VISION AND GOALS FOR 2015

The Danish Cancer Society’s vision is a life without cancer

This vision is realised by
• preventing the development of cancer;
• offering the possibility of a cure;
• helping those afflicted.

With its widespread popular support and the expertise and skills achieved through research, patient support, prevention and information activities, the Danish Cancer Society aims to:
• monitor and safeguard patient rights;
• identify problems and obstacles;
• offer professional and political advice;
• specify goals and possible solutions;

• promote and head development and activities required to reach its goals;
• involve relevant parties;
• monitor and record results.

Towards 2015, the Danish Cancer Society will work to improve the situation of cancer patients and optimise every aspect of the cancer pathway.

The cancer pathway includes all initiatives and offers: from research and prevention, through therapy and care, to rehabilitation and palliation.

This goal applies to the Danish Cancer Society’s own activities as well as the efforts for which the public sector is responsible.

Alma, Flora, Eigil and Elvira Poulsen from Copenhagen on their way to the Danish Cancer Society with a cheque for DKK 37,000 for the Danish Cancer Society. The girls designed and sold their own postcards in the fight against cancer.
Front Page: The work of Professor Marja Jaätela, research manager, includes investigating what makes cancer cells survive and, not least, how to re-create cancer cells’ ability to commit suicide and, thus, how to get rid of them.
In 2011, the Danish Cancer Society was once again rated among the world’s elite. The Danish Cancer Society Research Center is ranked 29th in the world, 10th in Europe and an undisputed number 1 in the Nordic region out of more than 3,000 of the world’s leading universities and research institutions.

We are proud of this position and it places an obligation on us: we must continue to be among the best. The Danish Cancer Society aims to continue producing trail-blazing research, to nurture the next generation of cancer researchers and bring cancer research close to society for the benefit of patients as soon as possible.

I’m sure we will succeed in this. We have now combined the Society’s research departments into a joint research centre. The novel aspect of this is that we now bring researchers who work with issues such as lifestyle and environmental impact in closer contact with basic-science researchers who are seeking to identify biological correlations.

A continuing, major challenge in our research is to identify causes of cancer which allow us to conduct research into improved and increasingly precise therapies while at the same time becoming better at preventing cancer.

The highest vaccination rate in the world
For several years, the Danish Cancer Society made a targeted effort to make HPV vaccine against cervical cancer available free of charge to all women up to and including the age of 26. The Danish Parliament has listened to us and in 2012 will make the vaccination free for all women up to the age of 27. In return, we launch a substantial and comprehensive communication campaign to support our goal of Denmark having the world’s largest vaccination rate. In a concurrent process, we are investigating the currently available documentation about whether boys can also benefit from the vaccine. If this proves to be the case, we will advocate for a free vaccination programme for all Danish boys as well.

Cancer patients must be involved
I feel very strongly about ensuring that the Danish Cancer Society contributes to getting cancer patients and relatives involved in the development of the healthcare system and the municipal services offered. It is practically impossible to navigate the different systems today. Cancer patients and relatives know what they need better than anyone else. As a patients’ association, we must therefore give them a far more powerful voice, so they can be heard and be involved.

Your Life helps cancer sufferers
Do-it-yourself assistance for cancer patients and relatives is yet another new counselling service from the Danish Cancer Society. Your Life aims to make cancer sufferers more resourceful wherever possible. Bringing focus to bear on food, exercise, sleep and mindset, we hope to better equip cancer sufferers for living with cancer or a life after cancer.

Of course, cancer sufferers will by no means be left to their own devices. Your Life complements the other patient support activities offered by the Danish Cancer Society. We still have an obligation to secure the right help and support for cancer patients with special needs – no matter where or when they need help.

Unfortunately, cancer is not a disease that can be easily eradicated. We know this only all too well. Consequently, our ambition is that if you cannot lead a life without cancer, you should at least be able to lead a rewarding life with cancer. Our goal is that cancer should not be fatal but a disease you can live with.

The Annual Report gives you a glimpse of what the Society has been working on in 2011, and outlines what we will do in 2012. Enjoy your reading!
MANAGEMENT'S REPORT

New organisation with new cancer research centre
In 2011, the Danish Cancer Society implemented an organisational development process. In the new organisation, cancer research activities are concentrated in a single new unit: The Danish Cancer Society Research Center. More closely integrated collaboration between biological and epidemiological research will guarantee that the Danish Cancer Society maintains its high international standard among the world’s best cancer research institutions.

The Danish Cancer Society’s new organisation also includes the establishment of a small management team composed of the director and managers from Research, Cancer Prevention and Documentation, and Patient Support & Community Activities. The management’s daily focus is on the strategic interaction between the Danish Cancer Society’s core tasks in the areas of research, prevention and patient support. The new organisation creates better conditions for accomplishing the Danish Cancer Society’s mission and goals.

Acute cancer
The introduction of acute cancer treatment has been a top priority for the Danish Cancer Society. The Danish Cancer Society has recommended a three-pronged effort: easy access to specialised diagnosis, package pathways, and the establishment of diagnostic centres. Research has shown that fast and early diagnosis is required for improving the survival prospects of cancer patients. Therefore, the Danish Cancer Society works towards organising the healthcare sector in a way which ensures citizens fast and easy access to relevant medical counselling, examination and treatment. There are many indications that the Danish Cancer Society has been heard, as the government’s first initiative in the area of cancer covers all three main elements.

Vaccination against cervical cancer
In 2011, the Danish Cancer Society made a targeted effort to make an HPV-vaccine against cervical cancer freely available to all women up to the age of 26. Therefore, when the Danish Parliament makes the vaccination free for all women up to the age of 27 in 2012, this will be a great and important step that will help to save many women’s lives in the future.

Night work and breast cancer
In 2011, the Danish Cancer Society published important research results on the correlation between night work and breast cancer. Researchers at the Danish Cancer Society have carried out a study involving nurses, and the results of this and other studies reveal a correlation between night work and the risk of breast cancer. In collaboration with Danish Regions and the Danish Nurses’ Organisation, the Danish Cancer Society chose to make recommendations for how night work can be organised to minimise its adverse consequences.

Making research results relevant to the public in this way is essential to the role of the Danish Cancer Society in society.

Dallund Rehabilitation Centre
The Danish Cancer Society is pleased that the running of the Dallund Rehabilitation Centre has been ensured by the Danish Finance Act for 2012. It has been suggested that the activities at Dallund and the Palliative Knowledge Centre be continued and concentrated in a new Knowledge Centre for Rehabilitation and Palliation, and we consider this a positive initiative. The new centre will be established in an interdisciplinary research environment at the Institute of Public Health, University of Southern Denmark. This is a constructive solution for which the Danish Cancer Society has high hopes.

Cancer Plan III
2011 was highly characterised by the launch of Cancer Plan III, which includes a revision of the existing package pathways to include both rehabilitation and palliation in the future. The Danish Cancer Society has contributed to developing guidelines for both the palliative and rehabilitation processes. The Danish Cancer Society’s rehabilitation conference on 6 March 2011 demonstrated the widespread support among decision-makers and professionals for the model of needs for rehabilitation included in the Danish Cancer Society’s rehabilitation strategy plan from 2010.

Strategic funds
Every year, money is allocated to a number of development and research projects. This funding typically goes to external researchers or projects carried out in collaboration with the Danish Cancer Society. For instance, in 2011 the Danish Cancer Society and the Novo Nordisk Foundation allocated DKK 30m to the project ‘Returning to Daily Life – Optimised rehabilitation of cancer patients’. The project will run until 2016. The Danish Cancer Society has also entered into a collaborative agreement with TrygFonden totalling DKK 30m for a strategic R&D palliation initiative. This collaboration between equals will run until 2019. Finally, the Danish Cancer Society entered into an agreement with the University of Southern Denmark concerning a strategic prevention effort against cancer, budgeted at DKK 35m. The project will run until 2014.

Barometer survey
In 2011, the Danish Cancer Society conducted its first barometer survey of cancer patients’ encounters with the healthcare system in the course of examination and treatment. The barometer survey, launched by the Danish Cancer Society’s Central Board, is the most comprehensive of its kind so far.
Flora, aged 12, Alma 15 and Elvira 9, lost their mother to cervical cancer two years ago. While their mother was very ill, the girls started cutting out paper angels, designing postcards and putting them into production, and they have been in charge of selling the postcards. Sales from this generated DKK 37,000 for the Danish Cancer Society. The remaining cards can be bought on www.cancer.dk/netbutik.
The survey has provided the Society with unique knowledge on how patients feel they are being treated in the healthcare system after being diagnosed with cancer. For instance, many patients had a good experience, but unfortunately, many of them experienced a lack of responsiveness when they first approached their GP with cancer symptoms.

The results of the report will serve as a basis for the Danish Cancer Society’s efforts to ensure optimal patient pathways in the years ahead.

Ethical guidelines
The Danish Cancer Society must regularly consider questions and queries which challenge the values, attitudes and goals which the Society endorses and works for. Therefore, in 2011 the Danish Cancer Society drew up a set of ethical guidelines for its activities. These ethical guidelines define things like the sources from which the Danish Cancer Society can receive gifts and other support, the nature of collaboration between the Society and individuals and businesses, and who and what is eligible for support.

Voluntary work
The decision to allocate money in 2011 to develop a Volunteers’ Portal was a decisive step towards strengthening voluntary work in the Danish Cancer Society. The portal will make it easier and more fun to be a volunteer. This is an important initiative as voluntary work is a precondition for the financing of a major part of the Danish Cancer Society’s research and activities in general.

Damage following torrential rain storm
The torrential rain storm in Copenhagen on 2 July 2011 also affected the Danish Cancer Society. Severe damage was caused by the 150cm of rain and sewage water flooding the basement, where IT and telecom systems were installed. The water also flooded parts of the biological research material in the biobanks. Thanks to an enormous effort by staff, their family and friends, the vast majority of the biological research material was saved.

Political work
Coordinating and developing the joint political efforts of the Danish Cancer Society – both in relation to decision-makers and authorities and in relation to the internal democratic processes – are core tasks of Policy and Legal Advice.

Drawing partly on the range of research results generated by the Danish Cancer Society, Policy and Legal Advice plays a role in setting the public agenda and influencing decisions taken by national, regional and local decision-makers in the area of cancer.

Political coordination
The department coordinates the joint political effort at the Danish Cancer Society and contributes to strategic communication with regard to political issues in order to accomplish the goals of the Danish Cancer Society.

Legal advice
The department is involved in ensuring coherence between the Danish Cancer Society’s activities and its ethical norms and the legal framework for the Society’s work, both in terms of internal legal matters and external collaborators.

International cooperation
The department contributes continually to identifying subjects and activities which should be implemented at Nordic, European and/or international levels. For instance, at Nordic level, focus has been brought to bear on costs relating to cancer treatment in Nordic countries and collaboration in the field of epidemiology, including the NORDCAN project.
FOCAL AREAS IN 2012

• HPV-vaccination to be made available to all women up to the age of 26, with no limitations.
• Cancer patients receiving treatment should be exempt from the 52-week maximum on sickness benefits.
• The right to freedom from smoke in public areas must be guaranteed with the amendment of the Act on Smoke-free Environments.
• Follow-up on Cancer Plan III, including a guarantee of acute cancer treatment and compliance with package pathways.
• Ban on the use of sunbeds by children and adolescents under the age of 18.
CANCER RESEARCH

The Danish Cancer Society expends approx. DKK 250m on research annually. Every day, all year round, researchers make new headway, and new knowledge is converted into medicine and treatment as fast as possible.

Research grants from the Danish Cancer Society 2001 - 2011

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Research at the Danish Cancer Society covers many aspects of cancer. All told, more than 180 employees and 20 different nationalities work to generate and disseminate knowledge that could improve the understanding, diagnosis, treatment and prevention of cancer.

The Research Center combines basic scientific knowledge of fundamental cellular mechanisms with epidemiology research into why we get cancer.

Laboratory research provides new knowledge about correlations, such as between cell-growth regulation and cancer, about genetic mutations in a cancerous cell and about the immune system’s inability to fight diseased cells. This is also where researchers work to discover what takes place in breast cancer cells when they develop resistance to anti-hormone treatment.

In the long term, this knowledge may be used to prevent cancer and tailor the treatment to the individual patient. In more concrete terms, some of the laboratory research takes place using Petri dishes, pipettes and cell samples, whereas some is carried out on a computer.

Epidemiological cancer research is, however, primarily conducted by comparing data from registries, questionnaires and tissue samples and searching for patterns which may reveal causes of cancer. This knowledge is essential in preventing cancer.

This was how epidemiological researchers discovered that e.g. tobacco, exposure to sunlight, radioactive radiation, asbestos and HPV infection increase the risk of cancer. Additionally, researchers at the Danish Cancer Society are concerned with the relevance of psychological and social conditions to how people deal with cancer.

The Research Center’s vision is to produce trail-blazing research which increases our knowledge of what causes cancer, to reduce the number of cancer cases and to increase survival.

However, the research contributes to the work of the Danish Cancer Society also in other areas. An important aim is to provide the scientific basis for the organisation’s policy decisions and reports. The work of the Research Center ensures that the Danish Cancer Society’s decisions and recommendations to politicians, healthcare professionals and cancer patients are always in line with the latest knowledge.

In 2011, the Danish Cancer Society research department was rated among the world’s elite. According to the international Scimago Institutions Rankings of scientific production, the Danish Cancer Society is rated 10th in Europe and the undisputed number 1 in the Nordic region out of a total of 3,042 of the world’s leading universities and research institutions.

In 2011, the researchers at the Danish Cancer Society published 267 articles in scientific journals.
Increased knowledge on how cancer cells become resistant

A major challenge of cancer treatment is to discover why cancer cells may develop resistance to a specific type of medicine. In 2011, researchers came a step closer to understanding how breast cancer cells become resistant to the anti-hormone tamoxifen.

Broadly speaking, hormone-sensitive breast cancer feeds on oestrogen. Oestrogen works by binding with a receptor, the oestrogen receptor, which then stimulates the growth of cancerous cells. If, however, the effect of the oestrogen is inhibited by anti-hormone treatment, the growth of the cancer cells is blocked.

One of these anti-hormones is tamoxifen. Even if the treatment works well in many patients, it is a well-known problem that the cancer cells may eventually develop resistance to the treatment, causing tamoxifen to lose its effect. The reasons are as yet not fully known, but, in collaboration with an Italian research team, researchers from the Breast Cancer Group have moved a step closer to solving the mystery.

They have discovered one of the proteins which helps cancer cells to proliferate despite the tamoxifen. The protein is called Tab2, and the scientific results show that if this protein is inhibited, the cancer cells will regain sensitivity to tamoxifen.

Tab2 hijacks the brake pad
Tab2’s effect on cancer cells is not entirely simple and involves signals between a number of molecules in the cell nucleus. To begin with, tamoxifen is bound to the oestrogen receptor. This attracts a large number of co-factors which bind to the complex formed by tamoxifen and the oestrogen receptor. Tab2 is one of the central co-factors, and another important co-factor is called NCoR. When NCoR binds with the tamoxifen/oestrogen complex, the genes which usually stimulate the growth of cancer cells are blocked.

The researchers have shown that Tab2 exist in the cells in two different forms. These are referred to as Tab2 and P-Tab2 respectively, and P-Tab2 is able to bind to NCoR and transport it out of the cell nucleus. If this happens, the cancer cells are able to proliferate despite treatment with tamoxifen. They have become resistant.

“Our results suggest that targeted treatment preventing P-Tab2 from transporting NCoR out of the cell nucleus can have the effect that resistant cancer cells may regain sensitivity to tamoxifen,” says Anne Lykkefjeldt, Sc.D, head of the Breast Cancer Group.

The first piece of evidence
Presumably, Tab2 has many functions in the body’s cells. For instance, previous studies have shown it to be involved in inflammation. However, this is the first time researchers have demonstrated the protein’s direct involvement in resistance to tamoxifen.

“Our results clearly revealed that once the sensitive breast cancer cells changed into being resistant, the protein Tab2 changed into the form of P-Tab2,” says Anne Lykkefjeldt.

Tamoxifen is the first-line anti-hormone therapy for premenopausal women with breast cancer. The medicine is typically administered for five years after surgery if the cancer depends on the female sex hormone oestrogen to grow.
New knowledge about the gene behind every third case of cancer

Researchers from the Danish Cancer Society have identified the mechanism functioning as an ‘on’ switch for the onset of cancer in up to a third of the cases.

Among the genes playing an important role in the development of cancer is a special group known as oncogenes. These genes are so central that if they mutate, this may trigger cancer. One of the most well-known oncogenes is the Ras gene, which has mutated in almost every third case of cancer. If Ras mutates, it triggers a cascade of signals in the cell, leading to uncontrolled growth – i.e. cancer.

Exactly because the activation of Ras is so important for the development of cancer, researchers at the Danish Cancer Society are working intensively to find out more about the gene. Several years of work culminated in 2011 when researchers from the Department of Apoptosis achieved results that could describe the earliest signals triggered by Ras in the cell after being activated.

The researchers showed that the two kinases, a kind of enzymes, JNK2 and ERK are the first to be activated by the Ras gene and subsequently trigger the entire cascade leading to cancer. These two kinases are so important that once they have been activated, cancer is inevitable, and if they are blocked, this will prevent cancer from developing.

A key role in the development of cancer

“Our results show that both JNK2 and ERK are necessary for Ras to transform normal cells into cancer cells. If JNK2 is deactivated, the activation of ERK cannot in itself make the cells change. Even if they have the active, carcinogenic Ras gene, the cells will behave like normal, healthy cells,” says Tuula Kallunki, senior researcher at the Department of Apoptosis.

The normal functions of JNK2 and ERK are to transport signals from outside the cell into the cell – in other words, they tell the cells what is going on around them. For instance, they play an important role in the processes controlling programmed cell death, apoptosis, and in cell reaction to stress caused by damage to their DNA, for instance. Exactly these two processes are very important to the body’s natural defence against cancer.

Preventive therapy needed

Ras is so important in the development of cancer that several experiments are already being conducted to block Ras or the molecules it activates. However, we still need more knowledge, such as to find out who is at risk of developing cancer as a result of activation of Ras.

Once the gene has been activated, there is no way back: the cells will develop into cancer. Therefore, it is important to take action and prevent Ras from being activated.

“This will be the main challenge for our research in the years ahead, since we are currently unable to predict who will experience activation of Ras. Before this takes place, the cells are completely normal, and at present we don’t know of any particular risk factors, such as heredity,” says Tuula Kallunki.

However, she is pleased that the research shows that two kinases play a central role, because in the treatment of cancer, many medicines notably target kinases.

“So this will probably be an area where we can really do something once we are able to identify who will benefit from preventive therapy,” says Tuula Kallunki.
Cancer researcher Christina Westmose Yde at the Breast Cancer Group works to identify the molecular mechanisms that make breast cancer cells resistant to the anti-hormone tamoxifen.
Chemotherapy and radiation therapy may cause changes to human genetic material. This has given rise to concerns that potential damage could be passed on to the children of cancer survivors, thus causing disease in the next generation. However, survivors of childhood or adolescent cancer have no reason to fear this.

Cancer therapy is hard on the body and may result in mutations of genetic material. This means that individuals who survive cancer in childhood have a higher risk of developing cancer again later on in life. This has fuelled concerns that cancer therapy in the childhood may affect the gametes and thus increase the risk of, e.g., deformities or chromosomal abnormalities in children borne to cancer survivors later in life.

But neither women nor men who had cancer as children or when they were young have reason to fear that cancer therapy involving radiation of the region around the ovaries or testicles has damaged the gametes passed on to children. This has been shown in two major studies published in the Journal of Clinical Oncology, and based on data from survivors of childhood cancer in the US and Denmark, respectively.

“We did not see an increased rate of deformities or chromosomal abnormalities in children of the women and men who had received chemotherapy or radiation therapy in the region around the ovaries and testicles, compared to children of patients who had not received this therapy. These major, reliable studies thus confirm the results of earlier, but smaller studies. This is important knowledge to pass on to survivors of cancer in childhood who worry about their chances of having healthy children,” Jeanette Falck Winther says.

It is difficult for many to conceive

However, this does not mean that having children is entirely unproblematic for previous sufferers of cancer in childhood. Some cannot have children at all because the therapy made them sterile, and high radiation doses to the uterus may cause damage which makes it more problematic to carry a pregnancy.

“The uterus may be damaged, resulting in tissue formation and thus poorer blood supply. Consequently, the uterus may not be able to meet the increasing demands as the foetus grows. Therefore, we see a few more abortions, premature births, children with low birth weight and stillbirths in this group. However, this is most likely caused by damage to the uterus and not by gamete damage transferred to the children,” according to Jeanette Falck Winther.
Pollution from traffic increases the risk of lung cancer. This was the conclusion of one of many studies from the Danish Cancer Society published in 2011. The study showed that the 25% of the participants who lived in areas with the most air pollution had a 30% greater risk of getting lung cancer than the 25% who lived in areas with the least air pollution.

"In a similar study, we found that we are probably dealing with 200–300 cases of lung cancer every year in Denmark," says Ole Raaschou-Nielsen, head of department and the person behind the study.

Particles increase the risk of cancer

As a basis for the investigation, the researchers used the "Diet, Cancer and Health" cohort, comprising more than 57,000 individuals. Out of these, via the Cancer Registry 592 people were identified who developed lung cancer in the period from enrolling in the cohort in 1993–97 and up until 2006. They were compared with participants who did not develop lung cancer, and the results were adjusted for differences in smoking habits, education, etc.

As a measure of the pollution, researchers used nitrogen oxides, a gas also referred to as NOx. The participant’s addresses were traced back to 1971, and the amount of pollution from nitrogen oxides at these addresses was calculated using a model developed by the National Environmental Research Institute in Denmark.

"Even though we used nitrogen oxides as a measure of air pollution from traffic, presumably it is the particles in the air which may cause lung cancer. We know that when there is a high level of NOx at an address, there is also a high number of particles. The two types of air pollution follow each other closely in the streets of Denmark," Ole Raaschou-Nielsen says.

In urban areas, the primary source of nitrogen oxide pollution is diesel-fuelled vehicles. Previous studies have revealed an increased risk of lung cancer if a person is exposed to diesel fumes at work, and diesel fumes have also been proven to be carcinogenic for laboratory animals.

The study came about in collaboration with researchers from University of Copenhagen and Aarhus University.
Use of mobile phones most likely harmless for children

2011 saw the first comprehensive study of whether children’s and teenagers’ use of mobile phones was related to cancer. The study showed that regular use of a mobile phone for at least five years did not increase the risk of brain cancer compared to not using a mobile phone.

Several studies have shown that the use of mobile phones does not increase the risk of cancer in adults. But what about children who are not fully developed and consequently more vulnerable? In 2011 we came a little closer to answering this question. The first major study of children, mobile phones and cancer thus concluded that no connection could be established between the use of mobile phones and brain cancer.

“This is the first large investigation involving children and exploring correlations of all kinds. It is also the first large study which includes carrier data, and therefore it provides the best answer we can give right now. And we do not believe that the use of mobile phones increases the risk of brain cancer in children,” says Christoffer Johansen, professor and head of department.

The study, published in the Journal of the National Cancer Institute, was conducted in a collaborative effort involving Denmark, Sweden, Norway and Switzerland. It is based on data from all children aged 7–19 who developed brain cancer in the four countries from 2004 to 2008. More than four out of five children affected by cancer, or their parents, chose to participate and take part in an interview, and for one third of the participants, the researchers also had access to usage data from the mobile phone companies. Subsequently, the information from the 352 brain-cancer patients was compared to corresponding information on 646 healthy children and youths in the same age group.

More use did not increase the frequency of brain cancer

One factor investigated was whether brain-cancer patients had used their mobile phones more frequently or for a longer time than healthy individuals in the same age group. This was not the case. Nor were the individuals who used a mobile phone regularly for at least five years at a higher risk of developing brain cancer than non-mobile phone users.

Of the many analyses, only one produced a statistically significant result: a sub-analysis involving one third of the children, i.e. those for whom the researchers had information from the mobile carrier about their subscription. In this group, a slightly higher incidence of brain cancer was seen in the children who had taken out their first mobile phone subscription the longest time ago. But the result is weak, and, on the other hand, the researchers found no correlation between frequent use of mobile phones and the risk of cancer.

“We cannot provide an ultimate answer yet. The only children available for the study are growing up in an era of this technology, so to be absolutely certain we would like to follow the children throughout their childhood and early years of adulthood,” Christoffer Johansen says.
FOCAL POINTS 2012

In 2011, the first important steps were taken towards collating data and rethinking the research at the Danish Cancer Society. The Institute of Cancer Biology merged with the Institute of Cancer Epidemiology to form the Danish Cancer Society Research Center.

The new research centre comprises six research units which will collaborate across scientific fields. The six departments’ areas of focus in the coming years will include the following:

Diet, genes and environment
- More knowledge on the importance of diet, lifestyle and environment for the risk of cancer and cancer survival.
- Focus on wholegrain and other elements of Nordic diets.
- Improved methods for early detection of cancer, such as the use of genetic markers.
- The effect of working environment, including night work and air pollution, on the risk of cancer.

Virus, lifestyle and genes
- Monitor effects and possible adverse reactions to HPV vaccination.
- Investigate new screening markers for cervical cancer.
- Study the interaction between genes and environment with focus on ovarian cancer and breast cancer.
- Analyse reasons and prognostic factors in a study of women with ovarian cancer.
- Determine whether the anti-hormone tamoxifen also protects against breast cancer after more than five years of treatment.

Chromosome biology
- Characterise the regulatory mechanisms in the human cell which protect vulnerable units of hereditary material when the cell is exposed to stress.
- Conduct screenings for cancer genes linked to chromosome damage.
- Further develop advanced imaging of cell cycle and chromosome modulation after genotoxic stress.

