# CONTENTS

## THE SOCIETY’S PURPOSE, MISSION AND VALUES
- The CSF’s purpose .................................. 5
- Mission statement .................................. 5
- Vision and values .................................. 6
- Strategic goals ...................................... 6

## THE SECRETARY GENERAL’S REVIEW .................................. 8

## POSITIONS OF TRUST AND MEDALS OF MERIT .............. 10
- The council ........................................ 10
- The CSF’s Board ................................... 11
- Organisation committee .......................... 11
- Work committee .................................. 12
- Finance committee ................................. 12
- Election committee ............................... 12
- Auditors .......................................... 12
- Awarded medals and rewards .................. 12

## WORK GROUPS ........................................ 13
- Award medal committee .......................... 13
- Rehabilitation work group ...................... 13
- Professor Sakari Mustakallio’s fund .......... 13
- Social work group ................................ 13
- Syöpä-Cancer-magazine’s editorial board .... 13

## SOCIETAL IMPACT .................................. 14
- Goal ............................................. 14
- The Parliament, officials and the EU ......... 14
- Networks ....................................... 15

## THIRD SECTOR ACTIVITY ................................ 17
- Members and member associations .......... 17
- Activity of member associations ............. 18
- Cooperation ...................................... 20
- Association days ................................ 20

## COUNSELLING SERVICES, REHABILITATION AND PEER SUPPORT ........ 21
- Counselling services ............................. 21
- Rehabilitation and peer support ............. 23
According to the 1. § of our rules the CSF’s purpose is to “prevent the destruction that cancer reaps on our citizens”.

In the same article it is stated that “to accomplish its purpose, the society carries out awareness-raising and preventive work, obtains equipment needed to care for cancer patients, maintains facilities intended for this purpose, supports cancer patients and their loved ones at the different stages of the disease and recovery, and provides financial aid to impoverished cancer patients. The society also supports cancer research”.

The Cancer Society is the marketing name of the entity formed by the CSF, its 18 member organisations and the Cancer Foundation. The division of tasks between the Society and the Foundation is based on the cooperation agreement made in 1964. The cancer societies have a joint
strategy. The CSF and the Cancer Foundation’s joint Board assemble together and they share a work committee and finance committee.

MISSION STATEMENT
The CSF’s strategy that reaches 2020 stipulates its mission statement: to beat cancer. According to the strategy this will be achieved by “cancer prevention, earlier detection of the disease and by further developing cancer treatment.” It is also accomplished by “enabling every cancer patient’s recovery and possibility to live life to the full, despite the presence of the disease and its effect”.

VISION AND VALUES
In its strategy the CSF’s vision is defined as follows: “A good life without cancer and despite cancer.”

The CSF’s values:

- **Equality and justice**
  Everyone has equal human dignity. The CSF seeks to ensure the best possible treatment and care for all regardless of where they live or their social status.

- **Availability**
  The CSF’s services are readily available to all whom need them. The patients’ situations are recognised and the patients’ wishes are respected.

- **Reliability**
  The CSF keeps its promises to cancer patients, their families, citizens, donors, decision makers, and researchers. The CSF offers accurate and up-to-date information.

- **Sense of community**
  The CSF’s strength is built on the seamless community and client-oriented nature of its regional societies and national patient organisations, and its proficient central office. The CSF works closely with other organisations to meet these goals.

STRATEGIC GOALS
According to Strategy 2020 the Cancer Society is a strong and competent organisation that aims to:

- strengthen cancer prevention and early detection
- support the development of cancer treatment
- promote a good quality of life for people despite cancer, and
- strengthen cancer research.

Our vision is a good life without cancer and despite cancer.
THE SECRETARY GENERAL’S REVIEW

We strengthened the quality and impact of our operations in various ways.

In 2015 our focus areas included influencing national cancer politics, planning and starting the implementation of our new strategy, and developing the CSF’s operations and quality of service.

The CSF had three main messages to parties that partook in the parliamentary election in spring 2015:

- Early diagnosis, treatment, care and other support for cancer patients must be ensured.
- A national cancer centre must be founded.
- A preventive programme for national diseases must be set up.

The CSF belongs to the Finnish Non-Communicable Disease (NCD) Alliance built up by eight patient and health associations. This network has its own, to some extent overlapping goals for the health politics of the new government.

The goals of the CSF and NCD are not visible as such in Prime Minister Juha Sipilä’s government programme’s goals. The CSF has together with other national health associations supported the preparation of the new tobacco legislation and took part in the preparation of the alcohol legislation’s complete renewal.

Work on the Cancer Society’s strategic key ventures and its development plan went on all year, with all Board members, individuals holding positions of trust in the member organisations, the personnel, and the central office taking part in the effort. Seven key ventures that support the strategy are included in the operational plan for 2016, which the council approved of in December 2015. During the strategy period the contents of these key ventures will be updated as need be. The development plan that was finished at the end of 2015 included 20 goals to strengthen the Society.

The CSF’s membership base increased in November 2015 when the Finnish Breast Cancer Association – Europa Donna Finland ry was approved as a member. This active association which represents the largest group of cancer patients was warmly welcomed to join.

The quality and impact of our own actions were strengthened in many ways. We supported our member organisations’ ability to arrange counselling and patient support with aid provided by the Cancer Foundation for the third year. A handbook was prepared for Counselling Nurses and new kind of training was started for peer support providers. The quality of rehabilitation and adaptation training was enhanced.

During the year, work continued to make operations more efficient, decrease costs and ensure the appropriate allocation of resources. The financial result for operational year 2015 was good and we were able to improve our self-sufficiency rate.

We reached the goals set for the operational year and the Cancer Society’s internal cooperation as a unity was further strengthened along with the implementing of our strategy. The good operational and financial result forms a strong foundation for further work.
POSITIONS OF TRUST AND MEDALS OF MERIT

THE COUNCIL

The CSF's council includes the Chairman and twenty-six (26) members and the same amount of deputy members. Twelve (12) of the members and their deputy members are elected from candidates nominated by regional cancer societies and five members and their deputy members from candidates nominated by patient organisations. In addition, nine (9) more members and their deputy members are elected to the council.

The council included:

Chairman General Director Päivi Kärkkäinen
Deputy Chairman Commercial Counsellor Risto Korpela

<table>
<thead>
<tr>
<th>Member</th>
<th>Personal Deputy Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Leena Alahuhta</td>
<td>Mrs. Ansa Fagernäs</td>
</tr>
<tr>
<td>Member of Parliament Maarit Feldt-Ranta</td>
<td>Fundraising Director Tapio Pajunen</td>
</tr>
<tr>
<td>M.Sc.(tech.) Aija Halinen</td>
<td>Head Accountant Raija Ruotsalainen</td>
</tr>
<tr>
<td>CEO Kristiina Helenius</td>
<td>Editor in Chief Päivi Hietanen</td>
</tr>
<tr>
<td>Head Nurse (ret.) Leela Hiltunen</td>
<td>Secretary Raija Katajisto (Satakunta)</td>
</tr>
<tr>
<td>Director Veikko Hoikkala</td>
<td>Mrs. Pirko-Liisa Ikonen (Finnish Cancer patients)</td>
</tr>
<tr>
<td>Professor Helena Isoniemi</td>
<td>Professor Inkeri Elomaa (Finnish Colorectal Cancer Association)</td>
</tr>
<tr>
<td>Military Doctor Kari Jaakkola</td>
<td>Master of Laws Arja Urpalainen (Saimaa)</td>
</tr>
<tr>
<td>Medical Counsellor Matti Juhola</td>
<td>Psychologist Raija Jansson (Centra Finland)</td>
</tr>
<tr>
<td>Commercial Counsellor Risto Korpela</td>
<td>Docent Arttu Rantala (Southwest Finland)</td>
</tr>
<tr>
<td>Doctor of Health Sciences Pirko Kouri (North Savo)</td>
<td>Office Manager Tuula Sappatinen</td>
</tr>
<tr>
<td>FT Esko Kuusisto</td>
<td>CEO Pekka Mustonen</td>
</tr>
<tr>
<td>Senior Partner Marina Laakso</td>
<td>CEO Marko Parkkinen</td>
</tr>
<tr>
<td>Executive Director Merja Lindqvist</td>
<td>Chairman Tuomo Mikkonen (Finnish Oral Cancer Association)</td>
</tr>
<tr>
<td>Journalist Tiina Merikanto</td>
<td>Journalist Maarit Huovinen</td>
</tr>
<tr>
<td>Training and Development Chief Henna Myller</td>
<td>Executive Director Suvi Jalkkornen (North Karelia)</td>
</tr>
<tr>
<td>Chief Medical Officer Marja-Lisa Mäntymaa</td>
<td>Executive Director, M.Sc. (Health Sci.) Riitta Korhonen (Kymenlaakso)</td>
</tr>
<tr>
<td>M.Sc.(econ.) Matti R. J. Niemi</td>
<td>Master of Laws Hannu Tavio (Finnish Prostate Cancer Association)</td>
</tr>
<tr>
<td>City Counsellor Håkan Nordman</td>
<td>Practical Nurse Aino Pihlajamäki (Ostrobotnia)</td>
</tr>
<tr>
<td>Professor Veijo Notkola</td>
<td>Professor Kalevi Kiviniitty</td>
</tr>
<tr>
<td>Decor Salesperson Maija Nykänen (Pirkanmaa)</td>
<td>Chief Social worker Pirko Olkkainen</td>
</tr>
</tbody>
</table>

The council held two official meetings in Helsinki: a spring meeting on May 19th and an autumn meeting on December 15th. During the spring meeting the Health Promotion Chief Medical Officer Eeva Ollila held a presentation An assessment of current health politics and in the autumn meeting Chief Medical Officer Riikka Huovinen gave a presentation Breast cancer treatment results are improving – why?

THE CSF’S BOARD

Professor Teuvo Tammela, Tampere, Chairman
Bank Director Riitta Pyhältö, Helsinki, Deputy Chairman
Principal Seppo Aaltonen, Jyväskylä
Professor Mikael Fogelholm, Helsinki
Chief Medical Officer Vesa Kataja, Jyväskylä
Professor Pirko Kellokumpu-Lehtinen, Tampere
Professor Sirpa Leppä, Helsinki
Master of Health Sciences Alpo Manninen, Mikkeli
Bank Director Kari Markkula, Helsinki
Physical Education Instructor Pirko Rönkkö, Anttola
Professor Taina Turpeenniemi-Hujanen, Oulu
Parliamentary Counsellor Matti Västö, Joensuu

The CSF’s Board assembled five times.

ORGANISATION COMMITTEE

Parliamentary Counsellor Matti Västö, the Cancer Society of North Karelia, Chairman
Physical Education Instructor Pirko Rönkkö, the CSF, Deputy Chairman
Occupational Health Physician Anja Iivanainen, the Cancer Society of North Savo
Executive Director Immu Isosaari, the Cancer Society of Central Finland
Executive Director Riitta Korhonen, the Cancer Society of North Karelia
Executive Director Anne Vähäkylä-Aulo, Sylva
Executive Director Marjut Oster, the Cancer Society of Southern Finland
Secretary General Sakari Karjalainen, the CSF, Secretary

The organisation committee assembled five times.
WORK COMMITTEE
Professor Teuvo Tammela, Chairman
Professor Seija Grénman, Deputy Chairman
Professor Klaus Elenius
Academy Professor Jaakko Kaprio
Secretary General Sakari Karjalainen
Bank Director Kari Markkula
Bank Director Riitta Pyhälä

The work committee met seven times. The work committee is collective with the Cancer Foundation.

FINANCE COMMITTEE
Bank Director Kari Markkula, Chairman
CEO Timo Ritakallio, Deputy Chairman
Secretary General Sakari Karjalainen
Minister Raimo Sailas
Professor Teuvo Tammela
Finance and Administrative Director Raija Stjernvall, Secretary

The finance committee met three times. The finance committee is collective with the Cancer Foundation.

ELECTION COMMITTEE
M.Sc (econ.) Matti R. J. Niemi, Finnish Prostate Cancer Association, Chairman
Training and Development Chief Henna Myller, the Cancer Society of North Karelia, Deputy Chairman
Executive Director Seppo Rajaniemi, the Cancer Society of Northern Finland
Chairman Hannu Routamaa, the Cancer Society of Pirkanmaa
Professor Toivo T. Salmi, the Cancer Society of South-West Finland
Executive Director Anne Vähäkylä-Aulo, Sylva Management Assistant Auli Jaatinen, the CSF, Secretary

The election committee met twice.

AUDITORS
The CSF’s auditors were APA Samuli Perälä and APA Jaana Salmi. Their personal deputies were APA Soila Rantanen and APA Sauli Salmi.

AWARDED MEDALS AND REWARDS
CANCER CONTROL SILVER MEDAL
Mrs. Leena Alahuhta
Doctor of Medicine and Surgery Eero Carpén
Professor Jorma Keski-Oja
Chief Medical Officer Ilkka Salvén
M.Sc. (polit.) Leena Vasankari-Väyrynen

CANCER CONTROL BRONZE MEDAL
Volunteer worker Juha Holmgren
Internal controller Pirkko Lapisto
Senior Consultant Heikki Miettinen
Master of Laws Juhani Nummela
Station man Kaija Roine

The CSF has set the following permanent work groups for various tasks.

