on the basis of this report, and the Board of the Dutch Cancer Society finally decides which research proposals come into consideration for funding.”

## Research

The Dutch Cancer Society spent 74.9 million euros on research, education and training in 2013, compared with a budgeted expenditure of 96.9 million euros. The main reason for the lower expenditure was that 24 million euros worth of research planned to be financed by the Alpe d'HuZes/DCS Fund in 2013 was postponed till 2014. Most of this money (21.3 million euros) was already spent in February 2014.

The regular research budget fell slightly due to a shift towards the use of earmarked funds. Thirty-six regular research proposals out of a total of 271 were approved in 2013, corresponding to a drop in the proportion of proposals approved from 16% in 2012 to 13% in 2013. The main reason for this drop was the rise in the number of relatively low-quality proposals received.

As in the previous year, a substantial part of research expenditure came from earmarked funds. This included a fixed payment by the Dutch Cancer Society to the Dutch Cancer Institute (NKI) and funding for concrete projects from the Alpe d'HuZes/DCS Fund. Many donors like to know what their donations are being spent on.

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### Expenditure on research and training in 2013

(in € thousands)

	Expenditure in 2013
Fundamental cancer research	9,753
<i>Translational and applied cancer research in the field of:</i>	
Prevention, diagnosis and treatment (including 0.8 million euros of earmarked funds from the Stand up to Cancer campaign)	14,659
Psychosocial oncology	1,895
Clinical studies	2,536
<i>Research financed from earmarked funds</i>	
Cooperation with university medical centres and NKI	1,401
Projects financed by Alpe d'HuZes Fund	10,511
NKI institutional grant	16,556
<i>Other expenditure</i>	
Education and training	5,219
International development	1,500
Translational research: Getting research results to the patient fast	3,896
Quality of Care: improved cancer care for the elderly	1,313
Quality of Care: Transparency & allocation of tasks	780
Other objectives	579
Management and administration	4,344
Total spent on scientific research, education and training in 2013	74,942

## Final reports

Eighty-three final reports were submitted in 2013. Fifty-three of these reports have been approved, and 30 are still being assessed. These reports concern the following themes:

• Fundamental research	->	22 final reports
• Translational and applied research	->	33 final reports
• Clinical studies	->	6 final reports
• Social oncology studies	->	8 final reports
• Grants Alpe d'HuZes/DCS Fund	->	1 final report
• Fellowships	->	6 final reports
• Research grants	->	7 final reports

## Education and training

The Dutch Cancer Society made 29 grants to specific individuals in 2013. The breakdown of these grants was as follows:

- 13 fellowships
- 6 research grants for junior doctors
- 5 Bas Mulder Awards (named after Bas Mulder who died of lymphoma at the age of 24, after having taken part in the Alpe d'Huez ascent for 4 years, and used to fund talented young researchers who want to develop their own research line)
- 4 grants to named individuals
- 1 scholarship (for a junior doctor with a PhD who wants to go on doing academic cancer research)

## Alpe d’HuZes/Dutch Cancer Society Fund

Nearly 7,500 participants made the gruelling trip to the summit of the Alpe d’Huez by cycle or on foot, at least once in a day on 5 and 6 June 2013 to raise money for the fight against cancer. A cheque for the total proceeds (29.1 million euros) was handed over to the Dutch Cancer Society in the autumn. This impressive result would not have been possible without the dedicated efforts of the many volunteers who devoted so much time and energy to recruiting as many donors as possible.

The Dutch Cancer Society and the Alpe d’HuZes Foundation attach great importance to effective and responsible use of the funds raised by participants and sponsors. To ensure that this is the case, the expenditure policy and procedure of the Alpe d’HuZes/DCS Fund were subjected to intense scrutiny in 2013.

As mentioned in the review of events of the year in Chapter 1, there was a great amount of discussion in the media in the course of 2013 about how the Dutch Cancer Society spends the money raised by the Alpe d’HuZes event. For this and other reasons, the Dutch Cancer Society has reviewed all expenditure made by the Alpe d’HuZes/DCS Fund and stepped up the level of scrutiny of the projects financed by the Fund where this was considered necessary.

Preparations were made in 2013 for a spending plan with room for calls for research proposals on specific themes, where applications for research funding were judged on a competitive basis. The Alpe d’HuZes Foundation, in consultation with experts from the field of cancer care, organized a conference in December 2013 to determine the research themes for the 2014 spending plan. The Dutch Cancer Society is responsible for placing the call for proposals in 2014 and assessment of the proposals received, with the aid of its patient advisory committee and its Scientific Council.

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### Accounts of Alpe d’HuZes/DCS Fund 2013 (in € millions)

<i>Balance of Alpe d’HuZes/DCS Fund as of 31 December 2012</i>		35.1
Proceeds of Alpe d’HuZes campaign 2013	29.2	
Expenditure 2013		
<u>Research, education and training</u>	10.5	
<u>Prevention and patient support</u>	0.2	
<u>KankerNL and psychosocial support</u>	2.7	
<b>Total</b>	13.4	
<i>Balance of Alpe d’HuZes/DCS Fund as of 31 December 2013</i>		50.9
A new call for research proposals was placed in 2013. The selected projects were booked in February 2014.	21.3	
<i>Balance of Alpe d’HuZes/DCS Fund as of 1 March 2014</i>		29.6

### Specification of expenditure by Alpe d’HuZes/DCS Fund

A big new call for proposals for research funded by the Alpe d’HuZes/DCS Fund was placed in May 2013. Researchers were invited to submit research proposals relating to the improvement of diagnosis and/or treatment during the care or aftercare of cancer patients and the registration of patients’ tumour data as a basis for new treatment programmes. We received no fewer than 177 preliminary proposals. After initial selection by the Dutch Cancer Society’s Scientific Council, 43

applicants were invited to submit a full research proposal. Eighteen of the proposals received in September 2013 were approved in early 2014; the total funding for these projects amounted to 18,910,163 euros.

In order to promote cooperation and the sharing of expertise, the Alpe d'HuZes/DCS Fund also funds multi-institute research programmes. Three such projects with a total budget of 4,996,885 euros were approved in 2013, and another three with a total value of 2,342,050 euros in early 2014.

Five talented young researchers were presented with a Bas Mulder Award on Alpe d'Huez on 4 June 2013. These awards represent funding for cancer research to a total amount of 3,728,010 euros.

Two further research grants in the field of diet and cancer were awarded in 2013, to Dr. A. Vrieling and Dr. F.J.B van Duijnhoven. These grants represented a total value of 1,327,700 euros. The assessment of these two research proposals had been delayed because it had been impossible to provide all the information required for assessment by the end of 2012.

An example of a programme financed by the Alpe d'HuZes/DCS Fund and rounded off in 2013 is fast diagnosis. This research project led to the introduction of fast diagnosis in 4 hospitals, while a number of other hospitals were inspired by this programme to start up their own fast diagnosis systems.

## **Prof. P. Muntendam Award**

**The Dutch Cancer Society has awarded the 39th Prof. P. Muntendam Award, worth 50,000 euros, to Lide van der Vegt, founder of the Mammarosa Foundation, in recognition for her work in providing women from ethnic minorities with information about breast cancer in their own language.**

Lide founded Mammarosa in 2004. This volunteer-run organization provides as many women from ethnic minorities as possible with information about breast cancer in their own language. Such information is very important for this target group, since many first-generation migrant women have a poor command of Dutch and a low educational level or may even be illiterate.

Mammarosa has developed a website with basic information about breast cancer in 12 different languages, which is enough to reach roughly 80% of migrant women. Lide van der Vegt's foundation brings migrant women who have breast cancer into contact with others in the same situation and gives them sorely needed information. It breaks the taboo on the discussion of breast cancer often found in these circles, and can help to involve husbands and other family members in these difficult situations.

The Dutch Cancer Society awards the Prof. P. Muntendam Award annually to people who have made a special contribution to the fight against cancer in the Netherlands. The prize consists of a certificate, a medal and sum of 50,000 euros to be spent on some objective related to the fight against cancer to be designated by the winner.



## **Signalling Committee on Cancer (SCK)**

**The field of cancer care is subject to constant rapid change. The Dutch Cancer Society maps relevant developments in this field and adapts its policy accordingly.**

The Signalling Committee on Cancer (SCK) is a committee of the Dutch Cancer Society's Scientific Council that has the task of identifying and reporting on significant developments in cancer care. SCK reports survey the progress made in various scientific sectors of cancer control, and contribute to the formulation, coordination and adaptation of policy in this field.

SCK worked on the following three reports in 2013, which will be issued in 2014:

- 'Quality of cancer care in the Netherlands: progress made and a look at the future'
- 'Early detection of oesophageal cancer, pancreatic cancer and ovarian cancer'
- 'Access to expensive cancer drugs'

Furthermore, advisory bureau ZorgmarktAdvies was commissioned by SCK to write a report on the functioning of transmural multidisciplinary teams in palliative care for cancer patients.

## **Facts and figures**

### **74.9 million euros**

spent by Dutch Cancer Society on scientific research, education and training in 2013.

### **50,000 euros**

awarded to Lide van der Vegt, founder of the Mammarosa Foundation, as part of the Muntendam Award.

### **29**

grants to named individuals by Dutch Cancer Society in 2013.

### **88**

final reports approved by Dutch Cancer Society's Scientific Council in 2013.

### **36**

regular research proposals approved in 2013 out of a total of 271 submitted.

