

OUR PART

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Genesis Oncology Trust doing our part, making a difference...

Over the past six years, Genesis Oncology Trust has invested nearly \$3 million in cancer control research and education in New Zealand. This is a lot of money; however, it is a small fraction of the international investment in cancer research. The combined annual expenditure of the USA and European nations in the field is in excess of US \$10 billion.

So can Genesis Oncology Trust's contribution really make a difference?

Yes, it can and to understand how, it is necessary to know how medical knowledge advances.

One of the most overused words in media reports of medical research is 'breakthrough'. While the occasional 'eureka' moment does occur, most advances are made by acquiring new pieces of knowledge by careful research and fitting these into the leading edge of existing knowledge. Before new information can be assimilated into the picture, it first has to pass the peer review process whereby experts in the field assess the way the knowledge was acquired and the validity of the conclusions.

Sometimes the new knowledge results in the opening up of a fresh avenue of research, sometimes it confirms a previous piece of research and sometimes it results in the closing off of a line of work that is not going to lead anywhere. Some parts are more interesting or important than others – but, to complete the picture, every part must be pursued with passion.

The more money you have, the more knowledge you can bring to the table, but each piece has the potential to complete the picture. Unfortunately, you don't know in advance what the finished picture will look like.

Thus, the research that the Genesis Oncology Trust funds has as much value and potential as does research funded anywhere else in the world.





MALAGHAN INSTITUTE OF MEDICAL RESEARCH, WELLINGTON

Chronic lymphocytic leukaemia: Phenotype and function of invariant natural killer T Cells

Dr Robert Weinkove

Dr Robert Weinkove is a British-trained haematologist (blood specialist) who relocated to New Zealand in 2008. Dr Weinkove strongly believes that to be a good doctor you need to undertake research.

Dr Weinkove's interest is in immunotherapy research and the challenge was to find a suitable project, a great laboratory and funding. He continues, "I had read about Wellington's Malaghan Institute online, and contacted Franca Ronchese, the head of the Cancer Immunotherapy Research Group. She was very encouraging, so I made a trip to New Zealand to meet with the Malaghan researchers. The Malaghan is at the forefront of immunotherapy research and my supervisors helped me put together an excellent proposal. We were delighted to receive funding from the Genesis Oncology Trust."

Dr Weinkove's particular interest is in chronic lymphocytic leukaemia (CLL). CLL occurs when white blood cells called B lymphocytes divide uncontrollably. They accumulate in the blood and bone marrow and crowd out normal blood cells, impairing the ability to fight infection and often giving rise to anaemia. CLL is the most common leukaemia and the prevalence increases with age. Decades of improved health care in New Zealand means we are living longer so CLL will become more common in the future.

Early stage CLL is not actively treated and many people die with it, but not of it, in old age. However, if the disease starts to progress there are currently two options: chemotherapy or bone marrow transplantation. Chemotherapy is not always effective and elderly people are not good candidates for bone marrow transplantation, so new treatments are needed.

The immune system is regulated by an exquisitely tuned set of controls and feedback loops

engineered by dozens of different cell types, proteins, carbohydrates and lipids. In most people, most of the time, the immune system hums along happily but, on occasion, a control circuit is broken and one cell type starts to replicate out of control – this is leukaemia. Retaking control of the errant part of the system is the goal of Dr Weinkove's immunotherapeutic approach.

One treatment that is being investigated is to harvest immune cells called dendritic cells from the patient, stimulate them to fight the errant leukaemia cells in the test tube, then inject them back into the patient. However, this has not met with much success in people with CLL.

Dr Weinkove and his colleagues believe that the key to success may be to introduce another cell into the test tube to further stimulate the dendritic cells. This cell goes by the name of invariant natural killer T cell or iNKT cell. These cells are not plentiful in the blood and much work is required to isolate and learn how to work with them, but in two or three years an effective new treatment for CLL may be available.

Says Dr Weinkove, "Although the scientific community in New Zealand is small compared to that in the United Kingdom or United States, there are actually some advantages to this – it's easier to get to know the main players. A further advantage of doing research here in New Zealand is that there is tremendous willingness to cooperate on the part of other laboratories and organisations and, critically for my work, a great deal of enthusiasm from study volunteers!"



MIDCENTRAL DISTRICT HEALTH BOARD

This could save your life: Early detection of prostate cancer in general practice

Dr Warren Nicholls, GP, Liaison and Primary Care Advisor
Dr Quinten King, Consultant Urologist

The life expectancy of New Zealanders continues to rise and, between 1985 and 2006, it changed by nearly seven years for men. One consequence of living longer is an increase in the risk of contracting cancer, particularly prostate cancer, which is the most diagnosed cancer in men in New Zealand. One in five men over 50 will develop prostate cancer.

Although most people have heard of the prostate, many have little understanding of what it does or even where it is. The prostate is a walnut-sized gland located beneath the bladder and wrapped around the urethra. The prostate's function is to make a fluid that liquefies sperm as they are being ejaculated. It provides nourishment to the sperm and induces them to 'swim'.

If prostate cancer is diagnosed, there are a number of treatment options including surveillance (watchful waiting), surgery, chemotherapy and radiotherapy. The earlier the diagnosis, the more likely the treatment is to be successful.

Says Palmerston North urologist, Dr Quinten King, "Unfortunately, there are often no symptoms with prostate cancer, which is why regular screening is essential. All men over 50 should discuss prostate screening options with their doctors."

Due to its location directly in front of the rectum, your doctor can feel the prostate through the rectum. Using this technique, a doctor can determine the size and texture of the prostate. Unfortunately, only a small part of the gland can be felt and a definitive diagnosis requires a tissue sample.

