



*"When you can't breathe...  
nothing else matters"™*

# 2007 Annual Report



*"When you can't breathe... nothing else matters"™*



# Table of Contents

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Our Story.....	3	Acknowledgements.....	10
Chairman's Message.....	4	Donations.....	12
Chief Executive Officer's Message.....	5	Honorary Members.....	12
In Action.....	6	Our Commission.....	12
■ Chronic Obstructive Pulmonary Disease (COPD).....	6	Corporate Information.....	13
■ Lung Cancer Consultative Group.....	7	Financial Statements.....	14
■ Australasian Lung Cancer Trials Group (ALTG).....	7	Independent Auditor's Report.....	18
■ Kylie Johnston Lung Cancer Network (KJLCN).....	8	Australian Lung Health Awareness Month.....	19
■ LungNet_Can Help.....	8		
■ Multi-Centre Clinical Trials Network (MCTN).....	8		
■ Respiratory Infectious Diseases (RID).....	8		
■ Cough – Infants, Children, Adults, Diagnosis and Assessment (CICADA).....	8		
■ Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT).....	9		
■ LungNet.....	9		



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## Our Story

The Australian Lung Foundation (The ALF) was launched in 1990 by a group of thoracic physicians concerned about the chronic shortage of funds for research work in respiratory medicine and the impact of lung disease on patients.

The Australian Lung Foundation is a not-for-profit, public benevolent organisation. Based in Brisbane with a national focus, The Australian Lung Foundation has representation on its National Council and Consultative Groups from throughout Australia.

## Our Vision

By 2020, The Australian Lung Foundation will be recognised as the peak body for education, support, research and understanding of lung disease in Australia.

## Our Mission

To promote lung health; facilitate and encourage research to reduce lung disease; and provide advocacy, education and support services to Australians impacted by lung disease.

## Our Values

- Caring for our people – patients, carers, families, stakeholders, employees
- Respect for the individual
- Integrity and ethical behaviour
- Excellence and quality outcomes

## Our Goals

- Reduce lung disease by:
  - influencing public and corporate policy on preventative lung disease strategies
  - educating the community in lung health
  - encouraging and facilitating research
- Lessen the impact of lung disease on patients, carers, their families and the community by:
  - producing/distributing educational brochures
  - providing information on our website
  - assisting in the production of national guidelines for disease diagnosis/management
  - creating/managing lung disease programs
  - developing and promoting resources to support increased access to pulmonary rehabilitation and maintenance programs
  - managing a national information and support centre
  - assisting in clinical and consumer research, including clinical trials
  - providing a forum for thoracic specialists, doctors, health professionals and the community to consider lung health issues.

## Our Patron

The Governor-General of Australia  
His Excellency Major General Michael Jeffery, AC, CVO, MC

## Our Undertaking

The Australian Lung Foundation is focused on facilitating and encouraging research to reduce lung disease and on reducing the impact of lung disease on patients, carers, their families and our community.

The key areas of lung disease that are the focus of The Australian Lung Foundation are:

- Chronic Obstructive Pulmonary Disease (COPD)
- Lung Cancer
- Orphan Lung Diseases – e.g. pulmonary fibrosis; interstitial lung disease
- Respiratory Infectious Diseases
- Chronic Cough – Infants, Children and Adults.

Internationally, COPD is under-recognised, under-diagnosed and under-treated. The story in Australia is no different.

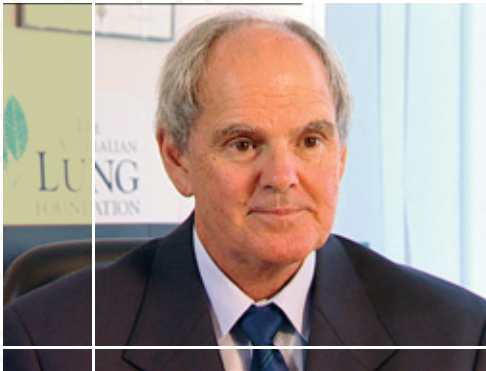
- Estimates show that more than 1 million Australians have COPD, with 1 in every 6 people over 45 being affected
- Of those, only a quarter know they have COPD so are not taking the important steps necessary to stem the progress of the disease
- COPD is the 5th biggest killer in Australia
- COPD is the 3rd leading ‘burden of disease’
- COPD is the 2nd leading cause of avoidable hospital admissions
- COPD is not identified by government as a national healthcare priority

Lung cancer is becoming more prevalent with increasingly younger non-smokers being diagnosed who then often face an additional battle of stigma about their disease from the general public.

- 7,000+ Australians die of lung cancer every year (more than breast and prostate cancer combined)
- Lung cancer comprises 15% of all cancer diagnoses - but only attracts 5% of government funding
- Only 50% of patients suffering from lung cancer get treatment each year. Significant increases in the disease have been seen, particularly among young women
- Of the 7,000 lung cancer patients diagnosed each year, an increasing percentage have either never smoked or are non-smokers who have long since kicked the habit
- Approximately 50% of lung cancer patients are diagnosed when their condition has already progressed to an incurable stage. Prognosis could be improved by earlier diagnosis.

*“When you can’t breathe...  
nothing else matters”™*

# Chairman's Message



Dr Robert Edwards FRACP, FCCP

Welcome to the Annual Report for 2007.

The year has been busier than ever for The Australian Lung Foundation, through the huge efforts of the Professional Advisory Groups, the Secretariat staff and our growing band of volunteers. We have once again increased our equity base and the National Council believes this provides a sound platform for the next stage of The ALF Strategic Development Plan.

In 2007, we celebrated smoking bans rolled out across the nation. We also strengthened the COPD National Program with additional resources. The number of LungNet groups has grown to 126 during the year with approximately 11,000 households now part of the LungNet network. We have also been delighted by the significant increase in the number of financial members during the 2007 calendar year.

The ALF National Council has adopted the 2008-2010 three year Strategic Development Plan. The following key achievements have been achieved in the first phase of its implementation:

- Increase in the number of LungNet self-help patient support groups
- Increase in The ALF financial membership
- Development of a capital base for The ALF
- Assembly of a highly skilled team and reduction in staff turnover
- Increase in patient support activities
- Increase in the number and value of research awards and grants-in-aid

Once again, we have enjoyed enormous support from our industry partners through the generous and unrestricted educational grants they have provided. These grants have assisted The ALF to develop and reinforce its wide ranging clinical and community programs.

The ALF National Council was strengthened this year when we welcomed three new Council members, namely:

- Mr John Caravousanos, a practicing solicitor, who brings legal skills to the National Council
- Professor John Upham, a respiratory physician, keenly interested in promoting research awards and grants-in-aid
- Professor Christine Jenkins who joined the National Council following her appointment as President of the Thoracic Society of Australia and New Zealand

Professor Richard Ruffin and Associate Professor Peter Eastwood both retired from Council during the year. I am very grateful for their years of generous and incisive input to our National Council meetings.