## **Better quality of life**

**Within the framework of our drive for higher survival rates and a better quality of life, the Dutch Cancer Society wants to give patients more say over the care they receive. That's why we provide patients with clear information, practical support and the possibility of representation in various decision-making bodies.**

### [Patient participation](#)

**Valuable and constantly developing**

### [Patient support](#)

**Subsidies for innovative ideas**

### [One strong patients' movement](#)

**Quality comes first**

### [Figures](#)

**3.1 million euros**

*was the amount the Dutch Cancer Society spent on cancer patients' organizations.*

### **F.A.Q.: Can the Dutch Cancer Society tell me which hospital is best?**

“Yes and no. There is no such thing as the best hospital for every patient, because views differ about what is important and which type of care is best. But there are quality standards for many types of cancer – that is, cancer care requirements that have to be met by hospitals. The Dutch Cancer Society does provide information about such issues. If a hospital does not comply with these standards, it must refer patients to hospitals that do.”

## **Patient participation**

**Cancer patients and cancer survivors who make recommendations about research funded by the Dutch Cancer Society make a valuable contribution to the achievement of our aims. The Dutch Cancer Society expanded the scope of its activities in the field of patient participation in 2013.**

Our volunteer-based Patient Advisory Committee on Research (PACO) was mainly engaged in assessing clinical research proposals before 2013. Last year, the Dutch Cancer Society also involved PACO members in other issues:

*Cancer care for the elderly* – PACO members aged 65 or over made recommendations about the policy to be followed in our focal activities on cancer care for the elderly in October 2013. These recommendations proved to be so useful that this approach will be repeated in 2014.

*Translational research* – PACO members were given an advisory role in 2013 in a translational research funding programme set up by the Dutch Organization for Health Research and Development ZonMw and the Dutch consortium of healthcare foundations (*Samenwerkende GezondheidsFondsen*, SGF). The Dutch Cancer Society was one of the members of the consortium that took part in this programme. “PACO members had an important voice in the preliminary round of this programme,” explained Anneloes Roelofsen, policy officer for patient participation at the Dutch Cancer Society. “Research proposals that were regarded as irrelevant did not get beyond this preliminary phase.” PACO will also be involved in the assessment of the final proposals in 2014.

*Innovative projects* – The Dutch Cancer Society introduced a new grant to encourage projects aimed at improving patient support in 2013. PACO was given a pivotal role in the assessment of the grant applications submitted. Its recommendations were passed on to the Dutch Cancer Society’s Advisory Committee on Prevention & Patient Support.

We are constantly on the look-out for new members of PACO, since the Dutch Cancer Society is increasingly involving this body in research funding. These new members are recruited via the Dutch Federation of Cancer Patient Organizations NFK and the Dutch Cancer Society’s social media channels. They have to attend a training course on the assessment of research proposals. PACO currently has 43 members. “We had a new recruitment drive in 2013,” said Anneloes Roelofsen. “A lot of applicants for membership signed up. We are very grateful to all these people who are prepared to devote so much time and energy to the work of PACO.”

## **Patient support**

**The Dutch Cancer Society regularly receives suggestions about possible ways of improving the support offered to cancer patients and/or those near to them. In 2013 it established a scheme aimed at financing projects set up to put such ideas into practice.**

This new scheme, known as the Incentive Grant for New Patient Support Initiatives, is intended to fund the implementation of ideas aimed at improving the quality of life of cancer patients. The proposals must supplement existing initiatives. "We are looking for ideas that make a difference and that offer added value compared with existing approaches," explained Corinne Hinlopen, patient support programme coordinator at the Dutch Cancer Society.

We evaluated 12 project proposals in this field in November 2013, and approved the following three:

- a booklet containing stories about the experience of people with mental health problems who develop cancer;
- the latest issue of a series of documentaries about young volunteer carers;
- animations and video clips for the NET group, the foundation for patients with neuro-endocrine carcinomas and tumours.

The total funding for these three projects amounted to 87,000 euros. "We had earmarked 200,000 euros for two funding rounds in 2013," said Corinne Hinlopen, "but since this new form of financing had only started up in 2013, we only had time for one round."

Apart from this new funding arrangement, the Dutch Cancer Society continued to provide information to cancer patients and those close to them in 2013. The Cancer Help Line answered nearly 7,000 questions, more than 5,200 by phone and the rest by e-mail. We distributed more than 350,000 copies of the nearly 60 different brochures we produce. Hospitals play a large part in this distribution.

## **One strong patient movement**

The Dutch Cancer Society spent 3.1 million euros in 2013 on subsidies for 24 cancer patient organizations in the Netherlands and their umbrella organization NFK. In addition, it spent 217,000 euros on funding for projects aimed at supporting the work of such organizations.

The Dutch Cancer Society offers structural support to cancer patient organizations in the Netherlands. The organizations use the subsidies they receive to fund the provision of information for patients, helping patients to contact others in a similar situation and representing the interests of their members. Until 2012, the level of the subsidy an organization received from the Dutch Cancer Society was proportional to the number of members it had. "But this was not a good way of dividing up the available funds," explained patient support programme coordinator Miranda Freriks. "The number of members is not the best measure of the scope of a patient organization. What matters is the quality of the activities performed by the organization."

The Dutch Cancer Society therefore formulated four quality profiles to represent the differences between the various patient organizations. The quality profile that gives the best match for a given organization shows which requirements the organization already meets and where there is room for improvement. It also provides a better basis for support from the Dutch Cancer Society: the higher the profile, the more subsidy the organization received. "It took some time for a number of patient organizations to get used to the idea of aiming for concrete results," said Miranda Freriks. "But the new approach is starting to bear fruit now: we see real improvements in the quality of their offerings and in their coverage of the target group."

If patient organizations need extra help to deal with a particular problem or to devote more attention to a theme that has been neglected in the past, they can apply for a "customized subsidy" for an improvement project.

### **Subsidy to NFK**

The Dutch Federation of Cancer Patient Organizations (NFK) received a basic grant of 949,000 euros from the Dutch Cancer Society in 2013, and a total of 250,000 euros in subsidy for specific projects.

There is a long history of cooperation between the individual patient organizations, NFK and the Dutch Cancer Society. However, changes in the fields of oncology and patient support led the Dutch Cancer Society and NFK to review the basis of their cooperation in 2013. The results of their deliberations was laid down in a vision document that advocates the setting up of a single strong cancer patient movement. This document will guide the reshaping of the cooperation between the parties in 2014.

## **Facts and figures**

**4**

profiles formulated by the Dutch Cancer Society enabled it to assess quality differences between cancer patient organizations.

**3.1 million euros**

were spent by the Dutch Cancer Society on cancer patient organizations in 2013. In addition, we awarded 217,000 euros in customized subsidies.

**28**

cancer patients and cancer survivors joined the Patient Advisory Committee on Research (PACO) in 2013.

**60**

cancer patients responded to the Dutch Cancer Society's recruitment drive for PACO in 2013.

**12**

cancer patient organizations measured how satisfied their members were with the quality of their activities.

**3**

innovative patient support proposals were awarded incentive grants in 2013, out of a total of 12 proposals submitted.

## **Volunteers**

**Our volunteers represent the link between the Dutch Cancer Society and society. We currently have some 100,000 people who assist us on a voluntary basis in the fight against cancer. We are very grateful for the grassroots support they provide, and we do a lot to preserve it.**

### [Volunteers and policy](#)

**New mergers between our branches have been announced**

### [Big campaigns](#)

**Greater insight into the wishes of our sponsors**

### [Figures](#)

**30.8 million euros**

*were raised by our top 5 campaigns.*

### **F.A.Q.: How are the funds raised, spent?**

“After deduction of the costs, each euro raised by the Dutch Cancer Society yields 85 cents that are used to fund our main objectives: scientific research, education and training, provision of information and patient support.”



## **Volunteers and policy**

**The Dutch Cancer Society currently has more than 100,000 volunteers working actively to support our aims throughout the Netherlands. In order to be able to deploy these volunteers more effectively at a local and regional level, we started merging our local branches in 2012. Their number has now been reduced from the original 1,605 to 1,467.**

The objective of this reorganization is to create sturdy, independent branches of the Dutch Cancer Society that are better known at a regional level. This will enable our volunteers to present a unified front when dealing with schools and companies or organizing publicity campaigns and events.

The number of branches is expected to fall to about 700 by the end of 2014. It is not yet known whether this will have any effect on the total number of volunteers.

### **Collectors**

The Dutch Cancer Society's 2010 annual report underlined the need to recruit more young collectors. "Our current generation of collectors is getting older, and we have to replace them by a new crop." A recruitment campaign in April/May 2013 yielded 2,300 new collectors.

Nevertheless, receipts from the annual collection campaign have been falling gradually since 2008. "Other good causes have noticed a similar reduction in their income," said volunteer team leader Rina Noorlander. "The Dutch Cancer Society's takings have dropped by about 3% per annum since 2008." The very large drop in receipts in 2013 - 15.8% - was probably partly due to the economic crisis and partly to the concerns about Alpe d'HuZes raised in the media.

### **Versatile volunteers**

The Dutch Cancer Society has been looking since 2012 for volunteers of a new type, who want to do more than just go around collecting money. Rina Noorlander explained, "I notice that young people are more inclined to take the initiative themselves, and are keen to set up a campaign, for example. Nevertheless, collecting money remains an important basic activity for the local branches." The Dutch Cancer Society held information and motivational meetings in various branches in 2013, in order to get across the ideas of versatile volunteers and merging branches.

