



Annual Report & Accounts 2008

CHILDREN with LEUKAEMIA

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



Introduction



Paul and Jean, Royal Free Hospital, Hampstead
New Year's Day 1987



Diana, Princess of Wales inaugurates the Charity,
12th January 1988

How we began

The charity began in memory of Paul O'Gorman, who was 14 when he was diagnosed with leukaemia, in December 1986.

His parents, Marion and Eddie, were initially encouraged by the consultant's opinion that his chances of survival were good, as a suitable donor had been found for a bone marrow transplant.

However, while waiting for the operation, Paul contracted a virus and his condition deteriorated.

In hospital, Paul observed the devastating treatments other children with leukaemia had to endure and how they managed to cope with great courage and patience.

Paul succumbed to the disease in February 1987, nine weeks after his initial diagnosis.

Just before he died, Paul asked his parents to help other children with leukaemia in the hope that some day a cure would be found.

Paul's sister, Jean, immediately began a fundraising campaign to honour Paul's wish but tragedy struck the O'Gorman family again.

In November 1987, nine months after Paul's death and only days after her first major fundraising event, Jean, aged 29, also died.

Spurred by the loss of their beloved children, Marion and Eddie, along with family and friends, undertook the mission to fulfil Paul's wish and continue Jean's work - to give children with leukaemia a better chance of survival.

A week after Jean's death, Marion and Eddie met Diana, Princess of Wales. Moved by their double tragedy, she helped start the charity, which she inaugurated in January 1988.

Princess Diana's commitment remained undiminished. She was supportive of our work until her own tragic death.



Foreword by the chairman

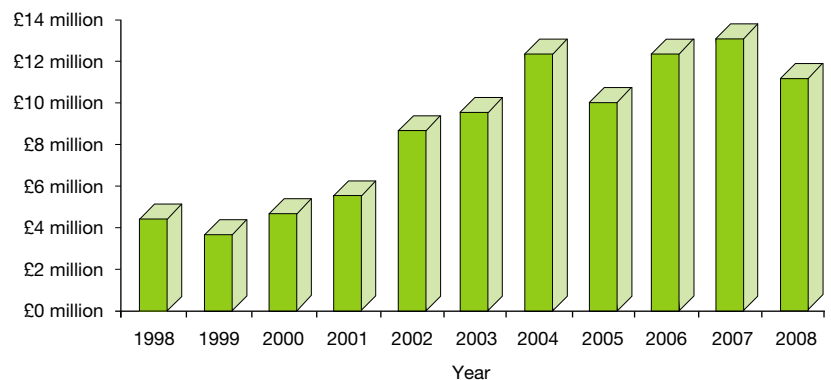
2008 was a landmark year for us, as the total income we have raised since our inauguration in 1988 surpassed £100 million, enabling us to fund major advances in treatment, world-class research and much needed welfare programmes. However successful, we are just as motivated now, as we were twenty-one years ago, to advance the understanding of the causes and potential prevention of childhood leukaemia.

2009 will be a challenging year as we rely solely on voluntary donations from the public and, like other charities, we must be evermore cautious with our disbursements. Therefore, despite the prevalent general economic uncertainties, we shall continue to consider grants to eminent third parties who need urgent help with their essential work.

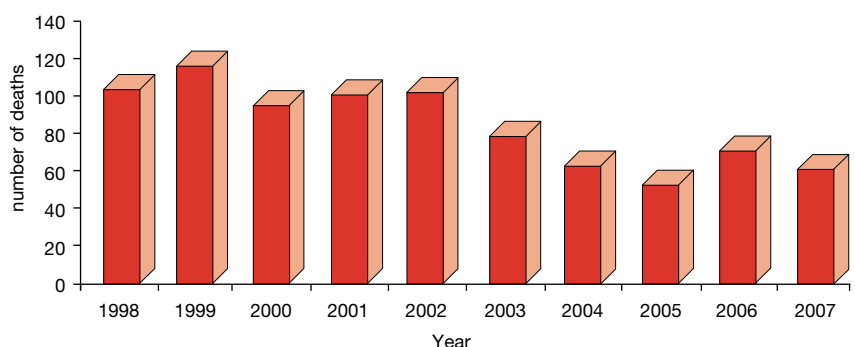
Our ultimate aim is for all children diagnosed with leukaemia to be cured with minimum disruption to their lives and we will continue the fight against the most common childhood cancer in our country, by building on the firm foundations we have already established.

Eddie O'Gorman
Chairman of the Trustees

CHILDREN with LEUKAEMIA Annual total income



Number of deaths due to childhood leukaemia aged 0 to 14



Source: Office for National Statistics (ONS).
Figures for 2008 are not yet available and figures for Scotland and Northern Ireland are not available from the ONS.



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 that sets out why we exist.

Research – pages 6 to 13

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.

In 2008 we planned to review our programme grant at the University of Bristol. Professor Henshaw's renewal application was subjected to wide-ranging peer review, which culminated in a site visit in June. Funding of £471,438 was awarded to take forward their work on power lines and childhood leukaemia.

A further objective was to review, and if appropriate renew, our programme grant at the Institute of Child Health. A sub-committee of our Scientific Advisory Committee led this process which resulted in the award of just over £1.1 million for exciting new research at the Institute (see page 10).

We said that we would continue to work closely with the Childhood Leukaemia International Consortium. And in 2008 we made a further grant of \$20,000 to fund the meeting costs of the Consortium which is bringing together scientists from all over the world – including representatives of 14 studies of childhood leukaemia spread across 10 countries - to try to work out what causes childhood leukaemia.

We planned to fund more scientific initiatives that will advance our understanding of childhood leukaemia and to run a conference on the causes and prevention of childhood leukaemia. We achieved both of these objectives. The conference took place in April, chaired by Professor Eric Wright. The grant round was launched in June, culminating with the award of six new project grants in December (see page 12).

We said that we would raise the remaining £511,094 for the final year grant towards the MRD study. Although we felt the bite of the credit crunch in the second half of the year, we still had a successful year overall on the fundraising front. Thanks to the ongoing generosity of our supporters we were able to grant the final instalment of MRD funding in March.

We were expecting to see the opening of the new Paul O'Gorman Leukaemia Research facility at the University of Glasgow. As planned, this opened in May giving both clinicians and researchers access to the most up to date facilities and equipment and bringing together teams who had previously been scattered across several different university sites.

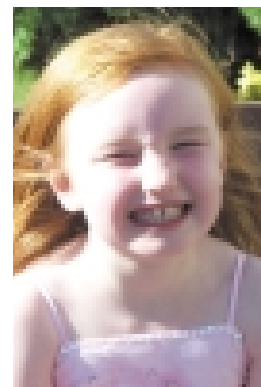
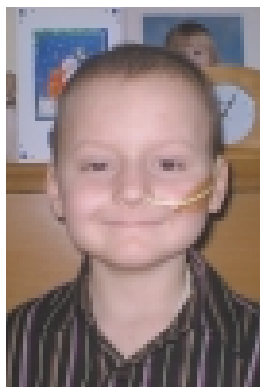
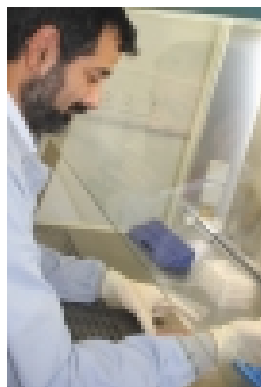
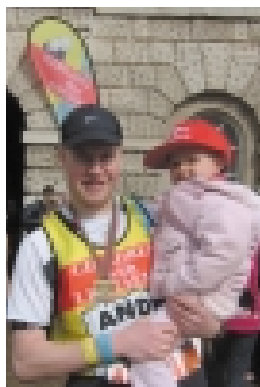
In 2009, we will seek to fund more scientific initiatives that will advance treatments and our understanding of childhood leukaemia.

Welfare – page 15

To promote the relief of children and young people suffering with leukaemia or any other form of cancer (and allied disorders) and of their families;

We were expecting to see the opening in 2008 of Paul's House, a home-from-home for families of children being treated at UCLH. Unfortunately work on this much-needed new facility has been delayed and it is not expected to open until 2010.

But we are pleased to report that we paid our final grant instalment towards the redevelopment of treatment facilities for leukaemia patients at Great



Ormond Street Hospital. This mammoth project, to which we have now contributed £2.4 million, was completed in 2008 and patients, parents and staff are now enjoying their new, more comfortable surroundings.

In 2009, we will continue to work closely with CLIC Sargent and commit a further £200,000 towards welfare projects. We will also continue our partnership with the Paul O'Gorman Lifeline Charity to support its work in caring for children with leukaemia from Eastern Europe.

Raising awareness – page 14

To raise public awareness and knowledge in matters relating to leukaemia or any other form of cancer (and allied disorders) affecting children and young people; and Research

In 2008 we have continued to work with policy makers to raise awareness of the risks associated with living close to high voltage power lines, taking forward the recommendations of the 2007 Cross Party Inquiry into Childhood Leukaemia and Extremely Low Frequency Electric and Magnetic Fields (ELF EMF). Our efforts have resulted in significant parliamentary time (in Committee and on the floor of both Houses) being devoted to EMF and childhood leukaemia.

In 2009, we will continue our campaign to ensure the government brings forward substantive measures to protect children from an increased risk of leukaemia. We will host a House of Lords Reception and other party conference related events to further reinforce our aims.

Fundraising – pages 16 to 21

None of the above achievements would have been possible without the fundraising that underpins everything we do. In 2008 we aimed to take our all time income total through the £100 million barrier. And we are delighted to report that we exceeded this. By year end our total income raised to date stood at more than £107 million.

Overall our income was down on the previous year. This was attributable in part to some large one-off payments received in 2007, including a legacy of £225,000, as well as the difficult economic climate that saw income from some activities fall.