With funding from the Commonwealth Department of Health and Ageing's Rural Health Services Education and Training (RHSET) program and the Rural Primary Health Section of the Department of Health and Ageing, we developed the rural and remote lung health, "Breathe Easy, Walk Easy" Train-the-trainer package for Allied and Primary Health Care teams. The package provides health practitioners with the resources to run effective and efficient education sessions for fellow workers to help them develop rural and remote pulmonary rehabilitation programs.

We also developed the Kylie Johnston Lung Cancer Network in memory of Kylie Johnston, a young woman who died from lung cancer, on Lung Cancer Awareness Day in November 2007. Kylie was a non-smoker and we are honoured that we were able to work with her in the two years preceding her death to assist in bringing to fruition her dream of helping newly diagnosed patients.

As I reflect on the past year, I am again humbled by the incredible work of our volunteers. Without their input and stalwart support, much of The ALF's work would be compromised. Hundreds of hours have been expended by a wide range of volunteers, an effort that is hugely appreciated, motivating and inspirational for the National Council and staff of the National Secretariat in Brisbane.

On behalf of the National Council, I thank all who have supported The ALF in 2007. This work, along with that of William Darbishire and his dedicated team, has underpinned the success of the strategic planning initiatives put in place by the National Council. The 2007 Annual Report sets out the achievements of the past year and indicates how The ALF is delivering its strategic objectives.

I commend this Annual Report to you and in particular its signature reports from the CEO and the Management Team.

Dr Robert Edwards  
The ALF National President



Front - Sally Watts, Renae McNamara, Juliet Brown (The ALF)  
Back - Students, Annabelle Ralph and Louise Rodwell

## Chief Executive Officer's Message



William Darbishire FCA

Our original plan for 2007 was to achieve consolidation and build a solid platform on which to launch the next phase of the 2008–2010 Strategic Plan.

This has been successfully achieved and we have also experienced some extraordinary growth during the year.

Bipartisan lobbying at both a Commonwealth and State Government level has provided access to the various State Ministers for Health and Backbench Committee Members, in addition to the Federal Minister for Health and others in his department. We have been rewarded by our persistence and have successfully achieved a number of State and Commonwealth funding grants in 2007.

The ALF team at the National Secretariat Office in Brisbane has expanded once again this year with the appointment of Stephen Penbethy as Executive Director - Community Relations. We were also fortunate to engage a student, Heather Zimmerman, from the United States who conducted her internship with The ALF in the earlier part of the year.

Our fundraising activities have continued strongly throughout the year in an increasingly competitive environment. The ALF staff staged a number of successful events including a wine tasting competition and a fun run.

A Community Relations Strategic Plan, has been developed and put in place as a foundation for The ALF to build upon.

The LungNet News, is in the process of being redeveloped and will be re-vitalised and re-branded with a broader distribution focus and launched early in 2009.

My work with the Clean Air Alliance has continued and further progress has been made. Assistance has also been provided to the Cancer Australia National Advisory Group with strategic planning initiatives throughout the year.

The ALF's involvement with cancer trials work, as part of the Strengthening Cancer Care Initiative funded by the Australian Government, was successfully completed in 2007. We were delighted that our application to Government for an extension of the support for the Australasian Lung cancer Trials Group program was accepted; the project can now continue to June 2010.

The COPD National Program has been highly successful through the expert direction of Heather Allan and her team. I commend her report to you.

In 2006, The ALF National Council engaged William Buck Chartered Accountants as auditors, following the resignation of Ernst and Young. It is pleasing that the accounts have once again been issued with an unqualified report. In accordance with the Strategic Plan endorsed by National Council, The ALF has put in place measures to increase its financial stability.

The ALF's financial position has improved in 2007, with growth in equity and a surplus on the operating financial performance. The concise financial statements are set out later in this report and provide further insight into other aspects of the 2007 financial results.

In conclusion, I thank The ALF team, my fellow Councillors, our sponsors, benefactors and volunteers for all their support over the past 12 months and look forward to their ongoing support on the journey ahead.

William Darbishire  
Chief Executive Officer

### OUR PARTNERS

Actelion Pharmaceuticals Ltd

Air Liquide Healthcare

Astra Zeneca

Bayer Australia

Boehringer Ingelheim

Commonwealth Government

CSL Limited

Eli Lilly Australia

GlaxoSmithKline Australia

Master Key Pty Ltd

Pfizer Australia Ltd

Queensland Health

Roche Pharmaceuticals

Sanofi Aventis

Thoracic Society of Australia & New Zealand

# In Action

## The Australian Lung Foundation

- Patient/carer/health professional support responses provided through the LungNet Information & Support Centre (1800 654 301) 3260
- LungNet Support Groups supported and facilitated by The Australian Lung Foundation 126
- Research & Education Projects
  - Kylie Johnston Lung Cancer Network (KJLCN)
  - Multi-Centre Clinical Trials Network (MCTN)
  - Australasian Lung cancer Trials Group (ALTG)
- Consultative Groups
  - Cough-Infants, Children, Adults, Diagnosis and Assessment (CICADA)
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Lung Cancer Consultative Group (LCCG)
  - Pulmonary Interstitial Vascular Organisation Taskforce (PIVOT)
  - Respiratory Infectious Diseases (RID)
- Clinical Resources and Information Brochures
  - COPD-X Management Guidelines (The COPD-X Plan)
  - Pulmonary Rehabilitation Toolkit
  - "Breathe Easy, Walk Easy" pulmonary rehabilitation training resources for rural and remote Australia
  - A Manual for Pulmonary Rehabilitation in Australia: Evidence and Standards
  - LungNet\_Can Help

## Chronic Obstructive Pulmonary Disease (COPD)

The COPD National Program, under the leadership of Chairman Professor Peter Frith, has had a successful year.

The COPD Program has just completed the second year of its three year strategic work plan and is well on its way to achieving all major objectives set out by the COPD Coordinating Committee in March 2006.

- Establishment of General Practice Advisory Group
 

To guide future work of the COPD National Program, The ALF has been fortunate to gain the support of a national group of general practitioners. Chaired by Adelaide GP, Kerry Hancock, this group will advise The ALF on how best to work with the primary care sector to improve diagnosis and management of COPD in line with the COPD-X Guidelines.
- Pulmonary Rehabilitation Survey
 

Pulmonary rehabilitation programs across the country were surveyed in an effort to identify barriers to access to pulmonary rehabilitation. This information will assist us in targeting our efforts in future years. Main barriers to access:

  - Lack of awareness (primary care), particularly rural (74%)

- Transport difficulties, particularly metro (65%)
- Lack of acceptance by patients (52%)
- Lack of awareness by specialists (40%)
- Lack of funding (38%)
- Lack of parking (37%)

### ■ Establishment of Australian COPD Patient Taskforce

Co-Chaired by COPD patients, Bill Scowcroft (ACT) and Bryan Clift (SA), this group comprises COPD patients from each of the states and territories. Its objective is to work together to raise awareness of COPD at a local level through contact with local media and local politicians. This is an inspirational group of energetic and passionate people.