The prostate produces a protein called Prostate Specific Antigen or PSA that can be measured with a blood test. Many doctors believe the PSA test can

help in the differential diagnosis of prostate cancer. However, PSA can be raised in benign prostatic hypertrophy or infection, and can also be normal when cancer is present. Research is ongoing, but some of the current guidelines in New Zealand do not support the PSA test as part of a screening programme. This test is available free of charge and has received considerable media attention. Thus, there is considerable confusion, among both GPs and the public, over which is the best method of screening.

One approach to this issue in Australia has been to develop a Patient Show Card which GPs use to demonstrate to men the various options available and assist them in making a choice about prostate cancer screening. This is known as 'supporting patient choice'.

MidCentral DHB GP Liaison and Primary Care Adviser, Dr Warren Nicholls, is an advocate of introducing this system in New Zealand, but cultural and other differences between New Zealand and Australia mean that changes to the programme may need to be made. The Genesis Oncology Trust grant will allow Dr Nicholls, Dr King and colleagues at MidCentral DHB to train a group of GPs to use the card, and undertake research and evaluation into the tool kit's appropriateness and effectiveness.

Pictured: Dr Quinten King



CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO

Postgraduate scholarship: Vascular endothelial growth factors in breast and colorectal tumour angiogenesis

Dr Sarah Gunningham

The keystone of the Genesis Oncology Trust educational awards is the Postgraduate Scholarship which allows gifted young scientists to undertake three years of study towards a PhD. Dr Sarah Gunningham of the Christchurch School of Medicine (University of Otago) is the first Genesis Oncology Trust Scholar to complete a PhD.

“Doing a PhD is a bit like having a baby; it’s fun and exciting at the beginning, but towards the end you wonder why you ever embarked on it and if it will ever end. The sense of relief and achievement when you finally hand over the bound thesis is enormous. I am grateful to the Trust, not only for the funding that enabled me to complete my PhD, but also for the personal support and encouragement that provided a huge moral incentive to persevere through the difficult times. With a grant from Genesis Oncology Trust, you really feel part of a team,” says Sarah.

Sarah’s research is centred on angiogenesis – the growth of new blood vessels. Without the development of new blood vessels, cancer cells would not receive the oxygen and nutrients that they need to multiply and spread. These new blood vessels arise in response to several different growth factors that are secreted by the rapidly dividing cancer cells. These vascular endothelial growth factors also increase cancer cell division, cause inflammation, reduce the ability of the immune system to recognise the cancer cells and form a chemical pathway that the blood vessels can follow to reach the tumour. Growth factors and their receptors are rather like a key and lock, with each growth factor (key) being able to fit into and activate a limited number of receptors (locks). Sarah’s research explored the different vascular endothelial growth factors that are secreted by cancer cells, and the specific receptors on the cells that line the blood vessels.

The three main findings from this study were that:

- breast and bowel cancer utilised different growth factors and receptors at different stages of growth and spread;
- one of the receptors for vascular endothelial growth factor was particularly abundant in oestrogen responsive breast tumours; and
- another receptor was significantly increased as bowel cancer progressed, and might be useful as a marker of this disease.

This information adds significantly to our knowledge of the way that tumours grow and spread and further research will allow cancer treatments to be better targeted.

Sarah continues: “Wonderful as it is to have completed my PhD, this is just the end of the beginning of my research career. I have recently been awarded a University of Otago Postdoctoral Fellowship which will help me continue this exciting research in Christchurch for the following two years.”



HOSPICE NEW ZEALAND, WELLINGTON

Genesis Oncology Trust: Breakfast lecture series

Ms Mary Schumacher, Chief Executive,
Hospice New Zealand

Providing for the social, spiritual and medical needs of people in the end stage of life is known as palliative care. It is an increasingly important part of the health services and is now a recognised medical specialty.

Because people are most comfortable in their own surroundings, every effort is made to provide support locally, either in a person's home, or in a hospice, rest home or hospital.

Palliative care facilities are therefore spread throughout the country and keeping up to speed with the latest developments and innovations in the area is a challenge for the doctors, nurses, social workers and other professionals involved.

With the aid of five years of support from Genesis Oncology Trust, Hospice New Zealand has met the challenge of communicating new ideas and practices through the Genesis Oncology Trust breakfast lecture series. This very successful initiative takes place via teleconferences and offers a convenient and inexpensive way for professionals to increase their knowledge and understanding of palliative care issues. The standard of lectures is such that the Royal New Zealand College of General Practitioners has approved the series as part of the continuing education programme GPs are required to undertake. Nurses are also able to gain professional development hours to meet competency requirements.

Each annual series comprises ten one-hour monthly lectures starting at 7:30am and, on average, 270 health-care professionals from the deep south to the far north tune in. Topics range from social work issues through to management of specific medical conditions and are delivered by experts in the fields.

Says Mary Schumacher, Hospice New Zealand Chief Executive, "These lectures are invaluable to our palliative care community, as we are able to reach such a large number of health-care professionals throughout New Zealand. It allows palliative care practitioners to keep up to date and is an important part of their professional development. This is one of few opportunities available to present innovative programmes and research findings to a large audience and to showcase best practice. We are very grateful to the Genesis Oncology Trust for their continuous support of this initiative."

Chairman's Report

Murray Jackson



As outgoing Chief Executive of Genesis Energy, my proudest achievement is the creation of the Genesis Oncology Trust. This initiative promises to have a long life and will bring everlasting benefits to the community. This is also my final report as Chairman of the Genesis Oncology Trust, a challenge which I have relished.

The Trust completed its sixth year of operation on 30 June 2008 with a successful grant round providing funding for education and research into cancer detection, treatment and palliative care for 33 grant recipients. The total number of grants awarded over seven years is 146 and the total value of grants awarded is \$2.8 million.

