



## Annual Report & Accounts 2009

**CHILDREN with LEUKAEMIA**

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



# Review of the year



## Foreword by the Chairman

In 2009 against the backdrop of financial uncertainty we remained resilient and raised over £10 million, being able therefore to continue funding important initiatives in our fight against childhood cancers.

Amongst others, we sponsored the new Acute Lymphoblastic Leukaemia Trials, following on from the immensely successful Minimal Residual Disease Trials funded by us in previous years. These new trials should continue to deliver improvements not only in the survival rates for childhood ALL but also in quality of life for survivors, an increasing preoccupation for clinicians and scientists now that survival is, thankfully, more likely.

On a personal note, sadly my wife Marion died in July. Marion was the rock of our family and was beloved by all who were touched by her goodness. Since we founded the charity after the loss of our son Paul and daughter Jean, Marion was actively involved serving as a Trustee and helping throughout the years to raise in excess of £110 million to save young lives. My dear wife will be deeply missed by all who knew and loved her.

Marion's legacy of gentle compassion is a further inspiration to our efforts to develop all areas of our work for the benefit of children with leukaemia and other cancers.

We thank you for your interest in our endeavours and hope that you will work in partnership with us to achieve our aims.

A handwritten signature in blue ink that reads "Eddie O'Gorman".

Eddie O'Gorman  
Chairman of Trustees



Marion Rose O'Gorman, 1937-2009

On the following pages we outline how we have performed against the goals we set for 2009, each headed by the wording of the relevant charitable object – the part of our constitution that sets out why we exist.

### Research – page 4

**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 useful results of such research.**

On the causes, alleviation and prevention front, we awarded funding of £314,697 to Dr Malcolm Taylor at the University of Manchester for his work on developing a vaccine to prevent childhood leukaemia. We also awarded funding of £348,152 to Professor Denis Henshaw at the University of Bristol for his work on analysing the impact of inhaled electrically charged particles on the incidence of childhood leukaemia. In addition, in line with our broadened charitable objectives that now allow us to fund research into other childhood cancers, we made a grant of £324,539 to Professor Jill Birch, also of the University of Manchester, for the UK pilot of an international study looking at the causes of embryonal tumours.

On the treatment and cure front, we have funded two major new initiatives. We committed funding of £750,000 to UK ALL 2010, the new national clinical trial for children and young people with acute lymphoblastic leukaemia. We also granted a further £250,000 to fund a centralised UK centre for the collection and storage of blood and bone marrow samples from children taking part in UK ALL 2010.

In 2010, our Scientific Advisory Panel will be taking forward research evaluation and strategy, helping to ensure that funds are used to optimum benefit and we will continue to fund ground-breaking research and treatment that will advance our understanding of the causes and prevention of childhood leukaemia.

**Relief of suffering – page 10**  
**To promote the relief of children and young people suffering with leukaemia or any other form of cancer (and allied disorders) and their families.**

As planned we continued our partnerships with CLIC Sargent and Paul O 'Gorman Lifeline and we are pleased to report that we achieved both of these aims, awarding funding of £200,000 and £750,000 respectively.

We also awarded funding to CHASE Hospice, providing a further grant of £60,000 to support the work they do in caring for young patients with leukaemia and other cancers.

In 2010, we will continue our partnership with CLIC Sargent to support its work for children with leukaemia and other cancers. In addition, we will continue our partnership with Paul O 'Gorman Lifeline to support its work for children with cancer from Eastern Europe.

**Raising Awareness – page 12**  
**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.**

As planned, we continued our campaign to encourage Government to bring forward measures to protect children from the increased risk of leukaemia associated with exposure to high levels of Electric and magnetic fields (EMF).

We held a most successful reception in the House of Lords – to raise our profile amongst those who can help us in our work – as well as hosting various party conference events to reinforce our campaigning aims.

In 2010, we will continue to represent the interests of children with cancer and at risk of cancer. We will continue our campaign in relation to the dangers of exposure to EMF and we will maximise all opportunities to progress our aims in this regard.

**Fundraising – page 14**

Despite the challenging economic climate, and our reliance on voluntary donations to support our work, we succeeded in raising more than £10 million towards the fight against childhood leukaemia.

In 2010, we will continue to build on our past successes whilst streamlining costs wherever possible to ensure that our fundraising activities are ever more profitable and to maximise the proportion of income that is available to support our charitable work.

**Financial overview**

At the end of 31st December 2009, we made a surplus of £1,116,186 (2008: deficit of £493,463) and our net asset position has risen from £3,390,752 in 2008 to £4,506,938 at the end of 2009.

With the economic climate experiencing turbulence towards the end of 2008, we are gratified to be in a stable financial position which, to a large extent, insulates us from the economic uncertainty that currently surrounds the voluntary and commercial sectors.

It is because of this stable financial position that, despite a small drop in incoming resources, we were again able to fund important developments in our fight against the most common childhood cancer in our country.



**Fifty years ago a diagnosis of leukaemia was a death sentence for a child. By the time they were diagnosed, most children would have had only weeks to live.**

By the early 1960s, doctors and scientists were beginning to make progress in the treatment of childhood leukaemia. And gradually childhood leukaemia has been transformed from a uniformly fatal disease into one that can be cured in the majority of children.

Thanks to decades of research and successive trials of new treatments, at least eight out of ten children diagnosed with leukaemia now survive. Truly one of the great success stories of modern medicine.

Today's treatments consist of combinations of powerful drugs, taken over prolonged periods. Some children also need radiotherapy, a bone marrow transplant, or both. This treatment, which lasts two to three years, involves long spells in hospital, painful procedures, distressing side-effects and the risk of long-term damage to a child's health and development. On top of this, families are faced with the uncertainty of whether the treatments will work and whether their child can be cured. To go through all this and still not survive is tragic beyond words.

## **MRD testing – a revolution in the treatment of childhood ALL**

Back in the 1960s, when effective leukaemia treatments were first emerging, some children could be cured with relatively gentle treatment.

As treatment has advanced, more powerful drugs are used and all patients receive more intensive therapy. The impact of this has been to drive up the survival rate, but it is likely that some of the children cured today are being given stronger treatment than they actually need.

Chemotherapy drugs are toxic. They have a variety of damaging side-effects – both short- and long-term. Most seriously they can affect the child's heart and they can impact on their growth and development.

However, until the recent development of MRD technology, doctors were unable to determine which children could be cured with less intensive treatment and which were at high risk of relapse and needed the most intensive therapy.

MRD stands for *minimal residual disease*. This is the number of leukaemic cells that remain in a child's bone marrow when they achieve remission. The number of cells can be tiny – less than one leukaemic cell in 10,000 normal cells. The aim of the second stage of treatment is to eradicate these lingering leukaemic cells.

A child's MRD level is a good indicator of their relapse risk. However, until the development of new molecular technology, it was not possible to

measure MRD: the number of cells is simply too small to be able to count microscopically.

This meant that doctors couldn't tell which patients had a good outlook and needed less intensive therapy, and which had a high risk of the disease returning. MRD technology allows, for the first time, separation of these two groups.



## How does MRD testing work?

Dr Jerry Hancock heads the team in the Bristol Genetics Laboratory where the technology was developed. Bristol is one of the four UK laboratories now responsible for measuring MRD in samples collected from children with leukaemia.

Dr Hancock explains how the process works:

*"When leukaemia is suspected we get sent a diagnostic sample to confirm the diagnosis. We then process the sample and extract on average 100 million cells.*

*"The first stage of the process is to separate the leukaemic cells from the rest of the bone marrow sample. The DNA from these cells is then used to identify the genetic fingerprint that is used for the MRD test. The genetic fingerprint is important because that's what we use as the MRD marker. Each patient's leukaemia has its own unique genetic fingerprint. That's what we need to decode.*

*"Clinicians will send us a new bone marrow sample for each child after 28 days of therapy. We use a 'molecular photocopier' to quantify the amount of*

*residual disease present in each patient. This shows how well the child has responded to treatment."*

The results are turned round very quickly and reported back to the child's doctor so that they can decide on the best course of treatment.

Dr Nick Goulden is a Consultant Paediatric Haematologist at Great Ormond Street Hospital, one of the world's leading centres for the treatment of childhood leukaemia. Dr Goulden treats hundreds of leukaemic children every year and has been involved in the development of MRD testing since it was first initiated, some 20 years ago. He picks up the story:



**Dr Nick Goulden**

*"If, at the end of the first month of treatment, the MRD level is low or negative then most of those children will be cured – probably more than 95%. This is the group of children that we are beginning to be able to show can have their treatment reduced.*

*"When you're treating children, the most important thing is to do as little harm as possible. Chemotherapy does have side effects - both in the short-term and, just as important, in the long-term. Anything that allows us to get the same cure rates but reduce toxicity has to be a good thing."*

MRD testing was introduced into the treatment regime for ALL in UK ALL 2003, the national clinical trial for ALL that ended in 2009. The trial proved that if intensity of treatment is adjusted based on each child's MRD response, the outcome for patients is substantially improved. The trial was so successful that the NHS has now adopted MRD testing as part of the standard treatment regime for children with ALL. It is thought that this innovation may drive the survival rate for childhood ALL above 90%.

CHILDREN with LEUKAEMIA has invested more than £3 million in this ground-breaking work.

**Dr Jerry Hancock and colleagues at the Bristol Genetics Laboratory, one of the four UK centres responsible for the analysis of MRD in samples from children with ALL.**



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## Next steps towards beating childhood leukaemia

**The MRD technology described on the previous pages is an important innovation not only in driving up the survival rate for childhood ALL but also in reducing the risk of side effects in those who survive.**

**But there remains a core of children who still cannot be cured. And there is a sense in which, as the percentage who can't be saved gets smaller, the job gets harder. The children who are still dying are those who have disease that is especially aggressive, which is resistant to existing treatment or which keeps coming back.**

CHILDREN with LEUKAEMIA is funding UK ALL 2010, the new national clinical trial for children and young people with ALL. The aim of the trial, which will involve 2,500 young patients over six years, is to further improve survival and quality of survival in these patients. Doctors will further modify treatment regimes to drive up the survival rate whilst reducing the toxicity of treatment. MRD analysis will play a crucial role in monitoring the impact of changes to treatment regimes and should help doctors continue

to move away from "cure at all cost" and towards treatment of the individual patient rather than just the disease.

