Leukaemia is a cancer of the blood. It is the most common childhood cancer, affecting around 500 children a year in the UK. Children under five account for more than half of these cases.

When a child has leukaemia, normal control mechanisms in their blood break down and their bone marrow starts to produce large numbers of abnormal white blood cells, disrupting production of normal blood cells and affecting the vital functions that blood cells carry out.

Without effective treatment, leukaemia is rapidly fatal in children. Until the introduction of combination therapies in the 1960s most children died within weeks of diagnosis. Thankfully, continued investment into the development of effective treatments has paid off - today four out of five children survive.

However we still have much to do. Over the same period in which the number of children being killed by leukaemia has been decreasing, the number of children being diagnosed with the disease has been steadily increasing. Not only must we continue to fund vital research into the development of improved treatments, we must also find out more about the causes of this devastating disease if we are to protect future generations of children.

Paul O’Gorman was 14 years old when he was diagnosed with leukaemia. He died just nine weeks later – in February 1987.

Paul had made his parents, Eddie and Marion O’Gorman, promise to help other children with leukaemia and in November 1987 they held their first fundraising ball.

Their most dedicated fundraiser, Paul’s sister Jean, insisted on attending even though she herself was critically ill with cancer and was to die only two days later.

Shortly after Jean’s death, Eddie and Marion met Diana, Princess of Wales. Deeply touched by their double tragedy, she personally helped start this charity, which she inaugurated in January 1988.

What began as a small memorial charity is now Britain’s leading charity dedicated to the conquest of childhood leukaemia, through pioneering research, new treatment and support of leukaemic children and their families. The indomitable spirit of Paul and Jean continues to inspire our work.

Much of our early work was to support the development of new research facilities around the UK. Our very first project was to raise £2 million for a new leukaemia research centre at Great Ormond Street Hospital. It took us seven years to achieve this goal, but the Paul O’Gorman Childhood Leukaemia Research Centre now houses one of the UK’s leading research teams in the field.

There are now Paul O’Gorman Research Centres around the UK – including centres in Manchester, Newcastle and Glasgow and two further centres in London.

In recent years we have sought to maximise the amount of funding available for scientific research. Following our international scientific conference in 2004 we launched a grants round for research into the causes of the disease. The first grants were made in 2005, and the grants round was repeated in 2006. The number of projects underway increased four-fold between 2004 and 2006, with 28 research initiatives underway by the end of 2006.

We have also contributed funding towards the development of welfare facilities – including projects at Great Ormond Street Hospital, University College London Hospital, the Christie Hospital in Manchester and Bristol Royal Hospital for Children – which aim to ease the journey through treatment for children and their families.
Combating the rising incidence of childhood leukaemia

One of the most troubling challenges facing us today is the increasing incidence of childhood leukaemia. Research published in 2006 shows that incidence increased by 1.4% a year between the 1970s and the 1990s. This equates to a fifty per cent increase in thirty years.

Although great strides have been made in the treatment of childhood leukaemia in recent decades, we have been unable to address the rising incidence because we still know relatively little about the causes of this devastating disease. It is apparent that something about our modern lifestyle must be increasing the risk of our children developing leukaemia. We therefore place great importance on investigating the causes of the disease, to find out why it is becoming more common and establish whether prevention is a possibility.

In 2006 we ran our second grants round devoted to research into the causes and prevention of childhood leukaemia. With the help of dozens of external reviewers, our expert grants panel scrutinised the applications received and selected eight projects investigating different aspects of causation and prevention. The total cost of these promising new projects is £865,124.

Dr Malcolm Taylor of the University of Manchester is leading one of these new projects. He was awarded a grant of £121,395 to explore ways of exploiting a child’s natural immune defences to eliminate leukaemia in its early stages, before it becomes full blown and requires treatment.

Every child has white blood cells that normally help to fight infections. We can protect a child from certain infections by using vaccines. The immune system recognises the molecules in the vaccine (a modified, harmless version of the infection) as foreign, destroys them and ‘remembers’ them. If the child is later exposed to the infection, their white blood cells immediately recognise and destroy it. This is how polio and several other childhood infections have been almost completely eradicated.

“We have found that some children have immune systems that naturally protect them from leukaemia,” explains Dr Taylor. “These children have a certain type of HLA molecule on their white blood cells. HLA molecules determine our ability to recognise foreign molecules, such as infections and cancer and they differ from person to person. The children that have this particular type of HLA molecule are less likely to develop leukaemia, suggesting that this molecule triggers an immune response to leukaemia at an early stage to stop it developing into full blown cancer.”

Dr Taylor has carried out laboratory studies showing that these white blood cells can be made to destroy leukaemia cells, and he believes that it is possible to make a vaccine that can destroy them before full-blown leukaemia develops. His project represents the first step towards achieving this goal.

Phil and Mike on a bike

CHILDREN with LEUKAEMIA is a nominated charity of Royal Bank of Scotland Insurance and RBS staff have supported us in many and varied ways over the years.

In 2006 RBS employees Phil Travis and Mike O’Carroll went to great lengths to show their support by setting out on a tandem bicycle to ride the 930 miles from John O’Groats to Land’s End. Saddle-sore and exhausted they rode in to Land’s End eight days later, having raised a staggering £50,000 towards our work.

Phil and Mike, who work together in the RBS Assistance Accident Repair Centre in Middlewich, decided to use these hard-earned funds to help purchase a vital piece of research equipment - a DNA sequencer - to help Dr Taylor make best progress in his research. The intrepid duo went to visit Dr Taylor to see first hand the work he is carrying out. They commented:

“People don’t see this aspect of the work that goes into this part of cancer treatment and it’s a shame really. Perhaps unsung heroes would be the correct turn of phrase.”

Phil and Mike (centre) celebrate reaching Land’s End with their two support riders.

Dr Malcolm Taylor, pictured with the DNA sequencer purchased for his lab with the help of Phil and Mike.

“I am hoping that the result of my work will be the development of a vaccine that enables a child’s immune system to recognise and destroy the cells that may develop into leukaemia. If we can use this to prevent children from ever developing leukaemia, this will save all of the pain and suffering. I’m sure that you will agree that we will have achieved something quite amazing.”
In addition to the eight new projects funded through our 2006 grant round, we also took on a new programme of work by the world-renowned Childhood Cancer Research Group (CCRG) at the University of Oxford. This is the group that produced the 2005 Draper Report which demonstrated an increased risk of childhood leukaemia in children living within 600 metres of high voltage overhead power lines.

We have committed £629,796 to this five-year programme of work. The team will be taking forward the results of the Draper Report to find out more about the association between electric and magnetic fields (EMF) and childhood leukaemia. They will also be looking into the proven link between high birth weight and the development of childhood leukaemia to find out more about the possible mechanisms underlying this intriguing association.

Dr Mike Murphy, the Director of the CCRG, explains the aims of the programme:

"Few patterns in the occurrence of childhood leukaemia are universally agreed, and there are therefore few clues to go on.

