Annual Review 2014

children with cancer uk
research and care • saving young lives
Four out of five children and young people diagnosed with cancer can now be successfully treated. But there is still so much to do...

Almost 4,000 children and young people (aged 0 to 24 years) are diagnosed with cancer each year in the UK.

Overall, leukaemias and brain tumours are the most commonly diagnosed cancers in 0 to 24 year olds, together accounting for more than a third of cases. The range of cancers affecting this age group is broad and is different to that for older age groups.

The good news is that, thanks to remarkable progress in treatment, more and more children and young people are surviving cancer. Overall survival rates in the childhood and the teenage and young adult (TYA) groups are both now above 80%.

But treatment is long and hard for most young patients, involving lengthy hospital stays, unpleasant procedures, toxic medicines and separation from family and friends. Ultimately, even the most aggressive of treatments fail to save the lives of one in five young patients.

Cancer is the UK's leading cause of death from disease in the 0 to 24 year age group.

With an estimated 35,000 long-term survivors of childhood cancer alive in the UK today, there is an increasing focus on survivorship and the long-term effects of childhood cancer and its treatment. In many cases, survival has been achieved through the use of extremely aggressive treatments, the long-term effects of which we are only just beginning to understand.

Such incredible progress has been made in the treatment of cancer in children and young people but there are still many young people dying from cancers for which we simply do not have effective treatments.

Continued investment is needed in the development of treatments that are not only more effective in curing the cancers that afflict children and young people, but also do not put these patients at risk of serious long-term harm.

Since our inception 27 years ago, we have played a major role in pushing up survival rates, particularly for those children suffering with acute lymphoblastic leukaemia (ALL), the most common form of childhood cancer. Today, 92% of children diagnosed with ALL will survive and the NHS has adopted treatment and procedures pioneered with funding from our charity.

These achievements would not have been possible without the generosity of supporters like you and for that we are enormously grateful.

However, cancer affects almost 4,000 children and young people in the UK every year. It is the leading cause of disease-related death in the under 25s and it is on the increase.

In 2014, we launched our Brain Tumour Initiative to drive progress in childhood brain tumour research. Brain tumours kill more children than any other cancer and progress in research has been slow. With your help, we hope to increase the momentum in childhood brain tumour research, drive improvements in treatment and increase survival rates for this devastating cancer.

Our commitment remains as resolute today as it was when we began. Since 1988, together, we have raised £180 million to fight childhood cancer and help save young lives.

Much has been achieved, but there is still much to be done. Without our valued supporters, vital research and welfare projects could not be funded.

I offer my heartfelt thanks to everyone who has so kindly supported our work to help more children and their families. I look forward to all we can continue to achieve together in the future.

Eddie O’Gorman OBE
Founder and Chairman of Trustees

Esme, pictured on the front cover, was diagnosed with acute lymphoblastic leukaemia (ALL) in May 2012. Esme finished her treatment in August 2014.

Alice, with her mother, Jane

Foreword by our Chairman

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Alice, with her mother, Jane
Research highlights

In 2014, we awarded new research grants totalling more than £4 million, giving our support to 12 new research projects and awarding our three first-ever Fellowships.

We now have more than 50 active research grants, supporting vital research in centres around the UK.

During 2014, we also launched our new Brain Tumour Initiative, through which we are striving to increase the pace of progress against these devastating tumours (see page 8); the first major awards under this initiative will be granted early in 2015.

We strive to fund only the best research, which holds the greatest promise of delivering results that will improve our understanding of childhood cancer and improve the outlook for young patients. Our research grants are awarded in open competition, following a process of rigorous external review.

Highlighted below are three of the projects funded as part of our 2014 grant round:

Dr Waseem Qasim, UCL Institute of Child Health

Development of new immunotherapy techniques for children with cancer

An important new treatment approach in cancer is the use of patients’ own immune cells, collected from patients and engineered to recognise and kill tumour cells. Unfortunately, after chemotherapy, many children have very low numbers of these cells, making this treatment unfeasible. Dr Qasim is using cells taken from donated umbilical cord blood and engineering them to fight cancer in children with leukaemia and neuroblastoma. This should enable the team to offer cell therapy to children who are ineligible for treatment using their own immune cells.

