Registered Charity No. 298405. Inaugurated in 1988 by Diana, Princess of Wales in memory of Jean and Paul O’Gorman

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This report is available on our website at www.leukaemia.org.

CHILDREN with LEUKAEMIA around Britain

**KEY**
- Research facilities
- Research projects
- Welfare projects

1. Dr Rohan Maires, University of Glasgow. Determination of the monogenicity in murine haematopoietic progenitors of extremely low frequency electromagnetic fields and ionising radiation using microchipped analysers.
2. Paul O’Gorman Leukaemia Research Centre, University of Glasgow (due to open 2008).
3. Minimal residual disease study, Royal Hospital for Sick Children, Glasgow.
4. Young Oncology Unit, Christie Hospital, Manchester.
5. Paul O’Gorman Blood Laboratory, Wolfson Molecular Imaging Centre, University of Manchester.
6. Paul O’Gorman Molecular Diagnostic Laboratory, The Paixton Institute, Christie Hospital, Manchester.
7. DNA sequencer, Cancer Immunogenetics Laboratory, University of Manchester.
8. Dr Malcolm Taylor, University of Manchester. The role of HLA genes in protection from childhood leukaemia.
9. Dr Ketut Pati, MRC Laboratory of Molecular Biology, Cambridge. Identification and characterisation of novel genes that function in the Fanconi anaemia tumour suppressor pathway.
10. Abolish Philips, Cambridge. An exploitation of the possible causes of childhood leukaemia and other cancers.
13. Professor Denis Heresh, Human Radiation Effects Group, University of Bristol. Programme funding – studies into environmental risk factors for childhood leukaemia.
14. Minimal residual disease study, University of Bristol.
16. Professor Geoffrey Wright, University of Dundee Medical School. Investigations of microenvironmentally-mediated damage as a promotional factor in childhood leukaemia.
17. Northern Institute of Cancer Research, Paul O’Gorman Building, University of Newcastle upon Tyne.
18. Dr Tetsu Daki, University of Newcastle upon Tyne. Genes influencing body iron content and childhood leukaemia risk.
19. Professor Andrew Hall, University of Newcastle upon Tyne. Drug resistance in children with acute lymphoblastic leukaemia.
20. Dr Gordon Strathdee, University of Newcastle upon Tyne. Functional relevance of loss of Hox gene expression in childhood leukaemia.
21. Dr Richard Feltbower, University of Leeds. Does population mixing measure infectious exposure at the community level?
22. Minimal residual disease study, Sheffield Children’s Hospital.
27. Institute of Cancer Sciences, Paul O’Gorman Building, University College London.
28. Expansion of Haematology and Oncology Service, Great Ormond Street Hospital, London.
29. Paul O’Gorman Laboratory of Cellular Therapeutics, Royal Free Hospital, London.
30. Dr Owen Williams, Paul O’Gorman Leukaemia Research Centre, Institute of Child Health, London. The role of NBL in the molecular pathogenesis of infant and childhood leukaemia.
31. Minimal residual disease study, Barts and Royal London Hospital, London.
32. Paul’s House, University College London Hospital (due to open in 2008).
33. Professor Mel Greaves, Institute of Cancer Research, London. Collateral DNA damage as an indicator of prior aetiological exposures in infant leukaemia.
34. Professor Chris Boshoff, University College London Cancer Institute. Childhood cancer programme funding: 1) Shoc2 in basal-driven leukaemogenesis 2) Micro-RNA and sarcoma models, and 3) High content cell screening for signalling pathways.
35. The Variety Club of Great Britain, London. Paediatric Nursing Award Scheme, training grants to 28 nurses across the UK.
36. Dr Mike Murphy, Childhood Cancer Research Group, University of Oxford. Programme funding - studies into risk factors for childhood leukaemia.
37. Dr Mark Lovell, Paul O’Gorman Laboratory of Cellular Therapeutics, Royal Free Hospital. Project funding: TanK project.
2007 was our 20th year.

The past two decades have seen vast growth and achievement for the charity, making huge progress in the fight against leukaemia.

Since the beginning of the new millennium, much has changed. In 1999 we were still fighting the UK’s biggest child killer disease - today treatment has so advanced that more children than ever survive. But one thing hasn’t changed. We are still fighting the UK’s most common childhood cancer and despite our best efforts we still do not understand what causes children to develop the disease.

That’s why an increasing proportion of our expenditure will be focused on advancing our understanding of the causes and the potential for the prevention of childhood leukaemia.

We receive no government funding and rely on the public for support. We are no less determined today than we were 20 years ago. We want all children diagnosed with this killer disease to be cured and for the cure to be effected with minimum disruption to their lives.

Ultimately our aim is to understand what causes children to develop the disease, so that the increasing incidence of childhood leukaemia can be halted and reversed.

Eddie O’Gorman
Chairman of the Trustees

The charity began in 1988 in memory of Paul O’Gorman, who was 14 when he was diagnosed with leukaemia. His parents Eddie and Marion were shocked by the news. They were told, however, that his chances of survival were excellent as a suitable donor had been found for a bone marrow transplant.

While waiting for the operation, Paul contracted a virus and his condition deteriorated. In the hospital, Paul observed the tremendous suffering other children with leukaemia endured and how they managed to cope with great courage and determination.

Paul, pictured above, with his sister Jean, succumbed to the disease in February 1987, just nine weeks after his initial diagnosis.

Before his death, Paul begged his parents to help other children with leukaemia in the hope that some day a cure would be found.

His sister Jean immediately began a fundraising campaign to honour the promise to Paul but tragedy would strike the O’Gorman family again.

Just nine months after Paul’s death, and only days after the first major fundraising event, Jean died, also of cancer, in November 1987, aged 29.

Despite the loss of their beloved children, Eddie and Marion, along with family and friends, stayed committed to fulfilling Paul’s wish and continuing Jean’s work – to give children with leukaemia a better chance.

Just a week after Jean’s death, Eddie and Marion met Diana, Princess of Wales. Saddened and moved by their double tragedy, she personally helped start this charity, which she inaugurated in January 1988.

Princess Diana’s commitment did not stop there. She remained supportive of our work until her own untimely death in 1997.

The positive caring spirit of Paul and Jean and Princess Diana continues to inspire our work.
A year ago we set out goals for the following twelve months and on these pages we set out in summary how we have performed against each of them. These achievements are organised into groups, each headed by the wording of the relevant charitable object – the part of our constitution which sets out why we exist.

