FOR EVERYONE TOUCHED BY CANCER, EVERY MOMENT COUNTS. ONE DAY WE WILL BEAT CANCER. THROUGH RESEARCH WE WILL MAKE IT SOONER.
In the 1970s, just a quarter of people survived for 10 years or more following a diagnosis of cancer. Today, thanks to research, that has increased to half. Our ambition now is to accelerate progress and see three-quarters of patients surviving cancer within the next 20 years.

To achieve this, we have developed an ambitious strategy to help us find new ways to prevent, diagnose and treat cancer.

Clinical trials play a vital role. You can read about some of our landmark trials in this review – for example, defining the ‘gold standard’ for treating children with neuroblastoma that has returned after treatment, and proving that the drug anastrozole can prevent breast cancer in certain women at high risk.

Understanding how cancers change over time reveals crucial information for researchers. We are investing in one of the largest ever studies of lung cancer that will reveal how tumours develop and evolve as patients receive treatment.

Our researchers continue to develop new tests to spot aggressive cancers, such as fast-growing bladder and prostate tumours. Research like this could revolutionise treatment – speeding it up and personalising it for each patient.

Smoking remains the biggest preventable cause of cancer. We believe standardised packaging will give millions of children one less reason to start. We are hopeful that regulations could be introduced in England by 2015.

We are also increasing our focus on earlier diagnosis, working with the NHS and GPs to boost the number of people whose cancer is detected at an early stage.

This could save many more lives in the future, by diagnosing more cancers at a point when they can be successfully treated.

Thank you to each of our supporters and volunteers. Your support will help us in our ambition to beat cancer sooner.

—

Michael Pragnell
Chairman
29 May 2014

Harpal S Kumar
Chief Executive
29 May 2014

‘With your help we will beat cancer sooner.’
ABOUT US

We are the world’s leading cancer charity dedicated to saving lives through research. Our vision is to bring forward the day when all cancers are cured.

Our scientists, doctors and nurses are working to save more lives by preventing cancer, diagnosing it earlier, and finding new treatments. None of this would be possible without our dedicated volunteers and generous supporters.

Thanks to you, we’ve helped double survival rates in just 40 years, and we’re striving to accelerate progress to create more tomorrows for more people.

Today, survival rates for some cancers are over 75%, including breast, skin and testicular cancers.

But there’s so much more we need to do. Lung, pancreatic and oesophageal cancers and brain tumours are still very hard to treat, and we need to change that.

We’re also working to diagnose more cancers earlier, and find better ways to tackle rarer cancers and those affecting children and young adults.

Every moment counts in the fight against cancer.

‘Thanks to you, we’ve helped double survival rates in just 40 years.’
'Research is the reason I’m alive.'

NICOLA’S STORY

‘I was so excited to take my son James to his first day of school,’ says Nicola Bourne, 34, from Hertfordshire. ‘My chemotherapy had finished and it felt like I was able to be a mum again. My youngest child was only three months old when I was told I had bowel cancer that had spread extensively. I was really frightened. Mum died from it four years earlier, at just 52.

I needed chemotherapy and radiotherapy, followed by a 12 hour operation. Now I’m living with a permanent colostomy bag, but I’m still here.

Research is the reason I’m alive. I’ve witnessed first-hand the difference it can make. The treatment I received was worlds apart from what mum was given.

I could have some of my chemotherapy at home, unlike mum. It made such a difference – I could keep some normality, my friends could visit more easily and I was in a comfortable place where I felt protected.

I’m at university now and had my one year “all clear” in December 2013. I feel overwhelmed when people support Cancer Research UK. It’s like they’ve helped save my life. A massive thank you to every supporter.’
‘I don’t want anyone else to go through what mum did.’

Read Steven Honeyman’s story on page 11.

CHAPTER 1
UNLOCKING CANCER’S SECRETS

08 A NEW ERA IN LUNG CANCER RESEARCH
12 PLAY TO CURE
13 UNRAVELLING CANCER RISK
A NEW ERA IN LUNG CANCER RESEARCH

Every year, around 35,000 people die from lung cancer in the UK – more than any other cancer. Our scientists are working to revolutionise the way we treat the disease. We’re also raising awareness of the symptoms to make sure it’s caught earlier, when people have a better chance of life-saving treatment.

TRACERx
To beat lung cancer we need to understand how it adapts over time to become resistant to treatment. That’s why our scientists are leading an unprecedented study of lung cancer patients, called TRACERx.
This UK-wide study will involve taking samples of patients’ tumours before treatment and again if their cancer comes back. Doctors will also use blood tests to help them spot any changes as the cancer responds to treatment.
Professor Caroline Dive from our Cancer Research UK Manchester Institute is a world-leading expert in circulating tumour cells – cells shed by the tumour that travel around in the bloodstream. She’s responsible for analysing blood samples of the 850 patients taking part in the study.
‘I’m extremely excited to be working on TRACERx,’ says Caroline. ‘We’ll be using the latest technology to study the samples, giving us a level of understanding we’ve never had before.’

Caroline and her colleague Professor Charlie Swanton from our London Research Institute, who’s leading the study, will be working alongside expert oncologists, pathologists and technicians, based in hospitals, universities and research institutes. She believes this collaborative approach is essential to TRACERx’s success.

‘Really big questions about cancer can only be addressed by working together,’ says Professor Dive. ‘We simply couldn’t do a study like this without the range of people and cutting-edge technology involved.’

The results will lay the foundations for treatment that’s tailored to the genetic make-up of each person’s cancer.

‘This knowledge helps us decide which drugs will be most effective for each patient,’ says Caroline. ‘If their tumour becomes resistant to that treatment – and we understand why – we’ll know the best drugs to give them next.’

Let’s be clear
If we’re going to beat cancer, we need everyone to be clear on how important it is to get potential symptoms checked out as soon as possible.

We worked with the NHS on Public Health England’s Be Clear on Cancer lung campaign, which highlighted the need to see your GP if you’d had a cough for more than three weeks. It led to around 300 extra people receiving surgery for lung cancer, which should greatly increase their chances of surviving.

PIONEERING RESEARCH
We’re researching effective new ways to tackle lung cancer.

• We’ve discovered that drugs called PARP inhibitors, first developed for breast and ovarian cancer, could be used to treat patients with the most common type of lung cancer.

• Our CONVERT trial is working out the best way to give radiotherapy to people with the second most common form of lung cancer.
‘Really big questions about cancer can only be addressed by working together.’

Professor Caroline Dive
STEVEN’S STORY

‘The first moment I dipped my foot in the freezing water, I wondered what I was doing going swimming while half the country was still in bed,’ says Steven Honeyman from Scotland. ‘I’m training for an Iron Man – a 2.5 mile swim, 112 mile cycle, followed by a marathon – to raise money for Cancer Research UK, and every Friday morning I go for a swim in my local reservoir.

What keeps me going is thinking about my parents. No matter how much my muscles are aching or I’m struggling for breath, it’s never going to be as bad as what they have gone through.

My mum died of lung cancer two years ago – 10 days after it was diagnosed. Now my dad has terminal brain cancer. Mum had been having awful back pain. Doctors put it down to sciatica, a nerve pain she’d often suffered from, but when they did tests they found a tumour on her spine. A scan revealed advanced lung cancer.

It was a terrible shock, especially for my dad. They were leading an active life as they got ready to retire. My mum had smoked but she gave it up in her early 50s. She was 64 when she died.

