CANCER, ARE YOU READING THIS?
Our Vision
Our vision is to bring forward the day when all cancers are cured.

Our Ambition
Our ambition is to accelerate progress and see three in four people surviving the disease by 2034.
Half of us will hear the words ‘you have cancer’ at some point in our lives. It’s a stark statistic, but while more people are being diagnosed, survival is at an all-time high – one in two people will survive their cancer for 10 years or more. We’re making great progress, but we still have a long way to go. Our ambition is to increase survival to three in four by 2034.

Groundbreaking studies from our scientists are uncovering more about how cancers develop and spread, mapping the complex changes in oesophageal, pancreatic and prostate cancers – research that will drive forward essential new tests and treatments.

Our researchers are leading revolutionary bowel and lung cancer trials using genetic testing to match patients with new drugs. These adaptive trials are testing several treatments at the same time, informing the way we personalise medicine in the future.

The pioneering STAMPEDE trial, partly funded by CRUK, showed that combining chemotherapy with hormone treatment can extend the lives of men with advanced prostate cancer – results that should change the way these men are treated.

And we’re boosting our research into hard-to-treat cancers to improve survival rates. Our scientists are harnessing the power of the body’s own immune system to help treat aggressive brain tumours – an exciting technique called immunotherapy.

We are the largest funder of children’s cancer research in the UK, but we want to do more. So we launched Cancer Research UK Kids & Teens, a new campaign aiming to double the amount we spend in this area over the next five to 10 years. We’re working with childhood cancer experts to identify new research projects to help us reach the day when every child diagnosed with cancer can expect to live a long and healthy life.

Many more life-saving discoveries will be made possible from 2016, when the Francis Crick Institute, a world-leading new centre for biomedical research, opens in London. Here our scientists will collaborate with many others to make new breakthroughs in fighting disease.

Preventing cancer is a major priority. After three years of leading the campaign for standardised cigarette packaging, we’re delighted that it’s set to become law from May 2016. Stripping packs of their marketing will reduce the number of young people who start smoking, helping to prevent many cases of cancer in the future.

And we’re continuing to focus on diagnosing cancer earlier, through research, awareness campaigns and our work with GPs and health professionals.

Thank you to all of our supporters and volunteers for another year of tremendous generosity, without which none of our progress would be possible. Together we will beat cancer sooner.

Michael Pragnell
Chairman

Harpal S Kumar
Chief Executive

20 May 2015
ABOUT US

SAVING LIVES THROUGH RESEARCH

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.

One in two people will be diagnosed with cancer at some point in their lives – mainly because people are living longer than ever before, and the risk of cancer increases with age. Our scientists, doctors and nurses are working to save more lives by preventing cancer, diagnosing it earlier, and developing new treatments.

Without dedicated volunteers and generous supporters, our work to beat cancer would not be possible. Thanks to you, we’ve helped double cancer survival in 40 years. We intend to accelerate progress and create more tomorrows for more people.

Today, more than three-quarters of people diagnosed with breast, skin or testicular cancer will survive for at least 10 years. But other cancers, like lung, pancreatic and oesophageal cancers and brain tumours, are still very hard to treat. We need to change that – and we’ve already increased the amount we’re spending on these cancers as part of our strategy.

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

We are united in our fight to beat cancer sooner.
RAJVINDER’S STORY
Primary schoolteacher Rajvinder Kaur, 34, lives in Wolverhampton with her husband Jaspal and their four-year-old daughter Deep. She was diagnosed with Hodgkin lymphoma in January 2014.

‘Before the cancer, I was a workaholic. Life was about school and finding new things to do with my class. These days, it’s about adventure. When my treatment finished, we took Deep to Disney World. And we’ve been to Dubai recently where I went on a desert safari. I worry less about the future. I just want to do things here and now.

I know it’s a cliché but you always think of cancer as something that happens to other people. Before I was diagnosed, I’d been feeling tired all the time, but I’d put it down to work. Then I found a lump on my thigh. I didn’t think it would be anything to worry about. The GP didn’t at first either, but he booked me in for a scan a month later. By then, the lump had got fairly big and I’d had other symptoms – itchiness on my legs and arms and a cough that wouldn’t go away.

I had no idea what Hodgkin lymphoma was. When the doctor told me it was a blood cancer, I remember sobbing a little. It was a lot to take in, but it was a relief to know the reason I’d been feeling so ill. I thought about my daughter and husband, and all the things I still wanted to do. I decided I was going to get through it.

‘Research gave me hope’
I had six months of chemotherapy and a month of radiotherapy. I was really scared and kept thinking “What have I done to deserve this?”. I read about the research that Cancer Research UK is doing – that gave me hope.

I’ve been told that I’m clear and that the cancer is inactive. But in the back of my mind, I know it could come back. Since my diagnosis, my family and I have realised how important the work of charities like Cancer Research UK is, and how people are living longer because of research. So we signed up for Race for Life. I did it three days after my final chemotherapy. I felt so sick and wondered how I’d get through it, but my mum, dad and sisters were there with me. It was fantastic.

My cancer was treatable because of the advances in research. But not everyone has the options I had. Cancer Research UK is working on this and they need our support.’
‘MY CANCER WAS TREATABLE BECAUSE OF RESEARCH.’
RAJVINDER KAUR
‘CANCER, WE WILL STICK TOGETHER AND FIGHT YOU.’

RICHIE BIRCH, PAGE 09

CHAPTER 1: TAKING ON HARD-TO-TREAT CANCERS
Survival from pancreatic cancer in the UK is among the lowest for any type of cancer – and it has been for far too long. That’s why we’re making research into pancreatic cancer a priority, and we’ve already boosted our investment in this area.

Our scientists have found a way to make it harder for pancreatic cancer cells to spread. Professor Laura Machesky, from our Beatson Institute in Glasgow, explains what this could mean for patients.

Q: Why did you decide to study pancreatic cancer?
A: Very little progress has been made in improving survival rates for pancreatic cancer over the last 20 years. It’s often diagnosed late, as symptoms can be vague, and it’s extremely prone to spreading and coming back after treatment. We need to understand why pancreatic cancer cells spread so aggressively – then we can find ways to stop them.

Q: Can you tell us what your latest research has revealed?
A: We looked at a molecule in the body called fascin that we believed was helping pancreatic cancer cells move around. We wanted to know if removing fascin affects the way tumours spread. Our research confirmed that, without fascin, the cells moved more slowly and couldn’t travel around the body as easily.

Q: What could it mean for patients?
A: It’s early days, but we think that developing drugs to block fascin could stop pancreatic cancer spreading. This technique could help treat other cancers where there are high levels of fascin too, such as breast and bowel.

Q: What are your hopes for the future of cancer research?
A: I want someone with cancer to have treatment that not only stops their tumour growing but also prevents the cancer from spreading. That would be an amazing achievement.

NEW WAYS TO TARGET PANCREATIC CANCER

• **A new use for an old drug:** Scientists have found that a drug called rapamycin – which is commonly used to treat patients who have had an organ transplant – could help treat pancreatic cancers that are caused by a specific genetic fault. Early tests show the drug could stop cancer cells from spreading, in some cases shrinking tumours. It’s an important step towards understanding how tumours differ, and how we can personalise treatments.