**Research – pages 6 to 13**
The promotion of research into the causes, alleviation, prevention and cure of childhood leukaemia and to publish the results of such research

In 2007, we planned further grants to fund the Minimal Residual Disease project for another year (see page 12) and to complete the funding of the Childhood Cancer Research Group’s epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk (see pages 6 and 7). Both were funded in full and we monitored these projects alongside our existing portfolio.

We also planned to grant £250,000 to the newly-formed Children’s Cancer and Leukaemia Group to fund clinical trials and in the event were able to award a grant of £600,000 (see page 13).

We prepared, as planned, to launch the next grants round for research into causes and developed the content of the 2008 conference on causation of childhood leukaemia, to be held at the Institute of Child Health, with Professor Eric Wright chairing both these initiatives. We also drafted our planned review of the scientific evidence linking exposure to infection and risk of childhood leukaemia and passed it out for review in good time for launch at our 2008 conference.

We monitored progress of the building of the new Paul O’Gorman Building at University College London (see pages 8 and 9) and exceeded our plan by granting over £1 million for a new programme of research to be carried out in the new labs (see pages 10 and 11). We aimed to establish a peer review process for programme grant renewals that met the highest standards of best practice and transparency. In the event we exceeded our expectation by accomplishing not only this but also by appointing a most distinguished Scientific Advisory Committee (see pages 10 and 11) and gaining admission to the National Cancer Research Institute.

In 2007, we aimed to raise a further £1 million for the expansion of the cancer wards at Great Ormond Street Hospital (see page 16), to grant £750,000 to the Paul O’Gorman Lifeline charity to fund another year of caring for children with leukaemia from Eastern Europe, to dispose of two redundant welfare facilities and to grant a further £900,000 to complete the funding needed for a new Paul’s House at University College London Hospital (see page 14). Despite only selling one of the two properties we were able to meet all these grant making targets and grant an additional year’s funding for Paul O’Gorman Lifeline (see page 14).

**Funding – pages 18 to 21**
None of this could be achieved without fundraising – our highest annual income ever was achieved through sound planning and the generosity and effort of countless supporters throughout the UK and beyond.

We planned to build the number of runners we recruit and support for marathons and we did so – increasing our income from this source to over £3 million for the first time (see page 19). We continued to promote committed giving to existing supporters increasing revenues by 16%. We added a further 60,000 to the number of children to have completed one of our longstanding Children’s Challenges (see page 15).

In 2007, we set out primarily to build towards our goal of securing a government ban on the building of new homes near high voltage overhead power lines.

With our support, both Dr Howard Stoate MP’s cross party inquiry on electric and magnetic fields (EMFs) and childhood leukaemia and the Stakeholders’ Advisory Group on ELF EMF (SAGE) (see page 17) published hugely influential reports and prompted Government to refer the matter to the Health Protection Agency. We also aimed to continue to represent the interests of children with leukaemia and their families by providing a voice on other relevant issues and we worked in partnership with our fellow members of the Cancer Campaign Group and as a member of the less common cancers group, Cancer 52. We also launched our new website as planned in April 2007 and maintained and developed the content with visitor numbers growing each quarter.

As you read through this annual report you will find in the bottom left hand corner of each page our objective for the year 2008. We expect our supporters to hold us to account for the return we achieve on their investment in us, whether it is of time or money.

You can keep up to date with our progress throughout the year at www.leukaemia.org.

The charity’s own programme of fundraising events was also once again sold out, complemented by a growing body of individuals and organisations now fundraising on our behalf (see page 21). Beyond our main strands of support, our new corporate partnership team rapidly expanded company support for our work (see page 20) and by mid year we succeeded in our goal of appointing a dedicated trust fundraiser to grow our income from foundations. And for the long term we made our first moves to promote legacy giving, not only to our existing supporters but also to the wider public as an additional means of supporting the charity.

www.leukaemia.org/what-we-do
In 2008, programme funding remains of crucial importance. Our human radiation effects programme at the University of Manchester is exploring ways of using the body’s own immune system to produce a vaccine against childhood leukaemia. Dr Taylor believes molecules on the white blood cells of certain children may be associated with protection from leukaemia.

Dr Taylor said: “I am hoping that the result of my work will be the development of a vaccine that enables a child’s immune system to recognise and destroy the cells that may develop into leukaemia.

“If we can use this to prevent children from ever developing leukaemia, this will save all of the pain and suffering. I’m sure that you will agree that will have achieved something amazing.”

Since 2006 we have granted Dr Taylor £129,063 to support his work.

www.leukaemia.org/what-we-do/fund-research
Our understanding of cancer, including leukaemia, is advancing year by year. As a result, the biology involved is becoming more and more sophisticated.

Today’s researchers need state-of-the-art laboratory environments if they are to continue making progress. That is why we provided £2 million towards the spectacular new building at University College London (UCL) which has become home to the UCL Cancer Institute.

And in recognition of the charity’s long-standing support of the project, UCL has named the new building after Paul O’Gorman. It was opened in September 2007, and became the eighth research facility in the UK to carry Paul’s name. The new Paul O’Gorman Building was designed by the world-renowned architects, Grimshaw, who were responsible for the Eden Project in Cornwall, and the Eurostar Terminal at Waterloo Station.

The new structure has been sympathetically incorporated into the historic buildings around it. Inside the building, the facilities are second-to-none. On each floor there are rows of fully air-conditioned laboratories, with separate areas at the front of the building for scientists to write up their findings. The work areas are sterile and enclosed where they have to be, and light and airy everywhere else.

The mission to attract some of the world’s leading researchers to the Institute is well underway. Ultimately the Paul O’Gorman Building will be home to more than 350 cancer scientists, part of whose research will be investigating childhood leukaemia.

Professor Chris Boshoff, who is Director of the UCL Cancer Institute, said: “Haematolymphoid oncology research will be one of the major themes in the new Institute, along with the study of other cancers in adolescents and young adults. Research will also focus on the causes and treatment of leukaemia in both children and in teenagers.”

UCL are confident that the Institute will make great progress in its new home.

Professor Ed Byrne, Dean of the UCL Faculty of Biomedical Sciences, said: "We have every expectation that the research conducted here will lead to significant advances within the field of cancer research."

www.leukaemia.org/what-we-do/fund-research

In 2008, our programme funding at University College London will continue with the review of the Institute of Child Health programme grant to be considered for a further four years’ funding.
Research at the cutting edge

**Our commitment to the Paul O’Gorman Building at University College London did not end with last year’s official opening.**

We believe this spectacular new facility should house one of the world’s finest teams of researchers. UCL Cancer Institute’s director Professor Chris Boshoff wants to ensure the work undertaken in the new building makes a real difference to our understanding and ability to treat various different types of cancer.