The doctor thought the cancer may have been there for months. Looking back, I remember she’d had a cough for a while. We know now it was probably the beginnings of cancer.

I have great childhood memories, like going hill walking with my parents. We loved Dumyat, near Stirling – we’d take a picnic with us to eat at the summit. I still go there and think of mum. It’s a special place and those trips together gave me a love for the outdoors.

I don’t want anyone else to go through what mum did. If you have a persistent cough, especially if you used to smoke, you need to get it checked out.

It’s essential to keep researching cancer treatments, but we also need to keep telling people about the symptoms. Perhaps if we’d been more aware my mum would still be with us.’
Play to Cure is a world-first mobile phone game that gives people across the globe the chance to help scientists unravel genetic data to answer some of cancer’s toughest questions.

In just one month ‘citizen scientists’ who played the game analysed DNA data that would have taken a scientist six months. If this amount of DNA was unravelled it would stretch the length of more than 540 football fields.

‘Computers can’t analyse our data with 100% accuracy – we need the human eye. But it can take years to decode the information generated by research,’ says Dr Oscar Rueda at the University of Cambridge, who’s part of the team that supplied the data for the game.

‘This game is a fun way to accurately analyse the information. Supporters can make a difference in a few minutes and researchers can spend more of their time improving treatments for cancer.’

**Collective mission**
Gamers take charge of a spaceship to collect a substance called ‘Element Alpha’. By finding the best route to pick up the most Element Alpha, they’re analysing cancer-causing genetic faults.

It goes to show that you don’t need to wear a lab coat to be a hero. Every moment you can spare to play the game will make a difference.

‘I’ve watched this game develop and it’s marvellous,’ says Tony Selman, from Middlesex, who had prostate cancer and is our Citizen Science Ambassador. ‘It’s a fantastic boost to help scientists discover new clues about the development of cancer more quickly. I’d urge everyone out there to play it and help beat cancer sooner.’

Download Play to Cure today, through the Apple App store or Google Play.

**YOUR CELL SLIDER ACHIEVEMENTS**
More than 200,000 citizen scientists around the world have helped unlock precious information about why some women respond to breast cancer treatment and others don’t.

Launched in October 2012, Cell Slider is our interactive website which allows supporters to analyse images of breast cancer samples.

So far, citizen scientists have worked their way through over two million samples. They’re analysing the images with similar accuracy to expert researchers, saving years of research time and speeding up scientific breakthroughs.

cellslider.net

‘I’d urge everyone to Play to Cure – you can help beat cancer sooner.’

Tony Selman
Your DNA is the genetic blueprint that makes you, you. It is written in a language that contains four letters: C, A, T and G. Every cell in your body contains around three billion of these letters, and this code determines everything from your eye colour to how each cell behaves.

The code is almost identical for everyone, but at certain points different people can have different letters. A single letter difference between people is called a Single Nucleotide Polymorphism or SNP.

SNPs can be used by researchers to work out a person’s risk of cancer. If a certain SNP is more common in people with cancer, it might be linked to the disease.

To find SNPs linked to prostate, ovarian and breast cancer, 1,000 scientists compared the genetic code of thousands of healthy people with those who have cancer. The whole process took around four years.

They found 80 new SNPs – each of these represents a small change in a person’s risk of cancer. But having lots of them could significantly increase their risk.

Our researchers hope to use this data to develop blood tests to predict who is more likely to develop a particular type of cancer. This will help personalise prevention and monitoring for people with a higher risk.
‘After having cancer, I want to make the most of life and enjoy the little things.’

Read Maggie Fay’s story on page 19.

CHAPTER 2
SPOTTING CANCER SOONER

16 MARATHON MAN AND MAGGIE
20 DETECTING AGGRESSIVE CANCERS EARLIER
23 TEAMING UP TO SPOT CANCER EARLY
Southampton-based researcher and surgeon Tim Underwood and his team ran the New York Marathon in November 2013 to kick off their £100,000 fundraising campaign for oesophageal cancer research. They’re passionate about improving survival and raising awareness for this hard-to-treat cancer, and supporting people like their colleague Maggie Fay, a research nurse who survived the disease.

‘For me, Cancer Research UK means possibilities.’

Tim Underwood
**TIM’S STORY**

‘Having surgery to remove oesophageal cancer is like running a marathon without any training. That’s something I tell all my patients, because the gruelling surgery takes its toll on even the fittest of people.

Saying this to one patient triggered an idea: could I enlist a team to run a marathon to boost awareness of oesophageal cancer and raise funds for cutting-edge cancer research?

So I talked to five of my medic colleagues – Drew, Donna, Jamie, Mike and Jim. It was important we did this as a team, because we work together to treat people with oesophageal cancer. It’s us, a patient’s family, the nursing staff, the whole hospital team – we’re all in it together.

I picked up an injury three weeks before the New York Marathon, which meant I had to walk the last six miles. Thinking about the patients I treat, people like Maggie, who don’t have a choice but to go through the pain – that kept me going. My time was 3 hours 55 minutes. I was exhausted when I finished, but we all shared a fantastic sense of achievement.

We’ve raised over £29,000 of the £100,000 so far. Next we’d like to cycle between all the major cancer treatment centres in the UK. Our journey, as a team, is a marathon, and it won’t finish until we’ve beaten cancer.

I wanted to be a doctor from the age of 11. Now I’m fascinated by how oesophageal cancer works. It’s very hard to treat, because by the time we see people, the cancer has usually spread already. We’re making progress, although it’s slow. Changing that is what motivates me.

For me, Cancer Research UK means possibilities – because research makes a massive difference to people’s lives. But without the public’s support, the charity wouldn’t exist.’
Ten-year survival for oesophageal cancer has trebled in the last 40 years, but it is still low. Around one in 10 patients are likely to survive their disease for at least 10 years.
MAGGIE’S STORY

‘When I went back to work after 18 months of treatment, I finally felt like I was leading a normal life again. I love my job. It’s busy and the days are long, but the patients make it so rewarding.

Life stopped when I was diagnosed with oesophageal cancer six years ago. I’d just turned 60 and had lots to look forward to. But the news was devastating and I couldn’t see past the next few months.

I’d first thought something was wrong when I ate a sandwich rather quickly and it felt really painful to swallow.

It happened again when I went to see my daughter in Australia, so I made an appointment with my GP when I got home. He referred me for tests straight away and they found a tumour.

It was strange to attend the same chemotherapy unit I worked in. But I felt safe and reassured to be treated by my colleagues. They worked so hard to keep me alive, and they succeeded – here I am to tell the tale.

I was amazed by the keyhole surgery they do now. And they’ve found that giving chemotherapy to shrink the tumour before surgery is really helpful.

In the 1960s, when I started nursing, there wasn’t any chemotherapy to give.

New trials and public awareness of signs and symptoms will hopefully reduce the need to have major surgery. If people know that persistent heartburn is a symptom and they’re examined earlier, they could have treatments that aren’t so invasive.

It’s wonderful that Tim and the whole team at Southampton are raising the profile of oesophageal cancer.

I don’t take anything for granted now. I want to make the most of life and enjoy the little things, like walking with my husband Chris.’
DETECTING AGGRESSIVE CANCERS EARLIER

Thanks to exciting discoveries in prostate and bladder cancer, our scientists are bringing us closer to earlier diagnosis for aggressive cancers.