Cell death and metabolism
- Assess whether antidepressants work as cancer inhibitors.
- Study cells which are resistant to the anti-hormones tamoxifen and aromatase inhibitors by means of cell-based models.
- Identify stem-cell-like cells in breast cancer.
- Transfer results from the cancer cell studies to application in cancer treatment.

Gene research
- Find new points of attack in the cancer cell which can be used for individually designed therapy.
- Identify mechanisms which repair our genes and keep the genome intact.
- Biologically characterise cancer stem cells in brain cancer and ovarian cancer.
- Search for defects in the ability of breast cancer cells to repair damage to the genetic material, for the purpose of developing individually designed breast-cancer therapy.

Life after cancer
- Continue a Danish survey of psychosocial long-term sequelae to childhood or adolescent cancer.
- Continue a Nordic study of cardiovascular diseases, lung diseases, endocrine disorders and damage to the reproductive system in childhood or adolescent cancer survivors.
- Study interventions which prevent long-term sequelae.
- Develop plans for a long-term sequelae clinic at the National University Hospital (Rigshospitalet).
The Danish Cancer Society spends millions of Danish kroner on research every year. In 2011, research expenditure totalled DKK 240.5m.

Most of the funding granted for research by the Danish Cancer Society every year goes to cancer researchers at hospitals, universities and other research institutions in Denmark, and to Danish researchers working abroad. For instance, in 2011, strategic research funds were allocated as follows:

**DKK 31m for research into prevention**

How do Danish municipalities deal with prevention? How can schoolyards provide a setting that encourages children to be more physically active?

With a large donation of DKK 31m from the Danish Cancer Society, researchers from the Centre for Intervention Research at the Southern University of Denmark, headed by Professor Morten Grønbæk, have launched a research project investigating which types of prevention make a difference to the health of the Danish population.

Prevention is a very important priority area at the Danish Cancer Society, which is why the Society has donated a total of DKK 100m to the Centre for Intervention Research. In 2011, DKK 31m of these funds were granted to six research projects.

**Cancer rehabilitation research**

More and more people survive or live longer with cancer, but the treatment is stressful, and for some patients very comprehensive. This means that a great many cancer patients need rehabilitation: help to get on with their lives. However, we lack knowledge about rehabilitation and documentation for what works and what doesn’t. Consequently, the Danish Cancer Society and the Novo Nordisk Foundation have each donated DKK 15m to research into rehabilitation at the Centre for Integrated Rehabilitation of Cancer Patients at the University of Copenhagen and Rigshospitalet.

The centre focuses its research on both children and adults with a wide range of cancer diagnoses.

**Two professorships**

Denmark has the highest mortality rate among female and male patients with chronic obstructive pulmonary disease (COPD) and lung cancer. We need to change this reality. Therefore, in 2011 the Danish Lung Association and the Danish Cancer Society set aside DKK 10m for research in this area, and a five-year research professorship has been established under the Institute of Public Health at the University of Copenhagen. Denmark’s new professor of prevention of COPD and lung cancer is Peter Lange.

Furthermore, in 2011 the Danish Cancer Society granted DKK 5m for a five-year professorship for Jan Blaakær, consultant, MD, at Aarhus University Hospital and Aarhus University. The professorship will ensure continued research and development in gynaecological cancer research.

Over the next pages, the Danish Cancer Society will report on other external research projects, and more examples can be found on page 92.
The TET2 gene plays a central role in the body’s own defence against cancer. This is probably the line of defence which fails in blood cancer patients. Researchers have discovered TET2 mutations in 25–50% of many types of blood cancers.

Every single cell in our body is carefully regulated. Different mechanisms make sure that skin cells develop into precisely skin cells and liver cells develop into liver cells. Other mechanisms make sure that cells die when they are supposed to. Sometimes these processes go wrong. Cells start dividing uncontrollably and develop into cancer. Researchers have discovered mutations in a gene called TET2 in 25–50% of blood cancer patients.

Thanks to this discovery, researchers from the Biotech Research and Innovation Centre (BRIC) at the University of Copenhagen were able to identify the importance of this gene. Last year, they discovered that a related protein, TET1, plays a role in controlling which of the genes in the body’s cells are active and thus also in ensuring that the cells develop normally.

Kristian Helin, professor and director at BRIC at University of Copenhagen, received a grant of DKK 6m from the Danish Cancer Society to explore the TET2 gene’s importance for normal cell growth, and the reason why mutations in the gene increase the risk of cancer. Hopefully, this will produce essential knowledge on how the activity of our genes is regulated and ultimately improve the treatment of blood cancer patients.

“When a gene that mutates in 25–50% of certain types of cancer is identified, we know that it is extremely important to understand the function of such a gene. This gives us an idea of where to look to gain a better understanding of why cancer occurs in the bloodstream and enables to come up with new treatment options,” Kristian Helin says.

Mutations lead to uncontrolled cell proliferation
Research results from the Helin group and other laboratories have shown that the enzyme which TET2 encodes can mutate small chemical groups, known as methyl groups, attached to our DNA. Cancer cells often exhibit changes in the location of methyl groups. The methyl groups ensure that cancer cells’ genes are switched off, and if these genes are necessary to block normal cell growth, changes to DNA methylation patterns can lead to uncontrolled cell proliferation.

“What is extremely interesting about this enzyme is that it regulates DNA methylation. Mutations in TET2 may result in the methyl groups not being removed and consequently accumulating in some genes,” Kristian Helin says.

One of the researchers’ aims is notably to identify the genes in which methyl groups accumulate. This knowledge may be instrumental in determining whether patients will benefit from medicines that inhibit cancer cells’ gene activity by removing methyl groups.

“I realise that some people may feel that it reminds them of something they have heard before, but cancer encompasses hundreds of very different diseases. Therefore, we are very enthusiastic when we discover genes which have mutated as frequently as TET2 – even if it may take ten years before it results in a new treatment,” Kristian Helin says.
Blood samples can detect the recurrence of intestinal cancer

Around 40% of the 4,000 Danes diagnosed with colon and colorectal cancer every year experience relapse. Often, the cancer has spread to vital organs. However, new research will help to ensure earlier detection, thus increasing the survival rate.

The faster the recurrence can be detected, the better the treatment alternatives and consequently also the survival prospects. Using the latest technology to explore the changes in genetic material that are characteristic of cancer tumours, a new research project will pave the way for fast treatment of the hundreds of intestinal cancer patients in Denmark experiencing relapse every year.

With some 2,500 cases of colon cancer and 1,500 cases of colorectal cancer every year, intestinal cancer is one of the most prevalent types of cancer in Denmark. At the same time, around 40% of the patients experience a relapse of the cancer. Often at an advanced stage and after metastasising to other parts of the body.

Therefore, the Danish Cancer Society has donated DKK 1.65m to a large research project led by Claus Lindbjerg Andersen, associate professor, PhD, at Department of Molecular Medicine, Aarhus University Hospital.

Blood sampling at check-ups

"A characteristic of cancer cells is that their genetic material has changed compared to the genetic material of normal cells. This means that each individual patient’s cancer tumour shows up through its own unique changes in the genetic material. At the same time, previous research has shown that to some extent these changes spread to the bloodstream – i.e. they become a marker of sorts," explains Claus Lindbjerg Andersen.

For this reason he is optimistic about the prospects of finding a relatively simple method of using regular blood sampling of patients who had their cancer tumour surgically removed to monitor whether the cancer recurs.

"This could be a huge leap forward when it comes to improving survival rates. If the disease recurs, treatment can be initiated much sooner than today. At present, it is frequently impossible to verify recurrence and/or metastasis until an advanced stage where it shows up at a scanning," he says.

Almost fail-proof

Even if future prospects seem highly promising, not all colon and colorectal cancer patients can benefit from subsequent regular blood sample checks.

The exception are the relatively few patients whose cancer tumours are not in contact with the blood stream and therefore cannot transfer traces from the changed genetic material.

Treatment under control

On the other hand, the researchers hope that the new method will be useful for managing the post-operative treatment of intestinal cancer patients. For instance, some patients receive chemotherapy for up to six months after colon cancer surgery in the hope of improving their prospects of recovery, whereas others undergo chemotherapy for treating metastasis.

"Regular collection of blood samples will enable us to continually monitor the treatment effect and quickly assess whether a specific treatment has any effect at all on the individual patient, or whether the selected treatment needs to be adjusted," explains Claus Lindbjerg Andersen. He believes the method will prove so fail-safe that therapies can be tailored to each individual patient in a simple fashion.

The research project is expected completed by the end of 2014.
Joint Effort

A Danish research project sets out to examine how couples living with breast cancer cope during the course of the disease and how the cancer sufferer can become better at involving her partner.

Couples react very differently when a woman is diagnosed with breast cancer. One example is that relatives/partners of breast cancer patients increase their risk of developing a severe psychological disorder by 40% when the woman is diagnosed with breast cancer. And the risk of the partner being hospitalised with severe depression increases with the severity of the woman’s disease.

During the course of the disease, what role does your relationship play in how you feel? How do patient and partner support each other? Who needs support during the pathway? These are the questions sought answered by the Danish research project entitled ‘Joint Effort’ (Fælles Kræfter).

Nina Rottmann, psychologist and PhD student, at the National Research Centre for Cancer Rehabilitation at the University of Southern Denmark, has received DKK 900,000 from the Danish Cancer Society for conducting a nation-wide questionnaire survey of breast cancer patients and their partners.

According to Rottmann, it is highly relevant to involve the partner in the woman’s disease pathway, but we do not know how and when to best involve the partner.

“We hope that the project can contribute to the design of treatment, follow-up and rehabilitation pathways. Of course, it is mainly the woman who needs to be rehabilitated, but we still need to consider the partner’s needs, also in terms of rehabilitation,” Nina Rottmann concludes.

Different reactions to cancer diagnoses

“Conceivably, it makes a great difference when a couple is able to speak candidly about the disease and its implications. But couples react very differently when the woman is diagnosed with cancer. The way in which the couple handles the disease affects how both of them manage emotionally during the course of the disease and the extent to which they experience anxiety, depression and crisis,” Nina Rottmann says.

So far, 500 couples are included in the survey, but recruitment is still open. Nina Rottmann expects that about 1,000 couples will be participating. The first questionnaire will be sent out a few months after the woman is diagnosed, and then again five and twelve months later. Both parties will be asked about health, quality of life, depression, mood, relationship and sex life.

“IT is the first major study of this kind which will provide us with systematic knowledge about the needs and adaptation patterns of couples experiencing breast cancer. But couples affected by other forms of cancer or life-threatening diseases share experiences with couples living with breast cancer, such as prolonged treatment pathways, shifting roles in the relationship, anxiety and uncertainty. This convinces us that the results have broad applicability,” Nina Rottman asserts.
PATIENT SAFETY

Safety and high quality along the cancer pathway comprise the focal point. The Danish Cancer Society aims to ensure that the pathway for cancer patients is documented to meet the highest professional standards and that treatment is initiated without unnecessary waiting.
The cancer patient comes first. At the Danish Cancer Society, we make an intense effort to guarantee each cancer patient a smooth, high-quality treatment pathway from the occurrence of the first symptom, during the examination and treatment phases, over rehabilitation and until the end of the follow-up period.

Therefore, the Department of Quality & Patient Safety focuses particularly on monitoring and identifying the quality of the professional action taken for patients and their relatives in their pathway through the Danish healthcare system. This includes monitoring any quality problems that arise when responsibility is transferred between sectors, hospitals and wards.

The updated knowledge bank thus provides a valuable basis for the Danish Cancer Society’s political work, enabling the Society to sound the alarm in the event of clearly unreasonable incidents or decisions, or if the quality of Danish cancer treatment is generally substandard.
Focus on sensitive issues

From the cancer patient’s point of view, major improvements are called for in the Danish healthcare system. That is the conclusion of the Danish Cancer Society’s first large nation-wide Barometer Survey in which 4,346 cancer patients responded to more than 100 detailed questions regarding their experiences in the pathway from the first symptom to treatment.

‘The overriding problem is the waiting, waiting and more waiting.’

(patient quote)

The Barometer Survey, launched by the Danish Cancer Society’s Central Board, is the largest and most comprehensive survey carried out so far of patients who have recently been diagnosed with cancer. Based on patients’ own experiences, the survey gives the clear impression that positive experiences dominate, but critical voices complain about failures in key areas, ranging from lack of responsiveness on the part of GPs to how errors are handled during the process – the number of which is far too high.

According to half of the respondents, 78 days or more passed from the time when they felt the first symptom to the initiation of treatment. 25% said that it took about six months or more. The most frequent reason for this is that many patients believe the problems will disappear by themselves.

Moreover, half of the 4,346 cancer patients stated that the risk of suffering from a cancer disease had not even occurred to them when they first consulted their GP.

‘It took a long time before my doctor started taking me seriously.’

(patient quote)

12% of cancer patients experienced that they were not taken very seriously when they first approached their GP with their symptoms. Moreover, 13% feel that their GPs, and to some extent also the medical specialists, did not initiate additional examinations quickly enough. At the same time, almost 20% of patients state that waiting times for medical specialists are too long.

“Contact with the GP is crucial for the patient. This is his or her access to medical examination and diagnosing. Waiting time reduces the chances of survival, and therefore GPs should do more than they have done so far to take share responsibility for the cancer patient throughout the pathway,” says Janne Lehmann Knudsen, consultant and quality manager.

‘It seems to me that the doctors regard the human body as simply a machine, whereas the nurses are better at seeing me as a person and not just a patient.’

(patient quote)

Overall, the Barometer Survey shows that the patients have great confidence in the performance of the hospital staff in particular. Nevertheless, 25% of all patients reveal that they experienced errors at the hospital in connection with their cancer treatment. 20% did not have a follow-up
More than 64% state they had five contacts with healthcare professionals during the examination process.

Frequently, errors take place during surgery or chemotherapy or in connection with being transferred to a different hospital or ward.

Also, patients experience problems with the communication – between the different wards and with patients.

‘It is essential that you can trust the information you receive about your treatment pathway. It is both frustrating and degrading if one person tells you something and another person tells you something completely different.’

(patient quote)

The patients find the frequent changes of doctors problematic, and roughly 20% of all patients did not have a clear sense that a concrete plan had been outlined for their entire treatment pathway. Thus, many patients felt that they or their relatives were responsible for making sure that they were called in for examinations and treatment in a timely and correct manner.

‘The diagnosis was given to me on a Friday afternoon by an irritable doctor who was just about to start the weekend and quite annoyed by all my phone calls during the day to get an answer before the weekend.’

(patient quote)

The Department of Quality and Patient Safety is engaged in evaluating the post-treatment follow-up and rehabilitation process experienced by the 4,346 cancer patients.

Furthermore, the intention is to regularly carry out similar large-scale surveys of new cancer patients.

Do you think the hospital staff took sufficient interest in the wellbeing of your relatives?

Did you experience one or more errors during your hospital treatment?

More than 25% experienced errors relating to their treatment.
In collaboration with Danish Regions and representatives of cancer specialists in Denmark, the Danish Cancer Society has started work on developing a national action plan with the sole purpose of strengthening cancer-patient safety.
More patients seek compensation for injuries

Unreasonably long waiting times, overlooked cancer and outright malpractice are some of the most frequent reasons that a sharply increasing number of cancer patients seek financial compensation from the Danish Patient Insurance Association. Only one in four has been awarded compensation. The Danish Cancer Society is now engaged in attempts to change this legal practice.

Over the past decade, a markedly higher number of cancer patients have reported injuries occurring in the course of their illness. Yet, this has not been accompanied by a correspondingly higher number of cases resulting in the Danish Patient Insurance Association awarding patients or their relatives financial compensation. The amount of the compensation awarded documents that the errors have been very serious.

This is the conclusion of an analysis carried out by Quality and Patient Safety in collaboration with the Danish Patient Insurance Association.

The review covers all compensation cases relating to cancer patients from 2000 to 2009. The number of new cases per year has increased by 340% since then – from 160 to approximately 550 cases annually.

Compensation for fatal injuries
“We know that cancer sufferers, like other patients with serious diseases, are less likely to be granted compensation than others, exactly because the treatment pathway is extremely complex and risky. However, this does not necessarily imply that cancer patients must tolerate outright malpractice or accept fatal injuries,” says Aase Nissen, senior consultant.

Yet, the analysis documents that over the past decade, legal practice has been tightened substantially when it comes to patients suffering from life-threatening diseases. Therefore, the Danish Cancer Society is now pushing for a more lenient interpretation of the legal practice. For instance, an intestinal cancer patient should be granted compensation similar to any other group of patients if, as a result of being incorrectly positioned during surgery, the patient suffers a nerve injury in the hand.

Overlooked diagnoses
The claims most frequently reported by cancer patients are caused by overlooked diagnoses, long waiting times and outright malpractice. Such claims relate not only to hospitals, but also to GPs and medical specialists.

Even if only 25% of the reported claims result in the patient being awarded compensation, the amount of financial compensation paid to cancer patients is higher than to other groups. Just under 10% of the 850 cancer patients who were awarded compensation by the Danish Patient Insurance Association have thus received more than one million DKK on average in compensation.

Complaints about individuals
In collaboration the National Agency for Patients’ Rights and Complaints, in 2012 Quality and Patient Safety will analyse the complaints submitted by cancer patients to the Disciplinary Board of the National Health Services (formerly the Patients’ Complaint Board).

Such cases primarily concern complaints about one or several healthcare system employees, but as of 2011 system errors are also included in the legal basis.
Alert patients can prevent errors

Cancer patients who experienced failures during their treatment pathway often make a great effort to protect themselves against further errors. Yet, some patients find it difficult to ask even entirely relevant questions of the healthcare professionals treating them.

The Danish Cancer Society is concerned with minimising the number of errors in order to ensure much higher safety and comfort when it comes to treatment of cancer patients.

“The treatment of life-threatening cancer diseases often involves the use of several risky therapies. The treatment pathway is often long, and many different healthcare professionals are involved,” says consultant Henriette Lipczak, whose research has contributed to identifying risky areas of cancer treatment.

Patients as partners
Analysing errors and unintentional incidents helps illustrate what can go wrong during the treatment pathway, but also underscores the importance of involving patients and relatives. Ultimately, patient safety is the responsibility of the healthcare sector, but it seems that getting patients involved improves the potential to prevent errors.

National action plan
The Danish Cancer Society has taken the lead in developing a national action plan with the sole purpose of enhancing patient safety in the area of cancer.

“We are collaborating on this with Danish Regions and representatives of Danish cancer specialists,” says Janne Lehmann Knudsen, quality manager, who aims for new strategies to increase patient safety. Problems with patient safety particularly arise when patients are transferred between hospitals and wards.

RESULTS IN 2011

- Survey of 4,346 cancer patients’ encounters with the healthcare system in the course of examination and treatment.
- Sub-survey as part of the above – qualitative comments on cancer pathway.
- Claims filed by cancer patients with the Patient Insurance Association – an analysis of claims and decisions from 2000 to 2009.
- Innovative patient involvement – employee-driven patient involvement.
- Analyses of errors and unintended events.

FOCAL POINTS IN 2012

- Analysis of organisational causes of the higher mortality in Danish cancer patients.
- National plan for increasing patient safety in cancer treatment.
- Develop and conduct the Barometer Survey, part 2, concerning control and rehabilitation processes.
- Collaboration partner in developing a new strategy for Vejle Hospital, which will function as a modern and highly specialised cancer hospital in the future.
- User involvement in organisational contexts.
The Danish Cancer Society would like as few as possible to get cancer. With the knowledge available today, it is possible to eliminate one third of all new cancer cases and up to half of all cancer deaths.

Number of Danes getting cancer

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CANCER PREVENTION
A duty increase on cigarettes of DKK 3 and a ban on placing them by the checkout counter, free HPV vaccinations for women up to the age of 26, and a minimum-age restriction of 16 for being able to use sunbeds. These are some of the political statements and decisions in the course of 2011. All of these initiatives have the support of the Danish Cancer Society, and our 64 permanent employees and approx. 30 student workers at the Cancer Prevention & Documentation Department have worked for years to arouse an interest in these issues, because research has shown that they have an effect on preventing cancer.

Bans and rules is one approach, information is another, and motivation yet another. The department takes a multi-faceted approach to supporting people in making the healthier choices they perhaps wish to make. Despite being motivated, many are nevertheless unsuccessful in effecting the changes.

47% of the adult Danish population is overweight.

97% do not follow the recommendations for a healthy diet

82% of 13–15 year-olds do not live up to the recommendations from the National Board of Health of being physically active for one hour a day.

- There are 900,000 smokers in Denmark.
- 14,000 Danes die every year as a result of smoking.
- Approx. 4,500 Danes die of cancer every year as a result of smoking.
- Smoking is the cause of 30% of all cancer deaths.
How do we make people follow our recommendations?

More than half of the adult Danish population would like to switch to a healthier diet. Two out of three would like to be more physically active. Almost three out of four daily smokers would like to quit smoking. So why don’t they?

“Most people are aware of what they would like to do to achieve better health. But behaving like rational human beings with splendid decision-making capacity and ability to resist temptation is easier said than done,” says Gitte Laub Hansen, project manager.

Nudging – gently showing the way

In the interface between bans and the belief that information can influence everyone to adopt a healthier lifestyle, a new concept has been coined: nudging. Nudging involves making healthy decisions a bit easier and a more obvious choice without depriving people of the option of choosing the unhealthy alternative.

“Nudging is basically common sense. Our decision-making capacity as human beings is limited, so we’re controlled by our habits. If we weren’t, we would burn out. We have found that a simple process like choosing food from a lunch buffet involves up to 200 decisions,” says Gitte Laub Hansen.

Using nudging as part of prevention efforts could mean to have delicious salads as the first three options at the lunch buffet, before the meat dish and other dishes.

“In this way you can make people eat about 50% more vegetables while still giving them the option of choosing meat,” says Gitte Laub Hansen.

In 2011, the Danish Cancer Society entered into a five-year research collaboration project on nudging together with the universities of Southern Denmark, Roskilde, Aalborg and Aarhus, the Prevention Centre at Glostrup Hospital and the Metropolitan University College. The aim is to identify nudging that works and could help Danes to adopt slightly healthier habits.

Quit smoking and get a digital pat on the back

Three out of four smokers would like to quit. A lot try, and very many smokers must try over and over again before they succeed. In 2011, thousands of smokers signed up for “Your Digital Quitting Programme” DDSP.dk, developed by the Danish Cancer Society on the basis of many years of experience and comprehensive research.

“The Danish Cancer Society has a lot to gain from using quit-smoking advisers experienced in helping hundreds of smokers in the midst of an attempt to quit smoking,” says researcher and project manager Peter Dalum, who was part of developing the programme, and who is now in the process of evaluating it in collaboration with the National Institute of Public Health. The DDSP.dk website currently has 8,000 users who receive concrete advice online or via text messaging on how to get through the most difficult phases of quitting smoking.

“Most people who found it easy to quit smoking have already quit. Those who do not find it easy are left. This may be due to physical as well as socio-psychological factors. If smoking used to be a way of coping with problems in your life, you have to find new ways,” Peter Dalum says.
Three injections against cervical cancer – why say no?
The Danish Parliament has decided that in 2012, the HPV vaccination will be made freely available to women up to the age of 26. The Danish Cancer Society has decided to fight to make Denmark the country with the highest vaccination rate in the world.

The goal is to have 70% of women vaccinated. This is more than twice that of Australia, the country with the highest number of women accepting the offer for free vaccination.

“The fact that the vaccination is free does not mean that everybody will actually get it. There are barriers, and we need to find ways to break them down,” says Mette Marie Espersen, project manager on the Wonder Life campaign together with Caroline Winkel.

“The basic fact that you will eventually die is difficult to get a young woman to consider,” Caroline Winkel adds. To gain more insight into young women and the perceived barriers, the Danish Cancer Society initiated an anthropological preliminary study conducted by five anthropologists. In 2011, they followed and talked to 12 young women, their mothers and their girlfriends. The results of this study will form the basis of a two-year campaign effort.

“We can see from the vaccination rates that many women in outlying areas of Denmark and the western part of Greater Copenhagen are not vaccinated. We assume that women from lower social groups will be hard to reach. These groups have the highest rates of cervical cancer and mortality, so maybe we should make an extra effort to reach them,” Caroline Winkel says.
Data to the rescue of patients

Cancer plans and package pathways. Centralising operations and introducing new therapies. Some of the initiatives seem to work. Cancer survival is improving. But what works – and how effective is it?

In 2011, the Danish Cancer Society entered into new collaboration with the Danish Multidisciplinary Cancer Groups, DMCG. The aim is to strengthen research into the large body of data available on cancer patients and cancer treatment in Denmark, to ensure that the documentation can provide an even more solid foundation for improvements.

Via DMCG, Danish oncologists have generated clinical databases of tissue samples and descriptions of patients and their therapies for approximately 20 forms of cancer. The researchers can use this important information to study aspects like the effect of modified treatment routines and highlight areas requiring additional resources. The DMCG and the Danish Cancer Society wish to accelerate these efforts by forming a new research partnership.

"The clinical databases in Denmark contain unique data, but they have yet to be utilised optimally for research purposes. If we use information from such vast data resources, we will be able to find the source of potential problems faster and more accurately and find out how to improve the treatment," says Hans Storm, head of Cancer Prevention & Documentation.

One of the Danish Cancer Society’s wishes is to be able to share data from the clinical databases across the Nordic region and use this knowledge in eliminating differences in survival rates in the Nordic countries. Generally, the survival rate of Danish cancer patients is poorer than in Sweden and Norway, for instance.

"In particular, we can see that we have a problem in Denmark with diagnoses being made too late. Furthermore, it would be interesting to be able to assess the importance of our lifestyle, and consequently also other diseases, for the effect of cancer treatment in Denmark," says Hans Storm.

So far, the project is planned to run for five years. The benefit for the Danish Cancer Society is access to clinical knowledge which is otherwise difficult to obtain. This knowledge is essential for ensuring that the Society is headed in the right direction.