So we have committed a total of £1,006,808 towards three different strands of scientific research at the Institute. Our Scientific Advisory Committee believes the innovative work that is underway at the Cancer Institute could bring significant benefits to those children diagnosed with leukaemia in years to come.

The money is being used on these different projects:

- **Dr Pablo Rodriguez-Viciana** has been recruited from California to lead research into a gene that is implicated in around 50% of all cancers, including leukaemias. This ras oncogene is vital to growth in a foetus, but if triggered later in life can lead to cancer. It is found in normal cells where it works like a switch to relay messages. In many types of cancer, ras is mutated so that it is permanently switched on, leading to uncontrolled growth.
- **Dr Rodriguez-Viciana** has discovered a certain protein – called Shoc2 – that can interact with the ras signalling system and return growth to normal. The hope is to develop selective less toxic drugs that can stop cancer in its tracks, without the need for chemotherapy.
- **Professor Poul Sorensen** is one of the world’s leading experts on a particular type of cancer called sarcomas. He has discovered the genetic abnormality which can lead to an especially aggressive type of sarcoma in children, but he needs to understand better how this happens. He also wants to investigate why the cancer spreads around the body in some children, but not in others. Our money has also gone towards purchasing an RNAi library, which is a cutting edge resource that contains all the genes in the human body. It stores these genes in 90,000 vials, which can then be used in experiments to work out ways of disabling those genes that are triggering the unstoppable growth that leads to cancer.
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This programme of research was the first to be reviewed under the auspices of our new Scientific Advisory Committee, which is chaired by Professor Victor Hoffbrand.

We have been a member of the Association of Medical Research Charities (AMRC) since 2004. We operate a transparent, scientific grant-making process and we have always been able to call upon the expertise of our scientific advisory panellists.

Our new Scientific Advisory Committee now meets twice yearly to help the trustees direct our growing scientific research expenditure to where it will have the greatest impact.

**Our Scientific Advisory Committee**

- **Prof. Victor Hoffbrand**
  - DM, FRCP, FRCPath, DSc (Chairman)
  - Consultant haematologist, Royal Free Hospital, London.
- **Prof. Jillian Birch**
  - BSc, MSc, PhD
  - Epidemiologist, University of Manchester and Royal Manchester Children’s Hospital.
  - Professor Birch is involved in development of research programmes on cancer in children, teenagers and young adults at national and international level.
- **Prof. Alan Burnett**
  - MD ChB, FRCP, FRCPath, FMedSci
  - Professor of Haematology, head of department and Honorary Consultant Haematologist, University Hospital of Wales, Cardiff.
  - Professor Burnett is chair of the Haematology-Oncology Task Force of the British Committee for Standards in Haematology.
- **Dr Brenda Gibson**
  - MB ChB, FRCP, FRCPath, FRCPCH
  - Consultant Paediatric Haematologist, Royal Hospital for Sick Children, Glasgow.
  - Dr Gibson is currently the President of the British Society for Haematology.
  - Dr Gibson has contributed to several books, including ‘Cancer in Children: Clinical Management’.
- **Dr Nick Goulden**
  - MB ChB, MRCP, FRCPath, FRCPath, PhD
  - Consultant Haematologist, Royal Free Hospital, London.
  - Dr Goulden is the chief investigator of the next UK ALL trial, ALL 2009. He is also a member of the Childhood Cancer and Leukaemia Group and the European Study Group on MRD.
- **Prof. Mel Greaves**
  - PhD, MRCP, FMedSci, FRB
  - Professor of Cell Biology, Aetiology of Childhood Leukaemia Team, Institute of Cancer Research, London.
  - Professor Greaves is the author of several books, including ‘Cancer, The Evolutionary Legacy’, and the recipient of international awards such as the King Faisal International Prize for Medicine.
- **Prof. Alan Preece**
  - BSc, PhD, MInstRP, FIPERM, CPhys
  - Professor Emeritus, University of Bristol.
  - Professor Preece has worked on a wide range of cancer-related studies from diagnostic tests for cancer to therapies using ionising and non-ionising radiation and currently is researching microwave imaging of cancer.
- **Prof. Irene Roberts**
  - MD, FRCP, FRCPath, DRCOG
  - Professor of Paediatric Haematology, St Mary’s and Hammersmith Hospitals, Imperial College.
  - Professor Roberts has contributed to many important haematology texts and serves on the editorial board of the prestigious British Journal of Haematology.
- **Prof. Poul Sorensen**
  - MD, PhD, FRCP, Director Division of Tumour Genetics, Jocal Chair in Childhood Cancer Research.
  - Professor, Departments of Pathology and Paediatrics, Senior Scientist BC Cancer Research Institute and member of the Society for Paediatric Pathology, Childhood Cancer Group.
- **Prof. Eric Wright**
  - PhD, FRCP, FRSE
  - Professor of Experimental Haematology Division of Pathology & Neurosciences, Research Dean at Dundee’s Ninewells Hospital and Medical School and member of the Radiation and Cancer Biology Committee of the British Institute of Radiology.

In 2008, we will be seeking to fund more scientific initiatives that will advance our understanding of childhood leukaemia. We will run a conference into the causes and prevention of childhood leukaemia and we will advertise worldwide the next grants round in order to start to seek applications.

**www.leukaemia.org/what-we-do/fund-research**
Research

Treating the patient, not just the disease

When a child is diagnosed with leukaemia, the first step is to destroy the majority of the leukaemia cells in the bone marrow with chemotherapy. When the level of cancer cells in the marrow falls below an accepted level, the child is said to have achieved remission. However, every child will have some leukaemia cells left in their bones – their minimal residual disease (MRD) – and the amount varies from one child to the next. Often they are undetectable under a microscope. It may even be less than one leukaemia cell in 10,000 normal cells.

A new procedure has been developed which enables scientists to measure accurately the level of MRD in a child’s bone marrow, which is a good indicator of the risk of the child suffering a relapse. Scientists in Bristol, Glasgow, London and Sheffield led by Dr Nick Goulden of Great Ormond Street Hospital can now measure the level of MRD in bone marrow in children with acute lymphoblastic leukaemia (ALL).

Today a child’s dose of chemotherapy depends on their age. Dr Goulden and his colleagues Dr Jeremy Hancock of the University of Bristol and Professor Ajay Vora of Sheffield Children’s Hospital are establishing whether relapse can be avoided in children with a high level of MRD after the first stage of treatment by intensifying their chemotherapy. They believe children with a lower level of MRD can receive reduced doses of chemotherapy, to minimise the risk of potentially dangerous side-effects without compromising the chances of a cure.