• **Insights to boost treatment:** We’ve uncovered clues into the way gemcitabine, a key pancreatic cancer drug, interacts with tumour cells. Scientists hope this will help develop new ways to combine the drug with other treatments, boosting the amount that reaches tumour cells and making treatment more effective.

• **Pancreatic cancer ‘Dream Team’:** Together with Stand Up To Cancer, we’ve joined forces with the Lustgarten Foundation to provide up to £7.8 million for new research into pancreatic cancer. A ‘Dream Team’ of top scientists, based in the UK and the United States, will work together to help beat this disease.

For more information visit [cruk.org/research](http://cruk.org/research)
RICHIE’S STORY

Richie Birch, 56, (pictured left) from Denbighshire, North Wales, was diagnosed with pancreatic cancer in 2009. His mother died from the disease eight years earlier.

‘I remember mum ringing to tell me she’d become jaundiced overnight. She hadn’t been feeling ill, so finding out she had pancreatic cancer was a bolt out of the blue.

She had major surgery, but the cancer returned. There were no more treatments that would cure her, only ones to prolong her life. She died nine months after being diagnosed, at 61. We were devastated.

‘I’ve had amazing support’
When I was diagnosed with the same cancer as mum, it hadn’t spread, which meant I could have an operation called Whipple’s procedure. It took nine hours. They removed part of my pancreas and small intestine, as well as my gall bladder and bile duct. I spent three weeks in hospital before beginning chemotherapy.

I lost four stone. I’ve put the weight back on but my body has never fully recovered. I can’t eat certain types of food and I sometimes get pain in my stomach that brings me to my knees.

I know I’m one of the lucky ones. This disease claimed my mother’s life but, thanks to research, I’m still here and this isn’t going to beat me. I’m blessed to live in a really supportive community, with amazing friends and neighbours.

Cancer is devastating for anyone. But pancreatic cancer comes with the additional blow that survival is low and has been for decades. A lot more work needs to be done. I’m glad to hear that more funding is going into researching hard-to-treat cancers.

I believe we will beat cancer because we have the technology and expertise to overcome it. It’s so important that everyone stands up and joins the fight.’
Treating cancer in one of the body’s most intricate and vital organs is a huge challenge. The brain is easily damaged by surgery and radiotherapy, and many drugs simply can’t reach it. Thanks to our unique research and fundraising partnerships, we’re finding innovative ways to tackle brain tumours.

Harnessing the power of the immune system

When a small pharmaceutical company found a promising treatment for glioblastoma, an aggressive type of brain tumour, we stepped in to help drive the research forward. Professor Roy Rampling from the University of Glasgow tells us about his team’s work studying how the body’s immune system could be used to kill tumour cells.

‘Over the three decades I’ve been in medicine, our understanding of brain tumours has grown enormously. But we desperately need new treatments. My vision for the future is that we will be able to use the body’s immune system to fight cancer – a technique that’s called immunotherapy.

Our immune systems are there to fight foreign invaders in our bodies, like bacteria and viruses. Unfortunately, cancers find ways round this, putting up a barrier which prevents the immune system from responding. So we need to do two things: tackle this barrier, and strengthen the immune response. My research into glioblastoma is looking at the latter.

Rather than a traditional drug that targets the cancer itself, we wanted to see if patients would respond to a treatment “vaccine” called IMA950. IMA950 contains bits of molecules found on the surface of glioblastoma tumours, but not on healthy cells. The hope is that the vaccine trains the immune system to recognise these molecules and destroy the cancer cells that have them, leaving healthy cells unharmed.

We were very pleased with the results of the initial trial – around 90 per cent of patients’ immune systems responded to the vaccine. It’s the first step, but it’s an important one, and I believe it could lead to a vital new treatment for glioblastoma.

This trial simply wouldn’t have happened without the collaboration between Cancer Research UK and the pharmaceutical company. Combining expertise and experience like this is absolutely key to advancing cancer research.’

Maxx power

It’s over a decade since we first teamed up with high street fashion retailer TK Maxx to tackle children’s cancers. This year, they’re continuing to help save lives by funding the UK’s participation in an international trial for ependymoma, an aggressive type of brain tumour.

TK Maxx’s Give Up Clothes for Good Campaign, the UK’s longest-running and biggest clothes collection, has raised £15.7 million to fight children’s cancers since it started in 2004.

Thanks to our unique collaboration with TK Maxx we’ve been able to fund life-saving research to help us understand childhood cancers and develop better and kinder treatments. Read more about our work to improve treatment for childhood cancers on page 20.
‘CANCER, WE HAVE YOU IN OUR SIGHTS.’

PROFESSOR ROY RAMPLING
CHAPTER 1: TAKING ON HARD-TO-TREAT CANCERS

WORKING TOGETHER TO BEAT BRAIN TUMOURS
EVE’S STORY

‘It started with little things. Mum’s words came out differently to how they were supposed to. She’d forget things. It never crossed my mind it might be anything serious. We were all so shocked when she was diagnosed with a brain tumour.

Mum had two operations to remove tumours from her brain. She also had radiotherapy and chemotherapy. They tried to leave as much of the healthy brain tissue as possible but she couldn’t read, write or tell the time afterwards. She wasn’t like mum any more.

‘It changed my approach to life’
We knew from the start that the treatment could only prolong her life for a little bit. But Mum stayed positive. She would have her moments, but she never complained. She was thankful for the extra time she had and tried to enjoy life as much as she could.

At first, the full impact of the diagnosis didn’t hit me. Like most people, I’d expected my parents to grow old together. I never expected I’d have to deal with anything of this magnitude.

Losing mum changed my approach to life. I left my job six months after she was diagnosed and applied to university. I love spending time with horses and decided to study equine sport therapy. Mum always wanted to do a degree and never got to do it. She died six weeks before I left for uni.

I’m not angry. They say what doesn’t kill you makes you stronger. What killed my mum has made me stronger. I want to take that strength and do what I can to support Cancer Research UK. I’m running Race for Life for the second time this year. Research could help make sure other people don’t have to go through the same thing my family did.’
DIAGNOSING OESOPHAGEAL CANCER SOONER

Less than half of people diagnosed with oesophageal cancer in the UK survive for a year or more. Led by Professor Rebecca Fitzgerald, our researchers are working on an exciting test that could help spot people at higher risk of developing the disease.

REBECCA’S RESEARCH
‘By the time people notice symptoms of oesophageal cancer, it’s often already at a late stage when it’s much harder to treat. Treatment can be really tough on patients. It often involves major surgery, chemotherapy and in some cases radiotherapy.

One important risk factor for developing the most common type of oesophageal cancer is a condition called Barrett’s oesophagus. Barrett’s is caused by long-term acid reflux, which causes the cells at the bottom of the oesophagus to change. These cells can start growing abnormally and develop into cancer.

Common symptoms of Barrett’s are persistent heartburn and indigestion, but some people don’t experience any. Also, not everyone with these symptoms will have the condition.

The only way to diagnose Barrett’s at the moment is by having an endoscopy, when a tube with a small camera is inserted down your throat to look for problems. This requires a hospital visit, and although it’s routine, like any invasive procedure it comes with risks. So it’s not realistic to offer one to everyone who has symptoms that might indicate Barrett’s.