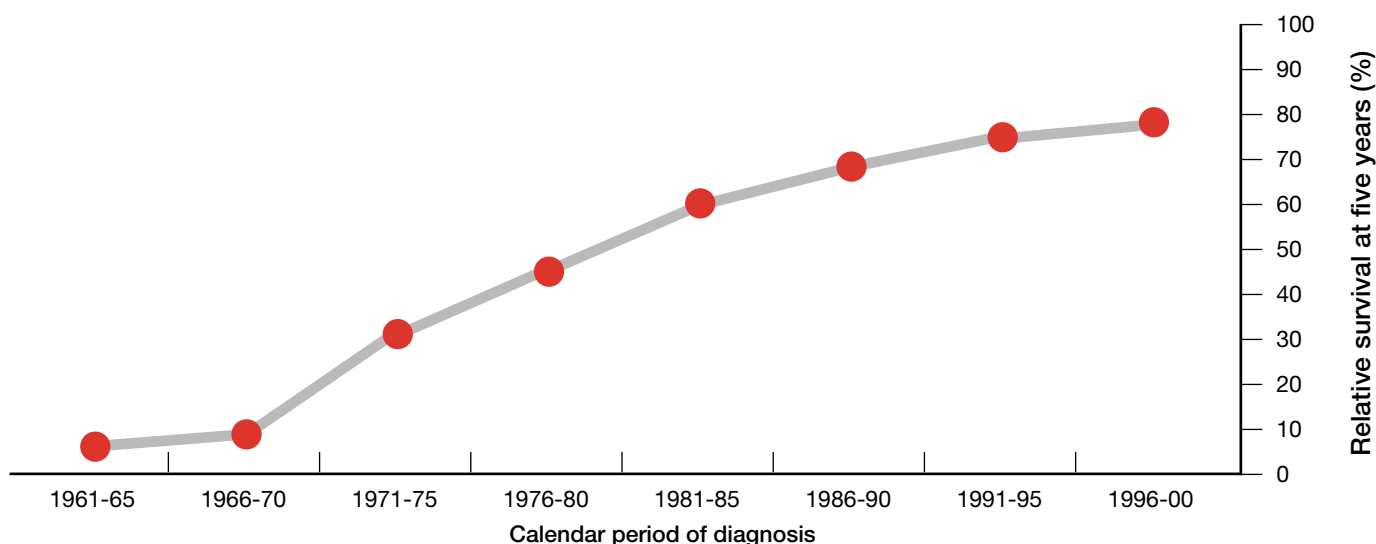
Income from running events was maintained at 2007 levels despite the difficult economic climate, representing more than one quarter of income overall. We stepped up the marketing on our popular children's challenges and achieved growth of almost 20% in income – to more than £920,000.

We are pleased to report that our committed giving income rose by almost 12% - to just over £1 million – 9% of our total income. This is an important income stream that we can rely on from year to year, with low associated costs. Knowing that we have this regular income helps us to plan ahead with greater confidence.

Despite the challenging economic climate, we will aim to take our income through the £115m mark since the Charity was first inaugurated in 1988. We will also aim to maintain unrestricted reserves at a minimum of 12 weeks unrestricted expenditure in 2009.



Fighting for survival



It seems remarkable that only fifty years ago childhood leukaemia was a uniformly fatal disease. Today the odds are very much in the child's favour – four out of five children survive the most common type of childhood leukaemia, acute lymphoblastic leukaemia (ALL).

This staggering progress is a result of five decades of investment in research and treatment. Since modern combination therapies were first introduced in the 1960s they have undergone continuous refinement through the programme of national clinical trials.

The identification of prognostic risk factors has enabled the creation of different treatment regimes for high- and low- risk groups. And improvements in supportive care and procedures such as bone marrow transplantation have further contributed to the vastly improved outlook for young leukaemia patients.

But, even given the above progress, childhood leukaemia remains a devastating disease, diagnosis of which will strike fear into the heart of any parent.

Treatment is gruelling. Children must take combinations of powerful drugs, enduring unpleasant side effects and painful procedures.

Radiotherapy and sometimes bone marrow transplants may be required.

Treatment can last up to three years, causing major disruption to family life, interrupted schooling and isolation from friends and family. The chemotherapy drugs and radiotherapy can cause long-term side-effects. And on top of all this, families are faced with the uncertainty of whether the treatments will work, whether their child can be cured. To go through all this and still not survive is tragic beyond words.

This is why research continues apace. Not only to find new ways of treating the 20 per cent of children who currently cannot be saved. But also to develop treatments which are less punishing and carry less risk of long-term side-effects for the young patients, treatments which could offer children like Ben Smith a less gruelling alternative to the current treatment regimes.

Graph: Five-year relative survival rates (%) for children diagnosed in South-East England 1960-88 and in Great Britain 1993-97 (Coleman M and Shah A. 2004. Time trends in childhood leukaemia incidence. CHILDREN with LEUKAEMIA international conference, London).

Ben's story



"To have a normal seven year old child attending school one day only to be diagnosed with a life threatening illness another is just surreal."

Ben Smith was just seven years old when he was diagnosed with acute lymphoblastic leukaemia in March 2007.

His mother Anita recounts the story of his diagnosis.

A blood test was taken to get to the root of a persistent chest and throat infection that Ben had been suffering. Hours later Anita got the phone call she will never forget: "I had a call at work to be told Ben had leukaemia," she recalls. "I immediately asked my doctor what we needed to do and the reply was – 'get home, get bags packed and get to the hospital' "

"To have a normal seven year old child attending school one day only to be diagnosed with a life threatening illness another is just surreal."

Ben had his first blood transfusion that night; the next day he had a lumbar puncture and he started chemotherapy two days later.

Ben was identified as being at high risk of relapse and so was given the highest level of chemotherapy. He has now completed his year of intensive chemo and is half way through his two years of maintenance therapy.

It has been a difficult journey and Anita tells of times when they thought they might lose Ben as he battled against the awful effects of both the disease and the treatment. "I didn't think his little body could continue coping with so much pain. But in true Ben style he came through the other side."

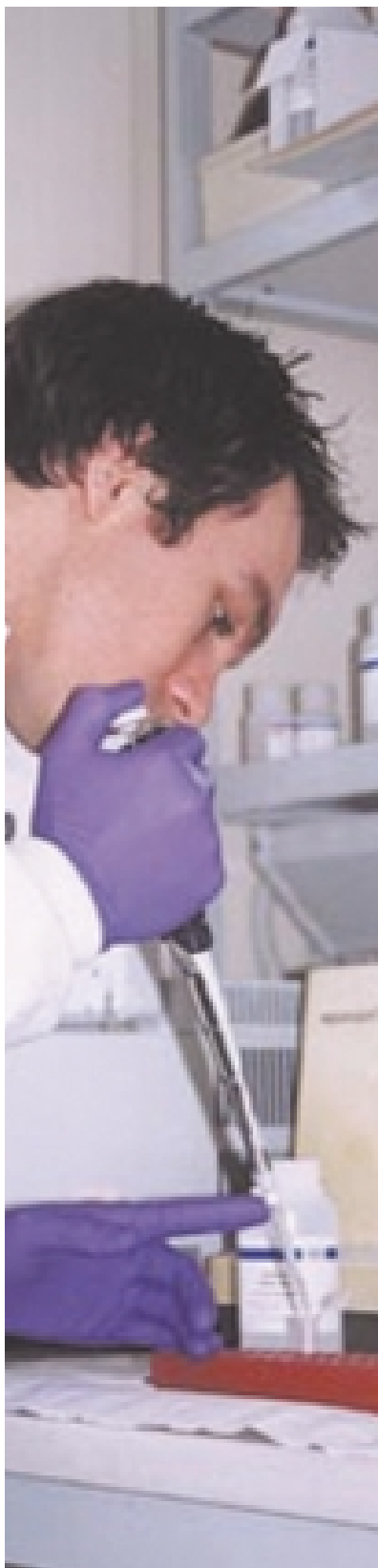
"He has been plagued by some unusual treatment-related side effects..."

Ben has been an inspiration to his family with his determined, ever cheerful manner. He is back at school full-time on non-treatment days. But he still has a long way to go. He has been plagued by some unusual treatment-related side effects that have affected his bones and his heart and his doctors are still trying to work out the best way forward.

Somehow, on top of all of this, Ben and his family, including his two little sisters, Lucy and Zoë, are finding the time and energy to raise money to help other children with leukaemia.

They are an inspiration to us all.





Treating the individual child

An area in which we have invested heavily in recent years is in the development of a technique that helps to determine the risk of a child suffering relapse. This helps to determine exactly how much treatment they need.

Every child will have some leukaemic cells left in their bone marrow when they achieve remission. This is known as *minimal residual disease* or *MRD*. The level of MRD varies enormously from one child to the next. Usually the levels are too low to detect under a microscope – they may be lower than one leukaemic cell in 10,000 healthy cells.

Scientists and doctors have worked together to develop DNA technology that can accurately measure the level of MRD in children with ALL – down to levels as low as one leukaemic cell in 100,000 healthy cells.

This enables them to determine how well a child is responding to treatment and to tailor their ongoing treatment accordingly.

Treatment may be intensified in children whose MRD results show evidence of leukaemic cells – this should help to avoid relapse. On the flip side,

children with no evidence of MRD can be given lower doses of treatment to minimise the risk of potentially dangerous side-effects without compromising their chance of cure.

CHILDREN with LEUKAEMIA has contributed more than £3 million towards this ground-breaking initiative. Not only will MRD testing help doctors to rescue more young lives but it will also help to protect the health of survivors by minimising the doses of drugs needed and thereby reducing the risk of long-term side effects.

The cost of the national MRD testing programme was taken on by the NHS in April 2008 as it has now become a standard part of treatment for all children with ALL. 'A fantastic outcome.'

Bethan's story

Bethan Ayliff was just four years old when she was diagnosed with acute lymphoblastic leukaemia in February 2006. "Not something you expect to happen to your four year old daughter" say Bethan's parents, Andrea and Nick "but unfortunately it can and does happen." Sadly, the under-fives are the age group at greatest risk of ALL.

During the first few weeks of her treatment Bethan became weak and began to lose her hair. She started to look like a different child and her parents wondered if she would ever get back to normal. "It was heartbreaking to see Bethan go through this. Instead of doing the usual things a four year old would do, she was in hospital having endless blood tests, medicines and lumbar punctures. Sometimes she would scream so much."

Bethan was enrolled in the MRD trials and, although she achieved remission at the end of the fifth week as hoped, her MRD result showed that she was at high risk of relapse. This meant that she had to follow a more intensive treatment regime.

"To find out that she was at high risk of relapse was terrible news that we didn't want to hear," says Andrea. "I suppose we'd be none the wiser if we hadn't taken part in the MRD study. 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 such an excellent chance of beating this dreadful disease."

Bethan is now seven years old. She finished her treatment last year and is back to her normal self again, to the enormous relief of her family.



Paving the way for new treatments

The MRD test, outlined on the previous pages, is a very valuable tool for the treatment of childhood leukaemia. It has been hailed as the most significant development in the treatment of childhood leukaemia since the introduction of modern combination therapies.

MRD technology enables doctors to use available treatments to best effect. But the fact remains that these treatments simply do not work for some children. Some children just do not respond. Even the drastic measure of bone marrow transplantation isn't enough to save some young patients.

Scientists are turning to the rapidly advancing area of gene therapy to look for new ways to help these children. Progress is already enormously encouraging. In 2008 we committed to funding the UK's very first clinical trial of gene therapy for the treatment of childhood leukaemia, one of four new projects that we have taken on at Great Ormond Street Hospital.

The aim of this type of work is not only to avoid some of the toxicity associated with current chemotherapy and radiotherapy regimes, but also to offer hope to the 20 per cent of children who are being failed by current treatments.

The body's own immune system can play an important role in the cure of cancer. Some people's immune systems are better at this than others. The four project teams are using the

latest *immunotherapy* techniques to reprogramme the immune system, helping it to recognise and destroy tumour cells effectively.