Dr Goulden said: “We are trying to treat the patient, not just the disease.”

Four laboratories are part of a national clinical trial. All children diagnosed with ALL are being asked to participate. Samples are collected from the children at diagnosis and again at key points in treatment. The trial has been running for five years and more than 1,600 patients have been tested. So far, it is running smoothly. Some patients have received reduced chemotherapy, and those at higher risk have been given extended treatments. In the future Dr Goulden believes those at risk of relapse will be given a bone marrow transplant sooner in their treatment, increasing the likelihood of its success.

The team are adapting the MRD test so it can be applied to other childhood cancers. They have so far invested £2.7 million in this groundbreaking research. We hope the cost will be taken on by the NHS when the trial finishes in 2009.

Ben’s story

Ben Smith was seven when he was diagnosed with acute lymphoblastic leukaemia in March 2007. Ben’s mum Anita said: “Ben has been amazing throughout and is a true inspiration to us all. There have been some scares along the way but generally he copes well with the treatment, is rarely sick and goes to school on days he isn’t being treated. “We still have such a long way to go and life is often stressful and exhausting. Once we reach the maintenance blocks of chemo it will be the time to keep fingers and toes crossed as Ben is at a high risk of relapse. We just hope and pray it won’t come back.”

Bethan’s story

Bethan Ayliff was four years old when she was diagnosed with acute lymphoblastic leukaemia.

The chemotherapy was agony but after five weeks of treatment Bethan went into remission and, as the treatments decreased in intensity, she started to get back to her old self.

Although she achieved remission, the test of her minimal residual disease (MRD) revealed she was susceptible to relapse. Her doctors decided that she must complete the full two years of treatment as a precaution.

Bethan is five now and making great progress a year into her treatment. She started primary school last September and, although she misses school occasionally, she is carrying on as normal and enjoying herself.

In 2008, we aim to raise the remaining £311,294 for the final year grant toward the studies of MRD-based risk stratification and treatment of childhood ALL.

Children’s Cancer and Leukaemia Group

With various scientists undertaking different research all over Britain, it is vital there is someone to make sure the work is coordinated and cost effective.

In 2006 the Children’s Cancer and Leukaemia Group (CCLG) was formed, merging two professional bodies to create one single, coherent structure.

The Group’s main remit is the coordination of national and international clinical trials. We have joined forces with Cancer Research UK, Leukaemia Research, the Department of Health and the Medical Research Council to support data collection and trial management from 21 centres. Our commitment in 2007 was £600,000.
A haven for families in crisis

For parents with children undergoing treatment for leukaemia, one of the biggest problems is keeping the family together. Children can be admitted for months at a time for harsh chemotherapy, which puts an enormous strain on their families. Parents naturally want to remain near their child but can be forced either to pay for expensive accommodation, or face a long daily commute. Families are separated for long periods; finances are stretched to the limit. This just adds to the emotional stress of watching your child undergoing harrowing treatment, and the uncertainty over the future.

We believe it is vital to give families practical support during these immensely tough times. So we have granted £1.1 million towards the cost of Paul’s House, a new home-from-home for families of children being treated at University College London Hospital (UCLH), pictured right. Working alongside children’s cancer charity CLIC Sargent we hope the accommodation will keep families together during periods of treatment and reduce day-to-day difficulties.

With 15 spacious family rooms, it will offer somewhere for the whole family to stay for as long as necessary. They can relax and get a good night’s sleep, but are still close by if their child needs them in the night.

Saving lives, one at a time

Today in the UK four out of five children diagnosed with leukaemia will survive. However, this is not the case for children with the disease in poorer countries. For them, the diagnosis is nearly always a death sentence.

Less affluent countries just do not have the facilities or the budgets available to provide treatment and children are dying of a disease which may be curable.

Paul O’Gorman Lifeline has been running for 12 years, to fund treatment for impoverished, leukaemic children in Eastern Europe and Central Asia.

The medical costs of treating a single child in a Western hospital may be as much as £85,000.

Travel and accommodation expenses can push this up to well over £90,000. Last year we gave £1.5 million and over the last 12 years we have given £4.8 million.

In 2007 Lifeline helped 121 children who might otherwise have died. They are also involved in establishing stem cell transplant centres in St Petersburg (Russia) and Kiev (Ukraine).

One amazing party

We try to bring some fun to children whose young lives are not as carefree as they should be.

Every year since we began we have held a wonderful children’s summer party, known as the Amazing Great Children’s Party.

In July 2007 we invited around 6,000 deserving children. Some of them are leukaemia patients who are well enough for a day out. Many bring along their brothers and sisters, and to make sure it really is the most enormous party we also invite children whose lives have been made difficult by illness, disability or problems in the family.

With the help and support of many volunteers and sponsors, the children have the best day possible, complete with marvellous magicians, fantastic face-painters, fabulous food, rollicking rides and a star-studded stage show.

Children’s challenges

Since our Children’s Marathon Challenge was launched in 2002, we have been overwhelmed by the fabulous efforts of the schools, guides units, scout sections and youth groups across the country who have taken part. In 2005 we introduced a new event: Cheeky Monkey’s Marathon Challenge. Just like the Children’s Marathon Challenge, children can do any activity based around the number 26 (the number of whole miles in a marathon) – just so long as it’s a little bit cheeky and lots of fun!

So far almost 600,000 children have completed their challenge, raising sponsorship from family and friends totalling a staggering £9 million for their schools and groups and for CHILDREN with LEUKAEMIA. As well as making a vital contribution to our research work, the event has helped to raise awareness and understanding of childhood leukaemia amongst school children across the country, which is so important to children suffering from the disease.

www.leukaemia.org/what-we-do/fund-welfare
Vital upgrade is underway

One of the busiest hospitals treating children with leukaemia in the UK is Great Ormond Street Hospital for Children in London. The cancer unit there treats one in every 10 children diagnosed with cancer in the UK, and they see every child under the age of one year from the South of England who has been diagnosed with cancer. Roughly half of these children have leukaemia.

The department however faces new challenges. In 2006 they were told that the children’s cancer, including leukaemia, services at Barts and the London NHS Trust were to close.

As a result, the team at Great Ormond Street faced a 61% increase in the number of cancer patients referred to them.

What was required was a complete overhaul of the two wards where the in-patients are treated, and a new day care unit.

One of our biggest undertakings is to pay for half the £4.9 million cost of updating and expanding these wards.

And at the end of 2007 we had granted £2 million of the £2.4 million we have promised. This will allow more children to receive the very best treatment in the very best surroundings.

The first phase of the work was almost completed by the end of 2007.

The second phase is the creation of a new 17-bed in-patient oncology ward, to complement the 20 beds currently available.