AWARD MEDAL COMMITTEE
Professor Pentti Seppälä, Chairman
Professor Antti Jekunen
Secretary General Sakari Karjalainen
Professor Kalevi Kiviniitty
Docent Matti Mäntylä

REHABILITATION WORK GROUP
Chief Medical Officer Riikka Huovinen, Chairman
Association Coordinator Hannele Arvekari
Executive Director Immu Isosäri
Counselling Nurse Teija Kemppainen
Executive Director Riitta Karhonen
Counselling Nurse Anna-Elima Rahikainen
Counselling Nurse Margita Strandberg-Heinonen
Project Coordinator Tuire Muona, Secretary
Project Coordinator Marika Sorvari, Secretary

PROFESSOR SAKARI MUSTAKALLIO’S FUND
Docent Matti Mäntylä, Chairman
Docent Mikael Kajanti, Deputy Chairman (until 24.3.2015)
Professor Heikki Joensuu (since 24.3.2015)

SYÖPÄ-CANCER-MAGAZINE’S EDITORIAL BOARD
Docent Sirkku Jyrkkö, Editor in Chief
Docent, Chief Medical Officer Riikka Huovinen, Medical Journalist
Docent, Chief Medical Officer Riikka Huovinen, Medical Journalist
Editorial Secretary Mirja Karlsson
Publicist Anu Kytölä
Docent Anna Lepistö
Editor in Chief Satu Lipponen
Docent Päivi Lähteenmäki
Chief Social Worker Pirkko Ollikainen
Chief Pharmacist Eva Ollila
Medical Specialist Päivi Pakarinen
Publicist Maarit Rautio
Healthcare Counsellor Leena Rosenberg
Web Communication Chief Jaana Ruuth
Media Research Docent Maija Töyry

12
GOAL

According to the Society’s rules, the CSF’s goal is to reduce the harm in society that cancer causes. In addition to promoting health, counselling, communication and research, the CSF aspires to drive this goal by influencing political decision making. To reach its goals the CSF utilises both formal lobbying channels and various networks. It is imperative for this influencing activity that the CSF is seen as a trustworthy and independent partner.

THE PARLIAMENT, OFFICIALS AND THE EU

The Parliament. Together with the Finnish NCD Alliance, the CSF presented its goals for the new government programme preparation to different parliamentary groups. During 2015 no such government bills were handled in Parliament in which the Cancer Society representatives would have been heard.

The Ministry of Social Affairs and Health (STM). As the new government was formed after the parliamentary elections, the ministry focused on planning the implementation of the new government programme and focus areas changed. Together with the Secretary General of the Finnish Heart Association, the CSF’s Secretary General met Minister of Health and Social Services Juha Rehula in the beginning of the government’s term, while the government was preparing its key ventures. Rehula emphasised the role of the associations especially in health promotion, and underlined the Ministry’s desire to cooperate.

The Cancer Society’s delegates held an important role in the Ministry’s screening group, which finished its work 30.6.2015. The Ministry set a new work group especially concentrating on cancer screening in the end of 2015. One of the reasons for establishing a work group was the government programme, which set a goal to reassess the tasks and responsibilities of municipalities. Research and surveys in the Finnish Cancer Registry are used as background data when the Ministry decides on the continuation and possible expansion of cancer screenings.

The CSF has, as a part of the Finnish NCD Alliance, cooperated with STM and THL to strengthen the prevention of national diseases. The cooperation is network based. In cooperation with officials and associations, indicators have also been developed and assessed to monitor how the goals are being reached.

The CSF has a representative in STM’s bio-bank law’s steering group, the expert group for chronic and cancer-caused pain, and Fimea’s drug-information work group. In relation to the renewal of the tobacco and alcohol legislation, the CSF has regularly communicated with the Ministry’s draftspersons.

Other officials. In August 2015 the CSF arranged a press conference on the illegal importing of snuff, its resale and the lack of control relating to these issues. After the press conference the CSFs health promotion team has continued cooperating with STM, the Ministry of Finance (VM), customs, police administration, Valvira, and shipping companies on the topic of these concerns.

STM made THL responsible for drafting a proposal for the time-frames of starting cancer treatment, and creating a follow-up system. In the end of 2014, the CSF made a deal with THL to participate in setting up the cancer treatment time-frames and in related research. The venture utilises the CSF Chief Medical Officer’s expertise and data from the Finnish Cancer Registry.

EU-legislation. Member States must include the regulations stipulated in the 2014 approved tobacco directive into their national legislation by May 2016. The Directive for instance prohibits the use of flavouring in cigarettes. This is a significant issue for Finland, as approximately one fourth of all cigarettes sold in Finland are menthol flavoured. The most visible changes have to do with tobacco product packaging. Cigarette packages will be marked with statutory text and picture warnings that cover 65 percent of the packages’ back and front.

The CSF has, together with other associations, actively supported STM in implementing the directive and preparing the new tobacco legislation. In December, the Society’s delegate spoke in an event in the Swedish Parliament that dealt with non-smoking legislation.

The CSF actively took part in the European network of associations, foundations and research institutions which aimed at ensuring that EU’s data protection legislation does not hinder scientific research. The cooperation was coordinated by Wellcome Trust (UK) and information was provided via datasaveslives.eu website. At the end of 2015, EU’s Commission, Parliament and Council reached a positive outcome on the central contents of the data protection decree.

The Finnish Cancer Registry has a significant role in producing data necessary for national cancer politics. The Finnish Cancer Registry maintains a database of all Finnish cancer cases and acts as a statistic and epidemiological research institute for cancer illnesses. The Mass Screening Registry is a department of the Finnish Cancer Registry. It maintains a database on cancer screening programmes and is responsible for planning and evaluating national cancer screening programmes in Finland. Screening data are used to evaluate and control the programmes and to help political decisions concerning public health issues.

NETWORKS

The CSF acted as Chairman for the first part of the year in the Finnish NCD Alliance, which was founded in the beginning of 2014. In addition to the CSF, seven other health and patient organisations partook: The Finnish Brain...
Association, the Finnish Diabetes Association, the Finnish Lung Health Association Filha, the Organisation for Respiratory Health in Finland, the Finnish Association for Mental Health, the Finnish Medical Society Duodecim and the Finnish Heart Association. The network prepared its own government programme targets, one of which – setting up a prevention programme for national diseases – was in common with the Cancer Society’s goals.

The Secretary General became a member of the Board of the joint society for social and health associations, SOSTE. It is an important influencer in social and health politics and driver of issues that its members have in common. The Secretary General is also a deputy member in the civic society advisory council that operates in connection to the Ministry of Justice. The council aims to have a versatile impact on the operating environment of all civic associations. In addition, the Secretary General is a member of the advisory council on pharmaceutical research of Pharma Industry Finland.

The Health department’s Chief Medical Officer and other staff act as experts in many work groups and cooperation networks, which aim to prevent cancer.

It is imperative for this influencing activity that CSF is seen as a trustworthy and independent partner.

The CSF is one of Finland’s largest national health and patient organisations. The Breast Cancer Association – Europa Donna Finland was approved as a new member in November 2015. The CSF now has 18 member associations, of which 12 are regional cancer societies and six are national patient organisations. At the end of 2015 the CSF had approximately one hundred individuals as members, but new individual members have not been accepted for decades. Its member associations had altogether 123 309 members at the end of 2015 (123 937 at the end of 2014).

Through internal arrangements, the CSF set up the position of Association Secretary, and in September Carita Åkerblom started work in this position.
The CSF’s member associations (founding year in parenthesis)

<table>
<thead>
<tr>
<th>Member association’s name</th>
<th>Number of offices</th>
<th>Number of members 31.12.2015</th>
<th>Amount of regional divisions and/or clubs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The regional associations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Society of Southern Finland (1965)</td>
<td>4</td>
<td>14,688</td>
<td>14</td>
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<tr>
<td>Cancer Society of Central Finland (1956)</td>
<td>1</td>
<td>5,096</td>
<td>5</td>
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<tr>
<td>Cancer Society of Kymenlaakso (1956)</td>
<td>2</td>
<td>3,143</td>
<td>5</td>
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<tr>
<td>Cancer Society of South-West Finland (1951)</td>
<td>6</td>
<td>28,471</td>
<td>12</td>
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<tr>
<td>Cancer Society of Pirkanmaa (1951)</td>
<td>7</td>
<td>21,022</td>
<td>2</td>
</tr>
<tr>
<td>Cancer Society of Pohjanmaa (1956)</td>
<td>4</td>
<td>12,835</td>
<td>29</td>
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<tr>
<td>Cancer Society of North Karelia (1956)</td>
<td>1</td>
<td>3,322</td>
<td>14</td>
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<tr>
<td>Cancer Society of North Savo (1959)</td>
<td>1</td>
<td>4,271</td>
<td>20</td>
</tr>
<tr>
<td>Cancer Society of Northern Finland (1957)</td>
<td>2</td>
<td>7,731</td>
<td>47</td>
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<tr>
<td>Finnish Breast Cancer Association – Europa Donna Finland (2005)</td>
<td>1</td>
<td>997</td>
<td>-</td>
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<tr>
<td>Cancer Society of Saimaa (1953)</td>
<td>4</td>
<td>7,719</td>
<td>10</td>
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<tr>
<td>Cancer Society of Satakunta (1974)</td>
<td>3</td>
<td>8,204</td>
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<tr>
<td>Cancer Society of Åland (1986)</td>
<td>1</td>
<td>832</td>
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<tr>
<td><strong>National patient organisations</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Finnish Colorectal Cancer Association, Colores (2007)</td>
<td>1</td>
<td>530</td>
<td>-</td>
</tr>
<tr>
<td>Finnish Prostate Cancer Association PROPO (1997)</td>
<td>1</td>
<td>1,850</td>
<td>-</td>
</tr>
<tr>
<td>Finnish Oral Cancer Association ry (1962)</td>
<td>2</td>
<td>927</td>
<td>12</td>
</tr>
<tr>
<td>Association of Cancer Patients in Finland (1971)</td>
<td>1</td>
<td>114</td>
<td>15</td>
</tr>
<tr>
<td>Finnish association for children and young people with cancer Sylva (1982)</td>
<td>1</td>
<td>1,457</td>
<td>1</td>
</tr>
</tbody>
</table>

ACTIVITY OF MEMBER ASSOCIATIONS

The regional associations span the entire country including Åland. In 2015 each association had at least one office, where counselling was provided by a nurse knowledgeable in cancer. Counselling cancer patients and their loved ones and providing peer support groups and peer support persons are core activities for all the regional associations. Each association has an Executive Director or CEO. All the regional associations provided cancer patients and their loved ones with cancer counselling in which psychosocial support was a key element. In addition, the Cancer Society of South-West Finland has an end-of-life care home and an additional care home, the Cancer Society of Pirkanmaa has a medical centre and a laboratory and the Cancer Society of Pohjanmaa owns a cytology laboratory.

The regional associations all offer services and activities that support rehabilitation. The majority of the regional associations arrange adaptation training for cancer patients, which the CSF coordinates and the Ministry supports through funding from Finland’s Slot Machine Association (Ray). A part of the member associations arrange adaptation training supported by The Social Insurance Institution of Finland (Kela) or the healthcare district. The associations also supported cancer patients financially with hospital-day allowances and other financial aid.

The regional associations supported research conducted in their own areas with different kinds of grants. In addition, the Cancer Society of Pirkanmaa acted as a coordinating body to a national colon cancer screening research endeavour and also conducted other research projects.

National patient organisations are active throughout the country and cooperate with regional associations. The patient organisations provide prostate cancer, throat and mouth cancer, breast cancer and colon cancer patients the opportunity for peer support, joint activities and counselling provided by experts. Some of the patient organisations also provide adaptation training.

Sylva brings together the families of children and teenagers with cancer, and supports them in many ways. The Association of Cancer Patients in Finland is responsible for creating most patient brochures, apart from ones aimed at child patients, in addition to which the patient organisations have their own publications that support their goals. In 2015 the Association of Cancer Patients in Finland had altogether 15 patient networks for patients with rare forms of cancer and a network aimed at young adults with cancer. The Finnish Oral Cancer Association has a course-centre in Mikkeli called Kyyrönkaita.

Local activity is very important to many regional associations. Especially in geographically broad areas the regional associations offer cancer patients and their loved ones even in remote areas a touching base to Cancer Society activity.

The regional associations had a total of 190 local chapters of clubs. The largest number of these belonged to the Cancer Society of Northern Finland, while the Cancer Society of Pirkanmaa had no local chapters or club activities on a local level.

Approximately 10,000 members partook in local activities. In comparison to the societies’ member count the most active participation locally has been in Northern Karelia (over half of the members). Local activities have been an important part of all activities also in Southern Finland, Southwest Finland, Ostrobotnia, North Savo and Northern Finland. On average every twelfth member has taken part in the activities of local chapters and clubs.
COOPERATION

The Organisation Committee is set by the Society’s Board and each member association gets their own representative on the committee on their turn. The Chairman of the Organisation Committee in 2015 was Board Member and Chairman of the Cancer Society of North Karelia, Parliamentary Counsellor Matti Väistö. The Organisation Committee met five times during the year and dealt with for example the development plan of the Society, strategic key ventures and the membership application of the Breast Cancer Association.