### ■ Television Advertising

In August 2007, The ALF piloted a television advertising campaign in Toowoomba, Queensland. The objective of the campaign was to test the effectiveness of television advertising in alerting people to symptoms of COPD, prompting them to call The ALF for more information and see their GP for a lung function test. As a result:

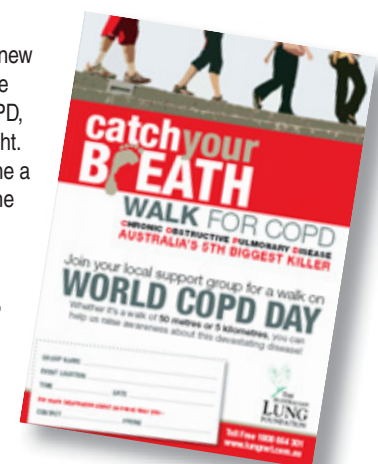
- 71 people called our dedicated 1800 number – this represents 1.38% of the estimated number of symptomatic COPD patients in Toowoomba
- There was a slight increase in the number of patients diagnosed with COPD in the post-campaign period - an average of 3.5 patients per GP in the month following the campaign vs. 2.9 in the month preceding the campaign
- There was an increase in the number of PiKo-6 (lung function screening) tests performed an average of 2.3 tests performed per GP in the month following the campaign vs. 0.6 in the month preceding
- There was an increase in the number of GPs proactively raising COPD-related issues with their patients – 13.8 patients per GP in the month after the campaign vs. 11.8 in the month preceding
- There was an increase in the numbers of patients proactively asking their GPs about their lung health – 9.2 patients per GP in the month after the campaign vs. 6.9 in the month preceding



### ■ World COPD Day

In 2007, The ALF introduced a new event for World COPD Day – the Catch your Breath walk for COPD, ably coordinated by Karen Wright. It is hoped this event will become a fixture on The ALF calendar. One hundred groups organised an event – up from 72 last year.

In addition to hosting this event, new survey data was released on World COPD Day showing that awareness of COPD is still low (36% of people over 45 are unaware of COPD).



Perhaps more worrying is the fact that those most at risk (smokers or ex-smokers) would be relatively unconcerned should they develop symptoms of COPD:

- 38% would not be concerned if they developed a daily cough
- 19% would not be concerned if they produced phlegm daily
- 16% would not be concerned if they were more breathless than their peers

Local media coverage of events was strong with over 80 pieces of print, radio and TV coverage. Coverage was difficult nationally as World COPD Day happened just three days prior to the Federal election.

#### ■ COPD Evaluation Committee

The COPD Evaluation Committee met four times in 2007 with the primary objective being to review and evaluate published evidence in COPD. This ensures that the continually evolving guidelines, *"The COPD-X Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease"* remains up to date.

An updated version of "The COPD-X Plan" was published on the COPDX reference site [www.copdx.org.au](http://www.copdx.org.au) in September 2007. It is now a world-renowned document and is one of the leading guidelines in COPD.

The ALF is grateful for the efforts and dedication of the COPD Evaluation Committee.

**Heather Allan**  
Executive Director  
COPD National Program

## Lung Cancer Consultative Group (LCCG)

The ALF lung cancer curriculum is moving forward with great momentum. Under the leadership of Chairman A/Prof Kwun Fong, 2007 has been an incredibly successful year.

The Lung Cancer Consultative Group (LCCG) is the leading force behind initiatives undertaken and then further developed by The ALF. This multidisciplinary group met three times during the year with the assistance of industry sponsorship.

November is globally recognised as Lung Cancer Awareness Month. In Australia, The ALF was heavily involved in creating an awareness of lung cancer in an attempt to arrest its rampant escalation.

To assist with the awareness campaign, A/Prof Matthew Peters and Matt Pusey, a patient living with lung cancer, appeared on the popular Channel 7 program "The Morning Show" with Larry Emdur and Kylie Gillies.

#### ■ Lung Cancer Awareness Month – November

The LCCG hosted education seminars around Australia for patients living with lung cancer, their carers and families. Lung cancer care coordinators in each state assisted with designing an informative program. The following states participated and had an attendance of: WA 28; VIC 40; NSW 20; QLD 150; and SA (joined with LungNet patient education seminar) 120.

#### ■ TSANZ Satellite Symposium – Auckland, March 2007

The LCCG hosted a two hour satellite symposium prior to the commencement of the Thoracic Society of Australia & New Zealand (TSANZ) Annual Scientific Meeting (ASM). Invited speaker Dr Gary Lee (UK) presented *"Pleural malignancy - bench to bedside"*. The session

included a friendly debate: *"Are we failing our patients – should we be screening for lung cancer by CT"*. The panel included Dr Martin Phillips, Dr Jeff Garrett, A/Prof Matthew Peters, A/Prof Lou Irving, Dr Jeff Bowden and Dr Rayleen Bowman. This symposium was attended by more than 50 delegates and feedback was extremely positive.

#### ■ COSA Symposium – Adelaide, November 2007

The LCCG hosted a two hour session during the 34th Clinical Oncology Society of Australia (COSA) ASM which was predetermined as Lung Cancer Day. Invited speakers included Mr Gavin Wright who presented *"Research Opportunities for Thoracic Cancers for Surgeons and Multidisciplinary Teams"*, and Dr John Alvarez who presented *"Surgical Options for Mesothelioma"*. The LCCG also selected three oral abstracts in the area of lung cancer which were presented during the session.

#### ■ APSR Sponsored Lunch – Gold Coast, November 2007

The LCCG hosted a lunch session during the 12th Congress of the Asian Pacific Society of Respiriology (APSR). Invited speaker Dr Nagahiro Saijo from Japan, President of the International Association for the Study of Lung Cancer (IASLC), presented *"IASLC New Staging Guidelines"*. This symposium was attended by more than 80 delegates and feedback was extremely positive.

#### ■ IASLC – 2013 World Conference on Lung Cancer

The LCCG has submitted a bid to host the International Association for the Study of Lung Cancer (IASLC) 15th World Conference on Lung Cancer in Sydney in 2013. Sydney Convention Centre is the proposed venue and the anticipated attendance is between 6000 and 8000 delegates from around the world. Results of our bid will not be known until mid 2008.

#### ■ 2nd ALCC – 2008

Following the sell-out success of the inaugural Australian Lung Cancer Conference (ALCC) in 2006, preparations for the 2nd ALCC in 2008 are well underway. The conference will be held at the Holiday Inn, Surfers Paradise from 21st – 24th August 2008. Delegate numbers are anticipated to reach 250. The ALCC will culminate with a concert performance by the Australian Doctors Orchestra.

**Glenda Colburn**  
Operations Manager

## Australasian Lung cancer Trials Group (ALTG)

In 2007, the activities of Australasian Lung cancer Trials Group (ALTG) increased at an exponential rate. The group met several times during the year under the successful leadership of A/Prof Kwun Fong, where several new trial concepts were presented and approved for protocol development.