The 2007/2008 financial year ended with \$10 million of funds under investment. Income has been derived from a number of individual donations to the Trust and from the 65,000 Genesis Energy customers who generously contribute monthly via their energy account. The income is now sufficient to increase the amount available for the annual grant round,

therefore the Trustees resolved to increase the money available from \$500,000 to \$1,000,000 as of 2008. Funds under investment will be used to secure the long-term future of the Trust.

The Board resolved on 8 May, 2008 to establish two significant fellowships to be awarded in the annual grant round: namely the John Gavin Postdoctoral Research Fellowship valued at \$140,000 and the Murray Jackson Training Fellowship (Medical) valued at \$130,000.

The Genesis Oncology Trust Trustees are indebted to the support given by the scientists, doctors and other health professionals who kindly provide their services to the grant assessment committee.

The success of the Trust is in no small way due to the hard work of the Administrator, Karen King, and Programme Manager, Dr Douglas Ormrod. I congratulate the Trustees and grant recipients for making the Trust a successful participant in New Zealand's fight against cancer and wish them all every success for the future.

A handwritten signature in black ink that reads "Jackson". The signature is written in a cursive, flowing style.

Murray Jackson
Chairman
GENESIS ONCOLOGY TRUST

And a big thank-you to all our supporters!

The Genesis Oncology Trust is most appreciative of the generosity of Genesis Energy's customers who donate \$1, \$2 or \$3 via their energy bill. The response has been truly overwhelming and the Genesis Oncology Trust would like to extend a big thank-you to the many thousands of donors.

Not to be forgotten are the one-off donors who have generously contributed to the Genesis Oncology Trust. The number of individual donations continues to grow and forms an important part of the Trust's income. Each dollar is significant in helping the fight against cancer.

EVERY LITTLE BIT...

FOR A GREATER PURPOSE.

Administrator's Report

Karen King

A total of 75 applications were received in this year's sixth annual grant round. Following a rigorous review process, \$579,267 was allocated to 50 successful applicants, encompassing the April and August grant rounds.

It was pleasing to note that there was a significant increase in the number of Genesis Energy customers donating \$1, \$2 or \$3 each month to the Genesis Oncology Trust. In excess of 65,000 customers are now supporting the Trust in this way. Some substantial individual donations were also gratefully received. Investment of capital was managed by Westpac Institutional Bank.

Our association with the NBR New Zealand Opera continues to prosper and opera lovers generously supported the Trust during the opening nights of the Genesis Energy Spring Season of Opera featuring Puccini's 'Turandot'.

The Genesis Oncology Trust has continued with a series of stakeholder presentations at each of the oncology centres in New Zealand. The presentations aim to promote the Trust and educate the medical and research fraternity about the annual grant round process. The presentation event also offers the opportunity for a discussion between the Trust and cancer professionals regarding possible project funding.

For its seventh annual grant round, the Trust has approved the distribution of up to \$1 million. These grants will be awarded during December 2008. There are six categories of awards:

Postgraduate Scholarships allow a Masters or Honours graduate student to undertake a maximum of three years' study towards a doctorate degree in a cancer-related field.

Professional Development Awards allow established cancer researchers and cancer care professionals to travel and participate in advanced training programmes or scientific meetings that will enhance their professional competence or extend their range of skills.

Research Project Grants provide contributions toward hypothesis-based clinical or biomedical research projects in the fields of cancer prevention, cancer treatment or the delivery of palliative care.

Special-Purpose Grants provide contributions toward research and development, or activities that will improve the quality of cancer care in New Zealand.

As part of the Genesis Oncology Trust annual grant round budget, two new awards have been added. These recognise the contribution that both John Gavin and Murray Jackson have made to the establishment and continued success of the Trust.

John Gavin Postdoctoral Fellowship
Postdoctoral Fellowships are intended for the support of outstanding graduates who have recently completed a degree at doctoral level and who propose to conduct research in scientific fields of relevance to cancer control. The purpose is to provide personal support for two years of research, usually to widen the graduate's experience in a different institution. The expectation is that at the end of the Fellowship they will become established as independent researchers in New Zealand.

Murray Jackson Training Fellowship (Medical)

The Training Fellowship will be awarded to a medical graduate committed to a clinical career with a major involvement in cancer medicine. It is intended for oncology specialists so that they can enhance their practice and expertise through further clinical training and research and thus contribute to improved patient outcomes in New Zealand. The Fellowship may be combined with advanced clinical training in cancer medicine, and the research component should normally be at least 50%. The expectation is that at the end of the Fellowship the successful applicant will become established in clinical practice in New Zealand.

A description of the projects initiated, or those which have been completed by successful grant round applicants, have been published in medical journals and mainstream media.

During the year, the Trust applied to the Charities Commission to be registered as a charitable entity under the Charities Act 2005. The Trust was registered as a charitable entity under the Act on 1 May 2008.



Karen King
Trust Administrator
GENESIS ONCOLOGY TRUST

2007 Annual Grant Round Recipients

We recently completed our sixth annual grant round, where we distributed a total of \$539,724 to 16 clinicians and scientists. This summary of the grants awarded shows the diverse range of projects we have been able to fund with your help.

POSTGRADUATE SCHOLARSHIP

Ms Emma Dangerfield

MALAGHAN INSTITUTE OF MEDICAL RESEARCH, WELLINGTON

Modification of glycolipids to provide anti-tumour immunity. \$75,000 (stipend only – co-funded with Victoria University)

There is now considerable evidence that tumour growth can be controlled by the immune system. There are two immune responses, Th1 and Th2. The Th1 response leads to tumour destruction, whereas the Th2 response suppresses this anti-tumour immunity. The researchers have identified a unique set of glycolipid structures that they believe will skew the immune system towards Th1 tumour destruction and ultimately lead to the obliteration of cancerous cells.