For doctors and nurses feeding information into the databases at the hospitals, experience shows that a substantial research effort and feedback supplied via research results help to improve the quality of the registration and content in the databases. It also gives doctors an opportunity to allocate time to focus on research.

"The Danish Cancer Society has many years of research experience and large research environments both in basic research, epidemiological research and documentation. Clinicians may benefit from these environments in connection with a broad array of research projects. For cancer patients, the advantage will be stronger coherence between the activities at the Danish Cancer Society and the Danish healthcare system providing treatment – both when it comes to the political focus relating to patient support efforts and preventive work," Hans Storm says.

Increase in the one-year survival rate for selected cancers, 2004-2009

Source: Dan Med Bul, 2011;58 (12);A4346
Documenting the results of the sun campaign

Fewer young people use sunbeds. The number of young people in the age group 15 to 25 who use sunbeds has decreased from 40% to 32% in the course of one year. This is an example of a news story from 2011. Hopefully we will see more of these tangible, specific effects of the ‘Turn down the sun between noon and 3 pm’ campaign in the future, and the combined evaluation and research unit established under the Danish Cancer Society and TrygFonden’s sun campaign in 2011 will provide continuing, professional documentation and evaluation of campaign activities. CEDS, as the unit is called, will make sure that important knowledge, for instance about the Danes’ sunning habits, is used to strengthen and target prevention initiatives, and hopefully to generate knowledge on prevention that may benefit other prevention environments.

The ‘Turn down the sun between noon and 3 pm’ campaign has since 2007 focused on preventing skin cancer and includes the publication of a number of scientific articles in international journals.

Together with ‘Cancer Council Victoria’, the campaign hosted in 2011 the world’s first international conference on the prevention of skin cancer. This led to the creation of an important network of experts from all over the world, and at the conference there was a general consensus on central messages such as: Sun protection is relevant to people of all ages. Reasonable sun protection will not cause vitamin D deficiency. Sunbeds are harmful and are not advisable sources of vitamin D.
RESULTS FOR 2011

- Study showing that among continuation school pupils below the age of 18 who smoke, more than four out of five often or very often buy cigarettes in the shops without any problems, despite the fact that selling tobacco to adolescents under 18 years of age is prohibited.
- The Canteen Take Away-project has been evaluated and has been shown to work. Employees who are given the option to buy a healthy dinner to take home from work adopt a healthier diet with less fat, more vegetables and fewer calories.
- The NORDCAN cancer database has been updated with cancer cases, mortality and prevalence broken down by region.
- Scientific article in Danish Medical Bulletin showing progress in Danish cancer survival for 2007–2009 compared to previous years.
- Study conducted in collaboration with the Institute of Public Health at the University of Copenhagen of ethnic minority women’s attitude towards, knowledge on and barriers to mammography screenings. The results of the investigation will be available in 2012.
- Nationwide monitoring of Danes’ smoking habits and their attitudes towards and exposure to air contaminated with tobacco smoke. Carried out in collaboration with the Danish Heart Foundation, the Danish Lung Association and the National Board of Health.
- Mapping of indoor smoking and smoking rules in crèches and nurseries in Denmark. Telephone interviews conducted by volunteers from the Danish Cancer Society.
- Report on the attitude among the elderly towards smoking and quality of life based on qualitative interviews with elderly people.
- Scientific articles in peer-reviewed publications, for instance about second-hand smoke, the use of sunbeds and sale of tobacco in Denmark.

FOCAL POINTS IN 2012

- The act on smoke-free environments is to be revised. The Danish Cancer Society will work to close statutory loopholes, such as the option of allowing indoor smoking at a workplace in one-person offices or in smoking cubicles.
- Make a proposal for a five-year project aimed at reducing alcohol consumption among youths.
- Evaluate the “Xhale” quit-smoking program for youths in collaboration with the Centre for Intervention Research.
- Investigate the vitamin D content in the blood in 3,000 healthy Danish children and adults in collaboration with Research at the Danish Cancer Society. The purpose is to observe whether following the sunning advice has an influence on vitamin D levels.
- Schoolyard fun. Research project aiming at identifying which areas of the schoolyard stimulate the highest degree of physical activity when children play.
- Nordic articles on prostate cancer and colon cancer. Using detailed information on diagnosis, treatment and survival in random samples of patients from cancer registries, the articles will shed light on how different national patient profiles and treatments affect Denmark’s inferior survival rate.
- Large communication effort based on behaviour research which aims to ensure that Denmark will have the world’s highest HPV vaccination rate in the course of 2012 and 2013.
PATIENT SUPPORT

Everyone diagnosed with cancer must be helped directly or shown where to get help. The Danish Cancer Society is working to establish the most optimal framework for counselling and support to cancer patients.

Contacts with cancer patients, relatives and the bereaved 2001 - 2011

2001 2003 2005 2007 2009 2011

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Contacts
PATIENT SUPPORT

Close to hospitals, cancer sufferers and citizens.
The Danish Cancer Society works to establish the optimal framework for counselling and support, and to create the best possible conditions for cancer sufferers all over Denmark.

The Danish Cancer Society’s cancer counselling centres should be a natural meeting place for people suffering from cancer, and even more volunteers need to be affiliated with the centres to vastly increase the offers and activities.

These are some of the priority areas at Patient Support & Community Activities, and the department is working at full steam. Thus, the Danish Cancer Society and Realdania are in the process of establishing seven new cancer counselling centres. The new ‘living spaces’ (‘Livsrum’) will be built in close proximity to the cancer hospitals in Aalborg, Herning, Vejle, Odense, Roskilde, Næstved and Herlev.

In 2011, Patient Support & Community Activities had almost 87,000 contacts with cancer patients, relatives and the bereaved who received psychosocial counselling, teaching or participated in activities at the cancer counselling centres. The Cancer Society will be able to offer help and support to far more people affected by cancer when the new centres are ready for use in the years ahead.

Patient Support & Community Activities gathers and communicates knowledge about perceptions of cancer pathways from a patient perspective, and this knowledge is brought to bear on improving conditions for Danish cancer patients.
"Your Life" – helping you live your life

Do-it-yourself assistance for cancer patients and relatives is a new counselling service from the Danish Cancer Society. "Your Life" aims to make it easier to take action in four different areas: food, physical activity, sleep and thinking.

People react very differently to being diagnosed with cancer. The actual treatment must, of course, be placed in the hands of professionals. In addition, some people need professional help and support to move on, whereas others prefer to deal with most issues on their own.

When cancer patients and relatives gradually start to regain their footing, many feel the need to take action themselves. But, what are their options? What can they do? And what works?

It may be quite a jungle to find your way around.

Therefore, the Danish Cancer Society has launched a new counselling service, Your Life, directed at cancer patients and their relatives. Your Life is a toolbox of knowledge, inspiration, good advice and simple tools in four different areas: food, physical activity, sleep and thinking.

You are not alone
Kurt Vestergaard, 69, from Ikast in Jutland is one of the patients who has been inspired by the ‘toolbox’. Back pains turned out to be prostate cancer which had metastasised, and Kurt Vestergaard cannot be cured of his disease.

"I have confidence in the doctors being able to keep the disease under control. But the need to be proactive has become very important to both me and my wife. And in my view, it is important to only participate in something which has been scientifically documented," Kurt Vestergaard says.

Therefore, they were given the opportunity to participate in Your Life, run as a pilot project at the Cancer Counselling Centre in Herning, Jutland, in the autumn of 2011.

"The course was tremendously rewarding and varied. For me, the best part dealt with working on your thoughts, relaxing and learning how to ‘take a break’ from the disease," he says.

Another thing which made a big difference for Kurt Vestergaard and his wife was meeting other people affected by cancer.

"When you are at home, it’s easy to feel like you are alone – both as a patient and as a relative. Now we had the opportunity to meet with other people in the same situation. It was a very rewarding," Kurt Vestergaard says.

Take what you need
Inge Kirkeby, head of the counselling centres in Viborg and Herning, thinks that Your Life is a good concept because it is scientifically based and works well for both men and women.

"One of the good things is that you can attend without having to have a problem you need to solve. You come in as a course participant, and the point is that you take what you need and forget about the rest or save it for later," Inge Kirkeby says.

Strengthening people’s capacity to act
Your Life has nothing to do with telling people how they should live their lives. There is no recipe for that.

"But the four areas of food, physical activity, sleep and thinking are part of everyone’s daily life, and we hope that Your Life might help by strengthening people’s capacity to act. This may have a positive impact on one’s quality of life, and a small improvement in one area can rub off on others," says Christine Paludan-Müller, project manager.

Nationwide offer
Your Life has been tested at five cancer counselling centres in the autumn of 2011. The Danish Cancer Society is now in the process of evaluating and adapting the courses, and adapting them to participants’ needs to an even higher degree.

The aim is for Your Life to become a nationwide offer at all the Danish Cancer Society’s cancer counselling centres within the next couple of years. Knowledge and self-help tools are also available on www.ditliv.dk. The site is being continuously expanded.

Your Life has an exclusively scientific and documented basis, and the Danish Cancer Society collaborates with recognised researchers and scientific experts.
In contact with the Danish Cancer Society round the clock

The Danish Cancer Society works intensely to develop the possibilities for communicating with cancer patients and relatives round the clock. Therefore, possessing solid knowledge on cancer patients' experiences and on how to provide optimal help to them is crucial for the Society.

Are we good enough? Is the quality up to par? How can we develop the Danish Cancer Society’s free telephone counselling, the Cancer Hotline? Who uses Cancer Forum (the Danish Cancer Society’s online venue for patients and relatives)?

In 2011, user surveys were conducted by the Cancer Hotline and Cancer Forum.

96% of Cancer Hotline users, the largest group of whom are relatives, are satisfied or very satisfied with the counselling received, and 99% would definitely recommend the Cancer Hotline to others.

“When asked ‘Did the conversation/process give you what you needed?’, 90.9% answered ‘Yes, very much’ or ‘Yes, to a very high degree’. Of course this is very pleasing because it shows that our users feel they are being treated with respect, and that they receive the help and support they need to deal with the problems they are facing as cancer patients or relatives,” says Chris Donkin, who is in charge of the Cancer Hotline.

Need for online counselling

However, the survey also shows that users would like easier accessibility to the Danish Cancer Society, for instance in the form of online counselling.

“Young people are part of our target group, and to many of them, chatting online is a more natural form of communicating than making phone calls. Also, some people prefer communicating with a counsellor in writing rather than on the phone, and others – like patients suffering from head and neck cancer – have difficulty talking due to their treatment,” Chris Donkin says.

It is yet to be decided when the Cancer Hotline will go online, if at all. The hotline’s opening hours also need to be considered.

“We want to be able to offer counselling round the clock. This is not something that is just around the corner, but one possibility might be to offer online and telephone counselling until midnight. This would give families more time after the children have been put to bed,” Chris Donkin says.

Cancer Forum is open around the clock

In 2010, Cancer Forum, the Danish Cancer Society’s online venue, gave patients and relatives a chance to meet others in the same situation online – at any time of the day when the need arises. Cancer Forum complements the counselling generally offered by the Danish Cancer Society.

“To many people, meeting others in the same situation is a great relief and help. It helps to talk to someone who understands what you are going through as a cancer patient, and with whom you can share your experience.

In 2011, the Patient Support department had almost 87,000 contacts with cancer patients, relatives and the bereaved. The Danish Cancer Society works intensely to develop the possibilities for communicating with cancer patients and relatives round the clock.
More than 3,000 users take advantage of this offer on a frequent basis,” Chris Donkin says.

The user survey of the Cancer Forum shows that 76% are satisfied or very satisfied with Cancer Forum.

“Our main challenge now is to get even more users. And we need to make it easier for them to get started and keep using the forum,” Chris Donkin says.

It is crucial for the Danish Cancer Society that users have the feeling of getting help and support.

“But everyone who contacts the Cancer Hotline, whether they use telephone counselling, the letters page or the Cancer Forum, also contributes knowledge and experience to the Danish Cancer Society. We use this information to become better at what we do, but also in connection with the Society’s political work aimed at giving cancer patients the best possible cancer pathway – both before, during and after treatment,” Chris Donkin says.

**Facts about the Cancer Hotline - +45 8030 1030 – and Cancer Forum**

The Danish Cancer Society’s telephone counselling is a nationwide offer and free of charge.

**Opening hours:** Weekdays: 9 a.m. to 9 p.m. and weekends 12 noon to 5 p.m.

Almost 12,000 people got through to the Cancer Hotline in 2011.

The Cancer Forum has 3,400 users. www.cancerforum.dk

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**RESULTS IN 2011**

- Contributed to a number of national working groups in connection with the launch of Cancer Plan III.
- The Dallund Rehabilitation Centre was included in the 2012 Finance Act.
- Contributed to ensuring that cancer patients are exempt from job activation.
- Evaluation and implementation of a project on user spokespersons at Rigshospitalet and Herlev Hospital.
- New organisation where Patient Support and Community Activities includes patient support, local community work across the country and Care activities for children and adolescents.

**FOCAL POINTS IN 2012**

- New strategy for patient support.
- First steps towards the first new counselling centres close to the hospitals as part of the ‘living space’ project.
- Focus on palliation on the basis of palliative barometer survey.
- Work systematically with user involvement.
- Collaboration with regions and municipalities on the pathway programme for rehabilitation and palliation.
VOLUNTEERING

The Danish Cancer Society is a public, democratic Society managed by a Central Board elected by the members. At all levels of the organisation, volunteers are engaged in activities, fundraising, profiling or gaining political influence.

Volunteers at the Danish Cancer Society

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Number of volunteers in man-years

Number of volunteers
Danish Cancer Society | Annual Report 2011

VOLUNTEERING

From popular movement to research

38,909 people worked as volunteers for the Danish Cancer Society in 2011. They make a huge fundraising effort, which benefits the researchers at the Danish Cancer Society, among others.

The Danish Cancer Society held its 26th annual national door-to-door fundraising campaign in 2011. Relay for Life was held for the 6th time, and Pink Saturday was held for the 4th time. Also, the many volunteers selling goods in the IGEN thrift shops this year should not be forgotten, nor should the thousands of volunteers who, over the years, have been selling scratch tickets, memberships, products, etc.

“If there is one thing that volunteers have done and are doing well, it is to raise money for research and other activities in the Danish Cancer Society. They make an excellent and invaluable effort,” says Bjarne Heide Jørgensen, head of Volunteering.

expanding the popular movement

In 2011, the Danish Cancer Society saw the number of volunteers sharply increase from 33,000 in 2010 to 38,909 in 2011.

“We are experiencing an increase in the number of volunteers who wish to get involved in specific projects, such as Relay for Life and Pink Saturday. Many choose to continue the following year because the ‘project’ keeps developing, and raising more money for the cancer cause becomes a sport,” Bjarne Heide Jørgensen says.

Bjarne Heide Jørgensen expects that even more volunteers will participate in single projects in 2012, and consequently also in the fundraising drives.

So far, a ‘typical’ volunteer at the Danish Cancer Society has been a volunteer for seven or eight years on average.

“Volunteers are people who are experiencing or have experienced cancer first-hand. In addition to raising money, they are keen on providing patient support and prevention initiatives,” Bjarne Heide Jørgensen explains.

More support for cancer patients

The Danish Cancer Society wants to be able to perform even more tasks with the help of volunteers, such as providing more support to cancer patients and conducting more fundraising activities.

“We have volunteers who offer help to patients in their homes and visit them at the hospitals. But more projects – including fundraising initiatives – are still waiting to be implemented so that we can help even more people. And for this, we need more volunteers,” Bjarne Heide Jørgensen says.

Volunteers managing other volunteers

In order to handle many more volunteers, the Danish Cancer Society needs to train volunteers to manage and organise the work of other volunteers. Consequently, we are well under way with developing courses to train and support volunteers in managing other volunteers using the ‘appreciative approach’.

“We know that Danes really want to help, and we need to be ready to welcome them when they volunteer. Our primary task is to make voluntary work an educational, meaningful and fun experience, regardless of the kind of tasks carried out,” Bjarne Heide Jørgensen says.

459 full-time positions. That is what the work performed by volunteers for the Danish Cancer Society in 2011 is equivalent to.

Voluntary work for the Danish Cancer Society covers a wide range of activities. Some volunteers organise Pink Saturday, national collections and sale of recycled goods, whereas others provide support to cancer patients in their homes, at cancer counselling centres, at hospitals and in the municipalities. A third group makes persistent efforts to make local and regional politicians do their best when it comes to prevention and rehabilitation.

In Volunteering, 28 employees are engaged in developing voluntary work and helping and supporting volunteers. Additionally, they recruit volunteers and develop and run courses to prepare them to handle the tasks they feel passionate about.
In 2011, ten Danish cities hosted Relay for Life, a 18–24 hour team activity focussing on the fight against cancer. It is an occasion for remembering those who lost their struggle with cancer and giving hope to people who are still fighting. The means for doing this are information, activities and entertainment. Relay for Life kicks off with a ‘fighter round’ where only former and current cancer patients are on the track.
Children, young people and smoking were chosen as a special area of focus for cancer-policy efforts by local unit boards at the meeting of the Danish Cancer Society's Committee of Representatives in 2011. "It is not difficult to fight for a cause when it is supported by scientific research," says Lone Maagaard, chairman of the Danish Cancer Society's local unit in Viborg.

Every day, more than 30 young people take up smoking in Denmark. If you start smoking when you are young, your risk of continuing to smoke increases more than ten-fold. It is difficult for young people to assess and consider the long-term consequences – e.g. cancer – of living with a dependency on smoking. One of the Danish Cancer Society's prime tasks is thus to make a focused effort to keep young people from taking up smoking. The first milestone for this work is to reduce the percentage of young smokers between 15 and 20 by half, from around 25% to 12.5% by 2015.

**Young non-smokers in the municipality**

'Children, young people and smoking' was chosen as a special area of focus for local unit boards at the meeting of the Danish Cancer Society's Committee of Representatives in May 2011. And in the autumn, volunteers embarked on project 'Young non-smokers in the municipality' – a project committed to helping young smokers to quit and support the municipalities in preventing young people from taking up smoking.

The Danish Cancer Society's local unit in Viborg Municipality set out on the task immediately. In fact, they had already started because earlier in the year the prevention consultant in Viborg Municipality had contacted Lone Maagaard, chairman of the local unit, to get the Danish Cancer Society's opinion on how Viborg Municipality should work out its prevention policy.

"It was a great pleasure to submit a consultation response which documented, among other things, why it is so important to prevent smoking among children and young people. It provides us volunteers with great credibility vis-à-vis elected officials when we can present research-based documentation on, for instance, how dangerous it is to smoke and be exposed to secondhand smoke," Lone Maagaard says.

Among Lone Maagaard’s conclusions in the letter was that the number of daily smokers in the ninth grade has not declined since 2006, and almost 25% of all 15-year-olds smoke daily, weekly or occasionally.

"I feel well prepared when I can deliver valid facts," she says.

The enquiry from the local unit has been discussed by the Committee for Children and Young People. They opted for submitting the Danish Cancer Society’s proposals for consultation in schools with 7th, 8th and 9th grades, with a copy to each school board and educational council at the schools.

"We have not received any feedback yet, but our goal is that Viborg Municipality will lead the way by ensuring that the municipality’s children also enjoy the best possible protection against tobacco smoke. We'll keep up the pressure until they adopt a ban against smoking during school hours, which also includes off-school grounds," Lone Maagaard asserts.
Volunteering

• 20th anniversary for the IGEN thrift stores
• Relay for Life in 10 cities
• More volunteers taking on more tasks

RESULTS 2011

• Volunteers’ portal
• Volunteering policy
• Volunteers’ management – based on lessons learned in the pilot project in 2011
• Political conferences – based on lessons learned in the pilot project in 2011
• Increase the department’s net contribution to the fight against cancer by DKK 2m.

FOCAL POINTS IN 2012
FUNDRAISING & MEMBERSHIP

The task is to obtain a financing basis for the fight against cancer through fundraising and activities for members and sponsors. At the same time, member activities and other events ensure great public support and political clout.
The Fundraising & Membership Department is responsible for raising most of the funds for the Danish Cancer Society’s wide range of activities. Members, lotteries, business partnering and bequest marketing constitute the Society’s primary financial basis.

The fact that the Danish Cancer Society is not included in the Danish Finance Act, and therefore is not funded by the government, means that it only receives very modest public grants, amounting to no more than 5% of the Society’s revenue in 2011. This is more or less equivalent to the VAT amount returned to the government by the Danish Cancer Society.

The cancer-policy landscape is developing rapidly. For this reason, the Danish Cancer Society has laid the groundwork for a sharply increased level of activity, which in turn requires sizeable increases in the funds collected.

The fundraising themes will be expanded to also reflect a number of new themes: prevention, early diagnosis of cancer, and long-term sequelae, i.e. areas which require lots of money for research, and consequently also a strong fundraising department which is able to ensure a stable income for the Society’s activities.

The Danish Cancer Society’s Support for the Breasts campaign culminated on Saturday 29 October with the great Breast Gala fundraiser show. By the end of the show, the campaign had collected DKK 22.5m compared to DKK 21.2m in 2010.

Alexandra, the countess of Frederiksborg, talking to some of the women who helped to profile the Support for the Breasts campaign.
Exercise and fundraising

Bicycles play a crucial role in the Danish Cancer Society’s newest fundraising initiative TRÆDTIL (‘Pedal Faster’). Businesses pay for systematic training and a tour to the summit of Alpe d’Huez. The major event ‘Danes on bikes’ (‘Hele Danmark Cykler’) is aiming to become Europe’s largest bike race.

On Saturday 27 August, more than 50 business executives fought their way up legendary Alpe d’Huez, known from Tour de France, with the famous Danish road bicycle racer Michael Rasmussen in front. For the group of business people, the tour was the culmination of eight months of training. For the Danish Cancer Society, it was ‘exam day’ for a pilot project under the new fundraising activity TRÆDTIL.

“It turned out to be an immensely successful project. We had hoped for 25 participants, so 50 were far beyond our expectations. And they had a great experience, not only on the day of the Alps tour, but also during the many training sessions preceding it. The businesses support a good cause while at the same time giving their top employees a great experience combined with healthy exercise, and we make money for the fight against cancer,” says consultant Jimmy Trolle, who is in charge of the TRÆDTIL campaign.

The businesses pay DKK 25,000 per participant, of which DKK 15,000 goes to supporting the fight against cancer. The ambition is to gather up to 300 business people when we head for the French Alps again in late August 2012.

Danes on bikes

The next major TRÆDTIL activity is a national bicycle event with broad public appeal, ‘Danes on bikes’ (‘Hele Danmark Cykler’), to be held on 19 August 2012. In collaboration with the Danish cycling clubs, cycling races are organised across Denmark. Several important players have already signed up for the event, e.g. the large hobby biker event Fyn Rundt (Round Funen), and Køge Cykelring (Køge cycling association), who has already had great success with Tøserunden (the girl’s only ‘Girl Round’).

“Cycling is for everybody, regardless of age and training level. Even exercise enthusiasts who can no longer run may benefit a lot from cycling. We hope to have between 10,000 and 25,000 participants on 19 August. If we reach a total of 15,000 participants, ‘Danes on bikes’ will be the largest cycling race in Europe,” Jimmy Trolle says.

Cycling is on the rise in Denmark. Former Danish road bicycle racer Bjarne Riis is ambassador for TRÆDTIL. His great professional success has heightened an awareness of cycling all over the country – and, Michael Rasmussen, conqueror of the Alp summits, has added to the Danes’ cycling enthusiasm. Denmark is the country in the world where cycling has the most spectators per capita.
The Danish business community should contribute more to the fight against cancer in the future. This is the strategy for the corporate section of Fundraising & Membership, and several major agreements have already been settled. However, selecting the right partners who complement the Danish Cancer Society in terms of brand and reliability is a major concern.

The daily commodity chain Rema 1000 has been making large donations to the Danish Cancer Society over a long time to support activities directed at children and adolescents experiencing cancer close up. Support is granted through the sale of products for the Danish Cancer Society and by contributing a share of the proceeds on certain goods.

The next large agreement will come to the attention of the public in the spring of 2012 when Schulstad, a Danish bread manufacturer, re-launches a ten-year-old success called ‘Rugklapper’, sandwich bread made of rye. This will be a joint effort with the campaign ‘Live Life, Man’. The Danish Cancer Society will receive an amount for each pack of ‘Rugklapper’ sold, and campaign messages will be shown on the packaging of this as well as all other wholegrain-labelled products from Schulstad – totalling 33 million products in 2012.

Goals: Business partnerships worth DKK 30m
Common for the two agreements, as well as other future agreements with large companies, is that they guarantee substantial fundraising amounts for the Danish Cancer Society.

“We aim for approximately 10 large collaborative partners to help us reach our goal of increasing the value of business partnerships by DKK 30m over the next three years. The large companies will be allowed to use our brand in their own marketing for one year. This means a lot to the companies, not only vis-à-vis their customers, but also internally in relation to their employees,” says Claus Lorenzen, corporate market manager.

A number of conditions have to be met before entering into a partnership with the Danish Cancer Society. For instance, bread products must be labelled as wholegrain. The company cannot be engaged in developing carcinogenic products, and must generally be associable with the values of the Danish Cancer Society.

“Schulstad is an excellent example. We get to communicate our messages on some 33 million bread packages for one year, and Schulstad positions itself as a company that cares about health. Our requirements on the wholegrain label constitute a further motivation to develop products that can live up to this label. In this way we contribute to large companies boost the Danish Cancer Society’s fundraising

Large companies boost the Danish Cancer Society’s fundraising

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In future, Danish businesses should contribute more to the fight against cancer. One example is the bread manufacturer Schulstad.