Two major clinical trials the ALTG has been working on through the year will start patient recruitment in early 2008. Other trial concepts that were approved by the ALTG this year have initiated protocol development, feasibility surveys and the submission of applications for funding.

The ALTG submitted an application for funding to Cancer Australia under their "Support for Cancer Clinical Trials Program" for another two and a half years. This funding provides administration and trial management support towards developing new trial concepts.

Under the auspices of the ALTG, the Australia and New Zealand Lung Club (ANZLC) was launched late this year. ANZLC was established for cardiothoracic surgeons and lung cancer nurses based in Australia and New Zealand with an aim to promote research and excellence in surgery practice.

To assist the ALTG, a Clinical Research Fellow was employed to continue with the development of trial protocols and other trial activities. This Fellow will be based at the National Health Medical Research Council (NHMRC) Clinical Trials Centre in Sydney.

In 2007, the ALTG had a financial membership of 100. The numbers are rapidly expanding due to the interest in reducing the incidence, morbidity and mortality of lung cancer.

The progress of this group has been gratifying and none of it would have been possible without the contributions of our diligent members.

**Karen Lather**  
Group Manager

## Kylie Johnston Lung Cancer Network (KJLCN)

A management committee will be set up in early 2008 to assist The ALF achieve the Network's strategic direction. A very successful awareness and fundraising campaign entitled "Lunch for Lung Cancer" was launched in November 2007 and is expected to be an ongoing campaign.

Sadly, Kylie passed away on 9th November 2007.

## LungNet\_Can Help

LungNet\_Can Help is a patient support initiative of the Lung Cancer Consultative Group (LCCG), chaired by A/Prof Kwun Fong. The aim of the project was to develop a Queensland lung cancer support resources brochure. This was launched at a public lecture at The Prince Charles Hospital by Ms Karen Struthers, Parliamentary Secretary to the Queensland Health Minister on 29th November 2007. The project was funded by the Commonwealth Department of Health and was a joint initiative of The ALF, Queensland Health and The Cancer Council Queensland.

**Ailsa Wilson**  
Project Officer  
KJLCN Manager

## Multi-Centre Clinical Trials Network

The Australian Lung Foundation's Multi-Centre Clinical Trials Network (MCTN) is an established administration service, available to both clinical trial sponsors and Contract Research Organisations (CROs). The service provides access to both a large-scale Investigator network and patient database. MCTN is supported by an efficient and timely ethics submission process, underpinned by an established subject recruitment campaign management system.

MCTN was formed to support both local and international studies.

The MCTN mission is to improve healthcare in Australia and New Zealand through the provision of the highest quality of cost effective clinical research by:

- Linking pharmaceutical companies with fully credentialed Investigator sites
- Supporting the trial subject/patient recruitment phase, through the management of sites and operation of its centralised call centre facility
- Connecting Investigators to an established Human Research Ethics Committee

- Ensuring adherence to national and international ethical and regulatory standards

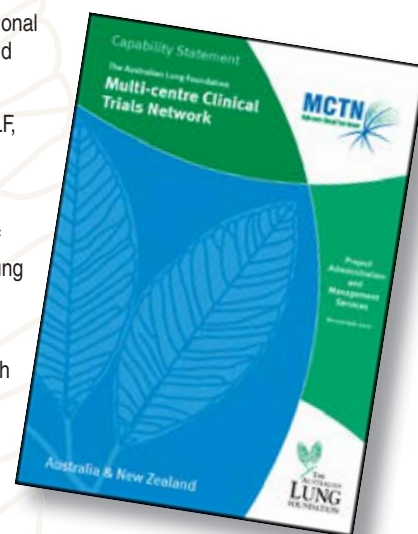
Profits are returned to The ALF, thus assisting the Foundation to fulfil its role as the peak non-government respiratory organisation and key agent of change in the perception of lung disease in Australia.

In 2007, MCTN activities increased at a steady rate with participation in six national and internationally based studies covering disease areas including COPD, lung cancer and Alpha1-Antitrypsin Deficiency (national and internationally based).

Australia is viewed as a "country of choice" for conducting clinical research given its excellent standard of clinical conduct and bringing credibility to the scientific conclusions reached. Currently, patients within Australia, living with a lung disease (especially COPD), are considered to be well medicated and their disease is usually stable.

For this reason, there has been a decline in Australia's participation in international studies as it is increasingly difficult to source suitable patients who are prepared to stop their current medical regime and participate in a research study, especially when there is the possibility of being randomised to a placebo group.

The ALF MCTN Capability Statement was released in July 2007. This document provides details of the service offered and has been distributed to identified sources to highlight the activities/services that MCTN currently offers.



**Glenda Colburn**  
Operations Manager

## Respiratory Infectious Diseases (RID) Consultative Group

In 2007, the Respiratory Infectious Disease (RID) Group released a case statement entitled "Respiratory Infectious Disease Burden in Australia". This Case Statement integrates relevant information across the breadth of respiratory medicine in Australia and makes an evidence based case for respiratory infectious disease to be identified as a major health priority for Australia. The RID Group launched the Case Statement at the TSANZ and the Australasian Society for Infection Diseases (ASID) annual scientific meetings.

## Cough-Infants, Children, Adults, Diagnosis and Assessment (CICADA)

In 2007, the Cough-Infants, Children, Adults, Diagnosis and Assessment (CICADA) Group developed a survey to obtain baseline information on the burden of chronic cough seen by clinicians. Using this survey, the group has started developing a set of guidelines.

**Karen Lather**  
Group Manager



## Pulmonary Interstitial Vascular Organisational Task Force (PIVOT)

The Pulmonary Interstitial Vascular Organisational Task Force (PIVOT) Group, Chaired by A/Prof Eli Gabbay met twice during 2007 and was responsible for implementing a number of new initiatives for people living with an orphan lung disease.

**Ailsa Wilson  
Project Officer**

## LungNet

The “LungNet” service represents the public face of The Australian Lung Foundation, and is often the first point of contact for people diagnosed with, or with an interest in lung health. In tandem with the increasing profile of The Australian Lung Foundation, LungNet has continued to grow and expand during 2007.

### ■ Enquiries

The toll-free 1800 line and the general [enquiries@lungnet.com.au](mailto:enquiries@lungnet.com.au) email address are well utilised, with the number of enquiries increasing annually.

Enquiries: Statistics

2005	2006	2007
3079	2931	3264

### ■ Enquiries: COPD and Lung Cancer

COPD remains the disease area in which the majority of enquiries are received; however, the proportion of lung cancer calls is increasing as a result of the establishment of the Kylie Johnston Lung Cancer Network (KJLCN) in 2007. Overall, approximately 5% of enquiries received in 2007 were lung cancer queries, with November seeing around 12.5% of enquiries relating to lung cancer due to Lung Cancer Awareness Month.