PROFESSIONAL DEVELOPMENT AWARDS

Ms Naomi Brewer

CENTRE FOR PUBLIC HEALTH RESEARCH, MASSEY UNIVERSITY, PALMERSTON NORTH

To attend a short course on 'Relative Survival: Approaches to Advanced Modelling' being held at the London School of Hygiene and Tropical Medicine (LSHTM) in April 2008. \$3,000

Ms Adell Hobson

TE RANGIMARIE HOSPICE, TARANAKI

To undertake Module 4 of the Postgraduate Certificate in Hospice Palliative Care offered via Whitireia Polytechnic. \$496

Ms Jackie Robinson

DEPARTMENT OF PALLIATIVE CARE, AUCKLAND DISTRICT HEALTH BOARD

To attend the 17th International Congress on the Care of the Terminally Ill in Montreal, and visit palliative care centres in Australia and the United Kingdom. \$10,825

RESEARCH PROJECT GRANTS

Dr Suzanne Benjes

DEPARTMENT OF PATHOLOGY, CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO, CHRISTCHURCH

In silico analysis of additional partner chromosome-BCR junctions in complex BCR-ABL1 rearrangements of chronic myeloid leukaemia. \$21,097

There are many different types of leukaemia and each type arises out of specific genetic changes that occur within a particular type of blood cell. Despite the apparently precise nature of the genetic change, patients with the same type of leukaemia experience variability in prognosis and survival.

The biological basis underlying this variability is largely unknown. This research project seeks to better understand the genetic features that may underlie heterogeneity of one type of leukaemia called chronic myeloid leukaemia, and should contribute to improved future outcomes for the group of patients with this disease who currently have a poorer prognosis and survival.

Dr Susan Bigby

DEPARTMENT OF HISTOPATHOLOGY, MIDDLEMORE HOSPITAL, AUCKLAND

Squamous cell carcinoma of the vulva – A study of clinical and histological features. \$18,265

The risk factors for the development of vulval squamous cell carcinoma are not well understood. It is estimated that Lichen Sclerosus, an inflammatory skin condition, carries a 5% risk of malignancy. The role of other inflammatory skin conditions has not been well studied.

We aim to review the clinical and histopathological features of all cases of vulval squamous cell carcinoma diagnosed in the Auckland district since 1990 in accordance with the most recent classification system. The purpose of this study is to better identify those women who are at risk of developing malignancy.

Dr Irene Low

DEPARTMENT OF ANATOMIC PATHOLOGY, MIDDLEMORE HOSPITAL, AUCKLAND

A study of EGFR and C-MYC gene amplification, by fluorescence in situ hybridisation, in triple negative breast carcinomas. \$35,600

Breast cancer is a common disease which affects around one in 12 women in New Zealand. While there have been significant advances in our understanding of the biology and treatment of this important disease, there remains a group of breast cancer patients who have particularly aggressive disease. Some of these aggressive cancers do not express hormonal or HER2 receptors, and are not susceptible to specific therapy such as Tamoxifen, Herceptin® or Lapatanib®. This study will investigate the role of the EGFR and C-MYC genes in order to improve the understanding and treatment in this subgroup of breast cancer.

Dr Judith McKenzie

DEPARTMENT OF PATHOLOGY, CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO, CHRISTCHURCH

Analysis of CD83 and CD40 in breast and bowel cancer. \$39,568 – 2007 Bruce Blue Award

Breast and bowel cancer are two of the most common cancers in New Zealand. It is known that cancers can evade the body's

immune defence system in order to grow and spread. The cancer cells can do this by expressing certain molecules and proteins. Some of the proteins relate directly to the immune system, such as CD83 and CD40. By analysing real human and test tube cancer cells for the proteins CD83 and CD40 and working out how they function, the researchers hope to increase their understanding of cancer and move towards better treatments or cures.

Dr Bridget Robinson

DEPARTMENT OF ONCOLOGY, CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO, CHRISTCHURCH

Breast cancer stem cells: hypoxia and angiogenesis. \$77,484

Cancer stem cells divide and perpetuate tumours, making them a key therapeutic target. Breast cancer stem cells are distinguished by staining with CD44 and CD24 antibodies. Low tumour oxygen levels due to poor blood supply increase cellular hypoxia inhibitory factor-1 (HIF1) which regulates growth, spread and angiogenesis (formation of new blood vessels). The study will identify cancer stem cells and study hypoxia and angiogenic factors in 300 human breast tumours collected by the Cancer Society Tissue Bank. Correlation with pathology and follow-up for each patient will show which factors predict cancer behaviour, and may lead to new stem cell targeted therapy.

Dr Kathryn Stowell

INSTITUTE OF MOLECULAR BIOSCIENCES, MASSEY UNIVERSITY, PALMERSTON NORTH

Down-regulation of expression of MGMT in melanoma and sensitivity to temozolomide. \$37,041

Melanoma and glioma are cancers that are notoriously difficult to treat. Limited (~25%) success has been achieved with drugs that modify DNA, suggesting cancers that respond do not express the gene for a key DNA repair enzyme. The Institute has analysed expression of this gene in melanoma cells and has found an almost complete correlation between response to a DNA-modifying drug and loss of gene expression. It will extend this work to glioma and study chromatin modifications of this gene to understand the molecular basis for loss of expression. This will enable more effective individualised treatment for glioma and metastatic melanoma.

