The charity began in 1988 in memory of Paul O’Gorman, who was 14 when he was diagnosed with leukaemia. His parents Eddie and Marion were shocked by the news. They were told, however, that his chances of survival were excellent as a suitable donor had been found for a bone marrow transplant. While waiting for the operation, Paul contracted a virus and his condition deteriorated. In the hospital, Paul observed the tremendous suffering other children with leukaemia endured and how they managed to cope with great courage and determination.

Paul, pictured above, with his sister Jean, succumbed to the disease in February 1987, just nine weeks after his initial diagnosis. Before his death, Paul begged his parents to help other children with leukaemia in the hope that some day a cure would be found. His sister Jean immediately began a fundraising campaign to honour the promise to Paul but tragedy would strike the O’Gorman family again. Just nine months after Paul’s death, and only days after the first major fundraising event, Jean died, also of cancer, in November 1987, aged 29.

Despite the loss of their beloved children, Eddie and Marion, along with family and friends, stayed committed to fulfilling Paul’s wish and continuing Jean’s work – to give children with leukaemia a better chance. Just a week after Jean’s death, Eddie and Marion met Diana, Princess of Wales. Saddened and moved by their double tragedy, she personally helped start this charity, which she inaugurated in January 1988. Princess Diana’s commitment did not stop there. She remained supportive of our work until her own untimely death in 1997.

The positive caring spirit of Paul and Jean and Princess Diana continues to inspire our work.

www.leukaemia.org/about-us
How we performed against our objectives

A year ago we set out goals for the following twelve months and on these pages we set out in summary how we have performed against each of them. These achievements are organised into groups, each headed by the wording of the relevant charitable object – the part of our constitution which sets out why we exist.

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

In 2007, we planned further grants to fund the Minimal Residual Disease project for another year (see page 12) and to complete the funding of the Childhood Cancer Research Group’s epidemiology programme – investigating the possible role of exposure to infection in childhood leukaemia risk (see pages 6 and 7). Both were funded in full and we monitored these projects alongside our existing portfolio. We also planned to grant £250,000 to the newly-formed Children’s Cancer and Leukaemia Group to fund clinical trials and in the event were able to award a grant of £600,000 (see page 13).

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

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

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

Welfare – pages 14 to 16
The relief of children suffering with leukaemia

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

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

Raising awareness – page 17
To raise public awareness and knowledge in matters relating to childhood leukaemia

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

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

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

Review of the year

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

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

Exploring every possible avenue

From the outside it looks like just a nondescript office above a small parade of shops in a quiet street in Oxford.

But these humble surroundings contain a priceless resource that may hold the key to understanding why childhood leukaemia has been on the increase for the past 100 years.

The offices are home to the Childhood Cancer Research Group (CCRG) and the largest registry of childhood cancers, including leukaemias, in the world.

The details of more than 70,000 children who have been treated in the UK over the last 40 years are held here, on computer and also in long lines of grey filing cabinets.

It is a painstaking process, but these details enable researchers to build up a database that can be used by scientists trying to unravel the enigma of leukaemia.

“It’s a boring job that no one really wants to do,” Dr Mike Murphy explains, “but everyone acknowledges how important it is to have this kind of database.”

This cancer registry contains fairly basic information such as the child’s diagnosis, the treatment and the eventual outcome.

This synopsis of the illness means that researchers are able to determine quickly which kinds of treatment work best over a long period of time.

But the CCRG is also poring over the information on the registry to find patterns and trends, as leukaemia in children is found to cluster often in certain geographical locations.

It was this team at Oxford that first showed the association between how near a baby’s first home was to overhead power lines and increased risk of childhood leukaemia. So significant are the implications for where we build new homes in the UK that they are undertaking further research that might help us pinpoint more precisely safe distances and exposure levels.

Dr Murphy’s team are also further investigating links with radiation from nuclear power stations, following recent work in Germany showing that under-5s who live close to nuclear installations were at a greater risk of developing cancer.

The CCRG will use the database to determine if a similar trend exists in the UK.

They are not just looking for geographical factors however. They are to cross-reference their database with items of public record, such as birth certificates.

They are investigating 20,000 cases of childhood cancer, including leukaemia, over the last 20 years to see if there is a link between birth weight and childhood leukaemia.

One of the many theories surrounding the causes of leukaemia and cancer in children is that some unborn children may be exposed to higher levels of growth factors in the womb.

Every child needs growth factors to grow, but too much could lead to higher birth weights and possibly to the kind of genetic mutation that leads to cancer months or years later.

Dr Murphy believes there could be a link between birth weight and the incidence of cancer, including leukaemia, with those children born above average weight more likely to be at a greater risk.

Research from Sweden suggests this may be the case, as twins are generally born 1kg lighter than single children, and twins have been shown to have a lower risk of cancer, including leukaemia.

Dr Murphy said: “It is very complicated, but we are interested in seeing if there is a lower risk of childhood cancers, including leukaemia, among those children who had a relatively low birth weight.”