The supply of educational resources, including The ALF’s series of disease-specific information brochures, and the free quarterly newsletter, “LungNet News” is an important part of the service, as is the provision of links to patient support groups, pulmonary rehabilitation programs, and other relevant support services. To better reflect the range of services offered, the LungNet Call Centre changed its name in 2007 to the LungNet Information & Support Centre.

### ■ LungNet News

“LungNet News” remains a vital means for The ALF to communicate regularly with individuals who have a lung condition (and their families and carers), as well as health professionals. The newsletter is especially important for those readers who are less able to get out and about, as it is a means of remaining informed about lung health, and connected with others who have a lung condition. Published in February, May, August and



November, the newsletter continues to attract positive feedback, and contributions from readers are welcomed. The readership has increased in 2007, with the newsletter currently being mailed to approximately 11,000 individuals in Australia.

Throughout 2007, mailing of the newsletter has again been managed by our team of volunteers who have now been conducting the task for over 10 years. Our thanks go to them all.

### ■ LungNet Patient Support Group Network

Patient support groups remain an extremely important focus for The ALF. The network has grown in 2007, with the establishment of 11 new groups. There are now 126 support groups in Australia. With the proliferation of different types of lung disease, there are now a number of support groups for specific lung diseases – e.g. lung cancer, pulmonary fibrosis, sarcoidosis and bronchiectasis. These may take the form of online and/or telephone support or group meetings.

### ■ LungNet Education Days

LungNet Education Days took place in all states in 2007 and were well-attended. In Western Australia, the 2007 Education Day built on the success of the inaugural 2006 event, and saw increased numbers of attendees. Overall, attendances at LungNet Education Days were up, and The ALF was extremely fortunate to secure the expertise of some of the leading lights in respiratory health who presented as guest speakers. Our thanks go to all our presenters for giving up their valuable time, to all the LungNet State Coordinators who assisted in securing speakers, sourcing venues and caterers, and the volunteers who helped out with many of the important details associated with the organisation of the events.



### ■ The LungNet Team

The ALF staff members, Juliet Brown and Jenny Hose form the LungNet team and are fortunate to call upon the assistance of twice-weekly volunteer, Eileen Perry.

The ALF is extremely appreciative of the time and effort given by Eileen and is also grateful for the commitment and dedication of all volunteers, including patient support group leaders and committee members.

**Juliet Brown  
LungNet Administrator**

# Acknowledgements

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The following people worked with The Australian Lung Foundation in a variety of paid and voluntary roles during 2007. The ALF is appreciative of their commitment and dedication.

## National Council

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The National Council of The Australian Lung Foundation defines the strategic direction and policy, is responsible for corporate governance and regularly reviews progress against the strategic plan.

Dr Robert L Edwards, FRACP, FCCP	Chairman, The ALF National Council Chair, The ALF State Council Queensland
Dr Martin Phillips, FRACP, FCCP	Deputy Chair Chair, The ALF State Council Western Australia
Mr Jim Mattock, FCA	Treasurer Chair, The ALF State Council South Australia
A/Prof Peter W Holmes, FRACP, FCCP	Chair, The ALF State Council Victoria
Mr John Caravouanos, FTIA	Councillor
Prof Peter Frith, MB, BS, FRACP, FCCP (Regent)	Councillor
Dr Mark Holmes, MB, BS, MD, FRACP	Councillor
Prof Christine Jenkins, AM, MD, FRACP	Councillor
Mr David Macintosh, BBus (UTS), FCS	Chair, Australian Respiratory Council
Dr James Markos, MBBS, FRACP, FCCP	Chair, The ALF State Council Tasmania
A/Prof Matthew Peters, MF, FRACP, FCCP	Chair, The ALF State Council New South Wales
Dr Rima Staugas, MB, BS, FRACP, MBA	Councillor
Prof John Upham, MB, BS (Hons), FRACP, PhD, FAAAAI	Councillor
Mr William Darbishire, FCA	Secretary

## COPD Coordinating Committee

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Prof Michael Abramson  
A/Prof Jenny Alison  
Ms Yvonne Bedson  
Ms Jenny Bergin  
A/Prof Peter Black  
A/Prof Alan Crockett  
Dr Robert L Edwards  
Dr H John Fardy  
Prof Peter Frith (Chair)  
Mr David Hayne  
Prof Christine Jenkins  
A/Prof Sue Jenkins  
A/Prof Christine McDonald  
Ms Vanessa McDonald  
Dr Julia Walters  
Dr Ian Yang

## COPD Evaluation Committee

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Prof Michael Abramson (Chair)  
A/Prof Alan Crockett  
Prof Nicholas Glasgow  
A/Prof Sue Jenkins  
A/Prof Christine McDonald  
Dr Richard Wood-Baker

## COPD Patient Task Force

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Ms Judith Hart (Qld)  
Ms Veronica Kemp / Ms Gai Haviland (NSW)  
Mr Bill Morris / Mr Mike Watteau (WA)  
Mr Barry Neal / Mr Sandy Macgown (Tas)  
Ms Marion Reece / Mr Bryan Clift (SA) (Co-chair)  
Dr Bill Scowcroft (Co-chair) / Ms Dianne Proctor (ACT)  
Mr Reg Hunt / Ms Mary Duell (Vic)  
Ms Thelma Nicholson (NT)

## Lung Cancer Consultative Group

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A/Prof Kwun Fong (Chair) (Thoracic Physician)  
A/Prof David Ball (Radiation Oncologist)  
Dr Rayleen Bowman (Respiratory Physician)  
Dr Peter Cole (Thoracic Surgeon)  
A/Prof Lou Irving (Thoracic Physician)  
Dr Jenny Ma Wyatt (Pathologist)  
A/Prof Matthew Peters (Thoracic Physician)  
Prof Bruce Robinson (Thoracic Physician)  
A/Prof Paul Mitchell (Medical Oncologist)  
Dr Eddie Lau (Radiologist)  
Ms Catlin Broderick (Cancer Nurse Coordinator)  
Dr John Litt (Member and RACGP Representative)  
Dr Nick Pavlakis (Consultant Physician - Medical Oncologist)  
Ms Linda Christenson (Consumer Representative)

## LungNet State Coordinators

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Mr Paul Cafarella (SA)  
Ms Jenni Hibble (NT)  
Ms Louise Ganderton/ Ms Sarah Jones (WA)  
Mrs Lyn Joseph (TAS)  
Mrs Rosemary Moore (Vic)  
Mrs Lissa Spencer (NSW)

## LungNet Volunteers

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Mr Bryan Clift	Ms Eileen Perry
Ms Christine Hunt	Ms Aileen Russell
Ms Alice Jackson	Ms Maureen Smith
Ms Renae McNamara	Mr & Mrs Frank & Denise Stevenson
Ms Doreen Molesworth	Ms Myrna Wakeling
Ms Margaret Moran	Ms Claire Watts
Ms Hilary Mulcahy	Ms Sally Watts

## Australasian Lung Trials Group

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### Management Advisory Committee (MAC)