Prostate cancer test
Researchers have spent many years searching for a way to find out which prostate cancers are life-threatening and which are unlikely to grow or spread in the near future. Now our scientists have made a discovery that could revolutionise how doctors treat the disease.

Researchers at the University of Cambridge found that higher levels of a specific protein can indicate when someone’s prostate cancer is more aggressive.

‘This is an important step along the path to developing a much sought-after test that could distinguish between different types of prostate cancer,’ says Dr Hayley Whitaker, who led the research.

Hayley and her team found that high levels of the protein, called NAALADL2, could identify men who were more likely to have aggressive cancer and needed treatment. Men with lower levels of the protein usually need monitoring rather than urgent treatment.

The protein causes prostate cancer cells to behave more aggressively, making them more likely to invade healthy tissue surrounding the tumour. A test for this protein could spare thousands of men from enduring unnecessary treatment, avoiding long-term side effects that can severely affect their quality of life.

The discovery could completely change the way doctors decide how to treat each patient, as well as helping researchers develop drugs that target this protein in the future.

Spotting bladder cancer
Around 10,400 cases of bladder cancer are diagnosed every year in the UK. Finding aggressive bladder cancer at an early stage could speed up treatment and save a patient’s life.

That’s the motivation for our research into a simple urine test that could identify bladder cancers that are more likely to grow and spread.

Researchers from the University of Birmingham measured the levels of a protein released by bladder cancer cells in the urine of 600 patients. They found that higher levels of the protein – known as EpCAM – were linked to more aggressive cancers.

‘The test could be used to help doctors decide on the best course of treatment for patients and may prevent unnecessary delays,’ says Dr Douglas Ward, who led the research. Douglas and his colleagues are planning further trials to find out more about how the urine test could benefit patients.

The right treatment
These tests could help make sure people get the treatment that is right for them. We’re doing all we can to personalise treatments and make them kinder.

‘Tests to detect aggressive cancers are absolutely vital.’
Colin Fuller
"I never used to hear the blackbirds sing. I was always too busy," says Colin Fuller, 69, from Cheshire. "Now I notice how happy they are, just as I’m happy to wake up each morning. I’m soaking it all up because every day means so much to me.

When the doctor told me I had prostate cancer I felt numb. I didn’t have common symptoms, like needing the loo in the night. I just had a slight pain in my groin and my wife Gill persuaded me to go to the doctor.

Following tests, the consultant said "I’m sorry, but it’s not curable." It was advanced and had spread to the lymph nodes in my stomach. But he offered me the opportunity to go on a trial called STAMPEDE, which is supported by Cancer Research UK.

I had six months of docetaxel chemotherapy on the trial, which isn’t normally used for my stage of prostate cancer. Afterwards, the cancer had gone from the lymph nodes. I then had radiotherapy and continued on hormone therapy.

I still have advanced prostate cancer, but it is in remission. Having thought I would die, it felt like I’d been reprieved. It’s absolutely amazing. I am eternally grateful for the opportunity I was given to join the trial, because there’s no doubt in my mind that without it I would not be here today.

My stamina is not like it used to be, but Gill and I keep active. We love cruises and are going on one to the Arctic Circle. I’m looking to the future now. Our daughter is getting married next year and we’re hopeful we’ll be grandparents one day.

A test to detect aggressive prostate cancer is absolutely vital for people like me. The earlier it’s diagnosed, the better the chance of a cure."
‘When I watch Georgina learning to skip, I feel so happy that she’s doing all the same things as other kids.’

Julie Bover

WORKING TOWARDS EARLIER DIAGNOSIS

Our work with GPs aims to:

• Share knowledge and raise awareness of the importance of early diagnosis.

• Cut the time taken from a patient’s first visit to the GP to when they’re diagnosed.

• Boost the number of people who are referred within two weeks for further tests – the NHS target for anyone with suspected cancer symptoms.

• Increase the use of four key tests that can pick up cancer: chest X-rays; endoscopy to look inside the bowel and intestine; brain scans using MRI; and ultrasound.

• Improve cooperation between GPs and hospitals to diagnose cancer earlier.
TEAMING UP TO SPOT CANCER EARLY

An average GP appointment is less than 10 minutes – not long to make a crucial decision about whether a symptom could be cancer. That’s why we’re teaming up with the Royal College of GPs, the NHS and other partners to offer GPs a range of specialist information and support.

Julie Bover knows how difficult spotting cancer can be. A GP herself, her daughter Georgina was diagnosed with Wilms’ tumour, a type of kidney cancer, when she was just one.

‘I’d known something was wrong for a couple of months. Georgina had gone off her food and she wouldn’t roll over or crawl,’ says Julie from Kent. ‘She kept getting fevers and was having problems breathing.

When the out-of-hours doctor found a tumour in Georgina’s stomach I kept thinking, “How on earth did I miss that?” I’d been taking her swimming and bathing her.

We’d been to her GP and the hospital several times but they’d found other things, like an ear infection. Georgina’s GP still beats herself up for not examining her tummy when she saw her. But in 26 years as a doctor, she’d never come across a Wilms’ tumour.’

Supporting GPs

GPs see fewer than eight new cases of cancer a year. There are more than 200 different types, and symptoms are often vague and vary from person to person. So it can be hard to tease apart symptoms related to cancer from those linked to more common problems.

Another challenge is finding a balance between referring people for further testing and causing unnecessary worry and discomfort.

To help address this, we’re working directly with doctors at surgeries around the UK to support them in diagnosing cancer earlier.

We’re making it easier for surgeries and hospitals to work together, by making sure GPs know what tools and tests are available and how to spot key symptoms. We’ve also formed a partnership with London’s Royal Marsden hospital, offering online training and talks from cancer specialists.

The early signs are promising – already more high-risk patients are being referred to hospital specialists. Ultimately, supporting GPs is about helping people with cancer and their families. People like Julie and Georgina.

After chemotherapy, radiotherapy and surgery, Georgina, now five, is doing well. ‘When the surgeon managed to save part of her left kidney, it felt like a miracle,’ says Julie.

‘She does experience side effects but she’s doing just grand. When I watch her learning to skip, or riding about on her scooter, I feel so happy that she’s doing all the same things as other kids.’

The experience has changed the way Julie practises as a GP. ‘I’m much more aware that you know yourself and your children better than anyone else,’ she says. ‘So if one of my patients tells me that something is just not right, I take it very seriously.

We need to do all we can to make sure cancer is diagnosed as soon as possible. Cancer Research UK’s work is invaluable.’
‘I’ve been given a second chance at life, and I don’t want to waste a moment.’

Read Parminder Sangha’s story on page 29.

CHAPTER 3
PIONEERING NEW TREATMENTS

26 STANDING UP TO CANCER
28 BREAKING BARRIERS TO CURE BRAIN TUMOURS
30 FINDING CURES FOR CHILDHOOD CANCER
Deep-sea divers have been using them for decades to cure the bends. Now hyperbaric oxygen chambers are part of an innovative research trial to reduce the side effects of radiotherapy for people with head and neck cancer.

‘Thanks to surgery and radiotherapy we can cure many head and neck cancers,’ says Professor Richard Shaw, a specialist surgeon at the University of Liverpool. ‘But the radiotherapy can cause long-term side effects. That’s what motivated me to get involved in this research – wanting to do the very best we can for our patients.’

Richard is leading the HOPO trial, testing whether spending time in an oxygen chamber can combat a possible complication of radiotherapy – a condition called osteoradionecrosis, where the jawbone is severely damaged. The trial is one of 12 being funded by Stand Up To Cancer.