Executive Director meetings were held five times during 2015, with one two-day meeting at Moikoisten centre as a guest of the Cancer Society of South-West Finland. The Cancer Society of Satakunta’s Executive Director Marja-Liisa Ala-Luopa acted as Chairman for the meetings. She and the Secretary General prepared the meetings together. The Executive Directors participated actively in meetings dealing with strategy implementation, the development plans of the associations, financial aid and other financial questions, the action plan for 2016, peer support, fundraising, rehabilitation, training, and the distribution of the costs of Syöpä-Cancer magazine. Executive Director meetings have an important role in bringing together the associations’ service activities and ensuring quality, as well as in planning joint activities and ventures.

The associations’ Swedish language activities were discussed in two separate Executive Director meetings in the spring and the autumn. These meetings were attended by the Cancer Society of Southern Finland, the Cancer Society of South-West Finland, the Cancer Society of Pohjanmaa, the Cancer Society of Åland and the Finnish Prostate Cancer Association.

Election Committee. The Board established a temporary Election Committee as proposed by the Organisation Committee. The Election Committee prepared the election of persons that the council made in December 2015. M.Sc. (econ.) Matti R. J. Niemi, Chairman of Finnish Prostate Cancer Association acted as the Election Committee’s Chairman.

ASSOCIATION DAYS

The Cancer Society’s annual negotiation days were held at Congress hotel Aulanko in Hämeenlinna 16.–17.1.2015. The Association of Cancer Patients in Finland was responsible for organisations. The negotiation days’ theme was the implementation of the new strategy, social and health care reforms, rehabilitation and peer support, promoting health, as well as the personal experiences of cancer patients. The patient’s perspective was especially emphasised.

The negotiation days had approximately 80 participants from around Finland.

COUNSELLING SERVICES

The purpose of the counselling services. The Cancer Society counselling services aim to give information and psychosocial support to cancer patients, their loved ones and other parties with concerns of cancer. Counselling can be received personally in the form of a meeting, via the phone, email or in real-time online discussions.

The purpose of the counselling is to offer information on a general level of for example
the prevention of cancer, its early diagnosis, the diseases' symptoms and recognising them, cancer treatment, recovery from cancer and rehabilitation. Health promotion work in counselling aims at supporting lifestyle changes to a healthier direction and consequently decreasing the risk of cancer and improving the patient's life quality and resources.

In counselling, psychological well-being is supported through interaction with the patient, mental support, taking loved ones into consideration, providing social support and enabling the patients to participate in their own care and arranging peer support.

Counselling and support can be given anonymously, if the patient wishes so.

In 2015 the national counselling service had five Counselling Nurses, one of which was working 80%, and in addition to them two hourly working Counselling Nurses.

Counselling on the phone and by email. The national counselling service offers free phone counselling, email counselling and online counselling. During 2015 approximately 4 300 contacts were made to the national counselling service, which is along the same lines as in 2014. 3 400 contacts were made by telephone and 760 by email. In the beginning of October 2015 a new chat service was launched. It is an online counselling forum available without an appointment. During the end of the year 68 online discussions were held via the chat service. The patient and the Counselling Nurse can also chat in private in chats made by appointment.

Cooperation with polytechnics continued and Cancer Society's Counselling Nurses lectured in several training events. The counselling service's Chief Nurse was invited to lecture about the CSF's operation and counselling services 15 times (for example 10 times to polytechnic students).

Genetic counselling. Counselling Nurses answered questions relating to the hereditary nature of cancer diseases (350 discussions, 43 customer visits). From 1995 a genetic medical specialist has participated in the counselling.

In 2015 a specialist doctor assessed the genetic risk of 130 customers and of these customers 76 were referred to special health care. The expert physician also supported the regional cancer societies' counselling nurses. In 2015 the CSF's genetic counselling was arranged with support provided by Ray.

Benefit information helpline. The Cancer Society of Pirkanmaa was in charge of the Benefit information helpline which was set up in 2014. Calling this number gave customers information of for example health insurance, livelihood, patient rights and social services. In 2015 the Benefit information helpline was open once a week for two hours at a time and received 75 calls.

Pain helpline. In 2015 a pain helpline 'Kipulinja' to support cancer treatment was established as a joint venture between the Cancer Society counselling service, the Hospital District of Helsinki and Uusimaa HUS' Pain clinic and Dra Consulting Ltd. The purpose of the service is to provide answers to patients, their loved ones and professionals about cancer pain treatment. The pain helpline is answered by a HUS Pain Clinic Nurse twice a week for 1.5 hours. The service number can be dialled directly or Counselling Nurses can refer people to call in. In 2015 the pain helpline received approximately five phone calls each month. Efforts were made to raise awareness of the pain helpline and develop its operations.

Training and development work. The counselling activities and practices of the Cancer Society have been unified during the past few years. Daily interaction between the communication unit and various actors on Cancer Society's field has improved cooperation, clarified procedures and improved information flow. Electronic databases (for example Duodecim's Terveysportti) are available to all nurses and help the nurses update their information.

The national counselling service's responsible nurse delivers press releases, research results and updated guidelines for example having to do with nutrition recommendations to all counselling nurses also to the regional cancer societies. The counselling nurses participated in training events, such as the Cancer Foundation's Symposium in Tuusula, HUS' genetic clinics training, HUS' Pain clinics training, the Nurse Day Fair, HUS Breast Surgery unit's training and the Rehabilitation Foundation's Rehabilitation Day.

Support from the Cancer Foundation. The counselling services were provided in 2015 with the support granted by the Cancer Foundation. The support has been allocated to cover the Nurses' wages and also to train counselling nurses nationally, unify guidelines and to create support material for counselling, translating the material into Swedish and for printing costs.

**REHABILITATION AND PEER SUPPORT**

Purpose. Rehabilitation and health promoting activities aim at decreasing and preventing harm caused by cancer and its treatment, slow down the aggravation of symptoms as much as possible and support the patients' psychosocial and physical well-being. The rehabilitating work promotes the patients' ability to take care of themselves, supports coping methods that enable well-being, and encourages patients to take on an active role.

Work division and financing. Rehabilitation aimed at cancer patients and adaptation training in Finland is provided by Kela, the CSF and certain hospitals. In 2015 the CSF's member associations arranged Cancer rehabilitation both with support from Ray and with their own financing. A part of the regional cancer societies also arranged rehabilitation courses funded by Kela. Kela's rehabilitation activities are guided by Kela's standards that are based on the good rehabilitation practises.
Adaptation training. The Cancer Society offers rehabilitation as course-based adaptation training, which supplements public rehabilitation services. Rehabilitation activities are offered by regional cancer societies and some of the national patient organisations. The CSF coordinates this national activity. Courses created with support from Ray are built upon the criteria for adaptation training that were drawn up together with Ray and updated in 2015. Cancer rehabilitation development is the responsibility of the CSF and a rehabilitation steering group comprised of experts from its member associations. The steering group met three times during 2015.

The Cancer Society aims for every cancer patient to receive appropriate rehabilitation for their own life situation and information of rehabilitation services, should they wish so. Adaptation training aims to help and support cancer patients and their loved ones at all stages of the illness. The aspiration is to improve the patients’ life quality and health and support returning to work.

Adaptation training courses are group activity. They are goal oriented, guided by professionals, and based on peer support.

Generally, adaptation training courses are aimed at patients with a certain type of cancer. Some courses are meant for all cancer patients or for certain age groups. Courses are mainly aimed at individuals or couples. 24 of the adaptation training courses in 2015 were for individuals, 22 for couples and two for families. In addition to the patient, their spouse or other loved one can attend the couples’ course. Some of the courses were meant for the entire family. There are also courses for children and teenagers, or Swedish speaking cancer patients and their loved ones.

The CSF arranges both open courses and adaptation training at rehabilitation centres. According to the criteria updated in 2015 the open rehabilitation courses include 2–8 meetings that last 1.5–8 hours at a time. The open rehabilitation courses are arranged close to the patients, in the cancer societies’ own facilities, rehabilitation centres or other appropriate facilities. The so called institutional courses arranged at rehabilitation centres last 2–8 days and they can be arranged in one or two parts. During the courses arranged at rehabilitation centres, the participants distance themselves from their home base and everyday life and form a tight-knit group with the other participants. The courses can also be arranged as combinations of open and institutional courses.

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In addition, open courses can be arranged that utilise online programmes which facilitate self-help. In these courses exercises can be carried out for example with mobile equipment or discussions can be held in closed online environments.

The amount of courses and their content. 48 adaptation training courses in 2015 were arranged with Ray’s support. 11 of these courses were open, 33 were institutional and four of them were combination courses.

710 cancer patients and their loved ones took part in adaptation training courses. There were a total of 1 195 applicants. In addition to adaptation training arranged as courses, the regional cancer societies and patient organisations offer various services to support rehabilitation, such as counselling, evenings that provide basic information on cancer, peer support activities, operational and discussion based peer support groups and genetic counselling. The CSF and all its member societies counsel and help cancer patients and their loved ones in matters pertaining to rehabilitation.

During all adaptation training courses information is made readily available, peer support is ensured and support is offered for patients to help them strengthen their resources and learn coping methods. New thematic courses include for example strengthening photography, art therapy methods, and courses utilising exercise and nature. Courses were also arranged for lonely cancer patients and young cancer patients. In a few courses the Internet was utilised via a closed online discussion group and exercises that could be completed with mobile devices.

Course reporting, feedback from participants and employees. A course report is made of each course for the CSF. The organiser gives a written report on the course’s goals, how they were met, the methods used, and provides a summary of the feedback received from participants. Qualitative and quantitative information is gathered regarding the courses’ participants as well as the personnel resources utilised, and this data is analysed statistically.
The feedback gathered from course participants shows that the courses are seen as extremely necessary and that they enable versatile peer support. The participants have received peer support from other participants and also visiting peer support persons. Sharing their thoughts and experiences has been important to course participants: it has made them feel that they have been understood and heard. Cancer patients' loved ones who have participated in courses have felt that they have received versatile information from experts, as well as support for their own well-being.

According to feedback the courses have increased the participants' motivation to take care of their health and well-being. After the courses, a number of patients have become more active in their everyday life and made other health promoting lifestyle changes as well. The course participants have felt that they received help in finding their own inner strength and that they have received support in building a meaningful everyday life and in looking ahead to the future.

Employee feedback shows that the operational and activating methods have been well-received amongst participants and that the methods have supported the handling of course content. Employee feedback emphasises careful planning while picking attendants to groups from cancer patients and their loved ones. The employees feel that the most important benefit of adaptation training for course participants has been peer support and receiving information. Most of the employees gave the courses a school grade of 8 on a scale of 4–10.

Challenges for employee operations came from the statutory bidding process required in the Finnish procurement law and the lack of continuous funding. These weaken the planning of operations.

Rehabilitation seminar and a training day for Counselling Nurses. The Rehabilitation seminar was arranged in Helsinki on 9.11.2015 and the Counselling Nurses' training day was on 10.11.2015. The Rehabilitation seminar was open to all personnel of the Cancer Society, rehabilitation centres, and public healthcare, and its themes were for example activating adaptation training that increases the feeling of belonging; as well as interventions to promote well-being and finding motivation for lifestyle changes. The Counselling Nurses’ training day was aimed at the Cancer Society's Counselling Nurses and its theme was the many opportunities of health promotion.

Developing rehabilitation. New ways of supporting the special needs of loved ones of cancer patients are being developed. In 2015 a new kind of open course was arranged as a pilot in cooperation with the Finnish Association for Mental Health. The course was based on peer support led by experts. Its purpose was to advance the cancer patients’ loved one’s well-being by focusing on their own needs and feelings. Eight women participated in the pilot group, which met eight times during 2015. The group meeting ended during spring 2016. Based on this pilot, a course model will be created for member associations, who can use the model to recreate a similar course in cooperation with their local mental health association. The successful cooperation between the cancer and mental health associations will be continued.

In 2015 the Finnish Heart Association and the Cancer Society’s joint assessment project on developing adaptation training continued. The venture is carried out in cooperation with the Rehabilitation Foundation and Finnish Heart Association. Tools (especially survey and feedback forms) and methods are being developed to assess the operation’s results and impact. In 2015 joint goals were set for adaptation training. In addition, forms for feedback and evaluation of the Cancer Society adaptation training courses were finished. The assessment tools will be used to systematically gather information and feedback from participants of adaptation training courses and the course organisers.

The development of adaptation training will continue in 2016 together with the Rehabilitation Foundation and the Finnish Heart Association.

Peer support development endeavour. The renewal of peer support activity progressed in 2015 and member associations piloted materials and operating models that were created in the development stage of the peer support development endeavour.