In addition, the Dutch Cancer Society called in the help of the SESAM Academy – an advice bureau for voluntary organizations – to support the process of change. SESAM supplies consultants aged 55 or over who make their know-how and experience available free of charge. About 30 such consultants have been working in local branches of the Dutch Cancer Society since the 4<sup>th</sup> quarter of 2013 to help members to cope with the new operational policy.

### **Public relations policy for branches**

The Dutch Cancer Society drew up a new public relations policy in 2013, in consultation with the local branches. This seemed necessary because both the local branches and the central organization have relations with collectors, companies and society, among others. Agreements were therefore made about who should provide information on which topics.

A public relations toolkit has also been developed, with tips about how to create a Facebook page or a Twitter account, how to make visiting cards and similar matters. Furthermore, the toolkit explains the house style to be used by branches.

## Big campaigns

The Dutch Cancer Society makes a distinction between the big campaigns it organizes itself and those set up by third parties.

*Those organized by the Dutch Cancer Society*

- Stand Up to Cancer (*Sta Op Tegen Kanker*)
- *SamenLoop voor Hoop* (Relay for Life)

*Third-party campaigns*

- Alpe d’HuZes
- Fight cancer
- Ride for the Roses
- Mont Ventoux
- ColSensation
- Kippenloop Katwijk

The Dutch Cancer Society has made further investments in its relations with the organizations that raise funds for us in 2013. As fundraiser Liesbeth van Biezen put it, “Closer cooperation allows us to offer greater support in the areas of fundraising, PR and communication.”

The Dutch Cancer Society also created links between the various fundraising initiatives, for the purposes of mutual inspiration and the sharing of know-how and experience. This makes sense, because many campaigns have the same basic nature even though each one definitely has its own identity.

We also worked on strengthening public awareness of our image during the big campaigns. For example, we asked Alpe d’HuZes and the Ride for the Roses to devote explicit attention to our *Nederland Rookvrij!* campaign to eradicate smoking in the Netherlands.

The big third-party campaigns raised 30.8 million euros in 2013. “It’s inspiring to see so many volunteers making such an effort to raise so much money for a good cause,” enthused Liesbeth van Biezen.

## **Sta Op Tegen Kanker (Stand up to Cancer)**

Many smaller fundraising events in support of the work of the Dutch Cancer Society were held throughout the Netherlands in 2013, as in previous years. Some 800 such events are registered on the online platform *Sta Op Tegen Kanker*. The money raised by these events is used to fund translational research – the type of research that aims to develop clinical applications on the basis of new discoveries made in the laboratory so that patients get the benefit of this work as soon as possible.

There is usually also a *Sta Op Tegen Kanker* TV programme every year. This lively programme presents progress in cancer control, news of fundraising events and viewers are urged to become donors. However, the programme planned for 2013 has been postponed till 2014 because it was felt that the victims of the typhoon in the Philippines had a higher priority. Since this programme makes a big contribution to the receipts of the *Sta Op Tegen Kanker* campaign, the annual accounts of this campaign for 2013 are included in the 2014 annual report.

A few examples of the local fundraising events held in the framework of *Sta Op Tegen Kanker* are given below:

- Primary school *de Achterhoek* in Amsterdam held a sponsored run and raised more than 3,600 euros.
- The organizers of the *Batavierenloop* in Nijmegen – the biggest relay race for students in the world – urged the participants to collect money for the Dutch Cancer Society. This event raised more than 9,800 euros.
- The *Harderwijk Volleyball Club* played for a record 100 hours on end, and raised more than 25,000 euros.
- *Vitesse Football Club* in Arnhem played a benefit match for their former star player Theo Bos, who died of pancreatic cancer in 2013, and asked spectators to make a donation to the Dutch Cancer Society. This raised more than 6,000 euros. We already have a long-standing relationship with *Vitesse*, including an annual collection to support the fight against cancer. *Vitesse* makes a contribution in other ways too, for example by providing their supporters with information about a healthy lifestyle.

## **SamenLoop voor Hoop (Relay for Life)**

SamenLoop voor Hoop is a 24-hour relay walk, where teams of 10 - 15 participants walk round a playing field or a park, or follow a marked route through the town. A collection for the Dutch Cancer Society is made during the event, but raising public awareness of cancer and promoting discussion of the disease and what can be done to help cancer patients is an equally important aspect.

The Dutch Cancer Society aimed to hold 24 Relays for Life in various Dutch towns and cities in 2013, and to raise 1.9 million euros from this activity. In fact, we managed to hold 20 such events, which raised a total of 1.7 million euros – up from 1.2 million euros in 2012.

The number of participants also grew, from nearly 14,000 in 2012 to about 19,000 in 2013. “We think there is a lot of interest in this event outside the locations where it is held at present,” said event coordinator Vivian Aafjes. “It should prove possible to expand the scope of this campaign in future.” The Dutch Cancer Society hopes to hold 28 Relays for Life in 2014, and to raise a total of 2.4 million euros.

We have noticed that plans for new local organization committees sometimes do not get off ground, even though the interest is there. To deal with this situation, the Dutch Cancer Society made arrangements in the summer of 2013 to recruit 17 Relay for Life coordinators – experienced volunteers (often former chairmen of SamenLoop voor Hoop committees) who can guide the first steps of fledgling committees. Since they represent the Dutch Cancer Society, they form an important link between the central organization and the new SamenLoop voor Hoop committee.

“They give committee members useful tips – for example, reminding them to apply in plenty of time to the municipal council for the permit required to hold an event,” explained Vivian Aafjes. “People are very happy with this new approach, especially because of the sharing of know-how involved. These experienced volunteers really know what they are talking about, and they often help the new committee to get their message across much better.”

## **Alpe d'HuZes**

The annual Alpe d'Huez ascent in June 2013 raised more than 29 million euros, making the Alpe d'HuZes Foundation our biggest fundraising partner. Although this result was not quite as good as the record takings of 32.1 million euros in 2012, this event remains very impressive in terms of the number of participants (both cyclists and walkers) and the amount raised for the fight against cancer.

## **Fight cancer**

*Fight cancer*, the offshoot of the Dutch Cancer Society specially designed to suit the tastes and mentality of young adults, became an independent foundation on 1 November 2013. After having been part of the Dutch Cancer Society for more than 5 years, the success it had achieved among other factors led to the decision that the time had come for it to stand on its own feet.

Entrepreneurs with a social conscience and enthusiastic volunteers will help to make *Fight cancer* a more professional organization in the years to come. The Supervisory Board and statutory agreements with the Dutch Cancer Society will continue to provide links between the two organizations. Furthermore, all donations to *Fight cancer* will still go to fund the Dutch Cancer Society's scientific cancer research, patient support and prevention projects.

*Fight cancer* raised a total of more than 2 million euros in 2013 – 1.7 million of this before 1 November, while it was still part of the Dutch Cancer Society, and 0.3 million after that date, when it had become an independent foundation. This was slightly better than the performance in 2012, when *Fight cancer* raised 1.9 million euros.

## Facts and figures

### **30.8 million euros**

was raised for the Dutch Cancer Society by the top 5 fundraising campaigns in 2103 (Alpe d'HuZes, Ride for the Roses, Mont Ventoux, the Katwijk Chicken Run (Kippenloop Katwijk) and ColSensation).

### **100,000**

volunteers are engaged in fundraising and other activities for the Dutch Cancer Society.

### **29.2 million euros**

were raised by the Alpe d'HuZes campaign.

### **926,000 euros**

were raised by the Ride for the Roses; this sum went towards the 2 million euro Queen Wilhelmina Research Prize for 2014.

### **125,000 euros**

were raised by the Katwijk Chicken Run in 2013.

### **403,000 euros**

were raised for the Dutch Cancer Society by the ascent of Mont Ventoux.

### **6.4 million euros**

were raised by the annual collection in 2013. The amount collected has been falling slightly in recent years: it was 7.6 million euros in 2012 and 7.9 million euros in 2011.

### **171,000 euros**

were raised by the ColSensation campaign in 2013.

### **19,000**

participants took part in SamenLoop voor Hoop in 2013.

### **10.5 million euros**

raised by the Alpe d'HuZes Foundation were spent in 2013

### **800**

smaller fundraising events to support the fight against cancer are registered on the online platform Sta Op Tegen Kanker.

### **2,300**

new collectors were recruited in 2013.

## **Donors**

**Our donors allow the Dutch Cancer Society to make a real difference in the fight against cancer and to achieve our ambitions of less cancer, more cure and a better quality of life for cancer patients.**

### [Donors](#)

**Generosity is a valued asset we need to preserve**

### [Legacies](#)

**Bequests give valuable support to our work**

### [Partnerships](#)

**Emphasis on shared ambitions and objectives**

### [Corporate donors](#)

**245 new companies have joined the ranks of our corporate donors**

### [Figures](#)

**39 million euros**

*in legacies remain one of our largest sources of income.*

## **F.A.Q.: Why do you ask people to give long-term support while I would prefer to give a one-off donation?**

“Of course, one-off donations are very welcome too. But the funding of the fight against cancer needs a lot of money, and if you make a commitment to make regular donations over a long period of time that gives us more security in the financing of long-term projects. Besides, direct debits involve lower administration costs and that leaves more over to devote to the fight against cancer.”