The condition affects around one in 10 people who’ve received radiotherapy for head and neck cancer. ‘If it’s not effectively treated, people are left with chronic pain and problems eating, and they often need surgery to repair their jaw,’ says Richard. ‘It has a huge impact on someone’s quality of life, which is why this trial is so important.’

Richard and his colleagues are also studying blood samples collected during the trial. They’re hoping to pinpoint why some patients get osteoradionecrosis and others don’t.

‘With this information we could personalise treatment,’ says Richard, ‘avoiding radiotherapy for some patients, and increasing doses for those who are less prone to side effects.

This trial could be pivotal in improving the way we give radiotherapy to head and neck cancer patients. It has been made possible thanks to Cancer Research UK.’

Thanks to surgery and radiotherapy we can cure many head and neck cancers,’ says Professor Richard Shaw, a specialist surgeon at the University of Liverpool. ‘But the radiotherapy can cause long-term side effects. That’s what motivated me to get involved in this research – wanting to do the very best we can for our patients.’

Richard is leading the HOPO trial, testing whether spending time in an oxygen chamber can combat a possible complication of radiotherapy – a condition called osteoradionecrosis, where the jawbone is severely damaged. The trial is one of 12 being funded by Stand Up To Cancer.

The condition affects around one in 10 people who’ve received radiotherapy for head and neck cancer. ‘If it’s not effectively treated, people are left with chronic pain and problems eating, and they often need surgery to repair their jaw,’ says Richard. ‘It has a huge impact on someone’s quality of life, which is why this trial is so important.’

Richard and his colleagues are also studying blood samples collected during the trial. They’re hoping to pinpoint why some patients get osteoradionecrosis and others don’t.

‘With this information we could personalise treatment,’ says Richard, ‘avoiding radiotherapy for some patients, and increasing doses for those who are less prone to side effects.

This trial could be pivotal in improving the way we give radiotherapy to head and neck cancer patients. It has been made possible thanks to Cancer Research UK.’

Thanks to you, All research funded by Stand Up To Cancer aims to bring breakthroughs to patients sooner.

Thanks to supporters like you, our live TV fundraiser event with Channel 4 in 2012 raised an amazing £8 million. This is funding HOPO and another 11 groundbreaking cancer trials across the UK.

These include research into the effectiveness of aspirin to help prevent bowel cancer; testing a drug that targets the immune system to treat kidney cancer; and treatment for cancer of the lining of the womb.

October 2014 will see us join forces with Channel 4 once again to accelerate cancer research. Find out how you can support this year’s event at standuptocancer.org.uk.
BREAKING BARRIERS TO CURE BRAIN TUMOURS

It’s the most complex and intricate organ in our body. So when cancer affects the brain, it can be extremely hard to treat. Our scientists are searching for new ways to save lives, through better drugs and more accurate surgery.

The blood-brain barrier
One of the biggest challenges brain tumour researchers face is the blood-brain barrier. There to protect the brain from infection, it also stops drugs getting through to treat tumours.

Now our scientists have found a way to cross the barrier. The treatment uses a protein that tracks down the cancer by recognising a ‘marker’ – a biological signpost – only found in blood vessels next to the tumour. The protein temporarily opens the barrier, allowing drugs to pass through but leaving the healthy parts of the brain untouched.

The research is at an early stage, but this discovery has the potential to be a game-changing treatment for brain tumours.

Studying brain tumours
Brain tumours in children are particularly hard to tackle as their brains are still developing. Before doctors can decide on the best treatment, they need to know exactly what sort of tumour a child has and how aggressive it is. But performing surgery to find out is risky.

Our scientists are trialling a special scanning technique to answer these questions, called magnetic resonance spectroscopy. It allows doctors to examine the levels of certain molecules inside tumours, relying on the fact they ‘wobble’ in different ways when they’re being scanned. A computer program can analyse the wobbles and help doctors diagnose the type of tumour and how aggressive it is.

This technique is being used already as part of the study. In the future it could lead to treatments that are more accurate and effective – and kinder too, because doctors can avoid giving intensive treatment when it isn’t needed.

Thanks to research, around two-thirds of children with brain tumours will survive their disease beyond 10 years.
Parminder’s story

‘I’d been waking up with intense headaches and getting a funny metallic taste in my mouth for several months,’ says Parminder Sangha, 30, from London. ‘My GP put it down to sinus problems, stress, even the weather.

In 2011, a scan showed a growth in the right side of my brain. My mum was so upset when we were told it was cancer that she ran out of the room. But I was in shock, I actually laughed. I couldn’t believe it. I was put on steroids and anti-seizure tablets straight away.

A month later, I went through eight hours of surgery to remove the tumour, and was in hospital for 10 days.

I was given the chemotherapy drug temozolomide, which was developed by Cancer Research UK, and also radiotherapy.

One of the hardest things was losing my hair. When it started to fall out and I had to have it cut, it felt like part of me was dying. I came home and cried. But now when I go to the hairdressers I feel like a new person. I don’t think I’ll ever have it down to my waist again though, because I’m not the old me anymore.

When the doctors said I was in remission, I felt like I’d been given a second chance at life. I don’t want to waste it. I used to think: “Oh I’ll do that another day”. But not any more. Now I live every moment to the full.

I’ve abseiled down Battersea Power Station for Cancer Research UK, and I’m doing a shark dive at the London aquarium. I socialise a lot more too – if it wasn’t for my friends, I don’t know how I would have coped.

I’m so grateful for the treatment I had. It’s fantastic how organisations like Cancer Research UK are developing treatments for the future – like making brain surgery more precise, and reducing side effects. We must keep doing research. It’s the only way this disease will be cured.’
Andy has played a huge role in research into neuroblastoma, a childhood cancer that develops from the nerve cells left behind from a baby’s development in the womb. When Andy’s career began, less than two in every 10 children survived neuroblastoma. Now it’s six in 10.

‘Progress has been made, but when neuroblastoma comes back after treatment it can be difficult to cure,’ says Andy.

That’s why Andy’s leading our groundbreaking BEACON trial, to find the best treatment for children with neuroblastoma which has returned.

‘We’re answering two questions,’ says Andy. “What is the best combination of chemotherapy?” and “Can we target the tumour by blocking the growth of its blood vessels with a drug called Avastin?”

Andy’s team at London’s Institute of Cancer Research and the Royal Marsden hospital are leading the European-wide trial, which is managed by our Clinical Trials Unit in Birmingham. ‘We also hope to find out more about the genetics of neuroblastoma so we can personalise treatment,’ says Andy. ‘I want to do everything I can to improve children’s chances of surviving cancer.’

ARIA’S STORY

‘It was big news when Aria started walking again,’ says Zobia Zaman, Aria’s mum, who lives in Cardiff. ‘She was five and we got the video camera out to film it for my family. We celebrated it like her birth.

At 18 months, Aria had flu-like symptoms, and within two weeks she stopped walking and started rolling her eyes. She was diagnosed with neuroblastoma. In that moment, time froze and our world fell away – it was difficult to take it all in. The tumour was on her right kidney. It had also triggered a rare condition called Dancing Eye Syndrome which meant she couldn’t speak, balance or even sit up.

Aria had major surgery to remove the tumour and, over four years, tried various drugs to control the Dancing Eye Syndrome. She was extremely brave. And because of what she’s been through, Aria is very kind and has a great understanding of people’s pain.