Dr Matthew Murray, University of Cambridge

A new treatment approach for children with malignant germ cell tumours

Malignant germ cell tumours (GCTs) are a varied group of tumours that occur mostly in the ovaries and testes but also at other sites, including the brain. Dr Murray is focussing upon the development of a new treatment approach for GCTs – targeting short pieces of genetic code known as microRNAs that are found at elevated levels in these tumours. Targeting microRNAs may be a ‘clean’, non-toxic therapy that could improve survival in patients with high-risk malignant GCTs, with minimal risk of side effects.

Dr Christina Halsey, University of Glasgow

Management of neurological side effects in children with cancer

Children with cancer are given combinations of chemotherapy drugs in high doses. While these drugs give young patients the best chance of surviving their cancer, they are highly toxic and can cause a variety of side effects, including damage to the brain. Currently, there is no way to predict which children will develop brain damage and there are no treatments to prevent or reduce such damage. Dr Halsey aims to determine whether it is possible to identify children most at risk; if so, these children will then be candidates for new approaches to reduce the damaging effects of chemotherapy on the brain.

“Millie makes me want to live and enjoy every day I have with her. Research is vital in understanding and treating this and many other nasty childhood cancers. No child deserves to go through what Millie has been through.”

Millie’s Mum, Vanessa

Millie was diagnosed with neuroblastoma in 2011 and needed six rounds of chemotherapy as part of her treatment.

“Just like any other parent I don’t want to see my child suffer. I also don’t want her to die from cancer and we are faced with a cure that is as nasty as the disease. I dream about the future, when all of this is over, when Vega is well. I have hopes for a future when families do not have to face the same hardship as us. When treatment is easier, quicker - or maybe even redundant because a cure has been developed.”

Vega’s Mum, Kathi

Vega was diagnosed with acute lymphoblastic leukaemia (ALL) in 2012. By June 2014 she had completed intensive treatment followed by maintenance treatment. Vega had her first steroid-free birthday in December 2014.
Research highlights: Fellowships

Through our new research fellowship scheme, we aim to identify talented early career researchers and set them on course to develop independent careers in childhood cancer research. In 2014, we awarded five-year Paul O’Gorman Research Fellowships to three highly promising young researchers, at a total cost of £1.2 million.

Dr Zoë Walters
The Institute of Cancer Research, London
Dr Walters’ research focuses on rhabdomyosarcoma, a cancer of soft tissues. She is taking forward research exploring new ways of targeting tumour cells, with the aim of identifying new treatments.

Dr Yann Jamin
The Institute of Cancer Research, London
Dr Jamin is exploring the development of new MRI scanning techniques to help personalise treatment for children with neuroblastoma. He will explore new ways of monitoring response to treatment and identifying treatment resistance.

Dr Maria Niklison-Chirou
Blizard Institute, Queen Mary University of London
Dr Niklison-Chirou’s research is focussing on a specific gene, p73, implicated in the development and proliferation of the brain tumour medulloblastoma. She will be exploring its function in greater detail and looking at ways to target it as a new approach to treatment.

What we’re going to do in 2015

We will conclude assessment of the 18 project grant applications shortlisted under our 2014/15 call.

We will launch a new call for applications for Post-doctoral Research Fellowships in childhood cancer, from which we plan to award three new Fellowships within the year.

We will award the first major grants under our new Brain Tumour Initiative.

We will strengthen our Scientific Advisory Panel to further increase the breadth of expertise.

We will carry out a review of our research strategy.

We will take forward plans for our fourth international conference on childhood cancer, to take place in 2016.

Louisa

“Louisa is one of the lucky ones, she made it through and we are just so very thankful for our lively and energetic little girl. We know that other families are not so lucky and if you can help the charity to try and beat this disease once and for all, we would all be so very grateful.”

Louisa’s Mum, Davina

Louisa was diagnosed with acute myeloid leukaemia (AML) aged just three weeks old.

Krystal

“Krystal’s hair has been growing back since the harsh chemo is over. She still has to take her morphine and anti-sickness medicine and milk through her peg, but she’s not in hospital as much. We just take every day home as a blessing.”

Krystal’s Mum, Rebecca

Krystal was diagnosed with rhabdomyosarcoma in March 2014 and underwent treatment throughout the year.
Research highlights: Brain Tumour Initiative

In 2014, we launched an important new initiative to increase momentum in childhood brain tumour research.