A BETTER TEST
Around 10 years ago, I started my own lab in Cambridge to develop an alternative test, the Cytosponge. The test involves swallowing a capsule on a string. Once in the stomach, the capsule dissolves and becomes a sponge, and when it’s brought back up through the oesophagus, it collects about half a million cells. The test can be done quickly at the GP surgery by a trained nurse. The cells are tested to spot early signs of Barrett’s, and we’re also finding out if there are genetic tests we can carry out to predict how likely someone is to develop oesophageal cancer.

After the first trial of the test went well, we recruited over 1,000 patients to our BEST2 trial to evaluate the Cytosponge. We found that it can accurately diagnose Barrett’s. Patients also prefer it to the endoscopy, because it’s more convenient and comfortable.

My team and I are planning a further trial with over 2,000 patients to see if we can get the evidence we need to introduce the Cytosponge in the NHS.

SAVING MORE LIVES
The Cytosponge could help doctors diagnose people with Barrett’s oesophagus and monitor them regularly to check for early signs of oesophageal cancer, so it can be tackled when it’s easier to treat. And they could potentially lower people’s risk of ever developing cancer, by removing abnormal cells, or treating acid reflux with medicines or lifestyle changes.

We could be five years away from making the test widely available, which is very exciting. I’m optimistic that by diagnosing Barrett’s, we’ll be able to spot oesophageal cancer earlier and save more lives.’

BE CLEAR ON CANCER
It’s important to see your GP if food is getting stuck when you swallow, or you have persistent heartburn, as it could be a sign of cancer. For more information visit cru.k.org/about-cancer
TONY’S STORY
Tony Richards, 67, is a retired finance director from East Northamptonshire. He loves gardening, lives with his wife Philippa and has four children.

“What happens if the string breaks?” That was the first question I asked about the Cytosponge test. In 2014, I took part in the BEST2 trial after being diagnosed with oesophageal cancer three years before. It was my way of giving something back, as my cancer was diagnosed and treated early.

The test involves swallowing a capsule on a string. You coil the string up, put it in your mouth and wash the capsule down with a glass of water. You can feel it when the nurse pulls it out but it’s not unpleasant. It is quick and much easier than an endoscopy.

I had my first endoscopy in 1999 as I have a history of bad indigestion. I was sedated which meant I was out of action for 24 hours, and there’s the stress of having a tube put down your throat.

A marvellous procedure
Diagnosing oesophageal cancer earlier means you might be able to avoid major surgery. You can remove the cancer from the oesophagus before it does more damage.

I knew I had Barrett’s oesophagus two years before an endoscopy diagnosed early stage cancer. I had an operation to cut out the cancerous part of my oesophagus and an experimental heat treatment called HALO to zap the rest of the abnormal cells away.

Having Barrett’s puts people at higher risk of cancer, so a test to diagnose it is a marvellous procedure. I hope the Cytosponge test gets rolled out and helps more people beat oesophageal cancer.

I have annual check-ups now and hope to remain free of cancer. I count my blessings every day and value the gift of life much more. Travelling, gardening and spending time with family and friends is far more precious now. Philippa and I are learning to ballroom dance too. I will continue to help in any way I can to defeat this disease.’
‘CANCER, WE’LL BEAT YOU. END OF STORY.’

ALEX BREMER, PAGE 21

CHAPTER 2: DISCOVERING TOMORROW’S TREATMENTS
No two bowel cancers are identical. Yet we treat them as if they are. Until now...

**Name:** FOCUS4.

**Age:** The trial opened in January 2014 and will run until at least 2019.

**What is it?** FOCUS4 is a revolutionary clinical trial looking at targeted treatments for different types of advanced bowel cancer. It’s the first trial of its size and design ever to run in the UK and is jointly funded by the National Institute for Health Research and our Stand Up To Cancer fundraising campaign (see page 39).

**How does it work?** All patients on FOCUS4 will have a biopsy at the start of their treatment to test their tumour for genetic mistakes, followed by four months of chemotherapy. Next, they’ll be divided into groups according to their test results and enrolled in smaller sections of the trial that will test treatments targeted to their tumours’ specific genetic mistakes. If a suitable treatment isn’t available, they will have extra chemotherapy.

**What’s special about it?** It’s a completely new approach to trials for cancer. Rather than focusing on one individual drug, it looks for the best treatment for each patient based on the characteristics of their cancer. It’s personalised medicine in action.

Also, each small trial will be analysed at four stages to see how well the treatments are working. This gives researchers the flexibility to stop testing treatments that aren’t effective and replace them with other drugs, including new ones as they come along.

**What does it mean for patients?** The trial will help us find the right drugs for each patient – speeding up progress to develop better treatments for different types of bowel cancer.

**What’s next?** The trial will answer many questions about bowel cancer – and could be a game changer for treatment. It could also pave the way for trials like this to improve treatment for other cancers.
BOB’S STORY

If we’re going to beat bowel cancer, it needs to be diagnosed as early as possible, when it’s easier to treat. Screening plays a key role – as retired photographer Bob Bowen, 73, from Wrington in Somerset, knows all too well...

‘I’d received a bowel cancer screening test a few years ago. I ignored it then. I can’t quite put my finger on why I chose to do it this time. I hadn’t been having any symptoms. I think it was because there had been some publicity about screening and I’d realised how important it was.

A week after I did the test a second one arrived, as there were some anomalies with the results of the first one. A few days later, I was booked in for a colonoscopy, a procedure they use to examine the inside of the bowel. It revealed two small growths and one larger one. When I had them removed, they found cancerous cells. So, I had to have part of my bowel removed.

Without that screening test, my cancer wouldn’t have been caught at an early stage. The situation could have been a lot nastier because bowel cancer can spread rapidly.

Within a month of my diagnosis, two of my cousins were also diagnosed with cancer. My older cousin had lung cancer and died six months later. My younger cousin had prostate cancer – thankfully, it was picked up early, and his treatment has been successful.

I feel I’ve had a lucky escape. I’d say to anyone “If you get a chance to be screened for bowel cancer, take it”. It’s an early warning system. It can pick things up that aren’t obvious and might reveal something you never suspected was there.’

WE’VE BEEN DOING SOME TESTS OF A DIFFERENT KIND...

Only six in 10 people who are invited to take part in the NHS bowel cancer screening programme in England actually take the test.

We need more people like Bob to know just how important bowel screening is. So we’re finding out what information people take notice of. With a combination of outdoor advertising, letters to people’s homes and kits to help complete the test, our London campaign has already increased the percentage of people getting screened.

For more information about bowel cancer screening visit crank.org/bowelscreening
We've made huge progress in tackling some children’s cancers – three in four children are now cured, compared to one in four in the 1960s. But some cancers, like neuroblastoma, remain hard to treat. Research holds the key to more children surviving and living longer, healthier lives.

A NEW BLOOD TEST
Our researchers are developing a simple blood test that could help pinpoint children with aggressive neuroblastoma.

Around 100 children are diagnosed with neuroblastoma each year in the UK. It’s a disease that develops from particular types of nerve cells called neuroblasts and often starts in the tummy. Some children develop an aggressive form, which is very hard to treat.

Funded by Cancer Research UK and the Neuroblastoma Society, Professor Sue Burchill and her team at the University of Leeds are carrying out research to tackle this challenge.