Dr Robert Weinkove

MALAGHAN INSTITUTE OF MEDICAL RESEARCH, WELLINGTON

Phenotype and function of invariant natural killer T cells in chronic lymphocytic leukaemia. \$94,495

Chronic lymphocytic leukaemia (CLL) is the most common blood cancer in New Zealand. Treatments are available, but presently CLL cannot be cured without bone marrow

transplantation. The Malaghan Institute of Medical Research wants to harness patients' own immune systems in the fight against cancer. Working with Wellington Cancer Centre, the researchers will study the immune systems of patients with CLL. They will analyse a rare blood cell called the invariant natural killer T cell and explore ways of stimulating patients' immune systems against their own leukaemia. This research will help the development of future cancer vaccination trials in New Zealand.

SPECIAL-PURPOSE GRANTS

Ms Sue Edgecombe

REGIONAL CANCER TREATMENT SERVICE, MIDCENTRAL HEALTH DISTRICT HEALTH BOARD, PALMERSTON NORTH

Clinical audit support for Medical Oncology service. \$10,800

The Regional Cancer Treatment Service serves a population of 565,000. Medical Oncology relates to chemotherapy treatment. Quality assurance activity, such as clinical audit, tracks important treatment outcomes such as rates of cure, remission periods, and rates of response to specific chemotherapies. This information allows medical staff to make treatment decisions which ensure people receive chemotherapy consistent with national and international standards. The increasing technological complexity of the data management and analysis needed to support clinical decision-making now requires specialist knowledge and skills. The RCTS Medical Oncology service requested funding from Genesis Oncology Trust to undertake the initial re-establishment and development of audit capacity within the service.

Dr Patries Herst

MALAGHAN INSTITUTE OF MEDICAL RESEARCH, WELLINGTON

Sensitivity of ALL leukaemic blasts to the isoflavene anti-cancer drug, phenoxodiol. \$5,000

Phenoxodiol, currently in Stage III clinical trials for the treatment of late stage drug-resistant ovarian cancer and early stage prostate cancer, is generally well tolerated by patients. The researchers have shown that phenoxodiol also kills lymphoid cancer cells. This project will test the effect of phenoxodiol alone and in combination with drugs currently used to treat acute lymphoblastic leukaemia (ALL) on the survival of lymphoid blasts from bone marrows of patients with ALL. The results of this pilot study may contribute to the development of clinical trials involving phenoxodiol, and to improved treatment of childhood and adult ALL.

2007 Annual Grant Round Recipients (continued)

Dr Warren Nicholls

GP LIAISON AND PRIMARY CARE ADVISER, MIDCENTRAL HEALTH DISTRICT HEALTH BOARD, PALMERSTON NORTH

The early detection of prostate cancer in general practice: supporting patient choice. \$12,810

The Central Cancer Network (CCN) in collaboration with clinical staff at MidCentral Health are piloting a resource tool for General Practitioners to use when discussing with a patient their choices about testing for prostate cancer. The tool has been developed in Australia and contains up-to-date information and facilitates decision-making that is both informed and consistent with the patient's personal preference. The project includes delivering training to a few GP groups on how to use the tool effectively with their patients and undertaking an evaluation on the training and the tool prior to expanding the project across the region.

Ms Mary Schumacher

HOSPICE NEW ZEALAND, WELLINGTON

Genesis Oncology Trust breakfast lecture series. \$28,000

This is the fifth year Hospice New Zealand and the Genesis Oncology Trust will work together to provide the popular breakfast lecture series.

The series is delivered via teleconference so is easily accessible for all hospices, DHB sites and individual members of Hospice New Zealand throughout the country. Lectures run for one hour on the first Thursday of the month from March to December.

On average, 270 health-care professionals from the deep south to the far north listen to the various palliative-care-related topics each month. Thanks to the continued support of the Genesis Oncology Trust, participation for registered sites is at no charge.

Ms Catherine Wood

WELLINGTON BLOOD AND CANCER CENTRE, CAPITAL AND COAST DISTRICT HEALTH BOARD

An observational study investigating the objective and subjective impacts of a structured gynaecology service for women who have undergone allogeneic haematopoietic stem cell transplant. \$3,878

Bone marrow transplantation (BMT) offers the chance of cure for many patients with blood cancers. The high doses of chemotherapy and radiotherapy used in this treatment may cause infertility and sexuality problems. Surviving a BMT is more likely today due to better supportive care so issues around sexuality and fertility have become increasingly important in the lives of survivors.

Gynaecology input is an essential part of a woman's care post-transplant. This research will assess the information available to women about these issues pre- and post-transplant and will look at the impact of a dedicated gynaecology service. It will also look at the resources currently in use and consider whether these need to be developed further.

Dr Peter Sykes

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY, CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO, CHRISTCHURCH
Gynaecological cancer research. Two years' partial funding (0.2fte) of a gynaecology cancer research nurse. \$22,822

The gynaecological cancer unit at Christchurch Women's Hospital provides services for women from throughout the South Island of New Zealand. Participating in international clinical research enables the unit to maintain treatments at the best international standards. Its research also answers questions relevant to New Zealand women. It also supports collaborating researchers who are assessing new tests used in screening and prevention of cervical cancer, understanding cancer growth and developing a new test for uterine cancer. Clinical research can be performed only in the presence of a suitable infrastructure. A research nurse fills an essential role, coordinating research activities and patient consent.