Brain tumours cause more deaths than any other type of childhood cancer, but receive only a small share of research funds. To counter this, we have launched a three-year, £3 million initiative to drive progress in the research and treatment of these devastating tumours.

Brain and spinal tumours (or central nervous system, CNS tumours) are the most common group of solid tumours in childhood, accounting for a quarter of diagnoses. They cause more deaths than any other of the childhood cancers. Childhood CNS tumours are a diverse group of cancers. A large proportion are benign, low-grade tumours with high survival, but many of the malignant CNS tumours have a poor prognosis. Although there has been some improvement in survival for some of the malignant CNS tumours, progress has been slow and the outlook remains bleak for many young patients. Evie (pictured) was diagnosed with a brain tumour called Diffuse Intrinsic Pontine Glioma (DIPG) when she was eight years old. There are no effective treatments for DIPG and Evie died just ten months after diagnosis.

In 2014, we approved funding for an important project led by Dr Chris Jones at The Institute of Cancer Research, which we hope will take us closer to the development of effective treatments for DIPG.

The effects of a brain tumour, and the aggressive treatments used, can take a heavy toll on survivors. Young patients are at risk of devastating long-term problems that severely impact on their future health and wellbeing; more than 60% of childhood brain tumour survivors are left with life-altering disabilities.

Bridging the gap in childhood brain tumour research

Despite the devastation caused by childhood brain tumours, they have not attracted their fair share of research funding. This has limited progress in research and treatment.

This contrasts with the picture for childhood leukaemia, where sustained research investment has transformed a disease that was almost universally fatal 50 years ago to one which almost 90% of patients now survive.

Through our new Brain Tumour Initiative, which will carry on alongside our usual funding streams, we hope to increase momentum in childhood brain tumour research towards a brighter future for young patients.

To make best progress, we believe that a strongly collaborative approach is required and we encourage the submission of highly-collaborative research proposals that will maximise progress and minimise duplication of effort.

What we’re going to do in 2015

We will award the first major research grants under the Brain Tumour Initiative early in 2015.

We will continue to invest in this Initiative to drive progress in the research and treatment of these devastating tumours.

We will take forward plans for a focussed workshop on paediatric brain tumour research and treatment, to take place early in 2016.

Evie

“Evie was such an amazing girl; she was an inspiration to everyone. No parent should have to go through this heartbreak. More needs to be done to find ways to cure this horrible disease.”

Evie’s Mum, Emma
It is only thanks to kind donations from our supporters that we were able to host a day out at Zippos Circus for the fourth successive year.

In 2014, this always popular event was attended by almost 50 families of children affected by cancer. Everyone had a wonderful day watching the famous Rastelli Clowns, the Tropicana Troup Cuban acrobats, a Ukrainian strongman and a wide variety of other thrilling performers. Following a party lunch in the mini big top, the children met the performers and some were even lifted up by the strongman!

Welfare highlights

In 2014, we were able to fund welfare projects throughout the UK. Highlighted below are just three of these projects:

1. Marion’s House, Glasgow
As part of our commitment to help families affected by childhood cancer, we continued to work closely with our friends at CLIC Sargent through our support of their ‘Home from Home’ in Glasgow. These Homes help families who may not live near hospitals, allowing them to remain together and minimise difficulties in travel and accommodation.

2. Together for Short Lives, Bristol
We are pleased to have given financial support to one of the leading UK charities for children with life-threatening and life-limiting conditions. Together for Short Lives supports families, professionals and services, including children’s hospices. Their work helps to ensure that children receive the best possible care, wherever and whenever they need it.

3. Nottingham University Hospitals NHS Trust, Nottingham
We awarded funding to Nottingham University Hospitals NHS Trust towards an intra-operative MRI scanner at Queen’s Medical Centre. Surgery for brain tumours is usually about trying to remove as much of the tumour tissue, as safely as possible, from within the delicate brain tissue. This new scanner is a portable system that can be used to guide this complex surgery without the patient having to be moved from the operating table, ensuring the best possible result is achieved for children with brain tumours.

What we’re going to do in 2015
We plan to continue our efforts to help even more families affected by childhood cancer.

From the moment of diagnosis, for whatever life holds, they help to ensure that families make the most of their precious time together.