## **Donors**

**The Dutch Cancer Society aimed to raise 41.6 million euros from donations in 2013. In fact, we did even better than that: our donors contributed a total of 42.2 million euros.**

Arnoud Markus, the new leader of the Donors team since December 2013, has a lot of experience in the fields of loyalty and customer relations. With his aid, the Dutch Cancer Society will be able to achieve its ambition of paying more attention to strengthening the links with our grass-roots supporters.

The Dutch Cancer Society needs to build up more sustainable relationships with its donors. Fundraiser Gerda Polderman explained: “We hope to boost the involvements of our donors by adopting a more customer-oriented approach.” The Dutch Cancer Society hopes that this approach will also strengthen the links with our supporters. The number of direct debit authorizations for donations to the Dutch Cancer Society fell slightly last year, by somewhat more than 7,000. This was mainly because of the postponement of our *Sta Op Tegen Kanker* TV show.

### **Lottery**

The Donors team managed to raise 10.2 million euros from the Dutch Cancer Society lottery – slightly in excess of the target – despite a number of setbacks. Firstly, the *Sta Op Tegen Kanker* TV show planned for 2013 had to be postponed to make way for a programme broadcast to raise awareness of the plight of the victims of the typhoon in the Philippines, and to raise funds for relief operations. Furthermore, the Donors team was unable to use a new fundraising channel on the Dutch Cancer Society’s website kwf.nl until 1 November 2013 when the new version of the website became operational – later than originally planned.

## **Legacies**

**The Dutch Cancer Society was the beneficiary of 815 bequests in 2013. That is about 40 more than in previous years.**

Such bequests, worth 39.0 million euros in 2013, are one of the Dutch Cancer Society's main sources of income. However, as fundraiser Ellen Coster explained, it is difficult to predict how much money can be raised in this way. "People's houses often represent a large part of their wealth in the Netherlands. These have to be sold before the value tied up in them can be realized, and the Dutch housing market is volatile."

Ellen Coster is satisfied with the results for 2013, but she is well aware that each time we benefit from a bequest, we also lose someone who was a keen supporter of cancer research. "We are very grateful to all those who leave the Dutch Cancer Society something in their will, thus making a very special contribution to the achievement of our aims."

### **Encouraging people to remember the Dutch Cancer Society in their will**

In 2010, the Dutch Cancer Society introduced a useful new tool for increasing the number of bequests it receives: the legacy file (*erfenisdossier* in Dutch). This is a digital file that helps people to plan in advance all the formalities that have to be taken care of when someone dies, and to record for example who the contents of the house, specific items of jewellery and other possessions are to be left to. The legacy file simplifies the job of disposing of someone's assets at the end of their life, and can be obtained free of charge from our website [kwf.nl](http://kwf.nl). It also mentions the possibility of making a bequest to the Dutch Cancer Society, and explains how this can be done.

Some 55,000 legacy files have been requested since they were first introduced. "Many people who requested a legacy file in 2013 contacted us with queries or comments," said Ellen Coster. "It is impossible to determine at present whether these talks actually led to an increase in the number of bequests made to the Dutch Cancer Society."

## **Partnerships**

**The fight against cancer can only be won through the united efforts of many different parties. Working together with others helps the Dutch Cancer Society to boost the impact and effectiveness of its fundraising activities and the way it spends the money it raises. These considerations led us to put a stronger emphasis on shared ambitions and objectives in 2013.**

Partnerships allowed us to raise 2.8 million euros in 2013 – more than our target of 2.1 million euros. “We set our sights low, just to be on the safe side,” explained Partnerships manager Jurriaan Callenbach. “To mention just one example, the Antoni van Leeuwenhoek initiative. The objective was to raise public awareness and to boost fundraising. This was a very interesting initiative, but there has been very little experience of this kind of approach in the Netherlands, so we had no idea how successful it would be.”

A number of potential partnerships were explored in 2013. This led to one new partnership between the Dutch Cancer Society and Leiden University Medical Centre (LUMC). We also explored the extent to which we share ambitions and objectives with all the other university medical centres in the Netherlands with which we already have links, in order to see whether the existing partnerships could be expanded or strengthened.

### **Examples of joint fundraising activities with Dutch university medical centres**

Cancer Research Fund for Limburg (with Maastricht University Medical Centre and the Limburg Health Foundation in Maastricht)

LUMC Cancer Fund (with Leiden University Medical Centre)

Antoni van Leeuwenhoek Foundation (with Antoni van Leeuwenhoek hospital in Amsterdam)

UMCG Cancer Research Fund (with Groningen University Medical Centre)

Radboud Oncology Fund (with Radboud University Medical Centre in Nijmegen)

## **Corporate donors**

**We are glad that many companies support our activities as part of their policy of corporate social responsibility. Corporate donors contributed 3.0 million euros to our funding in 2013.**

Our close cooperation with energy provider Essent and healthcare insurer Menzis, who have adopted some of our projects, has continued in 2013.

The Dutch Cancer Society added 245 dedicated new members to our list of 'corporate friends' in 2013. As a result, the membership of our Community of Corporate Friends now stands at 400. These businesses support long-term scientific research.

We expected corporate funding for our activities to amount to 3.9 million euros in 2013, though the exact amount is hard to predict in advance. "Many companies have seen their revenue fall due to disappointing trading results," explained fundraiser Willemijn van den Berg, "and it goes without saying that the Dutch Cancer Society will also feel this downward trend. Still, it is very encouraging that so many companies continue to support us in these difficult times."

The Dutch Cancer Society will be starting a campaign entitled "Cancer at the workplace" for corporate donors and their employees in 2014. This addresses the important question, "What do you do if one of your employees or colleagues gets cancer?" Preparations for this campaign, which combines the provision of information and fundraising, were made in 2013.

**Our corporate donors include the following companies:**

Essent  
Menzis  
DIDI  
HEMA  
Hunkemöller  
Kruidvat  
Philips

## **Facts and figures**

### **39.0 million euros**

was the impressive sum raised from bequests in 2013.

### **10.2 million euros**

were raised by the Dutch Cancer Society lottery.

### **55,000**

legacy files have been sent out since the end of 2010.

### **400**

Corporate Friends support the Dutch Cancer Society. Each one pledges to donate at least 4,000 euros over a 2-year period.

### **1.5 million euros**

were raised in various events organized to celebrate the centenary of the Antoni van Leeuwenhoek hospital in Amsterdam.

### **46,000 euros**

is the average value of a bequest to the Dutch Cancer Society.

### **245**

new members were added to our Community of Corporate Friends in 2013.

# Accountability

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## **Accountability**

### **Supervisory Board, Board of Management and organization**

#### **Statement of accountability**

The Dutch Cancer Society subscribes to the three core principles of good management that have to be met before the CBF seal of approval can be granted. The present annual report renders an account of the way in which the Dutch Cancer Society:

- ensures proper management and supervision of its activities;
- guarantees the effectiveness and efficiency of the expenditure of its resources;
- optimizes its relationship with stakeholders.

#### **Effectiveness and efficiency**

The activities of the Dutch Cancer Society in 2013 were guided by the policy vision for the period 2011-2014, in which the objectives and spearheads for this period are laid down. These objectives are translated into activities in the annual planning cycle: each year, an annual plan with the corresponding budget is drawn up on the basis of evaluation of the previous year's results and the objectives from the policy vision that need to be implemented. This is then discussed and approved by the management team and the Supervisory Board.

After the new policy vision had been approved, the Strategic Map in which the points of departure and objectives for the period up to 2014 are laid down was updated. This map was then translated into *key performance indicators* (KPIs) for each part of the organization.

#### **Optimizing the relationship with stakeholders**

The mission of the Dutch Cancer Society is to cut cancer rates as soon as possible and get it under control. We are here to help people who are living with cancer and those who share their lives. Our aim 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 undertake.

The Dutch Cancer Society is guided in all its activities by a number of advisory councils and committees. The appropriate body in the field of scientific research is the Scientific Council. The Social Council for Cancer Control links the organization with wider Dutch society, and the Advisory Committee on Prevention & Patient Support (ACPP) advises on matters concerning prevention and patient support.

In addition, cooperative structures are in place between the Dutch Cancer Society and its strategic partners:

- the Antoni van Leeuwenhoek hospital and the Dutch Cancer Institute (NKI);
- the various cancer patient organizations;
- the Alpe d'HuZes Foundation.

There are also ad-hoc relationships with many other stakeholders such as research institutes and healthcare establishments, healthcare foundations and bodies engaged in fundraising on behalf of the Dutch Cancer Society.

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).

### **Supervisory Board**

Composition of the Supervisory Board:

Chairman

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

Vice-chairman

Prof. J. (Jaap) Verweij, vice-chairman since 2011.

Speciality: scientific research and healthcare.

Position: Dean and Vice-chairman of Board of Management, Erasmus Medical Centre, Rotterdam

Financial compliance officer

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

Speciality: finance.

Position: Director of Rabobank Nederland, Utrecht.

Member

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

Speciality: Marketing consultant.

Member

Prof. T. (Tanja) Bender, member since 2012.

Speciality: law.

Position: Professor of International Tax Law, Leiden University; tax partner PwC.