The CCRG is determined to leave no stone unturned. They are hoping to cross-reference their immense database with the pre-natal notes of mothers whose children later fell ill, to see what kind of illnesses these mothers might have had during pregnancy.

And they are also investigating whether there is any mileage in testing the pin-pricks of blood that are taken at birth from every child born in the UK and then stored. They hope these blood samples, known as Guthrie blood spots, might contain information about what diseases and infections the child’s mother had while pregnant.

This kind of slow, laborious work is vital to unravel the complex reasons behind the growth of leukaemia in children. We believe this work at Oxford University is hugely important, and since 2006 we have committed £311,878.

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

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

In almost all cases of childhood leukaemia, an unborn child’s genes have mutated in the womb to leave them susceptible to the disease later in life.

Factors such as parental smoking, exposure to vehicle emissions and exposure to pesticides are possible factors that may cause these genetic mutations.

Professor Patricia Buffler of the University of California Berkeley is investigating whether these children have a particular type of genetic make-up that leaves them susceptible in the very first place. And, using the high quality data from the Northern California Childhood Leukaemia Study, she is looking at whether the mother’s genes contain the information that starts the whole domino effect. So far we have supported this research with £110,666.

Dr Malcolm Taylor

Chemotherapy is a very blunt instrument to treat leukaemia. It makes the child ill, weak and prone to infection.

We are funding research into whether it might be possible to use the child’s own immune system to eliminate leukaemia at an early stage, before it becomes full blown.

Dr Malcolm Taylor of the University of Manchester is exploring ways of using the body’s own immune system to produce a vaccine against childhood leukaemia.

Dr Taylor believes molecules on the white blood cells of certain children may be associated with protection from leukaemia.

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

“Dr Murphy’s team are making a huge contribution to the search for potential vaccines.”

Since 2005 we have supported Professor Buffler’s work with £474,182.

www.leukaemia.org/what-we-do/fund-research
Our understanding of cancer, including leukaemia, is advancing year by year. As a result, the biology involved is becoming more and more sophisticated. Today’s researchers need state-of-the-art laboratory environments if they are to continue making progress. That is why we provided £2 million towards the spectacular new building at University College London (UCL) which has become home to the UCL Cancer Institute. And in recognition of the charity’s long-standing support of the project, UCL has named the new building after Paul O’Gorman. It was opened in September 2007, and became the eighth research facility in the UK to carry Paul’s name. The new Paul O’Gorman Building was designed by the world-renowned architects, Grimshaw, who were responsible for the Eden Project in Cornwall, and the Eurostar Terminal at Waterloo Station. The new structure has been sympathetically incorporated into the historic buildings around it. Inside the building, the facilities are second-to-none. On each floor there are rows of fully air-conditioned laboratories, with separate areas at the front of the building for scientists to write up their findings. The work areas are sterile and enclosed where they have to be, and light and airy everywhere else. The mission to attract some of the world’s leading researchers to the Institute is well underway. Ultimately the Paul O’Gorman Building will be home to more than 350 cancer scientists, part of whose research will be investigating childhood leukaemia. Professor Chris Boshoff, who is Director of the UCL Cancer Institute, said: “Haematopo-oncology research will be one of the major themes in the new Institute, along with the study of other cancers in adolescents and young adults. Research will also focus on the causes and treatment of leukaemia in both children and in teenagers.” UCL are confident that the Institute will make great progress in its new home. Professor Ed Byrne, Dean of the UCL Faculty of Biomedical Sciences, said: “We have every expectation that the research conducted here will lead to significant advances within the field of cancer research.”
Research

Our commitment to the Paul O'Gorman Building at University College London did not end with last year's official opening. We believe this spectacular new facility should house one of the world's finest teams of researchers. UCL Cancer Institute's director Professor Chris Boshoff wants to ensure the work undertaken in the new building makes a real difference to our understanding and ability to treat various different types of cancer.

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

The money is being used on these different projects:

- Dr Pablo Rodriguez-Viciana has been recruited from California to lead research into a gene that is implicated in around 50% of all cancers, including leukaemias. This ras oncogene is vital to growth in a foetus, but if triggered later in life can lead to cancer. It is found in normal cells where it works like a switch to relay messages. In many types of cancer, ras is mutated so that it is permanently switched on, leading to uncontrolled growth.
- Dr Rodriguez-Viciana has discovered a certain protein – called Sho2 – that can interact with the ras signalling system and return growth to normal.

The hope is to develop selective less toxic drugs that can stop cancer in its tracks, without the need for chemotherapy.

- Professor Poul Sorensen is one of the world’s leading experts on a particular type of cancer called sarcomas. He has discovered the genetic abnormality which can lead to an especially aggressive type of sarcoma in children, but he needs to understand better how this happens. He also wants to investigate why the cancer spreads around the body in some children, but not in others.