A/Prof Kwun Fong (President / Chair)  
Dr Nick Pavlakis (Secretary)  
Ms Haryana Dhillon (Treasurer)  
Dr Michael Boyer (Chair, SAC)  
Mr Peter Flynn (CT Surgeon)  
Dr Martin Phillips (Respiratory Physician)  
A/Prof Michael Millward (Medical Oncologist)  
A/Prof David Ball (Radiation Oncologist)  
Dr Geoff Hawson (Palliative Care Physician)

### Scientific Advisory Committee (SAC)

Dr Michael Boyer (Chair)  
A /Prof Kwun Fong (President / Chair, MAC)  
Dr Peter Allcroft (Palliative Care)  
Dr Jeff Bowden (Respiratory Physician)

Dr Martin Stockler (Clinical Epidemiologist)  
Mr Gavin Wright (CT Surgeon)  
Dr Tim Christmas (NZ Representative)  
Dr Andrew Wirth (Radiation Oncologist)  
Ms Jill Davison (Trial Coordinator/ Research Nurse)

### NHMRC CTC Operational Executive Committee

A/Prof Kwun Fong (President / Chair, MAC)  
Dr Michael Boyer (Chair, SAC)  
Dr Martin Stockler (Clinical Epidemiologist)  
Ms Xanthi Coskinas (Program Manager)  
Mr Patrick Fitzgerald (Statistician)

## Respiratory Infectious Diseases Group

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A/Prof Tom Kotsimbos (Chair)  
Dr David Armstrong  
Dr Nick Buckmaster  
Dr David Hart  
A/Prof Peter Holmes  
Dr Anastasios Konstantinos  
A/Prof Joe McCormack  
Prof William Rawlinson  
A/Prof Grant Waterer

## Cough – Infants, Children Adults Diagnosis and Assessment

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Prof Peter Gibson (Chair)  
A/Prof Robert Berkowitz  
A/Prof Anne Chang  
Prof Nicholas Glasgow  
A/Prof Peter Holmes  
A/Prof Peter Katelaris  
Prof Andrew Kemp  
Prof Lou Landau  
Dr Peter Newcombe  
Prof Peter Van Asperen  
Ms Anne Vertigan

## Pulmonary Interstitial Vascular Organisation Taskforce

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A/Prof Eli Gabbay (Chair)  
Dr Ian Glaspole  
Dr Adrian Havryk  
A/Prof Mark Holmes  
A/Prof Peter Holmes  
Dr Peter Hopkins  
A/Prof Adam Jaffe  
Dr Susanna Proudman  
A/Prof Anne Keogh  
Mrs Miriam McLean

## Donations

The Australian Lung Foundation is appreciative of all donations to our organisation as they make an important contribution in helping us achieve our mission to promote lung health and provide support for Australians impacted by lung disease through research, advocacy, education and understanding.

To express our appreciation, The Australian Lung Foundation would like to acknowledge those who have donated \$1000 or more.

Ms P Abbattista  
Mrs H Cayas  
Dent Home Investments  
Mr & Mrs PJ & SM Desmond  
Dr MJR Drew  
Mr & Mrs P & Y Ekehov  
Mr & Mrs R&R Hogan  
Lions Club of Canberra  
Littlewoods Services Pty Ltd  
Mr A Stanton  
Ms R Thomson  
Mr & Mrs JE & JC Yates  
Mr K Zuchetti

## Honorary Members

Dr Gene Colice	Professor of Medicine, from Washington, DC, USA In recognition of support for launch of the LungNet_Can Help brochure and a Public Lecture at Prince Charles Hospital.
Dr Gerard Silvestri	A/Professor of Medicine, from South Carolina, USA In recognition of support for launch of the LungNet_Can Help brochure and a Public Lecture at Prince Charles Hospital.
Ms Karen Struthers MP	Parliamentary Secretary to the Queensland Minister for Health In recognition of support for launch of the LungNet_Can Help brochure and a Public Lecture at Prince Charles Hospital.
Dr Nagahiro Saijo	Japan - President International Association for the Study of Lung Cancer In recognition of support for the Lung Cancer Consultative Group Lunch Symposium conducted at the 2007 Asian Pacific Society of Respiriology Conference.
Mr Michael Logan	Event Organiser - Canberra In recognition of efforts in coordinating a Bowls Day.

## Our Scope

- The Australian Lung Foundation (ALF) is committed to:
  - raising awareness of lung disease
  - promoting lung health
  - providing advocacy, education and support services to those impacted by lung disease
  - providing resources to health professionals to assist in the management of lung disease
  - facilitating and encouraging medical research into lung disease
- The LungNet Information and Support Centre offers:
  - telephone support
  - information brochures
  - LungNet News
  - access to patient support groups
  - details of pulmonary rehabilitation services
  - patient education days
- Groups facilitated by the ALF include:
  - Australasian Lung cancer Trials Group (ALTG)
  - Cough–Infants, Children, Adults, Diagnosis and Assessment (CICADA)
  - Chronic Obstructive Pulmonary Disease (COPD) Coordinating Committee
  - COPD Patient Taskforce
  - COPD Evaluation Committee
  - Kylie Johnston Lung Cancer Network (KJLCN)
  - Lung Cancer Consultative Group (LCCG)
  - Pulmonary Interstitial Vascular Organisation Taskforce (PIVOT)
  - Respiratory Infectious Diseases Group (RID)
- LungNet Support Groups assist by the ALF:
  - Queensland (27)
  - New South Wales (37)
  - Victoria (34)
  - Tasmania (3)
  - South Australia (9)
  - Western Australia (7)
  - Australian Capital Territory (1)
  - Northern Territory (1)
  - Specialty Groups (7)

# Corporate Information

Extract from ASIC Website



**ASIC**

Australian Securities & Investments Commission

## National Names Index

Index of corporate and business names

<b>Name</b>	THE AUSTRALIAN LUNG FOUNDATION INCORPORATED
<b>ARBN</b>	051 131 901
<b>ABN</b>	36 051 131 901
<b>Type</b>	Registered Australian Body
<b>Registration Date</b>	20/02/1991
<b>Next Review Date</b>	Unknown
<b>Status</b>	Registered
<b>Locality of Registered Office</b>	Lutwyche QLD 4030
<b>Jurisdiction</b>	Australian Securities & Investments Commission

These are the documents that ASIC has most recently received from or in relation to this organisation. Page numbers are shown if processing is complete and the document is available for purchase.