The researchers analysed blood and bone marrow samples from 290 children with neuroblastoma, which had been taken when the children were first diagnosed. They found that children whose samples had high levels of two specific molecules were much more likely to have the aggressive form of neuroblastoma.

‘We are now developing this blood test to help identify children with the aggressive form of the disease early, so they can be offered more personalised treatment and the best chance of a cure,’ says Sue. ‘The research will also speed up the development of much-needed new treatments for this group of children.’

BOOSTING RESEARCH FOR KIDS AND TEENS
Launched in January 2015, our Cancer Research UK Kids & Teens fundraising campaign will accelerate research into better and kinder treatments for children, teens and young adults with cancer. Our ambition is to double the amount we spend in this area over the next five to 10 years.

We’re already funding 22 children’s cancer trials across the UK, as well as many early stage projects based in the lab. And now we’re working with expert scientists to identify and support new research projects that will offer more hope for families affected by children’s cancers.

For more information visit cru.k.org/kidsandteens
LIZZY’S STORY
Alex Bremer and his wife Miriam live in London with their six-year-old son George. Their daughter Lizzy had aggressive neuroblastoma.

‘I’ll never forget the night our 18-month-old daughter Lizzy was diagnosed with cancer. It was January 2013 and Miriam and I were curled in an armchair in the hospital, with every connotation of the diagnosis running through our heads. Our lives had turned upside down.

Lizzy had developed a bloated stomach and a swollen eye. Doctors initially diagnosed a chest infection caused by a winter virus. But when Miriam spotted a swelling on the side of Lizzy’s head, we rushed her to A&E.

The swelling was growing by the hour, and doctors found a tumour in Lizzy’s abdomen. We were dumbstruck when they told us she had neuroblastoma, and that it had already spread around her body.

‘It was heartbreaking’
Lizzy started chemotherapy straight away. She had 10 rounds, which lasted up to three days at a time. She lost her hair and the ability to talk. It was heartbreaking. Lizzy didn’t understand what was happening and remained upbeat, reading her books and playing with building blocks.

Initially, she responded well to the treatment. But nearly five months after diagnosis, scans showed the cancer was progressing and we discovered how aggressive the neuroblastoma was. It was no longer curable – they predicted she only had three months left.

Just three weeks later, Miriam and I went out for a walk on Clapham Common. We could see that she had started to go. It was two days after her second birthday. We sat together under a tree, holding Lizzy as she passed away in our arms.
'The blood test seems like a game changer'
The things we’ve experienced are more than any family should have to go through. I hope other parents don’t have to experience this and that neuroblastoma is beaten sooner, rather than later.

Lizzy was given the standard chemotherapy treatment, which was not effective. If we could have identified that she had aggressive neuroblastoma earlier, she could have been treated differently. We hope research into this blood test will help other families in the future. It seems like it could be a game changer.

Lizzy was the light of our lives. She was a joy to be around. She adored her big brother George and he adored her too. We miss her terribly.

We’re expecting another baby in August and I hope we find some kind of balance and peace in our lives. Cancer isn’t here to teach us a lesson. It’s here to be beaten – and one day, we will.'
We’re funding exciting trials in precision radiotherapy. This pioneering research will reduce the number of doses people with hard-to-treat cancers need to have, minimising the side effects of treatment.

Working in the Royal Navy on nuclear submarines, Joe Suckling, 57, spent a lot of time ‘avoiding radiation’. So it felt strange to ‘put himself up for radiation’ in 2008. Doctors had told him he needed to have radiotherapy because his lung cancer was more extensive than they thought.

‘My mum had radiotherapy in the 1980s when she had cancer on her spine, and it was still quite crude, so I didn’t know what to expect,’ says Joe from Derby. ‘In fact, the radiotherapy I had was very different. There was no sensation; I just lay there, amazed by the technology.

I had some side effects, but if it hadn’t have been for the high-tech radiotherapy I had, and for Cancer Research UK who developed it, I wouldn’t be here.’

FEWER DOSES, FEWER SIDE EFFECTS
Radiotherapy is a crucial cancer treatment – four in 10 cancer patients who are cured receive radiotherapy as part of their treatment.

Our scientists developed CHART, the radiotherapy treatment Joe had, which is given several times a day. Now they’re working on five pioneering trials of a new type of targeted radiotherapy, called Stereotactic Ablative Radiotherapy (SABR). So far, it’s only routinely available on the NHS to treat patients with non-small cell lung cancer.

Our research will provide much-needed evidence on whether this treatment can be expanded to benefit other patients, such as those with lung, breast or prostate cancer that’s started to spread, and those with pancreatic cancer.

SABR uses specialist equipment and imaging to precisely guide radiotherapy to a tumour from many different positions around the body. Beams meet at the tumour so it receives a high dose of radiation, while surrounding tissues only receive a low dose. This reduces the side effects and means the radiotherapy can be delivered in fewer treatments. So, someone having SABR might only need three to eight treatment sessions, rather than 15 to 40 with standard radiotherapy.

‘My CHART radiotherapy totally exhausted me,’ says Joe. ‘Another side effect was that it stuck my right lung to the lining of my chest, which affected my recovery when I developed a different type of cancer in 2014. The more targeted radiotherapy can be, the better. Then it can be focused on the cancer cells and will do less damage.’

MAKING RADIOOTHERAPY AVAILABLE TO EVERYONE
Thanks to our work with NHS England, in August 2014 the Government pledged £6 million over the next five years to cover the treatment costs for these SABR radiotherapy trials to run on the NHS. Along with the funding we are providing to manage and evaluate the trials, this money is crucial to ensuring the research takes place quickly.

Joe, who organises local fundraising for Cancer Research UK, says it’s important that everyone who needs precision radiotherapy can access it. He is ‘not doing too bad’ and each morning welcomes the sound of the alarm clock.

‘I don’t get so het up about things since having cancer; I get on and hope to live as long as I can,’ says Joe. ‘I hope more people will support Cancer Research UK so they can fund treatments like SABR and beat cancer sooner.’

For more information about radiotherapy visit cru.org/radiotherapy
‘I WOULDN’T BE HERE WITHOUT THE RADIOTHERAPY I RECEIVED.’

JOE SUCKLING
‘CANCER, YOU WON’T STOP ME.’

TRACEY DOBSON, PAGE 35

CHAPTER 3: POWERING PIONEERING SCIENCE
‘CANCER, IT’S GETTING HARDER FOR YOU TO WIN.’

PROFESSOR RUTH PLUMMER
Over the last two decades, our scientists have played a key role in developing a new drug for ovarian cancer. It strikes a genetic weakness in the cancer cells, harnessing our ever-growing knowledge of the disease to bring better treatments to patients.

‘People who have cancer caused by inherited faults in the BRCA genes have been waiting for this,’ says Newcastle-based scientist Professor Ruth Plummer. ‘It’s exciting, and Cancer Research UK played an important role in making it happen.’

Ruth is talking about the drug olaparib. In 2014, it became the first PARP inhibitor to be licensed in Europe as a treatment for advanced ovarian cancer, meaning it’s closer to becoming available to women with this disease in the UK.