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Raising awareness

Bake Club at Westminster

In May, we hosted an event at Portcullis House in London with Andrew Percy MP to promote awareness of the needs of children with cancer among policy makers. We also used the event to promote one of our new fundraising initiatives, Bake Club.

Our patient representative for the event was Tara (pictured on page 15), who was diagnosed with leukaemia aged two. She achieved her five-year remission in 2013 and was a total star talking to MPs about our work while everyone enjoyed delicious cakes.

Golden Afternoon Tea

In September, as part of Childhood Cancer Awareness Month, our friends at One Aldwych Hotel hosted a Golden Afternoon Tea for some very special guests. Our patient representatives Luke, Hollie and Bethan (pictured) and their families joined us for cakes, treats, candyfloss and lots of fun. We were also delighted to be joined by friend of the charity and four-time Olympic gold medal winner, Sir Matthew Pinsent CBE.

Childhood Cancer Awareness Month

In 2014, we took part in Childhood Cancer Awareness Month. This was the first time UK charities aligned with other countries to mark the event in September rather than in December. Our aims were to raise awareness and funds for childhood cancer. We are very grateful to Dr-Phi who wrote a weekly blog for us about her experiences as a GP with a child going through treatment for cancer.

We were delighted that our social media campaign, #youngerselfie, was supported by celebrities such as Simon Pegg, Adrian Lester and Linda Robson; such busy celebrities supporting our work is invaluable and helps our message to reach thousands of potential supporters.

Our hero patient story for the month was Bethan, who has undergone treatment for Ewing’s sarcoma.

What we’re going to do in 2015

We will work closely with other charities to ensure that childhood cancer awareness is optimised throughout the year.

“I like to share Bethan’s story as I want it to give hope to others. Research is so important – the things that can and have happened are phenomenal and all the fundraising makes a huge difference.”

Bethan’s Mum, Lynne

In 2012, Bethan was diagnosed with Ewing’s sarcoma. In 2013, Bethan had her lines removed, just over one year after her last chemo treatment.
We developed our fundraising appeals and welcomed increasing numbers into our running, cycling and trekking teams, all to help more children with cancer.

We are very grateful to everyone who supports our work through a variety of fundraising activities, some of which are highlighted below:

**Fundraising highlights**

**Challenges**
Throughout 2014, supporters completed individual challenges in the UK and overseas. 260 supporters cycled, climbed, walked and trekked to raise over £212,000.

**St. Baldrick’s**
Through our partnership with St. Baldrick’s, we received £73,000 from people shaving their heads to support our work.

**RAG**
In 2014, one of our most successful community fundraising activities was to encourage university Raise and Give societies (RAGs) to support us. Through organising an abseil, becoming charity of the year at different universities and helping with RAG Raids, over £30,000 was generated.

**Community Fundraising**
Around the country, Community Fundraising activities such as Bake Club, Christmas Choirs and an array of other individual fundraising events raised over £290,000.

**Major Cycling Events**
In August, we fielded a team of cyclists in the second Prudential RideLondon 100. Our team of more than 320 cyclists raised over £250,000.

**Spring 2014 Grand Draw**
Our first Spring Raffle was launched in 2014, headed by national treasure and friend of the charity, Sir David Jason. Thanks to our generous supporters, the raffle raised a fantastic £700,000.

**The Children with Cancer Ball**
The Children with Cancer Ball was held on Saturday 8th November 2014 at the Grosvenor House Hotel with over 750 guests attending. We thank Rob Templeman, and the rest of the organising committee for their hard work in helping to raise £436,000.

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**Marbella Ball**
Caroline Randerson’s Summer Party held in May, in Marbella, raised over £34,000.

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One of our flagship events, the 2014 Virgin Money London Marathon raised over £2.5 million for the charity, thanks to the efforts of our incredible runners and their supporters.

Fundraising highlights: New fundraising campaigns

We launched our first national TV fundraising campaign to attract new supporters and raise funds for vital research and welfare projects. As well as the advertising campaign, we created a new donation website, for the first time giving our supporters the opportunity to donate via mobile devices.

The campaign also appeared on trains and rail networks; in shopping centres and other public venues across the country, we also set up fundraising teams to help raise life-saving funds.

By the end of 2014, we had succeeded in securing thousands of new regular givers as well as almost 40,000 single donations from new supporters.