### **Report of the Supervisory Board for 2013**

The Supervisory Board met 6 times in 2013. Much time was spent on drawing up the annual plan, the budget and the annual accounts. In addition, the Board played an important advisory and supporting role during the reorganization of the Dutch Cancer Society. It also devoted some time to a number of themes of importance to the Dutch Cancer Society such as complaints management and public affairs. Members of the Supervisory Board participate regularly in activities of the Dutch Cancer Society. For example, during the National Day of the Dutch Cancer Society held on 20 April 2013 at the Papendal Conference Centre in Arnhem, chairmen of local departments, contacts and other volunteers were invited to attend a meeting of the Supervisory Board and the Board of Management where an account was given of the last year's activities and key figures and planned objectives (particularly in the field of fundraising) for the coming year were presented.

Members of the Supervisory Board engage in regular consultations with the management team, the Employee Council and the various advisory councils and committees. They also regularly put in an appearance during the handing over of cheques representing major donations to the Society and a variety of fundraising and other events.



### **Annual audit**

The Supervisory Board has commissioned KPMG Accountants from Amstelveen to audit the Society's annual accounts. The audit is performed under the overall responsibility of S. (Sietze) Haringa RA, a partner at KPMG.

The auditor checks the accuracy of the records presented to him, compliance with accounting standards and the soundness of the financial practices and internal controls, and records his findings in the audit report.

The findings and recommendations arising from the audit are laid down in a letter to management and the Audit Committee, and the auditor will discuss the key points with these parties.

### **CEO & president**

Michel T. Rudolphie, MBA, is CEO & president of the Dutch Cancer Society.

He is responsible for the day-to-day running of the Dutch Cancer Society, and reports to the Supervisory Board.

### **Emolument of the managing director**

The managing director's salary for 2013 was 146,486, including holiday allowance. The only adjustment made to this salary in recent years was one to take inflation into account. Social security and pension contributions amounted to €29,288, while other benefits and expenses amounted to €2,939. The Dutch Cancer Society engages in a wide range of activities in the field of cancer control, from the financing of cancer research to prevention and patient support. It is a large organization, with a staffing level of 167 FTE and more than 100,000 volunteers. The managing director has overall responsibility for all the Society's activities and is supported by a management team with four members, who are responsible for expenditure on the Society's objectives, fundraising, strategy & corporate communication and finance & operations. The managing director also supervises the work of the HR manager. Leading an organization like the Dutch Cancer Society demands a high level of decisiveness and expertise, and the salary of the managing director must reflect the responsibilities he has to bear.

The Dutch Cancer Society is a private organization with only a very small subsidy from government and other sources amounting to €375,000.

We consider it important that our managing director's salary should comply with the relevant norms. The two main guidelines in this field are the Balkenende standard – later replaced by the Normalization of Top Incomes Act (*Wet normering topinkomens*, WNT) – and the standard laid down by the Association of Dutch Fundraisers (*Vereniging van Fondsenwervende Instellingen*, VFI). The Balkenende standard, named after the former Dutch Prime Minister Jan Peter Balkenende and established after a public outcry about the high salaries paid to Dutch public administrators, was a voluntary agreement dating from 2006 that no public administrator should be paid more than 130 per cent of the salary of a government minister. This was replaced in January 2013 by the WNT, which currently sets a maximum annual income of €228,559 for public administrators.

The VFI standard regulates the salary, including holiday allowance and end-of-year bonus (which the managing director of the Dutch Cancer Society does not receive). It takes the level of responsibility associated with the position and the size and complexity of the organization into account. The Dutch

Cancer Society falls into the top category, where the maximum annual salary before tax, not including social security and pension contributions and other benefits and expenses, is set at €158,115. It follows that our managing director's salary of €146,486 is well below the limit set by these two standards.

### **Management team**

The managing director is assisted by a management team (MT) made up of the heads of the units into which he has divided the office.

Composition of the MT as of 31 December 2013

Manager Prevention, treatment and Support

Sandra Kloezen

Manager Fundraising

Jan-Willem Förch

Interim Manager Finance & Operations

Ruud Kamphuis

Manager Strategy & Corporate Communications

Stan Termeer

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## **Advisory councils and committees**

### **Scientific Council of the Dutch Cancer Society (WR)**

The Scientific Council advises the management of the Dutch Cancer Society and arranges for the assessment 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.

### **Composition of the Scientific Council**

As of 31 December 2013, the Scientific Council consisted of a Presidium and the following six standing committees: the Fundamental Cancer Research Committee, the Translational & Applied Research Committee, the Clinical Studies Committee, the Psychosocial Research Committee, the Alpe d'HuZes Committee and the Signalling Committee on Cancer (SCK).

### **Chairman of the WR Presidium**

Emile Voest, professor of Medical Oncology at Utrecht University Medical Centre.

## **Social Council**

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

The Social Council consists of volunteers with experience of how the policy of the Dutch Cancer Society is implemented. Apart from membership of the Social Council, many members are also active in other volunteer activities for the Dutch Cancer Society or possess specialized knowledge and experience that may be useful for the functioning of the Social Council. The activities of the Social Council take place in a number of committees. There were committees on Strategy & Planning, Volunteers, Finance, Earmarked Expenditure and Composition of the Social Council in 2013.

### **Tasks of the Social Council**

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

In addition, the Social Council advises management on matters relating to volunteer policy, in particular on the division of the Dutch Cancer Society into branches and the articles of association of individual branches. Other topics on which the Social Council gives recommendations, on request and on its own initiative, include the arrangement of fundraising activities with the aid of volunteers, ways of enhancing social support for the fight against cancer in the Netherlands, the annual National Day of the Dutch Cancer Society and regional meetings.

### **The Social Council in 2013**

The Social Council drew up a working document on strategy and planning of the Social Council and a strategic agenda for 2013 and 2014 in consultation with the management of the Dutch Cancer Society, as a guide to its own activities. The topics covered included:  
celebration of the 65th anniversary of the founding of the Dutch Cancer Society;  
social priorities in the Dutch Cancer Society's policy vision for 2015-2018;  
relations and synergy between the Dutch Cancer Society's three advisory councils.

### **Chairman of the Social Council**

Ms H. (Hendrien) Landeweer, interim Chairman of the Social Council and Chairman of the Bussum branch of the Dutch Cancer Society.

## **Advisory Committee on Prevention & Patient Support (ACPP)**

The ACPP is an independent advisory body, charged with providing the management of the Dutch Cancer Society with advice in the fields of cancer prevention and cancer patient support. It bases its recommendations on current scientific and social knowledge, and weighs up with the aid of the expertise available among its members 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 ACPP consists of up to seven permanent members. One member resigned in 2013, but this vacancy has been filled.

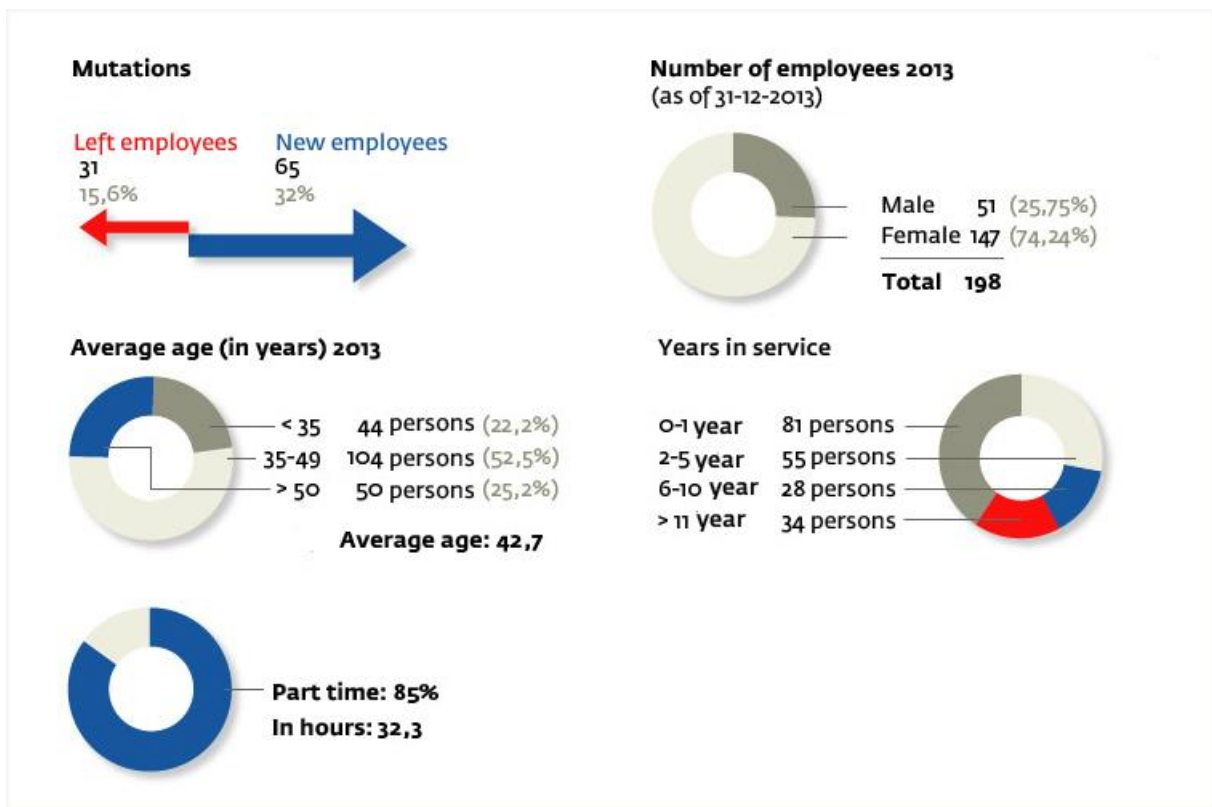
### **Chairman of the ACPP**

Dr. P. (Piet) Bakker, interim Chairman of the ACPP, professor of Healthcare Process Organization and Innovation at the University Medical Centre (AMC) of the University of Amsterdam.