Piloting the new peer support person training based on the new model started in Helsinki in the beginning of the year with a training session for instructors. 28 people from 14 member associations took part in the training. The training lasted two days and included sessions on acting as an instructor, pedagogics, the theoretical foundation of training and presenting the training material. The training gave participants the needed skills to start instructing peer support persons according to the new model in their own association.

A total of nine peer support person trainings were arranged by the Cancer Society in 2015, one of the trainings was in Swedish. An Association Coordinator participated as a second instructor in four of these trainings. In 2015 there were approximately 90 participants who went through the new peer support training.

The second piloted training in peer support was the training for peer support group supervisors. The training was national and held in Jyväskylä. 20 people from 8 member associations took part in the training. Due to great demand, a second training was promised for early 2016.

In addition to the trainings, material guiding peer support activities was tested during the year. The material includes forms relating to organising activities and reporting on them as well as operational principles. Feedback was gathered on the functionality of the material. The material was updated three times during the year. During the autumn member associations were telephoned to gather verbal feedback on the entire renewal of peer support activities and especially on the new operating principles. In the end of the year work began on the handbook of peer support work, into which the piloted material was gathered. The handbook was finished in February 2016.

The Association Coordinator spoke about the peer support activity renewal on many occasions, for example at the association days and to volunteers in member associations, local chapter and personnel from around Finland.
The CSF participated in the planning and carrying out of training organised by OK-opintokeskus regarding the training of volunteers in special health care. The training was national and open to all third sector actors.

The Experience Trainer network met three times during the year. One two-day meeting was arranged for the Cancer Society’s own Experience Trainers in Jyväskylä. In 2015 the Cancer Society had a total of 13 Experience Trainers.

In 2015 CSF started cooperation with the Finnish National Opera. The purpose of the cooperation is to use art in peer support groups and also to support employee well-being. The Association Coordinator participated in the National Opera’s training ‘Present with a picture’ which was aimed at social and healthcare professionals and volunteers. The goal is to start developing a similar training for the Cancer Society. The planning of this training started together with an art therapist from the Cancer Society. The planning of this training started together with an art therapist from the Cancer Society. The goal is to start developing a similar training for the Cancer Society. The goal is to start developing a similar training for the Cancer Society.

In 2014 the EU-funded three-year Cancon venture started, in which the CSF partakes in for example the Survivorship and Rehabilitation Work Package. Cooperation on rehabilitation was also carried out with ECL. Its PSWG-unit (Patient Support Work Group) aspires to promote ventures relating to rehabilitation and returning to work in the ECL member associations’ regions. The results from all of these international ventures can be utilised in the future in rehabilitation research and impact evaluations.

International research and development ventures. In 2015 the CSF took part in the four-year COST Action networking programme Cancer and Work, which started in 2013. Representatives from the CSF and the Finnish Institute for Occupational Health, FIOH, were Finnish members of the Board. The venture’s goal is to study and develop methods of supporting cancer patients in returning to work, and advance international networking on this issue.

In 2014 the CSF participated in the planning and cooperation with many other health associations on this issue.

The cancer prevention website, which was named Good life – without cancer was renewed in the autumn. The website was published in February 2016.

In autumn 2015 the CSF also started planning a website aimed at young people. The new digiservice for young people will be published in autumn 2016.

REDbUng sMoKInG aMONG yOung pEOple

For already 15 years, one of the central focus areas of the CSF’s health promotion work has been actions that aim at preventing young people from starting smoking or using snuff and encouraging them to quit. The CSF coordinates a broad ranging action programme aimed at young people, which is financed both by Ray and the CSF.

The action programme’s main partners are two associations: Elyt and Valo, and the CSF also cooperates with many other health associations and organisations on this issue.

COMMUNICATION AIMED AT YOUNG PEOPLE

Käry-magazine. In 2015 Käry-magazine was produced already for the eighth time. The magazine was distributed alongside magazines aimed at teenagers, to youth centres, hobby and sports facilities young people use, and to schools and garrisons. Käry dealt with the use of tobacco products from different perspectives and encouraged people to stop using them. In 2015 Käry’s web version Netti-Käry was expanded and it is now updated throughout the year, and supported by the Käry Facebook page.

A communication campaign for girls created together with Demi-magazine included discussions on the magazine’s discussion board about using tobacco products and attitudes that relate to tobacco use. The CSF’s experts answered the girls’ questions.

A campaign about nicotine addiction included a video about Ossi from Sysmä, who has laryngeal cancer. He sings and ponders how he should never have started smoking. The addiction campaign supports young people to reconsider even trying smoking because the path from trying to addiction is short. The campaign's communication and marketing activities will be carried out in 2016.

Supporting young people in quitting tobacco products. Fressis.fi website provides information and support to quit smoking and using snuff. In addition, information from campaigns aiming at helping young people decrease smoking are gathered on the website. The Fressis website was renewed and marketed in 2015.

Reducing the use of snuff. To decrease the use of snuff in sports teams the CSF cooperated with Valo, the Ice Hockey Association and the Floorball Association. In 2014 short videos were made together with Valo about using snuff. Spittle at the doctor and Spittle at the ice hall as well as an interactive video Snuff eats a man. The Spittle-videos were marketed in 2015 in HIFK ice hall and in social media.

A video about using snuff Something new under my lip was produced together with Kallikuritti. The goal was to use humour to add young people's
negative attitudes toward using snuff. The video is marketed to young people in social media.

**WORK IN YOUNG PEOPLE’S LIVING ENVIRONMENT**

To decrease passive smoking at home a video campaign started in 2014 was continued. A video about children being exposed to cigarette smoke ‘Holding my breath’ was shared in social media and showed in Finnkino and in cooperation with Nelonen-tv programmes. The video was made in 2014.

A toolkit built for schoolteachers – toolkit.net, where teachers and instructor can get information and support for dealing with tobacco related themes in a collective form for teaching and other instruction work.

**Trade school best without cigarettes** is a societal marketing based development project (2014–2015) carried out in cooperation with the Kaste-programme, SOSTE, THL and Ray. The project directed activities towards young people studying for a vocational degree at trade school in Vantaa Varia and Espoo Omnia.

A two-day training was arranged to instruct adults working alongside young people on how to help support youth in quitting the use of tobacco products.

**Tobacco products and intoxicants in outreach youth work** and youth workshops is a research and development venture carried out during 2015 and 2016. Its goals are creating tobacco and intoxicant work models that involve young people and stem from young people, and which can be utilised in focused youth work and other learning and activity centres for youth. In 2015 a national survey was conducted to youth workers, young people were interviewed, and development workshops were held, where young people created videos promoting non-smoking and an intoxicated-free life. The venture’s research and development report will be finished in 2016.

In the venture the activating working model created by young people – and evaluated and tested by both young people and youth workers – will be implemented into the substance abuse prevention work aimed at youth.

**Advancing non-smoking in the military.** In 2015 the CSF continued as a venture partner in the project coordinated by Filha Advancing non-smoking in the military.

During 2015 the venture created non-smoking guidance for the Finnish Defence Forces, and carried out a campaign in the spring and autumn: Army without cigarettes and snuff and actively partook in the Conscript Committee and Soldiers’ Homes (Naafi) cooperation and in cooperation with for example The Union of Conscript servicemen. As a part of the cooperation with the Defence Forces the CSF continued the GAME OVER – play with something else than your health campaign in cooperation with Soldiers’ Homes.

**PROTECTING CHILDREN AND YOUNG PEOPLE FROM TOBACCO PRODUCTS**

The illegal importing and resale of snuff. The CSF had a review made on the illegal importing and resale of snuff. The review stated that the cruise ships from Stockholm to Finland sell over the allowed limit of snuff, and that boarding passes were not asked for when snuff was bought on board. In Uumaja terminal the shipping company
sold snuff without telling about the importing restrictions. Haaparanta has a surplus of snuff stores, which primarily sell snuff to Finns and in which Finns were not told about the import restrictions.

The review first tracked snuff-related messages on Facebook and internet discussion boards. The review confirmed that considerable illegal snuff sales are ongoing in Facebook.

In August 2015 the CSF arranged a press conference of the review’s results, which gained a great deal of media publicity. Work to prevent the illegal importing and sales of snuff was conducted in tight cooperation with customs, the National Police Board, Valvira and STM and cooperation was started with for example the Ministry of Finance.

**UV-PROTECTION: THE SUN**

The main method of promoting healthy sun-behaviour and preventing melanoma has been giving out advice on how to protect oneself from the sun. In 2015 the campaigning focused especially on young people with outdoors summer jobs. The campaign approached employers hiring youth to work outside. The employers were given an information package that included a PowerPoint presentation about protecting the skin, work guidance, a video *Here, under the sun* and a poster for social facilities.

The CSF participated in the Euromelanoma-campaign’s main event at the Finlandia house and distributed brochures with sun-advice to Finnish pharmacies.

Every year, the CSF arranges a press conference on healthy sun-behaviour in cooperation with the Meteorological Institute and Radiation and Nuclear Safety Authority STUK. The main organising responsibility is rotated, this year the main responsibility for arrangements was held by the Meteorological Institute.

**NUTRITION, EXERCISE AND WEIGHT MANAGEMENT**

In 2015 a *Good day* pilot venture was started together with the Kainuu Employment and Economic Development Office (TE-office), Kajaani city and Kainuu’s Martha organisation. The venture’s goal was to add to the knowledgability, skill and capability of under 25-year-olds outside work and school life to achieve a healthy lifestyle and this way decrease their risk of getting cancer or other national diseases. In addition, the venture sought out to improve the youths’ ability to work and study. In 2015 the venture’s concept, i.e. the Good Day course entity was developed, the ventures network was gathered and as a part of the youths’ workshops a *My day* photographing exercise was carried out in which the youth photographed and described their everyday life (eating, exercise, circadian rhythm) to act as a foundation for the venture’s development work.

**SEXUAL HEALTH**

The summer rubber campaign aims to increase awareness of sexually transmitted diseases and protection from them, and to increase the use of condoms. The campaign was carried out in cooperation with the Family Federation of Finland, Finland’s Red Cross SPR, Yle X television show and the Soldiers’ Home Association. During the summer approximately 170 000 condoms were given out at festivals and other youth events. Young people can also take part in the sexual health ‘shag master test’ in which you can earn a prize, the ‘shag master pin’.

In 2015 the annually chosen performer for the summer rubber song which played at festivals and on the radio were Kasmir and Sara with the song ‘ Babies’.

In addition, youngsters starting the army received a ‘vacation rubber’ condom. 30 000 condoms were given out in the Defence Forces.

**OPERATIONS IN WORK GROUPS AND STEERING GROUPS**

In health promotion the CSF took part in nearly 20 different joint ventures, such as the Children’s Health Forum and was part of the steering group of non-smoking events: *Non-smoking Finland 2030, Non-smoking Helsinki* and *Non-Smoking Espoo*.

Also, the CSF participated in various work forces on tobacco, alcohol, and nutrition, as well as several steering groups related to health promotion, arranged by STM, THL, as well as other associations.
TRAINING

EXPERIENCE TRAINERS

The Cancer Society has approximately 13 qualified Experience Trainers around Finland. The Experience Trainer holds her own experience-based presentation or otherwise participates in the teaching of future professionals. The activity is coordinated by the CSF’s Association Coordinator. The CSF takes care of its own Experience Trainers’ instruction (for example, annual training days, supervision and supporting well-being).

OTHER TRAINING

Decreasing smoking among the youth. The CSF arranged training events in 2015 particularly to decrease smoking among youth and to support them in quitting. During operational year 2015 approximately 25 professionals who work with young people were trained in Rovaniemi, to support quitting smoking.

In addition, physical health education teachers were trained at a joint event arranged with Ehyt in Joensuu. The training provided information and taught new tools for teaching health education. The training also covered alcohol and cannabis in addition to tobacco products.

Healthcare Personnel and Nursing Instructors. The CSF’s personnel actively participated in the national and regional training of healthcare professionals as trainers and lecturers especially in training events dealing with cancer treatment and supporting cancer patients.

The Mass Screening Registry actively took part in developing electronic systems for breast and cervix cancer screening and related sampling and other personnel training in municipalities and laboratories.

Promoting health. The CSF’s personnel took part in national and regional training as trainers and lecturers and also held open lectures. Presentations were held on various themes of health promotion in seminars and other events around Finland.

Tuusula’s Symposium (Cancer Foundation). In 2015 the Cancer Foundations annual expert symposium’s topic was lung cancer. The Symposium is an annual multi-expert training event for approximately one hundred physicians from various specialist fields working in cancer treatment.

The symposium’s presentations were collected into the Focus Oncologiae publication, which was given to specialist physicians in lung cancer treatment and diagnostics and doctors specialising in the field. The symposium was held for the 42 time.
The Finnish Cancer Registry is a statistical and epidemiological research facility maintained by the CSF. The CSF also maintains THL’s national cancer registry that includes mass check-up registers of breast and cervix cancer. The CSF is ruled by the same requirements as government officials are in document handling, management and information security (the Finnish Government’s decree on information security in central government 681/2010, i.e. the Information security decree).

The Information Security Chief, a professional in charge of technical data security and a work group dealing with information security issues are responsible for information security at the CSF. The personnel are continuously trained in information handling and general information security.