Dr Persis Amrolia and Dr Nick Goulden treat children with leukaemia every day on the wards of Great Ormond Street Hospital. In 2008 we awarded them a grant of £348,658 for a project that promises to help children with high-risk ALL.

Dr Amrolia, an expert in bone marrow transplantation, explains "When a child is first diagnosed, we immediately start an aggressive chemotherapy regime to try to kill the leukaemic cells. For many children this is enough, but others require radiotherapy and sometimes even stronger treatment with a bone marrow transplant which can be very risky.

For some children even this will not work – and the leukaemia just comes back. At the moment we cannot stop this from happening, and when a child relapses after transplant we have no further treatment to offer them. This is truly devastating for both the child and their family – to have battled so hard and for so long, and still not survive.

The problem is that the leukaemic cells have become resistant to the chemotherapy drugs. We need to find another way to kill them.

We believe that we may have found the solution. We know from other forms of leukaemia

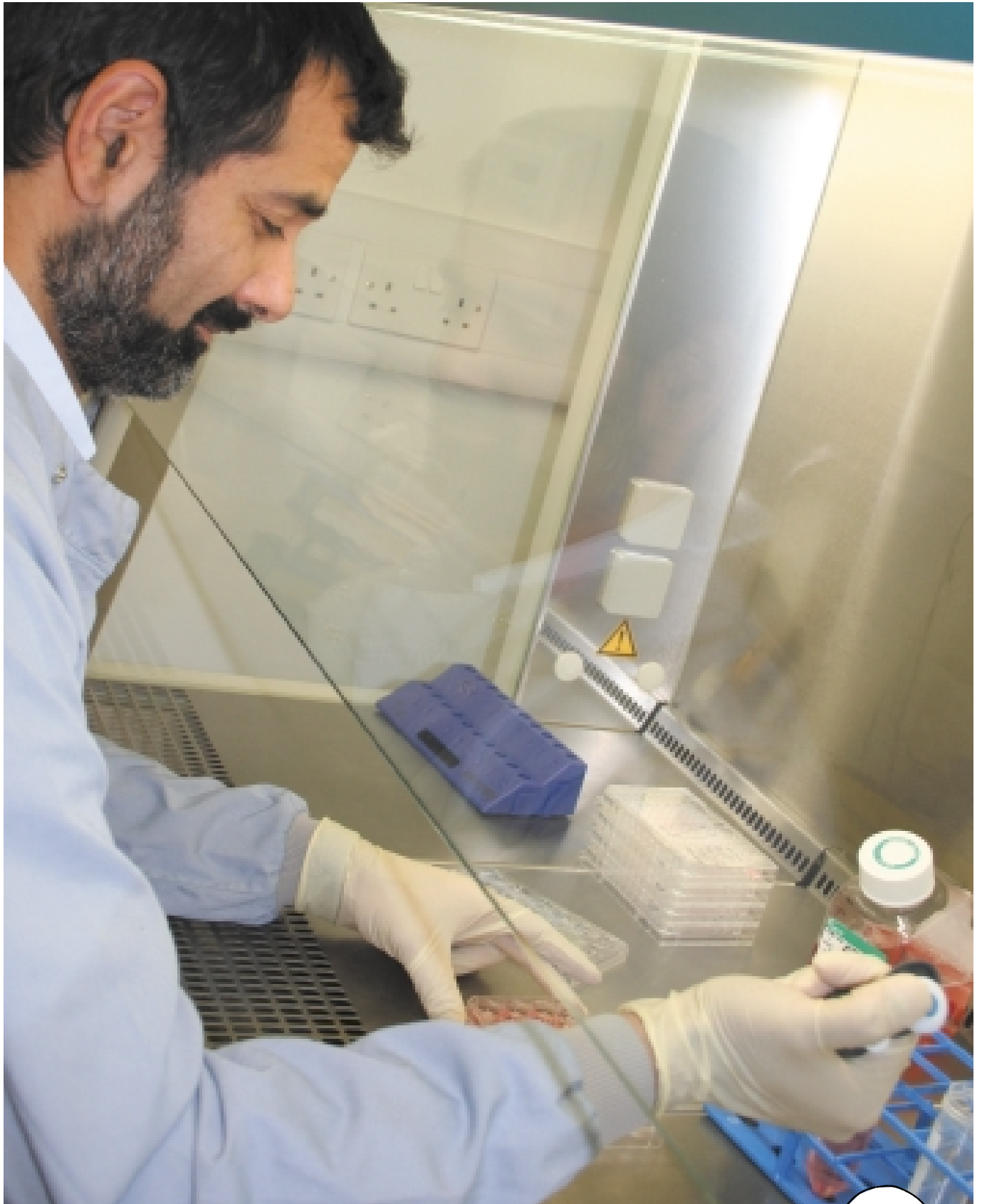
that immune cells from the bone marrow donor can cure patients who have relapsed even after the strongest doses of chemo- and radio-therapy we give with transplant.

This effect doesn't seem to be very strong in children with ALL and so we will use gene therapy techniques to modify the donated immune cells so that they can seek out and kill any leukaemic cells that survive in the child after transplant.

We have reprogrammed the donated immune cells to recognise a molecule called CD19 which is present on leukaemic cells. This enables the donated cells to find and destroy the leukaemic cells."

The team's laboratory studies have shown that this technique can work. With our funding they are now able to take it on to their wards to treat the children who have no other treatment options remaining. **We all hope they can succeed where other treatments have failed, saving the lives of the fragile children who cannot currently be cured.**

Their work is a world-wide first. It will be the first time that this kind of gene therapy has been used to treat children with leukaemia. Not only could it be a major breakthrough in terms of saving young lives, but crucially this technique will not have the same toxic effects on the child's weakened body as chemotherapy and radiotherapy.



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Getting to the root of the

The preceding pages outline the incredible progress that has been made in the treatment of childhood leukaemia over recent years.

This has been largely driven by the progress that has been made in understanding why children develop leukaemia. Advances in genetics, cell and molecular biology have unravelled the underlying faults in DNA and cells that cause the disease. This is laying the foundation for ever more targeted, less toxic therapy.

What do we know about the causes of childhood leukaemia?

Cancer is usually a disease of ageing, resulting from damage to DNA acquired over a lifetime. But childhood leukaemias peak between 2 to 5 years of age. So what can be causing the DNA damage at such an early age?

We know that the disease is not inherited from parents. But it has been shown that the genetic mutation underlying the most common form of the disease is already present at birth. And that the presence of the mutation alone is not sufficient for the child to develop leukaemia. It appears that some further 'trigger' is required.

The incidence of childhood leukaemia increased steadily throughout the 20th century, suggesting that there is some aspect of our changing lifestyle or environment that is acting as trigger for the development of leukaemia in these pre-disposed children.

Unravelling the causes

If we can determine which elements of our changing lifestyle are putting our children at risk, we may be able to take

steps to prevent the disease and actually reverse the increasing incidence.

So as well as funding research into the development of improved treatments for childhood leukaemia we set aside funding every year for research into the causes of the disease. Our 2008 grant round for research into the causes of childhood leukaemia was chaired by Professor Eric Wright.

Assisted by more than 200 reviewers from all over the world, Professor Wright and colleagues on the grant panel, selected six projects for funding – six projects which offer the best hope of advancing our knowledge of the causes of childhood leukaemia. The cost of these projects is £940,251.



problem

Sharing knowledge

As well as providing funding for research projects, we play a key role in the dissemination of research findings and the sharing of knowledge.

In April 2008 we hosted our second international conference on the causes of childhood leukaemia. The conference focused on environmental risk factors in the development of leukaemia and the interplay of these with genetic factors. Speakers and delegates representing research groups from all over the world joined us at this two-day event held at the London Institute of Child Health.

We work in partnership with a variety of other organisations to maximise our impact. We provide funding to support initiatives such as the Childhood Leukemia International Consortium (CLIC) which is bringing together study groups from all over the world to pool their data and thus provide greater insight into the causes of this relatively rare disease.



The role of infection in childhood leukaemia

It is now generally accepted that exposure to infections in childhood is in some way linked to the development of leukaemia, at least in some cases. A wealth of research has attempted to pin down the exact nature of the association and work continues.

One area of research that has provided useful evidence is the study of children attending day care. A number of studies, both in the UK and abroad, have shown that children who attended day care outside the home in the first year of life – and thus had multiple contacts with other children and, importantly, exposure to infections – had a reduced risk of childhood leukaemia.

An analysis of these studies was amongst the cutting edge research presented at our 2008 conference. The analysis

showed that children who attend day care or play groups have a 30% lower risk of developing the most common type of leukaemia than those who do not.

Patricia Buffler, Professor of Epidemiology at the University of California, Berkeley and author of the day care analysis explains *"Combining the results from these studies together provided us with more confidence that the protective effect is real. Analysing the evidence in this way gives us a more reliable answer to the question and a more precise estimate of the magnitude of the effect."*

In 2008, we published an in-depth review bringing together the evidence linking childhood leukaemia and exposure to infection. This was launched at our conference in April.

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Calling for action

One factor that has been associated with childhood leukaemia risk is exposure to electric and magnetic fields of the sort given off by high voltage overhead power lines.

A 2005 study by Dr Gerald Draper showed that children living within 600 metres of high voltage overhead power lines were at an increased risk of developing leukaemia.

We are investing funds in research to take forward our understanding of the relationship between electricity and childhood leukaemia, to determine whether the association is real and to uncover the biological mechanisms that could underlie such an association.

At the same time, we are campaigning to raise awareness of the issue and to press for the introduction of measures to protect children from exposure to this source of possible harm.

We are members of – and part-fund – a Government advisory group that was set up to look into the issue of health effects and exposure to electric and magnetic fields (EMF). SAGE (the Stakeholder

Advisory Group on Extremely Low Frequency EMF) issued a report in April 2007, making recommendations to Government on practical precautionary measures to reduce EMF exposure.

A group of five MPs making up the Cross-Party Inquiry into Childhood Leukaemia and EMF also published their report in 2007. 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 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.

We are still waiting for Government to respond to these reports. We have kept up the pressure on Government to take action in 2008 by working with MPs to get amendments tabled to the Energy Bill, the Planning Bill and the Housing and Regeneration Bill, which place an obligation on planners and house builders to take steps to protect against the possible risks posed by exposure to EMF when choosing where to site new power lines and homes.

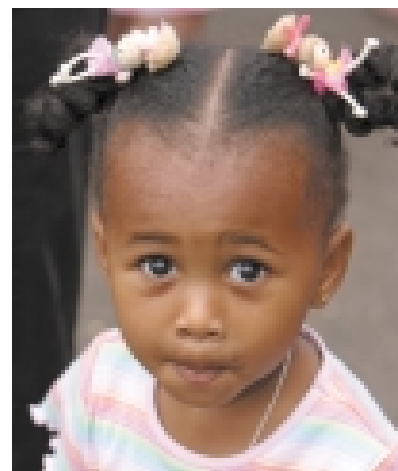


A helping hand

As in previous years, we continue to fund welfare projects – to help children and families through the difficult journey of diagnosis and treatment.