Aria had major surgery to remove the tumour and, over four years, tried various drugs to control the Dancing Eye Syndrome. She was extremely brave. And because of what she’s been through, Aria is very kind and has a great understanding of people’s pain.

Treatment for neuroblastoma is often long, and the side effects are horrible. So the research that Cancer Research UK is funding is very important.

Aria is eight now and goes to a mainstream school. She can read and write basic words and her speech is getting better. When she received a Cancer Research UK Little Star award, she was so proud. She’s enjoying doing the everyday things, like watching movies, listening to music and going to the park. It’s as if she’s woken up and is finally getting to enjoy the world around her.’
‘It was big news when Aria started walking again, we celebrated it like her birth.’

Zobia Zaman
'I believe we will beat cancer.'

Read Gower Tan’s story on page 34.

CHAPTER 4
CREATING MORE TOMORROWS

34   PROTECTING THE NEXT GENERATION
36   NEW WAYS TO PREVENT BREAST CANCER
39   A LEAP FORWARD FOR CANCER RESEARCH
Gower supports our campaign for a tobacco-free UK. Today around 20% of adults smoke – we want to help reduce this to less than 5%.

‘My dad died from lung cancer in 2001 – he was 66,’ says Gower, who lives in London. ‘He’d stopped smoking just three years before, sadly too late. I had desperately tried to quit myself, but I couldn’t – even after he died. I eventually stopped four years ago, when I turned 40.

I’ve realised how cigarette packaging makes smoking look attractive to children. I’m determined that my nine-year-old son William and my daughter Olivia, who’s 13, aren’t going to smoke. I’ll do everything I can to influence that.’

Deadly addiction
Around 410 children under 16 start smoking in the UK every day. Our research shows they are lured by glitzy cigarette packs into a deadly addiction that kills half of all long-term users. In one study a group of 15-year-olds rated slim-line cigarettes as ‘cute, classy and feminine’.

‘These results build the case to protect vulnerable children from the power of the tobacco industry’s marketing,’ says Professor Gerard Hastings, who led the research. ‘The UK Government must introduce plain, standardised packs as soon as possible.’

Campaigning success
Thanks to supporters like Gower, we’re helping to prevent the next generation from starting smoking. Our research formed part of the evidence examined in an independent review on standardised packaging, and following our campaigning, the Government has backed the review. This means that by the next general election in 2015, cigarettes could be sold in plain, standardised packs.

‘It’s absolutely phenomenal,’ says Gower. ‘Thanks to Cancer Research UK and others, more MPs understand what standardised packaging is about.’

Gower is confident this will save lives because fewer children will start smoking. And now that he’s stopped smoking himself he’s super fit, and ran the 2014 Virgin Money London Marathon – his fourth – to raise money for Cancer Research UK.

‘My dad ran the first London Marathon in 1981,’ says Gower. ‘I regret that he never saw me run one. Cancer has affected other members of my family too but I believe that we will beat this disease.’
NEW WAYS TO PREVENT BREAST CANCER

Research into existing breast cancer drugs could benefit hundreds of thousands of people across the UK. We funded two long-term studies which found that drugs already used to treat the disease can also help prevent it in people at high risk.

**Tamoxifen recommended for prevention**

Thanks to our research, tamoxifen could help thousands of people in the UK who are more likely to develop breast cancer.

This could make a huge difference by giving people more choice. As well as screening or risk-reducing surgery (mastectomy), they now have the option of treatment with tamoxifen to help prevent the disease.

It’s thanks to our 10-year trial, IBIS-1, which involved 7,000 women at increased risk of breast cancer. Led by Professor Jack Cuzick at Queen Mary University of London, IBIS-1 found that drugs like tamoxifen reduced women’s risk of breast cancer by 38%.

‘Tamoxifen stops the hormone oestrogen from attaching to breast cancer cells,’ says Jack. ‘This stops the oestrogen from telling the cells to grow, instructions that might otherwise lead to cancer.’

**Assessing anastrozole**

Following IBIS-1, Jack and his team carried out further research to give women even more options. Earlier this year, the IBIS-2 trial showed that post-menopausal women at high risk could cut their chances of developing breast cancer by more than half by taking the drug anastrozole for five years. Nearly half a million women across the UK could benefit from this breakthrough.

Mum of three, Trish Jamieson took part in IBIS-2. ‘My sister Noreen and cousin Marie died of breast cancer. It was a dreadful time for our family,’ says Trish, from Milton Keynes. ‘I’ve always worried about developing the disease myself.

In 2005 I met my friend Chris at the gym the day after we ran Cancer Research UK’s Race for Life. She gave me a leaflet about IBIS-2 from our Race for Life goody bag. “Read this, I think you qualify,” she said. So I got in touch.’

Anastrozole prevents oestrogen being produced in the fatty tissues of the body – the main source of this hormone in women after the menopause. ‘Our research showed that for post-menopausal women, anastrozole should be the drug of choice because it’s more effective than tamoxifen,’ says Jack.

‘For people who can’t take anastrozole, tamoxifen is a good alternative. We hope that GPs will soon be able to prescribe anastrozole to help prevent breast cancer. The idea that we could prevent a substantial amount of these cancers is really striking.’

Trish feels proud to have taken part in the trial. ‘It was just a matter of taking a tablet every day, plus another tablet weekly. I’m hopeful that, with more options to prevent breast cancer, fewer women like me will develop it in the future.’

**WHAT DOES ‘HIGH RISK’ MEAN?**

A woman is at high risk of developing breast cancer if she has:

- Two or more blood relatives with breast cancer.
- A mother or sister who developed breast cancer before the age of 50.
- A mother or sister who had breast cancer in both breasts.
- Certain high-risk types of breast disease.
Since the early 1980s, tamoxifen has saved millions of lives worldwide as a treatment for breast cancer.

IBIS-1 began. It later showed that drugs like tamoxifen could reduce women’s risk of breast cancer by 38%.

Women began to join the IBIS-2 trial, investigating whether anastrozole can help prevent breast cancer.

Tamoxifen was approved for the prevention of breast cancer.

Results from IBIS-2 showed that post-menopausal women at high risk could cut their chances of developing breast cancer by more than half by taking the drug anastrozole for five years.

‘I’m hopeful that, with more options to prevent breast cancer, fewer women like me will develop it in the future.’

Trish Jamieson
THE FRANCIS CRICK INSTITUTE

• A collaboration between six of the world’s leading medical research organisations: Cancer Research UK; the Wellcome Trust; the Medical Research Council; University College London; King’s College London; and Imperial College London.

• Focusing on diseases that cause more than 36 million deaths worldwide each year, from cancer and heart disease to infections.

• Home to 1,200 biologists, chemists, physicists, engineers, doctors, computer scientists and mathematicians.

• Offering activities for the public, including projects that promote health and wellness.
Dr Simon Boulton from our London Research Institute will be part of the team, taking his insights into how DNA damage and repair are involved in cancer to the next level. For him, it’s an opportunity to collaborate with experts across different fields, sparking ideas to unravel the complexity of cancer.

‘Groundbreaking discoveries can happen when other scientists shed light on your work.’

Dr Simon Boulton

Q. What inspired you to become a cancer researcher?

My science teacher told my parents, ‘Make sure he doesn’t go into science because he’s no good at it’. Luckily, I had a biology teacher who inspired me to pursue it for my degree. I discovered molecular biology and genetic engineering, and became really fascinated by it. Working in a lab sparked my interest in DNA damage and repair.