The expansion of services will also benefit the hospital’s research programme at the Institute of Child Health.

The increased number of patients will enable them to progress their research into the prevention and cure of leukaemia.

In July 2007, a group of five MPs (the Cross-Party Inquiry into Childhood Leukaemia and EMF) also published their report. The Chairman of the Inquiry, Dr Howard Stoate MP, along with Dr Ian Gibson MP, Sandra Gidley MP, Nick Hurd MP and Michael Connarty MP, recommended that the Government introduce a ban on building new homes and schools within at least 60 metres of the highest voltage power lines to protect children from an increased risk of leukaemia.

In the same month, an Early Day Motion tabled by the members of the Cross-Party Inquiry was signed by 76 MPs. It also called for a building moratorium.

The Department of Health referred the SAGE report to the Health Protection Agency (HPA). In October 2007, the HPA issued guidance on the SAGE Report and on the Cross-Party Inquiry Report.

The HPA recommended that the Government draw the attention of local authority planning departments ‘to the evidence for a possible small increase in childhood leukaemia’ from houses and schools near high voltage power lines.

We will carry on campaigning to ensure that the Government brings forward substantive measures to protect children from an increased risk of leukaemia.

In 2008, we will seek to ensure that momentum is not lost by aiming to get amendments put down to the Energy Bill, the Planning Bill and the Housing and Regeneration Bill and by continuing to ensure that questions are raised in parliament.

www.leukaemia.org/what-we-do/campaigning
Fundraising

Thanks a million!

Our army of supporters is growing. Hundreds of thousands of people supported the charity in 2007, from all walks of life, from children to grandparents, from all over the UK. Together they raised millions of pounds to support our life-saving work.

And we are coming up with more and more ways for people to become involved. We have a range of activities and fundraising schemes that can be tailored to suit everyone.

We have one of the largest teams of runners in the Flora London Marathon, and that provides the inspiration for some of our children’s fundraising ideas.

Throughout the year we host events and parties that allow people to do something they enjoy, while at the same time raising money for our cause.

Groups and individuals are forever dreaming up new ways to raise funds, whether it is climbing a mountain, or dressing up in silly clothes, or perhaps even both.

We also have long-standing relationships with celebrities, who are only too happy to give their time to help out. And we enjoy mutually beneficial partnerships with businesses, both big and small. Every single penny raised is important to us. And we want to give heartfelt thanks to every single person who gives their support.

Every single donation we receive, no matter how big or small, helps us to do more.

More than a third of our income is generated by postal appeals, and the total in 2007 amounted to £5.6 million.

These appeals would not be possible without the help of many celebrity friends, and we greatly appreciate their support.

In 2007 our Summer and Christmas Grand Draws were headed by Bruce Forsyth and Des O’Connor, while our Spring and Amazing Great Children’s Party appeals were headed by Kevin Whatley and Phillip Schofield.

In 2008, we aim to take our all time income total through the £100 million barrier.

Heartfelt thanks to everyone in our Mr Men and Little Miss Team for raising a record-breaking £3 million in 2007

Nearly a quarter of our income is generated by runners who so generously choose to support our cause.

In 2007, we fielded our largest team yet in the Flora London Marathon, with more than 1,275 runners who broke our record by raising £2.2 million. Each sported their distinctive Mr Happy and Mr Tickle running vests, only made possible by the generous support we receive from Chorion plc. We also fielded the largest UK charity team ever to take part in the ING New York City Marathon, with 350 runners raising another record-breaking amount of £400,000 for the event.

In addition, we continue to grow our participation in other running events such as the BUPA Great North Run, where we had a team of over 1,250 runners raising in excess of £400,000 and the Hydro Active Women’s Challenge with our team of 300 ladies.

Our running vests have also been sported by hundreds of runners taking part in additional events, ranging from 3k fun runs to ultra-marathons, both nationally and internationally.

We are enormously proud of all our runners and extremely grateful for their commitment and determination as well as the generosity and enthusiasm of their supporters.

www.leukaemia.org/what-you-can-do
Corporate partners

Our commitment to improving the treatment and understanding of childhood leukaemia is shared by thousands of corporate supporters and hundreds of thousands of their customers.

In 2007 we joined forces with the Hilton in the Community Foundation to ask Hilton Hotel guests across the UK to pay an extra pound on their bills to support our work.

The campaign, which was headed by our trustee, TV star Linda Robson and three-year-old leukaemia survivor Louisa Buttery, is targeting to raise well over £100,000 towards our 2008 corporate fundraising total.

PricewaterhouseCoopers' Plumtree Court office took part in a number of fundraising events in 2007. Most notably a brave team of 12 cyclists rode from London to Paris. In total over £17,000 was raised in the year.

Small Luxury Hotels of the World is an exclusive collection of over 400 independent luxury hotels in 65 countries around the world. They have provided countless free nights for prizes at our fundraising events, and in 2007 these raised almost £15,000.

Dunelm Mill, the UK’s leading independent home furnishings retailer, kindly supported us as their Charity of the Year in 2006/2007. Staff in stores nationwide took part in a variety of terrific fundraising activities, including a ‘Friends and Family’ evening and the sale of Mr Men and Little Miss zip pulls, raising a total of over £33,000.

JMD Specialist Insurance Services organised their second annual Quiz Party at the Tower, hosted by Jeremy Beadle, for friends and colleagues in the Insurance Industry, raising almost £39,000.

Staff at the Bank of Ireland UK Global Markets offices raised £36,000 in 2007 with their ‘London to Belfast Challenge’. Two teams took turns on static bikes and rowing machines to cover the 470 mile distance between the London, Bristol and Belfast offices.

We were delighted to receive a £10,000 donation from the Royal Bank of Scotland Group’s Children’s Charity Awards in association with the Daily Mail. We also continued to receive support throughout the year from various staff fundraising activities at RBS Insurance locations across the UK.

None of the work we do would be possible without the support we receive from hundreds of thousands of people across the UK.

Individuals, groups and companies go to incredible lengths to raise funds for our work.

Swimmers Dave and Anita Moore, Kristi-Anna Moore, Vickie Palmer and Rory Jewell in the space of two weeks in the summer swam a total of 52 miles in 107 different swimming pools across the UK. They travelled from Inverness to Land’s End and raised over £10,000.

Sales director John Clougherty took up boxing as part of the Square Up In The City event in London and raised over £5,000.

Student James Fraser got on his bike to raise more than £2,000 by cycling 7,544 miles from London to Beijing.

We are also greatly indebted to groups such as SACA, who chose us to be the beneficiary of their annual Birmingham to London cycle race, which has so far raised over £24,000.