Our money has also gone towards purchasing an RNAi library, which is a cutting edge resource that contains all the genes in the human body. It stores these genes in 90,000 vials, which can then be used in experiments to work out ways of disabling those genes that are triggering the unstoppable growth that leads to cancer.

This programme of research was the first to be reviewed under the auspices of our new Scientific Advisory Committee, which is chaired by Professor Victor Hoffbrand.

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

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

Our Scientific Advisory Committee

Prof. Victor Hoffbrand
MD, FRCP, FRCPath, DSc (Chairman)
Consultant haematologist, Royal Free Hospital, London.

Prof. Jillian Birch
BSc, MSc, PhD Epidemiologist, University of Manchester and Royal Manchester Children’s Hospital.

Prof. Alan Burnett
MD ChB, FRCP, FRCPath, FMedSci, FRCPCH Consultant Paediatric Haematologist, Royal Hospital for Sick Children, Glasgow.
Professor Burnett is in development of research programmes on cancer in children, teenagers and young adults at national and international level.

Dr Brenda Gibson
MB ChB, MRCPath, FRCPCH Head of the Haematology, Aetiology of Childhood Leukaemia Team, Institute of Cancer Research, London.
Professor Gibson is chair of the Haematology Oncology Task Force of the British Committee for Standards in Haematology.

Dr Nick Goulden
MB ChB, MRCP, FRCPCH Consultant Paediatric Haematologist, Royal Hospital for Sick Children, Glasgow.
Dr Goulden is currently the President of the British Society for Haematology.

Dr Pablo Rodriguez-Viciana
MB ChB, MRCPath, FRCPCH Consultant Paediatric Haematologist, Royal Hospital for Sick Children, Glasgow.
Dr Gibson is currently the President of the British Society for Haematology.

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

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

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

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

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

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

When a child is diagnosed with leukaemia, the first step is to destroy the majority of the leukaemia cells in the bone marrow with chemotherapy.

A haven for families in crisis

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

We believe it is vital to give families practical support during these immensely tough times. So we have granted £1.1 million towards the cost of Paul’s House, a new home-from-home for families of children being treated at University College London Hospital (UCLH), pictured right.

Working alongside children’s cancer charity CLIC Sargent we hope the accommodation will keep families together during periods of treatment and reduce day-to-day difficulties.

Saving lives, one at a time

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

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

Paul O’Gorman Lifeline has been running for 12 years, to fund treatment for impoverished, leukaemic children in Eastern Europe and Central Asia. The medical costs of treating a single child in a Western hospital may be as much as £85,000.

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

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

Children’s challenges

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

So far almost 600,000 children have completed their challenge, raising sponsorship from family and friends totalling a staggering £5 million for their schools and groups and for CHILDREN with LEUKAEMIA. As well as making a vital contribution to our research work, the event has helped to raise awareness and understanding of childhood leukaemia amongst school children across the country, which is so important to children suffering from the disease.

One amazing party

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

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

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

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

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

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

The department however faces new challenges. In 2006 they were told that the children’s cancer, including leukaemia, services at Barts and the London NHS Trust were to close. As a result, the team at Great Ormond Street faced a 61% increase in the number of cancer patients referred to them.

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

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

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

The first phase of the work was almost completed by the end of 2007. The second phase is the creation of a new 17-bed in-patient oncology ward, to complement the 20 beds currently available.

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

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

The Power to the people?

We are members of, and part fund, a Government advisory group called SAGE (Stakeholder Advisory Group on Extremely Low Frequency (ELF) EMF). Other participants in SAGE include representatives of the Government, electricity companies, academics and campaigners, SAGE issued a report in April 2007, making recommendations to Government on practical precautionary measures to reduce EMF exposure.

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

In the same month, an Early Day Motion tabled by the members of the Cross-Party Inquiry was signed by 76 MPs. It also called for a building moratorium. The Department of Health referred the SAGE report to the Health Protection Agency (HPA). In October 2007, the HPA issued guidance on the SAGE Report and on the Cross-Party Inquiry Report.

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

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

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

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

In 2008 the new Paul O’Gorman Leukaemia Research centre facility at University of Glasgow is due to open, our first in Scotland.
Fundraising

Thanks a million!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Corporate partners

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

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

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

Dunelm Mill, the UK’s leading independent home furnishings retailer, kindly supported us as their Charity of the Year in 2006/2007. Staff in stores nationwide took part in a variety of terrific fundraising activities, including a ‘Friends and Family’ evening and the sale of Mr Men and Little Miss zip pulls, raising a total of over £83,000.

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

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

Amazing support from the public

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

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

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

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

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

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

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

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

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

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

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

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

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

Governing documents

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

CHILDREN with LEUKAEMIA is a company limited by guarantee and operates under its Memorandum and Articles of Association dated 11th November 2003 as amended by special or written resolutions, dated 30th November 2004, 22nd December 2006 and 12th May 2008. On 14th May 2007 the reporting charity changed its name from Children with Leukaemia UK to Children with Cancer UK. The Foundation operates under its Trust Deed (dated 4th January 1988) and Variation of Trust Deed (dated 10th December 2003).