But at the same time, we continue to explore other avenues. We have invested more than £1 million in an innovative programme of work at the Institute of Child Health in London in which scientists and doctors are developing the use of immunotherapy in the treatment of childhood leukaemia. The research teams are developing ways of using the body's own immune system to fight the leukaemic cells that threaten to overwhelm a child's body. Progress is already enormously encouraging.

In addition, we are funding exciting work at the University of Manchester, where Dr Malcolm Taylor is making progress towards the development of a vaccine against leukaemia. Vaccinations have been used successfully to eradicate a variety of *infectious* childhood diseases; the development of cancer vaccines is still very much in its infancy but Dr Taylor's work holds great promise.

## Making prevention a possibility

**Dr Malcolm Taylor of the University of Manchester received funding of £314,697 in 2009 for his work on the development of a vaccine against childhood leukaemia.**

Whilst vaccinations have been used successfully to prevent a range of infectious childhood diseases, the design and testing of a vaccine against childhood leukaemia poses a formidable challenge and would be a ground-breaking achievement.

Leukaemia vaccines are still in their infancy because it is difficult to stimulate an immune response against leukaemic cells – they are much less 'foreign' than invading infections – but the pieces of the jigsaw are beginning to fall into place.

As Dr Taylor says: *"I am utterly convinced that the way forward in childhood leukaemia is prevention, and the way to achieve prevention is through vaccination. We have some way to go before this can become reality, but we have all the ingredients, we just need to put them together."*



*Dr Malcolm Taylor of the University of Manchester received funding of £314,697 in 2009 for his work on the development of a vaccine against childhood leukaemia.*

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# The reality of childhood leukaemia



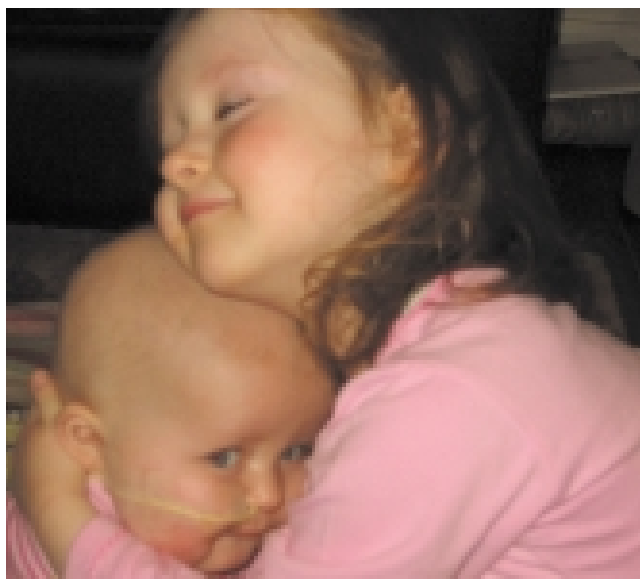
*Rose Kelly was only five months old when she was diagnosed with infant acute lymphoblastic leukaemia in 2006.*



**T**he outlook for children diagnosed with leukaemia has never been more hopeful. More than eight out of ten children diagnosed with the disease are now saved, thanks to the ground-breaking developments in treatment that have taken place over the last few decades.

As described on previous pages, doctors are now beginning to turn their attention to the development of less punishing treatment regimes that carry less risk of side-effects for young patients.

More than half of all cases of childhood leukaemia occur in the under-fives. With so much growth and development ahead of these young patients, their doctors must find the balance between saving a young life and limiting the amount of harm done to their future health and welfare.



Rose Kelly was only five months old when she was diagnosed with infant acute lymphoblastic leukaemia in 2006. Infant ALL is difficult to treat and Rose was given a 50:50 chance of survival.

Her devastated parents watched their precious daughter endure the brutal treatment that doctors hoped would save her life: *'We never got used to giving Rose this amount of medication. We never stopped thinking of the damage it could be doing as well as the hope of curing her it offered.'*

It was a long, slow process but Rose battled her way through numerous set-backs and finished treatment in July 2008.

In 2010, she is a happy and healthy little girl. Her parents and big sister Tara cherish every moment with her and pray for her continued good health.

**T**here are still children who cannot be helped by current treatments. Every year, families around the UK are left devastated by the loss of a precious child to this devastating disease.

This is why research must continue apace – to help us find treatments that will save those who still succumb to the disease. Those children who are still dying are those who have disease which is especially aggressive, which is resistant to existing treatments or which keeps coming back.



Riley Cameron was diagnosed with leukaemia in July 2008 when he was eight years old. Described by his mum Rachel as *'a really happy boy who loved life and already had so many plans for the future'*, Riley was already very sick by the time doctors reached the diagnosis of acute myeloid leukaemia.

His doctors quickly started chemotherapy but Riley had an adverse reaction that left him on life support. He died three days later on 19th July 2008, leaving a devastated mummy, daddy and little sister Rianna.



# Relief of suffering

**A** diagnosis of leukaemia marks the beginning of a long and difficult journey for a child and their family.

The subsequent two to three years of their lives will be filled with trips to and from hospital, unpleasant and frightening medical procedures, worry, pain and distress.

We have always set aside a proportion of our funding for initiatives that will help to make life a bit more bearable for these children and their families.

Over the years we have provided funding for a variety of welfare projects with this aim in mind.

## Financial assistance for families in need

**I**n 2009 we gave funding of £200,000 to support CLIC Sargent's grant programme, through which they provide financial assistance to the families of children being treated for leukaemia and other cancers.

Money may seem unimportant when a child is diagnosed with cancer. Yet, as well as coping with the emotional stress, many families soon find that their child's illness brings financial strain too. Unpaid leave from work, after school care for siblings and travel are the most common costs.

Our funding enabled CLIC Sargent to provide more than 1,000 grants to families in need. In 2010, we will continue our partnership with CLIC Sargent to support its work for children with leukaemia and other cancers.

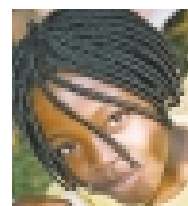
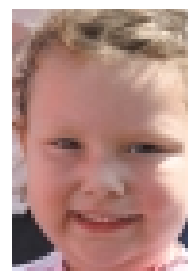
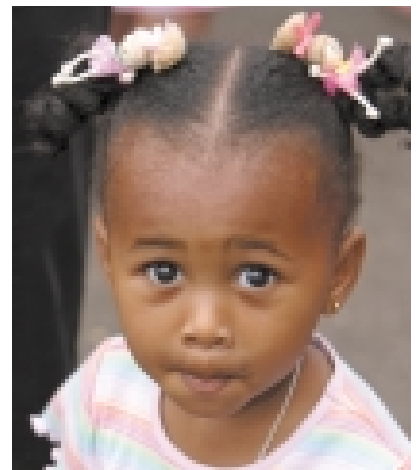
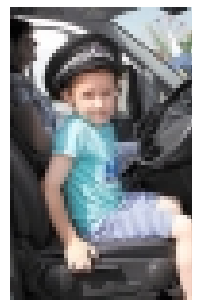
## Care at the end of life

**F**or a number of years we have worked with CHASE Hospice Care, based in Surrey, who offer support to the families of children with terminal illnesses.

Dying children need time and space with their families to come to terms with what is happening but at the same time they need specialist care to make their remaining time as comfortable as possible.

The CHASE care network stretches through south-west London, Surrey and Sussex. Their community team are out and about in the community every day of the year, supporting these families where it counts most – in their own homes and communities. CHASE also has its own children's hospice, Christopher's, where families can spend quality time together.

In 2009 we awarded a further grant of £60,000 to help fund the services that CHASE provides to the families of children with leukaemia and other cancers.



# Providing access to vital treatment

**F**or many years now we have been working in partnership with Paul O’Gorman Lifeline, a charity working with children with life-threatening illnesses in Eastern Europe and Central Asia.

Treatments for cancer and leukaemia are expensive and a bone marrow transplant is one of the most expensive treatments of all.

Less affluent countries simply do not have the facilities or the budgets available to provide these treatments and children are dying of diseases that are potentially curable.

Where possible, Lifeline provides treatment for children in their home country. However, many children need to travel abroad to access the life-saving treatment they need. Some children come to the UK but most go to Italy where treatment is considerably cheaper than in the UK and where Lifeline’s sister charity receives substantial humanitarian grants funding from local authorities.

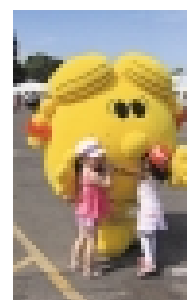
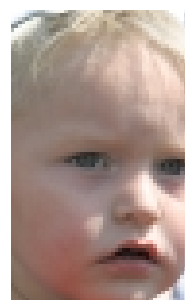
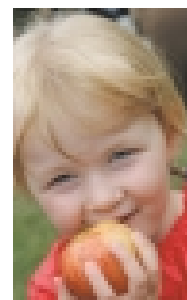
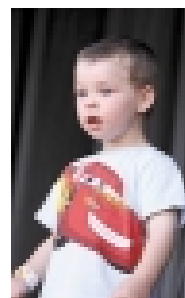
In 2009, Lifeline accepted 46 new referrals, in addition to the 96 referrals still ongoing from previous years.

In addition, they provided chemotherapy and other drugs to more than 300 children in Kyrgyzstan (where they fund 75% of paediatric oncology medicines); and they gave financial assistance to 32 Ukrainian families to help them access treatment locally.

The families helped by Lifeline have nowhere else to turn for the vital help they need to save their children’s lives.