"However, many would agree that the increase in occurrence of some kinds of childhood leukaemia in many countries in the second half of the last century is at least partly real and is wholly disturbing. The science of epidemiology seeks particularly to disclose patterns of occurrence in populations to shed light on causes.

"Three areas of investigation in childhood leukaemia remain of particular interest, partly because sufficient earlier work has suggested that they are promising lines of enquiry (though doubt remains) and partly because they are feasible hypotheses for us to test.

"These areas are the role, if any, of electric and magnetic fields, of being born big (higher birth weight) and of contact with infection by the foetus or child."

Acting on the results of research

It is important that the results of research are acted upon. When the Draper Report was published in 2005 reporting a significantly increased risk of leukaemia in children living within 600 metres of a high voltage overhead power line, we decided that action was needed. We were already participating in - and part-funding - SAGE, a group set up to bring together the range of stakeholders to identify and explore the implications for a precautionary approach to EMF exposure and make recommendations for precautionary measures.

We have also been working with decision makers in Westminster to put power lines and childhood leukaemia at the top of the political agenda. Dr Howard Stoate MP tabled an Early Day Motion on the subject in June 2005. By the close of the parliamentary session in 2006 the EDM had attracted 223 signatures from across the House, showing just how concerned parliamentarians were about the issue.

We were also pleased to support Dr Stoate in establishing a Parliamentary Commission on Childhood Leukaemia and Electric and Magnetic Fields to examine in more detail the link between childhood leukaemia and EMF and make recommendations to government (SAGE has a broader remit, covering all health effects). Sitting on the Commission alongside Dr Stoate are Michael Connarty MP, Dr Ian Gibson MP, Sandra Gidley MP and Nick Hunt MP. The Commission is awaiting publication of the SAGE report before they make their final report.

"The House recognises that childhood leukaemia is the UK’s biggest child-killer disease and that it is still on the increase; welcomes the publication of the paper, Childhood cancer in relation to distance from high voltage power lines and proximity of home address at birth to high voltage power lines and the apparent risk extends to a greater population now known to be at increased risk of childhood leukaemia from proximity to such lines is 10 times an immediate moratorium on the building of new schools and homes in the proximity of these lines and an immediate moratorium on the building of new schools and homes in the proximity of these lines and to childhood leukaemia; and calls on the Government to take immediate action to help protect children’s health.

"EDM 403

STOATE, HOWARD: CHILDHOOD LEUKAEMIA AND OVERHEAD POWER LINES

23 June 2005"
We have a long-standing partnership with the team at Great Ormond Street Hospital (GOSH), who treat one in every 10 children diagnosed with cancer in the UK.

In 2006 the team at GOSH were informed that the childhood cancer and leukaemia services at Barts and the London NHS Trust were to close, with a share of patients being referred to GOSH instead. This will almost double the number of cancer patients they see, stretching their resources to the limit.

In 2006, thanks to the outstanding generosity of our many supporters, we were able to invest £1 million in a much-needed redevelopment of Lion, Giraffe and Elephant Day Care, the haematology and oncology wards at GOSH.

This project will revamp the old-fashioned, cramped facilities where leukaemia patients are currently treated, ultimately enabling the team to treat a greater number of children in more spacious, modern surroundings.

The expansion of services will also benefit the Hospital’s research programme at the Institute of Child Health. The increasing number of patients will enable them to make faster progress in their research into the prevention and cure of leukaemia and other childhood cancers.

We are aiming to raise a further £1.4 million towards the GOSH redevelopment by the end of 2008.

“There is no doubt in my mind that the opportunity for us to rise to one of the top three centres worldwide has been helped by the continued support CHILDREN with LEUKAEMIA has shown us. Through this project we have a wonderful opportunity to take both our treatment and research programmes to yet another level.”

Andrew Fane, former Chairman of the Special Trustees for Great Ormond Street Hospital for Children.

In 2004, a new EU directive on blood products made Donor Lymphocyte Infusion (DLI), a life-saving leukaemia treatment, illegal. CHILDREN with LEUKAEMIA quickly took action to preserve this vital treatment.

DLI can be used when patients relapse following a bone marrow transplant. The procedure uses white blood cells from the same bone marrow donor to boost the life-saving effects of the original transplant.

The new EU directive required all blood products to be processed anonymously in a blood factory. An unintended consequence of this was to make DLI illegal, as the white blood cells used in treatment must come from the original donor.

This caused a huge dilemma for doctors like Mark Lowdell at the Royal Free Hospital, who did not want to break the law, but wanted to keep saving children’s lives. Dr Lowdell comments “The issues surrounding the production of DLI are exactly the same as those for producing stem cells for transplant and it was a complete nonsense that centres licensed to produce stem cells would not be allowed to produce DLI from the very same donors to treat the very same patients.”

CHILDREN with LEUKAEMIA took immediate action to secure the future of this treatment. One of our trustees met with the Minister of State for Public Health, Caroline Flint MP, and Baroness Hayman, Chair of the Human Tissue Authority to discuss the issue.

As a result, the law is being changed and DLI can continue legally.

Seven year old Eleanor Hines was diagnosed with acute lymphoblastic leukaemia when she was just three years old and was treated by the team at Great Ormond Street Hospital. She finished her treatment in November 2004 and continues to do well. Eleanor is pictured here with all the bottles of pills and medicines she had to take during her two years of treatment.

Childhood leukaemia is rapidly fatal without effective treatment. Fifty years ago almost all children diagnosed with acute leukaemia died, often within weeks. Fantastic improvements in treatment and care mean that four out of five children now survive.

The aim of treatment is to achieve a state called remission where almost all leukaemia cells have been killed, allowing production of normal blood cells to resume, and, by further treatment, to eradicate the disease completely and achieve a cure.

Treatment for acute lymphoblastic leukaemia (ALL), the most common form of childhood leukaemia, lasts up to three years and mainly consists of outpatient treatment. Treatment for acute myeloid leukaemia (AML) is much shorter, lasting around six months, but requires longer stays in hospital.

Being told that your child has leukaemia is the start of an uncertain and difficult time for families. As well as funding research to develop more effective, less toxic treatments for childhood leukaemia we do what we can to make the whole experience more bearable for children and families.

Treating children with leukaemia

Seven year old Eleanor Hines was diagnosed with acute lymphoblastic leukaemia when she was just three years old and was treated by the team at Great Ormond Street Hospital. She finished her treatment in November 2004 and continues to do well. Eleanor is pictured here with all the bottles of pills and medicines she had to take during her two years of treatment.

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The transformation of childhood leukaemia from an almost universally fatal disease to a disease which is now treatable in the majority of children is one of the great medical success stories of the twentieth century. Four out of five children diagnosed with leukaemia now survive.

But whilst doctors and scientists have been very successful in developing treatments which can save young lives, it is becoming increasingly apparent that those who survive can experience health problems in later life as a result of the leukaemia and the intensive treatments that are used.