Objects

The objects of CHILDREN with LEUKAEMIA, as set out in the governing documents at the start of the year were:

1. the relief of children suffering with leukaemia;
2. to raise public awareness and knowledge in matters relating to childhood leukaemia;
3. the promotion of research into the causes, alleviation, prevention and cure of childhood leukaemia.

These objects were amended by written resolution on 13th May 2007 and the new objects from that date onward are shown below:

1. to promote the relief of children and young people suffering from leukaemia or any other form of cancer (and allied disorders) and of their families;
2. to raise public awareness and knowledge in matters relating to leukaemia or any other form of cancer (and allied disorders) affecting children and young people;
3. to promote research into the causes, alleviation, prevention, treatment and cure of leukaemia or any other form of cancer (and allied disorders) affecting children and young people and to publish the useful results of such research.

Trustee Board

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

Trustee appointment and induction

There were no new appointments to the Trustee Board in 2007 (no new appointments in 2006). The policy with respect to the size and make-up of the Board was revised in 2007 and now is to keep the size of the Board small to enable effective decision-making. Selection of Trustees is made based on vacancies arising, sympathy with the objects of the Charity and the additional skills and experience that potential new Trustees are able to offer. Under the Articles of Association, Trustees are appointed by a majority vote of the members (who are all the current Trustees) by ordinary resolution.

Each new Trustee receives the Charity Commission publication ‘The Essential Trustee: What you need to know’ as well as the most recent management information and is expected to attend at least one meeting of the 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 ("safeguarding"), the Scientific Advisory Committee and the Chief Executive and Chief Executive also task the Board with decision-making on some strategic management issues as appropriate.

In order to remain in harmony with the procedures of the National Cancer Research Institute and the Association of Medical Research Charities, the Trustee Board established a new Scientific Advisory Committee, a panel of scientific advisers, under new terms of reference (see www.leukaemia.org/about-us/our-scientific-advisors). The Board operates under the auspices of the Scientific Advisory Committee, before making recommendations to Trustees.

Risk and internal control

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

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

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

The Trustees keep under regular review the major risks that could affect their achievement of the Charity’s objectives. It is the Trustees’ policy that if a significant risk arises which is beyond the current risk appetite (as defined in the policies) that appropriate action be taken to reduce the potential exposure and to enable the Trustees to continue to manage the remainder of the risk.

The risk management process involves the Trustees identifying, assessing and monitoring the main risks facing the Charity. The Trustees have established a risk management committee to review the risk profile on a regular basis.

Trustees are asked to identify and evaluate major risks the Charity could face and to recommend appropriate strategies to manage the risks. The Trustees are expected to exercise reasonable care in the management of the Charity’s risk exposure and not to place the Charity in a position of higher risk without reasonable grounds for doing so.

Reserves

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

The Charity has a very low ongoing cost base. The Trustees feel it is sufficient to maintain an unrestricted reserve of between two and four months income, and in accordance with the recommended size for the range of activities that the Charity undertakes.

Investments

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

The trustees awareness of research grants

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

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

Grant making policy

It is the Trustees’ policy to maximise the proportion of its charitable deficit to be covered through grant making.

Welfare grants

New welfare facilities are 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 determine which organisations should be supported. The Charity worked closely with Paul O’Gorman Lifeline and CLIC Sargent during 2007.

Research grants

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

Project funding in these areas is directed in two ways:

1. Research into treatment

The Charity works in partnership with Leukaemia Research, Great Ormond Street Hospital Children’s Charity, University College London, Cancer Research UK and other institutions giving grants in support of the work of their programmes which are relevant to the Charity’s objectives.

2. Research into prevention and causes

In 2005, the Charity was accepted as a member of the Association of Medical Research Charities and in 2007 it was accepted as a member of the National Cancer Research Institute. The Charity advertises worldwide for project applications which are then subject to peer review and assessment by the Charity’s expert research grants committee before the Trustees determine which projects to support.

It is also the Trustees’ policy to support directly a number of long-term programmes at UK institutions in areas which are of wide ranging importance in relation to childhood leukaemia. The childhood cancer research programme co-ordinated by Professor Boshoff at University College London was added to this roster of programmes during the year.

Statement of Trustees’ responsibilities for the financial statements

UK company and charity law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the Charity’s incoming resources and application of resources during the year and of its state of affairs at the end of the year. In preparing those financial statements the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Trustees as directors are responsible for keeping proper accounting records which disclose with reasonable accuracy the financial position of the company and the group and which enable them to ensure that the financial statements comply with the Companies Act 1985. They are also responsible for the system of internal control, for safeguarding the assets of the company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Each of the persons who is a director at the date of approval of this report confirms that:

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

This confirmation is given and should be interpreted in accordance with the provisions of s254ZA of the Companies Act 1985.