**RESULTS IN 2011**

- Legacy income amounted to DKK 150.6m in 2011. This is approx. DKK 25m lower than in 2010, which was a record year. The primary reason for the decrease in proceeds is that fewer cases have been finally settled in 2011 than in 2010 (285 and 300 respectively). Furthermore, the number of large individual cases was lower in 2011 than in 2010.
- A slightly higher legacy income can be expected for 2012, because the number of cases which will be settled in 2012 is likely to be higher than in 2011. The reason for this is a higher number of new cases in 2011 than in 2010. Furthermore, a very large individual case amounting to approximately DKK 13m will be concluded in 2012.
- At the end of 2011, 464,736 individuals and families were members of the Danish Cancer Society, compared to 459,850 the previous year. The membership increase has been achieved primarily by telemarketing, but various small recruitment activities also contributed to the increase. Subscriptions and contributions from the membership contributed DKK 88.1m to the cancer cause, as opposed to DKK 104.9m in 2010. The decline in income is due to a shift in the payment period because a large part of the subscription renewals via automated payment service had to be moved forward to January 2012.
- In 2011, we managed to achieve the highest profit since 1991 from the 10 lotteries held during the year. The profit in 2011 amounted to DKK 58.5m as opposed to DKK 53.7m in 2010. In particular, the last two lotteries generated large increases in income, thus leading to the excellent final profit for the year.

**FOCAL POINTS IN 2012**

- New donor strategy – donations of more than DKK 0.1m
- Product sale through collaboration partners
- Added sales activities: Additional donation, Project support, Fixed amount support, Gift for life
- Recruit 25,000-30,000 new members
- Recruit more than 30,000 new lottery participants
- Make more testators leave bequests to the Danish Cancer Society
- Fundraiser show “Beat Cancer” in collaboration with TV2
- Develop the campaigns: Support for the Breasts; Children, Young People & Cancer; Live Life, Man; Your Life; Pink Cup; Zumba; Alpe D’Huez
2. gang kørte
Jeg fik en god snak med en af de andre,
Dörte. Hun var det også i går og er
erfarne med det her. Hun kunne svare
på nogle af de ting, der kører rundt i mit
hoved. Hvor var det rart.
Så kan jeg måske sove lidt bedre i natt!
Ellers - går alt efter planen, og de er
meget søde og rare på hospitallet.
COMMUNICATIONS

Communication and information about cancer is a top priority for the Danish Cancer Society. The largest and most important target group for the Society’s website cancer.dk is cancer patients and their relatives.

The Danish Cancer Society’s website cancer.dk
COMMUNICATIONS

Increased use of social media

The Danish Cancer Society has 11 different Facebook pages, each with its own target group. 2011 also marked the year when the Danish Cancer Society entered the mobile market in earnest with a support app as part of with the Support for the Breasts campaign.

Facebook is one of the channels the Danish Cancer Society has used the most to interact with users. The Danish Cancer Society wants to be accessible when users have comments, questions or suggestions for the Society's work, when they wish to express their opinion or share personal experiences with others.

The Danish Cancer Society’s Facebook page ‘Støt Brysterne’ (Support for the Breasts) has 427,000 fans and is thus one of the most popular Danish pages, whereas the Danish Cancer Society’s main Facebook profile has 155,000 fans.

In 2011, the Society took the first steps into the mobile market with an application that can be downloaded on the user’s phone via Android market or App Store.

“We developed a mobile app in connection with the Support for the Breasts campaign in order to support the campaign and gain experience. And we learned lots of lessons, so now we are ready to launch a new phone app for cancer patients in June 2012 – a tool to support cancer patients and relatives. The patient app will include questions that patients should remember to ask their doctor, and a log,” says Hanne Sandvang, head of development.

QR codes

Furthermore, the Danish Cancer Society has implemented the use of QR codes, i.e. small barcodes readable by

Communicating information about cancer and PR activities are top priorities for the Danish Cancer Society. In 2011, the Danish Cancer Society was mentioned in the media 13,800 times all told, which corresponds to 38 times every single day all year round.

For a society whose funding is almost exclusively (95%) dependent on private funding from the Danish population, visibility is crucial.

Appropriately, a survey from 2011 shows that, once again, the Danish Cancer Society is among the very best when it comes to influencing the media’s agenda, and the Society has a far better image than other Danish lobbyists.

In 2011, issues receiving media focus included an HPV vaccination against cervical cancer has been made available free of charge to all women up to the age of 26; additives in tobacco; cancer patients’ encounters with the healthcare system during diagnosis and treatment; far too many inferior patient pathways; and on the fact that leave of absence can have serious financial consequences for parents who are taking care of a cancer-stricken child. All of these issues ended up on the political agenda.

The Communication department is tasked with placing the battle against cancer on the agenda every single day, but also with providing cancer patients and relatives with a venue where they can always find the best and most updated knowledge on cancer 24/7: cancer.dk. The Danish Cancer Society’s website now has almost three million visitors every year.

Help must be where the patients are. Therefore, the Danish Cancer Society is also active in social media and on mobile phones.
Up until now, no one had a complete overview of the range of experimental cancer therapies in Denmark. The database cancerforsoeg.dk is an attempt to make amends for this. So far, the database contains descriptions of 188 medical cancer treatments – each comprising a version for patients and a version for healthcare professionals. The database includes experimental therapies in the areas of oncology, paediatric cancer, haematology and cancer surgery.

In 2011, the Danish Cancer Society and the Oncology Ward Association established a joint secretariat which is responsible for collecting and communicating knowledge about protocol-regulated experimental therapies, in close collaboration with the Clinical Research Units at the oncology wards at Danish hospitals.

RESULTS IN 2011

- Database of experimental treatment in Denmark with descriptions of 188 medical experimental therapies so far.
- New design and development of the magazine "Cancer Close Up", which now has 138,000 subscribers.
- Development of mobile apps.
- Higher visibility in the media than ever before.
- 109,000 web TV views.

FOCAL POINTS IN 2012

- Strengthen the Danish Cancer Society's high profile in the media.
- Develop new mobile app for cancer patients and relatives.
- Develop the Danish Cancer Society’s digital platforms, Facebook, apps, videos, etc.
- Online counselling and more digital offers for cancer patients in collaboration with Patient Support & Community Activities.
- Develop cancerforsoeg.dk, including a video of various treatment pathways.
- Increased focus on communicating information about elite research at the Danish Cancer Society.
- Use of video material as a supplement to the texts under “Support and Knowledge” at cancer.dk.
- User survey at cancer.dk and the members’ magazine "Cancer Close Up".

...mobile phones. The purpose is to connect paper with online information so that users can obtain additional knowledge, e.g. in the form of a video, or sign up for an event or volunteer as collectors for the national collection.

“We also use QR codes in the members’ magazine ‘Cancer Close Up’ so that we can provide additional information through written or video material. We also use codes in our lotteries and in a range of other areas in the organisation,” says Kurt Damsgaard, Communications Manager, and emphasises that digital media enable the Danish Cancer Society to be accessible to patients and relatives whenever and wherever they need it.

Far more psychosocial texts at cancer.dk
Cancer patients and relatives are indeed the largest and most important target group of the Danish Cancer Society’s website, cancer.dk, which is one of the most comprehensive Danish sites, attracting more than 2.8 m visitors in 2011. The site is continuously updated with support and the latest knowledge about cancer diseases, and most recently it has been developed in the psychosocial area. The site offers information about e.g. cancer treatment and fertility and about being left behind, as well as the opportunity to visit a brand-new website about children, adolescents and cancer, offering good advice on how to support a mourning child and help children in families affected by cancer.

“We constantly try to adapt all our activities to the needs and wishes of our users. We conduct user tests both before and after uploading new texts to cancer.dk. The same is true of the development of new digital tools. And the useful knowledge we collect through the experiences of patients and relatives is extremely important in our political struggle to constantly improve conditions and opportunities for cancer patients,” Kurt Damsgaard says.

Wide range of experimental therapies in Denmark
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FINANCES

From 2007 to 2011, the Danish Cancer Society’s expenses for the Society’s main objectives, etc., increased by DKK 124m to DKK 521m.
Key figures for five years

Income has grown by DKK 91.4m to a total of DKK 556.2m in the five-year period from 2007 to 2011, equivalent to an increase of almost 20%. However, income declined from the 2010 level at DKK 602.6m which was the highest during the five-year period to DKK 556.2m in 2011, corresponding to a decline of no less than DKK 46.4m in 2011.

The item Funds collected, which includes income from legacies and bequests, membership fees, national collections, grants for specific projects, etc., amounts to DKK 415.8m in 2011, down DKK 37.0m compared to last year. Over the full five-year period, the increase amounts to DKK 81.5m, equivalent to an increase of more than 24%.

Legacy income has increased over the five-year period from DKK 135.1m to DKK 150.8m in 2011, equivalent to an increase of almost DKK 16m, or almost 12%. Legacy income decreased from DKK 175.5m in 2010, however, to DKK 150.8m in 2011.

Membership fees, etc., increased over the five-year period from DKK 75.8m in 2007 to DKK 104.1m in 2011, equivalent to an increase of almost DKK 16m, or almost 20%. Legacy income decreased from DKK 175.5m in 2010, however, to DKK 150.8m in 2011.

External grants for specific projects rose from DKK 64.5m in 2007 to DKK 95.2m in 2011, equivalent to an increase of DKK 30.7m or 47.6%. However, the same item declined by DKK 9.7m from DKK 104.9m in 2010 to DKK 95.2m in 2011.

The profit from Lotteries, recycling and sale of goods amounted to DKK 99.0m in 2011, which is an increase of DKK 36.9m or almost 60% during the five-year period.

Capital income, comprising interest, dividends and rental income received, has been stagnant during the five-year period and only amounted to DKK 12.6m in 2011. Capital income reached its highest level in the five-year period in 2007 at DKK 37.6m. The decline in this income is largely attributable to lower interest-rate levels during the period, as well as declining rental income. Thus, capital income decreased from DKK 24.2m in 2010 to DKK 12.6m in 2011. The decline is due to Denmark’s School of Design vacating the Society’s premises at the beginning of 2011.

Government grants peaked in the five-year period in 2008 with grants of DKK 31.1m. In 2011, the grants amounted to DKK 28.9m which is unchanged compared to last year.

The fundraising & Membership department’s regular and project activities, consisting of salaries and project expenses for member services, analyses and development of new forms of income and games, amounted to DKK 65.4m in 2011. This is an increase of DKK 0.8m compared to 2010. Compared to 2007, the aggregate increase is DKK 21.5m, or 48.8%. The amount should be viewed in relation to the increase in income in the five-year period.

Research expenditure has fluctuated during the period from a low of DKK 191.2m in 2007, to DKK 240.5m in 2011. This is an increase of DKK 49.3m, or just under 26% compared to 2007. From 2008 to 2009, research expenditure rose from DKK 214.0m to DKK 279.1m which is the highest level of spending on research in the five-year period, mainly due to a marked increase in the distribution of strategic funds. The trend over the five-year period shows higher research spending and allocation to strategic pools.

Patient Support & Community Activities were at DKK 128.2m in 2011, the highest level in the five-year period, representing an increase of DKK 34.1m, or 36% compared to 2007.

Information expenses, including expenditure on Prevention & Documentation, Communications and Volunteering were lowest in 2007 at DKK 72.6m. In 2011, these activities amounted to DKK 94.4m, corresponding to an increase of DKK 21.8m, or 30.2%. The externally funded projects for preventive work amounted to DKK 32.9m in 2011 against 32.1m in 2010.

Administrative expenses amounted to DKK 34.6m in 2011, which represents an increase of DKK 10.3m over the five-year period. The reason is primarily a rise in common staff expenses.

The most significant asset item is the Securities portfolio which has varied in the five-year period from a low of DKK 541.7m in 2008 to a high in 2010 where the asset item amounted to DKK 706.3m. In 2011, the amount was DKK 703.2m. The fluctuations are primarily due to value adjustments following changed interest-rate levels and subsequent declines or increases in the securities portfolio and handsome share price increases in 2006, 2009 and 2010, followed by sharply declining share prices in 2008 and 2011.
## Key figures for five years

### Income statement (DKK 1,000)

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds collected</td>
<td>334,275</td>
<td>389,282</td>
<td>421,607</td>
<td>452,752</td>
<td>415,76</td>
</tr>
<tr>
<td>Lotteries, recycling, sale of goods, etc.</td>
<td>62,084</td>
<td>77,729</td>
<td>94,173</td>
<td>96,763</td>
<td>98,953</td>
</tr>
<tr>
<td>Capital income</td>
<td>37,561</td>
<td>37,087</td>
<td>25,443</td>
<td>24,211</td>
<td>12,584</td>
</tr>
<tr>
<td>Government grants</td>
<td>30,867</td>
<td>31,114</td>
<td>30,482</td>
<td>28,865</td>
<td>28,893</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>464,787</td>
<td>535,212</td>
<td>571,705</td>
<td>602,591</td>
<td>556,190</td>
</tr>
<tr>
<td>Expenses for the Fundraising &amp; Membership Department's regular and project activities</td>
<td>-43,975</td>
<td>-53,798</td>
<td>-61,809</td>
<td>-64,551</td>
<td>-65,431</td>
</tr>
<tr>
<td><strong>Total net income</strong></td>
<td>420,812</td>
<td>481,414</td>
<td>509,896</td>
<td>538,040</td>
<td>490,759</td>
</tr>
<tr>
<td>Research</td>
<td>191,176</td>
<td>214,002</td>
<td>279,090</td>
<td>241,729</td>
<td>240,479</td>
</tr>
<tr>
<td>Patient Support &amp; Community Activities</td>
<td>94,097</td>
<td>94,603</td>
<td>123,766</td>
<td>124,575</td>
<td>128,215</td>
</tr>
<tr>
<td>Information</td>
<td>72,568</td>
<td>81,233</td>
<td>84,375</td>
<td>89,558</td>
<td>94,446</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>24,276</td>
<td>26,788</td>
<td>31,020</td>
<td>33,109</td>
<td>34,550</td>
</tr>
<tr>
<td>Improvement of buildings and technical investments, etc.</td>
<td>12,496</td>
<td>22,789</td>
<td>28,003</td>
<td>25,324</td>
<td>19,195</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>2,223</td>
<td>4,554</td>
<td>4,666</td>
<td>3,78</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>396,836</td>
<td>443,969</td>
<td>550,920</td>
<td>518,961</td>
<td>520,670</td>
</tr>
<tr>
<td>For use in subsequent years</td>
<td>23,976</td>
<td>37,445</td>
<td>-41,024</td>
<td>19,079</td>
<td>-29,911</td>
</tr>
</tbody>
</table>

### Balance sheet (DKK 1,000)

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties</td>
<td>105,102</td>
<td>221,850</td>
<td>216,456</td>
<td>177,823</td>
<td>167,225</td>
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<tr>
<td>Securities and shares in Kræftens Bekæmpelses Forlag</td>
<td>632,210</td>
<td>541,668</td>
<td>629,639</td>
<td>706,312</td>
<td>703,219</td>
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<tr>
<td>Cash</td>
<td>121,523</td>
<td>120,403</td>
<td>118,609</td>
<td>97,137</td>
<td>43,936</td>
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<tr>
<td>Sundry receivables</td>
<td>49,593</td>
<td>51,058</td>
<td>64,270</td>
<td>62,147</td>
<td>85,427</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>908,428</td>
<td>934,979</td>
<td>1,028,974</td>
<td>1,043,419</td>
<td>999,807</td>
</tr>
<tr>
<td>Equity</td>
<td>546,610</td>
<td>549,883</td>
<td>610,755</td>
<td>635,976</td>
<td>592,184</td>
</tr>
<tr>
<td>Grants for scientific work not yet used</td>
<td>137,411</td>
<td>139,223</td>
<td>181,184</td>
<td>173,801</td>
<td>169,432</td>
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<tr>
<td>Sundry payable expenses and legacy amounts on account</td>
<td>224,407</td>
<td>245,873</td>
<td>237,035</td>
<td>233,642</td>
<td>238,191</td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td>908,428</td>
<td>934,979</td>
<td>1,028,974</td>
<td>1,043,419</td>
<td>999,807</td>
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</tbody>
</table>
### Income statement in pct.

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>Distribution of income in pct.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds collected</td>
<td>72</td>
<td>73</td>
<td>74</td>
<td>75</td>
<td>74</td>
</tr>
<tr>
<td>Lotteries, recycling, sale of goods, etc.</td>
<td>13</td>
<td>14</td>
<td>17</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Capital income</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Government grants</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>Distribution of expenses in pct.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>50</td>
<td>52</td>
<td>54</td>
<td>49</td>
<td>48</td>
</tr>
<tr>
<td>Patient support and Volunteering</td>
<td>25</td>
<td>23</td>
<td>24</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Information</td>
<td>19</td>
<td>19</td>
<td>16</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
### Selected key information (DKK 1,000)

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No. of employees</strong> translated to man-years</td>
<td>524</td>
<td>562</td>
<td>619</td>
<td>631</td>
<td>646</td>
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<tr>
<td><strong>Membership numbers</strong></td>
<td>396,045</td>
<td>430,484</td>
<td>448,050</td>
<td>459,850</td>
<td>464,736</td>
</tr>
<tr>
<td>Membership fees, etc. received</td>
<td>75,810</td>
<td>82,632</td>
<td>97,325</td>
<td>104,887</td>
<td>104,120</td>
</tr>
<tr>
<td>Contribution per member in DKK</td>
<td>191</td>
<td>192</td>
<td>217</td>
<td>228</td>
<td>224</td>
</tr>
<tr>
<td><strong>Gross income</strong></td>
<td>530,439</td>
<td>609,454</td>
<td>652,773</td>
<td>683,905</td>
<td>643,055</td>
</tr>
<tr>
<td>Gross expenditure</td>
<td>65,652</td>
<td>74,242</td>
<td>81,068</td>
<td>81,314</td>
<td>86,865</td>
</tr>
<tr>
<td>Expenses for the Fundraising &amp; Membership Department’s regular and project activities</td>
<td>43,975</td>
<td>53,798</td>
<td>61,809</td>
<td>64,551</td>
<td>65,431</td>
</tr>
<tr>
<td><strong>Net income</strong></td>
<td>420,812</td>
<td>481,414</td>
<td>509,896</td>
<td>538,040</td>
<td>490,759</td>
</tr>
<tr>
<td><strong>Legacy income</strong></td>
<td>135,133</td>
<td>171,796</td>
<td>173,557</td>
<td>175,473</td>
<td>150,768</td>
</tr>
<tr>
<td>Number of legacy cases completed</td>
<td>246</td>
<td>258</td>
<td>284</td>
<td>299</td>
<td>286</td>
</tr>
<tr>
<td>Proceeds per legacy case</td>
<td>549</td>
<td>666</td>
<td>611</td>
<td>587</td>
<td>527</td>
</tr>
<tr>
<td><strong>External grants for specific projects</strong></td>
<td>64,531</td>
<td>66,469</td>
<td>87,575</td>
<td>104,891</td>
<td>95,163</td>
</tr>
<tr>
<td><strong>No. of collectors</strong> for door-to-door fundraising</td>
<td>24,000</td>
<td>27,000</td>
<td>28,000</td>
<td>29,000</td>
<td>31,000</td>
</tr>
<tr>
<td>Profit from door-to-door fundraising</td>
<td>24,705</td>
<td>27,495</td>
<td>27,706</td>
<td>29,486</td>
<td>25,765</td>
</tr>
<tr>
<td>Profit per collector in DKK</td>
<td>1,029</td>
<td>1,018</td>
<td>990</td>
<td>1,017</td>
<td>831</td>
</tr>
<tr>
<td><strong>Profit from lotteries</strong></td>
<td>37,788</td>
<td>44,840</td>
<td>57,289</td>
<td>53,707</td>
<td>57,681</td>
</tr>
<tr>
<td>Profit from events and sale of products</td>
<td>22,200</td>
<td>31,170</td>
<td>34,373</td>
<td>40,732</td>
<td>37,533</td>
</tr>
<tr>
<td><strong>Government grants</strong></td>
<td>30,867</td>
<td>31,114</td>
<td>30,482</td>
<td>28,865</td>
<td>28,893</td>
</tr>
<tr>
<td><strong>Return as a percentage of securities portfolio incl. market value adjustments</strong></td>
<td>7.3</td>
<td>-20.3</td>
<td>19.6</td>
<td>8.7</td>
<td>-0.6</td>
</tr>
<tr>
<td><strong>Solvency ratio</strong> (Equity as a percentage of total assets)</td>
<td>60</td>
<td>59</td>
<td>59</td>
<td>61</td>
<td>59</td>
</tr>
</tbody>
</table>
2011 Financial review

Introduction:

The Danish Cancer Society’s net income for the year totalled DKK 490.8m. The year’s expenses for the Society’s activities totalled DKK 516.9m. This results in a loss of DKK 26.1m before depreciation and amortisation of DKK 3.8m. Among the reasons for the negative performance is a decline in legacy income of approx. DKK 24.7m.

Income:

The gross income of the Danish Cancer Society amounts to DKK 643.1m in the 2011 financial year, against DKK 683.9m the previous year, equivalent to an increase of DKK 40.8m or 6.0%. After deducting expenses for activities such as lotteries, national fundraising drives, thrift shops, other events and product sales, capital income and expenses for the Fundraising & Membership department’s regular expenditure and project expenditure totalling DKK 152.3m, the result is a total net income of DKK 490.8m, equivalent to a decrease of DKK 47.2m or 8.8% compared to 2010.

Income from legacies and testamentary bequests (note 1) declined to DKK 150.8m in 2011, from DKK 175.5m in 2010, equivalent to a decrease of DKK 24.7m, or 14.1%. The decline was attributable to a lower number of inheritance cases being completed than in the previous year, with 286 cases in 2011 against 299 cases in 2010, and to prolonged case-handling times due to the difficult sales situation in the real estate market. In addition, there were fewer large individual cases in 2011 than in 2010.

The average proceeds per legacy case are down from DKK 0.587m in 2010 to DKK 0.527m in 2011.

Membership fees and contributions from members and regular contributors (note 1) amounted to DKK 104.1m in 2011, compared to DKK 104.9m in 2010, corresponding to a decline in income of DKK 0.8m.

At the end of 2011, 464,736 members were registered, against 459,850 the previous year, i.e. a membership increase of 4,886.

In 2011, the Danish Cancer Society’s two research departments, information activities and Patient Support & Community Activities received External grants for specific projects, etc. (note 1), totalling DKK 95.2m, a decrease of DKK 9.7m compared to 2010. The decrease is mainly due to a reduction in the external grants to the Institute of Cancer Biology of DKK 13.2m in 2011. During this period, the external grants for Patient Support & Community Activities increased by DKK 5.0m.

Contributions from foundations (note 1) amount to DKK 6.9m and have thus declined by DKK 0.9m compared to last year.

The item Corporate (note 1) amounted to DKK 24.6m in 2011, against DKK 21.9m in 2010.

Gifts and Grants (note 1) amounted to DKK 4.3m in 2011, against DKK 3.5m in 2010.

The annual door-to-door fundraising (note 1) was held on Sunday 3 April. The net proceeds were DKK 25.8m against DKK 29.5m in 2010, or a decrease of DKK 3.7m. As in previous years, approx. 31,000 volunteers participated as collectors and organisers in Denmark’s 98 municipalities. The decline is not attributable to any one
particular circumstance. Other associations experienced lower income from door-to-door fundraising in 2011 as well. The Danish Cancer Society’s door-to-door fundraising remains the largest of its kind in Denmark, raising more than twice the funds than that of the runner-up.

**Door-to-door fundraising**
- **DKK 1,000**
- **2011**
- **2010**
- **Income**: 31,625
- **Expenses**: 5,860
- **Net profit**: 25,765
- **Number of collectors**: 31,000

The Support for the Breasts campaign (note 1) comprises a number of fundraising activities online and in connection with the TV3 Breast Gala. These activities gave a profit of DKK 4.1m in 2011, against DKK 4.8m in 2010.

In addition, the Support for the Breasts campaign includes activities such as sales of bracelets and a host of other products and Pink Saturday. The net income from the Support for the Breasts Campaign totalled DKK 14.4m in 2011, compared to DKK 16.6m in 2010.

Other activities, such as corporate and individual donations and the Pink Cup golf tournament, raised an additional DKK 5.2m. This means that a total of DKK 19.6m was collected for breast cancer in 2011. In 2010, the amount was DKK 22.3m.

**Breakdown of how funds raised in 2010 were used in 2011:**

<table>
<thead>
<tr>
<th>DKK m</th>
<th>Used for breast cancer in 2011</th>
<th>Used for breast cancer in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient support activities for breast cancer sufferers</td>
<td>13.2</td>
<td>12.3</td>
</tr>
<tr>
<td>Rehabilitation for breast cancer patients</td>
<td>4.7</td>
<td>4.1</td>
</tr>
<tr>
<td>Breast cancer research</td>
<td>27.1</td>
<td>12.7</td>
</tr>
<tr>
<td><strong>Total spending on breast cancer</strong></td>
<td><strong>45.0</strong></td>
<td><strong>29.1</strong></td>
</tr>
</tbody>
</table>

**How the funds raised are used to combat breast cancer**

The Danish Cancer Society fights breast cancer on many fronts. Breast cancer is a high-profile focus area because it affects 4,000 women every year. The profile is so high that the Danish Cancer Society has an earmarked breast-cancer fundraising campaign: Support for the Breasts.

Whatever is collected one year is spent the next. Regardless of the results of other collections for the Danish Cancer Society, we can be sure that breast cancer gets at least the proceeds from the earmarked fundraising. Considerable funding is required, however, so the Cancer Society adds a sizeable amount to the money collected.

Lotteries, recycling, sale of goods, etc. (note 2). The profit from lotteries totalled DKK 57.7m in 2011, against DKK 53.7m in 2010, representing an increase of DKK 4.0m, which secures the highest total profit from lotteries since 1991. Income from the individual lotteries continues to vary considerably, and it may be difficult to maintain the level of income in this highly competitive market in spite of the many new marketing initiatives that are regularly launched for the lotteries.