HOW DOES IT WORK?
‘All cells need a way to repair damage to their DNA,’ says Ruth. ‘But in cancers with faulty BRCA1 or BRCA2 genes, one of the mechanisms that fixes the damage doesn’t work properly.’

Despite this, the cells can still repair their DNA using a back-up mechanism that depends on a molecule called PARP. Drugs like olaparib stop PARP from working, attacking cancers where they’re vulnerable. Without this back-up system, the cancer cells have no way of repairing DNA – so they die.

GETTING THE DRUG TO MARKET
‘I was part of a Cancer Research UK-funded team that took the first PARP inhibitor drug to early stage trials in 2003, and I’ve worked on a number of similar drugs since then. It’s exciting that olaparib has been approved for use in Europe, I’ve seen many patients benefit from these drugs.’

Olaparib is now being put through its paces in further trials for cancers with similar genetic faults, including lung, prostate and oesophageal.

We’ll continue to work with the National Institute of Health and Care Excellence and similar organisations in the devolved nations, as well as the Government and pharmaceutical companies, to ensure olaparib is made available to everyone who can benefit from it.

DEVELOPING OLAPARIB

1990s
Our scientists pinpoint the BRCA1 and 2 genes. Inheriting faults in these genes puts women at higher risk of breast and ovarian cancer.

2005
We discover cells with faulty BRCA1 or 2 genes are highly susceptible to chemicals that block a molecule, called PARP, which helps to repair DNA.

2006
Kudos Pharmaceuticals, a company set up by Cancer Research UK-funded scientist Professor Steve Jackson, is bought by AstraZeneca, to develop olaparib.

2008
Olaparib is shown to block the PARP molecule and can be taken as a tablet.

2011
Researchers from America find that olaparib is beneficial for women with advanced ovarian cancer, particularly those who have faults in the BRCA1 or 2 genes.

2014
Olaparib is licensed for use in Europe.
CANCER RESEARCH UK

AMANDA’S STORY
Amanda Baker, 54, was diagnosed with advanced ovarian cancer in 2008. She lost her mum to the disease and Vicky, Amanda’s daughter, also has a faulty BRCA2 gene. Amanda lives in Tunbridge Wells with her husband Noel and has three children.

‘I was determined to talk about my cancer to take some of the fear of it away. My mum was diagnosed with ovarian cancer in 1994 and she hardly told anyone. But I think talking helps raise awareness of the disease, which is important.

I persuaded Vicky to take the test to see if she has the faulty BRCA2 gene like I do. It was a big shock to find out she did. She is only 29 and wants to have a family. It has been a very emotional time, but now Vicky knows she has a higher risk, she can get regular screenings for ovarian and breast cancer, so it can be spotted early.

I was diagnosed late. I went to the doctor’s with abdominal swelling, a persistent cough and breathlessness, and I was incredibly tired. I was sent for an X-ray, which showed my lung was full of fluid. They thought I had pneumonia so they kept me in hospital. In the meantime, I had a CT scan – by this stage we were all very worried. It was scary to get the diagnosis, but I think it was worse for my family.

The cancer had spread to the lining of my liver. I had five sessions of chemotherapy, a hysterectomy, more surgery to remove my ovaries and part of my cervix, and another two sessions of chemo. I lost my hair. It was distressing but the treatment was a necessity and I tried to stay positive.

Olaparib sounds brilliant – women like me really need new treatments to stop this horrible disease.

It is unusual to survive for more than five years if you’re diagnosed at a late stage like I was. I have my faith, which helps. I will stay well as long as I can and I’m excited to be a grandparent soon. Thanks to organisations like Cancer Research UK, more treatments for cancer are coming.’
‘WE’RE DEALING WITH A COMPLEX ENEMY’

Our study into the genetics of prostate cancer is helping to answer some of the biggest questions facing scientists and doctors today – why does cancer spread to other parts of the body, and how does it become resistant to treatment?

Imagine prostate cancer as a tree. There are genetic faults in the ‘trunk’ that appear in all cancer cells, and faults in the ‘branches’ that are only in some cancer cells. Every man with prostate cancer has a different ‘tree’.

By understanding these changes, researchers hope they can develop treatments that will work against all the cancer cells, rather than just some of them.

Scientists at the Institute of Cancer Research in London have been taking part in an exciting international research initiative to map the genetic history of prostate cancer cells in individual men. This has revealed new insights about how the disease evolves from the tree’s trunk into the branches, and how it spreads around the body and becomes resistant to treatment.

AN EVER-MOVING TARGET

‘As we learn more about cancer, we discover just what a complex enemy we’re dealing with,’ says Professor Ros Eeles from the Institute of Cancer Research, who is jointly leading the study.

‘Cancer cells evolve over time, presenting an ever-moving target. We’ve found that men with prostate cancer might need to have several tumour samples taken to identify the genetic mutations in the trunk, to make sure they receive the most effective treatment.

The next step is to develop treatments that target these genetic weaknesses and destroy all the cancer cells in a clean sweep, rather than just trimming the branches.’

Understanding how tumours evolve will help us find each cancer’s weak spots, sparking ideas for new treatments, and helping many people live longer.

PERSONALISING TREATMENT

This research is part of the International Cancer Genome Consortium (ICGC), a global project using the latest ‘genome sequencing’ technology, which maps our DNA, to reveal the genetic changes driving 50 types of cancer.

ICGC will develop tests to detect specific genetic changes in each patient’s tumour, helping scientists discover drugs that can target their cancer. It’s an essential step towards setting up stratified medicine cancer trials, where treatments are tailored to people depending on the genetics driving their disease.

We’re also involved in the ICGC’s research on oesophageal cancer. Find out more about our work into this cancer on page 14.
KEITH’S STORY
Keith Roxburgh is a 56-year-old retired IT consultant from Edinburgh. He’s been married to Brenda for 31 years and they have two daughters, one son and a grandson. In 2012, Keith was diagnosed with advanced prostate cancer.

‘I was on holiday in Menorca when I first noticed something was wrong. I was having much more of an urge to go to the loo. But I delayed going to the doctor.

In my heart I knew something was wrong, so I wasn’t shocked to find out I had prostate cancer. Further tests showed it had spread to my spine and bones.

I was asked to go on the STAMPEDE trial, supported by Cancer Research UK. For me, this involved having a bone-strengthening drug as well as treatment to lower my hormone levels. I also had 19 sessions of radiotherapy.

I believe we’re all dealt a hand of cards and you’ve got to see what you can do to improve the hand you’ve got. This trial might not benefit me, but I would love to think that, in the future, it’s something that could help hundreds, or even thousands, of others.

Without research, we won’t find the solutions we need to get control over this horrible disease.’

‘WITOUT RESEARCH, WE WON’T GET CONTROL OVER THIS HORRIBLE DISEASE.’
KEITH ROXBURGH
WORKING OUT HOW TUMOUR CELLS SPREAD IS THE FIRST STEP TOWARDS STOPPING THEM IN THEIR TRACKS. THIS IS PARTICULARLY IMPORTANT IN MELANOMA, THE MOST SERIOUS FORM OF SKIN CANCER, WHICH IS DIFFICULT TO TREAT IF IT’S DIAGNOSED AT AN ADVANCED STAGE.