## HR policy

### Objectives:

- Based on the Dutch Cancer Society's objectives, the HR department fosters employee commitment by helping to create a healthy environment in which learning has a high priority. A place where management and employees invest in one another and where HR offers optimum services to employees on entry to the organization, during their period of employment and on leaving the organization.
- The Dutch Cancer Society is a healthy organization where learning has a high priority and where agreed targets are set for employees, leaving them room to devote themselves to supporting the aims of the organization – less cancer, more cure and a better quality of life for cancer patients – to the best of their ability.
- The Dutch Cancer Society aims to be a healthy organization with a low level of absenteeism due to illness, a good sickness prevention policy and high employee satisfaction.



## Reorganization

The Dutch Cancer Society undertook an organizational shake-up in March 2013 to improve the implementation of our policy vision. The new organizational structure is made up of departments grouped as far as possible round end-to-end processes, so that everyone working on a given topic such as prevention or the recruitment of corporate donors is placed in the same department. Other key organizational principles were keeping the management team small (and giving it joint responsibility for all topics) and bringing the organizational structure as far as possible into line with our strategy and policy vision.

## International affairs

The Dutch Cancer Society was involved in the fight against cancer at an international level in various ways in 2013. Some examples are given below:

- A huge increase in the incidence of cancer is expected in the coming years, especially in low and middle income countries. The Dutch Cancer Society joined the international activities aimed at dispelling the myth that “cancer is a disease of rich Western countries” on World Cancer Day (4 February 2013). We made use of the media to spread the message that an enormous increase in the incidence of cancer is to be expected in coming years, especially in the low and middle income countries, and to describe the contribution the Dutch Cancer Society is making to the solution of this problem by supporting the control of cervical cancer and cancer registries in Latin America, in two projects set up by the Union for International Cancer Control (UICC).
- The Union for International Cancer Control (UICC) set up two new projects in 2013, one for the control of cervical cancer in Latin America and the other for the development of cancer registries in the same region. The Dutch Cancer Society pledged an annual subsidy of 250,000 euros for each project, to be continued over a 3-year period. The introduction of the cancer registration system in Latin America and the Caribbean region, including training and scientific research, is going well. The cervical cancer programme has suffered delays. The original approach proved not to be feasible, and an adapted programme has been planned for Guatemala.
- The European Cancer Congress (EEC) was held in Amsterdam from 27 September to 1 October 2013, and attracted more than 18,000 participants. The Dutch Cancer Society had a booth at the congress, and presented 2 posters. We also held an afternoon symposium on new developments in cancer control, in cooperation with the Dutch National EEC Committee. This symposium, hosted by Dutch TV presenter Twan Huys, attracted an audience of 200, including patients and cancer experts.
- As part of our programme of activities focused on Psychosocial Oncology, the Dutch Cancer Society was closely involved in the organization of the world congress of the International Psycho-Oncology Society held in Rotterdam from 4 to 8 November 2013. During the opening session, our managing director Michel Rudolphie stressed the importance of psychosocial care as part of the overall care package provided for cancer patients. We co-hosted a symposium on translational research – ways of getting psychosocial research results to the patient fast – together with the Dutch Association for Psychosocial Oncology (NVPO). This symposium was attended by about 80 healthcare professionals.
- The Dutch Cancer Society works together with other members of the Association of European Cancer Leagues to promote the development of good European legislation and regulations in the field of public health.
- We also joined other members of the Association of European Cancer Leagues in lobbying for revision of the EU *Tobacco Products Directive*. Both MEPs (members of the European Parliament) and members of the Dutch Parliament were lobbied in this connection. Many necessary amendments to this Directive are expected to be approved in the spring of 2014.

## Corporate Communication

The Dutch Cancer Society communicates actively with various target groups: patients and those close to them, volunteers, donors, researchers and the general public. This communication forms part of the duties of various departments within the Society. It is the task of the Corporate Communication staff department to coordinate the communication of the various parts of the Dutch Cancer Society and to promote the production of a uniform message.

The Dutch Cancer Society developed and introduced a new brand image three years ago, under the motto 'Everyone deserves a tomorrow'. Work on increasing awareness of this brand image among the Dutch public by various means, including a corporate campaign, continued in 2013. The aim is to supplement the current image of the Dutch Cancer Society, which focuses largely on expertise and reliability, by the addition of more emotional values such as "near at hand" and "involved". Annual measurements of 15 brand parameters show that the Dutch public recognizes and appreciates this warmer, more personal approach. Brand and image development is a long-term affair, however. Such public opinion surveys will therefore be repeated in coming years. In addition, work continued in 2013 on developing a uniform house style for all communication by the Dutch Cancer Society, with the aim of strengthening our brand image – a very important factor in meeting all our targets, which are highly dependent on convincing the Dutch public of the need to make constant efforts to continue the fight against cancer.

A study by the leading market research agency GFK showed that the Dutch Cancer Society continued to be very well known to the Dutch public in 2013. Ninety-eight per cent of interviewees recognized the name, either spontaneously or after prompting, and 88% knew what the Dutch Cancer Society does. These results make us the best-known charity in the Netherlands.

The Dutch Cancer Society has close links with the media. This is two-way traffic: journalists approach us for news about our activities and policy, and often ask our expert opinion on such matters as advances in cancer research or patient care ("There was an article in *The New Scientist* the other day that said.... Is that right? What is your opinion on this issue?"). In addition, the Dutch Cancer Society also makes active approaches to the media. We issued 24 press releases on various topics in 2013.

The Alpe d'HuZes Foundation and Inspire2Live – and hence also the Dutch Cancer Society – attracted a great deal of attention in the second half of 2013. Alpe d'HuZes channels all the money it collects into the Alpe d'HuZes/DCS Fund, which is managed by the Dutch Cancer Society; and Inspire2Live used to get a subsidy from this Fund. The media spotlight fell largely on this subsidy – partly because it was revealed that Coen van Veenendaal, one of the founders of Alpe d'HuZes, was paid for the work he did for Inspire2Live, and also because the media cast doubt on Inspire2Live's ability to achieve its objectives. When the board of Inspire2Live stated at the end of August that they intended to resign because they no longer felt able to meet their targets, the Dutch Cancer Society stopped the subsidy. We contributed fully to the wide-scale debate on these two questions that followed, informing both our own grass-roots supporters and the Dutch public at large on the issues involved. One approach was to place Q&As and statements on our website, in an attempt to give readers a clear, balanced picture of the whole situation. We also sent this content directly to our supporters (donors and volunteers), to make sure they were kept in the picture. In addition, the Dutch Cancer Society contributed to a number of media publications on these issues, including two broadcasts of the current affairs TV programme *Nieuwsuur*.

In September, the influential Dutch daily *NRC-Handelsblad* published an article criticizing the way the Dutch Cancer Society presented information in its annual report. The *NRC* claimed that we spent less on research than the amount stated. This conclusion proved to be largely based on a number of poorly formulated statements on our website. When this was pointed out, the statements in

question were corrected within 24 hours. This discussion led to the decision to provide the annual report for 2013 with an explanatory statement describing the choices on which the figures given in the annual report are based.

The following important topics also hit the headlines in 2013, largely due to the involvement of the Dutch Cancer Society:

- We stated on World No Tobacco Day 2013 that the Dutch Cancer Society is a big advocate of restricting the sale of tobacco to tobacconists. The percentage of the Dutch population that supports this idea has risen from 36% in 2009 to 46% in 2013. There are currently 60,000 sales points for tobacco products in the Netherlands, which means that the tobacco industry is able to tempt young people at every street corner. This deplorable situation must stop.
- The Dutch Cancer Society issued a press release entitled “Elderly cancer patients often unfairly refused treatment” on 11 June. This highlighted our focus on cancer treatment for the elderly, and the appearance of the publication “Kanker en Ouderen – 65 redenen om vandaag te investeren in morgen” (Cancer and the Elderly – 65 reasons to invest in tomorrow), which was based on the report “Kanker bij Ouderen” (Cancer in the Elderly) produced by the Signalling Committee on Cancer (SCK) of the Dutch Cancer Society.
- The Dutch Cancer Society and the American Association for Cancer Research (AACR) presented the first international Dream Team in the Trippen House of the Royal Netherlands Academy of Arts and Sciences KNAW in Amsterdam on 12 November. This team of top researchers from various disciplines will be working during the coming four years under the leadership of Prof. Clevers of the Hubrecht Institute (a research institute of the KNAW), who is also President of the KNAW, and Prof. Bos of the University Medical Centre UMC in Utrecht on culturing tumour tissue outside patients’ bodies. The aim is to test out a wide variety of drug combinations on these tissue cultures to discover which treatments give the best results without causing hardship to patients. The Dream Team is financed by the money raised by the *Sta Op Tegen Kanker* (Stand up against Cancer) campaign.
- The popular fundraising show *Sta Op Tegen Kanker* had to be postponed to 22 January 2014, a week before its planned broadcast in November. This decision was taken jointly by the AVRO broadcasting association and the Dutch Cancer Society, in consultation with the management of TV channel Nederland 1, to make room for a programme on Monday 18 November sponsored by Giro 555 (the general postgiro account for donations to charities in the Netherlands) dedicated to the victims of the recent typhoon in the Philippines which, it was felt, had a much higher priority. Brief announcements of the postponement were placed in various national and regional newspapers.