Thanks to the generosity of our supporters we are able to provide Lifeline with annual funding of £750,000 to underpin this vital work. The Lifeline team tells us that they simply couldn’t carry on their work and save these lives without this support.

In 2010, we will continue our partnership with Paul O’Gorman Lifeline to support its work for children with life-threatening illnesses in Eastern Europe and Central Asia.



## An amazing day out

**E**very year since the Charity began we have held a party for children whose lives have been made difficult by illness, disability or disadvantage.

In July 2009, we once again entertained almost 6,000 children in London.

With the help and support of many hundreds of volunteers and sponsors, we provided all the expected party fun – magicians, face-painters, fairground rides and a star-studded stage show. Children came from far and wide and were able to put aside their troubles and enjoy a wonderful day out.

All of the facilities, food and equipment are donated, meaning that the party costs are kept to a minimum. Our wonderful volunteers and sponsors can see for themselves just how much their support means to our deserving young guests.

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# Raising awareness

**I**t is important that we keep the issue of childhood cancer on the public and political agenda.

We campaign on issues affecting children with cancer and children at risk of developing cancer.

We alert policy-makers to issues of concern and we seek to influence the development of policies that promote the best interests of these children.

## Celebrating science

**I**n June 2009, we held a flagship event at the House of Lords, hosted by Lord Turnberg. The aim was to raise our profile in Parliament as well as the scientific community and to strengthen our relationships with key existing and potential stakeholders and to build new ones.

The reception, which was themed "*Celebrating science: current successes, future hopes for childhood cancer*" was attended by 200 people, including influential MPs, peers, scientists and sponsors.



## EMF campaign

**W**e have been leading a long-running campaign to highlight the link between the increased incidence of childhood leukaemia and exposure to electric and magnetic fields (EMF).

There is a substantial body of evidence that children exposed to high levels of EMF are at increased risk of developing leukaemia and we have been calling on Government to introduce measures to limit exposure.

Throughout the year we put pressure on Government through various means, including through our ongoing participation in SAGE, the Stakeholders' Advisory Group on Extremely Low Frequency EMF.

In October, Government finally issued its response to the first SAGE report, some two and a half years after its publication. The report called for various precautionary measures to protect children from the risks of exposure to high levels of EMF. However, Government's response was inconclusive – and nothing substantive is so far planned to protect children from these risks.

We will continue to keep this issue on the public and political agenda, maintaining pressure on the current Government whilst also building relationships with prospective new incumbents.



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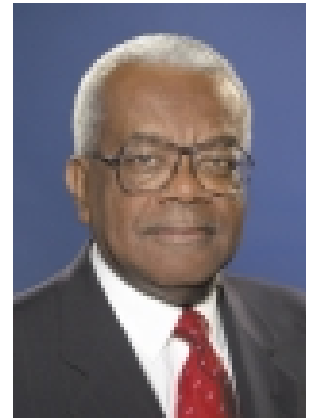
**W**e are completely reliant on the support and generosity of the public for the vital funding that underpins our work.

Despite the difficult financial climate in 2009 we succeeded in raising in excess of £10 million, thanks to the imagination and generosity of our very many supporters.

## Postal appeals

**I**n 2009, as ever, postal appeals were our most productive source of income, raising an amazing £4.7 million in total, thanks to the support of our celebrity friends who kindly spearheaded the various fundraising campaigns: Ant & Dec, Sir Trevor McDonald, Des O'Connor, Linda Robson, Phillip Schofield and Chris Tarrant.

We are forever grateful for their immense contribution to our fight for children's lives.



## Legacies

**W**e are pleased to report that in 2009 we saw an increase in the number of our supporters who have opted to leave us a gift in their Will. We know that this is a very personal matter and so are truly appreciative of this very thoughtful support. During the year we received legacies totalling more than £420,000 – an amount that will make a real difference to our ability to fund life-saving projects.



## Fundraising abroad

**I**n May, our constant friends, Martin and Caroline Randerson held their annual "Spring into Summer Ball", at the sumptuous Villa Tiberio in Marbella, which boosted their fundraising to a magnificent total of over £500,000 raised solely through their indefatigable efforts and the generosity of their friends.





# Running events

**T**wickenham couple, Howard Dawson and Sue Porter have a very strong motivation to raise as much money as possible for the fight against childhood leukaemia. They have been supporting CHILDREN with LEUKAEMIA ever since their son James was diagnosed with leukaemia in 2007 at the age of just three years.

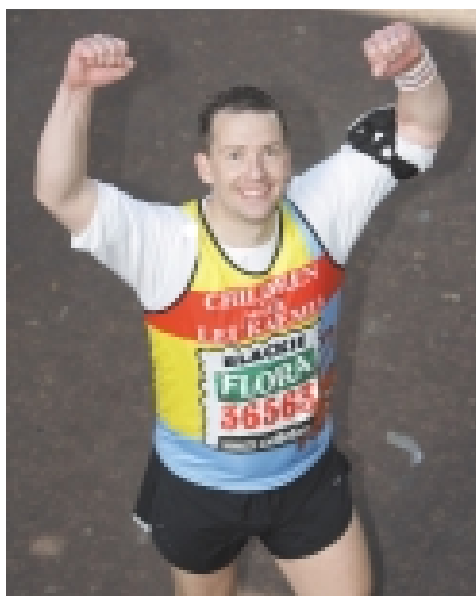
James, now in remission, can often be seen supporting his mum and dad from amongst the cheering crowds at running events.

Sue ran the BUPA London 10,000 in May 2009 and Howard followed this up by taking part in the Royal Parks Foundation Half Marathon in October. The family has already raised more than £10,000 in support of our work and are relying on James' cheering to help them round the course of the Virgin London Marathon which they are both running for CHILDREN with LEUKAEMIA in April 2010.



**M**ore than a quarter of our income in 2009 was raised by our fantastic team of Mr Men and Little Miss runners, over 3,000 of whom pounded the streets and the parks on our behalf.

Once again, we fielded one of the biggest teams in the Flora London Marathon, with 1,219 runners sporting our distinctive Mr Happy and Mr Tickle running vests around the 26.2 mile course and raising more than £2 million in the process.



Many of our runners have very personal reasons for joining our team. Paul Blacketer from Essex commented *"The whole experience is incredible. I have leukaemia myself and so have first-hand knowledge of this dreadful illness. I know that leukaemic children will benefit directly from all our efforts so it is an honour to run as part of the team."*

We had a major presence at other running events - including the ING New York City Marathon, the BUPA Great North Run, the BUPA London 10,000 and the BUPA Great South Run – and continue to grow our participation in other events around the UK and abroad.

We are enormously grateful to our runners for the huge commitment, determination and enthusiasm they put into training for these events and the equally challenging task of fundraising. Our warmest thanks also go to Chorion plc for their continued generosity in allowing us to use the Mr Men and Little Miss characters.



## Putting the FUN in fundraising...

**E**very year we organise a varied calendar of events to raise vital funds for our research and welfare projects. There is something for everyone – from quizzes to golf days, from go-karting to opera. All designed to raise maximum funds whilst having maximum fun.



**O**ne of the liveliest and most popular events in our calendar is our Quiz Party, originally devised by our dedicated supporter Jeremy Beadle and now hosted by his good friend Chris Tarrant. The 13th Quiz Party took place in April 2009 and raised more than £160,000. As always it was a fun-packed evening and we are indebted to the hard-working quiz committee for ensuring the event's continued success.



**O**ur overseas challenge events are a relatively new addition to our programme but are already making a significant contribution to our funds. In 2009, 53 people took part in our organised overseas challenges – including trekking the Inca Trail in Peru, climbing Mount Kilimanjaro in Tanzania and cycling from London to Paris. We have an exciting programme planned for 2010 – including a Sahara trek and a trek to Everest base camp – and anticipate that these challenges will make an increasingly important contribution to our funds in the years ahead.



**A**fter ten months hard training, CHILDREN with LEUKAEMIA staff member Yvonne Dugera, herself a leukaemia survivor, joined the Inca Trail challenge in May 2009, less than five years after her leukaemia diagnosis.

*As Yvonne said "Had treatment and research into leukaemia not come as far as it has, I may not have been able to undertake this adventure of a lifetime. As I looked out over Machu Picchu on the final morning of the trek, I was reminded how lucky I was to be there. I felt privileged."*

# Corporate partnerships

**W**e have been developing some important links with companies during the year. We were selected as XL Insurance's Charity of the Year for 2009, with more than £21,000 raised in total and a number of XL staff continuing their support by joining our team for the 2010 Virgin London Marathon. We were chosen as one of two charities to benefit from the 2009 Gaming Industry Awards, from which we received £5,100. In addition, a counter appeal slot with Barclays raised more than £25,000 towards our work.

In December, we received the fantastic news that we had been chosen as one of Deloitte's charity partners for 2010 and 2011 – a partnership that is likely to generate £350,000 for our work. The money raised will support the new national clinical trial for childhood acute lymphoblastic leukaemia, UK ALL 2010, as described on page 6.

## Children's Challenges

**2**009 was an exciting year for our Children's Challenges. We embarked on a complete re-brand of our existing Challenge Events – the Children's Marathon Challenge and the Cheeky Monkey's Marathon Challenge. This has been a great success, with many children signing up to take part, have fun and of course raise much-needed funds for CHILDREN with LEUKAEMIA.

In addition, 2009 saw the launch of a brand new event for children – the Paper Plane Challenge. Our paper plane pilots took to the skies in the spring, raising over £45,000 for our work. We were delighted with the result and the positive feedback we had from participating schools and other organisations, and will build on this success in 2010, with another take off planned for the spring!



## Tildy's Trust

**T**ildy Curran was diagnosed with acute lymphoblastic leukaemia in 2008 at the age of 12. She will complete her treatment in August 2010.

The Trust was set up by her family, with the aim of raising as much money as possible for research into childhood leukaemia during the two and a half years of Tildy's chemotherapy.