In 2008 we completed payment of our £2.4 million pledge to our friends at Great Ormond Street Hospital towards the expansion and redevelopment of their cancer unit, where staff treat one in every ten children diagnosed with cancer in the UK.

A major reorganisation of care in London meant that the number of patients coming to them was increasing and they simply did not have the facilities to cope. The redevelopment of these facilities has given them a brand new 17-bed inpatient oncology ward plus spacious new day care facilities.



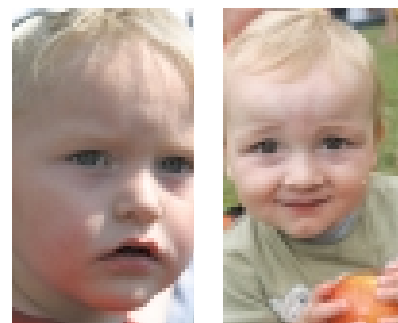
Saving lives, one at a time

In 2008 we continued our support of Paul O’Gorman Lifeline with a grant of £750,000 to enable them to continue their life-saving work with leukaemic children in Eastern Europe and Central Asia.

Treatment for leukaemia is expensive and bone marrow transplants are one of the most expensive medical transplants of all.

Less affluent countries just do not have the facilities or the budgets available to provide these treatments and children are dying of a disease which is potentially curable. The cost of treating a single child in a Western hospital can be as much as £90,000.

In 2008 Lifeline provided help to 120 children.

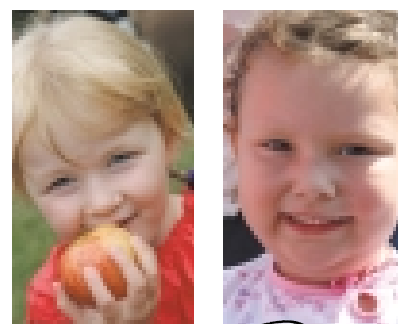


An amazing day out

Every summer since the Charity began we have held a party for children whose lives have been made difficult by illness, disability or problems in the family. This year was our 21st Amazing Great Children's Party and, once again, we entertained around 6,000 deserving children.

Clowns, circus acts, comic book heroes and other costume characters were all on hand to entertain our very important young guests.

It is only thanks to our enormous army of volunteers, performers and our generous supporters that we are able to lay on such a fabulous event every year and enable the children to put aside their various troubles and have fun, even if just for one day.



Every penny counts

During 2008 we passed the amazing milestone of £100 million raised since we began fundraising in 1988. This incredible sum of money has been raised through the unstinting hard work, dedication and imagination of our army of supporters around the UK.

Our first fundraising event of 2008 was our annual Jeremy Beadle's Quiz Party that took place in April and was hosted by Jeremy's good friend Chris Tarrant. The event, generously sponsored by Walkers the Builders Merchant, was a great tribute to Jeremy and a fantastic celebration of all he has done for us. And the amount raised was fantastic too – almost £220,000. Jeremy would have been thrilled.

During the course of the year individuals, groups and companies continued to go to quite incredible lengths to raise funds for our work and we are indebted to everyone who has helped raise such impressive sums of money. None of the work we do would be possible without this amazing support.

Jeremy Beadle MBE

Our dear friend and great supporter Jeremy Beadle died in January 2008, aged just 59.

Jeremy's commitment to CHILDREN with LEUKAEMIA was enormous. He compèred our annual Paul O'Gorman Banquet and Ball, entertained the children every summer at our Amazing Great Children's Party and organised the fabulous Jeremy Beadle's Quiz Party each year. He made countless personal appearances and was involved in numerous fundraising campaigns.

His support for the charity really knew no bounds and his dedication resulted in millions of pounds being raised for the fight against childhood leukaemia.

He was a truly wonderful friend and we all miss him terribly.

Jeremy Beadle MBE: born 12th April 1948, died 30th January 2008.



A runaway success

In 2008, our fantastic team of Mr Men and Little Miss runners once again raised more than £3 million for the fight against childhood leukaemia.

More than 3,500 runners took part in races on our behalf. We had a major presence at the Flora London Marathon, the ING New York City Marathon, the BUPA Great North Run and the new BUPA London 10,000 – with many hundreds of runners wearing our distinctive Mr Happy and Mr Tickle running vests, and legions of supporters lining the streets, cheering our team home.

We continue to grow our participation in other running events around the UK and abroad – from Birmingham to Boston – all with the aim of making more funds available for the fight against childhood leukaemia.

We are enormously grateful to our runners for the huge commitment, determination and enthusiasm that they put into training for these events and the even more challenging task of raising huge sums of money for our work.

A double celebration

Andrew Rysdale was one of around 1,200 runners taking part in the 2008 Flora London Marathon to raise funds for CHILDREN with LEUKAEMIA.

Andrew had a very personal reason for running for us. His daughter Elizabeth was diagnosed with leukaemia in 2006, soon after her first birthday. A gruelling two year treatment regime followed.

Incredibly Andrew found time to train and fundraise at the same time as he and his wife Fiona held the family together on their difficult journey through treatment. Just a couple of weeks before Elizabeth finished treatment on 30th April 2008, her dad completed the Marathon, raising the amazing sum of £3,500.

Andrew says "Since Elizabeth's diagnosis, Fiona and I have received such amazing support from so many people and organisations. Completing the Marathon means that I can go a small way towards giving something back. I also hope to help prevent others from having to go through Elizabeth's ordeal."

Elizabeth continues to do well as she approaches the first anniversary of completing her treatment and is looking forward to starting school in September.



Children's challenges

Our two children's challenge events - the Children's Marathon Challenge and the Cheeky Monkey's Marathon Challenge – have enjoyed success for a number of years, capturing the imagination of children around the UK who have enthusiastically taken part, raising money to help children with leukaemia in the process.

In 2008 the events enjoyed their most successful year yet – we have received income of more than £900,000, alongside many hundreds of stories of excellent endeavour. Just a few examples are shared below.

Children at Farringtons Junior School in Kent raised the amazing sum of £8,428.53. Each class made up their own challenge – from picking up Smarties with chopsticks to taking part in obstacle courses and memory games.

Pupils at Bristol Grammar School raised a fantastic £7,000 for our work, through a variety of activities including an auction by the Sixth Formers.



Edward Price and Joshua Stachan from Wellgrove School in Barnet raised £1,300 by climbing Man Tor ridge in the Peak District. Their 5½ mile climb took four hours.

Children from Rocks Park Primary School, Uckfield, were spurred on to raise money for us when a fellow pupil was diagnosed with leukaemia. They donated the wonderful sum of £1,743.54.

21st Newham East Scouts triumphed with their Alphabet Memory Challenge which involved the groups of Beavers, Cubs and Scouts memorising and naming different animals, creatures or countries for every letter of the alphabet. Their fantastic memory feats resulted in a fabulous donation of £1,011.16.

Our exciting new children's event – the Paper Plane Challenge – was launched in January 2009. We hope it will prove every bit as popular as CMC and Cheeky Monkey.



"Biggest ever" end-of-treatment party

Katie Beaton was diagnosed with ALL in October 2005 when she was six years old.

"It's the thing that's never going to happen to you," says Katie's mum Sheila. "The shock and grief of hearing the news and watching your child having to deal with it over years is hard to describe. It affects the whole family. I could write pages describing the unimaginable sadness of the whole situation. But there is a bright side. There's the thoughtfulness and support of friends, family and professionals that has carried us through."

Katie's last day of treatment was 23rd January 2008. On 10th February she held her "biggest ever end-of-treatment party". She had been planning her party since she was diagnosed. Over the months and years the party plans changed, but one thing remained certain – it was going to be the biggest party ever and with more than 100 guests joining in the celebrations she certainly achieved this!

Katie didn't want presents. She had a collection for CHILDREN with LEUKAEMIA instead and raised an amazing £554.30. It is important for Katie that other boys and girls diagnosed with leukaemia can hope for a faster, less painful treatment.

"Whatever the future brings, it was important for us to mark the end of this stage and to thank friends and family for getting us through it," says Sheila.

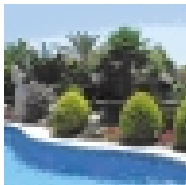
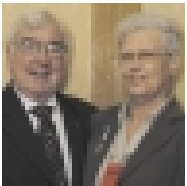
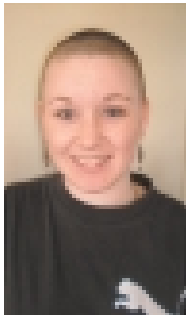


CHILDREN with LEUKAEMIA

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



Amazing support through the year.....



We began the year in great shape as our joint campaign with Hilton in the Community Foundation came to an end, netting more than £130,000 – our biggest ever single corporate donation! The campaign, headed by our trustee Linda Robson and young leukaemia survivor Louisa Buttery, asked Hilton Hotel guests to pay an extra pound on their bill.

In February, Catherine Murdoch had her head shaved at the ASDA store in Aberdeenshire where she works. Customers and colleagues looked on whilst her long locks dropped to the floor. Catherine was inspired to support CHILDREN with LEUKAEMIA in this way by a close friend who survived childhood leukaemia. She raised £670.

The Association of Inner Wheel Clubs chose CHILDREN with LEUKAEMIA as beneficiary of their 'Songs of Praise' service collection and raised almost £11,000, presenting a cheque to our celebrity friend Frank Carson at their annual meeting in April.

In May, Nishma Parekh, Joanne Brown and Jane Burns set off for Peru to trek the Inca Trail and raise money for CHILDREN with LEUKAEMIA. With the huge generosity and support of friends, family, work colleagues and their employers, Anglo Irish Bank, the girls raised over £11,000!

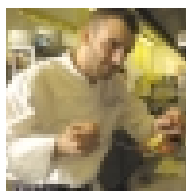
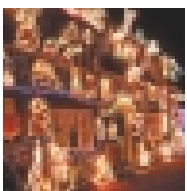
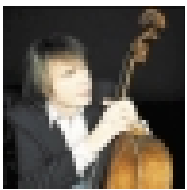
On Wednesday 28th May, Mirror Bingo carried out a one day promotion which raised the fabulous sum of £13,000 for our work. Celebrity friends Linda Robson, Fiona Phillips and Carol Vorderman joined in the fun, chatting to players online.

Caroline Randerson has organised many successful fundraising events for us over the past 20 years. In June 2008 she held her annual Summer Ball at the famous Villa Tiberio in Marbella. Chris Tarrant hosted the evening, helping to raise the incredible sum of £65,000. This brings the total that Caroline has raised for us to a staggering £465,000.