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

Eddie O’Gorman

Chairman of Trustees

CHILDREN with LEUKAEMIA

Information about the Charity

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

Trustees

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

Eddie O’Gorman (Chairman)
The Earl Cadogan DL
Professor Denis Henshaw
Sandra Mileham
Baroness Morgan of Drefelin (resigned 23rd January 2007 on appointment to HM Government)
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
Sayer Vincent
8 Angel Gate, 326 City Road, London, EC1V 2SJ

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

Information about the Charity

CHILDREN with LEUKAEMIA

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

CHILDREN with LEUKAEMIA

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Tel: 020 7404 0808
Fax: 020 7404 3666
Email: info@leukaemia.org
www.leukaemia.org

Scienfific Advisory Committee

Prof. A. Birchondril, DM, FRCP, FRCPath, DSc (Chairman)
Prof. J. M. Birch, BSc, MSc, PhD
Prof. A. K. Burnett, MD ChB, FRCP, FRCPath, FMedSci
Dr B. E. Gibson, MB ChB, FRCP, FRCPCH
Dr N. J. Goulden, MB ChB, MRCP, FRCPath, PND
Prof. M. F. Greaves, PhD, MRCP, FMedSci, FRS
Prof. A. W. Preece, BSc, PhD, MInstP, FIPERM, CPhys
Prof. I. A. G. Roberts, MD, FRCP, FRCPath, FRCPCH, DRCOG
Prof. P. Sorensen, MD, PhD, FRCP
Prof. E. G. Wright, PhD, FRCPath, FRSE

Amazing Great Children’s Party

Hugo Aymaya-Torres (Chairman)

Celebrity Friends

Russ Abbot • Debbie Arnold • Jane Asher • Colin Baker
Floella Benjamin • David Berglas • Rodney Bewes
Christopher Biggins • Cilla Black • Brenda Blethyn
Patricia Bravington • Linda Robson • 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 Conleth • Ronnie Corbett • Bernard Cribbins
Roger Daltry • Paul Daniels • Jim Davidson
Dickie Davies • Sharron Davies • Roger de Courcey
Dame Judi Dench • Declan Donnelly • Jason Donovan
Glynis Edwards • Bruce Forsyth • Peter Gilmore
Reg Gutteridge • Haruhiya Handa • Ainsley Harriott
Barry Heather • Bob Holness • Bob Hoskins • Jane How
Michael Howe • Nerys Hughes • David Janson
Sir David Jason • Gordon Kaye • Kevin Keegan
Diane Keen • Henry Kelly • Felicity Kendal
Sarah Kennedy • Eddie Kidd • Burt Kwouk
Bonnie Langford • Eddie Large • George Layton
Rosemary Leach • Rula Lenska • Lennox Lewis
Gary Linkeker • Joanna Lumley • Linda Lusardi
Sandy Lytle • Sir Paul McCartney • Sir Trevor McDonald
Debbie McGee • Simon McPartlin • Philip Madoc
Ruth Madoc • Ron Moody • Garfield Morgan
Patrick Mower • Des O’Connor • Tom O’Connor
Bill Oddie • Richard O’Sullivan • Nick Owen
Nicholas Parsons • Su Pollard • Robert Powell
Pauline Quirke • Claire Rayner • Sir Steve Redgrave
Angharad Rees • Annika Rice • Jonathan Ross
Tessa Sanderson • Gerald Scarfe • Phillip Schofield
Pat Sharp • Ivor Spencer • Michaela Strachan
Eric Sykes • Chris Tarrant • Angela Thorne
David Vine • Dennis Waterman • Kevin Whately
June Whitfield • Gary Wilmot
Frank Windsor • Terry Wogan • Susannah York

Paul Young

Celebrity Friends

Russ Abbot  •  Debbie Arnold  •  Jane Asher  •  Colin Baker
Floella Benjamin  •  David Berglas  •  Rodney Bewes
Christopher Biggins  •  Cilla Black  •  Brenda Blethyn
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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 Conleth  •  Ronnie Corbett  •  Bernard Cribbins
Roger Daltry  •  Paul Daniels  •  Jim Davidson
Dickie Davies  •  Sharron Davies  •  Roger de Courcey
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Michael Howe  •  Nerys Hughes  •  David Janson
Sir David Jason  •  Gordon Kaye  •  Kevin Keegan
Diane Keen  •  Henry Kelly  •  Felicity Kendal
Sarah Kennedy  •  Eddie Kidd  •  Burt Kwouk
Bonnie Langford  •  Eddie Large  •  George Layton
Rosemary Leach  •  Rula Lenska  •  Lennox Lewis
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Debbie McGee  •  Simon McPartlin  •  Philip Madoc
Ruth Madoc  •  Ron Moody  •  Garfield Morgan
Patrick Mower  •  Des O’Connor  •  Tom O’Connor
Bill Oddie  •  Richard O’Sullivan  •  Nick Owen
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Tessa Sanderson  •  Gerald Scarfe  •  Phillip Schofield
Pat Sharp  •  Ivor Spencer  •  Michaela Strachan
Eric Sykes  •  Chris Tarrant  •  Angela Thorne
David Vine  •  Dennis Waterman  •  Kevin Whately
June Whitfield  •  Gary Wilmot
Frank Windsor  •  Terry Wogan  •  Susannah York