**The Danish Cancer Society’s ten thrift shops (note 2)** under the IGEN brand generated their best ever performance in 2011. The profit was DKK 3.9 million, compared to DKK 2.3 million in 2010. The increase of DKK 1.6m is due to significantly higher income across all shops in combination with unchanged expenses. The favourable development is highly attributable to the volunteer employees who have obtained better item prices and a faster product turnaround.

**Other events and product sales (note 2)** decreased to DKK 37.3m in 2011 compared to DKK 40.7m the preceding year, which is a decline of DKK 3.4m. The decline is mainly attributable to lower VAT refunds and reduced sales of breast cancer bracelets for the Support for the Breasts Campaign. However, the inflow of funds from “Children, Young People and Cancer” campaign and Relay for Life has increased.

Relay for Life was held in 10 cities in 2011, generating an aggregate profit of DKK 1.8m, which is an increase of DKK 0.7m compared to 2010. The number of relays grew from nine to ten, and the number of participants increased from 4,800 to 7,200. In addition, more than 1,000 volunteers are involved in organising the relays.

Department and project expenses in the Department for Fundraising & Membership (note 3) were up DKK 0.9m to a total of DKK 65.4m in 2011.

**Capital income (note 4)** amounts to DKK 12.6m in 2011, against DKK 24.2m in 2010, representing a decline of DKK 11.6m, which is mainly attributable to lower rent income from properties on Strandboulevarden, as Denmark’s School of Design vacated the premises at the end of April 2011.

**Government grants (note 5)** which mainly includes grants from the Danish pools and lottery funds and from the Danish regions, amounted to DKK 28.9m in 2011.
which is unchanged compared to last year. Grants from the pools and lottery funds amounted to DKK 18.7m in 2011, which is up DKK 1.4m compared to last year. The grants from the regions to the Dallund Rehabilitation Centre amounted to DKK 3m, which is DKK 1.5m lower than in 2010. Grants for cancer-counselling centres amounted to DKK 7.1m in 2011, compared to DKK 7.0m in 2010.

Expenses:

The aggregate expenses in 2011 for research, patient support & community activities, information, administration, building improvement, technical investments, etc., as well as depreciation and amortisation amounted to DKK 520.7m, against DKK 519.0m in 2010, equivalent to an increase of DKK 1.7m.

Administrative expenses (note 6) covers a number of common functions, such as the Executive Committee, committees and the management. This also includes finances, IT and shared property and staff administration. These expenses amounted to DKK 34.6m in 2011, which is DKK 1.4m higher than in 2010. The increase is mainly due to a feasibility study for a volunteers’ portal and sundry studies initiated to optimise the organisation.

Expenses for improvement of buildings, technical investments, etc., (note 7) amounted to DKK 19.2m in 2011, against DKK 25.3m in 2010. At the beginning of the year, DKK 48.0m was budgeted for improvement of buildings, technical investments, etc., and DKK 17.3m for the portal project. During the year, DKK 17.5m were used for building improvements, DKK 1.4m for the portal project, as well as outlays of DKK 0.3m relating to the torrential rain storm.

Research expenditure (note 8) amounted to DKK 240.5m in 2011, against DKK 241.7m in 2010. This is a decline of DKK 1.2m. This decline breaks down as a reduction of DKK 13.2m in the external grants to the Institute of Cancer Biology, a decline in the external grants of DKK 5.2m to the Institute of Cancer Epidemiology, an increase of DKK 8.3m in grants to the Danish Cancer Society’s Scientific Committee and an increase of DKK 11.8m to strategic pools.

The operation of own research departments declined from 2010 to 2011 by DKK 19.9m to a total of DKK 116.2m. As mentioned above, the decline is mainly due to a total reduction of DKK 18.4m in the external grants for research projects. The amount of DKK 116.2m for operating own research departments includes a total of DKK 46.2m financed by external sources, such as the EU and foundations in Denmark and abroad.

Quality & Patient Safety expenditure amounts to DKK 7.0m in 2011, against DKK 8.1m in 2010, representing a decline of DKK 1.1m.

Grants from the research committees and the Central Board amounted to DKK 98.2m in 2011 compared to DKK 90.2m in 2010 and have thus increased by DKK 8.0m. The increase is mainly attributable to higher grants to the Danish Cancer Society’s Scientific Committee.

Expenses for Patient Support & Community Activities (note 9) amounted to DKK 128.2m in 2011, against DKK 124.6m in 2010. Disregarding externally funded projects and expenses for the Dallund Rehabilitation Centre, the 2011 amount is DKK 103.5m, which is unchanged compared to 2010. Externally funded projects increased by DKK 5.0m to DKK 13.2m in 2011. Expenditure for the Dallund Rehabilitation Centre amounted to DKK 11.6m in 2011, against DKK 12.6m in 2010.

Information expenses (note 10) increased by DKK 4.9m to DKK 94.4m in 2011. The increase is mainly attributable to growing activities in the Volunteering area, which was established in 2009. This area had an overall consumption of DKK 12.0m in 2011 compared to DKK 6.9m in 2010, which is an increase of DKK 5.1m.
The basic expenses in the Prevention and Documentation department decreased to DKK 26.0m from DKK 28.2m. The department’s externally funded projects amounted to DKK 32.9m in 2011 against 32.1m in 2010.

Expenses for Communication amounted to DKK 21.2m in 2011, against DKK 20.0m in 2010.

Finally, expenses for general information through lotteries remain unchanged at DKK 2.4m in 2011.

**Balance sheet:**

The book value of the Society’s rental properties (note 12) is DKK 167.2m in 2011, against DKK 177.8m in 2010. Among the elements in the decline of DKK 10.6m are depreciation on rental properties of DKK 3.8m and disposals of DKK 6.8m during the year for properties appropriated by inheritance. The public land-assessment value of these rental properties is DKK 283.6m.

The securities portfolio (note 14), consisting of bonds, shares and mortgages, is the major asset on the balance sheet. The portfolio decreased by DKK 3.1m to DKK 702.2m in 2011. This decline is mainly composed of a decline in the share portfolio of DKK 19.6m to DKK 172.9m and an increase in the bond portfolio of DKK 14.1m to DKK 526.1m.

The Danish Cancer Society follows an investment strategy of optimising returns on the Society’s assets for the benefit of cancer patients, with due consideration for composing a widely diversified, prudent and conservative portfolio. To implement this strategy, the Society works with some of the most renowned asset managers, such as Nykredit Portefølje, Danske Capital, Carnegie Asset Management, BankInvest Management Fondmæglerselskab, Gudme Raaschou Asset Management and Blue Bay Asset Management.

The Danish Cancer Society’s securities investments have generated an average return for the Society of 3.6% over the past 15 years, including 2011.

The operating fund (note 15) amounted to DKK 447.7m at the end of 2011, against DKK 477.6m at the end of 2010. The operating fund has been allocated in 2011, as the Central Board has approved activities of DKK 483.0m.

The value adjustment fund (note 16) amounted to DKK 80.5m at the end of 2011 after deduction of net capital losses of DKK 13.9m, comprising a share investment loss of DKK 21.7m and a capital gain of DKK 7.4m on bonds.

The revaluation reserve (note 17) amounts to DKK 80.5m at the end of 2011 after deduction of net capital losses of DKK 13.9m, comprising a share investment loss of DKK 21.7m and a capital gain of DKK 7.4m on bonds.

Grants for scientific work provided, but not yet used (note 19) amounts to DKK 169.4m. The amount comprises grants provided for multi-year research projects which will be paid out as and when the projects are implemented.

**Interest rate risk/Price risk**

The latent price risk resting on the Society’s bond portfolio, with a duration of 3.5, will result in a decrease of DKK 18.2m, if the interest rate increases by 1%. The Society’s value adjustment fund, amounting to DKK 80.5m at year-end 2011, will thus be able to counter a price decline in the bond portfolio corresponding to an interest rate increase of 4.4%.

**Number of employees**

The Society employed 646 FTEs at the end of 2011, representing an increase of 15 employees compared to the previous year. 229 employees work with research, compared to 237 last year, 161 employees work in Patient Support & Community Activities, against 158 last year, and 105 employees work with information and communi-
cations, against 91 last year. 89 employees are engaged with fundraising activities, against 86 last year, and 62 employees work with administration, against 59 the year before.

Management of foundations
The Danish Cancer Society manages seven independent foundations whose profits accrue to the Danish Cancer Society in accordance with the charters’ stipulations. At the end of 2011, the capital value of these foundations was DKK 208.6m, against DKK 219.1m last year. The foundations’ returns, amounting to DKK 4.4m in 2011, are recognised in the accounts under "Funds collected".

The asset management departments of Danish banks manage a number of funds held on trust for interest payment to legatees. The capital of these trust funds was computed to be DKK 53.8m at the end of 2010. When the interest payments cease, the capital will accrue to the Danish Cancer Society in whole or in part.

Outlook for 2012
The Danish Cancer Society’s income in 2012 is expected to increase significantly compared to the 2011 performance, when gross income amounted to DKK 643.1m, which represented a decline of DKK 40.9m compared to 2010.

Legacy income is expected to increase by around DKK 15m in 2012 to a total of DKK 165m. Legacy income is the Society’s prime source of income and amounted to DKK 150.8m in 2011.

The Danish Cancer Society also expects a major increase in membership income due to an expected membership fee increase and ensuing higher income from existing members and a continued focus on increasing the total contributions from members and contributors. Also in 2012, efforts will be made to secure a net influx of members, as the objective of 500,000 members has yet to be reached.

However, the Danish Cancer Society expects that it will be difficult to maintain lottery income in the future as the competition in the gambling market is generally expected to be keener due to new gambling legislation which took effect on 1 January 2012. It therefore uncertain whether the Society will be able to maintain its profit on lotteries, which reached the highest level for many years in 2012.

Income from corporate sources and campaigns is also expected to increase in 2012, with the largest share expected from Support for the Breasts as previously.

However, the largest income increase is expected to originate from the coming fundraiser show which will be conducted with TV2 in late October 2012. This new initiative is expected to significantly increase income from both corporate sources and private contributors.

The equity of the Danish Cancer Society
The Society’s equity, consisting of the Society’s operating fund, value adjustment fund and revaluation fund, amounts to DKK 592.2m at the end of 2011, against DKK 636.0m in 2010. Thus, the equity decreased by DKK 43.8m in 2011.
Signatures by the management and the executive committee

Today, we have presented the 2011 Annual Accounts for the Danish Cancer Society.

The annual accounts have been presented in accordance with the requirements for the presentation of annual accounts stipulated by the Articles of Association and in accordance with generally accepted accounting principles.

In our opinion, the annual accounts give a true and fair view of the Society’s assets and liabilities, its financial position and results. It is also our opinion that the financial review gives a true and fair view of the issues discussed.

The annual accounts are approved.

Copenhagen, Denmark, 18 April 2012

MANAGEMENT

Leif Vestergaard Pedersen

EXECUTIVE COMMITTEE

Frede Olesen
chairman

Jette Hansen
vice-chairman

Ejnar Pedersen

Jan Bjørn Nielsen

Ester Larsen
Independent auditors' report

To the members of the Central Board of the Danish Cancer Society

Statement on the annual accounts
We have audited the annual accounts (pp. 18–32) for the Danish Cancer Society for the financial year 1 January – 31 December 2011, comprising accounting policies, income statement, balance sheet and notes. The annual accounts are prepared in accordance with generally accepted accounting principles.

The management’s responsibility for the annual accounts
The management is responsible for the preparation and fair presentation of annual accounts in accordance with generally accepted accounting principles. The management is also responsible for internal controls considered necessary by the management for preparing annual accounts that are free from material misstatement, whether due to fraud or error.

The auditors’ responsibility
It is our responsibility to express our opinion of the annual accounts on the basis of our audit. We have conducted our audit in accordance with international auditing standards and additional requirements pursuant to Danish auditing legislation and the Executive Order on accounts and audit of accounts for recipients of grants from the pools of the Danish Ministry of Finance under the Act on certain games, lotteries and wagers. Those requirements and standards require us to comply with ethical requirements and plan and conduct our audit to obtain reasonable assurance that the annual accounts are free from material misstatement.

An audit includes performing procedures to obtain audit evidence for the amounts and disclosures in the annual accounts. The audit procedures selected depend on the assessment made by the auditor, including the assessment of the risk of material misstatement in the annual accounts, notwithstanding whether such misstatement is due to fraud or error. In making such risk assessment, the auditor considers internal controls that are relevant to the Society’s preparation and fair presentation of annual accounts in order to design audit procedures that are appropriate under the circumstances, but not with the objective of expressing an opinion on the efficacy of the internal control made by the Society. An audit also includes an assessment of the appropriateness of the accounting policies applied and the accounting estimates made by the management together with an evaluation of the overall presentation of the annual accounts.

In our view, the audit evidence obtained is sufficient and appropriate to provide a basis for our audit opinion.

Our audit has not given rise to any qualification.

Opinion
In our opinion, the annual accounts give a true and fair view of the Society’s assets and liabilities and its financial position at 31 December 2011 and of the results of the Society’s activities for the financial year 1 January – 31 December 2011, in accordance with generally accepted accounting principles.

Statement on the management’s review and the financial review
We have read the management’s review and the financial review. We have not performed any further procedures in addition to the audit performed of the annual accounts.

On this basis, it is our opinion that the information in the management’s review is in accordance with the annual accounts.

Copenhagen, 18 April 2012

Deloitte
Statsautoriseret Revisionsaktieselskab

Henrik Wellejus
state-authorised public accountant

Christian Sanderhage
state-authorised public accountant
Accounting policies

The accounting policies are unchanged compared to last year.

The annual accounts are presented in accordance with generally accepted accounting principles.

The accounts reflect the year’s financial decisions/grants, regardless if they are not realised until subsequent years.

Income statement

Funds collected
Legacies and testamentary bequests are recognised as income upon completion of the final estate inventory and receipt of the legacy or bequest whereas payments received on account are recognised on the balance sheet under the item Legacy amounts on account for later determination.

Contributions from members and foundations as well as corporate contributions, gifts and grants are recognised as income at the time of realisation.

Grants received for specific research projects are recognised as income as and when utilised.

Income from collections is recognised when the final collection results are available.

Lotteries, etc.
Proceeds from lotteries are recognised as income when the individual games are completed.

Sale of materials, etc. is recognised as income at the time of invoicing.

Capital income
Capital income comprises accrued interest income and expenses, dividends and yields as well as rental income less operating expenses for rental properties.

Government grants
Government grants are carried as income at the time of receipt.

Expenses
Expenses are accounted for on a normal accruals basis. The expenses are attributed directly to the departments/activities consuming the funds. Common expenses for operating the premises at Strandboulevarden, IT, etc., are charged to the individual activities in accordance with their consumption.

Inventory and laboratory equipment, etc., is charged to the income statement at the time of acquisition.

Research grants/multi-year projects
Grants for one-year or multi-year research projects are charged to the income statement at the time of granting. Grants provided, but not yet used, at the balance sheet date, are recognised as payables under the item Grants for scientific work not yet used.

Extraordinary items
Income or expenses not attributable to the Society’s ordinary activities are recognised as extraordinary items.

Balance sheet

Properties
Buildings designated for rental purposes are valued at acquisition cost plus costs of improvement and revaluations and less depreciation. Buildings are depreciated at an annual rate of 2 percent. Buildings for own activities and their costs of improvement are charged to the income statement in the acquisition year.

Properties appropriated by inheritance, which are destined for resale or which are subject to residence rights, etc., are recognised at the original appropriation values.

Revaluations are recognised in equity under Revaluation fund.

Securities
Listed bonds and shares are measured at market value at the end of the financial year. Mortgages, etc., are recognised at an estimated, conservative value.

Realised and unrealised capital gains and losses are recognised directly in the value adjustment fund.
## Income statement

<table>
<thead>
<tr>
<th>DKK 1,000</th>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income-generating activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds collected</td>
<td>1</td>
<td>415,760</td>
<td>452,752</td>
</tr>
<tr>
<td>Lotteries, recycling, sale of goods, etc.</td>
<td>2</td>
<td>98,953</td>
<td>96,763</td>
</tr>
<tr>
<td><strong>Total income from income-generating activities</strong></td>
<td></td>
<td>514,713</td>
<td>549,515</td>
</tr>
<tr>
<td>Fundraising &amp; Membership, department and project expenses</td>
<td>3</td>
<td>-65,431</td>
<td>-64,551</td>
</tr>
<tr>
<td><strong>Profit from income-generating activities</strong></td>
<td></td>
<td>449,282</td>
<td>484,964</td>
</tr>
<tr>
<td><strong>Other ordinary income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital income</td>
<td>4</td>
<td>12,584</td>
<td>24,211</td>
</tr>
<tr>
<td>Government grants</td>
<td>5</td>
<td>28,893</td>
<td>28,865</td>
</tr>
<tr>
<td><strong>Total net income</strong></td>
<td></td>
<td>490,759</td>
<td>538,040</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>6</td>
<td>-34,550</td>
<td>-33,109</td>
</tr>
<tr>
<td>Improvement of buildings for own activities</td>
<td>7</td>
<td>-19,195</td>
<td>-25,324</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>12</td>
<td>-3,785</td>
<td>-4,666</td>
</tr>
<tr>
<td><strong>433,229</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>8</td>
<td>-240,479</td>
<td>-241,729</td>
</tr>
<tr>
<td>Patient Support &amp; Community Activities</td>
<td>9</td>
<td>-128,215</td>
<td>-124,575</td>
</tr>
<tr>
<td>Information</td>
<td>10</td>
<td>-94,446</td>
<td>-89,558</td>
</tr>
<tr>
<td><strong>Expenses for main objectives</strong></td>
<td></td>
<td>-463,140</td>
<td>-455,862</td>
</tr>
<tr>
<td><strong>Net profit or loss for the year</strong></td>
<td></td>
<td>-29,911</td>
<td>19,079</td>
</tr>
</tbody>
</table>
## Balance sheet

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DKK 1,000</td>
<td>DKK 1,000</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares in Kræftens Bekæmpelses Forlag ApS</td>
<td>11</td>
<td>1,010</td>
</tr>
<tr>
<td>Properties</td>
<td>12</td>
<td>167,225</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sundry receivables, pre-paid expenses, etc.</td>
<td>13</td>
<td>63,842</td>
</tr>
<tr>
<td>Balance with sundry foundations</td>
<td></td>
<td>21,585</td>
</tr>
<tr>
<td>Balance with Kræftens Bekæmpelses Forlag ApS</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Securities</td>
<td>14</td>
<td>702,209</td>
</tr>
<tr>
<td>Cash</td>
<td></td>
<td>43,936</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating fund</td>
<td>15</td>
<td>447,724</td>
</tr>
<tr>
<td>Value adjustment fund</td>
<td>16</td>
<td>80,460</td>
</tr>
<tr>
<td>Revaluation fund</td>
<td>17</td>
<td>64,000</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total debt</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DKK 1,000</td>
<td>DKK 1,000</td>
</tr>
<tr>
<td></td>
<td>999,807</td>
<td>1,043,419</td>
</tr>
<tr>
<td></td>
<td>999,807</td>
<td>1,043,419</td>
</tr>
</tbody>
</table>

FINANCES
# Notes to the 2011 annual accounts

### DKK 1,000

<table>
<thead>
<tr>
<th>Gross income</th>
<th>Direct expenses</th>
<th>Totals 2011</th>
<th>Totals 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds collected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legacies and testamentary bequests</td>
<td>150,768</td>
<td>150,768</td>
<td>175,473</td>
</tr>
<tr>
<td>Membership fees and contributions from members and private contributors</td>
<td>104,120</td>
<td>104,120</td>
<td>104,887</td>
</tr>
<tr>
<td>Grants for specific projects</td>
<td>95,163</td>
<td>95,163</td>
<td>104,891</td>
</tr>
<tr>
<td>Contributions from foundations</td>
<td>6,895</td>
<td>6,895</td>
<td>7,821</td>
</tr>
<tr>
<td>Corporate</td>
<td>24,599</td>
<td>24,599</td>
<td>21,853</td>
</tr>
<tr>
<td>Gifts and grants</td>
<td>4,326</td>
<td>4,326</td>
<td>3,537</td>
</tr>
<tr>
<td><strong>Total funds collected</strong></td>
<td>385,871</td>
<td>-</td>
<td>385,871</td>
</tr>
<tr>
<td>National collections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National collections</td>
<td>31,625</td>
<td>5,860</td>
<td>25,765</td>
</tr>
<tr>
<td>Breast cancer month (Breast gala and Support for the Breasts)</td>
<td>8,966</td>
<td>4,842</td>
<td>4,124</td>
</tr>
<tr>
<td><strong>Total, National collections</strong></td>
<td>40,591</td>
<td>10,702</td>
<td>29,889</td>
</tr>
<tr>
<td><strong>Total funds collected</strong></td>
<td>426,462</td>
<td>10,702</td>
<td>415,760</td>
</tr>
</tbody>
</table>

### Note 2

**Lotteries, recycling, sale of goods, etc.**

<table>
<thead>
<tr>
<th>Gross income</th>
<th>Direct expenses</th>
<th>Totals 2011</th>
<th>Totals 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotteries *)</td>
<td>100,948</td>
<td>43,267</td>
<td>57,681</td>
</tr>
<tr>
<td>Thrift shops</td>
<td>17,192</td>
<td>13,246</td>
<td>3,946</td>
</tr>
<tr>
<td>Other events and product sales</td>
<td>47,401</td>
<td>10,075</td>
<td>37,326</td>
</tr>
<tr>
<td><strong>Total, lotteries, recycling, sale of goods, etc.</strong></td>
<td>165,541</td>
<td>66,588</td>
<td>98,953</td>
</tr>
</tbody>
</table>

*) In 2011, DKK 21.4m were paid out in the lotteries as winnings and related tax.
### NOTE 3

**Expenses for the Fundraising & Membership Department’s regular and project activities**

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation of Marketing Department</td>
<td>17,890</td>
<td>18,674</td>
</tr>
<tr>
<td>Project expenses (member care, analyses and development of new games and maintenance of existing games)</td>
<td>47,541</td>
<td>45,877</td>
</tr>
<tr>
<td><strong>“Total expenses for the Fundraising &amp; Membership Department’s regular and project activities”</strong></td>
<td>65,431</td>
<td>64,551</td>
</tr>
</tbody>
</table>

### NOTE 4

**Capital income**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income</td>
<td>11,994</td>
<td>19,271</td>
</tr>
<tr>
<td>Expenses related to operation of rental property</td>
<td>-9,408</td>
<td>-6,216</td>
</tr>
<tr>
<td><strong>Result of rental operations</strong></td>
<td>2,586</td>
<td>13,055</td>
</tr>
<tr>
<td>Bank interest income</td>
<td>427</td>
<td>406</td>
</tr>
<tr>
<td>Bond yields</td>
<td>7,120</td>
<td>7,925</td>
</tr>
<tr>
<td>Share dividends</td>
<td>2,442</td>
<td>2,640</td>
</tr>
<tr>
<td>Other income, etc.</td>
<td>9</td>
<td>185</td>
</tr>
<tr>
<td><strong>Total capital income</strong></td>
<td>12,584</td>
<td>24,211</td>
</tr>
</tbody>
</table>
### Note 5

<table>
<thead>
<tr>
<th>Government grants</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pools and lottery funds</td>
<td>18,743</td>
<td>17,369</td>
</tr>
<tr>
<td>Grants from the regions to the cancer counselling centres</td>
<td>7,146</td>
<td>7,012</td>
</tr>
<tr>
<td>Grants from the regions to the Dallund Rehabilitation Centre</td>
<td>3,004</td>
<td>4,484</td>
</tr>
<tr>
<td><strong>Total government grants</strong></td>
<td>28,933</td>
<td>28,865</td>
</tr>
</tbody>
</table>

### Note 6

<table>
<thead>
<tr>
<th>Administrative expenses</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Board, committees and Management and Policy &amp; Legal Advice</td>
<td>8,066</td>
<td>7,476</td>
</tr>
<tr>
<td>Finance and asset management</td>
<td>7,885</td>
<td>6,660</td>
</tr>
<tr>
<td>Property management</td>
<td>4,225</td>
<td>4,416</td>
</tr>
<tr>
<td>Common staff expenses &amp; HR</td>
<td>10,729</td>
<td>10,750</td>
</tr>
<tr>
<td>Canteen</td>
<td>3,645</td>
<td>3,807</td>
</tr>
<tr>
<td><strong>Total administrative expenses</strong></td>
<td>34,550</td>
<td>33,109</td>
</tr>
</tbody>
</table>