Grandmother Linda Jones trekked to Machu Picchu in Peru to raise over £3,000.

We also benefit from a range of highly successful fundraising events throughout the year.

The biggest night of 2007 was the Paul O’Gorman Banquet and Ball in November, when Madness entertained an audience of 1,100 partygoers. Altogether the night raised £311,000.

Jeremy Beadle hosted his Quiz Party in April, which sadly proved to be his last, and the fantastic event raised £133,000.

With the help of our dedicated Opera at Syon Committee, we also held two opera evenings in the Great Conservatory at Syon House in West London, which raised £37,000 and the Captains’ Cup golf tournament at Wentworth, hosted by former Ryder Cup captain Bernard Gallacher, which raised £90,000.

In February, at Sandown Park Race Course, our dedicated supporter, Caroline Randerson held her 19th annual ball raising £37,000. Together, with her husband Martin, Caroline has now raised over £400,000 for the charity. In 2008, Caroline plans to hold her 20th annual ball in Marbella, Spain.

www.leukaemia.org/what-you-can-do
Structure, governance and management

Governing documents
These accounts are for CHILDREN with LEUKAEMIA and its subsidiaries, the Foundation for Children with Leukaemia (the Foundation) and the Children's Trust and Helpings Children with Leukaemia Limited. CHILDREN with LEUKAEMIA is the registered working name of Children with Cancer UK, the reporting charity.

CHILDREN with LEUKAEMIA is a company limited by guarantee and operates under its Memorandum and Articles of Association dated 11th November 2003 as amended by special or written resolutions, dated 30th November 2004, 23rd December 2006 and 12th May 2007. On 14th May 2007 the reporting charity changed its name from Children with Leukaemia UK to Children with Cancer UK. The Foundation operates under its Trust Deed (dated 4th January 1988) and Variation of Trust Deed (dated 10th December 2003).

Objects
The objects of CHILDREN with LEUKAEMIA, as set out in the governing documents at the start of the year were:
- the relief of children suffering with leukaemia;
- to raise public awareness and knowledge in matters relating to childhood leukaemia;
- the promotion of research into the causes, alleviation, prevention and cure of childhood leukaemia and to publish the results of such research.

The objects were amended by written resolution on 12th May 2007 and the new objects from that date onward are shown below:
- to promote the relief of children and young people suffering from leukaemia or any other form of cancer (and allied disorders) and of their families;
- to raise public awareness and knowledge in matters relating to leukaemia or any other form of cancer (and allied disorders) affecting children and young people;
- to promote research into the causes, alleviation, prevention, treatment and cure of leukaemia or any other form of cancer (and allied disorders) affecting children and young people and to publish the results of such research.

Trustee Board
The governing body of the reporting charity is the Trustee Board, which has a current total of six members. It meets at least three times a year together with the Chief Executive and Deputy Chief Executive.

Trustee appointment and induction
There were no new appointments to the Trustee Board in 2007 (no new Trustee appointment and induction).

Management
The Trustees exercise executive responsibility for the governance of the Charity and through the Chairman supervise the management of the Charity (salaried). The Chief Executive and Deputy Chief Executive also task the Board with decision-making on some strategic management issues as appropriate.

Reserves
The Trustees have adopted a reserves policy which they consider appropriate to ensure the continued ability of the Charity to meet its objectives. The Trustees have reviewed their reserves policy during the course of the year and agreed to continue to aim to find a balance between maximising charitable work and the need for provision for contingencies. Consideration was given to assessing the risk, probability and likely impact on the Charity’s ability to meet its financial obligations and reduce expenditure following any short-term decline in income.

The Charity has a very low ongoing cost base. The Trustees feel it is sufficient to maintain an unrestricted reserve of between two and four months’ expenditure in the reporting year, with the majority of the reserve being held at the lower end of the range. Free reserves at 31st December 2007, equal to the total of unrestricted funds excluding tangible fixed assets, amounted £3.2m (2006: £2.9m), which represents 13 weeks of unrestricted reserves expanded during 2007 (2006: 14 weeks) and therefore meets the policy requirement.

Investments
The Memorandum of Association allows the Charity to deposit or invest funds in any manner but to invest only after obtaining such advice from a financial expert as the Trustees consider necessary and having regard to the suitability of investments and the need for diversification.

The Charity recognises that it must have enough resources to carry out its present and future activities effectively. Therefore the Trustees have agreed to hold sufficient cash levels, invested only on short term deposits, to meet fluctuating needs. It is felt that this amount of cash should be in line with the level of reserves.

Risk reviews were carried out in 2004 by the Charity’s internal auditors, Sayer Vincent, in 2005 by the Charity’s external auditors, Deloitte, and in 2006 and 2007 by the Charity’s legal advisors, Stone King. An ongoing risk review is being maintained to help identify potential risks which could have a critical impact and to enable further risk management to be introduced.

Related Parties
During 2007, an internal conflicts of interest register was set up based on declaration of interests forms completed by all trustees and senior management. The register is reviewed annually and the Chair offers an induction day to all Trustees which provides full information about the operations of the Charity.

Statement of Trustees’ responsibilities for the financial statements
UK company and charity law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the Charity’s incoming resources and application of resources during the year and of its state of affairs at the end of the year. In preparing those financial statements the Trustees are required to:
- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether appropriate accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Trustees as directors are responsible for keeping proper accounting records and a system of internal control in order to make himself/herself aware of any relevant audit information and to establish that the company’s auditors are aware of that information.

Each of the persons who is a director at the date of approval of this report confirms that:
- so far as the director is aware, there is no relevant audit information of which the company’s auditors are unaware; and
- the director has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the company’s auditors are aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s234ZA of the Companies Act 1985.

Approved by the Board and signed on its behalf on 8th May 2008 by

Eddie O’Gorman
Chairman of Trustees
**Independent auditors' report**

We have audited the group and parent charitable company financial statements (the “financial statements”) of Children with Cancer UK for the year ended 31 December 2007 which comprise the consolidated statement of financial activities, the balance sheets, the consolidated cash flow statement and the related notes 1 to 20. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the charitable company’s members as a body and the shareholders of the charitable company, in accordance with section 236 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the charitable company’s members those matters we are required to state to them in an auditors’ report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company’s members as a body, for our audit work, for this report, or for the opinions we have formed.

**Respective responsibilities of trustees and auditors**

The responsibilities of the trustees (who are also the directors of the charity for the purposes of company law) for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statements of Trustees’ Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We conducted our audit in accordance with International Standards on Auditing, that is set forth in International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. An audit also includes assessing the significance of misstatements in the financial statements, and whether the amount of the misstatement is material.