Inspired by his son Andrew, diagnosed with leukaemia in 2007 at the age of 12, Mick Wicks and 22 family and friends cycled 30 miles from Hastings to Ashford in Kent on 1st June. We were thrilled to receive more than £4,000 as a result of their tremendous feat.

Sainsbury's employee Darren Harber asked the 17 stores in his region to dedicate a weekend in June to fundraising for CHILDREN with LEUKAEMIA. Each store organised a variety of activities, raising more than £40,000 in total!

Once again, a lovely June summer evening provided the perfect setting for our Opera at Syon event in the Great Conservatory at Syon. Champagne and canapés were followed by DIVA OPERA's performance of The Marriage of Figaro, and a delicious candlelit picnic. This magical evening raised more than £90,000.



In truly unseasonal weather conditions James Bell, Captain of Hirsell Golf Club, and 100 competitors battled through heavy rain, thunder and lightning on his Captain's Day in August. But the day was not a complete washout as they raised more than £1,000.

Our first 'Music at Syon' event took place in October - a recital by Julian Lloyd Webber, performed in the unique surroundings of the Great Hall of Syon House. This wonderful evening raised over £21,000.

Neil Martin, Scott Relf, Jodi Sexton and Lesley Palmer trekked the Great Wall of China in October in honour of Neil's brother Andrew, who is being treated for leukaemia. They trekked over challenging terrain for seven hours a day at temperatures of 35°C with 90% humidity. Their hard work paid off - they raised a remarkable £4,500.

November saw the launch of our brand new, party-style event, The Bloomsbury Ball, hosted by our celebrity friend Shaun Williamson. The Ball was a roaring success, raising more than £120,000 and a great time was had by all!

Our annual Captain's Cup golf tournament, hosted by Sandy Lyle, also took place in November. Teams of players and celebrities enjoyed a bright sunny day at Wentworth. Participants raised the fabulous sum of £60,000.

Wes Saunders lost his brother Jamie to a rare form of leukaemia in 2008. In his latest fundraising innovation, he persuaded friends Paul Scott, Phil Anderson and Chris Barrett to grow moustaches for the month of November. CHILDREN with LEUKAEMIA's very own Jack Bacon joined in, helping the moustachio-ed crew to raise almost £2,000!

Every Christmas John and Gina Ferridge decorate their home with an elaborate display of decorations and lights. They do this in memory of their son Nick who died from leukaemia in 1976, at the age of just eight. They've raised over £7,000 since they began fundraising for us in 2006.

And in a fantastic finale to the year, top chef David Duverger put himself on eBay to raise money for the fight against childhood leukaemia. Instead of going home to France for Christmas he put himself up for auction, offering to cook Christmas lunch at the home of the highest bidder. David said "It's the best way I could think of to use the talents I have for a charity that's very important to me. Seven years ago I lost my three year old nephew to leukaemia". The winning bid was £5,000 and one of the guests was so impressed with the Christmas feast that they donated an extra £1,000!

.....every penny counts



CHILDREN with LEUKAEMIA

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

Structure, governance and management

Governing documents

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

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

Objects

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

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

Board of Trustees

The governing body of the reporting charity is the Board of Trustees, which has a current total of four members (six members in 2007). It meets at least three times a year together with the Chief Executive and other senior management where appropriate.

Trustee appointment and induction

There were no new appointments to the Trustee Board in 2007 and 2008. The selection of Trustees is made based on vacancies arising, sympathy with the objects of the Charity and the additional skills and experience that potential new Trustees are able to afford. Under the Articles of Association, Trustees are appointed by a majority vote of the members (who are all the current Trustees) by ordinary resolution.

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

Management

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

It is the Trustees' policy to work with other relevant charities and during the course of 2008, the Charity worked closely with the Leukaemia Research Fund, Great Ormond Street Hospital Children's Charity, CLIC Sargent, Cancer Research UK and Paul O'Gorman Lifeline.

Risk and internal control

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

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

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

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

An ongoing risk register is being maintained to help identify potential risks which could have a critical impact and to enable further risk management to be introduced.

Related Parties

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

Reserves

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

The Charity has a very low ongoing cost base. The Trustees feel it is sufficient to maintain an unrestricted reserve of between three and six months of the annual total expenditure. Free reserves at 31 December 2008, equal to the total of unrestricted funds excluding tangible fixed assets, amounted to £2.74m (2007: £3.2m), which represents more than 12 weeks of unrestricted resources expended during 2008 (2007: 13 weeks) and therefore meets the policy requirement.

Investments

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

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

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

Grant making policy

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

- **Welfare grants**

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

- **Research grants**

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

Project funding in these areas is directed in two ways:

1. Research into treatment

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

2. Research into prevention and causes

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 of research at UK institutions in areas which are of wide-ranging importance in relation to childhood leukaemia.

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, 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 s234ZA of the Companies Act 1985.

Approved by the Board and signed on its behalf on 8th June 2009 by

Eddie O'Gorman
Chairman of Trustees



Information about the Charity

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

Trustees

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

Eddie O’Gorman (Chairman)
The Earl Cadogan DL
Professor Denis Henshaw
Sandra Mileham (resigned 4th September 2008)
Marion O’Gorman (resigned 24th February 2009)
Linda Robson

Chief Executive

Edward Copisarow

Registered Charity Number

298405

Registered Company Number

4960054

Principal office

51 Great Ormond Street, London WC1N 3JQ

Solicitors

Stone King LLP
28 Ely Place, London EC1N 6TD

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

External auditors

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

Bankers

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

CHILDREN with LEUKAEMIA
51 Great Ormond Street, London WC1N 3JQ
Tel: 020 7404 0808
Fax: 020 7404 3666
Email: info@leukaemia.org
www.leukaemia.org

Celebrity Friends

Hugo Amaya-Torres (Chairman)
Russ Abbot • John Altman • Debbie Arnold
Jane Asher • Colin Baker • Floella Benjamin
David Berglas • Rodney Bewes • Christopher Biggins
Cilla Black • Brenda Blethyn • Patricia Brake
Sir Richard Branson • Johnny Briggs
Tim Brooke-Taylor • Faith Brown • June Brown
Frank Bruno • Max Bygraves • Sir Michael Caine
Brian Cant • Jasper Carrott • Frank Carson
Christopher Cazenove • George Cole • Graham Cole
Joan Collins • Phil Collins • Jess Conrad
John Conteh • Ronnie Corbett • Bernard Cribbins
Roger Daltrey • Paul Daniels • Jim Davidson
Dickie Davies • Sharron Davies • Roger de Courcey
Dame Judi Dench • Declan Donnelly • Jason Donovan
Glynn Edwards • Bruce Forsyth • Peter Gilmore
Reg Gutteridge • Haruhisa Handa • Ainsley Harriott
Barry Hearn • 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 Lineker • Joanna Lumley • Linda Lusardi
Sandy Lyle • Sir Paul McCartney • Sir Trevor McDonald
Debbie McGee • Anthony 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 • Anneka Rice • Jonathan Ross
Tessa Sanderson • Gerald Scarfe • Phillip Schofield
Pat Sharp • Michaela Strachan • Eric Sykes
Chris Tarrant • Angela Thorne • Dennis Waterman
Kevin Whately • June Whitfield • Simon Williams
Gary Wilmot • Frank Windsor • Terry Wogan
Susannah York • Paul Young

Independent auditors' report

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

We have audited the group and parent company financial statements of Children with Cancer UK for the year ended 31 December 2008 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 in accordance with the accounting policies set out therein. This report is made solely to the charitable company's members, as a body, in accordance with section 235 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 trustees (who are also the directors of Children with Cancer UK for the purposes of company law) are responsible 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 Statement of Trustees' Responsibilities. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you whether in our opinion the information given in the Trustees' Report is consistent with the financial statements.

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

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

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (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 judgments 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 and the parent charitable company's affairs as at 31 December 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.

Horwath Clark Whitehill LLP

Horwath Clark Whitehill LLP
Chartered Accountants and Registered Auditors
London
8th June 2009



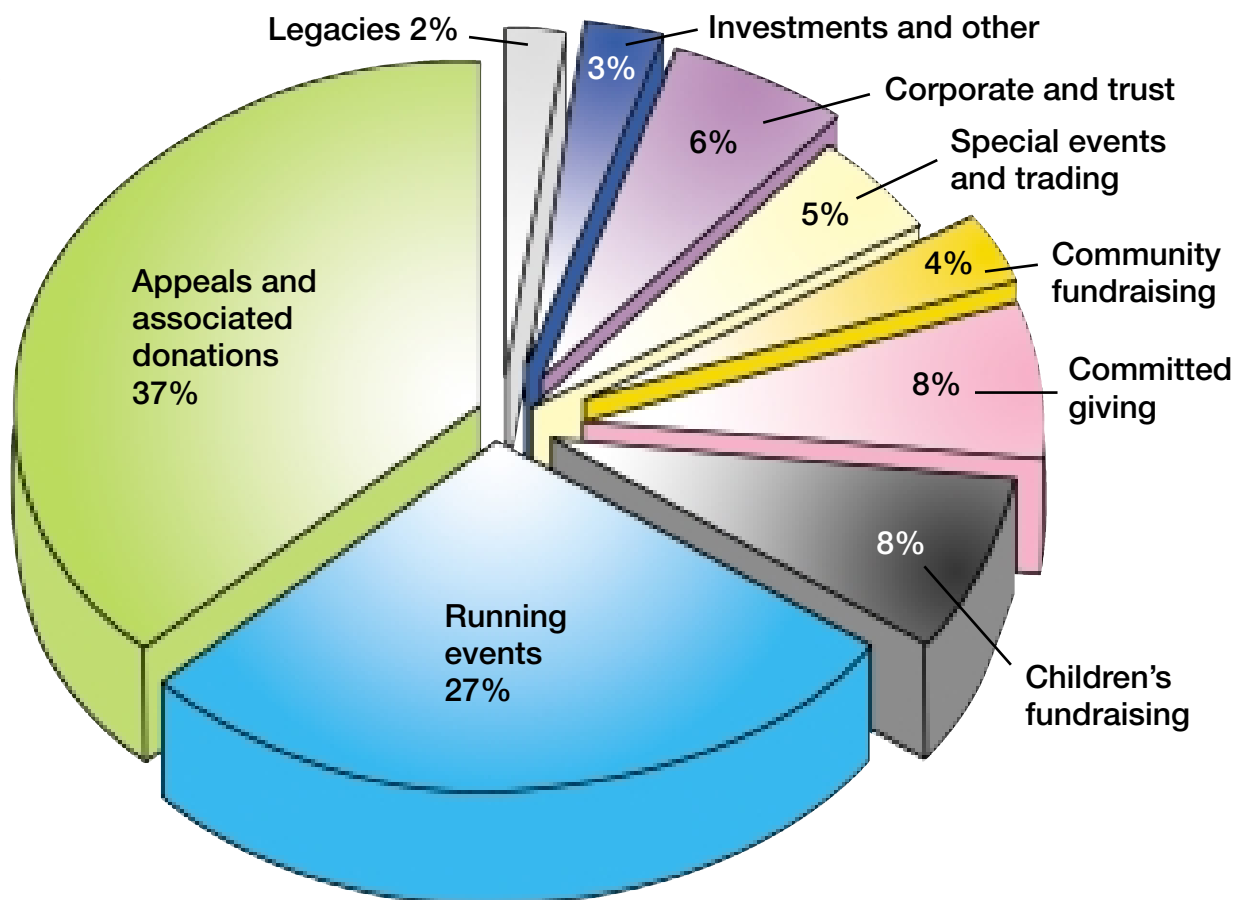
Financial information

Consolidated statement of financial activities for the year ended 31 December 2008 (incorporating income and expenditure account)