### Note 7

<table>
<thead>
<tr>
<th>Improvement of buildings and technical investments, etc.</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research premises</td>
<td>17,545</td>
<td>19,104</td>
</tr>
<tr>
<td>Office premises</td>
<td>-</td>
<td>6,220</td>
</tr>
<tr>
<td>Portal project</td>
<td>1,378</td>
<td>-</td>
</tr>
<tr>
<td>Expenses related to torrential rain storm, net</td>
<td>272</td>
<td>-</td>
</tr>
<tr>
<td><strong>Improvement of buildings and technical investments, etc.</strong></td>
<td>19,195</td>
<td>25,324</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>NOTE 8</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operation of own research departments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institute of Cancer Biology</td>
<td>43,854</td>
<td>44,513</td>
</tr>
<tr>
<td>Institute of Cancer Epidemiology</td>
<td>26,198</td>
<td>26,772</td>
</tr>
<tr>
<td>Stem cell research laboratory</td>
<td>-</td>
<td>308</td>
</tr>
<tr>
<td>Basic operation of own research departments</td>
<td>70,052</td>
<td>71,593</td>
</tr>
<tr>
<td>Consumption of external research grants</td>
<td>46,180</td>
<td>64,555</td>
</tr>
<tr>
<td><strong>Total, operation of own research departments</strong></td>
<td><strong>116,232</strong></td>
<td><strong>136,148</strong></td>
</tr>
<tr>
<td><strong>Research grant administration</strong></td>
<td>1,597</td>
<td>1,562</td>
</tr>
<tr>
<td><strong>Quality &amp; Patient Safety</strong></td>
<td>7,000</td>
<td>8,115</td>
</tr>
<tr>
<td><strong>Grants during the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants from the Danish Cancer Society’s Scientific Committee</td>
<td>79,150</td>
<td>70,874</td>
</tr>
<tr>
<td>Grants from the Psychosocial Cancer Research Committee</td>
<td>4,263</td>
<td>4,347</td>
</tr>
<tr>
<td>Grants from the Executive Committee and the Central Board (note 8A)</td>
<td>14,787</td>
<td>14,978</td>
</tr>
<tr>
<td><strong>Total grants</strong></td>
<td><strong>98,200</strong></td>
<td><strong>90,199</strong></td>
</tr>
<tr>
<td>Strategic funds, main account</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Research professorships</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Research schools</td>
<td>471</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total strategic funds</strong></td>
<td><strong>5,471</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td>Live Life, main account</td>
<td>75</td>
<td>-</td>
</tr>
<tr>
<td>Live Life, project X-IT</td>
<td>-</td>
<td>618</td>
</tr>
<tr>
<td>Live Life, Centre for Intervention Research</td>
<td>3,850</td>
<td>-</td>
</tr>
<tr>
<td>Symptom and diagnosis, cancer disease diagnostics in Aarhus</td>
<td>4,289</td>
<td>2,586</td>
</tr>
<tr>
<td>Rehabilitation, UCSF (University Hospitals’ Centre for Nursing and Care Research)</td>
<td>3,765</td>
<td>-</td>
</tr>
<tr>
<td>NKF – National Research Centre for Rehabilitation</td>
<td>-</td>
<td>2,500</td>
</tr>
<tr>
<td><strong>Total new strategic funds</strong></td>
<td><strong>11,979</strong></td>
<td><strong>5,704</strong></td>
</tr>
<tr>
<td><strong>Total research (see note 19)</strong></td>
<td><strong>240,479</strong></td>
<td><strong>241,729</strong></td>
</tr>
</tbody>
</table>
### NOTE 8A

**Grants from the Executive Committee and the Central Board**

<table>
<thead>
<tr>
<th>Grant Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants for researchers’ participation in congresses, etc.</td>
<td>879</td>
<td>928</td>
</tr>
<tr>
<td>Grants for other projects, etc.</td>
<td>817</td>
<td>1,073</td>
</tr>
<tr>
<td>Management framework</td>
<td>5,678</td>
<td>2,614</td>
</tr>
<tr>
<td>Nordic Cancer Union</td>
<td>2,502</td>
<td>2,508</td>
</tr>
<tr>
<td>Intestinal project Central Denmark Region</td>
<td>1,800</td>
<td>1,800</td>
</tr>
<tr>
<td>Documentation centre</td>
<td>1,251</td>
<td>704</td>
</tr>
<tr>
<td>Membership fee, Danish Patients</td>
<td>1,092</td>
<td>1,061</td>
</tr>
<tr>
<td>Repayments to the Hejmdal Joint Foundation</td>
<td>402</td>
<td>390</td>
</tr>
<tr>
<td>Research, water damage</td>
<td>366</td>
<td>-</td>
</tr>
<tr>
<td>Quality control of the New Cancer Registry</td>
<td>-</td>
<td>400</td>
</tr>
<tr>
<td>Danish Lung Association</td>
<td>-</td>
<td>2,500</td>
</tr>
<tr>
<td>Regional Chemotherapy, Herlev</td>
<td>-</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**Total grants from the Executive Committee and the Central Board**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14,787</td>
<td>14,978</td>
</tr>
</tbody>
</table>

### NOTE 9

**Patient Support & Community Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Support &amp; Community Activities, management</td>
<td>12,854</td>
<td>11,068</td>
</tr>
<tr>
<td>Cancer line</td>
<td>9,823</td>
<td>8,552</td>
</tr>
<tr>
<td>Cancer Counselling Centres</td>
<td>48,347</td>
<td>47,882</td>
</tr>
<tr>
<td>Community volunteering</td>
<td>18,048</td>
<td>23,566</td>
</tr>
<tr>
<td>Patients’ associations</td>
<td>4,254</td>
<td>4,324</td>
</tr>
<tr>
<td>Patient grants</td>
<td>5,322</td>
<td>5,619</td>
</tr>
<tr>
<td>Projects and other activities</td>
<td>4,809</td>
<td>2,231</td>
</tr>
<tr>
<td>Palliative Knowledge Centre</td>
<td>-</td>
<td>500</td>
</tr>
</tbody>
</table>

**Externally funded projects**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dallund Rehabilitation Centre</td>
<td>143,571</td>
<td>103,457</td>
</tr>
</tbody>
</table>

**Total, Patient Support & Community Activities**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>128,215</td>
<td>124,575</td>
</tr>
</tbody>
</table>
### NOTE 10

<table>
<thead>
<tr>
<th>Information</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Prevention &amp; Documentation</td>
<td>25,983</td>
<td>28,228</td>
</tr>
<tr>
<td>Communications</td>
<td>21,182</td>
<td>20,025</td>
</tr>
<tr>
<td>Volunteering</td>
<td>11,990</td>
<td>6,867</td>
</tr>
<tr>
<td>General information through lotteries</td>
<td>2,359</td>
<td>2,300</td>
</tr>
<tr>
<td></td>
<td>61,514</td>
<td>57,420</td>
</tr>
<tr>
<td>Externally funded projects</td>
<td>32,932</td>
<td>32,138</td>
</tr>
<tr>
<td><strong>Total information</strong></td>
<td><strong>94,446</strong></td>
<td><strong>89,558</strong></td>
</tr>
</tbody>
</table>

### NOTE 11

**Shares in Køenhavnens Bekæmpelses Forlag ApS**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>985</td>
<td>956</td>
</tr>
<tr>
<td>Net profit for the year</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td><strong>1,010</strong></td>
<td><strong>985</strong></td>
</tr>
</tbody>
</table>

(The Society holds all shares)
### NOTE 12

#### Rental properties

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition price, 1 January</td>
<td>142,276</td>
<td>142,276</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Acquisition price, 31 December</td>
<td>142,276</td>
<td>142,276</td>
</tr>
<tr>
<td>Revaluation, 1 January</td>
<td>64,000</td>
<td>108,000</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-44,000</td>
</tr>
<tr>
<td>Revaluation, 31 December</td>
<td>64,000</td>
<td>64,000</td>
</tr>
<tr>
<td>Depreciation, 1 January</td>
<td>-4,062</td>
<td>-36,396</td>
</tr>
<tr>
<td>Depreciation for the year</td>
<td>-3,785</td>
<td>-4,666</td>
</tr>
<tr>
<td>Depreciation, 31 December</td>
<td>-44,847</td>
<td>-41,062</td>
</tr>
</tbody>
</table>

#### Balance, 31 December

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>161,429</td>
<td>165,214</td>
</tr>
</tbody>
</table>

(Property valuation as at 1 October 2010: DKK 283,596,000)

#### Properties appropriated by inheritance, subject to residence rights, etc.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>12,609</td>
<td>2,576</td>
</tr>
<tr>
<td>Additions during the year</td>
<td>-</td>
<td>10,343</td>
</tr>
<tr>
<td>Disposals during the year</td>
<td>-6,813</td>
<td>-310</td>
</tr>
</tbody>
</table>

#### Balance, 31 December

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,796</td>
<td>12,609</td>
</tr>
</tbody>
</table>

(Property valuation as at 1 October 2010: DKK 11,550,000)

#### Total properties

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>167,225</td>
<td>177,823</td>
</tr>
</tbody>
</table>

Properties utilised for own activities are charged to income in the acquisition year. As at 1 October 2010, such properties are valued at DKK 278,404,000.

**Settlements, etc.**

Properties subject to lifelong residence rights and special obligations of use are carried as assets under "Properties" at the amount of DKK 5,796,000.
### NOTE 13

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sundry receivables, pre-paid expenses, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued bond yield</td>
<td>2,547</td>
<td>2,919</td>
</tr>
<tr>
<td>Deposits concerning leases</td>
<td>4,264</td>
<td>3,586</td>
</tr>
<tr>
<td>Receivables and pre-paid expenses</td>
<td>57,031</td>
<td>33,933</td>
</tr>
<tr>
<td><strong>Total sundry receivables, pre-paid expenses, etc.</strong></td>
<td><strong>63,842</strong></td>
<td><strong>40,438</strong></td>
</tr>
</tbody>
</table>

### NOTE 14

<table>
<thead>
<tr>
<th>Description</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonds</td>
<td>526,100</td>
<td>512,040</td>
</tr>
<tr>
<td>Shares</td>
<td>172,909</td>
<td>192,487</td>
</tr>
<tr>
<td>Mortgages, etc.</td>
<td>3,200</td>
<td>800</td>
</tr>
<tr>
<td><strong>Total securities</strong></td>
<td><strong>702,209</strong></td>
<td><strong>705,327</strong></td>
</tr>
</tbody>
</table>
### Danish Cancer Society | Annual Report 2011

#### NOTE 15

**Operating fund**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>477,635</td>
<td>458,556</td>
</tr>
<tr>
<td>Net profit for the year</td>
<td>-29,911</td>
<td>19,079</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td><strong>447,724</strong></td>
<td><strong>477,635</strong></td>
</tr>
</tbody>
</table>

**Breakdown of the operating fund**

- **Provision for covering approved expenditure budget for 2012**
  - Research: DKK 169,527 (41%)
  - Strategic funds: DKK 30,000 (7%)
  - Patient Support & Community Activities: DKK 99,333 (24%)
  - Information: DKK 64,492 (16%)
  - Administration and shared staff expenses: DKK 41,030 (10%)
  - Used for construction and building works and building depreciation, etc.: DKK 6,000 (1%)

**2012 expenditure budget for the Fundraising & Membership Department**

- DKK 482,985

**Budget covered outside the Operating Fund**

- DKK -35,261

**Value adjustment fund**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>94,341</td>
<td>44,199</td>
</tr>
<tr>
<td>Value adjustment, bonds</td>
<td>7,421</td>
<td>27,635</td>
</tr>
<tr>
<td>Value adjustment, shares</td>
<td>-21,379</td>
<td>27,178</td>
</tr>
<tr>
<td>Value adjustment, currency</td>
<td>-388</td>
<td>-5,378</td>
</tr>
<tr>
<td>Value adjustment, properties appropriated by inheritance</td>
<td>465</td>
<td>707</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td><strong>80,460</strong></td>
<td><strong>94,341</strong></td>
</tr>
</tbody>
</table>
### NOTE 17

**Revaluation fund**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>64,000</td>
<td>108,000</td>
</tr>
<tr>
<td>Write-downs of rental properties</td>
<td>-</td>
<td>-44,000</td>
</tr>
<tr>
<td><strong>Total revaluation fund</strong></td>
<td>64,000</td>
<td>64,000</td>
</tr>
</tbody>
</table>

### NOTE 18

**Payable expenses, etc.**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A tax, etc. payable</td>
<td>1,306</td>
<td>1,046</td>
</tr>
<tr>
<td>Calculated holiday pay obligations</td>
<td>31,645</td>
<td>30,565</td>
</tr>
<tr>
<td>Deposits and pre-paid rent</td>
<td>1,340</td>
<td>7,999</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>41,126</td>
<td>28,317</td>
</tr>
<tr>
<td>Received grants from providers of external funds not yet used</td>
<td>116,334</td>
<td>106,786</td>
</tr>
<tr>
<td><strong>Total payable expenses etc.</strong></td>
<td>191,751</td>
<td>174,713</td>
</tr>
</tbody>
</table>

### NOTE 19

**Grants for scientific work not yet used**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>173,801</td>
<td>181,184</td>
</tr>
<tr>
<td>Granted during the year from the scientific committees, the Executive Committee and the Central Board (see note 8)</td>
<td>-244,848</td>
<td>-249,112</td>
</tr>
<tr>
<td><strong>Balance as at 31 December for use in 2012 and later</strong></td>
<td>169,432</td>
<td>173,801</td>
</tr>
<tr>
<td>The grants have been given for use in</td>
<td>169,432</td>
<td>173,801</td>
</tr>
<tr>
<td>2012</td>
<td>122,193</td>
<td>131,168</td>
</tr>
<tr>
<td>2013</td>
<td>31,039</td>
<td>24,662</td>
</tr>
<tr>
<td>2014 and later</td>
<td>16,200</td>
<td>17,971</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>169,432</td>
<td>173,801</td>
</tr>
<tr>
<td>DKK 1,000</td>
<td>2011</td>
<td>2010</td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>(Note not referred to in the accounts)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakdown of the total amount for staff wages, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and salaries *)</td>
<td>275,674</td>
<td>266,716</td>
</tr>
<tr>
<td>Contributions for pension-related purposes</td>
<td>39,838</td>
<td>38,212</td>
</tr>
<tr>
<td>Share of expenses for social security</td>
<td>1,315</td>
<td>1,276</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>316,827</td>
<td>306,204</td>
</tr>
<tr>
<td>*) No fee has been paid to the Presidium, Central Board and Executive Committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Representation of this amount in the accounts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and salaries for research, patient support &amp; community activities, information and administration</td>
<td>251,093</td>
<td>245,729</td>
</tr>
<tr>
<td>Wages and salaries for income-generating activities</td>
<td>43,040</td>
<td>40,976</td>
</tr>
<tr>
<td><strong>Total wages and salaries</strong></td>
<td>294,133</td>
<td>286,705</td>
</tr>
<tr>
<td>Wages and salaries included in grants used</td>
<td>22,694</td>
<td>19,499</td>
</tr>
<tr>
<td><strong>Total wages and salaries paid out</strong></td>
<td>316,827</td>
<td>306,204</td>
</tr>
<tr>
<td><strong>Average number of employees</strong></td>
<td>646</td>
<td>631</td>
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Management, committees and organisation

The Presidium
- President: Professor Linda Nielsen
- Vice-president: Michala Petri, recorder virtuoso
- Vice-president: Per Larsen, special advisor, former chief police inspector

The Executive Committee
- Chairman: Professor Frede Olesen, MD
- Vice-chairman: Jette Hansen, assistant general manager
- Ester Larsen, MA, former minister of health
- Jan Bjørn Nielsen, consultant doctor
- Ejnar Pedersen, former chief municipal executive

The Central Board
- Chairman: Professor Frede Olesen, MD, Aarhus
- Vice-chairman: Jette Hansen, assistant general manager, Holbæk
- Kristian Bastrup, chartered surveyor, Helsingør (Elsinore)
- Birgit Bjerre, courier, Nykøbing F
- Alice Skjold Braae, former minister of health, Hvalsø
- Susanne Drue Callsen, nurse, Sønderborg
- Claus Foged, architect, Hjørring
- Søren Gade, former minister, Herning
- Mai-Britt Guldin, psychologist, PhD student
- Henrik Harling, head consultant, MD, Holte
- Birthe Harritz, adult supervisor and local councillor, Tjele
- Professor Jørn Herrstedt, MD, consultant, Odense
- Susanne Ursula Larsen, consultant doctor, Odense
- Jan Bjørn Nielsen, consultant doctor, Odder
- Jørgen Nielsen, attorney-at-law, Dronninglund
- Ejnar Pedersen, former chief municipal executive, Hornslet
- Tove Pedersen, chair of local unit, Vodskov
- Lisa Sengeløv, head consultant, MD, Copenhagen
- Anette Sloth, healthcare manager, Thisted
- Henrik Steenberg, human resources associate, Copenhagen
- Anne Tjænneland, head of department, consultant doctor, PhD, MD (staff representative)
- Michael Vad, managing director, Hellerup
- Karen Veien, medical secretary, Aalborg
- Lisbeth Winther, city council member, Gentofte
- Gina Øbakke, senior teacher, Store-Heddinge

Board of Management
- Leif Vestergaard Pedersen, managing director
- Hans Henrik Storm, head of department
- Jørgen H. Olsen, research director
- Laila Walther, head of department

Executive Group
- Kurt Damian, communications manager
- Charlotte Dehlie, HR manager
- Bjørne Heide Jørgensen, head of department
- Janne Lehmann Knudsen, quality manager
- Pouls Møller, fundraising manager
- Jørgen H. Olsen, research director
- Leif Vestergaard Pedersen, managing director
- Ole Reinbach, financial director
- Hans Henrik Storm, head of department
- Laila Walther, head of department
- Una Jensen Hallenberg, head of department

The Danish Cancer Society’s Scientific Committee
- Chairman: Professor Kristian Helin, PhD, director, Biotech Research & Innovation Centre (BRIC)
- Vice-chairman: Professor Henrik Ditzel, MD, consultant doctor, University of Southern Denmark
- Professor Michael Baumann, MD, director, National Center for Radiation Research in Oncology, Dresden
- Professor. Michael Borre, MD, PhD, Aarhus University Hospital
- Professor Marianne Ewertz, MD, consultant, Odense University Hospital
- Professor Cai Gade, MD, consultant, Aarhus University Hospital
- Professor Sten L. Christer Höög, PhD, Karolinska Institute, Stockholm
- Professor Andreas Kjær, MD, PhD, consultant, University of Copenhagen and Rigshospitalet
- Professor Klas Kærre, MD, PhD, Department of Microbiology, Tumor and Cell Biology (MTC), Stockholm
- Jiri Lukas, Vet. MD, PhD, Danish Cancer Society
- Professor Elsebeth Lynge, MSc (soc.), University of Copenhagen
- Professor Gillian Murphy, PhD, Cambridge University Cancer Research UK Cambridge Research Institute
- Professor Kim Overvad, consultant, PhD, Aarhus University
- Professor Sven Pålman, University Hospital MAS, Malmö
- Henrik Sengeløv, MD, consultant, Rigshospitalet Psychosocial Research Committee
- Chairman: John Sahl Andersen, PhD, GP, associate professor, University of Copenhagen
- Vice-chairman: Lene Koch, research professor, D Phil., Panum Institute
• Programme coordinator: Niels Viggo Hansen, PhD, University of Southern Denmark
• Marianne Jensen Hjermstad, PhD, senior researcher, Oslo University
• Marianne Lau, MD, consultant, Stolpegård Psychotherapeutic Centre in Gentofte
• Susanne Dalsgaard Reventlow, MD, GP, MSc (anthropology), associate research professor, Research Unit for General Practice, University of Copenhagen
• Per Sjøgren, MD, consultant, honorary associate professor, Rigshospitalet
• Tine Tjørnhøj-Thomsen, PhD, associate professor, MSc (anthropology), University of Copenhagen
• Signe Vikkelsø, associate professor, MSc (psychology), PhD, Copenhagen Business School

The Danish Cancer Society’s Strategic Committee (KBSU)
• Professor Frede Olesen (chairman), chairman of the Danish Cancer Society, MD, research manager, Research Unit for General Practice, Aarhus University
• Ester Larsen, former minister of health (representing the Danish Cancer Society’s Executive Committee)
• Professor Kristian Helin, PhD, director, Biotech Research & Innovation Centre (BRIC), Copenhagen (representing the Danish Cancer Society’s Scientific Committee (chairman))
• John Sahl Andersen, PhD, GP, associate professor, Department of General Practice, Institute of Public Health, University of Copenhagen (representing the Psychosocial Research Committee (chairman))
• Leif Vestergaard Pedersen, managing director, the Danish Cancer Society
• Anders Bonde Jensen (external member), consultant, PhD, Aarhus University Hospital

Prevention and Information Committee
• Chairman: Professor Bente Klarlund Pedersen, MD, consultant, Rigshospitalet
• Vice-chairman: Suzanne Aaholm, hospital director, Hillerød Hospital
• Professor Gert Almind, MD
• Troels Borring, chairman, Danish association of residential continuation schools
• Peter Bork, managing director and partner, Agents
• Professor Bjarne Ibsen, research and centre manager, Department of Sport Science and Biomechanics, University of Southern Denmark
• Jes Sagaard, MA (social science), director, Dansk Institute of Health
• Lizette Risgaard, vice-president of the Danish Confederation of Trade Unions

Local Units Committee
• Chairman: Hans Grishauge, head of secretariat
• Vice-chairman: Ole Peter Andersen, local unit chairman
• Henrik Frosthholm, special advisor
• Peter Holm, marketing manager
• Ejner Frøkjær, local unit chairman
• Brigitte Uldall, local unit chairman
• Ulla Solvang, relaxation teacher

Patient Support Committee
• Chairman: Ida Sofie Jensen, group CEO
• Marie-Helene Olsen, managing senior nurse
• Ulla Svendsen, manager
• Mikael Kristensen, medical executive
• Tina Brændgaard, MA
• Anders Korsgaard Christensen, head psychologist
• Margit Maltesen, GP
• Dorthe Crüger, medical executive
Grants from The Danish Cancer Society's Scientific Committee (KBVU)

NB: The list contains projects in progress in 2012 that were granted support in 2011 or earlier, as well as projects granted support in 2011 for use in 2012.

* Grants awarded prior to 2011 and charged to the income statement in previous accounts.

Grants for research projects being conducted at the Danish Cancer Society’s own research departments.

Grants for research projects being conducted at other research departments.

Basic research

1. Improved cancer therapy with podophyllotoxins, anthracyclines and camp-tothecins by inactivating specific DNA repair factors.
   Ann Hangaard Andersen, lic.scient., PhD, associate professor
   Department of Molecular Biology, Aarhus University
   Granted for 2011-2013: DKK 1,350,000

2. Determining the three-dimensional structure of inhibitor-uPA complexes using X-ray crystallography.
   Lisbeth Moreau Andersen, MSc
   Study visit at Fujian Institute of Research into Structure of Matter, China
   Granted for 2012: DKK 29,600

3. DNA damage response: New components, mechanisms and involvement in cancer.
   Professor Jiri Bartek, PhD
   Centre for Genotoxic Stress Research, Institute of Cancer Biology, Danish Cancer Society
   Granted for 2010–2012: DKK 4,200,000

4. New hepatitis C virus cell culture systems and their application in the development of medicines and vaccines.
   Professor Jens Bukh, MB, consultant
   Department of Infectious Diseases and Clinical Research Centre,
   Hvidovre University Hospital
   Granted for 2010–2012: DKK 3,000,000

   Kenneth Alf Bøtkjær, MSc
   Cambridge Cancer Research Institute, Cambridge University, UK
   Granted for 2012-2014: DKK 1,800,000

   Nanna Ranbjerg Christoffersen, MSc, PhD
   Biotech Research and Innovation Centre (BRIC), University of Copenhagen
   Granted for 2011-2013: DKK 1,800,000

   Rasmus Pretorius Clausen, MSc, PhD, associate professor
   Department of Medicinal Chemistry, University of Copenhagen
   Granted for 2011-2013: DKK 1,200,000

8. Development of modified cancer cell lines for rapid development of specific kinase inhibitors for cancer research, previously not possible.
   Morten Frödin, MSc, PhD, associate professor
   Biotech Research and Innovation Centre (BRIC), University of Copenhagen
   Granted for 2010-2012: DKK 1,500,000

9. Identification of molecules that are potential medicinal products targeting the suspected breast cancer oncogene KDM5B.
   Professor Michael Gajhede, MSc, PhD
   Department of Medicinal Chemistry, University of Copenhagen
   Granted for 2012-2013: DKK 1,200,000

    Mariola Monika Golas, MSc, PhD, MB
    Department of Anatomy, Aarhus University
    Granted for 2012-2014: DKK 1,350,000

    Anja Groth, MSc, PhD, associate professor
    Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    Granted for 2012-2014: DKK 2,250,000

12. Blocking tumour-promoting immune cells to inhibit the spread of primary tumours by metastasis.
    Brigitte Grum-Schwensen, MSc, PhD
    Department of Tumour Microenvironment and Metastasis, Institute of Cancer Biology, Danish Cancer Society
    Granted for 2012-2013: DKK 1,200,000

13. Receptor interaction and cellular signalling by type III IFN; How to maximize the clinical use against viral infections and cancer.
    Ole Jensen Hamming, MSc, PhD
    Department of Molecular Biology and Genetics, Aarhus University
    Granted for 2012: DKK 600,000

    Klaus Hansen, MSc, PhD, associate professor
    Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    Granted for 2012-2014: DKK 1,800,000

15. Characterisation of a new mechanism for the tumour-suppressor function of the cell-cell adhesion molecule E-cadherin.
    Steen Henning Hansen, MD
    Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    Granted for 2012-2014: DKK 1,800,000

16. Interferon lambda in cancer development and chronic viral infections.
    Rune Hartmann, PhD, associate professor
    Centre for Structural Biology, Aarhus University
    Granted for 2011-2013: DKK 1,200,000

17. Function of the TET2 protein in haematopoiesis and cancer.
    Professor Kristian Helin, PhD, director
    Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    Granted for 2012-2014: DKK 6,000,000

18. Identification of the role of the PICH protein, a presumed tumour suppressor, in the maintenance of chromosome stability.
    Professor Jan David Hickson, PhD
    Department of Cellular and Molecular Medicine, University of Copenhagen
    Granted for 2011-2013: DKK 4,200,000

19. Identification and targeted treatment of microenvironment and vascular factors in tumours with a view to enhancing the effect of radiation therapy.
    Michael Robert Horsman, PhD, MD, associate professor
    Department of Experimental Clinical Oncology, Aarhus University
    Granted for 2012-2014: DKK 1,350,000

20. CK2, a druggable kinase – Investigation of the function and regulation of multiple signalling pathways in human cancer forms under normoxia and hypoxia.
    Professor Olaf-Georg Issinger, Dr rer. nat. habil
    Department of Biochemistry and Molecular Biology, University of Southern Denmark
    Granted for 2011-2013: DKK 1,950,000
21. Global detection of transcription factor binding and epigenetic markers in a mouse model for acute myeloid leukemia. Janus Schou Jakobsen, MSc, PhD Biotech Research & Innovation Centre (BRIC), University of Copenhagen Granted for 2011-2012: DKK 1,200,000

22. Functional analysis of new centrosomal proteins for investigating the importance of centrosome cycles in cancer development. Lis Jakobsen, MSc, PhD Department of Biochemistry and Molecular Biology, University of Southern Denmark Granted for 2012-2013: DKK 1,200,000

23. Regulation of autophagy – a future strategy for cancer therapy. Professor Marja Helena Iäättela, MD Apoptosis Laboratory, Institute of Cancer Biology, Danish Cancer Society Granted for 2012-2014: DKK 4,500,000

24. The molecular basis for the link between the human RNA exosome and cancer. Torben Heick Jensen, PhD, associate professor Department of Molecular Biology, Aarhus University Granted for 2010-2012: DKK 1,800,000

25. A new vantage point for improvement of prolactin receptor antagonists in cancer therapy. Birtie Brandt Kragelund, MSc, PhD, associate professor Department of Biology, University of Copenhagen Granted for 2011-2012: DKK 800,000

26. Studies comprising function and expression of the structural homologues C4.4A and Haldisin in benign and malignant skin lesions.