Paul Young

Scientific Advisory Committee

Prof. A. Birchondril, DM, FRCP, FRCPath, DSc (Chairman)
Prof. J. M. Birch, BSc, MSc, PhD
Prof. A. K. Burnett, MD ChB, FRCP, FRCPath, FMedSci
Dr B. E. Gibson, MB ChB, FRCP, FRCPCH
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Prof. I. A. G. Roberts, MD, FRCP, FRCPath, FRCPCH, DRCOG
Prof. P. Sorensen, MD, PhD, FRCP
Prof. E. G. Wright, PhD, FRCPath, FRSE

Independent auditors' report to the members of Children with Cancer UK

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

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

Respective responsibilities of trustees and auditors

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

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

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

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

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

Basis of audit opinion

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

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

Opinion

In our opinion:

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

Deloitte & Touche LLP
Chartered Accountants and Registered Auditors
London
8 May 2008

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### Consolidated statement of financial activities for the year ended 31 December 2007 (incorporating income and expenditure account)

#### Incoming resources

<table>
<thead>
<tr>
<th>Note</th>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appeals and associated donations</td>
<td>-</td>
<td>4,864,010</td>
<td>4,864,010</td>
<td>4,562,867</td>
</tr>
<tr>
<td>Committed giving</td>
<td>-</td>
<td>955,217</td>
<td>955,217</td>
<td>821,756</td>
</tr>
<tr>
<td>Schools and children’s groups fundraising</td>
<td>-</td>
<td>768,918</td>
<td>768,918</td>
<td>1,146,847</td>
</tr>
<tr>
<td>Running events</td>
<td>-</td>
<td>3,171,244</td>
<td>3,171,244</td>
<td>2,711,243</td>
</tr>
<tr>
<td>Community fundraising</td>
<td>-</td>
<td>489,764</td>
<td>489,764</td>
<td>457,605</td>
</tr>
<tr>
<td>Corporate and trust donations</td>
<td>14</td>
<td>308,500</td>
<td>498,706</td>
<td>807,206</td>
</tr>
<tr>
<td>Legacies</td>
<td>-</td>
<td>425,871</td>
<td>425,871</td>
<td>317,863</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>600,000</td>
<td>600,000</td>
<td>700,000</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td><strong>308,500</strong></td>
<td><strong>1,173,730</strong></td>
<td><strong>12,082,230</strong></td>
<td><strong>11,468,580</strong></td>
</tr>
</tbody>
</table>

#### Activities for generating funds

<table>
<thead>
<tr>
<th>Note</th>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special events and trading</td>
<td>-</td>
<td>674,731</td>
<td>674,731</td>
<td>670,339</td>
</tr>
<tr>
<td>Investment income</td>
<td>-</td>
<td>351,441</td>
<td>351,441</td>
<td>216,602</td>
</tr>
<tr>
<td>Other incoming resources</td>
<td>-</td>
<td>6,852</td>
<td>6,852</td>
<td>62,769</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td><strong>308,500</strong></td>
<td><strong>12,806,754</strong></td>
<td><strong>13,115,254</strong></td>
<td><strong>12,418,290</strong></td>
</tr>
</tbody>
</table>

#### Resources expended

<table>
<thead>
<tr>
<th>Note</th>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of generating funds</td>
<td>-</td>
<td>1,729,849</td>
<td>1,729,849</td>
<td>1,457,159</td>
</tr>
<tr>
<td>Costs of special events and trading</td>
<td>-</td>
<td>205,348</td>
<td>205,348</td>
<td>178,601</td>
</tr>
<tr>
<td>Research into Prevention &amp; Causes</td>
<td>6,000</td>
<td>1,742,912</td>
<td>1,748,912</td>
<td>2,430,425</td>
</tr>
<tr>
<td>Research into Treatment</td>
<td>302,000</td>
<td>3,641,986</td>
<td>3,943,986</td>
<td>3,178,568</td>
</tr>
<tr>
<td>Welfare</td>
<td>-</td>
<td>4,279,529</td>
<td>4,279,529</td>
<td>2,875,663</td>
</tr>
<tr>
<td>Education</td>
<td>-</td>
<td>841,181</td>
<td>841,181</td>
<td>756,394</td>
</tr>
<tr>
<td>Governance costs</td>
<td>-</td>
<td>64,038</td>
<td>64,038</td>
<td>54,870</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td><strong>3,134,300</strong></td>
<td><strong>12,504,843</strong></td>
<td><strong>12,812,843</strong></td>
<td><strong>10,911,680</strong></td>
</tr>
</tbody>
</table>

#### Net incoming resources before transfers

<table>
<thead>
<tr>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,134,300</td>
<td>12,504,843</td>
<td>12,812,843</td>
<td>10,911,680</td>
</tr>
</tbody>
</table>