**Registering**

**Cancer cases.** Assembling cancer cases into a national registry starts with the handling of individual cancer notifications. From information stemming from several sources, a summary appropriate for statistical and research purposes is made of each individual cancer case. Once a year, the death information is updated (time of death and reason of death) from Statistics Finland. Each person’s home municipality at the beginning of the year of the cancer diagnosis is updated based on information provided by the Population Register Centre.

In preparation for future changes, the work profile and procedures of employees participating in the Finnish Cancer Registry’s operations were renewed during 2015. The registry employees’ work responsibilities include pulling together cancer data with quality control, contacts to the notification sources, data management, information releasing, and documentation. Data management and information releasing include case management, information requests and filing.

During operational year 2015 nearly all the laboratory notifications (altogether 166 200) came as electronic data transfers directly to the collection server. The pathology laboratory notifications from 2014 were picked based on the renewed information content description from all laboratories utilising QPati software. The most significant change in comparison to earlier practices was including the actual statement text in the notification in addition to the short summary. The renewal brings a great deal of new information of cancer cases and improves information quality, but it also requires much more employee resources. Thus towards the end of the year 2015 semi-automatic coding was conducted to approximately 9000 new cases, of which 1900 were prostate cancer cases.

Most of the so called clinical notifications made by doctors were acquired on paper forms and they were stored manually (in total 37 000 in 2015). In 2015 there were nearly 60 000 manually coded cases, because in addition to new cases, earlier registered cases had also received new information that required coding, such as care information.

During the operational year several changes were made to improve database quality. Colon cancer coding was altered in regard of its
The Mass Screening Registry form was created during operational year 2015. \( \text{colon cancer} \) were included in this publication. 2012 (breast cancer and cervix cancer) and 2013 notification sources. Mass screening statistics from printed Finnish language statistics pamphlet were produced separately in Swedish. The for the most common cancers. Åland’s statistics patients based on special responsibility areas classification, and also survival rates of cancer in the Finnish Cancer Registry’s website www.cancer.asc.

The cancer statistics for statistic year 2013 was At the end of the year 2015 a new Registry Assistant position was established at the registry, which replaces one of the previous positions of Notification Clerk, as paper notifications are decreasing and the goal is to gradually completely eliminate them.

The cancer statistics for statistic year 2013 was finished in April 2015. The statistic can be found on the Finnish Cancer Registry’s website www.cancer.asc.

The form is also utilised for surveying cases based on death notification in years 2012 – 2014. The form will be taken into full use in 2016.

Screenings. The Mass Screening Registry annually collects altogether approximately 50 cervix cancer screening laboratories, and breast cancer screeners’ as well as national colon cancer screeners invitation and check-up information predominantly in electronic form. In 2015 cervix cancer screening invitations were sent to approximately 250 000 mainly 30–60 year-old women. Breast cancer screening invitations were sent to approximately 340 000 50–69 year-old women and colon cancer screening invitations were sent to approximately 70 000 men and women aged 60–69.

In 2015 especially the renewal of the national cancer screening’s data structure was emphasised. In the first phase the screenings were given a joint, six step hierarchic structure. With it, a matrix was created regarding the screening of cervix and breast cancer research and surgical data. In the beginning of 2016 this information was included to the THL data server, from where it is freely available.

The Mass Screening Registry’s SQL data base will be modified to match the new data structure during spring 2016 after which the screening information for 2013 and 2014 will be published. Renewing the database structure enables the more agile and real-time updating of the information content and registering testing information from outside the screening processes (after possible changes in legislation). The goal of the renewal is to harmonise the screening information produced by different actors.

The invitation service operating in the Mass Screening Registry pick females to be invited to screening from the population register on behalf of municipalities and provides some of the municipalities using the service also with the invitation letter and forms to be sent to the women. In 2015 the operations of the invitation service were renewed so that all population register data mining was centralised from the beginning of the year and were conducted directly from the personal information available in the population register (social security number, home municipality). As a result of the change, the target groups’ inviting municipality will be tagged to their home municipality information of the beginning of the year, ensuring that each target group member receives at least one screening invitation during the screening year. In addition, the method with which the invitation service users receive their screening material was altered so that municipalities that use paper invitations and forms receive it via safeemail as PDF files to be printed at the screening facilities. Both changes were communicated to municipalities that use the invitation service well in advance so they could prepare for the changes and the changes would not hinder the efficiency of the screening process.

SERVICE OPERATIONS

The Finnish Cancer Registry supports clinical cancer research by providing ready material, offering instruction in conducting the research and analysis and guidance in choosing the right research design. The Cancer Registry offers statistical analysis services to cancer researchers at all stages of their research projects. The emphasis is on a population based approach. Routine services include basic calculations of cancer prevalence, death rates and survival rates.

In 2015 the Cancer Registry’s data management registered 128 events, of which 51 were information releases. The remaining 77 included either a statement for a research permit or both a statement and a data update for an ongoing research project. In addition, tabulated data was released on separate requests to officials, researchers and media.

The guidance and counselling relating to statistics and information requests were developed by adding to the online material. Statistician Tiina Hakanen was in charge of the data service during the end of the year 2015 when the responsible physician Maarit Leinonen started part-time leave and continued with a 20% work load for the rest of the year.

The invitation service that operates alongside the mass screening registry picks the women who will be invited to screenings from the population register at the request of its client municipalities. In 2015 the Mass Screening Registry’s cervix cancer invitation service was used by a total of 212 municipalities and the breast cancer screening invitation service was used by approximately 287 municipalities, i.e. the majority of Finland’s 340 municipalities. The colon cancer screening invitation service was used by all the 162 municipalities that took part in colon cancer screening. In the future the screening invitation operations will be renewed and extended to the entire country.

PRODUCING STATISTICS

Statistics services were provided with a software package developed in-house (R-software package FCR). The software package was further developed to be more efficient and versatile in routine statistics and related statistical calculations. The package includes cancer frequency, death rate, prevalence and estimates of the cancer patients’ survival and also standardised incidence ratio.

geographic prevalence and all colon cancers since 2004 were sought and recorded. Of these 27 000 cases 9000 cases have been coded. Also severe blood diseases, multiple cancers and urothelial cancers have been reassessed and coding guidelines have been updated.

The partial automatisation of collective coding started in the beginning of 2015 with the automatic coding of skin basaliomas. In the beginning of 2015 the death information from 2013 was updated. 20 293 cases in the registry received cause of death information and 1 154 entirely new cancer cases were found. Alongside updating death information in the beginning of 2015 the death information coding was automated to a longer time period than before.

The invitation service that operates alongside the mass screening registry picks the women who will be invited to screenings from the population register on behalf of municipalities and provides some of the municipalities using the service also with the invitation letter and forms to be sent to the women. In 2015 the operations of the invitation service were renewed so that all population register data mining was centralised from the beginning of the year and were conducted directly from the personal information available in the population register (social security number, home municipality). As a result of the change, the target groups’ inviting municipality will be tagged to their home municipality information of the beginning of the year, ensuring that each target group member receives at least one screening invitation during the screening year. In addition, the method with which the invitation service users receive their screening material was altered so that municipalities that use paper invitations and forms receive it via safeemail as PDF files to be printed at the screening facilities. Both changes were communicated to municipalities that use the invitation service well in advance so they could prepare for the changes and the changes would not hinder the efficiency of the screening process.

SERVICE OPERATIONS

The Finnish Cancer Registry supports clinical cancer research by providing ready material, offering instruction in conducting the research and analysis and guidance in choosing the right research design. The Cancer Registry offers statistical analysis services to cancer researchers at all stages of their research projects. The emphasis is on a population based approach. Routine services include basic calculations of cancer prevalence, death rates and survival rates.

In 2015 the Cancer Registry’s data management registered 128 events, of which 51 were information releases. The remaining 77 included either a statement for a research permit or both a statement and a data update for an ongoing research project. In addition, tabulated data was released on separate requests to officials, researchers and media.

The guidance and counselling relating to statistics and information requests were developed by adding to the online material. Statistician Tiina Hakanen was in charge of the data service during the end of the year 2015 when the responsible physician Maarit Leinonen started part-time leave and continued with a 20% work load for the rest of the year.

The invitation service that operates alongside the mass screening registry picks the women who will be invited to screenings from the population register at the request of its client municipalities. In 2015 the Mass Screening Registry’s cervix cancer invitation service was used by a total of 212 municipalities and the breast cancer screening invitation service was used by approximately 287 municipalities, i.e. the majority of Finland’s 340 municipalities. The colon cancer screening invitation service was used by all the 162 municipalities that took part in colon cancer screening. In the future the screening invitation operations will be renewed and extended to the entire country.

PRODUCING STATISTICS

Statistics services were provided with a software package developed in-house (R-software package FCR). The software package was further developed to be more efficient and versatile in routine statistics and related statistical calculations. The package includes cancer frequency, death rate, prevalence and estimates of the cancer patients’ survival and also standardised incidence ratio.
focused on identifying the causes of cancer on a national level, the prevention and early diagnosis of cancer and all issues relating to keeping cancer patients alive. The Mass Screening Registry’s research function is related to the statutory screening evaluation and renewal and studying new screening methods on a national level. A considerable improvement in statistics services has come from utilising dynamic documentation and modern graphic presentation opportunities of the completed software package.

The software package’s training activities were conducted in 2015 during when Cancer Registry’s researchers and routine statistics producers learned about its operations.

PARTICIPATING IN TRAINING

The Finnish Cancer Registry’s Director has acted as part-time Professor of cancer epidemiology and the Finnish Cancer Registry’s Research Director has acted as part-time Professor in epidemiology at Tampere University’s School of Health Sciences. Many CSF’s employees have acted as docents in different universities and participated in university teaching and doctoral dissertation supervising and acted as scientific experts.

The Finnish Cancer Registry took part in teaching and guiding foreign students at Tampere University’s International Programme in Epidemiology. The Finnish Cancer Registry also took part in teaching arranged by the Helsinki University Hospital and in a Nordic cooperation. A joint Finnish, Swedish and Danish research group received a three-year NordForsk grant for years 2016–2018 to study the socioeconomic impact of childhood cancer.

The Nordic Cancer Union funded the joint Nordic NOCCA-project that studied the connection between occupational exposure and the risk of cancer. The project was finished in the spring of 2015. The Research venture was led by Finns and will produce new research information at least during 2016 as well.

In 2015 articles were published on restaurant workers’ risks of cancer (considerable risk of falling ill with alcohol related cancer diseases. Female workers were also in risk of getting lung and cervix cancer). Cancer risk caused by occupational magnetic field exposure (no connection), and on whether a parent’s exposures to pesticides causes cancer risk in their offspring (no connection). Of the cancer risks in individual areas of industry in Finland, research was published regarding the oil manufacturing industry (exposure to raw oil and its connection to heightened risk of kidney cancer). In addition, the cancer risks of several other industries’ employees were researched.

A connection between the use of a hormonal coil at a young age and heightened breast cancer risk was found and using a hormonal coil near menopause had a connection to fallopian tube cancer risk. Women with over five children have a significantly small risk of getting most cancer diseases. Anorexic individuals have same cancer risks as the rest of the population.

Academy of Finland’s Centres of Excellence’ genetic cancer data was updated with the newest cancer cases. Simultaneously for example the research regarding the heredity of Kaposi sarcoma was published. Joint Nordic research brought convincing evidence that lymphoma and testicular cancer patients’ relatives have a heightened risk of falling ill with these cancers. A joint Nordic research based on twin registry data showed that the genetic susceptibility is significantly large in breast cancer.

A Cohort Study of Cancer Burden in Finland (METCA) evaluation project gained research permission, data and research agreements during 2015. It will form a population based cohort with broad information of cancer risk factors. A cooperation project with Helsinki University brought new knowledge on the risk factors of breast cancer for example from hair colouring and hormonal coils. A doctoral thesis is also under work in this project.

A registry based joint research project was started with Turku University regarding the accumulation of different cancer types in families that have neurofibromatosis.

The statistic methodological research focused on the analysis methods of cancer causes, especially in the improved use of data gained from surveys, cancer accumulation (several cancers with the same individual or in families) and particularly to estimate the remaining lifespan after cancer. Last year’s most important methodological research specified how the figures describing a cancer patient’s survival should be assessed. The research utilised new calculation techniques and a unique data that covers the entire population and includes 300 000 patients. In the most commonly used 5–10 year follow-ups all currently used methods gave similar results. In longer term follow up differences came up especially when studying rare cancers. Skin melanoma patients survival turned out to be the most difficult to estimate.

A joint project was started with Aalto University on the statistic modelling of cancers’ time series based on independent latent components. The developed methods identify effects which could previously not be noticed in for example time series of cancer frequency. Computational statistic methods have been utilised with increasing efficiency in the registry’s statisticians and research activities. To enhance the research efficiency an R-software package has been created (popEpi), which is able to calculate for example SIR and SMR figures from big data and model them statistically.

The Mass Screening Registry’s research focused on the role of European cancer registries in evaluating screenings, the quality and effect of cancer screenings and the selection of respondents.