What we’re going to do in 2015

We will continue to build on these successes and introduce new fundraising methods to grow our regular-giving supporters. Our overall aim for the campaign is to attract 10,000 new regular-giving supporters by the end of 2015.

Virgin Money London Marathon

One of our flagship events, the 2014 Virgin Money London Marathon raised over £2.5 million for the charity, thanks to the efforts of our incredible runners and their supporters.
Legacy giving

We are very fortunate that people continue to remember us when leaving a gift in their will.

We are extremely thankful to Wendy Westwood (pictured) for her continued involvement in our legacy campaigns.

In 2002, Wendy lost her granddaughter Hollie to acute lymphoblastic leukaemia (ALL) when she was just four years old. Since then, Wendy has helped to raise vital funds in the hope that no child suffers a similar fate to Hollie.

My granddaughter Hollie passed away from leukaemia when she was just four years old, one month after her diagnosis. I have chosen to leave a gift in my will to Children with Cancer UK because no child should die of this terrible disease. The only way we can make this a reality is by funding more research.

Wendy, Hollie’s grandmother

To learn more about leaving a gift in your will please visit childrenwithcancer.org.uk/will

Corporate partnerships and trust fundraising

We are hugely grateful to the many companies and foundations - large and small - that choose to support us, and all their dedicated staff who fundraise so enthusiastically to raise vital funds and awareness for Children with Cancer UK.

EDM Group

Information management company EDM raised over £12,000 for our cause in 2013 and 2014 by organising events such as sponsored head shaves, mud runs, cake sales and sponsored dress down days. A sincere thank you to EDM Group for their hard work.

Coral

Our two year Charity of the Year partnership with Coral started in 2014 with a fundraising target of £500,000. Halfway through the partnership, Coral had already raised this amount and decided to increase the target to £750,000. With enthusiastic staff, there has been a flurry of fundraising activity including Bake Club, Christmas jumper competitions and Dragon Boat racing to name a few. Chief Executive Andy Hornby also ran the London Marathon for us in 2014. We are enormously grateful for all that Coral has done and continues to do for us.

A special thank you to The Aila Coull Foundation

We are very grateful to The Aila Coull Foundation for providing funds to support vital research into childhood acute myeloid leukaemia by Dr Francis Mussai at the University of Birmingham.

Igloo Books

Igloo Books (pictured above) raised money through a range of events, the largest being ‘One Big Effort’, a mammoth challenge event involving 30 participants cycling 180 miles from Paris to Calais, rowing across the English Channel and running from Dover to London before completing the London Marathon. In total, 18 people completed the whole distance raising over a staggering £100,000! A huge thank you to Igloo Books for all their support.
How we raise funds for children with cancer

As a member of the Fundraising Standards Board (FRSB), the independent self-regulator of fundraising in the UK, Children with Cancer UK is committed to best practice in fundraising and follows the Fundraising Promise and the Institute of Fundraising's Code of Fundraising Practice.

Our Fundraising Promise

The Fundraising Promise is a key part of the FRSB scheme. It outlines how we, as a member, will behave when undertaking our fundraising and ensures fundraising is legal, honest, open, transparent and accountable.

- We are committed to high standards
- We are honest and open
- We are clear
- We are fair and reasonable
- We are accountable

Our Supporter Care Charter

- We recognise the true value of each and every supporter
- We respect our supporters
- We value supporter relationships
- We know who our supporters are
- We listen to our supporters’ feedback
- We go “The Extra Mile”

Our total fundraising income

- Appeals and associated donations: 34%
- Running events: 10%
- Committed giving: 7%
- Corporate and trust donations: 5%
- Special events and trading: 9%
- Others including challenges and community: 24%
- Legacies: 21%

How your donations help children with cancer

We are pleased to report that our income has increased to £12.8 million in 2014.

This has allowed us to fund more essential research and welfare programmes to help more children with cancer.

As we receive no government funding, we rely exclusively on the voluntary generosity of our supporters.

For every £1 you donate, we spend 83p fighting childhood cancer.

For every £1 we spend on fundraising, we raise over £5 more.

Research into Prevention and Causes: 16%
Research into Treatment: 13%
Welfare: 25p
Education: 17p
Governance costs: 28p
Cost of generating funds: 1p

100%
Thank you

A warm and heartfelt thank you to all the families featured in this Annual Review and to all those who have kindly shared their experiences. Your involvement is essential in raising awareness and vital funds to help children with cancer.