In July 2009, they organised a Charity Race Night at Newbury Racecourse. CHILDREN with LEUKAEMIA was one of the beneficiaries of the funds raised by this event - a staggering £165,000 in total.

We are enormously grateful to the Curran family for so generously choosing us as one of the charities to benefit from this fundraising and we wish Tildy the very best as she progresses through her treatment.



# Structure, governance and management

The financial statements comply with current statutory requirements, the Memorandum and Articles of Association and the Statement of Recommended Practice (SORP) Accounting and Reporting by Charities (2005).

## Governing documents

These accounts are for Children with Cancer UK and its subsidiary Helping Children with Cancer Limited. CHILDREN with LEUKAEMIA is the registered working name of Children with Cancer UK.

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, 22nd December 2006 and 12th May 2007. On 14 May 2007 the reporting charity changed its name from Children with Leukaemia UK to Children with Cancer UK. The Charity operates under its Trust Deed (dated 4th January 1988) and Variation of Trust Deed (dated 10th December 2003).

## Objects

The objects as amended by written resolution of 12 May 2007 are shown below:

- i) To promote the relief of children and young people suffering with leukaemia or any other form of cancer (and allied disorders) and of their families;
- ii) 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; and
- iii) 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 useful results of such research.

## Public Benefit

The Trustees continue to give due regard to the public benefit provided by the Charity in relation to its charitable purpose as set out by the objectives above and have given due consideration to the relevant guidance issued by the Charity Commission. The Trustees will continue to ensure that the principal objective of the Charity is to provide public benefit.

## Board of Trustees

The governing body of the reporting charity is the Board of Trustees, which has a current total of seven members (four members in 2008). The Trustees of the Charity also act as the Directors of the charitable company. The Board meets at least three times a year together with the Chief Executive and other senior management where appropriate.

## Trustee appointment and induction

There were three new appointments to the Trustee Board in 2009 (2008: none). The selection of Trustees is made based on vacancies arising, sympathy with the objects of the Charity and the additional skills and experience that potential new Trustees are able to afford. Under the Articles of Association, Trustees are appointed by a majority vote of the members (who are all the current Trustees) by ordinary resolution.

Each new Trustee receives the Charity Commission publication 'The Essential Trustee: What you need to know' as well as the most recent published annual report. The Chief Executive offers an induction day to all Trustees which provides full information about the operations of the Charity.

## Management

The Trustees exercise executive responsibility for the governance of the Charity and, through the Chairman, supervise the management of the Charity by the Chief Executive and the senior management team. The Chairman and Chief Executive also task the Board with decision-making on strategic management issues as appropriate.

It is the Trustees' policy to work with other relevant charities and during the course of 2009, the Charity worked closely with the Leukaemia Research Fund, Great Ormond Street Hospital Children's Charity, CLIC Sargent, Venik Trust and Paul O'Gorman Lifeline.

## Risk and internal control

The Trustees have overall responsibility for ensuring that the Charity has an appropriate system of controls, financial and otherwise. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide reassurance that:

- its assets are safeguarded against unauthorised use or disposition;
- proper records are maintained and financial information used within the Charity or for publication is reliable; and
- the Charity complies with relevant laws and regulations.

As part of the Charity's risk management process the Trustees acknowledge their responsibility for the Charity's system of internal control and reviewing its effectiveness. It is also recognised by the Trustees that such a system is designed to manage rather than eliminate the risk of failure to achieve the Charity's objectives and can only provide reasonable, not absolute, reassurance against material misstatement or loss.

The Trustees keep under regular review the major risks that could affect their achievement of the Charity's objectives. It is the Trustees' policy that a substantive annual risk assessment takes place and that wherever possible, different experts examine the issues on a periodic basis. It is anticipated that this will usually entail the use of one firm from the Charity's roster of professional advisers whether legal or accountancy and that the fresh perspectives brought each year will add considerable value in identifying potential exposure not previously apparent to the staff and Trustees.

An ongoing risk register is being maintained to help identify potential risks which could have a critical impact and to enable further risk management to be introduced. Our main risk is our susceptibility to changes in the economic and financial environment. Since we rely solely on discretionary donations from the public, adverse economic conditions can impact our ability to maximise fundraising. However, we have contingency plans and a stable reserve position in place to mitigate such risks.

## Related Parties

An internal conflict of interest register is in place based on declaration of interests forms completed by all Trustees and senior management. Trustee meeting policy is that, where Trustees have an interest in the matter under discussion, they will absent themselves from these discussions and decisions.

## 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 preparation 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 three and six months of the annual total expenditure. This is a reserves balance of between £2.2m and £4.7m. Free reserves at 31 December 2009, equal to the total of unrestricted funds excluding tangible fixed assets, amounted to £4.5m (2008: £2.7m) and therefore meet the policy requirement. The Trustees feel that the reserves balance is necessary to provide cover for long-term programmes and insulation from the prevailing uncertain economic environment.

## 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 instant access deposit, to meet fluctuating needs. It is felt that this amount of cash should be in line with the level of reserves.

Cash balances generally are increasing over time since more funds are being kept available to meet longer term grant commitments. The Trustees are keen to ensure that these funds are not exposed to any risk since this cash value has already been promised to grant holders. They would like to maximise real returns so resources in excess of the level of reserves may be invested as cash for such fixed terms as are deemed optimal from time to time in relation to cash flow requirement and short and medium interest rates prevailing at the time.

## Grant making policy

It is the Trustees' policy to maximise the proportion of its charitable output that is achieved through grant making.

### • Welfare grants

There is no open application process for welfare grants and no welfare grants are given to individuals. The Trustees determine which organisations are to be supported.

### • Research grants

An increasing proportion of the Charity's output is achieved through scientific and medical research. Capital funding for scientific institutions is now being decreased as a proportion of the Charity's total output in favour of revenue funding for research.

Project funding in these areas is directed in two ways:

#### 1. Research into treatment

The Charity works in partnership with the Leukaemia Research Fund, Great Ormond Street Hospital Children's Charity, University College London, Cancer Research UK and other institutions giving grants in support of the parts of their programmes that are relevant to the Charity's objects.

#### 2. Research into prevention and causes

The Charity advertises worldwide for project applications that are then subject to peer review before the Trustees determine which projects to support.

It is also the Trustees' policy to support directly a number of long-term programmes of research at UK institutions in areas that are of wide-ranging importance in relation to childhood leukaemia.

## Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and regulations. Company and Charity law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

Under company and charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of its net incoming resources for that period. In preparing these 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 applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation for the foreseeable future.

The Trustees are responsible for keeping proper accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 1993. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Insofar as each of the directors of the company at the date of approval of this report is aware there is no relevant audit information (information needed by the company's auditor in connection with preparing the audit report) of which the company's auditor is unaware. Each director has taken all of the steps that he/she should have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Approved by the Board and signed on its behalf on 11 May 2010 by

Eddie O'Gorman  
Chairman of Trustees





# Information about the Charity

CHILDREN with LEUKAEMIA is the registered working name of Children with Cancer UK, the reporting charity. The Charity was set up in memory of Paul O’Gorman who died on 6 February 1987 and his sister Jean, who died on 3 November 1987. The Charity was inaugurated by Diana, Princess of Wales on 12 January 1988 at Mill Hill County High School where Paul had been a pupil.

## **Trustees**

Trustees of CHILDREN with LEUKAEMIA, who served during the year were:

Eddie O’Gorman (Chairman)  
The Earl Cadogan DL  
Professor Denis Henshaw  
Sandra Mileham (appointed 12 May 2009)  
Marion O’Gorman (resigned 24 February 2009)  
Linda Robson  
Dr Ian Gibson (appointed 12 May 2009)  
Rodney Seddon (appointed 6 October 2009)

## **Chief Executive**

Caroline Blakely

## **Registered Charity Number**

298405

## **Registered Company Number**

4960054

## **Principal office**

51 Great Ormond Street, London WC1N 3JQ

## **Solicitors**

Bates Wells Braithwaite  
2-6 Cannon Street, London EC4M 6YH

## **External auditors**

Horwath Clark Whitehill LLP  
St Bride’s House, 10 Salisbury Square, London EC4Y 8EH

## **Bankers**

National Westminster Bank plc  
30 North Audley Street, London W1A 4UQ

## **Contact details**

CHILDREN with LEUKAEMIA  
51 Great Ormond Street, London WC1N 3JQ  
Tel: 020 7404 0808  
Fax: 020 7404 3666  
Email: [info@leukaemia.org](mailto:info@leukaemia.org)  
[www.leukaemia.org](http://www.leukaemia.org)

## **Celebrity Friends**

Hugo Amaya-Torres (Chairman)  
Russ Abbot • John Altman • Anthony Andrews  
Debbie Arnold • Jane Asher • Colin Baker  
Floella Benjamin • David Berglas • Rodney Bewes  
Christopher Biggins • Cilla Black • Brenda Blethyn  
Patricia Brake • Sir Richard Branson • Johnny Briggs  
Tim Brooke-Taylor • Faith Brown • June Brown  
Frank Bruno • Max Bygraves • Sir Michael Caine  
Brian Cant • Jasper Carrott • Frank Carson  
George Cole • Graham Cole • Joan Collins  
Phil Collins • Jess Conrad • John Conteh  
Ronnie Corbett • Bernard Cribbins • Roger Daltrey  
Paul Daniels • Jim Davidson • Dickie Davies  
Sharron Davies • Roger de Courcey • Dame Judi Dench  
Declan Donnelly • Jason Donovan • Glynn Edwards  
Bruce Forsyth • Peter Gilmore • Haruhisa Handa  
Ainsley Harriott • Barry Hearn • Bob Holness  
Bob Hoskins • Jane How • Michael Howe  
Sir Chris Hoy • Nerys Hughes • David Janson  
Chris Jarvis • Sir David Jason • Gordon Kaye  
Kevin Keegan • Diane Keen • Henry Kelly  
Felicity Kendal • Sarah Kennedy • Eddie Kidd  
Burt Kwouk • Bonnie Langford • Eddie Large  
George Layton • Rosemary Leach • Rula Lenska  
Lennox Lewis • Gary Lineker • Joanna Lumley  
Linda Lusardi • Sandy Lyle • Sir Paul McCartney  
Sir Trevor McDonald • Debbie McGee  
Anthony McPartlin • Philip Madoc • Ruth Madoc  
Ron Moody • Patrick Mower • Des O’Connor  
Tom O’Connor • Bill Oddie • Richard O’Sullivan  
Nick Owen • Nicholas Parsons • Su Pollard  
Robert Powell • Pauline Quirke • Claire Rayner  
Sir Steve Redgrave • Angharad Rees • Anneka Rice  
Jonathan Ross • Tessa Sanderson • Gerald Scarfe  
Phillip Schofield • Pat Sharp • Michaela Strachan  
Eric Sykes • Chris Tarrant • Angela Thorne  
Dennis Waterman • Kevin Whately • June Whitfield  
Simon Williams • Gary Wilmot • Frank Windsor  
Sir Terry Wogan • Susannah York • Paul Young



# Independent auditors' report

## Independent auditors' report to the Trustees of Children with Cancer UK

We have audited the group and parent company financial statements of Children with Cancer UK for the year ended 31 December 2009 as set out on pages 22 to 27. These financial statements have been prepared in accordance with the accounting policies set out therein.