GRANTS AWARDED IN THE 1 APRIL 2007 PROFESSIONAL DEVELOPMENT AWARD ROUND

TOTAL AMOUNT DISTRIBUTED \$39,543

Alexis Bilyard

AUCKLAND REGIONAL CANCER AND BLOOD SERVICES, AUCKLAND

To attend the ASTRO (American Society for Therapeutic Radiology and Oncology) 49th Annual Meeting (Treating Cancer, Preserving Quality of Life) conference, held at the Los Angeles Convention Centre, Los Angeles, USA, 28 October to 1 November 2007. \$3,000

Kanueng Chitcholtan

CHRISTCHURCH SCHOOL OF MEDICINE AND HEALTH SCIENCES, UNIVERSITY OF OTAGO, CHRISTCHURCH

To attend the 14th International Workshop on Campylobacter, Helicobacter and Related Organisms. Rotterdam, Netherlands, 2 – 5 September 2007. \$3,000

Alexandra de Vries

RADIATION ONCOLOGY, OTAGO DISTRICT HEALTH BOARD, CHRISTCHURCH

To attend the 9th Biennial European Society for Therapeutic Radiology and Oncology (ESTRO) meeting on Physics and Radiation Technology for Clinical Radiotherapy, Barcelona, Spain, between 8 and 13 September 2007. \$1,000

Gay Dungey

WELLINGTON SCHOOL OF MEDICINE, WELLINGTON

To attend the 9th Biennial European Society for Therapeutic Radiology and Oncology (ESTRO) meeting on physics and radiation technology for clinical radiotherapy, in Barcelona, Spain, between 8 and 13 September 2007. \$3,000

Bright Starling Emerald

THE LIGGINS INSTITUTE, UNIVERSITY OF AUCKLAND, CHRISTCHURCH
To attend the Endocrine Society's 89th Annual Meeting which was held at Toronto, Canada, between 2 and 5 June 2007. \$3,000

Dianne Harker

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY, CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO, CHRISTCHURCH

To attend the Clinical Oncological Society Australia 34th Annual Scientific Meeting, held in Adelaide from 14 to 16 November 2007. \$2,000

Andrea Herbert

TE RANGIMARIE HOSPICE, NEW PLYMOUTH

To undertake Te Omanga Hospice Postgraduate Certificate in Palliative Care – module 1V. \$1,004

David Innes

TARANAKI MEDLAB, NEW PLYMOUTH

To undertake the University of Sheffield's Department of Pathology and Biomedical Science 'Diagnostic Histopathology course' advanced training programme for pathologists. \$3,000

Anna Janssen

UNIVERSITY OF AUCKLAND MEDICAL SCHOOL, AUCKLAND

To attend the 9th Australian Palliative Care Conference, Melbourne, 28–31 August 2007. \$2,159

Dr Mona Jeffreys

CENTRE FOR PUBLIC HEALTH RESEARCH, MASSEY UNIVERSITY, PALMERSTON NORTH

To travel to Cork for the Society for Social Medicine conference, held in conjunction with the European branch of the International Epidemiology Association meeting in September 2007. Also to visit the London School of Hygiene and Tropical Medicine (LSHTM), to meet members of the Cancer Research UK Cancer Survival Group. \$3,000

Janet Johnson

WAIKATO REGIONAL CANCER CENTRE, HAMILTON

To complete a Postgraduate Diploma in Clinical Nursing (Palliative Care) through Victoria University. \$1,495

Elizabeth Kent

PSYCHO-ONCOLOGY SERVICE, MASSEY UNIVERSITY, PALMERSTON NORTH

To attend the Advanced Communication Skills Workshop at

the Maguire Communication Skills Training Unit between 5 and 7 September, and then the 9th World Congress of Psycho-Oncology in London 17 – 19 September. \$2,940

Andrea 't Mannetje

CENTRE FOR PUBLIC HEALTH RESEARCH, MASSEY UNIVERSITY, PALMERSTON NORTH

To attend InterLymph: 6th annual meeting (Barcelona, 14 – 15 June 2007). \$3,000

Rachel Purcell

CHILDREN'S CANCER RESEARCH GROUP, CHRISTCHURCH SCHOOL OF MEDICINE, UNIVERSITY OF OTAGO, CHRISTCHURCH

To attend the Gordon Research Conference (GRC) on Cancer Genetics and Epigenetics. Il Ciocco, Barga, Italy, 20–25 May 2007. \$2,500

Penny Salmon

QUIT GROUP

To attend Oceania Tobacco Control Conference in Auckland in September 2007. \$1,950

Logan Seddon

OTAGO DISTRICT HEALTH BOARD, CHRISTCHURCH

To attend the 9th Biennial European Society for Therapeutic Radiology and Oncology (ESTRO) meeting on Physics and Radiation Technology for Clinical Radiotherapy, Barcelona, Spain, between 8 and 13 September 2007. \$2,000

Bronwyn Ward

WAIKATO REGIONAL CANCER CENTRE, HAMILTON

To complete a Postgraduate Diploma in Clinical Nursing (Palliative Care) at Victoria University of Wellington. \$1,495

Financial Statements

	notes	2008	2007
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2008			
REVENUE			
Interest Received		\$ -	\$ 490,378
Interest Received – Current Account		88,673	-
Interest Received – Bonds		200,236	-
Interest Received – Shares		213,735	-
Interest Received – Shares Rebates		3,529	-
Interest Received – NZD WRAP Account		42,006	-
Interest Received – AUD WRAP Account		308	-
Interest Received – GBP WRAP Account		8,172	-
	2	556,659	490,378
Sponsorship Received – Genesis Power Limited	3	200,000	200,000
Camellia and Stick Sales		-	3,462
Trust Expenditure Reimbursed	4	235,852	261,392
Donations Received – General		918,342	948,451
Unrealised Gain – Current Account		276	-
Unrealised Gain – Investment Shares		-	32,077
TOTAL REVENUE		1,911,129	1,935,760
OPERATING EXPENSES			
Advertising		103,313	179,778
Annual Report Costs		38,931	25,000
Audit Fees		7,000	5,000
Bank Transaction Charges		475	371
Bank Transaction Charges – Shares		153	5,452
Fees – Premium Advisor Service		-	20,900
Fees – Premium Plus Service		57,158	8,961
Consultants		41,528	40,136
Depreciation		-	324
General Expenses		4,050	6,797
Printing		56,510	69,162
Promotions		24,971	-
Unrealised Loss – Investment Shares		986,531	186,616
Website Costs		803	824
		1,321,423	549,317