A review which disclosed the quality control and evaluation of European cancer screening quality was published during summer 2015. The article presented the most important quality criteria for screening and efficiency statistics for cervix cancer, breast cancer, and colon cancer, and emphasised the role of European cancer registries in gathering and evaluating screening data.

In 2015 two PhD dissertations were finished on the registry, one on cervix cancer screening and the other on the connection between HPV infections and cervix cancer. In addition, two dissertation projects were started on cervix cancer screening. The new PhD projects will look into the lifelong impact of cervix cancer screening and testing outside screenings, and the attitudes of young women and personnel toward cancer screenings.
According to one of the finished dissertations, the efficiency of screening programmes is affected by the programme’s coverage, diagnostics and above all participation activity. Attention should be especially paid to smooth procedures in screening programmes (reminder letters, sufficient amount of available times and a flexible appointment system). Some of the people who tend to have low participation in screenings can be brought into the screening programmes if the sample can be taken at home.

A Finnish language review article examined the HPV tests accuracy in cervix cancer screening. The article stated that the HPV test is more preemptive and sensitive in finding early preliminary stages of changes in the cervix than the traditional Papa test is. On the other hand, the HPV test’s ability to identify healthy women is smaller than a Papa test. Thus using the HPV test should be avoided with younger women whose infections are often passing.

The impact of breast cancer screening after the age 60 was studied by comparing mortality rates of breast cancer in Turku and Helsinki regions in the years 1987–2009, during which Turku invited 50–74-year-old women for screening and Helsinki invited 50–59-year-old women (up until 2007) the result supports expanding the screenings to older age groups as breast cancer related mortality was one fifth smaller in Turku than in Helsinki amongst 60–74 year-olds. A case comparison research estimated the impact of breast cancer screening to mortality rates between the ages 50–84 in Finland during 1992–2011. The results indicate that Finnish breast cancer screening on a national level is impressive. The detailed results will be published in 2016.

In cooperation with Kuopio University, research was prepared that will look into breast cancer diagnostic of cases found in and out of screening in the North Savo health care district in the 1990s and 2000s.

An article was published on colon cancer’s national individually randomised screening, which studied the screening impact on colon cancer mortality rates in 2004–2012. During this time period the screening expanded in a few municipalities to cover nearly half of the target population, aged 60–69. The study did not find a difference in the mortality of colon cancer, when comparing women and men who were invited to the screening to those who were not. Due to the gradual expansion of the operation the median follow-up time was, however, only 4.5 years. Hence a few more years of follow-up will be necessary before a final estimation of the screenings impact can be made.

Another research was published on colon cancer screening as well, studying the effect that the screening had on the use of hospital services during years 2004–2009. Compared to the control population, the men and women invited to colon cancer screenings used slightly more polyclinic and ward services. In addition, the individuals invited to screenings had more colonoscopies than the control population. This said, in both groups the majority (over 90 percent) of men and women did not use hospital services at all.

The final stage of the survey research looking into the impact that breast cancer screening has on the target populations life style and quality of life was finished. An article was also published regarding the survey’s first rounds from 2012–2013, which studied the participants’ selection. The participants are more likely to be living in relationships and they are better educated than non-respondents. These differences between participants and non-respondents did not, however, have an effect on the SWLS, i.e. Satisfaction With Life Scale. In light of this the answers given in the survey can be generalised to the entire target population.

Randomised prostate cancer screening test (ERSPC) evaluations continues. The main purpose of the research is to evaluate the impact that screening based on the blood’s PSA quantity has on long term mortality rates. In Finland the cost effect of the screenings is also studied as are effects on life quality, the etiology of prostate cancer, its prognoses, treatment results and screening optimisation for example by assessing genetic and other risk factors linked to prostate cancer.

In autumn 2015 the Mass Screening Registry took part in EU-TOPIA venture funded by EU’s Horizon 2020 programme. The venture develops methods for evaluating cancer screening benefits, harms and cost effects, and web-based cost effect modelling solutions for member state use. In 2015 more precise benefits and harm relating to cancer screening were defined and Finland’s electronic screening data from 1991 onwards was organised for longitudinal evaluations. Longitudinal evaluations for breast cancer and cervix screenings were started.

The evaluations have calculated for instance the cumulative probability of tests, referrals and findings as well as false positive results. Quite significant geographic differences were found in the screening diagnostic’s longitudinal quality parameters and a script was written for Finish audiences of the case of breast cancer screenings.

Cancon’s screening operations (WP 9) arranged four large work group meetings for 50 participants in Latvia, Croatia and Norway. Based on these results a first version of a EU-wide guide was drawn up for cancer screenings, administrative models, quality control, coordination and evaluation development. The guide is being reviewed in different countries and between different partners during 2016. The intention is to publish it in early 2017.

Considerable shortcomings were still found in the administrative models, coordinating and quality control resources of member countries. For instance, the national and regional ownership and the responsibility apportionment in carrying out the screenings have been set up inadequately, also in Finland. The aim is to improve the situation with guidance and related discussions and cooperation.

Guidance and joint discussions are used to help develop the coordinating and quality control of cancer screenings.
COMMUNICATION

TASKS

The CSF’s Communication unit is responsible for internal and external communication and the Cancer Foundation’s communication. The Communication unit takes part in planning and executing the Cancer Foundation, the health department, and the fund raising unit’s campaigns, events, websites, and other communication projects. In 2015 the Communication unit developed the employees’ social media skills and taught the basics of blogging together with outside instructors.

The Communication unit’s work responsibilities were reorganised in 2015 to match the changing field of communication. Digital communication is growing stronger and necessitates new skills. Social media and development work driven by analytics are increasingly important in communication enhancing processes. The large-scale renewal of CSF’s website started in 2015 and continues on into 2016. At the same time the synergy between social media and the website will be boosted. The most central printed communication remains the Syöpä-Cancer magazine, which is published in Finnish and Swedish.

SOCIAL MEDIA

The Cancer Society’s Facebook-page had 4,254 likers at the end of 2015 (in 2014 there were 3,275). The Cancer Society has three Twitter accounts. The English language Cancer Society of Finland account mainly tweets research results. It has 536 followers. The Finnish language Syöpäjärjestöt account tweets press releases and interesting issues, and retweets current topics for Finns. The account is followed by 729 Twitter users (in 2014 the amount was 221).

The account set up for the Cancer Society’s strategy work @SSYuudistuv has 233 followers. It has mainly functioned alongside member association days.

The Käry Facebook page promoting non-smoking to youth multiplied its follower base during the year: in the beginning of the year it had 299 followers and by the end of the year there were 1,027. The association also has a YouTube channel.

MEDIA COMMUNICATIONS

The CSF arranged four press conferences in 2015 and published 25 press releases. A background event about screenings was arranged in the autumn for health reporters. The most common press release topics were fund raising, cancer research and nicotine products and non-smoking. The Communication unit follows the CSF’s public appearances and media coverage. The media follow-ups renewal started in autumn 2015. In addition to traditional media, the goal is to also improve analysis on social media and blogs.

INTERNAL COMMUNICATION

The Cancer Society’s internal newsletter was issued to employees ten times. The Communication unit is responsible for developing the Cancer Society’s joint intranet and maintaining the image bank.
WEB COMMUNICATION

The Cancer Society's central web media are the All about cancer and Cancer Society pages. Both pages were published in September 2015 in three language versions. The sites replaced the previous cancer.fi portal, which was divided into three entities in the renewal: All about Cancer, Cancer Society and the cancer prevention site Without cancer. The technical production of Without cancer started in autumn 2015.

Digital communication requires continuous measuring and development. The Communication unit is responsible for updating the sites, analytics and development. The All about cancer and Cancer Society pages' user interfaces were tested after the publication in cooperation with the target groups. The group comprised of representatives of the target groups.

The All about cancer page aimed at patients and their loved ones had an average of 55,000 sessions per month. The most popular part was the renewed Types of cancer entity which was reviewed by cancer physicians.

The Cancer Society website is aimed primarily for active members of the associations, people interested in volunteer work, grant applicants, and media. The site had approximately 8,000 sessions per month.

The competition for online visibility is fierce. The web environment changes at a fast pace. The Cancer Society's communications wants to ensure that web users find the high quality content without problems. Hence special attention in the development work was paid to search engine optimization, analytics and conversion optimization, as well as social media and blog use.

SYÖPÄ-CANCER-MAGAZINE

The Cancer Society's periodical is its most important printed publication. In 2015 Syöpä-Cancer had four issues. The magazine's themes were viruses and bacteria, lung cancer, cancer screenings and cancer and humour (with the theme: is it appropriate to laugh at cancer?).

The magazine's circulation is 112,205 (circulation information from 2014). It was sent to all members of CSF's member associations. Syöpä-Cancer magazine included a Swedish supplement to those readers who wished to receive it. 6,000 copies of the Swedish language supplement were printed. Docent Sirkku Jyrkiö from Turku continued as the magazine's Editor in Chief.

THE CSF’S 80TH ANNIVERSARY

The Communication unit prepared for the Society’s 80th anniversary year 2016. The celebration includes many communications activities and events. Themes include volunteering and delays in treatment. In 2015, the Communication unit made a communication plan for the upcoming anniversary year.

The Facility operations entity has comprised of Oulu Pathology laboratory, stored patient data and sample collections and the work of a screening coordinator supporting the central office's facility operations. The screening coordinator took care of the shutdown laboratories, patient records of medical centres and tasks relating to samples.

Oulu's Pathology laboratory operated until 31.7.2015 and its business was sold to Coronaria Diagnostiikka Ltd on 1.8.2015. In the transaction the laboratory operations and entire staff moved to the new owner’s service.

Sample collections. With the facility operations CSF has gathered a great deal of sample material. The sample collections were collected at the now shut down pathology laboratories in Helsinki, Kotka, Oulu and Tampere.

At the moment the material is filed in time and number order in a warehouse in Helsinki which the CSF uses and a facility owned by the CSF in Oulu.

In Helsinki a total of 785,500 tissue sample blocks are stored (from approximately 400,000 patients) from years 1967–2011, and 719,500 cervix cancer screening sample microscope slides from years 1978–2011, and 919,710 cervix cancer screening cards from 1986–2009. In Oulu's storage facility there are 875,700 tissue sample blocks and microscope slides since 1966, and 340,000 cervix cancer screening microscope slides since 2002, and 404,630 other cytological microscope slides.

The possibility to add the sample collection to an existing bio-bank or establishing a new bio-bank were reviewed as a separate venture. Physician Lykke Hinsch Gylvin was in charge of preparatory work for the venture.

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 Filed samples can be utilised in cancer research.
INTERNATIONAL OPERATIONS

In 2015 the CSF was an active member of NCU (Nordic Cancer Union), ECL (Association of European Cancer Leagues) and UICC (Union for International Cancer Control). The CSF also took part in other international associations that either directly or indirectly have to do with the CSF’s operations.

INTERNATIONAL ACTIVITY OF THE CSF AND THE CANCER FOUNDATION

ALiCCS. A joint Nordic venture coordinated by Denmark Adult life after Childhood Cancer in Scandinavia continued in 2015. The study included approximately 11,000 Finns who had been diagnosed with cancer under the age of 20 during 1953–2012. The venture’s research permit was expanded in 2015 to handle limb prosthetics and socio-economic factors. A publication was finished about the venture in 2015, which looked into the later prevalence of heart and cardiovascular diseases in the patients.

As a continuation for the ALiCCS venture, a joint Finnish, Swedish and Danish research group received a three-year NordForsk grant (2016–2018) to study the socioeconomic impact of childhood cancer.

ANCER. The Association of Nordic Cancer Registries’ Board meets biannually. Finnish members include the Finnish Cancer Registry’s Director and Director for Research. The association’s annual congress was held in September 2015 in Helsingör, Denmark. From the Finnish Cancer Registry researchers, IT-experts and cancer case compositors took part in the meeting and held a scientific presentation.

Cancon. The CSF is Finland’s delegate in carrying out the three-year joint-action cancer prevention programme Cancon which is funded from EU’s Health Programme, and which commenced in February 2014. Its goal is to create a comprehensive guide of European cancer prevention for the use of different actors in the member states.

The CSF coordinates two of Cancon’s nine Work Packages (WP): Screening (WP 9) and Dissemination (WP 2). In addition, the CSF takes part in Work Package 8, Survivorship and Rehabilitation. The cancer societies’ budget in the venture is approximately one million euro and the venture’s full budget is approximately six million euro.

Cancon’s newsletter has about 450 subscribers. It is the most important channel for reaching stakeholders outside the venture. The venture also uses Facebook, Twitter, LinkedIn and Instagram.

WP 2, Dissemination, arranged a policy conference and networking event on survivorship in Brussels in 2015 as a guest of the European Committee of the Regions. The conference was opened by Markku Markkula, President of the European Committee of the Regions. WP 9 Screening organised four large, 50 participant work group meeting in Latvia, Croatia and Norway. Based on these meetings a first draft of an EU-wide guide for cancer screening, administration models, quality control, coordination and evaluation was made.

CONCORD. The Finnish Cancer Registry partakes in an international survival research of cancer patients that is led by the London School of Hygiene and Tropical Medicine.