#### Gross transfers between funds

<table>
<thead>
<tr>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>(500)</td>
<td>500</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Net movement in funds

<table>
<thead>
<tr>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>302,411</td>
<td>302,411</td>
<td>1,506,610</td>
<td></td>
</tr>
</tbody>
</table>

#### Funds at the start of the year

<table>
<thead>
<tr>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>3,581,805</td>
<td>3,581,805</td>
<td>2,075,195</td>
</tr>
</tbody>
</table>

#### Funds at the end of the year

<table>
<thead>
<tr>
<th>Restricted funds £</th>
<th>Unrestricted funds £</th>
<th>Total 2007 £</th>
<th>Total 2006 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>3,884,216</td>
<td>3,884,216</td>
<td>3,581,805</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 14 to the financial statements. The notes on pages 29 to 31 form part of these financial statements.
Consolidated cash flow statement for the year ended 31 December 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net inflow from operating activities</td>
<td>£83,319</td>
<td>859,101</td>
<td>£1,560,500</td>
<td>1,560,500</td>
</tr>
<tr>
<td>Income investment</td>
<td>351,441</td>
<td>216,602</td>
<td>351,441</td>
<td>216,602</td>
</tr>
<tr>
<td>Proceeds from disposal of fixed assets</td>
<td>560,505</td>
<td>560,505</td>
<td>560,505</td>
<td>560,505</td>
</tr>
<tr>
<td>Management of liquid resources - increase in current asset investments</td>
<td>(1,830,581)</td>
<td>(1,250,000)</td>
<td>(1,830,581)</td>
<td>(1,250,000)</td>
</tr>
</tbody>
</table>

The notes to the cash flow statement follow:

- **a) Reconciliation of changes in resources:**
  - **Net inflow from operating activities:** £83,319  859,101
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)

5. **Costs of charitable activities**

- **Grants:** £27,000  27,000
- **Support costs:** £1,400  1,400

6. **Results of the parent charity**

- **The Earl Cadogan Trust:**
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)

7. **Costs of charitable activities**

- **Grants:** £27,000  27,000
- **Support costs:** £1,400  1,400

8. **Results of the parent charity**

- **The Earl Cadogan Trust:**
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)

9. **Costs of charitable activities**

- **Grants:** £27,000  27,000
- **Support costs:** £1,400  1,400

10. **Results of the parent charity**

- **The Earl Cadogan Trust:**
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)

11. **Costs of charitable activities**

- **Grants:** £27,000  27,000
- **Support costs:** £1,400  1,400

12. **Results of the parent charity**

- **The Earl Cadogan Trust:**
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)

13. **Costs of charitable activities**

- **Grants:** £27,000  27,000
- **Support costs:** £1,400  1,400

14. **Results of the parent charity**

- **The Earl Cadogan Trust:**
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)

15. **Costs of charitable activities**

- **Grants:** £27,000  27,000
- **Support costs:** £1,400  1,400

16. **Results of the parent charity**

- **The Earl Cadogan Trust:**
  - **Income investment:** 351,441  216,602
  - **Proceeds from disposal of fixed assets:** 560,505  560,505
  - **Management of liquid resources - increase in current asset investments:** (1,830,581)  (1,250,000)

- **Increase / (decrease) in cash:** £169,779  (174,297)
Grants administered by Cancer Research UK (registered charity no. 1089464).

Philip Morris which was given direct to the individual (2006: zero to individuals).

Total resources expended on charitable activities 1,748,912 3,943,986 4,279,529 605,489 2,836,263 2,161,279 4,688,820

(7,745) (2,990)

Dr Richard Feltbower, University of Leeds.

Professor Eric Wright, University of Dundee.

(2,426)

Dr Malcolm Taylor, University of Manchester.

Dr Mike Murphy, Childhood Cancer Research Group, University of Oxford.

Towards costs of hosting the Molecular Basis of Childhood Leukaemia CARE.

(390)

Dr Steve Selvin, Northern California Childhood Leukemia Study, University of California.

Dr Rob Mairs, University of Glasgow.

The Venik Trust.

Dr M Tevfik Dorak, University of Newcastle upon Tyne.

Dr Joseph Wiemels, University of California, San Francisco.

Project funding (36 months): Environmental chemical exposures in the aetiology of cytogenetic subgroups of childhood leukaemia.

Project funding (12 months). Drug resistance in childhood ALL. †† A study of patients with acute lymphoblastic leukaemia to determine whether the expression of drug resistance genes is related to the expression of the HOX gene in children with acute lymphoblastic leukaemia.

Project funding (24 months): Functional relevance of loss of HOX gene expression in childhood leukaemia.

Project funding (24 months): Variation in genes of the MHC, exposure to infections and risk of childhood ALL.

Towards costs of hosting the Third Panel of Scientific Advisers for the Leukaemia Research Project. †† The conference was held in Oxford in 2006.