ROBERT’S RESEARCH
Professor Robert Insall and his team at the Cancer Research UK Beatson Institute in Glasgow are chasing down molecules that give melanoma cells the green light to spread. His research could give melanoma the red light.

‘I’ve wanted to be a scientist since I was seven because I’ve always liked inventing things. When I came to the Beatson seven years ago as a cell movement expert, I brought a device with me that I’d invented for looking at white blood cells. This has allowed us to see how melanoma cells spread.

Over four years, my team has studied melanoma cells to find out what signals encourage them to move. Cells typically don’t spread unless they receive signals telling them to.

TAILORING TREATMENT
We discovered that melanoma cells are lured out of the tumour by a trail of chemical signals called LPA. They actually provide their own ‘green light’, and follow the trail to start spreading. We found that there’s lots of LPA around a melanoma tumour, and when it gets above a certain size, the melanoma cells are primed to spread.

They move at a pace of a millimetre per day, so they can reach anywhere in the body within a few weeks. I was staggered when we filmed the trail because nobody had seen cancer cells move in such a directed way before.

Our research means we might be able to work out if a tumour has spread just by looking at a sample. This could help tailor treatment for patients, so we only offer more intensive chemotherapy to those whose cancer has spread.

Next, we’ll look at how the melanoma cells break down the LPA to see if this sparks ideas for new ways to stop the cancer from spreading. My hope is that we’ll understand more about the details of individual cancers, like melanoma, to better decide the best way of stopping the disease.’

TACKLING SKIN CANCER ON ALL FRONTS
- More than 17,000 doctors have used our skin cancer recognition toolkit, hosted by the website Doctors.net.uk. It helps GPs refer people with suspected skin cancer as early and accurately as possible.
- Since 2012 we’ve been working in partnership with NIVEA SUN to help raise millions of pounds for our research into skin cancer. Through advertising on the radio, online, and outdoors, the partnership aims to change attitudes among the British public, highlighting the importance of enjoying the sun safely.

For more information visit cru.org/sun
Tracey Dobson is a baker and lives in Wigan with her daughter Jemma, seven, and her son Jimmy, 12. She was first diagnosed with malignant melanoma in 2003.

‘My uncle Michael was a great fella, he was always there for me. He was diagnosed with malignant melanoma a few months before I was. It was in his neck. Two years after he got the disease, it came back. It had spread throughout his body without anyone knowing. When he was dying, he said to me “make sure yours doesn’t come back”. He was only 50.

After seeing what happened to my uncle, I was so frightened when I woke up with a painful lump in my right armpit the day before my 37th birthday, 12 years after I was first diagnosed. I went to the hospital and had a CT scan. I just knew it wasn’t good news.

All I was thinking was that I wouldn’t be there for my children. I told the doctors I wanted the lump off my body as soon as possible because I didn’t want it to spread. They removed the lymph node and confirmed that it was malignant melanoma again. Luckily they had caught it quickly, and since then, I’ve had another two melanomas removed.

‘Keeping cancer away’
It’s reassuring to see that things are progressing in cancer research. There was no treatment that could save Michael. Robert’s research gives us more information about how melanoma spreads, and the more scientists know, the more they can learn how to stop it.

I’ll do everything in my power to keep cancer away. I love life and make the most of every minute with my family. I’d love to see the day when all cancers are cured.’
‘CANCER, WE’RE NOT AFRAID OF YOU.’

ALAYNA FERNANDES, PAGE 39

CHAPTER 4: BEATING CANCER TOGETHER
ACCELERATING NEW TREATMENTS

‘RESEARCH CAN HELP PEOPLE LIKE ME.’
ALAYNA FERNANDES
We’re on the brink of a revolution in cancer research. Thanks to advances in knowledge and technology, cures for cancer are within our grasp. Through events like Stand Up To Cancer, you’re helping to accelerate progress.

‘I was having the time of my life,’ says 12-year-old Alayna Fernandes, from Reading. ‘I love singing and I was next to Nicole Scherzinger. It was so cool. I wanted to be part of the children’s choir for Stand Up To Cancer to give hope to people going through cancer, like I have.’

Alayna was diagnosed with Ewing’s sarcoma, a type of bone cancer, in 2012. She had 14 cycles of chemotherapy and three months of radiotherapy. By being part of our TV fundraising campaign Stand Up To Cancer, she helped raise over £15.5 million. The money will fund clinical trials across the UK, turning breakthroughs in our labs into new tests and better, kinder treatments for people with cancer.

Stand Up To Cancer is funding trials and other research into innovative new treatments. These include research to improve chemotherapy for penis cancer, investigating a drug that could boost the effects of radiotherapy for head and neck cancer, and testing a new way of treating advanced gallbladder cancers.

UNITING AGAINST CANCER
A host of stars from TV, fashion, music, sport and film came together for the live TV fundraising event on Channel 4. It featured personal stories of cancer survivors and celebrity GP Christian Jessen debunking common myths about cancer. Alayna and her mum Vea also met comedian Alan Carr and presenter Davina McCall who hosted the show.

‘It was an exciting experience and I was honoured that Alayna was selected to perform in the choir,’ says Vea. ‘It was amazing to watch her.

In the year Alayna was in hospital, we noticed many improvements in treatments, like chemo that can be given as a tablet rather than through a drip, which meant children didn’t have to spend such a long time in hospital. Stand Up To Cancer will help fund more research to find cures for this dreadful disease.’

MARCH ON CANCER
As part of Stand Up To Cancer, thousands of supporters also got involved in our new night-time walk, March On Cancer. They marched at simultaneous events in 15 UK cities, from Edinburgh to Plymouth, to remember those lost to cancer, friends and family living with the disease, and loved ones saved by research.

Alayna says Stand Up To Cancer is important because it raises money to ‘find a less painful way to end cancer’. ‘The chemo I had was horrible,’ she says. ‘I couldn’t really eat much because I had a taste of it in my mouth. Research can help families have a better experience.

I hope I can be a teacher when I’m older and that I never have an experience with cancer again. We’re not afraid of you cancer, we will beat you.’

Find out more at standuptocancer.org.uk

SPREADING THE WORD ABOUT #STANDUPTOCANCER
• The live TV event reached an audience of 10 million.
• Our Facebook post about 11-year-old cancer patient Lloyd reached over 1.6 million Facebook users and had 44,000 likes and 3,700 shares.
• Conversation on Twitter reached 2.2 million people.
• Comedian Alan Carr’s on-stage ‘selfie’ was retweeted 32,000 times.
There are more than two million people living with cancer in the UK. That’s two million reasons why the Government needs to make cancer a priority.

We need political action to beat cancer sooner. In the run-up to the 2015 General Election, more than 16,500 people supported our campaign by helping convince their election candidates it’s time to ‘Cross Cancer Out’. And we joined forces with over 30 cancer charities to show how we can tackle the disease through prevention, earlier diagnosis and better care for patients.

**MORE THAN FOUR IN 10 CASES OF CANCER COULD BE PREVENTED EACH YEAR IN THE UK**

With health services overstretched and people living longer, prevention is vital.

- We led a three-year campaign for [standardised cigarette packaging](#). Evidence shows that plain packs discourage children from taking up smoking, and we’re delighted that they are set to become law across the UK from May 2016.