ECL. The Society’s delegates took part in the ECL annual meeting and seminar held in Northern Ireland in November. The Secretary General was elected Chairman of ECL. The CSF participated in ECL’s Patient Support work group that has handled issues such as cancer patients returning to work and problems arising with insurance. ECL is CSF’s partner in Cancon’s Dissemination Work Package.

ERSPC. The European Randomized Study for Screening Prostate Cancer continued. The study’s main goal is to evaluate the longitudinal mortality rate impact of prostate cancer screening based on PSA levels in the blood. In Finland the cost effect of the screenings is also studied as are effects on life quality, the etiology of prostate cancer, its prognosis, treatment results and...
screening optimisation for example by assessing genetic and other risk factors linked to prostate cancer.

EU-TOPIA. In autumn 2015 the mass Screening Registry took part in EU-TOPIA venture funded by EU’s Horizon 2020 programme. The venture develops methods for evaluating cancer screening benefits, harms and cost effects, and web-based cost effect modelling solutions for member state use.

IACR. The International Association of Cancer Registries’ European representative is the Finnish Cancer Registry’s Research Director. In 2015 the association’s annual meeting was held in Mumbai, India in October.

IARC the International Agency for Research on Cancer and the Finnish Cancer Registry have research collaboration especially in screening and studying the cancer burden of developing countries.

NCD Alliance. International associations representing cancer, cardiovascular disease, chronic respiratory diseases, and diabetes founded an alliance for non-communicable diseases, NCD Alliance. Through its own efforts it supports the WHO in reaching its goals for con-communicable diseases. One of the main goals is to decrease mortality caused by these diseases by 25 percent by 2025. The CSF partook in NCD Alliance’s operations via the Finnish NCD Alliance.

NCU. The Nordic Cancer Union NCU has many important roles to the CSF. It funds joint Nordic strategically important cancer research projects. The CSF pays for Finland’s share of the funding. NCU’s support has also enabled the building of for instance the joint Nordic cancer registry web portal NORDCAN.

NCU also initiates and coordinated cancer associations’ shared ventures for cancer treatment and cancer prevention development. The Secretary General partakes in the Board’s activities and the CSF’s Chairman takes part in the annual general meeting.

NIASC. The CSF is part of the Nordic Information for Action eScience Center (NIASC) venture. Research Director Eero Pukkala acts as the Registry’s delegate.

NOCCA. The NOCCA-project that studied the connection between occupational exposure and the risk of cancer was finished in the spring of 2015. The venture will produce new research information at least during 2016 as well. In 2015 articles were published on restaurant workers’ risks of cancer, cancer risk caused by occupational magnetic field exposure (no connection), and on whether a parent’s exposures to pesticides causes cancer risk in their offspring (no connection).

NORDCAN. The NORDCAN web portal (www.ancr.nu) jointly set up by Nordic countries updated new information from year 2013 during summer 2015. Finland’s delegate was the Chief Medical Officer of the Finnish Cancer Registry.

NorTwinCan. A venture using twin registries of Finland, Sweden, Denmark and Norway is looking into the genetic and environmental factors as causes of cancer. A recent study showed that the genetic susceptibility is significantly large in breast cancer.

RARECAREnet. A joint European research collaboration of the burden of rare cancers in Europe (www.rarecarenet.eu/rarecarenet/) ended at the close of 2015.

UICC. The CSF was part of UICC’s new partnerships programme Together for Action for the second year. The programme aims at influencing global cancer prevention in many ways. The CSF decided to look into the possibility to start developing cancer registries of developing countries as a part of the partnership programme.

Other international activity. The Director, Communications and Foresight was a member of the Board of the International Cancer Information Service Group (ICISG) network. ICISG primarily comprises of UICC’s member associations, and brings together counselling and communications experts. It was founded in 1996. Its members are 70 counselling services from 35 countries.

The CSF partakes in supporting the international Framework Convention on Tobacco Control (FCTC) through memberships and is a member of the NGO alliance set up in connection of FTCT, the Framework Convention Alliance. The CSF experts monitored the Transatlantic Trade and Investment Partnership (TTIP) between the EU and the U.S. as European health organisations are deeply concerned that the partnership will strengthen the investment protection of the tobacco industry with special procedures.

We take part in several international associations that either directly or indirectly have to do with our operations.
GRANTS

FINLAND’S SLOT MACHINE ASSOCIATION’S GRANTS

The support of Finland’s Slot Machine Association Ray has an extremely significant and important role in funding CSF’s operations. During 2015 Ray supported the CSF and its member societies with a total of over 2.7 million euro. Ray directly supported eight regional cancer societies with a total of 674,000 euro and five national patient organisations with 485,000 euro.

Through the CSF, Ray supported its member societies’ adaptation training activities with 475,000 euro. The CSF received an additional 316,000-euro general grant for its operations, 38,000 euro for genetic counselling and 750,000 euro for the societies’ joint venture aiming to reduce and prevent cigarette smoking among young people.

THE CANCER SOCIETY OF FINLAND’S GRANTS

The Cancer Society of Finland’s Social committee supports impoverished cancer patients in manners stipulated in the Society’s rules. Grants are allotted based on applications that include a social worker’s statement.

In 2015 grants were given to 549 people, while 354 people received grants the previous year and 248 people were given grants in 2013. The grants were 300–700 euro. In 2015 the total sum given out in grants was 219,650 euro (157,850 euro in 2014).

The amount of applications has increased steeply during the past few years and the applicants’ financial situation seems to be worse than before.

The Cancer Foundation funded the support it gave to impoverished and destitute cancer patients in 2015 with donations it collected. In the beginning of 2016 the support function’s administration was made the Foundation’s responsibility by joint agreement between the Foundation and the CSF.

IT-MANAGEMENT

Tasks. The CSF’s IT-management is responsible for the society’s IT-solution services and it coordinates purchases and development projects related to the CSF’s IT-system. The majority of its services are aimed at the Finnish Cancer Registry’s registry operations and to supporting research activity. IT-management also takes care of the CSF and the Cancer Foundation’s IT-support.

Utilising and developing talent. The IT-management’s strategic policy is to use outside services to support the organisation when necessary. This enables the cost efficient and expert execution of challenging technical projects.

Developing Information Management. In the beginning of the year a system enabling VPN connections was ready to operate. The system makes completely mobile working possible and solves the maintenance of teleworkers’ workstations, which has been a problem in the past. Some of the Society’s portable computers are rarely brought into the CSF's facilities, which has meant that their secure maintenance has required special arrangements. Simultaneously the decision was made to gradually give up desktop computers through natural wastage and move on to use standardised model laptop computers. They have met end-user needs well and streamlined equipment maintenance.

Hosting services. An external web hotel has proven to be a good solution and its use was expanded on several www-pages during the year.

Email services. Microsoft approved the CSF’s application for the support model of non-profit organisations in early 2015. Through this the Society will in the future receive basic IT-infra services for free or for a very small cost.

In the spring the CSF terminated the use of its old email solution and moved to use the O365 cloud service. The change significantly improved the quality and reliability of email services.
FINANCE AND FUNDRAISING

Result of the fiscal period. The Society’s financial position was stable during the operational year. The operation’s profits and costs kept well within budget. Liquidity remained good. The revenue was 415,337,69 euro surplus (in 2014 the surplus was 719,646,15 euro). The CSF’s total profits were 9,026,958 euro (in 2014 total profits were 10,934,285 euro) and total costs 8,652,055 euro (in 2014 costs were 8,670,048 euro). The balance sheet has strengthened due to the revenue surplus of past years and gives a more stable financial foundation for the Society’s operations. It simultaneously decreases financial risk.

The financial processes’ continual development and clarity improved the management of units and functions, accomplishing profit responsibility, and financial monitoring. The project requirements of funders such as Ray, THL and the EU for clearly allotted costs and profits to operations they have funded has also been realised.

Invested assets. Invested assets were managed according to the CSF’s asset management plan made in 2013. The investment portfolio was managed by Nordea Investment Management Ltd. The portfolio’s profit in 2015 was 5.5 percent.

Legacy gifts. The CSF’s fundraising profits come from legacy gifts. In 2015 a total of 468,387 euro were received as legacy gifts (in 2014 legacy gifts were 2,526,586 euro). Of the legacy gifts 170,000 euro were moved to the balance sheet for future use due to the specific wish of the donor.

ADMINISTRATION AND STAFF

The CSF’s central office is in Helsinki. The Finnish Cancer Registry and the Mass Screening Registry which works in connection to it are both part of the CSF’s central office.

Oulu’s Pathology laboratory’s business was sold during summer 2015 and its staff moved on to the employment of the new owner.

PERSONNEL ISSUES

The central office’s organisation is depicted in appendix 1 as it will continue in 2016. In 2015 the central office was led by Secretary General Sakari Karjalainen. Chief Medical Officer Liisa Pylkkänen was head of the Health department until 1.8.2015, when she took part-time leave. Riikka Huovinen started as the Chief Medical Officer’s part-time substitute on 1.9.2015. Financial and Administration Manager Raija Stjernvall was head of the Finance and Administration department, which includes the Finance, Administration and Fundraising units. She also acted as the Secretary General’s deputy in finance and administration related issues. Communication Chief Kirsí Hakala led the Communication unit until 30.5.2015, after which Director, Communications and Foresight Satu Lipponen returned to lead the unit. IT-Chief Kaisu Perttilä continued as head of the IT-unit. Nea Mallia was Director of the Finnish Cancer Registry.

These directors and chiefs and the Chief Medical Officer, Health Promotion Eeva Ollila formed the Board in 2015. Auli Jaatinen acted as its Secretary. The Board met a total of 14 times during the year.

In addition to the aforementioned persons, the following individuals held managerial positions: Director of Screening, Mass Screening Registry Tytti Sarkeala, Chief Medical Officer Maarit Leinonen (on part-time leave from 1.10.2015 onward), Lead Statistician Janne Pitkäniemi, and Juho Nurmi who started as Actuary 1.11.2015.

Tuuli Lahti started work as Head of Fundraising on 1.2.2015 and Minna Heikkilä started work as Daily Communications Officer on 1.5.2015. They both work as supervisors. In the Finnish Cancer Registry supervisor responsibility was also held by Director for Research Eero Pukkala and Head of Research, Mass Screening Registry Ahti Anttila.

Staff. The CSF had 95 employees at the end of the year (in 2014 the staff head count was 89). 69 employees had permanent work agreements and 26 worked under a fixed-term contract. The names and responsibilities of the staff employed at the central office during 2015 are described in appendix 2.

At the end of the year 2015, 82 percent of the staff were female and 18 percent male. The staff’s average age was 46 years. The proportion of sickness leave of all work days was 5 percent.

Human Resource development continued. To strengthen supervisor work, HR-procedures were regularly discussed in supervisor meetings. They formed a basis for equal and common supervisor work and brought clarity, efficiency and transparency to daily operations. The supervisors held performance appraisal discussions with staff.
in the spring and follow-up discussions in the autumn.

An electronic working time tracking system was taken into use after a trial month in April. The system updated working hours’ management, eased its planning and monitoring and will be a useful tool for HR reporting.

Occupational health services were still taken care of by Mehiläinen Forum. The CSF’s occupational health services include statutory occupational health services, age-related health checks and also healthcare services provided by general physicians and when necessary two visits to a specialist per calendar year without a referral from the occupational health physician (gynaecologist, urologist, ophthalmologist). Additional visits to specialists were reimbursed only with a referral from the occupational health physician.

Personnel events. There were ten personnel events in the year. They all had a joint theme of current affairs and developing procedures in finance, personnel and general administration. In several events the ParTy-survey was used, as were its results and actions that followed. In addition, the Work committee and Board’s decisions were presented at the events, the financial statement, annual report, budget and operating plan were reviewed. On average two-thirds of the staff participated to the personnel events.

Developing work well-being. In March a survey was conducted to measure the work well-being of the entire staff, the Finnish Institute of Occupational Health’s ParTy survey, which 77 percent of the employees responded to. The responses were reviewed confidentially. The results were disseminated to the staff first in joint sessions and then in work groups arranged per unit.

The results were used to create a development plan for the central office. The plan was reviewed together with the staff. The central development issues brought up in the plan were improving supervisor work, improving collegiality, enhancing information flow, developing meetings, clarifying responsibilities and processes, commitment to shared rules and ensuring the peace to work. These themes are regularly reviewed in staff meetings, in workplace steward meetings, in occupational safety committee meetings, in supervisor meetings and in Board meetings.

Concrete actions carried out as a result of the survey by the end of the year included assessing the supervisors’ need for training and forming a training plan, the autumn follow-up discussions to performance appraisals, a guideline made by the occupational safety committee on giving feedback, swift reporting on workplace steward meetings, a meeting-free Friday and starting the documentation of process descriptions. In addition, a telework guideline was made for pilot year 2016.

Work on advancing the development plan continues in 2016 and a new ParTy survey is planned for autumn 2016.

An occupational well-being group comprising of employee and staff representatives took care of planning the staff’s well-being events during the operational year. The well-being day in the spring was spent in the cultural landscape of Tuusulanjärvi and the autumn excursion was made to Nuuksio. In addition, a Christmass party was arranged for the staff.