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. 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 auditor's 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 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 Trustees' (who are also the directors of Children with Cancer UK for the purpose of company law) responsibilities 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) and for being satisfied that the financial statements give a true and fair view are set out in the Statement of Trustees' Responsibilities.

We have been appointed auditors under the Companies Act 2006 and report to you in accordance with that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (United Kingdom and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice and have been prepared in accordance with the Companies Act 2006. We also report to you if in our opinion the information given in the Trustees' Annual Report is consistent with the financial statements.

In addition, we report to you if, in our opinion, the charitable company has not kept adequate accounting records, if the Charity's financial statements are not in agreement with those records, if we have not received all the information and explanations we require for our audit or if certain disclosures of Trustees' remuneration specified by law are not made.

We read the Trustees' Annual Report and consider the implications for our report if we become aware of any apparent misstatements within it. Our responsibilities do not extend to other information.

### Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (United Kingdom 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 judgments made by the Trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the 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 of the state of the group's and the parent company's affairs as at 31 December 2009 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 United Kingdom Generally Accepted Accounting Practice;
- the financial statements have been prepared in accordance with the Companies Act 2006; and
- the information given in the Trustees' Annual Report is consistent with the financial statements.

Pesh Framjee  
Senior Statutory Auditor

For and on behalf of  
Horwath Clark Whitehill LLP  
Statutory Auditor  
St Bride's House  
10 Salisbury Square  
London EC4Y 8EH

15 June 2010



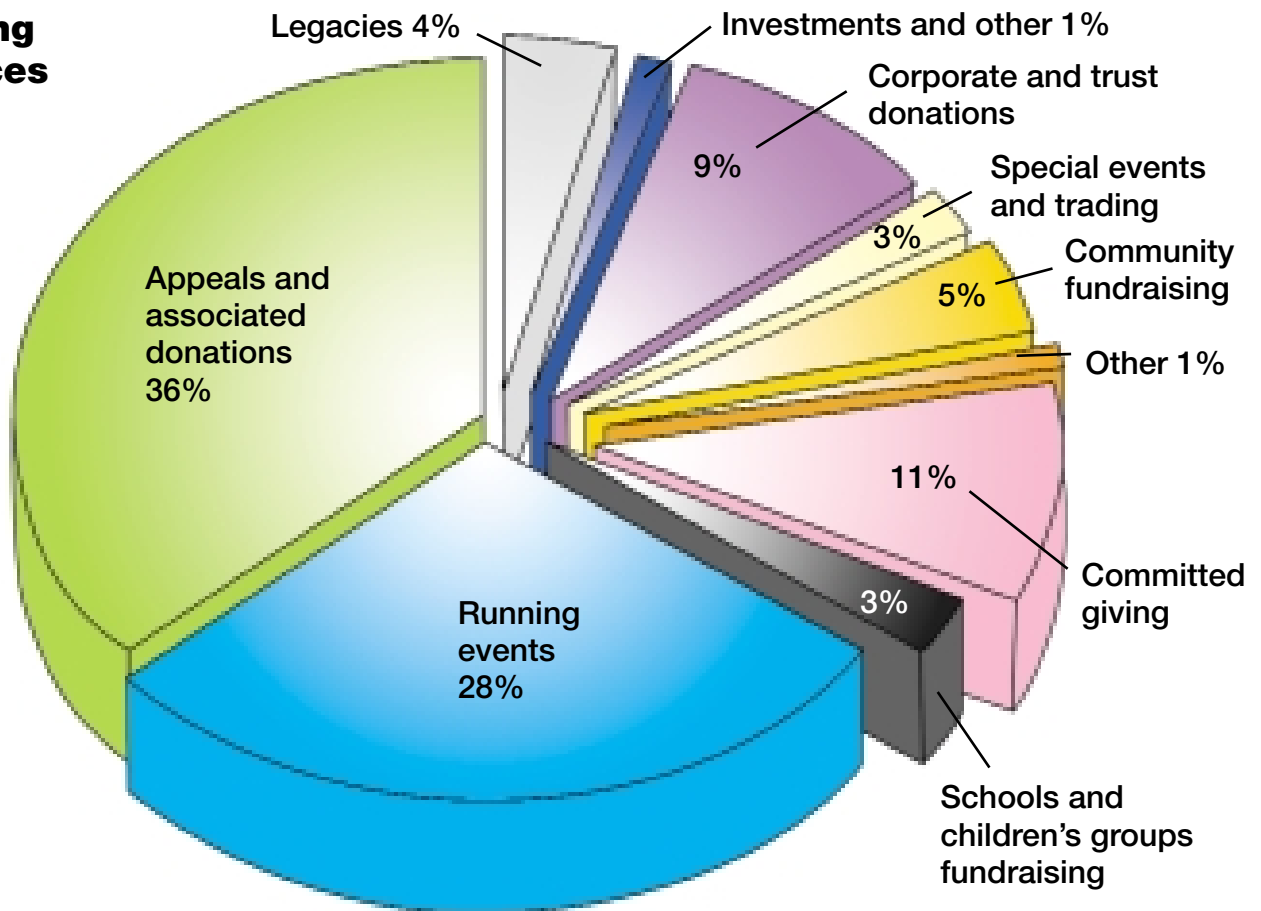
# Financial information

## Consolidated statement of financial activities for the year ended 31 December 2009 (incorporating income and expenditure account)

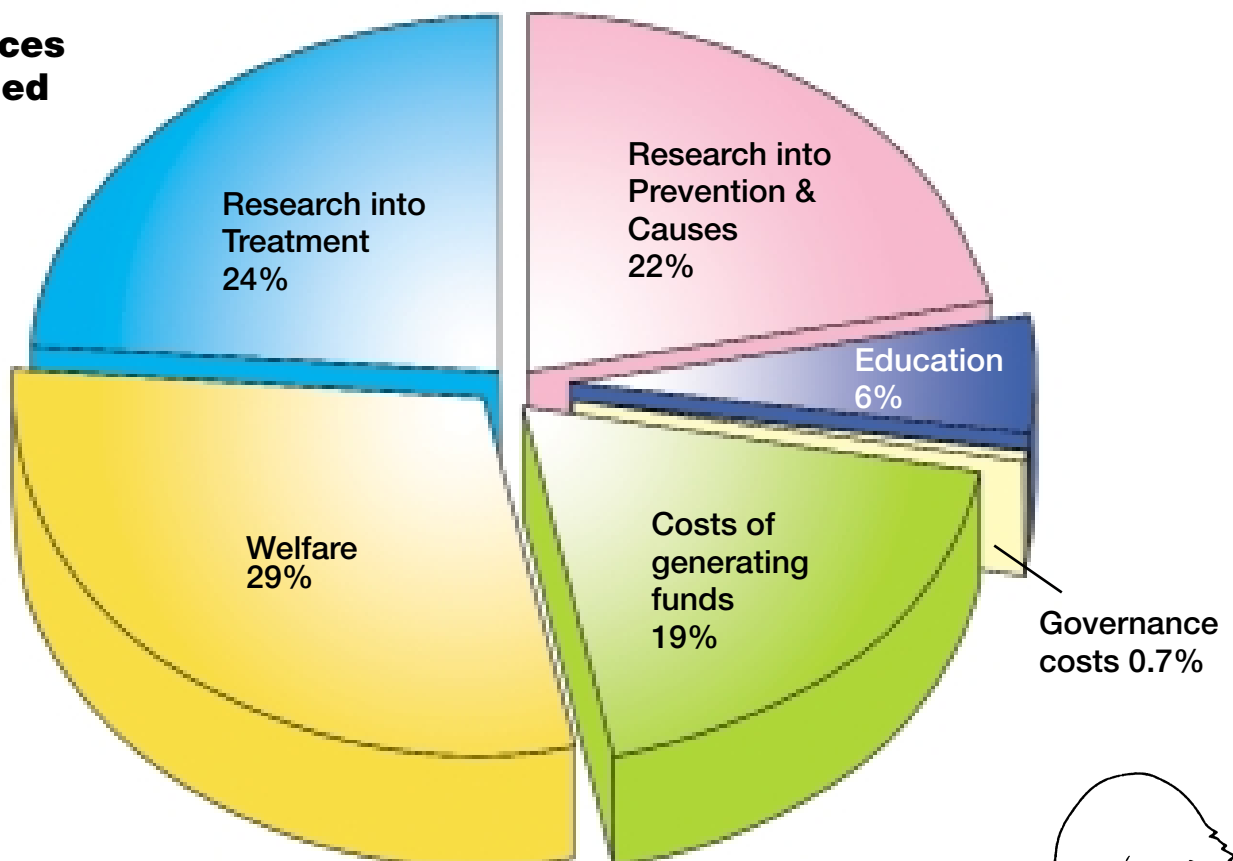
	Note	Total restricted funds £	Total unrestricted funds £	Total 2009 £	Total 2008 £
<b>Incoming resources</b>					
Incoming resources from generated funds					
Voluntary income					
Appeals and associated donations		3,604,370	199,461	3,803,831	4,528,368
Committed giving		-	1,119,419	1,119,419	1,066,493
Schools and children's groups fundraising		-	261,825	261,825	920,154
Marathons and other running fundraising		-	2,891,458	2,891,458	3,329,306
Community fundraising		5,800	553,404	559,204	471,038
Corporate and trust donations		56,900	831,986	888,886	707,130
Legacies		30,000	391,682	421,682	218,395
		<u>3,697,070</u>	<u>6,249,235</u>	<u>9,946,305</u>	<u>11,240,884</u>
Activities for generating funds					
Special events and trading		-	314,325	314,325	560,858
Investment income		-	73,255	73,255	395,247
Other incoming resources		-	105,447	105,447	-
<b>Total incoming resources</b>	13	<u>3,697,070</u>	<u>6,742,262</u>	<u>10,439,332</u>	<u>12,196,989</u>
<b>Resources expended</b>					
Costs of generating funds					
Costs of generating voluntary income		320,462	1,366,592	1,687,054	1,731,880
Costs of special events and trading		-	75,474	75,474	166,612
Charitable activities					
Research into Prevention & Causes		858,726	1,154,864	2,013,590	3,684,191
Research into Treatment		1,324,351	910,340	2,234,691	3,353,843
Welfare		1,097,299	1,628,558	2,725,857	2,547,804
Education		12,832	512,394	525,226	1,139,994
Governance costs		-	61,254	61,254	66,128
<b>Total resources expended</b>	2,13	<u>3,613,670</u>	<u>5,709,476</u>	<u>9,323,146</u>	<u>12,690,452</u>
<b>Net incoming resources before transfers</b>		83,400	1,032,786	1,116,186	(493,463)
Gross transfers between funds	13	<u>(83,400)</u>	<u>83,400</u>	<u>-</u>	<u>-</u>
<b>Net movement in funds</b>		-	1,116,186	1,116,186	(493,463)
Funds at the start of the year		-	3,390,752	3,390,752	3,884,215
<b>Funds at the end of the year</b>	13	<u>-</u>	<u>4,506,938</u>	<u>4,506,938</u>	<u>3,390,752</u>