Date	Number	Pages	Description
21/03/2006	022793677	3	489A Change of Registered Office or Office Hours of a Regd Body
20/02/1991	000596047	Not Imaged	Change of Address in Australia of Registered Body 410D Application For Reservation of a Name of a Registrable Australian Body
19/02/1991	000595223	33	401B Application For Registration as a Registrable Australian Body (Association)

### Extract from Australian Business Register

ABN:	36 051 131 901
Last modified:	09 May 2002
ABN status:	Active from 30 Mar 2000
Entity name:	THE AUSTRALIAN LUNG FOUNDATION INCORPORATED
Entity type:	Other Incorporated Entity
Main business location	
State:	QLD
Postcode:	4030
Trading name(s)	THE AUSTRALIAN LUNG FOUNDATION THE AUSTRALIAN LUNG FOUNDATION
Other registrations	
GST status:	Effective from 01 Jul 2000
Tax Concession status:	<b>THE AUSTRALIAN LUNG FOUNDATION INCORPORATED</b> , a Public Benevolent Institution, is endorsed to access the following tax concessions:

Tax concession	From
GST Concession	01 Jul 2005
FBT Exemption	01 Jul 2005
Income Tax Exemption	01 Jul 2000

Deductible Gift Recipient: **THE AUSTRALIAN LUNG FOUNDATION INCORPORATED** is endorsed as a Deductible Gift Recipient from 1 July 2000.

# Concise Financial Statements

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**THE AUSTRALIAN LUNG FOUNDATION INC**  
**ABN 36 051 131 901**  
**CONCISE FINANCIAL REPORT**  
**FOR THE YEAR ENDED 31 DECEMBER 2007**

## COUNCILLORS' REPORT

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The councillors present their report for the year ended 31 December 2007.

### Concise financial statements

The financial statements and specific disclosures included in the concise financial report on pages 14 to 17 have been derived from the full financial report of The Australian Lung Foundation Inc (The ALF) for the year ended 31 December 2007.

The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of The ALF as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

### Councillors

The following persons were Councillors of the Foundation during the whole of the financial year and up to the date of this report:

Mr John Caravousanos (appointed 10 March 2007)

Dr James Markos

Associate Professor Peter Eastwood (resigned 2 March 2007)

Mr Jim Mattock

Dr Robert Edwards

Associate Professor Matthew Peters

Professor Peter Frith

Dr Martin Phillips

Associate Professor Mark Holmes

Professor Richard Ruffin (resigned 2 March 2007)

Associate Professor Peter Holmes

Dr Rima Staugas

Professor Christine Jenkins (appointed 2 March 2007)

Professor John Upham

Mr David MacIntosh

### Principle activities

The principle activities of The Australian Lung Foundation Inc during the course of the financial year were providing support to sufferers of respiratory disease through patient support groups, education and raising funds for research. The operating result for the year was a net surplus of \$245,612 (2006 \$212,856).

### Significant changes in the state of affairs

There was no significant change in the nature of these activities during the year.

President



Treasurer



Dated this 18th day of June 2008

**THE AUSTRALIAN LUNG FOUNDATION INC - INCOME STATEMENT  
FOR THE YEAR ENDED 31 DECEMBER 2007**

	NOTE	31 Dec 2007	31 Dec 2006
<b>Revenue - Continuing Operations</b>			
Projects and multi-centre trials		1,458,205	1,378,043
Grants and subsidies		315,894	25,399
Bequests and legacies		334,375	112,817
Donations		106,033	78,080
Conferences		668	157,381
Fundraising and events		30,677	108,607
Sales of educational publications		34,285	24,899
Memberships		40,227	13,569
Dividends		16,188	8,626
Interest received		106,123	91,742
<b>Expenses - Continuing Operations</b>			
Employee benefits		(685,801)	(545,596)
Projects and multi-centre trials		(954,143)	(591,519)
Grants and subsidies		(315,894)	(5,963)
Cost of goods sold		(14,331)	(8,282)
Conference		-	(144,620)
Fundraising and events		(29,975)	(290,242)
Supplies and services		(172,683)	(170,883)
Depreciation		(25,982)	(29,761)
<b>Net surplus from continuing operations</b>		<b>243,866</b>	<b>212,297</b>
<b>Revenue - Specifically Designated Activities</b>			
Donations		169,880	133,000
Interest received		7,246	6,059
<b>Expenses - Continuing Operations</b>			
Research awards		(175,380)	(138,500)
<b>Net surplus from specifically designated activities</b>		<b>1,746</b>	<b>559</b>
<b>SURPLUS BEFORE INCOME TAX</b>		<b>245,612</b>	<b>212,856</b>
Income tax expense		-	-
<b>SURPLUS FOR THE YEAR</b>		<b>245,612</b>	<b>212,856</b>

**THE AUSTRALIAN LUNG FOUNDATION INC - BALANCE SHEET  
AS AT 31 DECEMBER 2007**

	31 Dec 2007	31 Dec 2006
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	2,582,943	2,652,908
Trade and other receivables	113,166	239,491
Inventories	3,452	4,056
<b>TOTAL CURRENT ASSETS</b>	<b>2,699,561</b>	<b>2,896,455</b>
<b>NON-CURRENT ASSETS</b>		
Available for sale financial investments	204,407	186,452
Property, plant and equipment	60,669	74,222
<b>TOTAL NON-CURRENT ASSETS</b>	<b>265,076</b>	<b>260,674</b>
<b>TOTAL ASSETS</b>	<b>2,964,637</b>	<b>3,157,129</b>
<b>CURRENT LIABILITIES</b>		
Trade and other payables	1,134,425	1,579,576
Short term provisions	12,057	8,591
<b>TOTAL CURRENT LIABILITIES</b>	<b>1,146,482</b>	<b>1,588,167</b>
<b>TOTAL LIABILITIES</b>	<b>1,146,482</b>	<b>1,588,167</b>
<b>NET ASSETS</b>	<b>1,818,155</b>	<b>1,568,962</b>
<b>FUNDS</b>		
Retained earnings	1,346,989	1,101,623
General reserve	300,000	300,000
Designated funds	128,596	128,350
Net unrealised gains reserve	42,570	38,989
<b>TOTAL EQUITY</b>	<b>1,818,155</b>	<b>1,568,962</b>

**THE AUSTRALIAN LUNG FOUNDATION INC - STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 31 DECEMBER 2007**

	General	Reserves Specifically Designated Funds	Net unrealised gains reserve	Retained Surplus	Total
<b>Balance at 1 January 2006</b>	300,000	127,791	22,744	889,326	1,339,861
Transfers to reserves	-	559	16,245	(559)	16,245
Transfers to retained profits	-	-	-	-	-
Expenses taken directly to reserve	-	-	-	-	-
Profit/(loss) for the period	-	-	-	212,856	212,856
<b>Balance at 31 December 2006</b>	<b>300,000</b>	<b>128,350</b>	<b>38,989</b>	<b>1,101,623</b>	<b>1,568,962</b>
<b>Balance at 1 January 2007</b>	300,000	128,350	38,989	1,101,623	1,568,962
Transfers to reserves	-	1,746	3,581	(1,746)	3,581
Transfers to retained profits	-	(1,500)	-	1,500	-
Profit/(loss) for the period	-	-	-	245,612	245,612
<b>Balance at 31 December 2007</b>	<b>300,000</b>	<b>128,596</b>	<b>42,570</b>	<b>1,346,989</b>	<b>1,818,155</b>

Notes to and forming part of the financial statements are attached.