In spatial design special attention was paid to ergonomics and electronic tables were purchased for all employees.

Work well-being is also supported with exercise and culture vouchers. Each employee had the right to receive 500-euro worth of vouchers in 2015. The benefit is tax free.

The exercise club Syöpis liikkua set up by staff has coordinated the employees’ participation in different exercise events, such as the corporate marathon with two teams in May. Several staff members took part in the work commute bicycling challenge in the Syöpis polkee team both in the winter and in the summer. The bicycling challenge and exercise club are led by Jan Magnusson.

Occupational safety and health. The CSF’s Occupational Health and Safety committee includes, as Occupational Health and Safety Chief, Secretary General Sakari Karjalainen, Health and Safety Representative Anne Sköld, Deputy Health and Safety Representative Taina Hääkinen and Deputy Health and Safety Representative Tuija Seppänen.

The Occupational Health and Safety committee developed its job description and structure and dealt with the results of the ParTy survey and actions taken as a result. The committee invited Päivi Rauramo from the Centre for Occupational Safety (TTK) to lecture about advancing workplace well-being.

Workplace stewards. Daily Communications Officer Minna Heikkilä acted as workplace steward representing ERTO until 30.4.2015, after which Communications Officer Maarit Rautio started in the position. Researcher Maija Jantti started as an elected employee representative 24.4.2015. In the autumn active and regular interaction started between management and the stewards. Joint meetings dealt with for example the workplace well-being development plan, changes in the flexible working hours at the office and teleworking guidelines. The purpose of these meetings is to act as an official communication channel between management and staff and simultaneously add interaction.

Employee training. Employee training has been carried out in a manner fitting to the nature of the employee’s tasks and content of the work as agreed upon with each employee in performance appraisal discussions.

Administrative issues

Social responsibility actualisation. The CSF clearly defines its relationship with the tobacco, alcohol and pharmaceutical industries. The CSF does not cooperate with parties that receive funding from the tobacco or alcohol industries. The asset investment plan approved by the Board stipulates that no investments will be made into companies in these lines of business. Cooperation with the pharmaceutical industry is conducted with respect to the pharmaceutical industry’s own ethical rules regarding cooperation with patient organisations. The CSF can cooperate with pharmaceutical companies, as long as at least three pharmaceutical companies are in the cooperation.

The Cancer Society of Finland is a non-smoking workplace.

Sustainable development principles are abided by in procurements and operations.

The Cancer Foundation’s administration.

The Cancer Foundation does not have its own staff and hence the CSF’s employees take care of the foundation’s tasks. Docent, M.D. Sakari Karjalainen acts as the Foundation’s Secretary General.

Administration’s wage and employee costs amounting to 329 000 euro were transferred to the Foundation (in 2014 the amount was...
318,000 euro) and Fundraising’s wage and employee costs amounting to 292,202 euro (272,994 euro in 2014). The Cancer Foundation was invoiced according to the calculation principle confirmed by the Work committee in 2012 for the following work input of administrative staff: The Secretary General, Financial and Administration Manager, Accountant, Paymaster, Financial Planner, Administrative Assistant, Management Assistant, and Switchboard Operator. In addition, a small portion of the Chief Medical Officer and Director, Communications and Foresight’s workload was invoiced to the Foundation. The invoice includes wages, the 25 percent indirect employee costs and 30 percent general cost.

**Offices.** The CSF’s central office is located in Helsinki at Unioninkatu 22, in a building owned by Sponda. The office’s total surface area is 1,135 m². Situated at the central office are CSF’s management, Finance and Administration, Health department, Communication unit, IT-unit, and Fundraising unit as well as the Finnish Cancer Registry and the Mass Screening Registry that works in connection with it.

From an occupational health and safety perspective the office solution is a safe environment, and an appropriate and efficient use of space. The modern office can be easily altered to meet the needs of the CSF’s units.

**Application of the procurement law.** A bidding abiding by procurement legislation was arranged for the adaptation training supported by Ray funding and for the service purchases for the Nuotop venture. In general, all information management, communication and fundraising purchases and bought services are tendered.

**APPENDIX 1**

**ORGANISATION CHART OF THE CENTRAL OFFICE 31.12.2015**

We work in safe, suitable and efficient facilities.
APPENDIX 2
THE CSF’S PERSONNEL IN 2015

CENTRAL OFFICE

Secretary General Sakari Karjalainen
Management Assistant Auli Jaatinen
Special Expert Satu Lipponen → 31.5.2015
Association Secretary Carita Åkerblom 1.10.2015 →

EU’s Cancon venture’s secretary
Web Publicist Leena Vuorenmaa

IT-Unit
IT Manager Kaisu Pertiilä
IT-Planner Heini Aarela 25.5.–25.6.2015
IT-Planner Hilkka Laasanen
System Planner Jan Magnusson
IT-Expert Emil Martonen
System Planner Heidi Tjukanov 25.5.2015 →

Communication Unit
Director, Communications and Foresight Satu Lipponen 1.6.2015 →
Communication Chief Kirsi Hakala → 31.5.2015
Communications Officer Mirja Karlsson 20.1.2015 →
Communications Officer Anu Kytölä
Web Communications Officer Maija Luotonen
Communications Officer Maarit Rautio
Web Communication Chief Jaana Ruuth

Financial and Administration Unit
Chief Minna Heikkilä 15.3.2014 → (part of the work load in the Cancon-venture)
Office Secretary Tiina Ercan
Administrative Assistant Mirva Hatakka
Administrative Assistant Katja Koivunmaa → 28.2.2015
Accountant Anneli Kurppa
Paymaster Tuula Leinonen
Financial Planner Mona Väätö

Fundraising Unit
Fundraising Chief Tuuli Lahti, part-time
Contact Chief Kaija Laitinen, part-time
Marketing Trainee Anni Laurikka, part-time → 10.7.2015
Fundraising Planner Asta Merenmies
Marketing Assistant Minna Nikkilä, part-time → 5.10.–11.12.2015
Marketing Assistant Viola Nygren, part-time 1.5.2015 →
Marketing Planner Mari Saari
Fundraising Planner Carita Åkerblom → 30.9.2015

Health Department
Chief Medical Officer Liisa Pylkkänen, on part-time leave 1.8.2015 →
Chief Medical Officer Riikka Huovinen, part-time 1.9.2015 →

Counselling and Support Unit
Planner Paula Aarnio-Tervo, part-time → 30.6.2015
Association Coordinator Hannele Arvekari, part-time

Financial and Administration Department
Financial and Administration Manager Raija Stjernwall

Financial and Administration Unit
Chief Minna Heikkilä 15.3.2014 → (part of the work load in the Cancon-venture)
Office Secretary Tiina Ercan
Administrative Assistant Mirva Hatakka
Administrative Assistant Katja Koivunmaa → 28.2.2015
Accountant Anneli Kurppa
Paymaster Tuula Leinonen
Financial Planner Mona Väätö

Fundraising Unit
Fundraising Chief Tuuli Lahti, part-time
Contact Chief Kaija Laitinen, part-time
Marketing Trainee Anni Laurikka, part-time → 10.7.2015
Fundraising Planner Asta Merenmies
Marketing Assistant Minna Nikkilä, part-time → 5.10.–11.12.2015
Marketing Assistant Viola Nygren, part-time 1.5.2015 →
Marketing Planner Mari Saari
Fundraising Planner Carita Åkerblom → 30.9.2015

Health Department
Chief Medical Officer Liisa Pylkkänen, on part-time leave 1.8.2015 →
Chief Medical Officer Riikka Huovinen, part-time 1.9.2015 →

Counselling and Support Unit
Planner Paula Aarnio-Tervo, part-time → 30.6.2015
Association Coordinator Hannele Arvekari, part-time

Chief Counselling Nurse Taina Hakkinen
Counselling Nurse Marjatta Hakala, part-time
Counselling Nurse Virpi Halinen
Counselling Nurse Hannale Kuvaja
Counselling Nurse Sirpa Lehinen, part-time
Project Coordinator Tuire Muona (part of the work load in the health promotion unit)
Counselling Nurse Rain Liänsirva, part-time
Genetic Specialist Doctor Minna Pöyhönen, part-time
Counselling Nurse Sari Reinikainen
Researcher Minna Salakari, part-time
Screening Coordinator Anne Sköl (part of the work load in the Mass Screening Registry)
Project Coordinator Marika Sorvari

Health Promotion Unit
Chief Medical Officer Eeva Ollila
Special Expert Clarissa Bingham
Project Coordinator Lotta Laine
Development Chief Virve Laivisto
Project Coordinator Heidi Löfstrand-Kuusela
Special Expert Anne Puuronen, part-time 1.2.2015 →
Project Coordinator Sanna Ritola → 31.7.2015
Research Assistant Pekka Salminen 13.4.–10.7.2015
Development Chief Seppo Soine-Rajanummi 1.2.2015 →

Finnish Cancer Registry
Registry Director Nea Malila

Mass Screening Registry
Screening Operations Chief Tytti Sarkeala
Research Director Ahti Anttila

Screening Assistant Kaija Halonen
Senior Researcher Sirpa Heinävaara
Research Assistant Otte Heinävaara → 2.1.–31.1.2015
Research Assistant Teo Heinävaara 27.4.–21.8.2015
Researcher Sami Handeri
Research Assistant Emil Jäntti 1.6.–30.6.2015
Researcher Maija Jänntti
Thesis worker Liisa Karjalainen 12.1.–30.4.2015
Research Nurse Tiina Karhunen
Research Assistant Heidi Kosonen, part-time 9.2.–1.12.2015
Researcher Milla Lehtinen 4.5.2015 →
Researcher Laura Madanat-Harjua, part-time
Researcher Petra Makkonen 10.8.2015 →
Researcher Johanna Melin, part-time
Researcher Suvi Mäklin
Researcher Liisa Määttänen, part-time → 30.6.2015
Project Worker Tero Närvi → 31.3.2015
Researcher Maiju Pankakoski 1.2.2015 →
Notification Clerk Anni Pehkonen, part-time → 31.7.2015
Statistician Ilona Siljander 16.11.2015 →
Screening Services Chief Paivi Styrmann
Special Researcher Kirsi Talala
Chief Medical Officer Anni Virtanen, part-time 11.1.2015 →
Cancer Registry
Chief Medical Officer Maarit Leinonen, on part-time leave 1.10.2015 →
Statistics Director Janne Pitkäniemi
Senior Researcher Mia Artama 1.1.2015 →
Registry Assistant Henna Degerlund
Statistician Tiina Hakanen 1.10.2015 →
Research Assistant Nikolas Heikkinen, part-time
27.7.–21.8.2015
Researcher Sanna Heikkinen
Office Clerk Maili Huvilinna
Notification Clerk Tuija Korri
Researcher Tapio Luostarinen, on leave
1.1.2015 →
Registry Assistant Minna Merikivi
Statistics Clerk Joonas Miettinen 1.2.2015 →
Registry Assistant Susanna Mustonen
Consulting Pathologist Stig Nordling, part-time
Actuary Juho Nurmi 2.11.2015 →
Registry Assistant Annu Material
Actuary Irma Ovaska
Researcher Toni Patama, part-time
Registry Assistant Lotta Patrikka 2.11.2015 →
Notification Clerk Tea Piipponen
Research Director Eero Pukkala
Research Assistant Matti Rantanen
Statistician Trainee Heidi Ryynänen 1.6.2015 →
Researcher Karri Seppä
Administrative Secretary Tuija Seppänen
Researcher Viivi Seppänen 5.8.2015 →
Research Assistant Deependra Singh
Office Clerk Marja-Liisa Weckman

OUUL'S PATHOLOGY
LABORATORY UNTIL 31.7.2015

Department Nurse Irma Kostet
Office Clerk Marjatta Herola
Cleaner Ulla Hiltunen, part-time
Forensic pre-examiner Eija Juustila
Forensic pre-examiner Paula Kangas
Forensic pre-examiner Jaana Karjalainen
Forensic pre-examiner Eija Karppinen
Laboratory Assistant Outi Keränen, part-time
Office Clerk Vappu Kukkonen
Laboratory Analyst Riitta Kyölä
Bio-analyst Sanna Kärä
Laboratory Assistant Taina Lummi
Bio-analyst Päivi Nissinen
Bio-analyst Ritva Partanen
Office Clerk Sirpa Raudasooja
Bio-analyst Mari Sarpola
Office Clerk Anu Tuomala
Forensic pre-examiner Marjo Vikstrand
## APPENDIX 3

### INCOME STATEMENT

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<td>Expenses</td>
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<td><strong>Accounting period surplus</strong></td>
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### BALANCE SHEET (1 000 €)

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<td><strong>CAPITAL AND RESERVES</strong></td>
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<td>Other tied funds</td>
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<td>Deficit from previous accounting periods</td>
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<td>Surplus for the accounting period</td>
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<td><strong>TOTAL CAPITAL AND RESERVES</strong></td>
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<td><strong>LIABILITIES</strong></td>
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<td>Short term</td>
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<td>2 362</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>8 366</strong></td>
<td><strong>8 143</strong></td>
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</table>
A good life without cancer and despite cancer.