We are turning our attention to creating more tailored treatment programmes so that each child undergoes a treatment regime which is more specific to their individual needs.

In conjunction with Leukaemia Research, we are supporting a UK-wide study which is using state-of-the-art molecular technology to measure the traces of leukaemia remaining in a child’s bone marrow during the early stages of treatment. This is known as Minimal Residual Disease, or MRD.

A child’s MRD measurement is used to inform their ongoing treatment regime, so that children found to have high levels of MRD can receive more intensive treatment to reduce their risk of relapse; and children found to have lower levels of MRD can safely receive less intensive treatment, reducing the risk of side-effects from these powerful drugs.

We have so far invested £2.2 million in this groundbreaking programme which is now in its fifth year of national clinical trials. We expect that, if the early promising results continue, the cost of running the programme will be taken on by the NHS when the trial finishes in 2009.

Bethan was diagnosed with acute lymphoblastic leukaemia (ALL) in February 2006, when she was just four years old.

“A few weeks before the diagnosis, Bethan had been unwell with several infections and had been feeling so tired she lost interest in doing the things she enjoyed,” says Bethan’s mum Andrea. “She was always such an outgoing child and loved to be out doing something all the time. We had an idea that something was not quite right but when we received the news that she had leukaemia and would need just over two years of chemotherapy we were devastated. We couldn’t believe what we were hearing and it was life changing for us.”

Almost all children diagnosed with ALL in the UK are asked to take part in the MRD trial. After having the trial explained to them, Bethan’s parents agreed that Bethan should take part.

“Over the first five weeks Bethan responded well to her treatment and achieved remission at the end of the fifth week as hoped,” says Andrea. “But the MRD result came back that she was at a high risk of relapse which was terrible news that we didn’t want to hear.”

Children like Bethan who are found to have higher levels of residual leukaemia cells in their bone marrow are randomly allocated to one of two treatment groups: children in the standard treatment group follow the standard treatment regime; children in the intensive group receive a more powerful combination of drugs.

At the end of the study, doctors will compare the two groups of children to see whether those in the intensive group do better. If it is determined that the more intensive treatment is more effective, then all children found to have high levels of MRD will receive the more intensive treatment regime in the future.

“[the MRD result] was at higher risk of relapse and I suppose we’d be none the wiser if we hadn’t taken part in the MRD study,” says Andrea. “But research like this is so important. If it wasn’t for the thousands of children that have gone before Bethan in trials like this then she wouldn’t have had such an excellent chance of beating this dreadful disease.”

Andrea is so determined to help other children like Bethan that she is joining the Mr. Men and Little Miss Team in the 2007 Flora London Marathon to raise funds to help us continue to support this vital work.

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Tackling the toughest forms of childhood leukaemia

Despite the incredible advances in the treatment of childhood leukaemia over recent decades, there remain certain forms of the disease which still elude successful treatment.

Children who are diagnosed with leukaemia at less than one year of age have a poor prognosis. Half of them will not reach their fifth birthday.

Leukaemia predominantly affects younger children. Seventy five per cent of those diagnosed are under the age of six years. Seven per cent are younger than one year. Typically, the under-ones develop a particular form of leukaemia which is very difficult to treat.

We are funding a programme of work at the Paul O’Gorman Childhood Leukaemia Research Centre at the Institute of Child Health in London focused on tackling this devastating form of the disease.

Dr Hugh Brady, the programme leader, is Head of the Molecular Haematology and Cancer Biology Unit. He and his colleagues are making strides towards a better understanding of infant leukaemia.

Dr Brady explains “Children who are diagnosed with leukaemia at less than one year of age have a poor prognosis. Half of them will not reach their fifth birthday.

“The Institute of Child Health is the research arm of Great Ormond Street Hospital and we work closely with our Hospital colleagues on research which we hope will ultimately translate back to their wards in the form of improved treatments for their young patients.

“Together we are looking at the genetic changes which lead to infant leukaemia. We have already made some very important discoveries. We know that the vast majority of infant leukaemias are caused by a change involving a break on chromosome 11. The broken chromosome fuses with other broken chromosomes (usually chromosome 4), forming a new gene. This leads to the production of a protein which triggers certain genes in white blood cells to be switched on in an inappropriate way, causing them to mutate into leukaemia cells.

“We are working to find out more about precisely what happens at each stage of this process.

“We want to see what happens when we ‘turn on’ these genes in bone marrow stem cells. How will this affect the growth of leukaemia cells? And we want to discover what happens to the stem cells if these genes are deleted. This will help us to understand the role of these genes in the normal function of stem cells.

“The motivation behind this work is to improve the dismal outlook for babies diagnosed with leukaemia. Ultimately we should be able to develop new treatments which can block the series of events which are causing their white blood cells to malfunction.”
Developing centres of excellence

As a new charity back in 1988, our first goal was to raise £2 million for a new research centre at London’s Great Ormond Street Hospital. It took us seven years to achieve this goal but the Paul O’Gorman Childhood Leukaemia Research Centre there now houses one of the UK’s leading childhood leukaemia research teams.

Since then we have contributed funding to assist the development of further specialist research centres around the UK. In 2006 we completed payment towards two new centres – at the new Institute of Cancer Sciences, University College London (UCL) and the new Paul O’Gorman Leukaemia Research Centre at the University of Glasgow.

In 2006 we made a payment of £1 million to UCL towards the costs of building and equipping the Paul O’Gorman Building, housing the new Institute of Cancer Sciences. This takes our total contribution to £2 million. The Institute will co-ordinate all of UCL’s cancer research, providing a focus for excellent basic science and translational studies across the College’s different sites. The Institute will ultimately house over 200 scientists.

We also made a payment of £200,000 to complete our £500,000 pledge to the University of Glasgow for its new Paul O’Gorman Leukaemia Research Centre. This new Centre will bring together Glasgow’s existing leukaemia expertise, making collaboration across teams much easier. The new Centre will provide much needed translational research facilities that will give both doctors and researchers access to the most advanced facilities and equipment.
Leukaemia is the most common childhood cancer. We often get contacted by schools and other groups who want to find out more about leukaemia, perhaps because one of their pupils has the disease and they want other pupils to understand more about it. We also get regular calls from children's groups who want to raise money to support our work.

In response to both of these needs we launched the Children’s Marathon Challenge and later, the Cheeky Monkey’s Marathon Challenge, aimed at slightly older children. To complete the Challenges, children need to carry out activities related to the number 26 – the number of miles in a marathon.

Both Challenges have proved hugely popular. Every year we hear fantastic tales of innovation, excellence and achievement. Children walk, run, hop, skip and jump for us. They wash fire engines, bake cakes, tell jokes, draw pictures and balance bananas on their heads for us. And they raise many many thousands of pounds for us in the process.

In 2006 93,404 children took part in the two Challenges, raising more than £1 million to help fight childhood leukaemia.

"Chloe is a little girl in my class who has been incredibly brave. She has changed my life by being so positive."