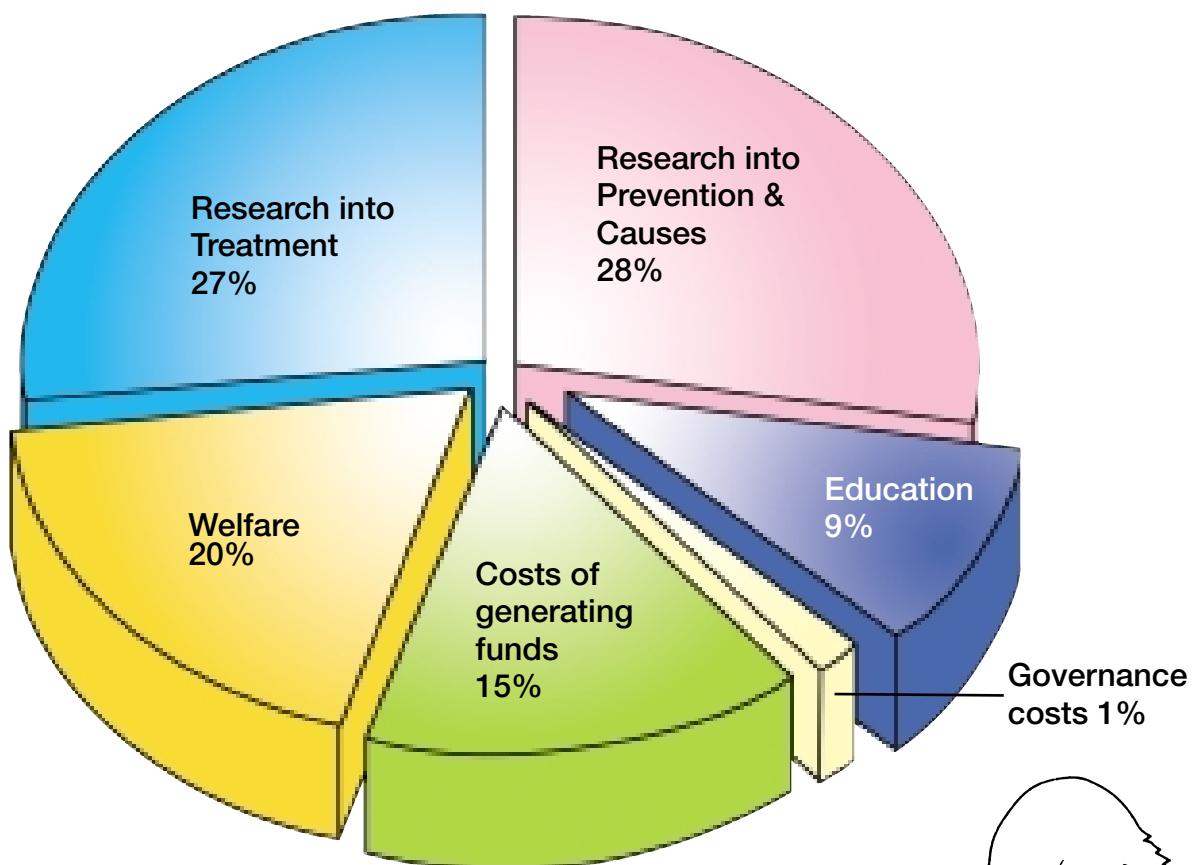
	Note	Total restricted funds £	Total unrestricted funds £	Total 2008 £	Total 2007 £
Incoming resources					
Incoming resources from generated funds					
Voluntary income					
Appeals and associated donations		4,280,469	247,899	4,528,368	4,864,010
Committed giving		-	1,066,493	1,066,493	955,217
Schools and children's groups fundraising		-	920,154	920,154	768,918
Running events		-	3,329,306	3,329,306	3,171,244
Community fundraising		-	471,038	471,038	489,764
Corporate and trust donations		502,631	204,499	707,130	807,206
Legacies		-	218,395	218,395	425,871
Other	2	-	-	-	600,000
		<u>4,783,100</u>	<u>6,457,784</u>	<u>11,240,884</u>	<u>12,082,230</u>
Activities for generating funds					
Special events and trading		-	560,858	560,858	674,731
Investment income		-	395,247	395,247	351,441
Other incoming resources		-	-	-	6,852
Total incoming resources	14	<u>4,783,100</u>	<u>7,413,889</u>	<u>12,196,989</u>	<u>13,115,254</u>
Resources expended					
Costs of generating funds					
Costs of generating voluntary income		340,861	1,391,019	1,731,880	1,729,849
Costs of special events and trading		-	166,612	166,612	205,348
Charitable activities					
Research into Prevention & Causes		2,403,174	1,281,017	3,684,191	1,748,912
Research into Treatment		3,258,725	95,118	3,353,843	3,943,986
Welfare		2,174,446	373,358	2,547,804	4,279,529
Education		437,609	702,385	1,139,994	841,181
Governance costs		-	66,128	66,128	64,038
Total resources expended	3, 14	<u>8,614,815</u>	<u>4,075,637</u>	<u>12,690,452</u>	<u>12,812,843</u>
Net incoming resources before transfers		(3,831,715)	3,338,252	(493,463)	302,411
Gross transfers between funds	14	<u>(52,500)</u>	<u>52,500</u>	<u>-</u>	<u>-</u>
Net movement in funds		(3,884,215)	3,390,752	(493,463)	302,411
Funds at the start of the year		-	3,884,215	3,884,215	3,581,804
Transfer between funds	14	3,884,215	(3,884,215)	-	-
Funds at the end of the year	14	<u>-</u>	<u>3,390,752</u>	<u>3,390,752</u>	<u>3,884,215</u>

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

Incoming resources



Resources expended



CHILDREN with LEUKAEMIA

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



Financial information

Balance sheet as at 31 December 2008

		2008		2007	
	Note	Group £	Charity £	Group £	Charity £
Fixed assets					
Tangible assets	7	641,667	641,667	669,667	669,667
Investments	8	4,500,000	4,500,100	3,500,000	3,500,100
		<u>5,141,667</u>	<u>5,141,767</u>	<u>4,169,667</u>	<u>4,169,767</u>
Current assets					
Debtors and prepayments	10	1,381,015	1,408,258	1,191,702	1,191,703
Investments		4,073,740	4,073,740	3,230,581	3,230,581
Cash at bank and in hand		692,886	684,161	817,220	815,098
Creditors: amounts falling due within one year					
Grants	11	(3,630,751)	(3,630,751)	(2,989,683)	(2,989,683)
Other	12	(490,944)	(509,562)	(335,343)	(334,322)
Net current assets		<u>2,025,946</u>	<u>2,025,846</u>	<u>1,914,477</u>	<u>1,913,377</u>
Total assets less current liabilities		7,167,613	7,167,613	6,084,144	6,083,144
Creditors: amounts falling due after more than one year					
Grants	11	(3,776,861)	(3,776,861)	(2,199,929)	(2,199,929)
Net assets		<u>3,390,752</u>	<u>3,390,752</u>	<u>3,884,215</u>	<u>3,883,215</u>
Represented by:					
Unrestricted funds	13, 14	<u>3,390,752</u>	<u>3,390,752</u>	<u>3,884,215</u>	<u>3,883,215</u>

The notes on pages 29 to 31 form part of the financial statements. Approved and signed on behalf of the Trustees on 8th June 2009.



The Earl Cadogan
Trustee



Eddie O'Gorman
Trustee

Consolidated cash flow statement for the year ended 31 December 2008

	Note	2008 £	2007 £
Net cash inflow from operating activities	a)	1,323,578	883,319
Investment income		395,247	351,441
Capital expenditure and financial investments			
Disposal of tangible fixed assets		-	565,000
Purchase of investments		(1,000,000)	(300,000)
Cash inflow before management of liquid resources	b)	<u>718,825</u>	<u>1,499,760</u>
Management of liquid resources			
(Decrease)/increase in cash held as short term investments	b)	(843,159)	(1,330,581)
(Decrease)/Increase in cash	b)	<u>(124,334)</u>	<u>169,179</u>

Notes to the Cash flow Statement

a)	Reconciliation of changes in resources to net cash inflow from operating activities	2008		2007
		£		£
	Net incoming resources	(493,463)		302,411
	Investment income	(395,247)		(351,441)
	Depreciation charge for the year	28,000		46,000
	Loss on disposal of tangible fixed assets	-		17,000
	(Increase) / Decrease in debtors	(189,313)		55,776
	Increase in creditors	2,373,601		1,413,573
	Donation of tangible fixed assets	-		(600,000)
	Net cash inflow from operating activities	<u>1,323,578</u>		<u>883,319</u>
b)	Analysis of net funds	1 January 2008	Cashflow	31 December 2008
		£	£	£
	Cash at bank and in hand	817,220	(124,334)	692,886
	Cash held as short term investments	<u>3,230,581</u>	<u>843,159</u>	<u>4,073,740</u>
		<u>4,047,801</u>	<u>718,825</u>	<u>4,766,626</u>

Notes to the financial statements for the year ended 31 December 2008

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 Reporting by Charities, published in March 2005 in all material respects and are prepared under the historical cost convention.

(b) Group status and basis of consolidation

Children with Cancer UK trading as CHILDREN with LEUKAEMIA is the ultimate parent company. It has one current subsidiary: Helping Children with Cancer Ltd. During the year, the Foundation for Children with Leukaemia and the Children with Leukaemia Charitable Trust were both liquidated.

Children with Cancer UK changed its name from Children with Leukaemia UK on 14 May 2007. On 20 December 2007, the merger between Children with Cancer UK and the Foundation was registered on the Mergers Register operated by the Charity Commission.

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

(c) Fund accounting

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

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

(d) Incoming resources

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

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

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

(e) Resources expended and basis of allocation of costs

All expenditure is accounted for on an accruals basis and the majority is directly attributable to

specific activities. Other indirect costs are apportioned to activities in accordance with staff activity and an assessment of where the resources have been applied.