In our opinion:

- the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the group’s and the parent charitable company’s affairs as at 8 May 2008 and of the group’s incoming resources and application of resources, including its income and expenditure, for the year then ended;
- the financial statements have been properly prepared in accordance with the Companies Act 1985;
- the information given in the Trustees’ Report is consistent with the financial statements.

In addition we report to you if, in our opinion, the charitable company has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustees’ remuneration and other transactions is not disclosed.

We read the other information contained in the Annual Report as described in the contents section, and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any further information outside the Annual Report.

**Basis of audit opinion**

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the group’s and charitable company’s circumstances, consistently applied and adequately disclosed.

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

**Opinion**

In our opinion:

- the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the group’s and the parent charitable company’s affairs as at 8 May 2008 and of the group’s incoming resources and application of resources, including its income and expenditure, for the year then ended;
- the financial statements have been properly prepared in accordance with the Companies Act 1985;
- the information given in the Trustees’ Report is consistent with the financial statements.

**CHILDREN with LEUKAEMIA**

Registered Charity No. 298405. Inaugurated in 1988 by Diana, Princess of Wales in memory of Paul O’Gorman.
Consolidated statement of financial activities for the year ended 31 December 2007 (incorporating income and expenditure account)

Incoming resources

<table>
<thead>
<tr>
<th>Note</th>
<th>Income from generated funds</th>
<th>Total unrestricted funds £</th>
<th>Total unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary income</td>
<td>Appeals and associated donations -</td>
<td>4,864,010</td>
<td>4,864,010</td>
<td>4,562,867</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Committed giving -</td>
<td>955,217</td>
<td>955,217</td>
<td>821,756</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schools and children’s groups fundraising -</td>
<td>768,918</td>
<td>768,918</td>
<td>1,146,847</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Running events -</td>
<td>3,171,244</td>
<td>3,171,244</td>
<td>2,711,243</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community fundraising -</td>
<td>489,764</td>
<td>489,764</td>
<td>457,605</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corporate and trust donations 14</td>
<td>308,500</td>
<td>498,706</td>
<td>807,206</td>
<td>750,399</td>
</tr>
<tr>
<td></td>
<td>Legacies -</td>
<td>425,871</td>
<td>425,871</td>
<td>317,863</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other 2 -</td>
<td>600,000</td>
<td>600,000</td>
<td>700,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total incoming resources</td>
<td>308,500</td>
<td>11,713,720</td>
<td>12,082,230</td>
<td>11,468,580</td>
</tr>
</tbody>
</table>

Activities for generating voluntary income

| Income from generated voluntary income | Voluntary income | Appeals and associated donations - | 4,864,010 | 4,864,010 | 4,562,867 |
| | Running events | 3,171,244 | 3,171,244 | 2,711,243 |
| | Community fundraising | 489,764 | 489,764 | 457,605 |
| | Corporate and trust donations | 308,500 | 498,706 | 807,206 | 750,399 |
| | Legacies | 425,871 | 425,871 | 317,863 |
| | Other | 600,000 | 600,000 | 700,000 |
| | Total incoming resources | 308,500 | 12,806,754 | 13,115,254 | 12,418,290 |

Resources expended

| Expenses | Costs of generating funds | Costs of generating voluntary income - | 1,729,849 | 1,729,849 | 1,457,159 |
| | Costs of special events and trading - | 205,348 | 205,348 | 178,601 |
| | Research into Prevention & Causes 6,000 | 1,742,912 | 1,748,912 | 2,430,425 |
| | Research into Treatment 302,000 | 3,641,986 | 3,943,986 | 3,178,568 |
| | Welfare - | 4,279,529 | 4,279,529 | 2,875,668 |
| | Education - | 841,181 | 841,181 | 736,394 |
| | Governance costs - | 64,038 | 64,038 | 54,870 |
| | Total resources expended | 308,000 | 12,504,843 | 12,812,843 | 10,911,680 |

Net incoming resources before transfers

| Gross transfers between funds 14 | (500) | 500 | - | - |
| | Net movement in funds - | 302,411 | 302,411 | 1,506,610 |
| | Funds at the start of the year - | 3,581,805 | 3,581,805 | 2,075,195 |
| | Funds at the end of the year - | 3,884,216 | 3,884,216 | 3,581,805 |

Net incoming resources before transfers

| Gross transfers between funds | 500 | 500 | - | - |
| | Net movement in funds | 302,411 | 302,411 | 1,506,610 |
| | Funds at the start of the year | 3,581,805 | 3,581,805 | 2,075,195 |
| | Funds at the end of the year | 3,884,216 | 3,884,216 | 3,581,805 |

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 14 to the financial statements. The notes on pages 29 to 31 form part of these financial statements.
Consolidated cash flow statement for the year ended 31 December 2007

<table>
<thead>
<tr>
<th>Note</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash inflow from operating activities</td>
<td>£883,319</td>
<td>£859,101</td>
</tr>
<tr>
<td>Investment income</td>
<td>351,441</td>
<td>216,602</td>
</tr>
<tr>
<td>Proceeds from disposal of fixed assets</td>
<td>565,000</td>
<td>-</td>
</tr>
<tr>
<td>Management of liquid resources - increase in current asset investments</td>
<td>1,630,581</td>
<td>(1,250,000)</td>
</tr>
<tr>
<td>Increase / (decrease) in cash</td>
<td>169,179</td>
<td>(174,297)</td>
</tr>
</tbody>
</table>

The notes to the cash flow statement are summarised below.

- a) Reconciliation of changes in resources
  - Net cash inflow from operating activities £883,319
  - Net cash inflow from operating activities £859,101
  - Investment income £351,441
  - Proceeds from disposal of fixed assets £565,000
  - Management of liquid resources - increase in current asset investments £1,630,581
  - Increase / (decrease) in cash £169,179

- b) Analysis of net funds
  - 1 January 2007 Cashflow £648,041
  - 31 December 2007 Cashflow £169,179
  - 31 December 2007 Cashflow £817,220

<table>
<thead>
<tr>
<th>Group</th>
<th>Total funds</th>
<th>Unrestricted funds</th>
<th>Restricted funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total unrestricted</td>
<td>6,416,957</td>
<td>£111,330</td>
<td>£6,305,627</td>
</tr>
<tr>
<td>Total restricted</td>
<td>1,914,477</td>
<td>£0</td>
<td>£1,914,477</td>
</tr>
<tr>
<td>Total net current assets</td>
<td>£4,502,480</td>
<td>£111,330</td>
<td>£4,391,157</td>
</tr>
<tr>
<td>Creditors (more than one year)</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Current assets at the end of the year</td>
<td>£4,502,480</td>
<td>£111,330</td>
<td>£4,391,157</td>
</tr>
</tbody>
</table>