Seven-year old Chloe Peskell from Northampton led her classmates in their Marathon Challenge after she was diagnosed with leukaemia in 2005. The courageous youngster from Overstone Primary School led her year group as they ran laps of the school playing field in June. Chloe and friends raised a staggering £5,300 for CHILDREN with LEUKAEMIA.

The run, which saw every pupil in the school running between two and 15 laps of the playing field, was organised after head-teacher Mark Currell ran the London Marathon as part of our Mr. Men and Little Miss running team. Mr Currell was inspired to persevere with his run by Chloe’s courage in fighting her illness: "Chloe is a little girl in my class who has been incredibly brave. She has changed my life by being so positive."

The party is not only open to children affected by leukaemia but to other disadvantaged children too. It is a huge event. And because so much is donated – from the jelly and ice cream to the costumes and clowns - it costs us little to host. Hundreds of volunteers turn out every year to help with the planning and to help out on the day – to ensure that the children have the best day possible. The smiles speak for themselves.
We receive amazing support from individuals, companies and groups around the UK who go to incredible lengths to raise funds for our work. We are entirely reliant on this voluntary support as we receive no government funding.

**Celebrity appeals**

More than a third of our income comes from our postal appeals which simply would not be possible without the continued support of our many celebrity friends. In 2006 our Summer and Christmas Grand Draw appeals were headed by Ronnie Corbett and Jonathan Ross and our Spring and Amazing Great Children’s Party appeals were headed by Sir Steve Redgrave and Sir David Jason. Altogether our programme of appeals raised £1.8 million.

A major focus for us during the year was to encourage people to commit to regular gifts (through standing orders or direct debit). This helps us plan ahead with confidence and helps limit our fundraising costs. We succeeded in increasing our committed giving income by almost 40% during the year – to more than £0.8 million.

**Corporate supporters**

The charity is fortunate to receive the support of a large number of companies across the UK and we are keen to increase the number of corporate supporters we work with in the future.

In 2006 we were grateful for the support of Anglo Irish Bank, The Bankers Group, The Benfield Group, Carlton Cards, Chorion, Commerzbank, Debenhams, Express Newspapers, Integro, JLT Reinsurance Ltd, JMD, Marks and Spencer, Price Waterhouse Coopers, Royal Bank of Scotland Insurance Services, Somerfield and many others. We thank them all.

In July we began working with soft furnishing retailer Dunelm Mill, whose staff adopted us as their Charity of the Year. Dunelm Mill's first event involved staff inviting their friends and families to the stores to help raise funds for the charity. In total £32,000 was raised. We look forward to building on this success in 2007.

Jeremy Beadle’s Quiz Party, held in April, proved once again to be a huge success, raising over £160,000. Other highlights included Opera at Syon, the Captains Cup Golf Tournament at Wentworth, Caroline Randerson’s Fire and Ice Ball and the JMD Quiz held at the Tower Hotel in October. One dedicated fundraiser, David Hatch, raised over £38,000 at a Greyhound Racing Bonanza evening in Romford, after his grandson was diagnosed with leukaemia earlier in the year.

**Special events**

Thanks to the hard work and imagination of a large number of dedicated individuals and committees, the charity benefits from a variety of highly successful fundraising events.

2006 saw the 20th Paul O’Gorman Banquet and Ball, which raised more than £270,000. This event was first held in 1987, only months after Paul died. Paul’s sister Jean insisted on attending even though she was critically ill and was to die only two days later. Today the Ball holds a special place not only in the hearts of the O’Gorman family but also the hundreds of people who return every year.

The Mr. Men and Little Miss Running Team

The Flora London Marathon draws runners from all over the world. For the fifth consecutive year, CHILDREN with LEUKAEMIA fielded a team of over 1,100 runners, each sporting their distinctive Mr Happy and Mr Tickle running vests and creating a huge presence for us along the route. This mammoth effort raised more than £1.9 million in 2006.

In addition to the funds raised by our fantastic team of runners, CHILDREN with LEUKAEMIA was one of the charities selected to benefit from the efforts of Sir Steve Redgrave who set out to raise the highest ever amount achieved by an individual fundraiser in the Flora London Marathon. He smashed the previous record by more than £0.5 million, raising £1.8 million, of which CHILDREN with LEUKAEMIA received £550,000. Sir Steve was assisted in his endeavour by Lloyd Scott who took part in the 2006 Flora London Marathon – which took place on St George’s Day – wearing a full suit of armour and dragging a 200lb dragon. Lloyd completed the route in a mere eight days!

In 2006 CHILDREN with LEUKAEMIA was official UK charity for the ING New York City Marathon. We fielded a team of more than 300 runners – the largest UK charity team ever to take part in the event. Our fabulous New York runners raised more than £350,000 towards our vital work.

We continue to develop our participation in other running events. We are one of the biggest teams in the 2006 BUPA Great North Run and we have a major presence in the Hydro Active Women’s Challenges across the UK.

Wendy Beamond was one of 1,050 runners taking part in the 2006 BUPA Great North Run on behalf of CHILDREN with LEUKAEMIA. She had very personal reasons for taking on this challenge. Her daughter Lucy was diagnosed with leukaemia when she was only three years old.

Lucy finished her treatment in September 2006 and is in remission. Life is slowly returning to normal for the family after the great upheaval of the past few years.

Wendy ran with her friend – and Lucy’s godmother - Jo Stokes. Between them the pair raised an incredible £3,000, treble their original target! “I am very pleased,” said Wendy. “I want to say a big thank you to everyone who has helped.”

Wendy said she has had a break from running since the race but she will be getting the running shoes out again soon.

Above: Wendy Beamond with daughter Lucy.
Our achievements in 2006 and objectives for 2007

Our goal is to conquer childhood leukaemia. We want all children diagnosed with leukaemia to be cured and for the cure to be effected with minimum disruption to their lives. Ultimately our aim is to understand what causes children to develop leukaemia, so that the rising incidence of the disease can be halted and reversed.

The objects of CHILDREN with LEUKAEMIA, as set out in our governing documents, are:

i) the relief of children suffering with leukaemia;
ii) to raise public awareness and knowledge in matters relating to childhood leukaemia;
iii) the promotion of research into the causes, alleviation, prevention and cure of childhood leukaemia and to publish the results of such research.

The table below sets out the main objectives we set for the charity in 2006, gives information on the extent to which they were achieved and sets out how we intend to carry our work forward in 2007.