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

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

(f) Taxation

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

(g) Tangible fixed assets

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

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

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

(h) Pension scheme

Permanent employees are entitled to join the Grouped Stakeholder Pension Plan provided by Bank of Scotland which was established on 14 September 2001. In 2007, the Charity made a contribution of 12% of salary per month to any personal or stakeholder pension scheme selected by all employees serving for more than three months who elected to take advantage of this benefit. The amount charged to the statement of financial activities in respect of pension costs is the contribution payable during the year.

2. Other incoming resources

	2008 £	2007 £
Green Hedges property	-	600,000
	-	600,000
	=====	=====

The Green Hedges property was donated to CHILDREN with LEUKAEMIA by the Venik Trust on 3rd April 2007. It was subsequently disposed of in 2007.

3. Total resources expended

	Research into Prevention & Causes £	Research into Treatment £	Welfare £	Education £	Governance £	Cost of generating voluntary income £	Costs of special events and trading £	2008 Total £	2007 Total £
Staff costs	112,292	103,104	221,418	349,190	9,970	202,400	21,116	1,019,490	1,023,297
Direct charitable spend	3,571,899	3,250,739	2,326,386	790,804	-	-	-	9,939,828	10,037,858
Printing, postage & stationery	-	-	-	-	-	744,371	8,723	753,094	726,210
Function and venue costs	-	-	-	-	-	764,119	136,773	900,892	963,839
Other expenditure	-	-	-	-	-	20,990	-	20,990	14,676
Audit fee	-	-	-	-	24,330	-	-	24,330	28,850
Other office costs	-	-	-	-	31,828	-	-	31,828	18,113
	3,684,191	3,353,843	2,547,804	1,139,994	66,128	1,731,880	166,612	12,690,452	12,812,843
	=====	=====	=====	=====	=====	=====	=====	=====	=====

4. Support costs

Support costs are allocated to the activities as follows:

	Research into Prevention & Causes £	Research into Treatment £	Welfare £	Education £	Governance £	Cost of generating voluntary income £	2008 Total £	2007 Total £
Central services	14,016	12,545	26,423	32,638	1,474	27,912	115,008	115,763
Operational management	4,296	5,952	17,392	112,424	-	9,006	149,070	149,683
	18,312	18,497	43,815	145,062	1,474	36,918	264,078	265,446
	=====	=====	=====	=====	=====	=====	=====	=====

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

5. Costs of charitable activities

	Grant funding of activities £	Support costs £	Activities undertaken directly £	2008 Total £	2007 Total £
Research into Prevention & Causes	2,370,107	18,312	1,295,772	3,684,191	1,748,912
Research into Treatment	2,169,289	18,497	1,166,057	3,353,843	3,943,986
Welfare	820,000	43,815	1,683,989	2,547,804	4,279,529
Education	305,000	145,062	689,931	1,139,993	841,181
	5,664,396	225,686	4,835,749	10,725,831	10,813,608
	=====	=====	=====	=====	=====

6. Results of the parent charity

	2008 £	2007 £
Total incoming resources	12,190,378	13,104,532
Total resources expended	12,682,841	12,802,121
	(492,463)	302,411
	=====	=====

CHILDREN with LEUKAEMIA

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



Financial information

7. Tangible fixed assets

	Freehold land and buildings 2008 £
Valuation	
Balance at 1 January 2008	700,000
Balance at 31 December 2008	700,000
Accumulated depreciation	
Balance at 1 January 2008	30,333
Charge for year	28,000
Balance at 31 December 2008	58,333
Net book value	
At 1 January 2008	669,667
At 31 December 2008	641,667

All tangible fixed assets are held for charity use.

The asset relates to a property that has been disposed after the year end. Gross sale proceeds of £650,000 were received on 6 April 2009.

8. Investments

During 2008, the Charity reclassified part of the current assets investment balance as fixed asset investments. £4,500,000 (2007: £3,5000,000) has been reclassified because it was felt that this better reflected the purpose of holding this cash.

Investment in subsidiary

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

The income and expenditure for the year ended 31 December 2008 is as follows:

	2008 £	2007 £
Income	47,234	19,896
Cost of sales	(5,687)	(8,852)
Administrative expenses	(10,047)	(9,544)
Profit on ordinary activities before gift aid and taxation	31,500	1,500

The balance sheets for the subsidiary as at 31 December 2008 are as follows:

	2008 £	2007 £
Assets	57,283	23,352
Liabilities	(57,183)	(23,252)
Unrestricted Funds	100	100

9. Trustees' emoluments

The Trustees received no remuneration or expenses during the year (2007 Nil).

10. Debtors

	2008 Group £	2008 Charity £	2007 Group £	2007 Charity £
Trade debtors	50,613	42,120	64,195	48,511
Amounts due from subsidiary undertakings	-	49,975	-	17,918
Other debtors	453,561	454,669	317,856	320,190
Accrued income	23,611	8,265	33,791	29,224
Prepayments	853,230	853,229	775,860	775,860
	1,138,015	1,408,258	1,191,702	1,191,703

11. Grants to third parties

	2008 £	2007 £
Outstanding liabilities at the start of the year	5,189,612	3,656,085
Awarded during the year:		
Research into prevention and causes	2,370,107	605,489
Research into treatment	2,169,289	2,836,263
Welfare	820,000	2,161,279
Awareness and Knowledge	305,000	-
	5,664,396	5,603,031
Paid during the year	(3,634,097)	(4,063,438)
Foreign exchange loss/(gain)	187,701	(6,066)
Outstanding liabilities at the end of the year	7,407,612	5,189,612
Grants falling due within one year	3,630,751	2,989,683
Grants falling due after more than one year	3,776,861	2,199,929
	7,407,612	5,189,612

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

12. Creditors: amounts falling due within one year

	2008 Group £	2008 Charity £	2007 Group £	2007 Charity £
Trade creditors	19,636	19,636	3,025	3,025
Amounts due to subsidiary undertakings	-	24,719	-	1,979
Taxes and social security	34,109	34,109	27,441	27,441
Accruals and deferred income	437,199	431,098	304,877	301,877
	490,944	509,562	335,343	334,322
Grants	3,630,751	3,630,751	2,989,683	2,989,683
	4,121,695	4,140,313	3,325,026	3,324,005

13. Analysis of net assets between funds

	2008 Group Unrestricted funds £	2008 Group Restricted funds £	2008 Group Total funds £	2007 Group Total funds £
Fixed assets	5,141,667	-	5,141,667	4,169,667
Net current assets	2,025,946	-	2,025,946	1,914,477
Creditors falling due after more than one year	(3,776,861)	-	(3,776,861)	(2,199,929)
Net assets at the end of the year	3,390,752	-	3,390,752	3,884,215

14. Statement of funds

	At the start of the year £	Incoming resources £	Outgoing resources £	Transfers £	At the end of the year £
Restricted funds					
Leukaemia (see note below)	3,884,215	4,331,659	(8,215,874)	-	-
MRD-based study	-	259,195	(259,195)	-	-
Great Ormond Street Hospital	-	139,746	(139,746)	-	-
Childhood Cancer Research Programme	-	52,500	-	(52,500)	-
	3,884,215	4,783,100	(8,614,815)	(52,500)	-
Unrestricted funds	-	7,413,889	(4,075,637)	52,500	3,390,752
Total funds	3,884,215	12,196,989	(12,690,452)	-	3,390,752

Note

The objects of Children with Leukaemia have been widened to include other cancers and also young people. All funds raised prior to the widening of the objects have therefore been treated as restricted for the old narrower objects and have been expended in the year.

The restricted funds comprised donations to be spent on specific causes and projects and these were all discharged during 2008.

The £4,331,659 received during the year relates to donations received specifically to be spent in pursuit of our charitable objects in relation to Leukaemia only (as opposed to other forms of cancers or allied disorders).

Of the remaining restricted funds received during the year, £139,746 was restricted to spend on the capital funding for redevelopment and expansion of haematology/oncology facilities at the Great Ormond Street Hospital. A further £259,195 was restricted to spend on the Childhood Cancer and Leukaemia Working Party in their MRD-based study.

The remaining £52,500 of restricted donations received in 2008 was for the purpose of funding the 2007 grant made to Professor Boshoff for his Childhood cancer research programme. The grant made in 2007 was £1,024,808 from unrestricted expenditure and of this grant, £89,794 was paid in cash during 2008. Therefore, £52,500 was transferred from restricted back to unrestricted funds in 2008.

15. Staff costs

	2008 £	2007 £
Salaries and wages	825,778	838,662
National Insurance	88,368	87,543
Pension	99,204	97,091
	1,013,350	1,023,296

One employee earned between £110,000 and £120,000 during the year. (2007: one employee earned between £110,000 and £120,00 during the year and one employee earned between £70,000 and £80,000 during the year.) No other employee had emoluments exceeding £60,000.

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

	2008	2007
Charitable Activities	8	8
Generating Funds	12	13
Governance	3	4
	23	25

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

16. Capital commitments

There were no capital commitments at 31 December 2008 (2007: Nil).

17. Share Capital

CHILDREN with LEUKAEMIA is a company limited by guarantee and has no share capital. The liability of members is limited to the sum of £1 per member.

18. Control

There is no controlling party of CHILDREN with LEUKAEMIA.

19. Related parties

Lord Cadogan, a Trustee, is Chairman of the Board of Trustees for the Leukaemia Research Fund. The Charity gave grants of £1,433,413 via the Leukaemia Research Fund in 2008. Lord Cadogan did not take part in discussions concerning the decision to make these grants.

Professor Denis Henshaw, a Trustee, was awarded grants totalling £475,880 in 2008, payable to his institution (University of Bristol) over the years 2008 to 2011. At year end £66,059 was owed to the University of Bristol as the final balance on a previous grant to Professor Henshaw (2007: £330,296).

Professor Mel Greaves was a member of the charity's Scientific Advisory Committee in 2008 and was a member of the grant panel who determined the allocation of a funding round. He was the co-applicant on a proposal from his colleague, Dr Lyndal Kearney, which was awarded funding of £128,083 to be paid to their institution (Institute of Cancer Research) over the years 2009 to 2011. Professor Greaves was not present for the discussions concerning his grant proposal. Professor Greaves is the holder of an earlier project grant, also payable to his institution. £181,508 was owed to the Institute of Cancer Research at the year end (2007: £88,278).

Dr Nick Goulden was a member of the charity's Scientific Advisory Committee in 2008. He was awarded a grant of £28,000 for a pilot research project in 2008; he was also named as co-applicant with Dr Persis Amrolia on a research proposal from Great Ormond Street Hospital which was awarded funding of £348,658. Dr Goulden was not a member of the panel which determined the allocation of these funds and took no part in the discussions concerning the two proposals. All funds are payable to Great Ormond Street Hospital Children's Charity over the years 2009 to 2012. £1,141,888 was owed to Great Ormond Street Children's Charity at year end (of which, £362,658 relates to Dr Goulden) (2007: £323,970).