Although we are only able to highlight a very small number of our supporters below, we offer our sincere and wholehearted thanks to everyone who so generously supported our work during 2014:

Runners and challenge participants, especially Gillian Clason, Andy Hornby and Mike Levitz.

All those who have organised their own fundraising events, including Geoff Cox and St. Baldrick’s.

Our dedicated Ball, Opera and Quiz chairs and committees, especially Rob Templeman, Margrete Hargreaves-Allen and Lady Julia Craig Harvey.

Martin Burton and Zippo Circus.

Cos Onisforou at Fare for their generous catering at the Zippo Circus event.

Lombard for their continued invaluable help and support.

Our Scientific Advisors and specialist peer reviewers.

And finally, a special thank you to our dedicated team at Children with Cancer UK.

Celebrity fundraising friends:

Ant and Dec • Cilla Black • Brenda Blethyn • Sir Michael Caine • Jasper Carroll • George Cole • Dame Joan Collins • Phil Collins

Ronnie Corbett • Dame Judi Dench • Sir Bruce Forsyth • Sir Chris Hoy • Chris Jarvis • Sir David Jason • Pui Fan Lee

Lennox Lewis • Gary Lineker • Joanna Lumley • Sandy Lyle • Sir Paul McCartney • Sir Trevor McDonald • Stephen Mulhern

Des O’Connor • Robert Powell • Pauline Quirke • Sir Steve Redgrave • Linda Robson • Jonathan Ross • Phillip Schofield

Stacey Solomon • Chris Tarrant • David Tennant • Dennis Waterman • Kevin Whately • Paul Young

Brandon (smiling in the baseball cap) has now finished treatment having been diagnosed with acute lymphoblastic leukaemia (ALL) in 2011.

“Thank you for supporting this amazing charity and the research they fund.”

Brandon’s Mum, Amanda

Pictured: Ethan, Amanda, Brandon, Sophie, Ricki and Evie
### Summarised financial statements

**Consolidated statement of financial activities for the year ended 31 December 2014**

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<td>4,037,683</td>
<td>4,385,115</td>
<td>4,039,200</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
</tr>
<tr>
<td>Special events</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Voluntary Income</td>
<td>347,432</td>
<td>4,037,683</td>
<td>4,385,115</td>
<td>4,039,200</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
</tr>
<tr>
<td>Total incoming resources</td>
<td>496,321</td>
<td>12,336,397</td>
<td>12,832,718</td>
<td>12,084,788</td>
<td>trapped</td>
<td>124,917</td>
<td>13,857,132</td>
<td>13,982,049</td>
</tr>
<tr>
<td><strong>Costs of generating funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Costs of generating funds</td>
<td>64,966</td>
<td>2,019,899</td>
<td>2,084,865</td>
<td>1,679,603</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
</tr>
<tr>
<td>Costs of special events</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Charitable activities</td>
<td>64,966</td>
<td>2,019,899</td>
<td>2,084,865</td>
<td>1,679,603</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
</tr>
<tr>
<td>Research into Prevention &amp; Causes</td>
<td>49,401</td>
<td>2,336,858</td>
<td>2,386,259</td>
<td>2,148,327</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
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<tr>
<td>Research into Treatment</td>
<td>5,550</td>
<td>3,965,409</td>
<td>3,970,959</td>
<td>3,487,412</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
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<tr>
<td>Costs of special events and trading</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>trapped</td>
<td>193,309</td>
<td>193,309</td>
<td>237,486</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td>124,917</td>
<td>13,857,132</td>
<td>13,982,049</td>
<td>13,064,303</td>
<td>trapped</td>
<td>124,917</td>
<td>13,857,132</td>
<td>13,982,049</td>
</tr>
<tr>
<td><strong>Net incoming resources before transfers</strong></td>
<td>371,404</td>
<td>(1,520,735)</td>
<td>(1,149,331)</td>
<td>(979,515)</td>
<td>trapped</td>
<td>103,310</td>
<td>103,310</td>
<td>84,864</td>
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<tr>
<td><strong>Transfers</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross transfers between funds</td>
<td>(429,140)</td>
<td>(1,991,595)</td>
<td>(2,420,735)</td>
<td>(1,979,515)</td>
<td>trapped</td>
<td>103,310</td>
<td>103,310</td>
<td>84,864</td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>(57,736)</td>
<td>(1,091,595)</td>
<td>(1,149,331)</td>
<td>(979,515)</td>
<td>trapped</td>
<td>103,310</td>
<td>103,310</td>
<td>84,864</td>
</tr>
<tr>
<td><strong>Funds at the start of the year</strong></td>
<td>95,144</td>
<td>10,054,852</td>
<td>10,112,588</td>
<td>11,092,103</td>
<td>trapped</td>
<td>103,310</td>
<td>103,310</td>
<td>84,864</td>
</tr>
<tr>
<td><strong>Funds at the end of the year</strong></td>
<td>-</td>
<td>8,963,257</td>
<td>8,963,257</td>
<td>10,112,588</td>
<td>trapped</td>
<td>-</td>
<td>57,736</td>
<td>57,736</td>
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</table>