<table>
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<th>What we said we would do in 2006:</th>
<th>What we did in 2006:</th>
<th>Our plans for 2007:</th>
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<tr>
<td><strong>The relief of children suffering with leukaemia:</strong></td>
<td>- Continuously our partnership with Great Ormond Street Hospital and support the expansion of their cancer wards, allowing the treatment of more children.</td>
<td>- Continue our partnership with Great Ormond Street Hospital, the mission of the trust, to support its work in caring for children with leukaemia from Eastern Europe.</td>
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<td></td>
<td>- Maintain our involvement with the Stakeholders' Advisory Group on extremely low frequency electric and magnetic fields (SAGE).</td>
<td>- Continue to support the activities of children with leukaemia and their families by providing a voice on other relevant issues including the change in the laws relating to donor lymphocyte infusion (DLI) and the withdrawal of funding for the Radiation Research Programme.</td>
</tr>
<tr>
<td></td>
<td>- Continue to represent the interests of children with leukaemia and their families by providing a voice on other relevant issues including the change in the laws relating to donor lymphocyte infusion (DLI) and the withdrawal of funding for the Radiation Research Programme.</td>
<td>- Continue to support Dr Howard Stoate MP's cross party Parliamentary Commission on electric and magnetic fields (EMF) and childhood leukaemia.</td>
</tr>
<tr>
<td></td>
<td>- Continue to represent the interests of children with leukaemia and their families by providing a voice on other relevant issues including the change in the laws relating to donor lymphocyte infusion (DLI) and the withdrawal of funding for the Radiation Research Programme.</td>
<td>- Support the work of the SAGE Commission on electric and magnetic fields (EMF) and childhood leukaemia.</td>
</tr>
<tr>
<td></td>
<td>- Complete our review of the third strand of the Childhood Cancer Research Group's epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk - and agree funding if appropriate.</td>
<td>- Complete our review of the third strand of the Childhood Cancer Research Group's epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk.</td>
</tr>
<tr>
<td></td>
<td>- Continue our partnership with the Paul O'Gorman Lifeline charity to support its work in caring for children with leukaemia from Eastern Europe.</td>
<td>- Continue our partnership with the Paul O'Gorman Lifeline charity to support its work in caring for children with leukaemia from Eastern Europe.</td>
</tr>
<tr>
<td></td>
<td>- Increase our pledge of support from £1.7 million to £2.4 million and paid the first £1 million for Great Ormond Street Hospital towards this pledge.</td>
<td>- Raise a further £1 million towards our outstanding pledge to Great Ormond Street Hospital.</td>
</tr>
<tr>
<td></td>
<td>- In 2006 we donated £70,566 to help Lifeline bring leukaemic children to the UK and Italy for life-saving treatment.</td>
<td>- Grant a further £750,000 to support the work of Lifeline.</td>
</tr>
<tr>
<td></td>
<td>- Develop plans for a further scientific conference on the causes of childhood leukaemia.</td>
<td>- Manage the sale of these two properties to achieve the best possible financial return in order to maximise the resources we are able to commit to new work.</td>
</tr>
<tr>
<td></td>
<td>- Complete our review of the third strand of the Childhood Cancer Research Group's epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk - and agree funding if appropriate.</td>
<td>- Grant £600,000 to CLIC Sargent Cancer Care for Children to complete their appeal for funds to build a Home from Home at University College London Hospital.</td>
</tr>
</tbody>
</table>

To raise public awareness and knowledge in matters relating to childhood leukaemia:

- Continued to support the activities of children with leukaemia and their families by providing a voice on other relevant issues including the change in the laws relating to donor lymphocyte infusion (DLI) and the withdrawal of funding for the Radiation Research Programme.
- Completed our review of the third strand of the Childhood Cancer Research Group's epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk - and agree funding if appropriate.
- Continue our partnership with the Paul O'Gorman Lifeline charity to support its work in caring for children with leukaemia from Eastern Europe.
- Continue our partnership with Great Ormond Street Hospital and support the expansion of their cancer wards, allowing the treatment of more children.
- Maintain our involvement with the Stakeholders' Advisory Group on extremely low frequency electric and magnetic fields (SAGE).
- Continue to support Dr Howard Stoate MP’s cross party Parliamentary Commission on electric and magnetic fields (EMF) and childhood leukaemia.
- Complete our review of the third strand of the Childhood Cancer Research Group’s epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk - and agree funding if appropriate.
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- Complete our review of the third strand of the Childhood Cancer Research Group’s epidemiology programme – investigating the possible role of exposure to infection in childhood leukaema...
In December 2006, further to the Charity’s annual risk assessment, the Trustees determined to establish an internal control of interest register.

**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 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 examined whilst each year. 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 additional skills and internal audit of financial control providers to fund the work of these facilities. New welfare facilities are now initiated only through third parties under grant funding. There is no open application process for welfare grants and no welfare grants are given to individuals. The staff of the Charity proactively work with the Trustees to ensure the accountability of organisations should be supported.

Risk reviews were carried out in 2004 by the Charity’s internal auditors, Sayer Vincent, in 2005 by independent auditors, Deloitte, and in 2006 by the Charity’s legal advisers, Stone Knot. The internal audit process has been introduced to help identify potential risks which could have a critical impact and to enable further risk management to be introduced.

The Trustees have adopted a reserve 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 providing for unforeseen events.

In December 2006 the Board established a Planning and Management Committee, comprising the Chairman, two other Trustees, the Chief Executive and the Deputy Chief Executive, which now meets fortnightly.

The staff are expected to call upon the expertise of a panel of scientific and medical advisers before making recommendations to Trustees. It is the Trustees’ policy to work with other relevant charities and scientific advisers before making recommendations to Trustees.

The staff are expected to call upon the expertise of a panel of Management Committee, comprising the Chairman, two other Trustees, the Chief Executive and the Deputy Chief Executive, which now meets fortnightly.

Board of Trustees

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

Trustee appointment and induction

There were no new appointments to the Trustee Board in 2006 four new appointments in 2005). The policy with respect to the size and make-up of the Board is to keep the size of the Board small whilst ensuring that the founding family remains in a minority. Selection of Trustees is made based on vacancies arising, sympathy with the objects of the Charity and the additional skills and internal audit of financial control.

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 staff team. The Chairman and Chief Executive also task the Board with decision-making on some strategic management issues as appropriate.

In December 2006 the Board established a Planning and Management Committee, comprising the Chairman, two other Trustees, the Chief Executive and the Deputy Chief Executive, which now meets fortnightly.

The staff are expected to call upon the expertise of a panel of scientific and medical advisers before making recommendations to Trustees. It is the Trustees’ policy to work with other relevant charities and during the course of 2006, the Charity worked closely with the Leukaemia Research Fund, Great Ormond Street Hospital Children’s Charity, Paul O’Gorman Lifeline and the Venkit Trust.
Information about the Charity

CHILDREN with LEUKAEMIA is the registered working name of CHILDREN with LEUKAEMIA UK and of the Foundation for Children with Leukaemia (formerly the Paul O’Gorman Foundation for Children with Leukaemia) which was constituted as a charity under a Trust Deed dated 4 January 1988, 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.

On 1 January 2005, the Foundation for Children with Leukaemia transferred its assets and operations to CHILDREN with LEUKAEMIA UK (then called CHILDREN with LEUKAEMIA), a company limited by guarantee with Company number 4960054. The registered charity number for this new company remains the same as for the Foundation.