Q. What do you think will be the most important thing about the Crick?

I’m excited by the potential for closer interactions with the other scientists moving there. The Institute will promote collaboration, which is a fundamental part of successful science. Groundbreaking discoveries can happen when people working in other fields help to shed light on your own work. Those moments don’t just occur in the lab either – some of the most inspirational discussions happen over a coffee or dinner.

Q. What are you looking forward to most?

Having the opportunity to use cutting-edge technology, such as the latest imaging equipment and powerful microscopes will be great. It opens up possibilities to revisit problems you studied years ago using new techniques, and discover things you hadn’t been able to before.

Q. How do you think the Crick will help advance cancer research?

With the best people working together in a high-tech environment, we’ll have the greatest chance of discovering new ways to detect, treat and prevent cancer. We can push forward advances in early detection and work on more effective treatments. The Crick will create an environment where we can turn early research from the lab into benefits for patients sooner.

In 2015 the doors to Europe’s most ambitious research hub will open for the first time. The Francis Crick Institute will tackle humankind’s major diseases through a collective force of world-class expertise.
‘It thinks it’s clever, that cancer. But it hasn’t beat me.’

Read Ben O’Brien’s story on page 45.

CHAPTER 5
THANK YOU

42 YOUR MONEY IS SAVING LIVES
44 THANK YOU FOR MY LITTLE STAR
46 OUR YEAR IN NUMBERS
YOUR MONEY IS SAVING LIVES

Research is cancer’s ultimate enemy. With your support our scientists will have more breakthrough moments to improve the way we prevent, detect and treat the disease.

We fund more than 4,000 world-class scientists, doctors and nurses across the UK. Their work deepens our understanding of cancer and finds new ways to tackle it.

In 2013/14, we spent £351 million on research in institutes, hospitals and universities across the UK. We also spent £21 million on providing information for people affected by cancer, raising awareness of risks and symptoms, and influencing health policies.

We receive no government funding for our research. Our life-saving work relies entirely on your support. More than a third of what we do is made possible because people remember us in their wills. These legacies, along with monthly donations, help us to plan vital research into the future.

‘Our life-saving work relies entirely on your support.’

OUR FUNDRAISING INCOME

Our supporters raised a staggering £490 million.

Every single pound raised really does count. Nine out of 10 donations we receive are for £10 or less, proving that small amounts make a big difference. Whatever the size of your donation, we will put your money to the best possible use in our fight to beat cancer sooner.

80p

For every £1 donated, over 80p was available to spend on beating cancer. The rest was used to raise funds for the future.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacies</td>
<td>£163m</td>
</tr>
<tr>
<td>Direct giving</td>
<td>£123m</td>
</tr>
<tr>
<td>Events</td>
<td>£70m</td>
</tr>
<tr>
<td>Shop income</td>
<td>£76m</td>
</tr>
<tr>
<td>Partnerships and volunteer fundraising</td>
<td>£38m</td>
</tr>
<tr>
<td>Major giving and appeals</td>
<td>£17m</td>
</tr>
<tr>
<td>Other income</td>
<td>£3m</td>
</tr>
</tbody>
</table>
£351m
Our annual research activity – 2013/14

£372m
Research that underpins all types of cancer

£34m
Includes cervical, kidney, stomach, testicular and over 100 other cancers

£33m
Bowel

£21m
Leukaemia

£17m
Prostate

£18m
Skin

£16m
Lung

£8m
Non-Hodgkin lymphoma

£6m
Brain

£6m
Bladder

£5m
Oesophageal

£37m
Breast

£33m
Research that underpins all types of cancer

£132m
Research that underpins all types of cancer

£12m
Ovarian

£6m
Pancreatic
THANK YOU FOR MY LITTLE STAR

After developing osteosarcoma, a type of bone cancer, and losing his leg, 11-year-old Ben O’Brien from Sheffield has set his sights on the 2020 Paralympics. Ben is one of our Little Stars, and mum Dawn Sowden is hugely grateful to those who support research into cancer, which she says saved her son’s life.
‘I light up the sky when I watch Ben run, I’m so proud of him.’

Dawn Sowden

**BEN'S STORY**

‘When I watch Ben run on Wednesday nights, I think “That’s my little boy. He’s gone through so much but just keeps going.” They all adore him at the Sheffield Athletic Club. He’s the only amputee.

We knew something was wrong three years ago when Ben said he didn’t want to play football because of pain in his leg. An X-ray showed shadows on the bone – somehow I knew it was cancer.

Ben had chemotherapy every day for 10 months. When he was really ill, he told me he wanted to die, because he was in so much pain.

Doctors said his leg was going to kill him because he kept getting infections and the cancer was aggressive. I really thought we were going to lose him.

It was Ben’s decision to have the leg removed in the end. “Would you still love me if I only had one leg?” he asked. I was heartbroken and afraid that he’d never be able to play the sports he loved again.

But just 24 hours after his operation, Ben was out of bed and walking along the hospital corridor using his crutches. When I saw him then, I knew he’d be all right. I had underestimated his determination. He was soon back playing football with the children on our street, who call him Bionic Man because of his prosthetic leg.

Ben’s learned to box, which he loves. I think it helps him deal with what he has been through. And now he’s got a special running blade too, after he was talent-spotted at an event for children with cancer. He’s determined to compete in the 2020 Paralympic Games. “It thinks it’s clever, that cancer,” he says, “but it hasn’t beat me.”

Without research there would be no chemotherapy and Ben wouldn’t have got to where he is now. No one deserves cancer, especially children.

Cancer can affect anyone – and Cancer Research UK saves lives.

Thank you so much to everyone who supports their work.’

**BEATING OSTEOSARCOMA**

We’re supporting trials looking at how best to give chemotherapy to osteosarcoma patients and how to reduce side effects. And we’re testing other treatments for this disease. Research is the key to finding new ways to beat osteosarcoma.
Every step we make towards beating cancer relies on you. It’s been an incredible year...

40,000
Around 40,000 volunteers gave seven million hours of their time.

55,000
By giving up alcohol for January more than 55,000 Dryathletes raised over £5 million.

600,000
More than 600,000 of you walked, ran, swam and cycled to raise vital funds.

£45m
You’ve now pledged £45 million towards the Francis Crick Institute, where around 1,200 scientists will work to beat cancer and other major diseases.

2 million
Over two million people texted a donation in support of #nomakeupselfie, raising over £7 million to help fund our research.
Over one million regular donors gave us gifts totalling £100 million, proving that small amounts add up.

Our Cancer Awareness Roadshow helped almost 65,000 people make healthy lifestyle choices to reduce their risk of cancer.

Over 11,000 patients join our trials each year – helping us develop new treatments.

Our specialist nurses answered over 11,000 queries about cancer.

You donated over three and a half million bags of goods to our shops so we could turn things you no longer wanted into life-saving research.

More than 16 million people visited our patient information website CancerHelp UK.

We fund over 4,000 scientists, doctors and nurses across the UK.

We’re fighting over 200 different types of cancer, including the one that matters most to you.
We’re immensely grateful to everyone who has supported us over the past year. You make our life-saving work possible. Every pound raised helps more people survive cancer. In particular, we’d like to thank the following supporters, as well as those who have chosen to remain anonymous. Together we will beat cancer sooner.