Professor Irene Roberts was a member of the charity's Scientific Advisory Committee in 2008. She is the joint holder (with Dr Paresh Vyas) of a grant of £922,319 awarded via the Leukaemia Research Fund. The decision to award this grant was taken by the Trustees of the Charity without reference to the Scientific Advisory Committee. Professor Roberts was not aware that discussions were taking place between the Charity and the Leukaemia Research Fund.

20. Grants to third parties

	Research into Prevention & Causes 2008 £	Research into Treatment 2008 £	Welfare 2008 £	Education 2008 £	Total 2007 £
Dr Paresh Vyas, Weatherall Institute for Molecular Medicine, University of Oxford and Professor Irene Roberts, Imperial College, London. <i>Downs Syndrome associated preleukaemia and leukaemia.*</i>	922,319				
Paul O'Gorman Lifeline and the Venik Trust. <i>Funding towards the treatment of children from Eastern Europe in specialist centres in Western Europe.</i>			750,000		1,500,279
UK Childhood Leukaemia Working Party. <i>Phase III studies of MRD-based risk stratification and treatment of childhood ALL. Final payment (total £1.7m).*</i>		511,094			567,853
Professor Denis Henshaw, University of Bristol. <i>Programme grant. Environmental causes of childhood leukaemia: focus on electric and magnetic fields.</i>	471,438				
Great Ormond Street Hospital Children's Charity. <i>Capital funding for redevelopment and expansion of haematology/oncology facilities. Final payment (total £2.4m).</i>		400,000			1,000,000
Dr Persis Amrolia, Great Ormond Street Hospital for Children/ UCL Institute of Child Health. <i>Project grant: Selective depletion of alloreactive donor T-cells to improve immune reconstitution and anti-leukaemic responses after haemopoietic stem cell transplant for AML. **</i>		348,791			
Dr Persis Amrolia & Dr Nicholas Goulden, Great Ormond Street Hospital for Children/ UCL Institute of Child Health. <i>Project grant: Immunotherapy with CD19ζ gene-modified EBV-specific CTLs after stem cell transplant in children with high-risk ALL. **</i>		348,658			
Alasdair Philips, Powerwatch. <i>Towards public information programme (childhood cancer and electric and magnetic fields).</i>				305,000	1,272
Dr Anand Chokkalingam, University of California, Berkeley. <i>Project grant: Mechanistic studies of folate as a risk factor for childhood ALL</i>	227,181				
Dr Waseem Qasim, UCL Institute of Child Health. <i>Project grant: T-cell receptor therapy against leukaemia. **</i>		210,301			
Dr John Anderson & Dr Martin Pule, Great Ormond Street Hospital for Children/ UCL Institute of Child Health. <i>Project grant: Assessment of anti-PAX5 immunotherapy for paediatric haematological and solid cancers in transgenic humanised murine model. **</i>		200,289			
Professor Shai Izraeli, Sheba Medical Centre, Israel. <i>Project grant: Hematopoietic transcription factors and childhood leukaemia - Down syndrome as a model.</i>	198,432				
Professor Joshua Schiffman, University of Utah. <i>Project grant: Identifying and characterizing copy number variation as a risk factor for childhood leukaemia.</i>	183,069				
Dr Lyndal Kearney, Institute of Cancer Research, London. <i>Project grant: Defining the role of JAK2 mutations in the natural history and molecular pathogenesis of 'excess risk' ALL in children with Down syndrome.</i>	128,083				
Dr Richard Feltbower, University of Leeds. <i>Project grant: Leukaemias and other cancers in teenagers and young adults in England: an aetiological analysis using new statistical techniques</i>	120,351				
Dr Craig Donaldson, University of the West of England. <i>Project grant: Comparison of phenotype and function of cord blood NKT-cells with adult NKT-cells in vitro: relevance to graft versus leukaemia.</i>		111,351			
Dr Joachim Schüz, Institute of Cancer Epidemiology, Copenhagen. <i>Project grant: Proximity to power lines and childhood leukaemia in Denmark.</i>	83,135				
CHASE Hospice Care for Children. <i>Towards costs of providing services for the families of children with leukaemia.</i>			60,000		
Dr Nick Goulden, Great Ormond Street Hospital/ UCL Institute of Child Health. <i>SNP micro array profiling of high hyperdiploidy childhood ALL (pilot). **</i>		28,000			
Childhood Leukemia International Consortium (CLIC). <i>To support costs of 2009 collaborators' meetings.***</i>	11,235				9,622
Dr Nichola Cooper, UCL Institute of Child Health. <i>Project grant: Establishing an in vivo model of cord blood stem cell transplantation.</i>		10,805			
Leukaemia Care. <i>To support the running costs of Care Line. (2007: Pilot paediatric training day in Birmingham.)</i>			10,000		1,000
Association of Radiation Research (ARR). <i>To support ARR annual meeting (2009).</i>	8,000				
Professor Tim Eden, University of Manchester. <i>To support 11th International Paediatric Haematology and Oncology Update Meeting, October 2008.</i>	8,000				
Dr Malcolm Taylor, University of Manchester. <i>Travel grant to attend AACR meeting in San Diego, April 2008.</i>	2,020				390
Professor Denis Henshaw, University of Bristol. <i>Travel grant to attend ICNIRP meeting in Berlin, May 2008.</i>	1,800				
Alasdair Philips. <i>Travel grant to attend ICNIRP meeting in Berlin, May 2008.</i>	1,772				
National Cancer Research Institute (NCRI). <i>Partner contribution to 2008 conference.</i>	1,230				
Roger Coghill, Coghill Research Laboratories. <i>Travel grant to attend BEMS annual meeting, San Diego, June 2008.</i>	1,172				1,500
Professor Rob Mairs, University of Glasgow. <i>Travel grant to attend ICNIRP meeting in Berlin, May 2008.</i>	870				
Professor Chris Boshoff, UCL Cancer Institute. <i>Childhood cancer research programme.</i>					1,006,808
Children's Cancer and Leukaemia Group. <i>To support cost of data collection and trial management (1 April 2007 to 31 March 2010). ****</i>					600,000
CLIC Sargent. <i>Capital grant towards Paul's House, Home from Home near University College London Hospital.</i>					600,000
Dr Mike Murphy, Childhood Cancer Research Group, University of Oxford. <i>Programme grant (extension of 2006 award - total: £811,878).</i>					182,082
Dr Joseph Wiemels, University of California, San Francisco. <i>Project funding: The contribution of electromagnetic frequency exposures to the Fallon leukemia cluster.</i>					67,707
The Variety Club of Great Britain. <i>Towards Paediatric Nursing Award Scheme.</i>					60,000
Dr Malcolm Taylor, University of Manchester. <i>Top-up funding: The role of HLA genes in protection from childhood leukaemia (total award: £129,063).</i>					7,668
Dr M Tevfik Dorak, University of Newcastle upon Tyne. <i>Top-up funding: Genes influencing body iron content and childhood leukaemia risk (total award: £93,532).</i>					5,380
Dr Brenda Gibson, International BFM Study Group. <i>Annual meeting.</i>					5,000
Dr Mark Lowdell, Paul O'Gorman Laboratory of Cellular Therapeutics, Royal Free Hospital. <i>Underspend from 2006 grant reversed in 2007.</i>					(2,795)
Dr Richard Feltbower, University of Leeds. <i>Underspend from 2005 grant reversed in 2007.</i>					(2,990)
Professor Denis Henshaw, University of Bristol. <i>Underspend from 2003 grant reversed in 2007.</i>					(7,745)
Total grants to third parties	2,370,107	2,169,289	820,000	305,000	5,603,031
Spend on campaigns, projects and programmes (excluding grants)	1,314,084	1,184,554	1,727,804	834,993	5,210,577
Total resources expended on charitable activities	3,684,191	3,353,843	2,547,804	1,139,994	10,813,608

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

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

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

**** Grant administered by Cancer Research UK (registered charity no. 1089464)

CHILDREN with LEUKAEMIA

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



Thank you

None of the work described in the pages of this report would have been possible without the support of the very many individuals and organisations who devote vast amounts of time and energy to our cause.

All of our scientific advisers and the members of our grants panels volunteer their time and expertise to help ensure that we fund the very best science. Particular thanks must go to Professor Victor Hoffbrand, who was Chair of our Scientific Advisory Committee in 2008, for his leadership and to Professor Eric Wright who not only chaired our 2008 grant panel but also chaired our successful conference in April. As members of our Scientific Advisory Committee the following also provided invaluable input during 2008: Professor Jillian Birch, Professor Alan Burnett, Dr Brenda Gibson, Dr Nick Goulden, Professor Mel Greaves, Professor Alan Preece, Professor Irene Roberts and Professor Poul Sorensen. We are grateful to Professor Tariq Enver, Dr Mike Murphy, Professor Bryan Young, Professor Patricia McKinney and Professor Denis Henshaw who sat on our 2008 grant panel alongside members of our Scientific Advisory Committee and to the many external reviewers who have helped by assessing funding proposals for us during the course of the year.

Our celebrity friends support our work in many and varied ways. We are particularly grateful to Chris Tarrant who has stepped into Jeremy Beadle's shoes to ensure the continued success of events with which Jeremy was previously involved. Sandy Lyle continues to host the successful Captains' Cup tournament. Ant and Dec, Sir Trevor Macdonald, Linda Robson and Jonathan Ross headed appeals for us during the year.

Our special events are only possible thanks to the individual volunteers and committees who devote a huge amount of time and enthusiasm to ensuring their success. We are especially 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. Our grateful thanks go to Richard Harley for chairing the 2008 Quiz committee and to all committee members who contribute so much to the huge success of this event. We would also like to thank Richard and Janice Woodhead for tireless volunteering as bankers at our fundraising events.

More than 1,000 volunteers helped make the Amazing Great Children's Party in July a fantastic 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 the many suppliers who donate goods and services on the day.

We extend 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 Mailing, Drew Carroll, Sonja Fitzpatrick, our masseurs at the finish of the Flora London Marathon, Cos and all at Jerwood Space, Jonathan Richards from LBC, Steve Hems, Teresa Davidson-Martin, Chris Meldrum, Simon Rees, Tony Ball, Clive Mascord, Kristie Svoboda, Peter and Josephine Snell, Richard Lewis and Adrienne Parry, Janet Donachie, The Millennium Hotel New York and Ellie Dayton at Total Travel New York.

We would like to thank all the children (from as far afield as Cyprus) who have taken part in our Marathon Challenges, as well as the teachers and group leaders who have so kindly organised the events. Our thanks also go to the children's friends and families for generously supporting them.

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Our staff team is complemented by a number of volunteers who provide valuable support in the office. We are grateful to Rob Bielen, Carol Spraggs and Joan Webster for their hard work during the year. We would also like to thank Colin Hampden-White for the front-cover photograph.

Our most heartfelt thanks are reserved for the many families who have experienced at first-hand the heartache of childhood leukaemia and who have bravely shared their stories with us. We wish you all every happiness for the future.

There are many, many others who have given invaluable support to CHILDREN with LEUKAEMIA in 2008. 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.