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

Eddie O’Gorman (Chairman)
The Earl Cadogan DL
Professor Denis Henshaw
Sandra Mileham
Baroness Morgan of Drefelin (resigned 23 January 2007)
Marion O’Gorman
Linda Robson

Chief Executive
Edward Copisarow

Registered Charity Number
298405

Registered Company Number
4960054

Principal office
51 Great Ormond Street, London WC1N 3JQ

Solicitors
Nabarro Nathanson
Lacon House, Theobald’s Road, London WC1X 8RW

Stone King LLP
28 Ely Place, London EC1N 6TD

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

External auditors
Deloitte & Touche LLP

Hill House, 1 Little New Street, London EC4A 3TR

Deloitte & Touche LLP
Chartered Accountants and Registered Auditors

London

1st May 2007

Scientific Advisers
Prof. A. V. Lindor, DM, FRCP, FRCPATH, DSc (Chairman)
Prof. M. Coleman, BM, BCH, MSc, MFPhm
Prof. N. E. Day, MA, PhD, MRCP
Prof. J. Golding, MA, PhD, FSS, DSc
Prof. J. M. Goldman, DM, FRCP, FRCPATH
Prof. I. M. Hahn, MD, FRCP, FRCPATH, FRCPI
Prof. I. A. G. Roberts, MD, FRCP, FRCPATH, FRCPI, DRCOG

Amazing Great Children’s Party
Hugo Amaya-Torres (Chairman)

Celebrity Friends
Jeremy Beadle (Chairman)
Russ Abbott • Debbie Arnold • Jane Asher • Colin Baker
Fiella 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
Christopher Cazenove • George Cole • Graham Cole
Joan Collins • Phil Collins • Jess Conrad • John Conteh
Ronnie Corbett • Bernard Cribbins • Roger Daltry
Paul Daniels • Jim Davidson • Dickie Davies
Sharron Davies • Roger de Courcey • Dame Judi Dench
Declan Donnelly • Jason Donovan • Glyn Edwards
Bruce Forsyth • Peter Glimore • Reg Gutteridge
Harushis Handa • Ansiel Harrity • Barry Hay
Bob Holness • Bob Hoskins • Jane How • Michael Howe
Nerys Hughes • David Janson • Sir David Jason
Gorden Kaye • Kevin Keegan • Diane Keen • Henry Kelly
Felicity Kendal • Sarah Kennedy • Eddie Kidd • Burt Kwouk
Bonnie Langford • Eddie Large • George Layton
Rosemary Leach • Ria Lenska • Lennox Lewis
Gary Linker • Joanna Lumley • Linda Lusardi
Sandy Lyle • Sir Paul McCartney • Debbie McGee
Anthony McPartlin • Philip Madoc • Ruth Madoc
Ron Moody • Garfield Morgan • Patrick Mower
Tom O’Connor • Bill Oddie • Richard O’Sullivan
Nick Owen • Charles Parsons • Su Pollard
Robin Roberts • Pauline Quirk • Claire Rayner
Sir Steve Redgrave • Angharad Rees • Annka Rice
Jonathan Ross • Tessa Sanderson • Gerald Scarfe
Philip Schofield • Pat Sharp • Ivor Spencer
Michaela Strachan • Eric Sykes • Chris Tarrant
Angharad Thomas • David Vine • Dennis Waterman
Kevin Whately • June Whitfield • Simon Williams
Gary Wilmot • Frank Windsor • Terry Wogan
Susannah York • Paul Young

We have audited the group and parent company financial statements (the ‘financial statements’) of CHILDREN with LEUKAEMIA UK for the year ended 31 December 2006, which comprise the consolidated statement of financial activities, the balance sheets, the consolidated cash flow statement and the related notes 1 to 19. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the charitable company’s members, as a body, in accordance with section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the company’s members those matters we are required to state to them in an auditors’ report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the 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

As described in the statement of trustees’ responsibilities, the trustees, who are also the directors of the charity for the purposes of company law, are responsible for the preparation of financial statements, which are required to be prepared in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Our responsibility is to audit the financial statements in accordance with relevant United Kingdom legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view in accordance with the relevant financial reporting framework and are properly prepared in accordance with the Companies Act 1985. We also report on the consistency of the trustees’ report with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustees’ remuneration and other transactions is not disclosed.

We read the trustees’ report and the other information contained in the annual report for the above year as described in the contents section and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements.

Basis of opinion

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

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

Opinion

In our opinion:

• the financial statements give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the group and charitable company’s affairs as at 27th March 2007 and of the group’s incoming resources and application of resources, including its income and expenditure, for the year then ended;

• the financial statements have been properly prepared in accordance with the Companies Act 1985 and • the trustees’ report is consistent with the financial statements.

Deloitte & Touche LLP
Chartered Accountants and Registered Auditors

London

1st May 2007
## CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2006 (INCORPORATING INCOME AND EXPENDITURE ACCOUNT)

<table>
<thead>
<tr>
<th>Note</th>
<th>Total restricted funds £</th>
<th>Total unrestricted funds £</th>
<th>Total 2006 £</th>
<th>Total 2006 as restated £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incoming resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from generated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appeals and associated donations</td>
<td>-</td>
<td>4,562,867</td>
<td>4,562,867</td>
<td>4,258,932</td>
</tr>
<tr>
<td>Schools and children’s groups fundraising</td>
<td>-</td>
<td>1,146,847</td>
<td>1,146,847</td>
<td>903,477</td>
</tr>
<tr>
<td>Running events</td>
<td>-</td>
<td>2,711,243</td>
<td>2,711,243</td>
<td>2,336,520</td>
</tr>
<tr>
<td>Corporate and trust donations</td>
<td>12</td>
<td>35,642</td>
<td>714,757</td>
<td>750,399</td>
</tr>
<tr>
<td>Legacies</td>
<td>-</td>
<td>317,863</td>
<td>317,863</td>
<td>172,625</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td>35,642</td>
<td>10,732,938</td>
<td>10,768,580</td>
<td>9,222,484</td>
</tr>
<tr>
<td><strong>Resources expended</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of generating funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs of generating voluntary income</td>
<td>-</td>
<td>1,457,159</td>
<td>1,457,159</td>
<td>1,244,562</td>
</tr>
<tr>
<td>Costs of special events and trading</td>
<td>-</td>
<td>178,601</td>
<td>178,601</td>
<td>184,801</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research into Prevention &amp; Causes</td>
<td>728</td>
<td>2,429,697</td>
<td>2,430,425</td>
<td>2,020,563</td>
</tr>
<tr>
<td>Research into Treatment</td>
<td>9,925</td>
<td>3,168,643</td>
<td>3,178,568</td>
<td>2,206,966</td>
</tr>
<tr>
<td>Welfare</td>
<td>-</td>
<td>2,875,663</td>
<td>2,875,663</td>
<td>3,755,144</td>
</tr>
<tr>
<td>Education</td>
<td>-</td>
<td>736,394</td>
<td>736,394</td>
<td>549,682</td>
</tr>
<tr>
<td>Governance costs</td>
<td>-</td>
<td>54,870</td>
<td>54,870</td>
<td>40,582</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td>10,653</td>
<td>10,901,027</td>
<td>10,911,680</td>
<td>10,002,300</td>
</tr>
<tr>
<td><strong>Net incoming resources before transfers</strong></td>
<td>24,989</td>
<td>1,481,621</td>
<td>1,506,610</td>
<td>59,596</td>
</tr>
<tr>
<td>Gross transfers between funds</td>
<td>12</td>
<td>(24,989)</td>
<td>24,989</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net movement in funds</strong></td>
<td>-</td>
<td>1,506,610</td>
<td>1,506,610</td>
<td>59,596</td>
</tr>
<tr>
<td>Funds at the start of the year</td>
<td>-</td>
<td>2,075,195</td>
<td>2,075,195</td>
<td>2,015,599</td>
</tr>
<tr>
<td><strong>Funds at the end of the year</strong></td>
<td>-</td>
<td>3,581,805</td>
<td>3,581,805</td>
<td>2,075,195</td>
</tr>
</tbody>
</table>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 12 to the financial statements. The notes on pages 29 to 31 form part of these financial statements.
Consolidated cash flow statement