Our Patron
Her Majesty The Queen

Our Joint Presidents
HRH The Duke of Gloucester KG, GCVO
HRH Princess Alexandra, the Hon. Lady Ogilvy KG, GCVO

The Benefactors Circle
The Circle recognises those who have supported the charity in an extraordinarily generous way.
Seve Ballesteros Foundation
Blackburn District and Ribble Valley Committee
Tony Bramall Charitable Trust
The Bupa Foundation
Stephen and Caroline Butt
Compass Group UK & Ireland Ltd
Lawrence Dallaglio OBE
Dartford & District Local Committee
Dr Naim Dangoor CBE
Deloitte LLP
Mike Gooley Trailfinders Charity
HSBC Bank plc
Jersey Local Committee
Ronan Keating
Kuok Group Foundation
Laing O’Rourke plc
Live Nation (Music) UK Ltd
Lloyds Banking Group plc
City of London Friends
M&S
Charles and Nicola Manby
Stephanie Moore MBE
Wm Morrison Supermarkets plc
The Dr Mortimer and Theresa Sackler Foundation
Mothers and Daughters
National Events Committee
Network Rail Infrastructure Ltd
Oak Foundation

PACCAR Foundation
The Pampered Chef Ltd
Parthenon Trust
Peacocks Stores Ltd
Peacock Trust
The Royal Bank of Scotland Group plc
Scottish Power Ltd
Slimming World Ltd
Dame Phyllis Sorners DBE
Standard Life plc
Taunton & District Local Committee
Tesco Stores Ltd
TJX Europe
Towergate Charitable Foundation
Garfield Weston Foundation
Pameeia Williams Charitable Trust
The Winton Charitable Foundation,
The David and Claudia Harding Foundation and Winton Capital Management Ltd
The Wolfson Foundation
YeSiel Trust

Our major supporters
The Adint Charitable Trust
Maggie Alexander
The Altuzarra Family Fund
Peter Andre
Aspect Capital Ltd
Aspire
AT&T
Awareness Fund
James Baldwin Trust
John Balodis & Cogs4Cancer
Mark and Rebecca Baron
The Batchworth Trust
The Beechcroft Charitable Trust
Richard Betteridge
Adrian Bevington
Rob Bonnet
Marc Boyan
Bradford Fundraising Team
Mr Malcolm Bredin
Bridgwater & District Friends
The British Racing Drivers’ Club
Paul Bursche
Bury & Radcliffe Local Committee
The Derek Butler Trust
Jenson Button MBE
Terry Byrne
John Carr
Challenge Adventure Charities
Annie Chapman
Cheddleton Local Committee
Cheltenham Local Committee
Cheltenham Racecourse
Citi
Sebastian Coe CH KBE
Colchester Local Committee
Coleraine Local Committee
Stephen Congalton
Paul Corbett
Pilar Orduna Core
Claudia Coulson
Coventry Local Committee

Our corporate partners
Beiersdorf UK Ltd
BMW
Brioche Pasquier
Capita plc
Close Brothers Group plc
Coinstar Ltd
Coventry BS
England Netball
Fiorelli
Garmin Ltd
Hamptons International
John Lewis plc
Mobility Plus Bathing Ltd
Nixon Hire
Pure Gym Ltd
Rational Group Ltd
Sage Group plc
TCG Ltd
Wilkinson’s Hardware Stores Ltd

Our Patrons
Her Majesty The Queen

Our Joint Presidents
HRH The Duke of Gloucester KG, GCVO
HRH Princess Alexandra, the Hon. Lady Ogilvy KG, GCVO

The Benefactors Circle
The Circle recognises those who have supported the charity in an extraordinarily generous way.
Seve Ballesteros Foundation
Blackburn District and Ribble Valley Committee
Tony Bramall Charitable Trust
The Bupa Foundation
Stephen and Caroline Butt
Compass Group UK & Ireland Ltd
Lawrence Dallaglio OBE
Dartford & District Local Committee
Dr Naim Dangoor CBE
Deloitte LLP
Mike Gooley Trailfinders Charity
HSBC Bank plc
Jersey Local Committee
Ronan Keating
Kuok Group Foundation
Laing O’Rourke plc
Live Nation (Music) UK Ltd
Lloyds Banking Group plc
City of London Friends
M&S
Charles and Nicola Manby
Stephanie Moore MBE
Wm Morrison Supermarkets plc
The Dr Mortimer and Theresa Sackler Foundation
Mothers and Daughters
National Events Committee
Network Rail Infrastructure Ltd
Oak Foundation

PACCAR Foundation
The Pampered Chef Ltd
Parthenon Trust
Peacocks Stores Ltd
Peacock Trust
The Royal Bank of Scotland Group plc
Scottish Power Ltd
Slimming World Ltd
Dame Phyllis Sorners DBE
Standard Life plc
Taunton & District Local Committee
Tesco Stores Ltd
TJX Europe
Towergate Charitable Foundation
Garfield Weston Foundation
Pameeia Williams Charitable Trust
The Winton Charitable Foundation,
The David and Claudia Harding Foundation and Winton Capital Management Ltd
The Wolfson Foundation
YeSiel Trust

Our major supporters
The Adint Charitable Trust
Maggie Alexander
The Altuzarra Family Fund
Peter Andre
Aspect Capital Ltd
Aspire
AT&T
Awareness Fund
James Baldwin Trust
John Balodis & Cogs4Cancer
Mark and Rebecca Baron
The Batchworth Trust
The Beechcroft Charitable Trust
Richard Betteridge
Adrian Bevington
Rob Bonnet
Marc Boyan
Bradford Fundraising Team
Mr Malcolm Bredin
Bridgwater & District Friends
The British Racing Drivers’ Club
Paul Bursche
Bury & Radcliffe Local Committee
The Derek Butler Trust
Jenson Button MBE
Terry Byrne
John Carr
Challenge Adventure Charities
Annie Chapman
Cheddleton Local Committee
Cheltenham Local Committee
Cheltenham Racecourse
Citi
Sebastian Coe CH KBE
Colchester Local Committee
Coleraine Local Committee
Stephen Congalton
Paul Corbett
Pilar Orduna Core
Claudia Coulson
Coventry Local Committee

Our corporate partners
Beiersdorf UK Ltd
BMW
Brioche Pasquier
Capita plc
Close Brothers Group plc
Coinstar Ltd
Coventry BS
England Netball
Fiorelli
Garmin Ltd
Hamptons International
John Lewis plc
Mobility Plus Bathing Ltd
Nixon Hire
Pure Gym Ltd
Rational Group Ltd
Sage Group plc
TCG Ltd
Wilkinson’s Hardware Stores Ltd