Financial Statements

	2008	2007
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2008		
GRANTS		
Grants Allocated	\$ 552,487	\$ 569,142
TOTAL EXPENSES	1,873,910	1,118,459
RESIDUAL INCOME CURRENT YEAR	37,219	817,302
STATEMENT OF MOVEMENTS IN EQUITY AS AT 30 JUNE 2008		
Opening Equity	9,337,444	8,520,142
Residual Income Current Year	37,219	817,302
EQUITY AT END OF YEAR	9,374,663	9,337,444
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2008		
ACCUMULATED FUNDS		
Opening Equity	9,337,444	8,520,142
Residual Income Current Year	37,219	817,302
TOTAL ACCUMULATED FUNDS	9,374,663	9,337,444

Financial Statements

	notes	2008	2007
REPRESENTED BY:			
CURRENT ASSETS			
Westpac Current Account		\$ 593,204	\$ 824,424
Westpac Wrap Cash NZD Account		531,049	411,835
Westpac Wrap Cash AUD Account	7	-	1,833
Westpac Wrap Cash GBP Account	7	1,316	-
Accounts Receivable	6	302,953	269,336
Accrued Interest on Investment		18,483	46,244
GST Refunds Due		-	12,893
TOTAL CURRENT ASSETS		1,447,005	1,566,565
NON-CURRENT ASSETS			
Investments – Bonds		3,577,610	3,305,848
Investments – Shares		5,122,877	5,254,083
TOTAL NON-CURRENT ASSETS	5	8,700,487	8,559,931
TOTAL ASSETS		10,147,492	10,126,496
CURRENT LIABILITIES			
Accounts Payable		34,225	30,036
GST Payable		11,019	-
TERM LIABILITIES			
Provision for Grants		727,585	759,017
TOTAL LIABILITIES		772,829	789,053
NET ASSETS		9,374,663	9,337,444



Maureen Shaddick
Trustee
18 September 2008

Notes to the Financial Statements (for the year ended 30 June 2008)

1. STATEMENT OF ACCOUNTING POLICIES

These Financial Statements are presented in accordance with Generally Accepted Accounting Practice.

A. GENERAL ACCOUNTING POLICIES

The general accounting policies recognised as appropriate for the measurement and reporting of results, and financial position, under the historical cost method have been followed in the preparation of these financial statements.

The Trust promotes the charitable purpose of cancer research and provides assistance to cancer health care providers.

B. PARTICULAR ACCOUNTING POLICIES

The following particular accounting policies, which significantly affect the measurement of residual income and financial position, have been applied.

DIFFERENTIAL REPORTING

The Trust qualifies for differential reporting because it is not large and is not publicly accountable.

The Trust has taken advantage of all differential reporting exemptions with the exception of FRS 19 Accounting for GST.

These financial statements are not prepared under New Zealand equivalents to International Financial Reporting Standards (NZ IFRS) as the New Zealand Accounting Standards Board gave a temporary exemption from mandatory conversion for small organisations which fit the criteria for differential reporting.

INCOME TAX

The Trust has charitable status under the Income Tax Act and is exempt from income tax.

ACCOUNTS RECEIVABLE

Accounts receivable are stated at estimated realisable value. Amounts not considered recoverable are written off when identified as such.

DISTINCTION BETWEEN CAPITAL AND REVENUE

Capital expenditure is defined as all expenditure on the purchase or creation of new property, plant and equipment, and any expenditure, which results in a significant improvement to the original functionality of an existing asset.

Revenue expenditure is defined as expenditure that restores an asset to its original operating capability and all expenditure incurred in maintaining assets used in operating the business.

PROPERTY PLANT AND EQUIPMENT

All property, plant and equipment is initially recorded at cost.

Depreciation of property, plant and equipment, other than freehold land, is charged on a straight line basis so as to apportion the cost of the assets less their estimated residual value over their expected remaining useful lives.

Estimated useful life – software: 4 years

INVESTMENTS

The Trust's investment funds have been placed in Westpac's PremiumPlus Service Portfolio in the form of investment bonds and investment shares.

Investment bonds are recorded at cost. Any premium or discount to maturity value is recognised as an interest expense/income over the remaining period to maturity.

Investment income is accounted for on an accrual basis.

Investment shares are initially recorded at cost and subsequently adjusted to fair value. Any fair value adjustments are treated as unrealised gains/losses in the Statement of Financial Performance.

Distributions are recognised as they are received.

Notes to the Financial Statements (for the year ended 30 June 2008)

GRANTS AND DISTRIBUTIONS

Grants are included in the Statement of Financial Performance when approved by Trustees.

DONATIONS RECEIVED

Donations are recognised on a cash-receipts basis, with the exception of the monthly donations from Genesis Energy customer accounts. This is accrued at year-end.

SPONSORSHIP RECEIVED

Sponsorship funding is recognised on an accruals basis as per sponsorship agreements.

GOODS AND SERVICES TAX

All revenue and expense transactions are recorded net of GST. Where applicable, all assets and liabilities have been stated net of GST with the exception of receivables and payables which are stated inclusive of GST.

FOREIGN CURRENCIES

Foreign currency transactions are recorded at the exchange rates in effect at the date of the transaction.