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2006

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 and the Statement of Recommended Practice (SORP): Accounting and Financial Reporting by Charities in March 2005 in all material respects and are prepared under the historical cost convention.

(b) Group status and basis of consolidation
The Foundation for Children with Leukaemia (the Foundation), an unincorporated charity, was the ultimate parent company until 21 December 2006. Until that date, the Foundation had two direct subsidiaries, being the operating charity, CHILDREN with LEUKAEMIA, and the Children with Leukaemia Charitable Trust (the Trust). By order of the Charity Commissioners for England and Wales, both the Foundation and the Trust became subsidiaries of CHILDREN with LEUKAEMIA on 21 December 2006 and CHILDREN with LEUKAEMIA became the ultimate parent company.

The consolidated financial statements incorporate the results of CHILDREN with LEUKAEMIA, UK, the Foundation, the Trust and HCwL, using the line by line basis. This is a change in accounting policy as in previous years, HCwL was consolidated on a group basis of accounts, since the Foundation nor the Trust nor HCwL traded during 2006. The balance sheets for all three subsidiaries are shown in note 7.

(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 Charities is advised by the personal representatives 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 5 to the accounts.

Government costs are the costs incurred to manage the Charity in compliance with constitutional and statutory requirements.

(f) Taxation
CHILDREN with LEUKAEMIA, UK, as a registered charity, is exempt from taxation of income falling within Section 505 of the Taxes Act 1988 or section 256 of the Taxes 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 carried and included at cost including any incidental costs of acquisition.

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 2006, the Charity made a contribution of 12% of salary per month to any permanent or stakeholder pension scheme selected by employees serving for more than three months who elected to take advantage of this benefit. Pension costs are accounted for on an accruals basis.

2. Other incoming resources

<table>
<thead>
<tr>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul O’Gorman House</td>
<td>£702,000</td>
</tr>
<tr>
<td>Foreign exchange gains</td>
<td>£6,777</td>
</tr>
<tr>
<td>Return of accrual for running costs of Paul O’Gorman House</td>
<td>£10,050</td>
</tr>
<tr>
<td>Repayment of University of Bristol grant</td>
<td>£44,411</td>
</tr>
</tbody>
</table>

3. Total resources expended

4. Support costs
Support costs are allocated to the activities as follows:

<table>
<thead>
<tr>
<th>Cost of generating voluntary income</th>
<th>Research into prevention &amp; treatment</th>
<th>Research into treatment of cancer</th>
<th>Education</th>
<th>Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>Activity</td>
<td>Activity</td>
<td>Activity</td>
<td>Activity</td>
</tr>
<tr>
<td>Staff costs</td>
<td>13</td>
<td>129,144</td>
<td>58,148</td>
<td>215,008</td>
</tr>
<tr>
<td>Direct charitable spend</td>
<td>2,301,281</td>
<td>3,320,430</td>
<td>2,665,855</td>
<td>507,985</td>
</tr>
<tr>
<td>Printing, postage &amp; stationery</td>
<td>-</td>
<td>540,349</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Function and venue costs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>741,792</td>
</tr>
<tr>
<td>Other expenditure</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Audit fee</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other office costs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>2,430,425</td>
<td>3,178,568</td>
<td>2,675,663</td>
<td>736,394</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cost of special events and trading</th>
<th>Research into special events and trading</th>
<th>Research into social enterprise &amp; trading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>Activity</td>
<td>Activity</td>
</tr>
<tr>
<td>Staff costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>25,850</td>
<td>25,020</td>
</tr>
</tbody>
</table>

As detailed in note 1(b), Helping Children with Leukaemia Ltd (HCwL) has been included in the consolidated financial statements for the first time in 2006, thereby increasing the consolidated cash balance by £100.

Notes to the financial statements
12. Statement of funds

<table>
<thead>
<tr>
<th>Description</th>
<th>2006 Total</th>
<th>2005 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All the start of the year</strong></td>
<td>2006 Total</td>
<td>2005 Total</td>
</tr>
<tr>
<td>Restricted funds</td>
<td>2,075,195</td>
<td>1,329,286</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>2,316,658</td>
<td>2,029,479</td>
</tr>
<tr>
<td>Total funds</td>
<td>4,391,853</td>
<td>3,358,765</td>
</tr>
<tr>
<td><strong>All the end of the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>10,013</td>
<td></td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>24,869</td>
<td>22,204</td>
</tr>
<tr>
<td>Total funds</td>
<td>34,882</td>
<td>22,204</td>
</tr>
</tbody>
</table>

13. Staff costs

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>64,466</td>
<td>54,518</td>
</tr>
<tr>
<td>National Insurance</td>
<td>69,029</td>
<td>59,518</td>
</tr>
<tr>
<td>Pension</td>
<td>78,262</td>
<td>50,414</td>
</tr>
<tr>
<td>Total</td>
<td>215,757</td>
<td>174,442</td>
</tr>
</tbody>
</table>

14. Capital commitments

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Richard Feltbower, University of Leeds.</td>
<td>50,000</td>
<td>72,436</td>
</tr>
<tr>
<td>Dr Craig Donaldson, University of the West of England.</td>
<td>20,000</td>
<td>38,428</td>
</tr>
<tr>
<td>Dr Leeka Kheifets, University of California, Los Angeles.</td>
<td>10,000</td>
<td>110,106</td>
</tr>
<tr>
<td>Dr Joseph Wiemels, University of California, San Francisco.</td>
<td>103,238</td>
<td>115,569</td>
</tr>
<tr>
<td>Dr Malcolm Taylor, University of Manchester.</td>
<td>93,532</td>
<td>157,187</td>
</tr>
<tr>
<td>Dr Paul Veys &amp; Dr Persis Amrolia, Great Ormond Street Hospital.</td>
<td>3,656,085</td>
<td>2,878,482</td>
</tr>
<tr>
<td><strong>Unrestricted funds</strong></td>
<td>24,000</td>
<td>3,656,085</td>
</tr>
<tr>
<td><strong>Restricted funds</strong></td>
<td>24,260</td>
<td>2,878,482</td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td>24,500</td>
<td>3,656,085</td>
</tr>
</tbody>
</table>