27. Identification of E3 ligases and deubiquitinases regulating the Polycomb group of proteins and the link to cancer. Mads Lerdrup, MSc, PhD Biotech Research & Innovation Centre (BRIC), University of Copenhagen Granted for 2011-2012: DKK 1,200,000

28. The BRCA2/FANCD1 breast cancer gene’s regulation of homologous recombination. Michael Lisyby, PhD, associate professor Department of Biology, University of Copenhagen Granted for 2011-2012: DKK 467,380

29. The organ-micro environment for development of cancer metastases. Professor Eugene Lukandin, MD, DSc Department of Molecular Cancer Biology, Institute of Cancer Biology, Danish Cancer Society Granted for 2010-2012: DKK 900,000

30. Structure and function of molecular mechanisms regulating the genotoxic stress-induced anti-cancer barrier. Irí Lukas, Vel MD, PhD, Centre Director Centre for Genotoxic Stress Research, Institute of Cancer Biology, Danish Cancer Society Granted for 2011–2013: DKK 4,500,000

31. High-content microscopy screening for cancer genes associated with DNA-damage modified chromatin. Claudia Lukas, MSc, PhD Department of Cell Cycle and Cancer, Institute of Cancer Biology, Danish Cancer Society Granted for 2010-2012: DKK 960,000

32. Investigating the Thapsigargin biosynthesis with a view to developing a sustainable production platform for a potent agent against prostate cancer. Tom Manczak, MSc Study visit at Department of Biological Sciences, Calgary University, Canada Granted for 2012: DKK 19,650

33. Therapeutic vaccine against chronic hepatitis C virus infection. Marianne Mikkelsen, MSc, PhD Department of Infectious Diseases, Hvidovre University Hospital Granted for 2012-2013: DKK 400,000

34. The importance of histone demethylases in UV-induced DNA damage in Caenorhabditis elegans. Toshia Myer, PhD Biotech Research & Innovation Centre (BRIC), University of Copenhagen Granted for 2011-2013: DKK 1,800,000

35. Genome stability mediated by Ddb1-Cul4-Cdt2 ubiquitin ligase. Professor Olaf Nielsen, MSc, PhD Department of Biology, University of Copenhagen Granted for 2012-2013: DKK 450,000

36. In vivo fluorescent imaging of specific cancer types. Mikael Painer, MSc Department of Radiology, Stanford School of Medicine, USA Granted for 2012-2014: DKK 1,800,000

37. Characterisation of the Ptch1/Shh complex: structure and functional implications. Bjørn Panayella Pedersen, MSc, PhD Molecular Structure Group, University of California, USA Granted for 2011-2013: DKK 1,800,000

38. Characterisation of the Ptch1/Shh complex: structure and functional implications. Bjørn Panayella Pedersen, MSc, PhD Scholarly visit to Molecular Structure Group, University of California, USA Granted for 2011-2014: DKK 232,100

39. Murine leukemia virus-based oncosenesis models. Professor Finn Skou Pedersen, lic.scient., PhD Department of Molecular Biology, Aarhus University Granted for 2011-2012: DKK 1,200,000

40. Lysosomal sphingolipid catabolism as a target in cancer therapy. Nikolaj Havnæs Torp Petersen, MSc, PhD Department of Apoptosis, Institute of Cancer Biology, Danish Cancer Society Granted for 2011-2012: DKK 600,000

41. Characterisation of pre-leukemic and leukemic stem cells in a murine model for AML. Bo Torben Porse, PhD, associate professor Biotech Research & Innovation Centre (BRIC), University of Copenhagen Granted for 2010-2012: DKK 2,100,000

42. Mechanistic investigation of rakiadin A – a new hypoxia-selective anti-cancer natural substance. Thomas Bjørnskov Poulsen, MSc, PhD Department of Chemistry, Aarhus University Granted for 2012-2014: DKK 900,000

43. New role for the breast cancer proteins BRCA2 and PALB2 in the DNA damage response. Claus Storgaard Sørensen, MSc, PhD, associate professor Biotech Research & Innovation Centre (BRIC), University of Copenhagen Granted for 2012-2014: DKK 1,800,000

44. Functional characterisation of the ERG oncogene in a knockout mouse model. Kim Theilgaard-Mönch, MD, PhD Biotech Research & Innovation Centre
45. A genetic screen for genes that affect the efficacy of chemotherapy in acute myeloid leukaemia.
Lina Anna Maria Thoren, MSc, PhD
Biotech Research & Innovation Centre
(BRIC), University of Copenhagen
Granted for 2012-2013: DKK 1,200,000

46. Enzymes, including proteases and kinases, and their key function in cancer invasion.
Professor Ulla Margrethe Wever, MD
Biotech Research & Innovation Centre
(BRIC), University of Copenhagen
Granted for 2011-2012: DKK 900,000

51. Tissue-equivalent, time-resolved dose verification of advanced radiation therapy.
Anders Ravnborg Beierholm, MSc
Radiation Therapy, Herlev Hospital
Granted for 2012-2013: DKK 1,200,000

52. An innovative approach to individual-based treatment of metastatic colorectal cancer.
Professor Nils Brünner, MD
Department of Veterinary Disease Biology, University of Copenhagen
Granted for 2011-2013: DKK 1,250,000

54. Lipofilling with MSC-enriched fat tissue, a permanent autologous filler?
Professor Krzysztof Tadeusz Drzewiecki, MD
Department of Plastic Surgery, Breast Surgery and Burns Treatment, Rigshospitalet
Granted for 2012-2013: DKK 900,000

55. Molecular predictors of response to aromatase inhibitor treatment in postmenopausal breast cancer patients — a DBCG project.
Bent Ejlersen, MB, consultant

56. The importance of genetic polymorphisms for long-term sequelae after testicular cancer therapy.
Ramneek Gupta, MSc, PhD
Department of Systems Biology, Technical University of Denmark
Granted for 2012-2014: DKK 1,800,000

57. Unravelling T-cell immunity directed at Merkel Cell Polyomavirus.
Sine Reker Hadrup, MSc, PhD
Centre for Cancer Immune Therapy (CCIT), Herlev Hospital
Granted for 2011-2013: DKK 1,360,000

58. Validation of 22 new methylation-specific mamma cancer markers for clinical application.
Lise Lotte Hansen, MSc, PhD, associate professor with exceptional qualifications
Department of Human Genetics, Aarhus University
Granted for 2012: DKK 600,000

62. New biomarkers for circulating tumour cells.
Peter Kristensen, PhD, associate professor
Department of Molecular Biology, Aarhus University
Granted for 2012: DKK 600,000

63. In vivo metabolism and growth-inhibiting trials with specific tyrosine kinase inhibitors in glioblastoma multiforme
Ulrik Lassen, MB, consultant
Finsen Centre, Rigshospitalet
Granted for 2012-2014: DKK 1,800,000

64. Identification of novel markers of endocrine resistance by means of proteome analysis of clinical breast cancer samples.
Rikke Raen Lund, MSc
Institute of Molecular Medicine, University of Southern Denmark
Granted for 2012: DKK 600,000

65. Degree of differentiation and genetic and epigenetic profiles of testicular cancer in relation to prognosis Implications for individual therapy.
Ewa Rapert-De Meyts, MD, PhD
Department of Growth and Reproduction, Rigshospitalet
Granted for 2012-2014: DKK 1,350,000

66. Identification and characterisation of circulating exosomes in bladder cancer patients with focus on mRNA and non-coding RNA.
Marie Stampe Ostenfeld, MSc, PhD
Department of Molecular Medicine (MOMA), Skejby Hospital
Granted for 2011-2013: DKK 1,350,000


(BRIC), University of Copenhagen
Granted for 2011-2012: DKK 900,000

*50. Machinery alterations activated by DNA damage and design and individual cancer therapy.
Jirina Bartkova, PhD, MD
Department of Cell Cycle and Cancer, Institute of Cancer Biology, Danish Cancer Society
Granted for 2010-2012: DKK 1,500,000

*55. Molecular predictors of response to aromatase inhibitor treatment in postmenopausal breast cancer patients – a DBCG project.
Bent Ejlersen, MB, consultant

*61. Early detection of primary liver cancer using PET/CT after injecting 18F-labelled galactose-analogue.

*66. Identification and characterisation of circulating exosomes in bladder cancer patients with focus on mRNA and non-coding RNA.
Marie Stampe Ostenfeld, MSc, PhD
Department of Molecular Medicine (MOMA), Skejby Hospital
Granted for 2011-2013: DKK 1,350,000

68. Continuous monitoring of tumour position and updating the radiation field during radiation treatment of mobile tumours.
Per Rugård Poulsen, MSc, PhD
Department of Medical Physics and Department of Oncology, Aarhus Hospital
Granted for 2010-2012: DKK 1,350,000

69. Systemic transfer of targeted gene therapy to small-cell lung cancer.
Hans Skovgaard Poulsen, MD, consultant Radiation Biology Laboratory, Finsen Centre, Rigshospitalet
Granted for 2010-2012: DKK 1,800,000

70. MicroRNA expression and function in T-cell lymphomas.
Professor Elisabeth Ralfkiaer, MD, consultant Department of Pathology, Rigshospitalet
Granted for 2012-2014: DKK 1,050,000

71. Finding alternative splice types and alternative promoters for acute myeloid leukaemia.
Albin Sandelin, MSc, PhD, associate professor Bioinformatics Centre, University of Copenhagen
Granted for 2011-2013: DKK 1,200,000

72. The phenotypic plasticity of ovarian cancer stem cells in relation to their response to genotoxic cancer therapy.
Robert Strauss, PhD Centre for Genotoxic Stress Research, Institute of Cancer Biology, Danish Cancer Society
Granted for 2012: DKK 600,000

73. Identification of genetic and epigenetic biomarkers of prostate cancer.
Karina Dalsgaard Sørensen, MSc, PhD, associate professor Department of Molecular Medicine, Aarhus Hospital
Granted for 2011-2013: DKK 1,800,000

74. Biomarkers for pancreatic cancer stem cells – towards single-cell cancer diagnostics.
Morten Dræby Sørensen, MSc, PhD Centro Nacional de Investigaciones Oncológicas, Spanish National Cancer Research Centre, Spain
Granted for 2012-2014: DKK 1,800,000

75. Cancer invasion and urokinase receptor cleavage – The biomarker potential of the cleaved forms and targeted therapy against the cleavage mechanism.
Tine Thurison Sørensen, MSc, Finsen Laboratory, Rigshospitalet
Granted for 2012-2014: DKK 1,350,000

76. Analysis of the clinical effect of sensitivity to chemotherapy and radiation therapy in gastroesophageal cancer patients.
Mette Winther, MB Study visit at Ontario Cancer Institute, Princess Margaret Hospital, Canada
Granted for 2012: DKK 58,200

77. New points of attack for the treatment and diagnosis of T-cell skin lymphoma.
Professor Niels Feentved Ødum, MD Department of Pathology, Rigshospitalet
Granted for 2011-2013: DKK 1,200,000

81. Development of sophisticated statistical methods for examining whether the use of mobile phones increases the risk of brain tumours.
Joachim Schuz, MSc, PhD Department of Biostatistics and Epidemiology, Institute of Cancer Epidemiology, Danish Cancer Society
Granted for 2011-2013: DKK 1,350,000

82. Stochastic modelling and analysis of genomic data from heterogeneous tumours, with a particular view to determining tumour age.
Professor Carsten Wiuf, MSc, PhD Department of Mathematical Sciences, University of Copenhagen
Granted for 2012-2013: DKK 1,200,000

83. Papillary thyroid carcinoma: Clinical importance and metastatic potential.
Stefano Christian Londero, MB Department of ENT, Head and Neck Surgery, Odense University Hospital
Granted for 2012: DKK 100,000

Peter Kristian Rasmussen, MB Institute of Neuroscience and Pharmacology, University of Copenhagen
Granted for 2012: DKK 267,687

85. ALL in adults treated in accordance with the NOPHO-ALL 2008 protocol for children: Comparison of children and adults in terms of cure and causes of therapy failure.
Professor Henrik Sverre Birgens, MD, consultant Department of Haematology, Herlev Hospital
Granted for 2010-2012: DKK 1,500,000

86. Molecular profiles that are predictive for the effect of long-term anti-hormone therapy in patients with ER+ breast cancer.
Professor Henrik Ditzel, MD, consultant Dept. of Cancer and Inflammation Research, University of Southern Denmark
Granted for 2012-2013: DKK 1,400,000
87. Chronic inflammation and cancer – focusing on neutrophil leukocytes, monocytes and macrophages in solid tumours.
Frede Donskov, MD
Department of Oncology, Aarhus Hospital
Granted for 2010-2012: DKK 1,500,000

88. Ultrasound-based diagnostics for post-menopausal bleeding.
Margit Dueholm, BM, PhD, consultant
Department of Gynaecology and Obstetrics, Skejby Hospital
Granted for 2012: DKK 300,000

89. Immunochemotherapy in CLL and MCL for clinical and molecular freedom from disease: The road to a cure?
Christian Hartmann Gesler, MD, consultant
Finsen Centre, Rigshospitalet
Granted for 2011-2013: DKK 1,200,000

90. Reduction of swallowing problems after radiation therapy of head and neck cancer.
Professor Cai Grau, MD
Department of Oncology, Aarhus Hospital
Granted for 2010-2012: DKK 1,575,000

91. Producing the bivalent D2C7 immunotoxin for treatment of glioblastoma multiforme.
Chris Juul Hedegaard, MSc, PhD
Study visit at Duke University Medical Center, USA
Granted for 2012: DKK 119,500

92. Very early PET response-adapted therapy of advanced stage Hodgkin lymphoma. Randomised phase III non-inferiority study from the EORTC lymphoma group.
Martin Hutchings, PhD, MB
Oncology and Haematology Clinic, Rigshospitalet
Granted for 2012-2016: DKK 250,000

93. Harmful effects of radiation therapy of prostate cancer.
Morten Hayer, PhD, consultant
Department of Oncology, Aarhus Hospital
Granted for 2010-2012: DKK 1,200,000

94. Chronic pain after breast cancer surgery.
Professor Henrik Kehlet, MD
Breast Surgery Clinic, Rigshospitalet
Granted for 2011-2013: DKK 1,350,000

95. Molecular imaging for non-invasive tumour characteristics and tailored cancer treatment: Translational studies of neuroendocrine tumours.
Professor Andreas Kjaer, MD, PhD, consultant
Cluster for Molecular Imaging/Clinic of Clinical Physiology, Department of Nuclear Medicine & PET, Rigshospitalet
Granted for 2011-2013: DKK 3,300,000

96. Stage I seminoma prognostic variables and relapse patterns.
Professor Hans von der Maase, MB
Finsen Centre, Rigshospitalet
Granted for 2011-2012: DKK 900,000

97. A phase III trial of postoperative chemotherapy or no further treatment for patients with stage II-II medium or high risk endometrial cancer - ENGOT-EN2-DGCC.
Mansoor Raza Mirza, MB, consultant
Oncology Clinic, Rigshospitalet
Granted for 2012-2014: DKK 2,100,000

98. Follow-up of patients after radical resection for oesophageal cancer, gastric cancer or pancreatic cancer with EUS and PET-CT (EUFURO).
Michael Bau Mortensen, MB, PhD, associate professor, consultant
Centre for Surgical Ultrasound and PET Centre, Odense University Hospital
Granted for 2012: DKK 450,000

Ludvig Paul Muren, MSc, PhD, associate professor
Department of Oncology, Clinical Institute, Aarhus University
Granted for 2010-2012: DKK 1,500,000

100. Gastrointestinal toxicity and hepatoxic complications of allogeneic stem cell transplantation.
Klaus Gottlob Müller, MD, MB, consultant
Bone Marrow Transplantation Unit, Rigshospitalet
Granted for 2012-2014: DKK 1,125,000

101. New miR-based predictor of standard chemotherapy and radiation therapy in gastroesophageal cancer.
Marianne Nordmark, MB, PhD, consultant
Department of Oncology, Aarhus Hospital
Granted for 2011-2012: DKK 1,200,000

102. The importance of radiation of the para-aortal lymph nodes in women after lymph-node surgery – Positive early breast cancer.
Birgitte Offersen, PhD, consultant, associate professor
Department of Oncology, Aarhus University Hospital
Granted for 2012-2013: DKK 600,000

103. Individualised, biologically adapted radiation therapy.
Professor Jens Overgaard, MD, consultant
Department of Experimental Clinical Oncology, Aarhus Hospital
Granted for 2011-2013: DKK 4,800,000

104. PET probe-guided selective lymph node staging in women with cervical cancer.
Lone Kjeld Petersen, MB, PhD, consultant
Department of Gynaecology and Obstetrics, Aarhus University Hospital
Granted for 2012-2013: DKK 900,000

105. Characterisation of subtypes of immune cells for ulcerated melanomas.
Henrik Schmidt, MD, consultant
Cancer Centre, Aarhus Hospital
Granted for 2012-2014: DKK 1,650,000

Professor Kjeld Schmiegelow, MB, consultant
Department of Paediatrics, Rigshospitalet
Granted for 2012: DKK 400,000

107. PEG-asparaginase therapy in NOPHO ALL-2008: Antibody formation, pharmacokinetics, pharmacodynamics and side effects.
Henrik Schrader, MD, consultant
Department of Paediatrics, Skejby Hospital
Granted for 2011-2013: DKK 1,125,000

Henrik Sengelov, BM, PhD, consultant
Department of Haematology, Rigshospitalet
Granted for 2012-2013: DKK 460,000

Professor Inge Marie Svane, MB, consultant
Department of Oncology and Haematology, Herlev Hospital
Granted for 2012-2014: DKK 1,800,000

110. Erlotinib PET scanning and measurement of EGFR receptors as predictors of treatment response in pulmonary cancer patients.
Boe Sandahl Sørensen, PhD, associate professor
Department of Clinical Biochemistry, Aarhus University Hospital
Granted for 2012-2013: DKK 900,000
111. MR-guided radiation therapy in locally advanced cervical cancer: clinical results of two international multi-centre studies. Kari Tanderup, MSc, PhD, associate professor Department of Oncology, Aarhus Hospital Granted for 2012-2014: DKK 1,350,000

*112. Clinical and translational research into allogeneic haematopoietic cell transplantation with non-myeloablative conditioning (NMC-HCT) Lars Vindeløv, MD, consultant Haematology Clinic, Rigshospitalet Granted for 2010-2012: DKK 2,100,000

113. Clinical significance of concomitant pulmonary infiltrates uncovered by routine staging of colorectal cancer. Peer Anders Wille-Jørgensen, MD, consultant Surgical Department, Bispebjerg Hospital Granted for 2012: DKK 450,000

*114. Assessment of monitoring frequency following radical operation in patients with stage II and III colorectal cancer. Peer Anders Wille-Jørgensen, MD, consultant Surgical Department, Bispebjerg Hospital Granted for 2010-2014: DKK 750,000

Granted by KBVU in 2011 and charged to the income statement in the accounts for 2011: DKK 14,254,500

* Granted before 2011 and charged to the income statement in previous accounts.

Clinical and epidemiological research

*115. JAK2 V617F and the risk of cancer and other diseases in the general population. Stig Egil Bojesen, MD Department of Clinical Biochemistry, Herlev Hospital

116. Morbidity in prostate cancer patients treated with a curative aim: A national study. Professor Michael Borre, MD, consultant Department of Urology, Skejby Hospital Granted for 2010-2011: DKK 400,000

117. Long-term sequelae after treatment of early breast cancer. Professor Marianne Ewertz, MD, consultant Department of Oncology, Odense University Hospital Granted for 2012: DKK 600,000

118. MicroRNA in Epstein-Barr virus-associated cancer forms. Jeppe Friiborg, MD, PhD Study abroad at Princess Margaret Hospital, Canada Granted for 2011-2012: DKK 179,060

119. Integrated Gene Expression and Epigene Profiling, Proteomics and Immune Studies in Chronic Myeloproliferative Neoplasms. Hans Carl Hasselbalch, MD, consultant Department of Haematology, Herlev Hospital Granted for 2010-2012: DKK 1,800,000

120. Epidemiological and clinical differences between Epstein-Barr virus positive and negative Hodgkin’s lymphomas. Henrik Hjalgrim, MB, PhD, consultant Department of Epidemiology Research, Statens Serum Institut Granted for 2012-2014: DKK 1,350,000

121. Breast density as a pathway to breast cancer. Professor Elsebeth Nygård, MSc (soc.) Institute of Public Health, University of Copenhagen Bevigel for 2010-2012: DKK 1,350,000

122. Genomic profiling of hereditary non-polyposis colorectal cancer: implications for signalling pathways and phenotype. Professor Mef Nilbert, MD, PhD Clinical Research Centre, Hvidovre University Hospital Granted for 2011-2013: DKK 1,200,000

123. Extramedullary leukaemia: Prevalence, prognostic significance, cytogenetic characteristics and therapeutic relevance of allogeneic stem cell transplantation. Lene Sofie Granfeldt Østgård, MB Department of Haematology, Aarhus Hospital Granted for 2012: DKK 450,000

*121. Cadmium in urine and the risk of breast, endometrial and prostate cancer in the Danish population. Kirsten Thorup Eriksen, MSc Environment and Cancer, Institute of Cancer Epidemiology, Danish Cancer Society Granted for 2011-2012: DKK 1,200,000

*125. Cadmium in urine and the risk of breast, endometrial and prostate cancer in the Danish population. Kirsten Thorup Eriksen, MSc Environment and Cancer, Institute of Cancer Epidemiology, Danish Cancer Society Granted for 2011-2012: DKK 1,200,000

126. The effect of chronic dialysis and renal transplantation on the risk of cervical epithelial dysplasia and cervix uteri cancer. A population-based cohort study. Professor Bente Jespersen, BM Nephrological Department, Skejby Hospital Granted for 2012: DKK 138,000

127. The significance of medical treatment and surveillance colonoscopy for colorectal cancer risk in patients with inflammatory intestinal disease. Tine Jess, MD Department of Epidemiology Research, Statens Serum Institut Granted for 2012: DKK 500,000

*128. The significance of hormone therapy for the development and mortality of ovary, colorectal and endometrial cancer. Lina Steinrud Merch, MSc Clinic of Gynaecology, Juliane Marie Centre, Rigshospitalet Bevigel for 2011-2013: DKK 1,800,000

129. Congenital deformities and cancer. Professor Jørn Olsen MD, PhD Department of Epidemiology, Aarhus University Granted for 2011-2013: DKK 1,200,000

130. Psychosocial strain on patient and partner after breast cancer. An epidemiological investigation. Nina Rottmann, MSc (psychology) Institute of Public Health, University of Southern Denmark Granted for 2012-2013: DKK 900,000

131. Cancer among young Danes – survival and heart disease as long-term sequelae. Kathrine Rugbjerg, MSc Genetics and Medicine, Institute of Cancer Epidemiology, Danish Cancer Society Granted for 2012-2013: DKK 1,200,000

 Granted by KBVU in 2011 and charged to the income statement in the accounts for 2011: DKK 3,129,784

* Granted before 2011 and charged to the income statement in previous accounts.
KBUV scholarships

132. Control of mitochondrial damage as a tumour-suppressor function.
   Cecile Abildgaard, science student
   Laboratory of Cancer Genomics, Institute of Cancer Epidemiology, Danish Cancer Society
   Granted for 2011: DKK 90,000

133. Hyperinsulinemia and increased risk of cancer metastasis in type 2 diabetics.
   Julie Abildgaard, medical student
   Division of Endocrinology, Diabetes and Bone D, Mt. Sinai School of Medicine, USA
   Granted for 2011: DKK 100,000

   Gitte Holmen Andersen, science student
   Centre for Cancer Immune Therapy (CCIT), Herlev Hospital
   Granted for 2011: DKK 120,000

   Sofie Ramskov Andersen, science student
   Cluster for Molecular Imaging, University of Copenhagen/Rigshospitalet
   Granted for 2011: DKK 110,000

136. Prevalence of IL-6, gp80, gp130, Jak 2 and STAT3 molecules, and expression level of
     STAT3-regulated genes in pleomorphic adenoma.
   Simon Andreasen, medical student
   Clinic of ENT Surgery, Rigshospitalet
   Granted for 2011: DKK 120,000

   Nicolai Skovbjerg Arildsen, science student
   Nanotech - Colloids and Biological Interfaces Group, Technical University of Denmark
   Granted for 2011: DKK 40,000

138. Lung function and inflammatory response before and after stem cell transplantation in a population-based
     Danish paediatric cohort.
   Cecile Larsen Bang, science student
   Children’s clinic, Juliane Marie Centre, Rigshospitalet
   Granted for 2011: DKK 60,000

139. OCT scanning of non-invasive treatment of cancer.
   Christina Alette Banzhaf, medical student
   Dermatology Department, Roskilde Hospital
   Granted for 2011: DKK 70,000

140. S100A4’s role in activating T-cells at the pre-metastatic site.
    Mette Kristina Beck, medical student
    Department of Tumour Microenvironment and Metastasis, Institute of Cancer Biology, Danish Cancer Society
    Granted for 2011: DKK 110,000