Towards costs of hosting the Leukaemia Project Conference Annual meeting. †††

There is no controlling party of CHILDREN with LEUKAEMIA.

Cancer Research UK (registered charity no. 1089464) constitutes a significant proportion of the Trust’s support for clinical and research activities.
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. 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 Lyke, who hosts the Captains’ Cup Tournament, Bernard Gallacher for supporting the Captains’ Cup Tournament in 2007 and Bruce Forsyth, Des O’Connor, Phillip Schofield and Kevin Whately, who headed our postal appeals in 2007.

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

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

We are grateful to our friends the Ayliff family, the Beaton family, the Buttry family, the Fogarty family, the Smith family, the Westwood family and other families and individuals who have shared their personal experiences of leukaemia to help others affected by the disease.

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

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

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

In addition, our special thanks go to everyone at the London Marathon Office, Nova International, the New York Road Runners, realbuzz.com, Rocket, Drew Carroll, Sorja Fitzpatrick, Cos and Stewart from Jawed Space, Jonathan Richards from LBC, Steve Hems, Teresa David Martin, Chris Medrund, Tom By, Clive Mascord, Kristie Sivoda, Peter and Josephine Snell, Richard Lewis and Adrienne Parry, Janet Donachie, Greg Malandrozzi at the Millennium Hotel New York and Ellie Dayton at Total Travel New York.

Individual volunteers and committees contribute a huge amount of time and enthusiasm to ensure the success of our special events. We are particularly grateful to Elizabeth, Duchess of Northumberland, Patron of Opera at Syon, to Lady Julia Craig Harvey and Mrs Peter Hargreaves-Allen for continuing to co-chair the Opera committee and to Connie Haydon for her generous support through The Clover Trust. Our grateful thanks go to Nick Keating for chairing the Jeremy Beadle Quiz Party Committee in 2007 and to all the committee members, who contribute so much. Thank you also to Richard Harley for agreeing to take over as Chair of the Quiz Committee in 2008.

We are enormously grateful to: Caroline Randerson, who held her 19th annual ball for the charity in 2007; John Dewen and his team at JMD Specialist Insurance Services, who organised JMD’s Quiz at The Tower; Anne Ferguson, who organises the annual St. Titian’s Sponsored Walk from Wigan to St Helens; SACA, who organise an annual bike ride from Birmingham to London and will be supporting us again in 2008; Carol Knight at Army Golf Club, our top fundraising club in the 2007 Captains’ Cup Tournament; Nigel Sergeant at Comms Dealer, whose annual Five-a-side Football Tournament goes from strength to strength; Dave and Anita Moore, Kristi-Anna Moore, Vickie Palmer and Rory Jewell who called themselves CLUKS and swam in pools from Inverness to Land’s End in two weeks in the Summer.

Grateful thanks also go to the following individuals and companies that supported our events in 2007: Anglo Irish Bank, Debenhams, K Freight, Grant Morgan of Louis Kennedy, Markatfirm, Small Luxury Hotels of the World, Alan Walker of Walkers the Builders Merchant, Richard Harley of WH Cars, Alston Boshoff, Frank and Paddy Cronin, Richard Desmond, the Right Eye Christian Trust, Mark Fleming, Kevin Horkin, Ian Laken, Paul Saunders, Barry Teadale, and William and Ali Ward.

In addition to those companies already acknowledged, we would like to thank: Bank of Ireland UK Markets, The Banks Group, Dunelm Mill, PricewaterhouseCoopers, RIBS Insurance, TOPS, Winnieworths and the Young Group. Special thanks go to Chorion plc and ORI Licensing.

We are grateful for the support we receive from charitable trusts and foundations and would particularly like to acknowledge the following: Annandale Charitable Trust, DM & LH Baylin Charitable Trust, Isabel Blackman Foundation, Brownington Foundation, Michel Fairbarns Charitable Trust, Cowley Charitable Trust, Lord Cozens-Hardy Trust, G F Eyre Charitable Trust, Donald Forster Trust, Mrs E K Harding Charitable Foundation, Hilton in the Community Foundation, Kirschel Foundation, The Kol’s Trust, Edgar E Lawley Foundation, Madeline Mabey Trust, Julie Marmar Charitable Trust, Palgrave Brown Foundation, Fairies Family Foundation, Helen Robertson Charitable Trust, Simpson Family Charity Trust, Souler Charitable Trust, Miss Joyce Kathleen Stirrup Charitable Trust, Tolkien Trust, Julia Mary Wood Charitable Trust.

We would also like to thank the following who have given us permission to use some of the fabulous photos included in the annual report: Birmingham Evening Mail who provided our photo on the front cover and the photo on page 15, Lodsh et al, Molecular Cell Biology, 5th Ed, WH Freeman who provided the photos at the top of page 6 and bottom of page 13 and Mark Humphreys who provided the photos on pages 8 and 9.

There are many, many others who have given invaluable support to CHILDREN with LEUKAEMIA in 2007. 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.