FOR YOU, BECAUSE OF YOU, THANKS TO YOU
Crewe & Nantwich Local Committee
Lord Paul Deighton KBE
Derby Local Committee
The D G Charitable Settlement
Glenn and Phylida Earle
J T Ellis & Co Ltd
England Footballers Foundation
Esher Group of Friends
Lord Evans of Watford
Eveson Charitable Trust
The Doris Field Charitable Trust
David Ford
The Foster Wood Foundation
The C G French Family Fund
Friends of Fi
Gonzalo and Maria Garcia
Andrew Gibson
John Giddings
Paul Greenslade
Naimh Grogan
Guernsey Local Committee
John Guest Ltd
Julie Guthrie
Bob Harris OBE
HepcoMotion
The Ada Hillard Charitable Trust
Hirschel Foundation
Jonjo Heuerman
The Hobson Charity
Mrs R. S. Hoffman
Holland America Line
Torn Huddleston
JLS
Mr James Ingham
The Irish Youth Foundation
Isle of Lewis Local Committee
Paul and Pat Jebson
The Jockey Club
The Josh Carrick Foundation
Kendal Local Committee
Mrs Neal S Kerss
Ladbrokes Charitable Trust
Lakeland Ltd
Vanessa, Susanna and Mary Langsdale
Denise Leffman Trust
Jonathan Lewis
Mr and Mrs Oscar Lewisohn
Miss E M Lidbury Charitable Trust
Mr and Mrs Lindsay-Hills
Loose Change Busking
The Malcolm Group
The McGrath Charitable Trust
Liz and Alistair McIntyre
Miroma Ventures
The Mistletoe Ball Committee
Belinda Morgan
Ann Moore
Mike and Sandra Moors
The Edith Murphy Foundation
Musgrave Charitable Trust Ltd
The Mystica Trust
Eric Newnham
Newry Local Committee
NGL Golf
Mike O’Kane
Sarah Oliver
Peter Oppenheimer
Outdoor Plus
Michel Péretie – Talabot Foundation
Petal
Pilkington Charities Fund
Mark Plunkett
Prudential PLC
Phil Purdy
Putney, Sheen, Barnes & Kew
Group of friends
Gordon Ramsay OBE
The Ranworth Trust
Relay For Life Ascot
Relay For Life Clacton
Relay For Life Dalgety Bay
Relay For Life Isle of Man
Relay For Life Kimbermuir
Relay For Life Peterhead
Relay For Life Dumfries & Galloway
Rising Tide Foundation
The ROAN Charitable Trust
The Gerald Ronson Foundation
The Cecil Rosen Foundation
Rosetrees Trust
Salisbury Local Committee
Mr Igho Sanomi
Peter Schofield, Simone Schofield, Hannah Schofield, Ollie Battey & Tetrosyl Group Ltd
The Schroder Foundation
Sue Scott
David Searnan MBE
Geoffrey Selby
ShareGift
Nazar and Ruth Sharif
Alan Shearer
Lewis Silkin LLP
Mrs Claire Simpkin
Sukhpal Singh Ahluwalia
Bernie Singleton
Edward Smethurst and the Commerce and Industry Group North West
Terri Smith
Stoke-on-Trent Local Committee
The Suliman S Olayan Foundation
Major G L Sullivan Charitable Will Trust
Gordon Taylor OBE
Fiona Terry
Trotteridge Society
Clive Tydlesley
Robert and Felicity Waley-Cohen Charitable Trust
John and Ann-Margaret Walton
Warburtons Ltd
The Wates Foundation
Tai Woffinden
Andrew E. Wolff
The Lord Leonard and Lady Estelle Wolfson Foundation
Victor Yeoh
Shani Zindel
The Catalyst Club
James Caan, Patron
Emma Griffin, Chair
Mike and Abbie Arney
Caroline Arts
Dean Atkins
The Bascule Charitable Trust
P R Bath
Mark and Adrienne Brewer
Challenge Adventure Charities
Professor Andrew Coates and Mrs Katherine Coates
David Dutton
Robert Gardner
Hogs Back Brewery Trust
Dan Howie
Gavin and Claire Hughes
Anna and Robert King
The Lancashire Foundation
Vanessa, Susanna and Mary Langsdale
The Kathleen Laurence Charitable Trust
Brian Lay
Joseph V McDevitt
Michelle and Ranaid McGregor-Smith
Duncan and Louise McIntyre
Will North
Mr and Mrs Michael Raffan
The Steel Charitable Trust
The Suva Foundation
Rupert and Amanda Thompson
Timpany Charitable Trust
Clare Tunstall and Craig Thomas
Thomas H. Wood MBE
Create The Change Board members
Charles Manby, Chairman
Sherry Coutu CBE
Lord Fink of Northwood
Michael Geoghegan CBE
David Harding
Richard Hayden
Mohammad Kamal Syed
Professor Ray Kelvin CBE
Dr Mike Lynch OBE
Patrick McKenna
Helena Morrissey CBE
Lady Palumbo of Walbrook
Dalip Pathak
Andrew Pisker
Lee Portnoi
Inderneel Singh
Sir Martin Sorrell
Mark Thompson
Mark Yallop
Our Trustees
Michael Pragnell, MA MBA, Chairman
Anne Baldock, LLB
Wendy Becker, BA MBA
Professor Doctor Anton Berns
Professor Sir Adrian Bird, CBE FRS FRSE
Helen Calcraft, BA (Hons) MBA
Dr Adrian Crellin, MA FRCR FRCP
James Crosby (resigned 9 April 2013)
Professor Jonathan K.C. Knowles
David Lindsell, FCA
Roger Matthews, ACA BScSci
Andrew Palmer, CBE FSc MD
Andrew Pisker
Lee Portnoi
Inderneel Singh
Sir Martin Sorrell
Mark Thompson
Mark Yallop
Our Trustees
Michael Pragnell, MA MBA, Chairman
Anne Baldock, LLB
Wendy Becker, BA MBA
Professor Doctor Anton Berns
Professor Sir Adrian Bird, CBE FRS FRSE
Helen Calcraft, BA (Hons) MBA
Dr Adrian Crellin, MA FRCR FRCP
James Crosby (resigned 9 April 2013)
Professor Jonathan K.C. Knowles
David Lindsell, FCA
Roger Matthews, ACA BScSci
Andrew Palmer, CFA, Treasurer
Professor Peter Selby, CBE Dsc MD
FMedSci FRCP
Make a donation
Regular donations make a real difference. Visit [cruk.org](http://cruk.org) or call 0300 123 1022

Take part
Discover all the ways you can get involved with fundraising and volunteering at [cruk.org/support-us](http://cruk.org/support-us)

Share your story
Help us raise awareness, email [mystory@cancer.org.uk](mailto:mystory@cancer.org.uk) Or visit [cruk.org/share](http://cruk.org/share)

Get reliable information about cancer
For information about cancer, trials and research, visit our CancerHelp UK website [cruk.org/cancer-help](http://cruk.org/cancer-help)

Speak to a specialist cancer nurse
Our specialist nurses are on hand to answer your questions in confidence. Call free on 0808 800 4040, Mon–Fri, 9am–5pm. Or email using the contact form on CancerHelp UK

Find out about trials
For more information about trials that you can ask your doctor about, and to see trial results, go to [cruk.org/cancer-help/trials](http://cruk.org/cancer-help/trials)

Talk to others affected by cancer
Go to our online discussion forum [cancerchat.org.uk](http://cancerchat.org.uk)

For more information
The best way to get to know about us and our work is through our website [cruk.org](http://cruk.org)

Have a question or feedback?
Call 0300 123 1022 or send us a message through our website [cruk.org/about-us/contact-us](http://cruk.org/about-us/contact-us)
We have committed to a series of social and environmental goals. You can find out more about these at
[cruk.org/corporate-responsibility](cruk.org/corporate-responsibility)

A great deal of cancer research is carried out without using animals, but in certain areas animal research remains essential if we are to understand, prevent and cure cancer. We only use animals when there is no alternative.

Cancer patients and their families are at the heart of everything we do. We believe that all our research is vital if we are to save the lives of more patients in the future.

**Registered charity number**
England and Wales: 1089464
Scotland: SC041666
Isle of Man: 1103

**Registered company number**
England and Wales: 4325234
Isle of Man: 5713F

Copyright © 2014 Cancer Research UK