All of the above results are derived from continuing activities.  
There were no other recognised gains or losses other than those stated above.

## Incoming resources



## Resources expended



# CHILDREN with LEUKAEMIA

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



# Financial information

## Balance sheet as at 31 December 2009

		2009		2008	
	Note	Group £	Charity £	Group £	Charity £
<b>Fixed assets</b>					
Tangible assets	6	-	-	641,667	641,667
Investments	7	6,300,000	6,300,100	4,500,000	4,500,100
		<u>6,300,000</u>	<u>6,300,100</u>	<u>5,141,667</u>	<u>5,141,767</u>
<b>Current assets</b>					
Debtors and prepayments	9	1,712,301	1,720,565	1,381,015	1,408,258
Investments		2,375,000	2,375,000	4,073,740	4,073,740
Cash at bank and in hand		831,243	829,768	692,886	684,161
		<u>4,918,544</u>	<u>4,925,333</u>	<u>6,147,641</u>	<u>6,166,159</u>
<b>Creditors: amounts falling due within one year</b>					
Grants	10	(3,449,486)	(3,449,486)	(3,630,751)	(3,630,751)
Other	11	(363,652)	(370,541)	(490,944)	(509,562)
		<u>1,105,406</u>	<u>1,105,306</u>	<u>2,025,946</u>	<u>2,025,846</u>
<b>Net current assets</b>					
		<u>7,405,406</u>	<u>7,405,406</u>	<u>7,167,613</u>	<u>7,167,613</u>
<b>Total assets less current liabilities</b>					
		<u>7,405,406</u>	<u>7,405,406</u>	<u>7,167,613</u>	<u>7,167,613</u>
<b>Creditors: amounts falling due after more than one year</b>					
Grants	10	(2,898,468)	(2,898,468)	(3,776,861)	(3,776,861)
		<u>4,506,938</u>	<u>4,506,938</u>	<u>3,390,752</u>	<u>3,390,752</u>
<b>Net assets</b>					
		<u>4,506,938</u>	<u>4,506,938</u>	<u>3,390,752</u>	<u>3,390,752</u>
Represented by:					
<b>Unrestricted funds</b>	12, 13	<u>4,506,938</u>	<u>4,506,938</u>	<u>3,390,752</u>	<u>3,390,752</u>

The notes on pages 25 to 27 form part of the financial statements. Approved and authorised for issue on behalf of the Trustees on 11 May 2010.



The Earl Cadogan  
Trustee



Eddie O'Gorman  
Trustee

## Consolidated cash flow statement for the year ended 31 December 2009

	Note	2009 £	2008 £
<b>Net cash (outflow)/inflow from operating activities</b>	a)	(464,958)	1,323,578
<b>Investment income</b>		73,255	395,247
<b>Capital expenditure and financial investments</b>			
Disposal of tangible fixed assets		631,320	-
Purchase of investments		(1,500,000)	(1,000,000)
<b>Cash (outflow)/inflow before management of liquid resources</b>	b)	<u>(1,260,383)</u>	<u>718,825</u>
<b>Management of liquid resources</b>			
Increase/(decrease) in cash held as short term investments	b)	1,398,740	(843,159)
<b>Increase/(decrease) in cash</b>	b)	<u>138,357</u>	<u>(124,334)</u>
<b>Notes to the Cash flow Statement</b>			
<b>a) Reconciliation of changes in resources to net cash inflow from operating activities</b>		<b>2009 £</b>	<b>2008 £</b>
Net incoming resources		1,116,186	(493,463)
Investment income		(73,255)	(395,247)
Depreciation charge for the year		7,000	28,000
Loss on disposal of tangible fixed assets		3,347	-
(Increase) / decrease in debtors		(331,286)	(189,313)
(Decrease)/increase in creditors		(1,186,950)	2,373,601
<b>Net cash (outflow)/inflow from operating activities</b>		<u>(464,958)</u>	<u>1,323,578</u>
<b>b) Analysis of net funds</b>		<b>1 January 2009 £</b>	<b>Cashflow 31 December 2009 £</b>
Cash at bank and in hand		692,886	138,357
Cash held as short term investments		4,073,740	(1,698,740)
		<u>4,766,626</u>	<u>(1,560,383)</u>

# Notes to the financial statements for the year ended 31 December 2009

## 1. Accounting policies

The principal accounting policies are summarised below. The accounting policies have been applied consistently throughout the year and the preceding year.

### (a) Accounting conventions

The financial statements are prepared in accordance with applicable accounting standards, the Companies Act 2006 and the Statement of Recommended Practice (SORP): Accounting and Reporting by Charities, published in March 2005 in all material respects and are prepared under the historical cost convention.

### (b) Group status and basis of consolidation

Children with Cancer UK trading as CHILDREN with LEUKAEMIA is the ultimate parent company. It has one subsidiary: Helping Children with Cancer Ltd.

CHILDREN with LEUKAEMIA owns the whole of the share capital of Helping Children with Cancer Limited, a company registered in England and Wales, number 2807553. The consolidated financial statements incorporate the results of CHILDREN with LEUKAEMIA and Helping Children with Cancer Limited using the line by line basis.

### (c) Fund accounting

Unrestricted funds comprise accumulated surpluses and deficits on general funds and are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and have not been designated for other purposes.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund.

### (d) Incoming resources

Income is recognised in the period in which the Charity is entitled to receipt and the amount can be measured with reasonable certainty.

In accordance with this policy, legacies are included when the Charity is advised by the personal representative of an estate that payment will be made or property transferred and the amount involved can be quantified.

Voluntary income in the form of donations, proceeds of appeals and other fundraising activities are recognised upon receipt.

### (e) Resources expended and basis of allocation of costs

All expenditure is accounted for on an accruals basis and the majority is directly attributable to specific activities. Other indirect costs are apportioned to activities in accordance with staff activity and an assessment of where the resources have been applied.

Grants to third parties are included in the SOFA when approved by the Trustees when a constructive obligation exists, notwithstanding that they may be paid in future accounting periods.

Support costs include the direct expenditure and overhead costs relating to the appeals and fundraising functions. They also include the allocation of costs incurred to support and co-ordinate fundraising activities. These costs are allocated across the categories of charitable expenditure and the basis of this cost allocation has been explained in note 4 to the accounts. Governance costs are the costs incurred to manage the Charity in compliance with constitutional and statutory requirements.

### (f) Taxation

CHILDREN with LEUKAEMIA, as a registered charity, is exempt from taxation of income falling within Section 505 of the Taxes Act 1988 or section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that this is applied to its charitable objectives. No tax charge has arisen in the year.

### (g) Tangible fixed assets

Tangible fixed assets costing more than £10,000 are capitalised and included at cost including any incidental costs of acquisition, or, where donated, are included at valuation at the date that ownership is acquired.

Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Freehold property	4% straight line
Fixtures and fittings	15% straight line

### (h) Pension scheme

Permanent employees are entitled to join the Grouped Stakeholder Pension Plan provided by Bank of Scotland which was established on 14 September 2001. In 2009, the Charity made a contribution of 12% of salary per month to any personal or stakeholder pension scheme selected by all employees serving for more than three months who elected to take advantage of this benefit. The amount charged to the statement of financial activities in respect of pension costs is the contribution payable during the year.