**THE AUSTRALIAN LUNG FOUNDATION INC - CASH FLOW STATEMENT  
FOR THE YEAR ENDED 31 DECEMBER 2007**

	<b>31 Dec 2007 Inflows (Outflows)</b>	<b>31 Dec 2006 Inflows (Outflows)</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from customers	2,768,115	2,064,793
Payments to suppliers and employees	(2,940,834)	(1,387,944)
Dividends received	16,188	8,626
Interest received	113,369	97,802
<b>NET CASH FROM OPERATING ACTIVITIES</b>	<b>(43,162)</b>	<b>783,277</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payment for property, plant and equipment	(12,429)	(24,023)
Acquisition of investments	(14,374)	(57,043)
<b>NET CASH FROM INVESTING ACTIVITIES</b>	<b>(26,803)</b>	<b>(81,066)</b>
Net increase/(decrease) in cash held	(69,965)	702,211
Cash at the beginning of the period	2,652,908	1,950,697
<b>CASH AT THE END OF THE PERIOD</b>	<b>2,582,943</b>	<b>2,652,908</b>

*Notes to and forming part of the financial statements are attached.*

**NOTES TO THE CONCISE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2007**

**NOTE 1 - BASIS OF PREPARATION OF THE CONCISE FINANCIAL REPORT**

This concise financial report is an extract from the full financial report for the year ended 31 December 2007. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039 "Concise Financial Reports" and the Corporations Act 2001.

The financial statements, specific disclosures and other information included in the concise financial report are derived from and are consistent with the full financial report of The Australian Lung Foundation Inc (The ALF). The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of The ALF as the full financial report.

The financial report of The ALF complies with all Australian equivalents to International Financial Reporting Standards (AIFRS). The presentation currency used in this concise financial report is Australian dollars. The concise financial report was authorised for issue by the councillors on 29 February 2008.

**NOTE 2 - INCOME TAX**

The Australian Lung Foundation Inc has been endorsed by the Australian Taxation Office as a Tax Exempt Charitable Entity.

**NOTE 3 - SEGMENT REPORTING**

The Australian Lung Foundation Inc operates predominantly in Australia and in one business segment delivering services related to lung disease.

**NOTE 4 - EVENTS SUBSEQUENT TO REPORTING DATE**

No events have occurred subsequent to reporting date that will have a material effect on the financial report of The ALF for the year ended 31 December 2007.

**THE AUSTRALIAN LUNG FOUNDATION INC – COUNCILLORS' DECLARATION**

The councillors of The Australian Lung Foundation Inc declare that the concise financial report set out on pages 14 to 17:

- (a) has been derived and is consistent with the full financial report of The Australian Lung Foundation Inc for the year ended 31 December 2007; and
- (b) complies with Accounting Standard AASB 1039 "Concise Financial Reports". This declaration is made in accordance with a resolution of the councillors.

President



Treasurer



Dated this 18th day of June 2008



## INDEPENDENT AUDITOR'S REPORT

To the members of The Australian Lung Foundation Inc

### **Report on the concise financial report**

The accompanying concise financial report of The Australian Lung Foundation Inc (The ALF) comprises the balance sheet at 31 December 2007, the income statement, statement of changes in equity and cash flow statement for the year then ended and related notes, derived from the audited financial report of The ALF for the year ended 31 December 2007. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

### **Councillors responsibility for the concise financial report**

The councillors of The ALF are responsible for the preparation and presentation of the concise financial report in accordance with Accounting Standard AASB 1039 "Concise Financial Reports" (including the Australian Accounting Interpretations) in accordance with The ALF's constitution. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

### **Auditor's responsibility**

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of The ALF for the year ended 31 December 2007. Our audit report on the financial report for the year was signed on 29 February 2008 and was not subject to any modification. Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material mis-statement.

Our procedures with respect to the audit of the concise financial report included testing that the information in the concise financial report is derived from and is consistent with the financial report for the year, and examination on a test basis, of evidence supporting the amounts and other disclosures which were not directly derived from the full financial report. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039 "Concise Financial Reports".

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Independence**

We are independent of The ALF, and have met the independence requirements of the Australian professional and ethical pronouncements.

### **Audit Opinion**

In our opinion, the concise financial report of The Australian Lung Foundation Inc complies with Australian Accounting Standard AASB 1039 "Concise Financial Reports".

Signed at Brisbane, 18 June 2008

WHK HORWATH  
Chartered Accountants

D W LANGDON  
Partner

*Liability limited by a scheme approved under Professional Standards Legislation.*

*Total Financial Solutions*



Horwath refers to Horwath International Association, a Swiss entity.  
Each member of the Association is a separate and independent legal entity.

### **Member Horwath International**

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A WHK Group firm

## Australian Lung Health Awareness Month

**NOVEMBER 2008**

**Lots of activities** – choose one that suits you and your friends / family / co-workers

<b>November 4</b>	Do Lunch for Lungs
<b>November 10</b>	Plant a Tree for Lung Cancer International Lung Cancer Awareness Day
<b>November 19</b>	Catch your Breath Walk for COPD World COPD Day
<b>November 24</b>	Orphan Lung Disease Day

Goals of The Australian Lung Foundation are to:

- promote lung health
- facilitate and encourage research to reduce lung disease
- provide advocacy, education and support services to Australians impacted by lung disease.

Your participation in any of the November events will assist The Australian Lung Foundation in achieving its goals so...

... why not be a part of something that is fun and, at the same time, gives you an opportunity to lessen the impact of lung disease on patients and our community!

Visit our website

[www.lungnet.com.au](http://www.lungnet.com.au)

or phone us on

**1800 654 301**

for information on any of the November events.



THE  
AUSTRALIAN  
**LUNG**  
FOUNDATION

*"When you can't breathe...  
nothing else matters"™*

**1800 654 301**

**[www.lungnet.com.au](http://www.lungnet.com.au)**

**SUPPORT THE WORK OF  
THE AUSTRALIAN LUNG FOUNDATION**

More than 6 million Australians suffer from a chronic respiratory illness with common and rare forms of lung disease costing our community millions of dollars each year. Your donation to The Australian Lung Foundation will help in its undertaking to:

- Promote lung health;
- Provide advocacy, education, patient and carer support services;
- Support medical and scientific research into the prevention and/or cure of lung disease.

Together, we can create awareness, provide understanding and find a cure!

If you would like to be part of this journey, contact The Australian Lung Foundation on 1800 654 301 for details on how you can support this work through donations by way of credit card, direct deposit or donation envelope.

As a public benevolent institution, all donations over \$2 to The Australian Lung Foundation are tax deductible.

As an alternative and after you have carefully considered family and friends in your Will, you might like to make a bequest to The Australian Lung Foundation. All you need to do is ask your solicitor to insert a clause in your Will. Our website [www.lungnet.com.au](http://www.lungnet.com.au) provides examples of sample wording for your legal adviser's consideration.