- Lifestyle changes will help to reduce the number of people affected by cancer in the future. We’re funding [prevention research](#) to learn more about how best to change behaviour, so we can help people make informed choices.

- Our [Cancer Awareness Roadshow](#) raises awareness of the importance of early diagnosis and how people can make lifestyle changes to reduce their risk of cancer. Delivered in partnership with Ronan Keating and the Marie Keating Foundation, it’s reached over 400,000 people across the UK.

**ALMOST A QUARTER OF NEW CASES OF CANCER ARE DIAGNOSED AS AN EMERGENCY**

Too many cancer patients are diagnosed as an emergency admission in hospital, when their chance of survival is lower. We’re working to change this.

- We helped support a trial of [Bowel Scope screening](#), a test that could save thousands of lives by spotting bowel tumours at an early stage. By 2016 everyone in England should be offered this test when they turn 55, and we’re calling on the Government to make it available across the UK. Find out how bowel cancer screening is saving lives on page 19.

- We’re working with Public Health England and the NHS on ‘Be Clear On Cancer’ campaigns to raise awareness of the signs and symptoms of cancer, including evaluating the national lung cancer campaign.

- We’re working with GPs to help them diagnose more [cancers earlier](#) and calling for the Government to make it easier for doctors to get access to the tests or results they need to diagnose and treat cancer at an early stage.

**ONLY A THIRD OF PATIENTS ARE ASKED IF THEY WANT TO TAKE PART IN RESEARCH**

We want every cancer patient in the UK to have the opportunity to take part in research.

- We’re funding [more than 250 cancer clinical trials](#) across the UK. Over 27,000 patients join one of our trials every year. Visit our unique plain English database of cancer trials at [cruk.org/trials](#).

- We’re funding trials for patients testing [precision radiotherapy](#) and working with the NHS to make sure more patients have access to the highest quality radiotherapy. Read about the latest advances in radiotherapy on page 24.
141,000 cases of cancer could be prevented each year in the UK. That’s why we’re helping people stack the odds in their favour.

64,500* cancers caused by smoking
Smoking is the biggest preventable cause of cancer. It’s responsible for nearly a fifth of all cancers, including lung, oesophageal, oral, bladder, bowel and pancreatic. Yet around one in five people in the UK still smoke. [cruk.org/smoking](http://cruk.org/smoking)

30,000* cancers caused by diet choices
Eating a healthy, balanced diet that is high in fibre, fruit and vegetables and low in red and processed meat and salt can reduce your risk of many types of cancer including bowel, oesophageal, oral, lung, stomach, and laryngeal. [cruk.org/diet](http://cruk.org/diet)

18,100* cancers caused by being overweight or obese
It’s important to keep a healthy weight. Most people don’t realise that excess weight can increase their risk of developing several different types of cancer, including bowel, breast, womb, kidney, oesophageal and pancreatic cancer. [cruk.org/weight](http://cruk.org/weight)

12,800* cancers caused by alcohol
Drinking less alcohol can lower your risk of cancer. Alcohol can cause many types of cancer, including bowel, breast, oral, oesophageal, laryngeal and liver. [cruk.org/alcohol](http://cruk.org/alcohol)

11,500* cancers caused by too much UV from the sun or sunbeds
To reduce your risk of skin cancer it’s important to stay safe in the sun. Spend time in the shade between 11am and 3pm, when the sun’s at its hottest. Cover up with a t-shirt and hat, and use sunscreen that’s at least factor 15 and has a UVA protection rating of four or more stars. Don’t forget that sunbeds increase your risk of skin cancer too. [cruk.org/sun](http://cruk.org/sun)

3,400* cancers caused by physical inactivity
Keeping active can also reduce your risk of cancer, independently of weight and diet. Aim for at least 150 minutes a week. [cruk.org/activity](http://cruk.org/activity)

*Some cancers are caused by more than one factor, so adding these totals will not result in the total number of cancers caused by all these factors.
This year we were the official charity for one of the most important running events in the world – the Virgin Money London Marathon. The money raised will help build a revolutionary new centre for biomedical research, the Francis Crick Institute, opening in London in 2016.

‘I felt so many emotions crossing the finishing line – relief, sadness, happiness and a real sense of pride,’ says Simon Reeve (pictured), who lives in north London. ‘I ran the marathon with “For mum” on my vest and thought about her non-stop on the day. She’d have been excited and proud to see me. Mum loved the race and saw her brother run it in 1988, the year before I was born. So I ran for Cancer Research UK in their honour.’

Simon’s mum Gill and her brother Donald were diagnosed with cancer over Christmas 2012. They died the following summer, just a few weeks apart. ‘When my uncle told us he had lung cancer we were devastated,’ says Simon. ‘Then we found out about mum, and I fell into a really deep hole.

The doctors couldn’t find where her cancer started, but it was already in her lungs, liver and bowel. She had various types of chemotherapy without much success. My mum was everything to me – I could never have anticipated the struggle we went through. I know that every day thousands of families go through the same pain we did, which is why I feel so passionately about supporting cancer research.’

UNDERSTANDING HUMAN DISEASES
The Crick is a collaboration between six of the world’s leading medical research organisations: Cancer Research UK, the Medical Research Council, the Wellcome Trust, UCL (University College London), Imperial College London, and King’s College London.

Scientists at the Crick will answer vital questions to help us better understand human diseases. They’ll look at things like the genetic faults and changes in cells that cause cancer, so we can develop better, kinder treatments. They’ll investigate how the immune system works and ask how we can harness its power to treat diseases. By studying bacteria and viruses, they’ll query how certain infections can increase the risk of some cancers. cruk.org/crick
‘I’LL DO EVERYTHING I CAN TO STOP THIS DEVASTATING DISEASE.’

SIMON REEVE
CREATING THE CHANGE

RUNNING FOR WORLD-CHANGING SCIENCE
Simon is one of our incredible 2,500-strong team who took on 26.2 miles on 26 April. The money they raised is going to the ‘Create The Change’ campaign to help build the Crick, which will be Europe’s leading biomedical research centre.

The London-based institute will bring together over 1,250 scientists from around the world. Together they’ll tackle humankind’s major diseases, including heart disease, influenza and cancer.

Experts in different disciplines will join forces at the institute, forming exciting collaborations that will lead to new discoveries. Biologists and physicists will be able to work together to look at how cancer spreads; chemists, computer scientists and mathematicians can team up to improve how we scan the body to monitor tumours.

Using the latest groundbreaking techniques, the institute will make sure that discoveries in the lab become the cures of the future, as quickly as possible. The Crick will transform healthcare for generations to come.

THE FUTURE OF MEDICAL RESEARCH
Supporters like Simon are vital. We are now in the final stages of the Create The Change campaign and need further support to complete our £100 million target to help build the Crick. So far, the Virgin Money London Marathon has already raised nearly £4 million.

‘Running the marathon for Cancer Research UK was one of the best experiences of my life,’ says Simon, who ran the marathon in three hours, 37 minutes and 17 seconds. ‘I’m so proud the money I’ve raised will help us to understand and cure more cancers – hopefully in my lifetime.

Cancer leaves behind a trail of anger and sadness. I want to do everything I can to stop this devastating disease from hitting other people’s lives.’
‘CANCER, YOU WON’T DEFINE ME.’