## 2. Total resources expended

	Research into Prevention & Causes £	Research into Treatment £	Welfare £	Education £	Governance £	Cost of generating voluntary income £	Costs of special events and trading £	2009 Total £	2008 Total £
Staff costs	87,894	94,409	206,364	149,671	26,693	203,524	20,491	789,046	1,019,490
Direct charitable spend	1,925,696	2,140,282	2,519,493	375,555	-	-	-	6,961,026	9,939,828
Printing, postage & stationery	-	-	-	-	-	709,295	2,783	712,078	753,094
Function and venue costs	-	-	-	-	-	740,391	52,200	792,591	900,892
Other expenditure	-	-	-	-	-	33,844	-	33,844	20,990
Audit fee	-	-	-	-	26,000	-	-	26,000	24,330
Other office costs	-	-	-	-	8,561	-	-	8,561	31,828
	2,013,590	2,234,691	2,725,857	525,226	61,254	1,687,054	75,474	9,323,146	12,690,452

## 3. Support costs

Support costs are allocated to the activities as follows:

	Research into Prevention & Causes £	Research into Treatment £	Welfare £	Education £	Governance £	Cost of generating voluntary income £	2009 Total £	2008 Total £
Central services	12,209	13,741	31,207	19,025	1,865	32,812	110,859	115,008
Operational management	5,799	6,770	17,834	17,192	20,880	42,975	111,450	149,070
	18,008	20,511	49,041	36,217	22,745	75,787	222,309	264,078

Central office overheads are allocated on a per person basis to staff in the office. The time spent by each staff member on every activity of the Charity is allocated on a month by month basis throughout the year. Overheads and staff costs are then allocated to the various charitable activities based on this staff time basis.

## 4. Costs of charitable activities

	Activities undertaken directly £	Grant funding of activities £	Support costs £	2009 Total £	2008 Total £
Research into Prevention & Causes	849,589	1,145,993	18,008	2,013,590	3,684,191
Research into Treatment	1,152,776	1,061,404	20,511	2,234,691	3,353,843
Welfare	1,656,816	1,020,000	49,041	2,725,857	2,547,804
Education	489,009	0	36,217	525,226	1,139,993
	4,148,190	3,227,397	123,777	7,499,364	10,725,831

## 5. Results of the parent charity

	2009 £	2008 £
Total incoming resources	10,435,095	12,190,378
Total resources expended	(9,318,910)	(12,682,841)
Net movement in funds	1,116,185	(492,463)

# CHILDREN with LEUKAEMIA

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



# Financial information

## 6. Tangible fixed assets

	Freehold land and buildings 2009 £
Valuation	
Balance at 1 January 2009	700,000
Disposals	(700,000)
Balance at 31 December 2009	-
Accumulated depreciation	
Balance at 1 January 2009	58,333
Charge for year	7,000
Disposals	(65,333)
Balance at 31 December 2009	-
Net book value	
At 1 January 2009	641,667
At 31 December 2009	-

The tangible fixed asset was held for the Charity's own use and was disposed on 6 April 2009. Net proceeds of £631,321 were received.

## 7. Investments

During 2009, the Charity reclassified part of the current assets investment balance as fixed asset investments. £6,300,000 (2008: £4,500,000) has been reclassified because it was felt that this better reflected the purpose of holding this cash.

### Investment in subsidiary

CHILDREN with LEUKAEMIA holds 100% of the share capital of Helping Children with Cancer Limited. The value of the share capital owned is £100. Helping Children with Cancer Limited raises funds via commercial activities and sponsorship. Any taxable profits made by Helping Children with Cancer UK are donated to CHILDREN with LEUKAEMIA under Gift Aid.

The income and expenditure for the year ended 31 December 2009 is as follows:

	2009 £	2008 £
Income	26,252	47,234
Cost of sales	(590)	(5,687)
Administrative expenses	(12,786)	(10,047)
Profit on ordinary activities before gift aid and taxation	12,876	31,500

The balance sheets for the subsidiary as at 31 December 2009 are as follows:

	2009 £	2008 £
Assets	36,899	57,283
Liabilities	(36,799)	(57,183)
Unrestricted Funds	100	100

## 8. Trustees' emoluments

The Trustees received no remuneration or expenses during the year (2008 Nil).

## 9. Debtors

	2009 Group £	2009 Charity £	2008 Group £	2008 Charity £
Trade debtors	66,304	59,349	50,613	42,120
Amounts due from subsidiary undertakings	-	32,083	-	49,975
Other debtors	704,580	705,653	453,561	454,669
Accrued income	17,937	-	23,611	8,265
Prepayments	923,480	923,480	853,230	853,229
	1,712,301	1,720,565	1,381,015	1,408,258

## 10. Grants to third parties

	2009 £	2008 £
Outstanding liabilities at the start of the year	7,407,612	5,189,612
Awarded during the year:		
Research into prevention and causes	1,145,993	2,370,107
Research into treatment	1,061,405	2,169,289
Welfare	1,020,000	820,000
Awareness and Knowledge	-	305,000
	3,227,398	5,664,396
Paid during the year	(4,174,576)	(3,634,097)
Foreign exchange (gain)/loss	(112,480)	187,701
Outstanding liabilities at the end of the year	6,347,954	7,407,612
Grants falling due within one year	3,449,486	3,630,751
Grants falling due after more than one year	2,898,468	3,776,861
	6,347,954	7,407,612

The foreign exchange gain/(loss) arises on the restatement of grant creditors payable in a foreign currency. A number of these grants are payable after more than one year and the actual amount that will be paid will be dependent on the exchange rate at that time. The £112,480 is therefore an unrealised foreign exchange gain.

## 11. Creditors: amounts falling due within one year

	2009 Group £	2009 Charity £	2008 Group £	2008 Charity £
Trade creditors	389	389	19,636	19,636
Amounts due to subsidiary undertakings	-	10,532	-	24,719
Taxes and social security	20,393	20,393	34,109	34,109
Accruals and deferred income	342,870	339,227	437,199	431,098
	363,652	370,541	490,944	509,562
Grants	3,449,486	3,449,486	3,630,751	3,630,751
	3,813,138	3,820,027	4,121,695	4,140,313

## 12. Analysis of net assets between funds

	2009 Group Unrestricted funds £	2009 Group Restricted funds £	2009 Group Total funds £	2008 Group Total funds £
Fixed assets	6,300,000	-	6,300,000	5,141,667
Net current assets	1,105,406	-	1,105,406	2,025,946
Creditors falling due after more than one year	(2,898,468)	-	(2,898,468)	(3,776,861)
Net assets at the end of the year	4,506,938	-	4,506,938	3,390,752

## 13. Statement of funds

	At the start of the year £	Incoming resources £	Outgoing resources £	Transfers £	At the end of the year £
Restricted funds					
Leukaemia (see note below)	-	3,603,620	(3,603,620)	-	-
Other	-	10,050	(10,050)	-	-
UCL Institute of Child Health Project Grant	-	30,000	-	(30,000)	-
Childhood Cancer Research Programme	-	53,400	-	(53,400)	-
	-	3,697,070	(3,613,670)	(83,400)	-
Unrestricted funds	3,390,752	6,742,262	(5,709,476)	83,400	4,506,938
Total funds	3,390,752	10,439,332	(9,323,146)	-	4,506,938

### Note

The restricted funds comprise donations that were to be spent on specific causes and projects and these were all discharged during 2009.

The £3,603,620 received during the year relates to donations received specifically to be spent in the pursuit of our charitable objects in relation to Leukaemia only (as opposed to other forms of cancers or allied disorders).

The £30,000 received during the year was restricted against a grant made to Dr. Persis Amrolia at Great Ormond Street Hospital/UCL Institute of Child Health in 2008. This grant was awarded at the time entirely out of unrestricted resources and £46,223 has been paid in cash during 2009 (total award £348,791). Therefore, the £30,000 has been transferred from restricted back to unrestricted funds in 2009.

The remaining £53,400 of restricted donations received in 2009 was for the purpose of funding the 2007 grant made to Professor Boshoff for his childhood cancer research programme. This grant was awarded at the time entirely out of unrestricted resources and £134,551 has been paid in cash during 2008 and 2009 (total award £1,024,808). Therefore, the £53,400 has been transferred from restricted back to unrestricted funds in 2009.

## 14. Staff costs

	2009 £	2008 £
Salaries and wages	645,535	825,778
National Insurance	66,721	88,368
Pension	76,791	99,204
	789,047	1,013,350

During the year, one employee had emoluments between £70,000 and £80,000 and one employee had emoluments between £60,000 and £70,000 (2008: One employee had emoluments between £130,000 and £140,000 during the year and no other employee had emoluments exceeding £60,000). Emoluments refers to gross salary and pension only.

The average weekly number of employees during the year, as calculated on a full time equivalent basis, was as follows:

	2009	2008
Charitable Activities	5	8
Generating Funds	15	12
Governance	1	3
	21	23

All employees contributed to fundraising campaigns, projects and programmes and the management and administration of the Charity.

## 15. Related parties

Lord Cadogan, a Trustee, is Chairman of the Board of Trustees for the Leukaemia Research Fund (216032). The Charity gave grants amounting to a total of £1,000,500 via the Leukaemia Research Fund in 2009. Lord Cadogan did not take part in discussions concerning the decision to make these grants.

Professor Denis Henshaw, a Trustee, was awarded a grant totalling £348,152 in 2009, payable to his institution (University of Bristol) over the years 2009 to 2011. As at 31 December 2009, a further £46,787 was owed to the University of Bristol for a grant awarded in 2004 (2008: £66,059) and a further £302,061 is owed to them arising from a grant awarded in 2008.

Rodney Seddon was appointed as a Trustee on 6 October 2009. He is also a Trustee of the Venik Trust (charity number 1063185) and Paul O'Gorman Lifeline (charity number 1108060). The Venik Trust have donated £700,000 during the year and Paul O'Gorman Lifeline have received a grant totalling £750,000. Rodney Seddon did not take part in discussions concerning the decision to make this grant.