## Social media

The Dutch Cancer Society launched a new social media strategy in pursuit of its operational objectives in 2013.

Social media in figures:

- The three main social media channels used by the Dutch Cancer Society in 2013 were Facebook, Twitter and YouTube.
- A social media coordinator has been appointed to manage the webcare team and the editors. The social media coordinator is also responsible for monitoring the social media strategy and for ensuring that the social media channels are used effectively in pursuit of the Dutch Cancer Society’s objectives.
- The web care team consisted of two employees in 2013, with a total capacity of 10 hours a day for web care. Three volunteers will be added to the team in 2014, to ensure evening and weekend coverage.

- The Dutch Cancer Society further has 41 online ambassadors who use their own social media channels to spread news about the Society throughout their own network, thus making a substantial contribution to the organization's objectives.

A couple of examples of the results obtained with the aid of social media are as follows.

- The web care team responds to compliments, queries and complaints within 24 hours.
- The Dutch Cancer Society had 29,910 fans on Facebook and 10,093 followers on Twitter on 31 December 2013. The aim was to increase the coverage on each of these social media by 10,000.

Social media were a regular component of all campaigns and projects of the Dutch Cancer Society in 2013, and were taken into account when setting the objectives in each case. For example:

- the social media coverage of 800,000 substantially boosts the ability to spread the news about events such as the *SamenLoop voor Hoop*;
- 550 new collectors were recruited;
- 200 new fundraising events were registered on the *Sta Op Tegen Kanker* website.

### **Launch of new website for the Dutch Cancer Society**

We launched the updated version of our website [kwf.nl](http://kwf.nl) at the end of November 2013. This now contains information for volunteers, donors, researchers and those with a general interest in the fight against cancer. Information for patients is to be found on a new website [Kanker.nl](http://Kanker.nl), which was launched in June 2013. Here we aim for greater transparency, more interaction with visitors and a close relationship with patients, while still stressing the need for fundraising to support research.

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## **Public affairs and lobbying**

The Dutch Cancer Society continues to lobby in favour of our three principal objectives, for example by means of talks with key decision-makers, by getting Parliamentary questions raised, by being present when important issues are discussed in Parliament and by attending conferences. All these activities in 2013 have made us better known in The Hague as a party that deserves to be involved in discussions of healthcare issues related to the fight against cancer. We have also been busy expanding and intensifying our network.

### **Less cancer**

We have been actively lobbying on tobacco-related issues, by getting Parliamentary questions raised, by submitting petitions and by personal talks with Members of Parliament. We often work closely together with the Smoke-free Netherlands Alliance (*Alliantie Nederland Rookvrij!*) in this connection. We have also participated actively in thought, word and deed in the National Prevention Programme developed in 2013 by the Ministry of Health, Welfare and Sport.

We also supplied content for various party manifestos during the municipal elections, where our input focused mainly on the importance of day care centres and a healthy living environment.

### **More cure**

We lobbied jointly with the Federation of Dutch Healthcare Foundations (*Samenwerkende GezondheidsFondsen*) for more research in the field of Life Science and Health. This led to a call for



proposals which received many responses. The Dutch Cancer Society made five research proposals itself, of which two were approved.

### **Better quality of care**

In connection with our focus on psychosocial care, we commented on the recommendations of the Care Insurance Board (*College voor Zorgverzekeringen, CVZ*) concerning mental health care. We sent copies of our comments to Edith Schippers, the Minister of Health, Welfare and Sport, and to the CVZ, thus putting ourselves into the picture as a stakeholder. We have also worked more closely with other players in this field such as the Dutch Society for Psychosocial Oncology NVPO, the federation of Dutch daycare and psycho-oncology centres IPSO, *Integraal Kankercentrum Nederland* IKNL (the expertise and quality institute for healthcare professionals in cancer and palliative care), the Roparun Foundation and the Dutch Federation of Cancer Patient Organizations NFK to ensure future-proof psychosocial care for cancer patients. Our activities in this field included three working meetings with Dutch Members of Parliament.

We also share our news and views periodically in a blog.

## **Awards**

### **Prof. P. Muntendam Award**

The Board of the Dutch Cancer Society presented the 2013 Prof. P. Muntendam Award to 63-year-old Lide van der Vegt (63), founder of the Mammарosa Foundation ([www.mammarosa.nl](http://www.mammarosa.nl)) whose mission is to provide information about breast cancer to as many women from ethnic minorities as possible in their own language.

### **Queen Wilhelmina Research Award**

The Queen Wilhelmina Research Award for pioneering cancer research was awarded to Prof. Ton Schumacher of the Antoni van Leeuwenhoek hospital in Amsterdam in December. Prof. Schumacher won this prize, which carries the most important research grant made available by the Dutch Cancer Society, for the work he and his team had done on the mechanism of immunotherapy and its applications to cancer patients. The Award will be presented to Prof. Schumacher in 2014.

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### **Awards**

The Dutch Cancer Society honours volunteers who have devoted much of their time over many years to supporting the aims of the Society with buttons, medals and 'crabs'. (The Latin translation of crab is *cancer*, which is why this crustacean has been chosen as the emblem of the Dutch Cancer Society.)

**The Wilhelmina medal** for special services to the fight against cancer

J. Holsboer, member of the Investment Committee (2000-2013)

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## **The Dutch Cancer Society in 2014**

2014 is the last of the four years in which we follow the current policy vision. It is marked by the rounding off of the projects in which the objectives of our four focal points have been implemented, and the steps taken to build on the results of these projects in the next policy period.

Our key objective is to update the way we finance and monitor the scientific research and other projects subsidized by the funds raised by the Dutch Cancer Society in the interests of full transparency so that we, our backers and the public at large can see at all times what choices the Dutch Cancer Society has made concerning the spending of the funds raised, and how these choices contribute (and have contributed) to the fight against cancer. We call this approach the Gold Standard for our expenditure. The reorganization needed to bring this new set-up about has consequences not only for the internal organization of the Dutch Cancer Society but also for our “customers” (the researchers and other bodies that receive financial support from us, such as the patient organizations) and for the advisory bodies representing scientists, healthcare professionals, cancer patients and other experts who have a key role to play in guiding our expenditure.

The policy and procedures for expenditure of the assets of the Alpe d’HuZes/DCS Fund will continue to receive close attention in 2014. The long-term spending plan drawn up at the end of 2013 in view of the controversy surrounding this organization earlier in the year forms the basis for the annual plans and associated budget and ensures that the resources available from this Fund will be expended on really worth-while causes in an effective and accountable way.

Despite the challenging economic climate we still live in today, the Dutch Cancer Society has managed to maintain its momentum as a fundraising organization. The challenge is to continue to do this in 2014. We expect the amount raised by the Alpe d’HuZes campaign in this period to fall. The total estimated income amounts to 123.3 million euros, while we have 130.2 million euros in reserve for expenditure on research and training, prevention and patient support.

### ***Note on final balance for 2014 budget***

The 2014 budget closed with a loss of 29.0 million euros. The main reason for this is the extra expenditure budgeted from the designated account of the Alpe d’HuZes/DCS Fund and from the reserves for earmarked expenditure.

## Budget for 2014

(in € thousands)

### Income

	<b>Estimated 2014</b>
Departments	8.080
Volunteers	3.180
Donations and gifts	42.099
Own lotteries	9.997
Bequests	33.500
Corporate donations & Joint ventures	5.260
Subtotal from own fundraising	<u>102.116</u>
From third-party campaigns	16.157
Government subsidies	-
From securities	<u>5.065</u>
<b>Total income</b>	<b>123.338</b>

### Expenditure

	<b>Estimated 2014</b>
<i>Earmarked expenditure</i>	
Scientific research, education and training	102.105
Prevention & patient support	28.112
Subtotal earmarked expenditure	<u>130.227</u>
<i>Acquisition costs</i>	
Fundraising costs	17.698
Securities costs	110
Costs of third-party campaigns	631
Subtotal acquisition costs	<u>18.439</u>
<i>Management and administration</i>	
Management and administration costs	<u>3.717</u>
<b>Total Expenditure</b>	<b>152.373</b>
<b>Balance</b>	<b>-29.035</b>

## Notes on annual accounts

### Where the money goes

Not every euro that the Dutch Cancer Society raises can be spent on the designated objectives. First of all, fundraising costs (for direct mailing campaigns and the like) and management and administration costs have to be deducted. The remaining amount is then divided among the Society's various objectives, the main ones of which are:

- scientific research, education and training
- prevention and patient support

The corresponding figures for 2013 were as follows:

- Total income:	148.1 mln. euros
- Costs:	21.7 mln. euros
- Expenditure:	
o Research	74.9 mln. euros
o Prevention and patient support:	26.5 mln. euros
o Unspent amount:	25.0 mln. euros

The 25 million euros left over will be spent on the designated objectives as soon as possible in 2014.

### Expenditure on own activities

We employ policy staff to ensure that the scientific research funded the Dutch Cancer Society is of the highest possible quality. They prepare calls for research proposals in specific areas, support the Dutch Cancer Society's Scientific Council and referees in assessing the proposals received and monitor the progress of the research projects approved. In this way, they play an essential role in guaranteeing the quality of the research financed by the Dutch Cancer Society, and are paid for out of the funds earmarked for scientific research. Similarly, the policy staff employed to support our prevention and patient support activities are paid for out of the funds earmarked for these purposes. The expenditure concerned consists of personnel costs and the costs of the worksites required.