### Balance sheet as at 31st December 2014

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<tr>
<th>Fixed assets</th>
<th>2014</th>
<th>£</th>
<th>Group</th>
<th>Charity</th>
<th>Group</th>
<th>Charity</th>
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<tbody>
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<td>Investments</td>
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<td>11,000,100</td>
<td>11,000,000</td>
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<tr>
<td>Current assets</td>
<td>11,000,576</td>
<td>2,152,933</td>
<td>1,621,300</td>
<td>1,621,300</td>
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<tr>
<td>Debtors and prepayments</td>
<td>3,694,327</td>
<td>3,694,327</td>
<td>4,032,000</td>
<td>4,032,000</td>
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</tr>
<tr>
<td>Investments</td>
<td>218,677</td>
<td>168,718</td>
<td>754,082</td>
<td>699,200</td>
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<tr>
<td>Cash at bank and in hand</td>
<td>6,014,790</td>
<td>6,015,978</td>
<td>6,395,382</td>
<td>6,402,137</td>
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<tr>
<td>Creditors: amounts falling due within one year</td>
<td>11,000,770</td>
<td>3,791,199</td>
<td>3,991,199</td>
<td>3,991,199</td>
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<tr>
<td>Grants</td>
<td>660,116</td>
<td>601,404</td>
<td>386,275</td>
<td>386,275</td>
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</tr>
<tr>
<td>Other</td>
<td>2,034,904</td>
<td>2,034,804</td>
<td>2,024,763</td>
<td>2,024,663</td>
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</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>13,034,904</td>
<td>13,034,904</td>
<td>13,024,763</td>
<td>13,024,763</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>13,034,904</td>
<td>13,034,904</td>
<td>13,024,763</td>
<td>13,024,763</td>
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</tr>
<tr>
<td><strong>Represented by</strong></td>
<td>13,034,904</td>
<td>13,034,904</td>
<td>13,024,763</td>
<td>13,024,763</td>
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</tr>
<tr>
<td>Unrestricted funds</td>
<td>8,963,257</td>
<td>8,963,257</td>
<td>10,054,852</td>
<td>10,054,852</td>
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<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
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</tr>
</tbody>
</table>

### Report by the trustees on the Summarised Financial Statements

The summarised financial statements are extracted from the full statutory trustees’ annual report and financial statements which were approved by the trustees and signed on their behalf on 12 May 2015. The full financial statements, on which the auditors Crowe Clark Whitehill LLP gave an unqualified audit report, will be submitted to the Charity Commission and to the Registrar of Companies.

The auditors have confirmed to the trustees that, in their opinion, the summarised financial statements are consistent with the full financial statements for the year ended 31 December 2014.

These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the charity. The full statutory trustees' report, financial statements and auditors' reports may be obtained from Children with Cancer UK, 51 Great Ormond Street, London WC1N 3JQ or www.childrenwithcancer.org.uk