    Anna-Louise Reinert Bsrum Bondgaard, medical student
    Department of Pathology, Bispebjerg Hospital
    Granted for 2011: DKK 100,000

142. Chemosensitisation in cancer cells via siRNA-mediated inhibition of resistance genes.
    Kim Boesen, medical student
    Department of Cellular and Molecular Medicine, University of Copenhagen
    Granted for 2011: DKK 60,000

    Ditte Marie Brix, science student
    Apoptosis Laboratory, Institute of Cancer Biology, Danish Cancer Society
    Granted for 2011: DKK 90,000

144. Pre-clinical evaluation and biological understanding of chemoresistance in breast cancer.
    Sidsie Ehmsen, science student
    Dept. of Cancer and Inflammation, University of Southern Denmark
    Granted for 2011: DKK 100,000

    Louise Freitolf, medical student
    Bonkolab, Juliane Marie Centre, Rigshospitalet
    Granted for 2011: DKK 70,000

146. Link between endometrial cancer and HPV infection?
    Debra Freund, medical student
    Department of Gynaecology and Obstetrics, Skejby Hospital
    Granted for 2011: DKK 120,000

147. Hydroxyurea – a tumour promoter with secondary cancer development. For treatment of patients with chronic myeloproliferative neoplasms?
    Jessica Ferns Roberts Hansen, medical student
    Department of Haematology, Roskilde Hospital
    Granted for 2011: DKK 60,000

148. A retrospective study of carboplatin (Paraplatin) administered as monotherapy for heavily treated patients with metastasising breast cancer.
    Lena Hedegaard, medical student
    Department of Oncology, Aarhus Hospital
    Granted for 2011: DKK 120,000

149. Haemodynamic changes of pleurocentesis in patients with acute and slow-onset pleural effusion.
    Johan Frydolf Hermansen, medical student
    Anaesthesiological-Intensive, Aarhus Hospital
    Granted for 2011: DKK 70,000

150. MicroRNA in Mantle cell lymphoma (MCL): Can microRNA distinguish the subtype of MCL that is resistant to chemoimmunotherapy?
    Simon Husby, medical student
    Haematology Clinic, Rigshospitalet
    Granted for 2011: DKK 120,000

151. Development and use of radioactively labelled FVIIa as PET tracer and radionuclide therapy directed at tissue factor in cancer.
    Karina Juhl, science student
    Cluster for Molecular Imaging, University of Copenhagen/Rigshospitalet
    Granted for 2011: DKK 110,000

152. Functional studies of rapidly generated dendritic cells for clinical application.
    Lauge Kellermann, science student
    Centre for Cancer Immune Therapy (CCIT), Herlev Hospital
    Granted for 2011: DKK 100,000

153. Dermatome shaving as skin cancer therapy after organ transplantation.
    Ulrik Knap Kjerkegaard, medical student
    Department of Plastic Surgery, Aarhus Hospital
    Granted for 2011: DKK 120,000

154. The role of type III sodium-dependent inorganic phosphate transporter PiT1 in cancer-cell energy metabolism and apoptosis resistance.
    Iben Boutrup Kongsfelt, science student
    Department of Molecular Biology, Aarhus University
    Granted for 2011: DKK 120,000
155. Explore the role of induced pluripotency stem cell microRNAs (mi-iPScs) in synovial sarcoma.
Johannes Søgård Krogh, medical student
Department of Biomedicine, Aarhus University
Granted for 2011: DKK 120,000

156. Prevalence of t-positive cells in healthy newborns analysed using FISH.
Maria Schioldan Kusk, medical student
Bonkolab, Juliane Marie Centre, Rigshospitalet
Granted for 2011: DKK 80,000

157. hMICL – a new marker for identifying CMN patients at risk of progression.
Laura Laine Larsen, medical student
Department of Haematology, Aarhus Hospital
Granted for 2011: DKK 120,000

158. Response-adapted chemotherapy in the treatment of persistent throphoblastic syndrome – 25 years experience from Aarhus University Hospital.
Louise Faaborg Larsen, medical student
Department of Oncology, Aarhus Hospital
Granted for 2011: DKK 120,000

159. The influence of miRNA on gene expression in HPV11-infected cells.
Theres Stigh Larsen, science student
Department of Cellular and Molecular Medicine, University of Copenhagen
Granted for 2011 DKK 60,000

Stine Prehn Lauritzen, science student
Apoptosis Laboratory, Institute of Cancer Biology, Danish Cancer Society
Granted for 2011: DKK 70,000

161. Validation and functional characterisation of epigenetically up-regulated genes in colorectal cancer.
Lene Bohg Linnet, science student
Department of Molecular Biology, Aarhus University
Granted for 2011: DKK 100,000

162. Phenotypic and functional characterisation of monocyte subpopulations in B-CLL patients.
Jonas Koldstrup Ljunngreen, medical student
Department of Biomedicine, Aarhus University
Granted for 2011: DKK 120,000

163. Molecular interactions of matriptase, a protease which regulates cancer-cell proliferation.
Nis Valentin Ladefoged Nielsen, science student
Department of Molecular Biology and Genetics, Aarhus University
Granted for 2011: DKK 120,000

164. Multiple Breath Washout and exhaled nitrogen oxide as indicators of lung disease after allogeneic stem cell transplantation in children.
Sidse Mathiesen, medical student
Department of Paediatrics and Adolescent Medicine, Rigshospitalet
Granted for 2011: DKK 120,000

165. Identification of prognostic immune markers in B-CLL patients.
Fabian Baglid Mikkelsen, medical student
Department of Biomedicine, Aarhus University
Granted for 2011: DKK 120,000

166. Prognostic value of eosinophilia in chronic graft-versus-host disease after allogeneic stem cell transplantation – the importance of a frequent phenomenon.
Katrine Brandt Mortensen, medical student
Haematology Clinic, Finsen Centre, Rigshospitalet

167. The OAS1/RNase L system and its influence on prostate cancer.
Jytte Pahu, science student
Department of Molecular Biology, Aarhus University
Granted for 2011: DKK 110,000

168. erysT-MTX monitoring during maintenance treatment of ALL.
Maria Møller Rasmussen, medical student
Paediatric Oncology Laboratory, Rigshospitalet
Granted for 2011: DKK 70,000

169. Neurofibromatosis type 1 and risk of cancer in diagnosed patients in Denmark.
Alexandra Redzkina, science student
Department of Paediatrics, Skejby Hospital
Granted for 2011: DKK 120,000

170. Does microRNA regulate the transformation from low-malignant MALT lymphoma to aggressive diffuse large B-cell lymphoma?
Ditte Reker, science student
Haematology Clinic, Rigshospitalet
Granted for 2011: DKK 120,000

171. Survival and symptom palliation after radiation therapy of bladder cancer.
Katrine Rønn-Nielsen, medical student
Oncology Clinic, Rigshospitalet
Granted for 2011: DKK 60,000

172. The ability of ribavirin to introduce mutations in hepatitis C.
Rasmus Rørth, medical student
Epidemiology Clinic, Rigshospitalet
Granted for 2011: DKK 120,000

173. Do genotype profiles affect methotrexate excretion and bone-marrow toxicity?
Diana Najb Shabanreh, medical student
Bonkolab, Juliane Marie Centre, Rigshospitalet
Granted for 2011: DKK 110,000

174. Haptocorrin, a new biomarker for primary hepatic cancer?
Kira Schreiner Simonsen, medical student
Department of Medicine, Aarhus Hospital
Granted for 2011: DKK 80,000

175. microRNA-125b is a potential oncomiR in a model for cutaneous T-cell lymphoma.
Anne Guldhammer Skov, medical student
Dermatology Department, Bispebjerg Hospital
Granted for 2011: DKK 60,000

Christina Skelén, medical student
Department of Infectious Diseases, Hvidovre University Hospital
Granted for 2011 DKK 110,000

Monica Svenning Sørensen, science student
Dept. of Cancer and Inflammation Research, University of Southern Denmark
Granted for 2011: DKK 120,000

178. Methylation profiles of metastasis-related genes in subpopulations of primary tumour cells and paired brain or lymph-node metastases in NSCLC.
Torsten Lykke Sørensen, science student
Department of Human Genetics, Aarhus University
Granted for 2011: DKK 110,000

179. IGF-I bioactivity in ascites from women with ovarian cancer.
Jacob Thomsen, medical student
Clinical Institute, Aarhus University
Granted for 2011: DKK 120,000
180. The significance of HER receptor signaling in tamoxifen-resistant breast cancer cells.  
Susan Thrane, science student 
Department of Tumour Endocrinology, Institute of Cancer Biology, Danish Cancer Society  
Granted for 2011: DKK 100,000

181. Selection of an inhibitory aptamer against matriptase.  
Cathrine Køng Thuesen, science student 
Department of Molecular Biology, Aarhus University  
Granted for 2011: DKK 120,000

Rebecca Xenia Marie Skovsgaard Valentin, medical student 
Paediatric Oncology Laboratory, Rigshospitalet  
Granted for 2011: DKK 70,000

183. Studies of small new RNA molecules from human genes.  
Line Toft Vestergaard, science student 
Department of Molecular Biology, Aarhus University  
Granted for 2011: DKK 90,000

184. From bodily change to symptom necessitating treatment. An anthropological study of the possible causes of delayed physician consultation.  
Rikke Sand Andersen, MA, PhD 
Department of Health Services Research, Aarhus University  
Granted for 2011: DKK 90,000

185. Development and nationwide application of a new, standardised and validated questionnaire for surviving relatives’ evaluation of the palliative pathway.  
Mogens Granvold, MD, PhD, associate professor, consultant 
Department of Palliative Medicine, Bispebjerg Hospital  
Granted for 2011-2012: DKK 1,200,000

Susan Rydahl Hansen, BA, MSc (nursing), PhD 
Research Unit of Clinical Nursing, Bispebjerg Hospital  
Granted for 2011-2012: DKK 1,000,000

187. Establishing a disease narrative after the patient’s first consultation with an oncologist. An analysis of the relation between information, narration and healing.  
Merete Demant Jakobsen, PhD 
Health, Man and Society, University of Southern Denmark  
Granted for 2012: DKK 500,000

188. PACE-AL. Patient activation, consultation and exercise – acute leukaemia.  
Mary Jarden, MSc (nursing), PhD 
University Hospitals’ Centre for Nursing and Care Research, Rigshospitalet  
Granted for 2012: DKK 350,000

189. Philosophical dialogue in cancer rehabilitation – cancer counselling in a philosophical perspective.  
Jeanette Bresson Ladegaard Knox, MPhil, MA 
Department of Health Services Research, University of Copenhagen  
Granted for 2012: DKK 512,500

190. Meeting the unfamiliar – a qualitative study of ethnicity, social disadvantage and cancer rehabilitation.  
Maria Karen Kristiansen, MSc, PhD 
Institute of Public Health, University of Copenhagen  
Granted for 2012: DKK 730,500

191. The experience of identity for individuals with advanced cancer disease – significance of daily activities and palliative care in the home.  
Jesper Lassen Mørsø, associate professor, Master of Education, occupational therapist 
University College Zealand, Søren 
Granted for 2012: DKK 347,300

Anne Roelsgaard Obling, MA 
Department of Organization, Copenhagen Business School  
Granted for 2012: DKK 636,040

Ilan Sanfi, MA 
Department of Paediatrics, Aarhus Hospital  
Granted for 2012: DKK 600,000

Professor Bobby Zachariae, MD 
Department of Oncology, Aarhus Hospital  
Granted for 2012: DKK 500,000

Maja Johannsen, clinical psychology student 
Department of Psychology, Aarhus University  
Granted for 2012: DKK 132,500

196. Individual support for women in the process after treatment for gynaecological cancer.  
Professor Bent Ottesen, MD 
Clinic of Gynaecology, Juliane Marie Centre, Rigshospitalet  
Granted for 2012: DKK 225,000

Grants from the Psychosocial Cancer Research Committee (KPSK)

197. Breast cancer screening among ethnic minorities – a qualitative study of the importance of individual, social and contextual factors for participation.  
Linnea Lue Kessing, MA student 
Department of Health Services Research, University of Copenhagen  
Granted for 2011: DKK 68,600

198. The fight for screening: An anthropological study of selected women’s understanding of screening and their considerations about participating in breast cancer screening.  
Anne Sidenius, anthropology student 
Department of Anthropology, University of Copenhagen  
Granted for 2011-2012: DKK 40,000

* Granted before 2011 and charged to the income statement in previous accounts.
statement in the accounts for 2011: DKK 108,600 for scholarships.

Research grants from the Danish Cancer Society’s Strategic Committee (KBSU)

**Pool for following up on the study “The Cancer Patient’s World”**

*202. Ethnological mechanisms behind social disparity in cancer – clustering, mediation and interaction.

Professor Finn Diderichsen, MD
Department of Social Medicine and Department of Biostatistics, Institute of Public Health, University of Copenhagen
Granted for 2010-2011: DKK 2,800,000

*207. Late side effects in patients with testis cancer related to chemotherapy and hypogonadism.
Gedse Daugaard, MD, consultant
Oncology Clinic, Rigshospitalet
Professor Bobby Zachariae, MD, MSc (Psychology)
Psycho-oncological Research Unit, Aarhus Hospital
Granted for 2011-2013: DKK 1,000,000

*203. Social disparity in consequences of cancer for labour-market integration and income.
Eskil Heinesen, MSc (Econ.), PhD
Applied Municipal Research (AKF), Copenhagen
Granted for 2010-2011: DKK 1,400,000

*208. Post-treatment sequelae after rectal cancer.
Professor Søren Laurberg, MD, consultant
Surgical Department, Aarhus Hospital
Granted for 2010-2013: DKK 2,000,000

*204. Socioeconomic status and cancer. Selection or causal effect.
Professor Merete Oster, MB
Department of Social Medicine, Institute of Public Health, University of Copenhagen
Granted for 2010-2012: DKK 1,800,000

*205. Social disparity in examination and diagnosis of cancer patients – an analysis of the importance of social factors for the quality of cancer examination and diagnosis and the subsequent survival.
Professor Peter Vedsted, MB, PhD
Research Unit for General Practice, Aarhus University
Granted for 2010-2012: DKK 1,600,000

Granted by KBSU in 2009 and charged to the income statement in the accounts for 2009.

**Pool for research into long-term sequelae after cancer treatment**

*206. Radiation-induced long-term sequelae: Biological background, prediction and intervention.
Jan Alsner, MSc, PhD, associate professor
Department of Experimental Clinical Oncology, Aarhus University
Granted for 2010-2013: DKK 1,500,000

**Pool for research into palliative care**

*209. Is the access to specialised palliative care distorted and can palliative needs among non-referred cancer patients be relieved?
Mogens Granvold, MD, PhD, associate professor, consultant
Department of Palliative Medicine, Bispebjerg Hospital
Granted for 2010-2013: DKK 2,500,000

Granted by KBSU in 2009 and charged to the income statement in the accounts for 2009.

**Pool for From Symptom to Treatment – optimised cancer disease diagnostics**

*211. Professor Peter Vedsted, PhD
Research Centre for Cancer Diagnosis in Primary Care (CaP), Aarhus University
Granted for 2010-2014: DKK 15,000,000
The grant is awarded in partnership with the Novo Nordisk Foundation.

From the pool “Returning to Daily Life” – optimised rehabilitation of cancer patients

212. Professor Lis Adamsen, PhD
University Hospitals’ Centre for Nursing and Care Research, Rigshospitalet
Granted for 2011-2015: DKK 15,000,000
The grant is awarded in partnership with the Novo Nordisk Foundation.

**Clinical professorship in diagnostics and surgical treatment of gynaecological cancer diseases**

213. Professor Jan Blaakær, consultant, MD
Department of Clinical Medicine, Aarhus University
Granted for 2011-2015: DKK 5,000,000
## General overview 2011

Research grants from the Danish Cancer Society’s Scientific Committee (KVBU) and Psychosocial Cancer Research Committee (KPSK)

(DKK 1,000)

<table>
<thead>
<tr>
<th>Granted in 2011 for research projects cf. overview of grants</th>
<th>KPSK</th>
<th>KBVU</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic research</td>
<td>34,949</td>
<td>34,949</td>
<td></td>
</tr>
<tr>
<td>Basic and clinical research</td>
<td>18,708</td>
<td>18,708</td>
<td></td>
</tr>
<tr>
<td>Basic and epidemiological research</td>
<td>2,550</td>
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<tr>
<td>Basic, clinical and epidemiological research</td>
<td>368</td>
<td>368</td>
<td></td>
</tr>
<tr>
<td>Clinical research</td>
<td>14,255</td>
<td>14,255</td>
<td></td>
</tr>
<tr>
<td>Clinical and epidemiological research</td>
<td>2,400</td>
<td>2,400</td>
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<tr>
<td>Epidemiological research</td>
<td>3,130</td>
<td>3,130</td>
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<tr>
<td>Psychosocial research</td>
<td>4,676</td>
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<tr>
<td><strong>Projects, total</strong></td>
<td><strong>4,676</strong></td>
<td><strong>76,360</strong></td>
<td><strong>81,036</strong></td>
</tr>
<tr>
<td>Granted to projects, ref. above</td>
<td>4,676</td>
<td>76,360</td>
<td>81,036</td>
</tr>
<tr>
<td>Granted for preparatory grants</td>
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<td>358</td>
<td></td>
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<tr>
<td>Granted for scholarships*</td>
<td>108</td>
<td>5,100</td>
<td>5,208</td>
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<tr>
<td>Granted for trips under 1 month</td>
<td>935</td>
<td>935</td>
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<tr>
<td><strong>Granted, total</strong></td>
<td>5,142</td>
<td>82,395</td>
<td>87,537</td>
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<tr>
<td>Adjustment of grants</td>
<td>-42</td>
<td>-3,245</td>
<td>-3,287</td>
</tr>
<tr>
<td>Transfer of unused residual grant (UFAK)</td>
<td>-837</td>
<td>-2,898</td>
<td>-2,898</td>
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<tr>
<td>Covered by legacy income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total consumption for the year cf. note ? in the accounts</strong></td>
<td><strong>4,263</strong></td>
<td><strong>76,252</strong></td>
<td><strong>81,352</strong></td>
</tr>
</tbody>
</table>

Remarks:
1. Postdoc and junior bursaries have been included under project grants.
2. The breakdown by specialist discipline has been based on the applicant ticking one or more of the following headings:
   - basic research, clinical research, epidemiology, psychosocial research and other.
3. * Incl. the Employers' Reimbursement Scheme (Apprentices and Trainees) (AER)
Patients' associations

Danish Ostomy Association
COPA
Henning Granslev
Bavnegårdsvej 110, Kolt
DK-8361 Hasselager
Tel.: (+45) 70 21 35 25
h.granslev@gmail.com
sekretariat@copa.dk
Contact at FAP:
Susanne Jacobsen
Susanne.Elsdyrvej@gmail.com

Danish Myelomatosis Association
Ole Daliris
Scaniagade 14
DK-8930 Randers
Tel.: (+45) 96 24 00 14
daliris@oncable.dk

Danish Lung Cancer Association
Jan Johnsen
Karlslunde Strandvej 56
DK-2690 Karlslunde
Mobile (+45) 20 30 09 05
fb@brystkraeft.dk

Danish Association for Children with Cancer
Jan Johnsen
Karlslunde Strandvej 56
DK-2690 Karlslunde
Mobile (+45) 20 30 09 05
fb@brystkraeft.dk

Danish Association of Cancer Survivors with Late Sequelae
Marianne Nord Hansen
Bringebakken 30
DK-3500 Værløse
Tel.: (+45) 44 97 15 59 - mobile
(+45) 29 82 28 74
marinord@c.dk
The Cancer Counselling Centre in Lyngby
Nærgaardsvej 10
DK-2800 Lyngby
Tel.: (+45) 45 93 51 51
lyngby@cancer.dk

Proof of Life
Tim Baret – administrative coordinator
Mobile (+45) 60 82 99 93
timkb@gmail.com
info@proofoflife.dk

Network for brain tumour patients and relatives
Bitten Naasted Hansen
Jægersborg Allé 29B 2. tv.
DK-2920 Charlottenlund
Tel.: (+45) 51 14 99 73
hjernetumor@hotmail.com

Drivkraften
- network for young people with cancer
Contact person Tina Brandgaard
Tel.: (+45) 35 25 74 76
etinab@cancer.dk
## Cancer counselling centres

### Nation-wide

**Cancer line**
Tel.: (+45) 80 30 10 30  
Mondays-Fridays 9 am – 9 pm  
Saturdays and Sundays noon – 5 pm  
Closed on public holidays

- **Dallund Rehabilitation Centre**
  Dallundvej 63  
  DK-5471 Søndersø  
  Dallund Rehabilitation Centre  
  Tel.: (+45) 64 89 11 34  
  dallund@dallund.dk

- **Region Sealand**
  Lyngby@cancer.dk  
  Tel.: (+45) 45 93 51 51  
  Nørgaardsvej 10  
  The cancer counselling centre  
  Tel.: (+45) 56 90 91 98  
  DK-3700 Rønne  
  Ullasvej 8  
  Bornholm Hospital  
  The cancer counselling centre

- **Central Denmark Region**
  Vejle@cancer.dk  
  Tel.: (+45) 76 40 85 90  
  Blegbanken 3  
  Blegbanksgade 3  
  The cancer counselling centre

- **North Denmark Region**
  Aalborg@cancer.dk  
  Tel.: (+45) 98 10 92 11  
  DK-9000 Aalborg  
  aalborg@cancer.dk  
  Tel.: (+45) 98 10 92 11  
  aalborg@cancer.dk

- **Randers Region**
  Aabenraa@cancer.dk  
  Tel.: (+45) 74 62 51 50  
  Nørreport 4, 1.  
  DK-6200 Aabenraa  
  Nørreport 4, 1.

- **Jutland Region**
  Aarhus@cancer.dk  
  Tel.: (+45) 86 60 19 18  
  Viborg  
  viborg@cancer.dk

### The Capital Region of Denmark

**The Capital Region of Denmark**
Møllestræde 6  
Baghuset  
DK-3400 Hillerød  
Hillerød@cancer.dk  
Tel.: (+45) 48 22 02 82  
Hillerød@cancer.dk

**Region South Denmark**

**Region South Denmark**

| Region South Denmark | The cancer counselling centre | Nylandsvej 30  
|----------------------|------------------------------|----------------|
|                      | Jyllandsdage 30               | DK-6700 Esbjerg  
|                      | Tel.: (+45) 76 11 40 40       | Tel.: (+45) 76 11 40 40  
|                      | esbjerg@cancer.dk            | esbjerg@cancer.dk

- **The cancer counselling centre**
  Vesterbro 46  
  DK-5000 Odense C  
  Tel.: (+45) 66 11 32 00  
  odense@cancer.dk

- **The cancer counselling centre**
  Blegbanksgade 3  
  DK-7100 Vejle  
  Tel.: (+45) 76 40 85 90  
  vejle@cancer.dk

- **The cancer counselling centre**
  Narreport 4, 1.  
  DK-6200 Aabenraa  
  Tel.: (+45) 74 62 51 50  
  aabenraa@cancer.dk

- **The cancer counselling centre**
  Randers Health Centre  
  Vesterølv 4  
  DK-8900 Randers  
  Tel.: (+45) 89 15 12 15  
  Open Mondays 10 am – 3 pm

- **Esbjerg Region**
  Esbjerg@cancer.dk  
  Tel.: (+45) 76 11 40 40  
  DK-6700 Esbjerg  
  Jyllandsgade 30

- **The cancer counselling centre**
  Kolding  
  Tel.: (+45) 79 79 72 80  
  Open Mondays 9 am - 1 pm  
  By appointment only.

### Professional centres

- **Cancer counselling at the Info Shop**
  Lindegade 3  
  DK-4400 Kalundborg  
  Open Mondays in even weeks 1 pm – 4 pm  
  Tel.: (+45) 59 44 12 22

- **Cancer counselling at Health Centre Odsherred**
  Sygehusvej 5, 1. th  
  DK-4000 Nykøbing Sj  
  holbaek@cancer.dk

- **Cancer counselling at Health Centre West**
  Kirkegade 3  
  DK-6880 Tarm  
  herning@cancer.dk

- **Cancer counselling at Health Centre**
  Vesterå 5  
  DK-9000 Aalborg  
  aalborg@cancer.dk

- **Cancer counselling at Health Centre**
  Sygehusvej 7  
  DK-8660 Stenderup  
  SK-8660 Skanderborg  
  Tel.: (+45) 86 19 88 11  
  herning@cancer.dk

- **Cancer counselling at Health Centre**
  Østergade 9, 1. sal  
  DK-8600 Silkeborg  
  aarhus@cancer.dk

- **Cancer counselling at Health Centre**
  Vestergade 9, 1. sal  
  DK-8900 Randers  
  Tel.: (+45) 89 15 12 15  
  Open Mondays 10 am – 3 pm

### Volunteer centres

- **Volunteer counselling service**
  Volunteercounselling service -  
  The Prevention Centre  
  Fredensvej 1  
  DK-5900 Rudkøbing  
  Tel.: (+45) 62 51 28 90  
  OPEN Wednesdays 2 pm - 4 pm

- **Volunteer counselling service**
  Kolding cancer counselling  
  Slagtervej 16  
  DK-6000 Kolding  
  Tel.: (+45) 79 79 72 80  
  OPEN Mondays 9 am - 1 pm  
  By appointment only.

- Det er gået op for mig, hvor meget jeg selv kan gøre for at forbedre min situation og især, hvor meget fysisk aktivitet betyder både fysisk og psykisk, siger han.
The Annual Report in Danish or English can be downloaded from www.cancer.dk/regnskaber

Danish Cancer Society
Strandboulevarden 49
DK-2100 Copenhagen Ø
Denmark
Tel. (+45) 3525 7500
www.cancer.dk
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