EMMA SHANKS, PAGE 49

CHAPTER 5: THANK YOU
‘RESEARCH SAVED ME. I WANT TO HELP SAVE OTHERS.’

EMMA SHANKS
THANK YOU FOR MAKING RESEARCH HAPPEN

Emma Shanks, 37, is a cancer researcher and survivor. She works at our Beatson Institute in Glasgow and has had oral cancer four times. Emma lives with her husband David and their two children – Jamie, who is five, and Isobel, aged three.

‘It felt like I’d been released from jail. I took everything in, from the blue sky to the green grass, as I cuddled the kids. Leaving hospital after an operation to remove and reconstruct part of my tongue was so emotional. I’m grateful that I can enjoy the simple things in life now, like seeing Jamie and Isobel feed the animals on our farm. Having cancer makes my work even more meaningful, but it won’t define me.

I was 24, studying molecular biology, when I was first diagnosed. I went to the dentist with an ulcer on the side of my tongue that wouldn’t heal and was referred for biopsies. I felt numb when I was told it was oral cancer. The doctors said it was unusual for someone of my age. About a third of my tongue was taken out, but the magnitude of what having cancer meant didn’t hit me.

‘I was prepared factually about cancer, not emotionally’
I felt like I’d been kicked in the stomach when the cancer returned seven years later. I’d seen white spots on my tongue and went for a biopsy. David was right by my side – he was an immense support as I had more surgery to remove the cancer on my tongue.

When the cancer came back in 2011, I was a mum. Jamie was a whole new reason to get through it. The fourth time was a year later, two weeks after I’d given birth to Isobel. I looked at her and thought, “If I die, she’ll have no memory of me”. It was unbearable.

I was working in cancer research then, so I was aware of survival rates and prognosis. But while I was prepared factually about cancer, I was not emotionally prepared. I recorded my voice for Isobel to listen to while I was in hospital, just talking to her and singing her silly songs, but I couldn’t bring myself to record any goodbyes.

I had an eight-hour operation to remove a large section of my tongue, which was replaced with a graft from my forearm. I needed a tube in my neck so I could breathe and another tube to eat. The treatment was awful, I had to learn to talk again, but it’s amazing what they can do. I feel lucky to be alive.

‘Research saved me’
I’ve been told there is less than a three per cent chance the cancer will return. I’m even more motivated to find better, smarter ways of treating cancer now. Cancer research gives me a fulfilling career and someone else’s research saved me – I want to help save others. My goal is to see something we find at the Beatson used to treat oral cancer patients.

I’d like to say “Thank you” to everyone who has donated or fundraised for Cancer Research UK. You make research happen.’

WHAT IS ORAL CANCER?
Around 6,800 people are diagnosed with oral cancer every year in the UK – that’s more than 18 people every day.

This type of cancer affects the mouth, lips, tongue and other nearby areas. Most cases are diagnosed in people over the age of 50, and the most common symptoms include an ulcer that won’t heal and persistent pain in the mouth. spotcancerearly.org
YOUR MONEY IS SAVING LIVES

Research is cancer’s ultimate enemy. With your support, our scientists are making more breakthroughs to improve the way we prevent, diagnose 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.

We receive no funding from the Government for our research. Our life-saving work relies entirely on your support. Every single pound raised really does count.

More than nine out of 10 donations we receive are for less than £10, 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.

For every £1 donated, over 80p is used to beat cancer. The rest is used to raise funds for the future.

OUR INCOME
£621m

Income from charitable activities
£89 million: This includes money from our company Cancer Research Technology, which develops new treatments, and ploughs the profits back into our research.

Income from our fundraising activities
£169 million: More than a third of our research is funded by legacies.

£122 million: Over one million donors give us regular donations which help us plan vital research into the future.

£91 million: This includes £75 million from our shops and £16 million from the trading aspect of our events, including merchandise sales and registration fees.

£63 million: Events like Race for Life are a key part of our fundraising.

£41 million: Our corporate partnerships raised millions for our work. And over 900 local fundraising groups raised £14 million in their communities.

£36 million: This includes major giving and appeals which raise money for key projects, including the construction of the Crick.

Other income
£10 million: This mainly consists of income from our investments.
We spent **£464 million** on charitable activities. This includes:

- All of the research projects that we agreed to fund during the year.

- **£30 million** on our information and policy activities including our work with GPs; our Cancer Awareness Roadshow; and our campaigning, such as our successful campaign for standardised cigarette packaging.

- **£41 million** towards the construction of the Crick, the largest biomedical research centre in Europe (see page 42).

**Spend on fundraising activities**

**£104 million:** The cost of fundraising includes engaging new supporters, developing new ways to raise money, and marketing.

**£73 million:** Includes running events and our shops. Our shops are a more expensive way of fundraising, but they contribute to our research and give us a presence on the high street, helping promote cancer awareness.

**Spend on other areas**

**£3 million:** This includes money spent on governance and managing our investments.

For more detail visit [cruk.org/about-us/annual-report-and-accounts](cruk.org/about-us/annual-report-and-accounts)
Every step we make towards beating cancer relies on you. It’s been an incredible year...

- **90,000** More than 90,000 people supported our campaign to make plain, standardised cigarette packaging a reality.
- **6,000** Over 6,000 people left us a gift in their will, helping us fund future research.
- **53,000** By giving up alcohol for January, more than 53,000 Dryathletes raised over £5 million.
- **1 million** Over one million donors gave us regular gifts, helping us plan vital research into the future.
- **600,000** More than 600,000 of you walked, ran, swam and cycled to raise vital funds.
- **1,200** We’re working with over 1,200 GP practices across the UK to help doctors diagnose cancer earlier.
- **4,000** You funded over 4,000 scientists, doctors and nurses across the UK.
£4 million
Our team of 2,500 runners took on the Virgin Money London Marathon, raising nearly £4 million to date towards the construction of the Francis Crick Institute.

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

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

60,000
Our Cancer Awareness Roadshow shared health messages with over 60,000 people, to help them reduce their risk of cancer and spot it early.

200
Together we’re fighting over 200 different types of cancer, including the one that matters most to you.

27,000
Over 27,000 patients join our trials each year, helping us develop new treatments.

20.5 million
More than 20.5 million people visited our patient information website cruk.org/about-cancer.
FOR YOU, BECAUSE OF YOU, THANKS 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

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HRH Princess Alexandra, the Hon. Lady Ogilvy KG, GCVO

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ICAP
Jersey Local Committee
Ronan Keating
Kuok Group Foundation
Laing O’Rourke plc
Live Nation UK Ltd
Lloyds Banking Group plc
M&Co
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
Peacock Trust
Peacocks Stores Ltd
The Royal Bank of Scotland Group plc
ScottishPower Ltd
Simirning World Ltd
Dame Phyllis Somers DBE
Standard Life plc
Taunton and District Local Committee
Tesco Stores Ltd
TJX Europe
Towergate Charitable Foundation
Garfield Weston Foundation
Pamela Williams Charitable Trust
The Winton Charitable Foundation, The David and Claudia Harding Foundation and Winton Capital Management Ltd
The Wolfson Foundation
Yelsel Trust

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**Registered company number**
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- Isle of Man: 5713F

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Print: Park Communications

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