FINANCIAL INSTRUMENTS

All financial instruments are recognised in the Statement of Financial Position. The Trust has not entered into any off-balance sheet instruments. The fair value of the financial instruments represents the carrying value of these items as recorded in the financial statements. The maximum exposure to credit risk is represented by the carrying value of each financial asset in the Statement of Financial Position.

C. CHANGES IN ACCOUNTING POLICIES

There have been no changes to accounting policies throughout the year.

2. INTEREST RECEIVED

	2008	2007
	\$	\$
Westpac Current Account	88,649	54,607
Westpac Short-Term Investment	–	209,925
Westpac WRAP Cash Account	267,751	20,401
Investment Portfolio	200,236	205,401
Interest on GST Refunds	24	43
	<u>556,659</u>	<u>490,378</u>

The Westpac current account interest rate has ranged between 7.68 and 8.19%.

Investment portfolio coupon interest rates ranged from 6.39 to 8.00%.

Notes to the Financial Statements (for the year ended 30 June 2008)

3. SPONSORSHIP REVENUE

	2008	2007
	\$	\$
Genesis Power Limited	200,000	200,000

In line with the Genesis Power Limited sponsorship agreement with the Trust, the annual amount of sponsorship for the year ended 30 June 2008 is \$200,000 (2007: \$200,000).

4. RELATED PARTIES

In addition to the sponsorship transaction above, Genesis Power Limited facilitates its customers making donations via their monthly energy accounts.

Genesis Power Limited paid expenses incurred by the Trust for the year ended 30 June 2008 of \$235,852. (2007: \$261,392)

Genesis Power Limited provides the Trust with accounting and administrative support free of charge.

Murray Egerton Jackson is the Chief Executive of Genesis Power Limited and the Chairman of the Trust.

Maureen Grant Shaddick is the General Counsel and Company Secretary of Genesis Power Limited and is the Deputy Chair of the Trust.

5. INVESTMENTS

All of the investments held by the Trust are publicly traded bonds and shares. The total carrying value is \$8,700,487 (2007: \$8,559,931), with a face value of \$8,700,487 (2007: \$8,463,889). Maturity date of the bonds range from August 2008 to March 2016. The coupon rates range from 6.39% to 8.00%.

6. ACCOUNTS RECEIVABLE

	\$	\$
Related Party Receivables	302,953	266,609
Other	–	2,727
	<u>302,953</u>	<u>269,336</u>

7. FOREIGN CURRENCIES

Westpac WRAP Cash AUD Account	–	1,833
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As at balance date, the Trust had AUD \$0 (NZD \$0) in its Westpac Wrap AUD Cash Account (2007: \$1,833).

Westpac WRAP Cash GBP Account	1,316	–
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As at balance date, the Trust had GBP £503.63 (NZD \$1,316) in its Westpac Wrap GBP Cash Account (2007: \$0)

Audit Report



TO THE TRUSTEES OF GENESIS ONCOLOGY TRUST

We have audited the financial statements on pages 18 to 23. The financial statements provide information about the past financial performance of Genesis Oncology Trust and its financial position as at 30 June 2008. This information is stated in accordance with the accounting policies set out on pages 21 to 22.

TRUSTEES' RESPONSIBILITIES

The Trustees are responsible for the preparation, in accordance with New Zealand law and generally accepted accounting practice, of financial statements which fairly reflect the financial position of Genesis Oncology Trust as at 30 June 2008 and the results of operations for the year ended on that date.

AUDITORS' RESPONSIBILITIES

It is our responsibility to express to you an independent opinion on the financial statements presented by the Trustees.

BASIS OF OPINION

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. It also includes assessing:

- the significant estimates and judgements made by Trustees in the preparation of the financial statements; and
- whether the accounting policies are appropriate to the Genesis Oncology Trust circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial statements are free from material misstatements, whether caused by fraud or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

Other than in our capacity as auditor, we have no relationship with, or interests in, Genesis Oncology Trust.

UNQUALIFIED OPINION

We have obtained all the information and explanations that we have required.

In our opinion, the financial statements on pages 18 to 23, fairly reflect the financial position of Genesis Oncology Trust as at 30 June 2008 and the results of its operations for the year ended on that date.

Our audit was completed on 18 September 2008 and our unqualified opinion is expressed as at that date.

HAMILTON, NEW ZEALAND
Chartered Accountants

This audit report relates to the financial statements of Genesis Oncology Trust for the year ended 30 June 2008 included on Genesis Oncology Trust's website. The Trustees are responsible for the maintenance and integrity of Genesis Oncology Trust's website. We have not been engaged to report on the integrity of Genesis Oncology Trust's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication, they should refer to the published hard copy of the audited financial statements and related audit report dated 18 September 2008 to confirm the information included in the audited financial statements presented on this website. Legislation in New Zealand governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Directory

DATE OF DEED:

17 May 2002 as amended by Deed dated 15 April 2004

REGISTERED OFFICE:

602 Great South Road
Greenlane
AUCKLAND

TRUSTEES:

Murray Egerton Jackson (until 29 August 2008)
John Bevan Gavin
Maureen Grant Shaddick
Alan Gray
Elizabeth Ann Marshall
Helen Mary Glasgow

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SOLICITORS:

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AUDITORS:

Deloitte.
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HAMILTON



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**GENESIS ONCOLOGY TRUST'S
CHARITABLE PURPOSE:**

- A. To promote research in New Zealand into the detection, diagnosis and treatment of all forms of cancer and to provide associated training for health professionals;
- B. To promote the provision of palliative care;
- C. To assist hospitals and associated health care providers with the provision of facilities in relation to oncology; and
- D. To promote such other charitable purposes as the Trustees may decide.



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