Signed on behalf of the trustees on 12 May 2015

The Rt Hon the Earl Cadogan, KBE, DL

Eddie O’Gorman OBE

Trustee

Trustee
### Grants to third parties

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIC Sargent – Home from Home in Glasgow</td>
<td>£616,887</td>
<td>£616,887</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor David Walker, Nottingham University Hospitals NHS Trust – Towards development</td>
<td>£600,000</td>
<td>£600,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Yaro Jarmen, The Institute of Cancer Research. Paul O’Gorman Post-doctoral Research Fellowship - Accelerating personalised treatment for children with neuroblastoma with MIR biomarkers</td>
<td>£400,247</td>
<td>£400,247</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Zoe Walters, The Institute of Cancer Research. Paul O’Gorman Post-doctoral Research Fellowship - Enhancer of Zest homolog 2 (EZH2) as a therapeutic target in rhabdomyosarcomas</td>
<td>£398,770</td>
<td>£398,770</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Maria Nikkisson-Chiuru, MRC Toxicology Unit, Queen Mary University of London. Paul O’Gorman Post-doctoral Research Fellowship – Metabolic analysis of the tumour suppressor protein p73 in medulloblastoma</td>
<td>£378,965</td>
<td>£378,965</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Persia Arrolla, Great Ormond Street Hospital (via Great Ormond Street Hospital Children’s Charity). Immunotherapy with CD19 CAR redirected T cells for relapsed paediatric ALL</td>
<td>£300,000</td>
<td>£300,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Persia Arrolla, Great Ormond Street Hospital Development of an anti-CD19 antibody to improve outcomes after stem cell transplantation for acute myeloid leukaemia</td>
<td>£267,162</td>
<td>£267,162</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Chris Jones, The Institute of Cancer Research. The Cancer Research. ACE1V1/ALK2 mutations in diffuse intrinsic pontine glioma</td>
<td>£264,117</td>
<td>£264,117</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Waqas Gaim, UCL Institute of Child Health. T cell receptor gene therapy: Novel strategies for children with cancer using engineered cord blood T cells.</td>
<td>£255,156</td>
<td>£255,156</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Tarq Emre, UCL Cancer Institute. Dissecting the causative and collaborating roles of candidate genetic mutations in the pathogenesis of childhood-ALL</td>
<td>£250,000</td>
<td>£250,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Louis Chester, The Institute of Cancer Research. Development of an allosteric inhibitor of Aurora-A that induces proapoptotic degradation of MYCN in childhood neuroblastoma</td>
<td>£249,675</td>
<td>£249,675</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Oleg Gerasimenko, Cardiff University. Pathophysiology of asparaginase associated pancreatitis</td>
<td>£248,436</td>
<td>£248,436</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Owen Williams, UCL Institute of Child Health. Pre-clinical drug validation in acute lymphoid and myeloid leukaemia</td>
<td>£242,074</td>
<td>£242,074</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Grants to third parties

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Anthony Whetton, University of Manchester. Characterising abnormal signalling pathway activation by PTPN11 mutations in Noonan syndrome and juvenile myelomonocytic leukaemia</td>
<td>£234,527</td>
<td>£234,527</td>
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<tr>
<td>Professor Mar Greaves, The Institute of Cancer Research (via Leukaemia and Lymphoma Research). Modelling ETV6-RUNX1 leukemogenesis with human cells in vivo</td>
<td>£221,081</td>
<td>£221,081</td>
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<tr>
<td>CLIC Sargent. Paul’s Fund: To provide financial assistance to the families of children being treated for cancer and their parents</td>
<td>£200,000</td>
<td>£200,000</td>
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<tr>
<td>Together for Short Lives. To support the cost of care and support provided to young people with cancer and their families from the moment of diagnosis.</td>
<td>£180,000</td>
<td>£180,000</td>
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<tr>
<td>Dr Christina Halsey, University of Glasgow. Discovery of biomarkers and new therapeutic targets for chemotheraphy associated neurotoxicity</td>
<td>£168,088</td>
<td>£168,088</td>
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<tr>
<td>Dr Matthew Murray, University of Cambridge. Targeting oncogenic microRNA clusters in malignant germ cell tumours using tiny locked nucleic acids</td>
<td>£149,252</td>
<td>£149,252</td>
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<tr>
<td>Dr Karen Philips, Electric and magnetic fields (EMF) Exposures. Modeling and simulation of the effects of exposure to low frequency (50 Hz) magnetic fields on cardiac function</td>
<td>£70,000</td>
<td>£70,000</td>
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Total grants to third parties £969,725 £3,065,678 £1,716,887 £70,000 £5,822,290
Children with Cancer UK is the leading national children’s charity dedicated to the fight against childhood cancer.

Read our Annual Review online, watch videos, download our complete Annual Report and Accounts 2014 and full list of our Grant Awards at childrenwithcancer.org.uk/review2014

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