The Dutch Cancer Society's expenditure on its own activities in 2013 amounted to:

- scientific research:	4.3 mln.
- prevention and patient support:	4.1 mln.

### Fundraising and information go hand in hand

Our fundraising activities are always closely related to the provision of information. If for example we organize a direct mail campaign to recruit new donors, the letter we send out is full of information about cancer and ways of preventing it. This allows us to combine two objectives, fundraising and educating the public. That is why we drew on the 9.7 million euros earmarked for prevention and patient support in 2013 to fund the provision of information associated with our fundraising activities.

### Reserves and capital

The Dutch Cancer Society had 313.4 million euros in investments and bank deposits at the end of 2013. Most of this enormous amount is already earmarked for legally binding commitments such as the funding of research projects and grants, and we are only temporarily holding it in trust until the time comes to pay it out. This sum is divided into:

- earmarked expenditure: 211.2 million euros in 2013

This money is intended for legally binding expenditure on research projects and grants.

For example, an approved 4-year research project has a budget of about 500,000 euros, which is paid out in instalments. If the first instalment amounts to 200,000 euros, the Dutch Cancer Society holds the remaining 300,000 euros in trust until the time comes to pay that out too.

- reserves and other designated funds 81.2 million euros in 2013

This money is also earmarked for certain purposes, but no legally binding commitment has yet been established to pay it out to a particular project. For example, it has been earmarked for scientific research but has not yet been allotted to a particular university because the relevant research proposal is still being processed.

- contingency fund: 21.0 million euros in 2013

This represents the normal reserves any organization keeps to deal with unexpected expenses and fluctuations in income. It is equal to 20% of the Dutch Cancer Society's average annual expenditure over the past three years.

# Financial Statement

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## Financial statements 2013

The Dutch Cancer Society has succeeded over the past years in increasing its total income as compared with the previous years. In 2013 an amount of 148,1 million euro was received, representing growth of 1,8 million euro as compared to 2012, when total receipts amounted to 146,3 million euro. Following the deduction of costs for fundraising, management and administration, a total of 126,4 million euro was left to be spent of the society's goals. Total expenditure for 2013 amounted to 101,4 million euro, 7,9 million euro lower than in 2012 and 23,4 million euro lower than budgeted.

The 25 million euros left over will be added to the designated reserves and designated funds and will be spent in 2014. The main reason for the lower expenditure was that 24 million euros worth of research planned to be financed by the Alpe d'HuZes/DCS Fund in 2013 was postponed till 2014. Most of this money (21.3 million euros) was already spent in February 2014.

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### Summary of results 2009 through to 2013

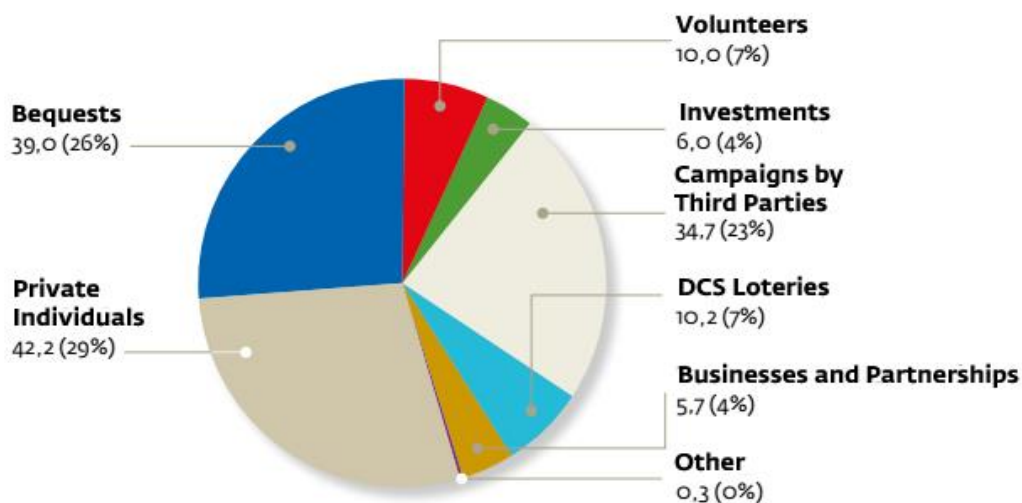
(in € million)

	2013	2012	2011	2010	2009
Own fundraising	107,1	101,9	102,3	89,6	80,8
Campaigns by third parties and government subsidies	35,0	37,8	25,5	15,1	9,0
Investments	6,0	6,6	5,6	5,4	5,9
<b>Total income</b>	<b>148,1</b>	<b>146,3</b>	<b>133,4</b>	<b>110,1</b>	<b>95,7</b>
Spent on objectives	-101,4	-109,3	-101,4	-106,6	-98,0
Costs of fundraising income	-17,9	-19,0	-16,8	-15,6	-13,0
Management and administration	-3,8	-4,3	-3,7	-3,2	-3,1
<b>Total expenditure</b>	<b>-123,1</b>	<b>-132,6</b>	<b>-121,9</b>	<b>-125,4</b>	<b>-114,1</b>
<b>Result</b>	<b>25,0</b>	<b>13,7</b>	<b>11,5</b>	<b>-15,3</b>	<b>-18,4</b>
Cost percentage own fundraising	16.3%	18.0%	15.9%	16.6%	15.6%
Cost percentage management and administration	2.6%	2.9%	2.7%	3.0%	3.3%

## Sources of income 2013

### Sources of income 2013

(in € million)



Bequests	39,0
Private Individuals	42,2
Volunteers	10,0
Investments	6,0
Campaigns by Third Parties	34,7
DCS Lotteries	10,2
Businesses and Partnerships	5,7
Other	0,3
<b>Total</b>	<b>148,1</b>



## Statement of Income and Expenditure 2013

(in € thousand)	Actual 2013	Budgetted 2013	Actual 2012
<b>Income</b>			
Local committees	7.592	8.650	9.398
Volunteers	2.386	3.102	1.943
Donations and gifts	42.186	41.589	43.119
Own lotteries	10.193	9.926	9.512
Bequests	38.950	35.900	33.453
Businesses	2.981	3.851	2.922
Partnerships	2.796	2.216	1.550
From own fundraising	107.084	108.144	101.897
From campaigns by third parties	34.697	37.270	37.809
Government subsidies	375	-	-
From investments	5.958	5.405	6.572
<b>Total income</b>	<b>148.114</b>	<b>147.819</b>	<b>146.278</b>
<b>Expenditure</b>			
<i>Spent on objectives</i>			
Scientific research, education and training	74.942	96.949	79.141
Prevention and patient support	26.502	27.861	30.165
Total spent on objectives	101.444	124.810	109.306
<i>Fundraising income</i>			
Costs of own fundraising	17.487	19.097	18.386
Costs of investments	90	100	101
Costs of campaigns by third parties	289	596	465
Total fundraising income	17.866	19.793	18.952
<i>Management and administration</i>			
Costs of management and administration	-3.674	3.256	3.255
<b>Total expenditure</b>	<b>123.099</b>	<b>148.572</b>	<b>132.576</b>
<b>Result</b>	<b>25.015</b>	<b>-753</b>	<b>13.702</b>

## Appropriation of results 2013

Contribution to/withdrawal from:

Continuity reserve	-29	1.278	191
Apropriated reserve	10.554	1.232	-3.421
Funds by name	14.490	-3.263	16.932
	25.015	-753	13.702

## Costs Fundraising

(in € thousand)	Actual 2013	Budgetted 2013	Actual 2012
Volunteers	2.555	2.951	2.487
Donors	9.455	11.598	12.264
Costs own lotteries	3.339	3.600	3.555
Corporate and joint ventures	1.519	2.300	1.128
Education via fundraising	-9.673	-10.915	-
Management and administration	10.292	9.541	10.712
Total cost fundraising	17.487	19.097	9.664

## Statement of expenditure on Research, Education and Training

(in € thousand)	Actual 2013	Budgetted 2013	Actual 2012
Fundamental research	9.753	10.000	11.639
Translational and applied research	28.466	48.966	27.879
Datamanagement	2.536	3.355	4.460
Institutional grant NKI	16.556	15.956	15.914
A better future for children with cancer	-	-	466
Education programmes	5.219	5.398	5.357
International collaborations	1.500	500	839
Focal point: Translational research	3.896	4.800	7.090
Focal point: Quality of care – better care for the elderly	1.313	1.240	929
Focal point: Quality of care – transparency and allocation of tasks	780	980	690
Other expenditure	579	613	152
Support via fundraising	-	1.364	1.339
Management and administration	4.344	3.777	2.393
Total scientific research education and training	74.942	96.949	79.141

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## Statement of expenditure on Prevention and Patient Support

(in € thousand)	<b>Actual 2013</b>	<b>Budgetted 2013</b>	<b>Actual 2012</b>
Public education	467	420	272
Prevention	211	185	170
Patient support	4.085	5.820	8.067
Focal point: Kanker.nl	3.111	2.593	2.817
Focal point: the Netherlands a smokefree area	2.483	1.726	3.079
Focal point: Quality of care –psychosocial care	2.123	2.658	2.246
Other expenditure	196	-	6
Education via fundraising	9.673	9.551	9.373
Management and administration	4.153	4.908	4.135
Total prevention and patient support	26.502	27.861	30.165