15. Share Capital

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

16. Accumulated depreciation

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

17. Trustees' emoluments

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

18. Net assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

19. Grants to third parties (continued)

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

20. Enterprises

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

21. Analysis of net assets between funds

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

22. Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

23. Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

24. Notes to the financial statements

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

25. Accumulated depreciation

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

26. Tax credit

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

27. Accrued expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

28. Grants

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

29. Notes to the financial statements

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

30. Tax credit

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

31. Accrued expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

32. Grants

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

33. Notes to the financial statements

<table>
<thead>
<tr>
<th>Description</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1 ordinary shares</td>
<td>61,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>
Thank you

CHILDREN with LEUKAEMIA is very fortunate to receive the support of so many dedicated individuals and organisations who devote vast amounts of time and energy to our cause. We are grateful to the many celebrity friends who support our work in numerous ways. Special thanks go to Jeremy Beadle who devotes an enormous amount of time to the charity. Amongst many activities on our behalf in 2006, Jeremy hosted his annual Quiz Party, JMD’s Quiz at the Tower and compered at the Paul O’Gorman Banquet and Ball. Once again, we are grateful to Linda Robson, who gives a substantial amount of her time to the charity and became a Trustee in 2005. We would also like to thank Sandy Lyle, who hosts the Captains Cup Tournament, and Sir Steve Redgrave, Sir David Jason, Ronnie Corbett and Jonathan Ross, who headed our postal appeals in 2006.

All of our scientific advisers and the members of our grants panels voluntarily give their time to help ensure that we fund the very best science. Our thanks go to our 2006 grants panel: Professor Victor Hoffbrand (Chair), Professor Inderjeet Dokai, Professor Tarig Enver, Dr Thomas Emren, Professor Mel Greaves, Professor Denis Henshaw, Professor Irene Roberts and Professor Eric Wright.

We would like to thank the members of the Parliamentary Commission on Childhood Leukaemia and Electric and Magnetic Fields for all their work in raising awareness of this important issue in Parliament: Dr Howard Stoate MP (Chair), Dr Ian Gibson MP, Sandra Gidley MP, Nick Hurd MP and Michael Connarty MP.

We are grateful to our friends the Adamson Family, the Ayliff Family, the Beamond Family, the Fogarty Family, Eleanor Hines, Andy Jackson and other families and individuals who have shared their personal experiences of leukaemia to help others affected by the disease.

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

A huge and heart-felt thank you to our Mr. Men and Little Miss runners who raised almost £3 million in 2006. Their commitment and enthusiasm before, during and after each run has been both inspiring and heart-warming. Space does not permit us to name everyone in the team but each and every runner is a star in our eyes. Our grateful thanks go also to those family, friends and colleagues who so generously offered their sponsorship and support. In addition, our special thanks go to Chris Meldrum, Jonathan Richards at LBC, Sonja Fitzpatrick, Drew Carroll, Mike Nicholson, Teresa David Martin, Cos and Stewart from Jerwood Space, Janet Donachie at Edward Thompson, Andrew Dale at the Millennium Hotel New York, Ellie Dayton at Total Travel New York, Judith Parke, Tony Ball, Tim Rogers at realbuzz.com, the team at Rocket, Clive Mascord, Kristie Sivoboda, Peter and Josephine Snell, Richard Lewis and Adrienne Parry.

Individual volunteers and committees contribute a huge amount of time and enthusiasm to ensure the success of our special events, including Opera at Syon, the Captains Cup Tournament and Jeremy Beadle’s Quiz Party. These events raised more than £300,000 in 2006. We are particularly grateful to Elisabeth, Duchess of Northumberland, Patron of Opera at Syon, and to Lady Julia Craig Harvey and Mrs Peter Hargreaves-Allen for continuing to co-chair the Opera committee. Our grateful thanks go to Holly Bellingham for chairing Jeremy Beadle’s Quiz Party Committee in 2006 and to all the committee members, who contribute so much. Thank you also to Mick Keating for agreeing to take over as Chair of the Quiz Committee in 2007.

We are enormously grateful to: Caroline Randerson, whose Fire and Ice Ball raised £60,000 in 2006, bringing the total she has raised for the charity over the past 19 years to over £450,000; John Dewen and his team at JMD Specialist Insurance Services, who organised JMD’s Quiz at The Tower; David Hatch, who organised a Greyhound Race night at Coral Romford Stadium; Anne Ferguson, who organises the annual St. Trinian’s Sponsored Walk from Wigan to St Helens; Nisa-Today’s (Holdings) Ltd, who supported us through their Charity Gala Ball; John and Mary Fitzgerald, who organised a Claire Macdonald cookery demonstration in Cirencester; Robert Murphy who organised a cricket day; Gordon Moulds and the British Forces Falkland Islands; Kenny Michael and the Michael Aventis Charitable Trust.

We are extremely grateful to: Caroline Randerson, whose Fire and Ice Ball raised £60,000 in 2006, bringing the total she has raised for the charity over the past 19 years to over £450,000; John Dewen and his team at JMD Specialist Insurance Services, who organised JMD’s Quiz at The Tower; David Hatch, who organised a Greyhound Race night at Coral Romford Stadium; Anne Ferguson, who organises the annual St. Trinian’s Sponsored Walk from Wigan to St Helens; Nisa-Today’s (Holdings) Ltd, who supported us through their Charity Gala Ball; John and Mary Fitzgerald, who organised a Claire Macdonald cookery demonstration in Cirencester; Robert Murphy who organised a cricket day; Gordon Moulds and the British Forces Falkland Islands; Kenny Michael and the Michael Aventis Charitable Trust.

We are grateful for the support we receive from charitable trusts and foundations, and would particularly like to acknowledge the following: the Madeline Mabey Trust, Annandale Charitable Trust, Michael Cornish Charitable Trust, Persian Punch Charitable Trust, the Kirby Laing Foundation, Alfred George Ker Trust, the Shotton Bequest, the Tolkein Trust, the Ratcliff Foundation and the G F Eyre Charitable Trust.

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

There are many, many others who have given invaluable support to CHILDREN with LEUKAEMIA in 2006. Space does not permit an exhaustive list but to each and every person and organisation that has contributed to our work we extend an enormous thank you.

This annual report and accounts is dedicated to the memory of Norman Buckler, who died on 2nd November 2006 while raising funds for our vital work.

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