14. Statement of funds

<table>
<thead>
<tr>
<th>Item</th>
<th>2007</th>
<th>2006</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outgoing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income (excluding capital gains)</td>
<td>25,867,280</td>
<td>13,900,744</td>
<td>12,801,123</td>
<td>14,233,673</td>
</tr>
<tr>
<td>Capital gains</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Total</td>
<td>25,867,280</td>
<td>13,900,744</td>
<td>12,801,123</td>
<td>14,233,673</td>
</tr>
<tr>
<td>Less: Expenditure</td>
<td>22,451,689</td>
<td>12,342,000</td>
<td>11,311,984</td>
<td>12,321,733</td>
</tr>
<tr>
<td>Total</td>
<td>3,415,591</td>
<td>1,558,744</td>
<td>1,489,139</td>
<td>1,911,940</td>
</tr>
<tr>
<td>Net assets at the end of the year</td>
<td>3,884,215</td>
<td>£111,330</td>
<td>3,581,805</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Item</th>
<th>2007</th>
<th>2006</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>£838,662</td>
<td>£664,937</td>
<td>£586,642</td>
<td>£576,437</td>
</tr>
<tr>
<td>National insurance</td>
<td>£97,061</td>
<td>£124,204</td>
<td>£129,958</td>
<td>£152,156</td>
</tr>
<tr>
<td>Pension</td>
<td>£1,922,978</td>
<td>£1,066,411</td>
<td>£1,091,058</td>
<td>£1,156,958</td>
</tr>
<tr>
<td>Total</td>
<td>£2,858,699</td>
<td>£2,811,596</td>
<td>£2,899,568</td>
<td>£2,891,551</td>
</tr>
</tbody>
</table>

16. Capital commitments

<table>
<thead>
<tr>
<th>Item</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total commitments</td>
<td>£23,000,000</td>
<td>£23,000,000</td>
</tr>
<tr>
<td>Unrestricted (2007)</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Restricted (2007)</td>
<td>£0</td>
<td>£0</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Item</th>
<th>2007</th>
<th>2006</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary shares (at par)</td>
<td>1,500,279</td>
<td>750,536</td>
<td>750,536</td>
<td>750,536</td>
</tr>
<tr>
<td>Warrants</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
</tr>
</tbody>
</table>

18. Related parties
during the year, the company incurred a total expenditure of £15,006 on behalf of Childhood Leukaemia with accepted an income of £1,009 from the company, helping Childhood Leukaemia with plans for their £1,009 which was paid in cash during 2007. Therefore the TCF was transferred from restricted to unrestricted funds in 2007.

19. Related parties
during the year, the company incurred a total expenditure of £15,006 on behalf of Childhood Leukaemia with accepted an income of £1,009 from the company, helping Childhood Leukaemia with plans for their £1,009 which was paid in cash during 2007. Therefore the TCF was transferred from restricted to unrestricted funds in 2007.

20. Grants to third parties

<table>
<thead>
<tr>
<th>Grant type</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research into Prevention &amp; Treatment</td>
<td>£605,489</td>
<td>£1,507,148</td>
</tr>
<tr>
<td>Research into Treatment</td>
<td>£2,836,263</td>
<td>£2,336,136</td>
</tr>
<tr>
<td>Welfare</td>
<td>£2,161,279</td>
<td>£845,536</td>
</tr>
</tbody>
</table>

21. Tangible fixed assets

<table>
<thead>
<tr>
<th>Item</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold land and buildings</td>
<td>£8,210,000</td>
<td>£7,432,892</td>
</tr>
</tbody>
</table>

22. Financial information

<table>
<thead>
<tr>
<th>Item</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets</td>
<td>£25,969,192</td>
<td>£23,971,418</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>£23,352,642</td>
<td>£22,878,482</td>
</tr>
<tr>
<td>Net assets</td>
<td>£2,616,549</td>
<td>£1,092,936</td>
</tr>
</tbody>
</table>


CHILDREN with LEUKAEMIA is very fortunate to receive the support of so many dedicated individuals and organisations who devote vast amounts of time and energy to our cause.

We are grateful to the many celebrity friends who support our work in numerous ways. Once again, we are grateful to Linda Robson, who gives a substantial amount of her time to the charity and became a Trustee in 2005. We would also like to thank Sandy Lyle, who hosts the Captains’ Cup Tournament, Bernard Gallacher for supporting the Captains’ Cup Tournament in 2007 and Bruce Forsyth, Des O’Connor, Phillip Schofield and Kevin Whately, who headed our postal appeals in 2007.

All of our scientific advisers and the members of our grants panels voluntarily give their time to help ensure that we fund the very best science. We would particularly like to thank the Chair of our Scientific Advisory Committee, Professor Victor Hoffbrand; Professor Eric G. Wright for chairing the organising committee for our second CHILDREN with LEUKAEMIA conference at the Institute of Child Health and Professor Mel Greaves for heading our scientific postal appeal.

We would like to thank the members of the Cross-Party Inquiry into Childhood Leukaemia and Electric and Magnetic Fields for all their work in raising awareness of this important issue in Parliament: Dr Howard Stoate MP (Chair), Michael Connarty MP, Dr Ian Gibson MP, Sandra Gidley MP and Nick Hurst MP. We would also like to thank all the members of the Stakeholder Advisory Group of ELF EMF (SAGE), especially George Hooker, Department of Health and John Swanson, National Grid.

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The charity is fortunate to receive the support of a number of volunteers who regularly give up their time to help in the office. In particular we would like to thank Rob Beilen, Stuart Fadden, Jane Keating and Carol Spraggs.

Once again, more than 1,000 volunteers helped make the Amazing Great Children’s Party in July a resounding success. We are especially grateful to Hugo Amaya-Torres for continuing as Chairman of the Party Committee and to all of the Committee members who give up so much time to support the event. Special thanks go to Richard Lewis, Clive Mascord, J.J. Plunkett and Peter Snell. Thanks also to the Variety Club of Great Britain for inviting the children and organising their transport and to all the many suppliers who donate goods and services on the day.

A huge and heartfelt thank you to all our Mr. Men and Little Miss runners. Their commitment and enthusiasm before, during and after each run has been both inspiring and heart-warming. Space does not permit us to name everyone in the team but each and every runner is a star in our eyes. Our grateful thanks go also to those families, friends and colleagues who so generously offered their sponsorship and support.

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