## 16. Grants to third parties

	Research into Prevention & Causes 2009 £	Research into Treatment 2009 £	Welfare 2009 £	Education 2009 £	Total 2008 £
Dr Nick Goulden & Dr Chris Mitchell. <i>Programme grant: UK ALL 2010*.</i>		750,000			
Paul O'Gorman Lifeline. <i>To fund the treatment of children with leukaemia and other cancers from Eastern Europe.</i>			750,000		750,000
Professor Denis Henshaw, University of Bristol. <i>Project grant: Inhaled particle deposition in the human lung - dependence on their electric charge state. (2008: Programme grant: Environmental causes of childhood leukaemia).</i>	348,152				471,438
Professor Jill Birch, University of Manchester. <i>Project grant: International study of non-CNS embryonal tumours - UK pilot.</i>	324,539				
Dr Malcolm Taylor, University of Manchester. <i>Project grant: Systematic analysis of MHC-restricted antigen-specific T cell responses in children with leukaemia using T cell microarrays - a pilot validation study.</i>	314,697				
Leukaemia Research. <i>Project grant: ALL cell bank.</i>		250,500			
CLIC Sargent. <i>Paul's Fund: to provide financial assistance to the families of children being treated for leukaemia and other cancers.</i>			200,000		
Professor Stephen Rappaport, University of California, Berkeley. <i>Project grant: Pilot study to measure quinone adducts in newborn blood spots.</i>	73,957				
Professor Rob Mairs, University of Glasgow. <i>Equipment grant: for purchase of ELF-EMF exposure system.</i>	70,500				
CHASE Hospice Care. <i>To support the cost of services services provided to children with leukaemia and other cancers.</i>			60,000		60,000
Dr Anjali Shah, Childhood Cancer Research Group, University of Oxford. <i>Project grant: The impact of predictors of co-morbidity and treatment intensity on survival from leukaemia and other childhood cancers in England and Wales.</i>		51,905			
Dr Malcolm Taylor, University of Manchester. <i>Top-up funding for project grant: The role of HLA genes in protection from childhood leukaemia.</i>	11,275				
Leukaemia CARE. <i>To support the costs of running Care Line.</i>			10,000		
Dr Craig Donaldson, University of the West of England. <i>Top-up funding for project grant: Comparison of phenotype and function of cord blood NKT cells with adult NKT cells in vitro: relevance to graft vs leukaemia.</i>		9,000			
Professor Eric Wright, University of Dundee Medical School. <i>Top-up funding for project grant: Investigations of microenvironmentally-mediated damage as a promotional factor in childhood leukaemia.</i>	3,779				
Dr Lyndal Kearney, Institute of Cancer Research, London. <i>Top-up funding for project grant: Defining the role of JAK2 mutations in the natural history and molecular pathogenesis of 'excess risk' ALL in children with Down syndrome.</i>	1,221				
Professor Pat Buffer, University of California, Berkeley. <i>Underspend on 2005 grants, reversed in 2009.</i>	(1,538)				
Dr Owen Williams, Institute of Child Health. <i>Underspend on 2003 grant, reversed in 2009.</i>	(320)				
Dr Gordon Strathdee, University of Newcastle upon Tyne. <i>Underspend on 2006 grant, reversed in 2009.</i>	(269)				
Dr Paresh Vyas, Weatherall Institute for Molecular Medicine, University of Oxford and Professor Irene Roberts, Imperial College, London. <i>Downs Syndrome associated preleukaemia and leukaemia.*</i>					922,319
UK Childhood Leukaemia Working Party. <i>Phase III studies of MRD-based risk stratification and treatment of childhood ALL. Final payment (total £1.7m).*</i>					511,094
Great Ormond Street Hospital Children's Charity. <i>Capital funding for redevelopment and expansion of haematology/oncology facilities. Final payment (total £2.4m).</i>					400,000
Dr Persis Amrolia, Great Ormond Street Hospital for Children/ UCL Institute of Child Health. <i>Project grant: Selective depletion of alloreactive donor T-cells to improve immune reconstitution and anti-leukaemic responses after haemopoietic stem cell transplant for AML.**</i>					348,791
Dr Persis Amrolia & Dr Nicholas Goulden, Great Ormond Street Hospital for Children/ UCL Institute of Child Health. <i>Project grant: Immunotherapy with CD190 gene-modified EBV-specific CTLs after stem cell transplant in children with high-risk ALL.**</i>					348,658
Alasdair Philips, Powerwatch. <i>Towards public information programme (childhood cancer and electric and magnetic fields).</i>					305,000
Dr Anand Chokkalingam, University of California, Berkeley. <i>Project grant: Mechanistic studies of folate as a risk factor for childhood ALL</i>					227,181
Dr Waseem Qasim, UCL Institute of Child Health. <i>Project grant: T-cell receptor therapy against leukaemia.**</i>					210,301
Dr John Anderson & Dr Martin Pule, Great Ormond Street Hospital for Children/ UCL Institute of Child Health. <i>Project grant: Assessment of anti-PAX5 immunotherapy for paediatric haematological and solid cancers in transgenic humanised murine model.**</i>					200,289
Professor Shai Izraeli, Sheba Medical Centre, Israel. <i>Project grant: Hematopoietic transcription factors and childhood leukaemia - Down syndrome as a model.</i>					198,432
Professor Joshua Schiffman, University of Utah. <i>Project grant: Identifying and characterizing copy number variation as a risk factor for childhood leukaemia.</i>					183,069
Dr Lyndal Kearney, Institute of Cancer Research, London. <i>Project grant: Defining the role of JAK2 mutations in the natural history and molecular pathogenesis of 'excess risk' ALL in children with Down syndrome.</i>					128,083
Dr Richard Feltbower, University of Leeds. <i>Project grant: Leukaemias and other cancers in teenagers and young adults in England: an aetiological analysis using new statistical techniques</i>					120,351
Dr Craig Donaldson, University of the West of England. <i>Project grant: Comparison of phenotype and function of cord blood NKT-cells with adult NKT-cells in vitro: relevance to graft versus leukaemia.</i>					111,351
Dr Joachim Schüz, Institute of Cancer Epidemiology, Copenhagen. <i>Project grant: Proximity to power lines and childhood leukaemia in Denmark.</i>					83,135
Dr Nick Goulden, Great Ormond Street Hospital/ UCL Institute of Child Health. <i>SNP micro array profiling of high hyperdiploidy childhood ALL (pilot).**</i>					28,000
Childhood Leukaemia International Consortium (CLIC). <i>To support costs of 2009 collaborators' meetings.***</i>					11,235
Dr Nichola Cooper, UCL Institute of Child Health. <i>Project grant: Establishing an in vivo model of cord blood stem cell transplantation.</i>					10,805
Leukaemia Care. <i>To support the running costs of Care Line. (2007: Pilot paediatric training day in Birmingham.)</i>					10,000
Association of Radiation Research (ARR). <i>To support ARR annual meeting (2009).</i>					8,000
Professor Tim Eden, University of Manchester. <i>To support 11th International Paediatric Haematology and Oncology Update Meeting, October 2008.</i>					8,000
Dr Malcolm Taylor, University of Manchester. <i>Travel grant to attend AACR meeting in San Diego, April 2008.</i>					2,020
Professor Denis Henshaw, University of Bristol. <i>Travel grant to attend ICNIRP meeting in Berlin, May 2008.</i>					1,800
Alasdair Philips. <i>Travel grant to attend ICNIRP meeting in Berlin, May 2008.</i>					1,772
National Cancer Research Institute (NCRI). <i>Partner contribution to 2008 conference.</i>					1,230
Roger Coghill, Coghill Research Laboratories. <i>Travel grant to attend BEMS annual meeting, San Diego, June 2008.</i>					1,172
Professor Rob Mairs, University of Glasgow. <i>Travel grant to attend ICNIRP meeting in Berlin, May 2008.</i>					870
Total grants to third parties	1,145,993	1,061,405	1,020,000	-	5,664,396
Spend on campaigns, projects and programmes (excluding grants)	864,250	1,173,286	1,705,857	525,226	
Total resources expended on charitable activities	2,010,243	2,234,691	2,725,857	525,226	

\*Grant administered by Leukaemia Research (registered charity no. 216032)

\*\* Grant administered by Great Ormond Street Children's Charity (registered charity no. 235825)

\*\*\* Grant administered by the Regents of the University of California

# CHILDREN with LEUKAEMIA

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



# Thank you

None of the work described in the pages of this report would have been possible without the generosity and support of the many individuals and organisations that have devoted their time, energy and money to help us in the fight against childhood cancer.

We are humbled by the bravery and generosity of the many families who have shared with us their first-hand experiences of childhood cancer; you are an inspiration to us all and we wish you every possible happiness for the future.

Regrettably, space does not permit us to mention everyone who has worked with us during the year but we extend an enormous thank you to every single person who so kindly contributed to our work in 2009, by whatever means. This includes:

- The volunteers and committees who have devoted themselves to our special events;
- The many hundreds of volunteers who helped make our Amazing Great Children's Party such an enormous success;
- The thousands of Mr Men and Little Miss runners who went to such great lengths, literally, to raise funds for our work;
- The volunteers that have supported our runners at races the length and breadth of the country;
- The thousands of children who have taken part in our Children's Challenges, as well as the teachers and group leaders who have organised the challenges locally;
- All of our corporate and trust supporters;
- All those who have worked with us on our campaign to highlight the dangers of exposure to high levels of electric and magnetic fields – including supporters in the House of Commons and the House of Lords, and our partners on SAGE;
- Our scientific advisors including the many external reviewers who have helped by assessing funding proposals for us during the year;
- Our celebrity friends who have supported our work in many and varied ways;
- The volunteers who provide such valuable support to our staff team in the office;
- Our dedicated staff team – their commitment and enthusiasm helps to drive forward all areas of our work.

To all our much valued supporters we send our heartfelt thanks and warmest wishes.

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