CHALLENGING PREVENTING CYCLING
DIAGNOSING RUNNING INNOVATING
TREATING DONATING SUPPORTING
BAKING DISCOVERING CAMPAIGNING
INFORMING SURVIVING RIGHT NOW
Every day we’re making progress. Today 1 in 2 people survive cancer. Our ambition is to accelerate this progress and see 3 in 4 patients surviving cancer by 2034. By the time you’ve read this, we’ll be closer to achieving that goal.

CONTENTS

02 A message from our Chairman and Chief Executive
04 A message from our Cancer Prevention Champion
06 About us

CHAPTER 1
WORKING TOGETHER
12 Supporting scientists to answer fundamental questions about cancer
16 On the road to beating cancer
20 Can aspirin prevent common cancers returning?

CHAPTER 2
LEADING GROUNDBREAKING SCIENCE
26 Rising to a Grand Challenge
30 Helping to find cures for children’s cancers
34 Harnessing the immune system to attack cancer

CHAPTER 3
CREATING MORE TOMORROWS
40 Finding kinder ways to treat children with brain tumours
44 Making prostate cancer treatment more personal
48 Tackling hard-to-treat cancers
52 Investing in better cancer tests

CHAPTER 4
THANK YOU
56 Thank you for supporting world-leading research
58 How we spend your money
60 Our year in numbers
62 More highlights of our year
64 For you, because of you, thanks to you
WE’RE DETERMINED TO SEE MORE PEOPLE SURVIVING CANCER.

THE CHALLENGE
Our ambition is to see 3 in 4 people surviving cancer by 2034. Here’s what we’re doing right now to achieve that goal.
Cancer rates are rising. More than 352,000 people are diagnosed with cancer in the UK each year, up 12% since the 1990s. But thanks to research, survival rates are also increasing. Right now, one in two people survive cancer. Our ambition is that by 2034, this should rise to three in four.

We have a long way to go, but every day our scientists are making great advances towards achieving our ambition.

BENEFITS FOR PATIENTS
We’re finding ways to improve cancer services to bring benefits to patients sooner. We are working to ensure the UK Government takes action to deliver the new NHS England cancer strategy over the next five years. We also welcomed the publication of Scotland’s new Cancer Plan by the Scottish Government in March 2016.

In late 2016 the Francis Crick Institute, Europe’s leading biomedical research centre, opens its doors to 1,600 scientists from fields as diverse as structural biology, genetics, mathematics and computing. Working collaboratively, they will turn innovative lab research into benefits for patients faster. Thanks to the generosity of major donors and the public, our ‘Create The Change’ campaign raised essential funds to develop the Crick.

The Crick also celebrated its first Nobel Prize in 2015 (the Charity’s seventh) – awarded to Dr Tomas Lindahl for his research to understand the inner workings of cells, which paved the way for vital cancer treatments.

We continue our work to increase the number of cancers diagnosed at an early stage, including finding new ways to diagnose the disease sooner and ensuring doctors have the resources needed to carry out these tests.

INNOVATIVE RESEARCH
In October 2015, we launched our Grand Challenge awards to tackle some of the biggest questions in cancer, with a high level of interest from leading researchers across the globe. Among the most ambitious cancer research grants worldwide, the Grand Challenge awards encourage international scientists from different disciplines to collaborate on bold, innovative research.

We’re making good progress in tackling hard-to-treat cancers like lung and pancreatic. By increasing our research investment, we will improve our knowledge and understanding of these diseases which we hope will lead to more life-saving treatments.

Our scientists are using immunotherapy treatment to harness the power of the immune system to fight head and neck cancers and other solid tumours. Our doctors are also leading the way in testing new treatment combinations to improve survival and reduce side effects.
HEALTHY LIFESTYLES
We continue to support people in making lifestyle changes to reduce their risk of developing cancer, including our new prevention strategy and initiatives like our Cancer Awareness Roadshow. We’re raising awareness of cancer risk factors such as obesity, alcohol and ultraviolet (UV) light. Our work to tackle the harms caused by tobacco continues through our ‘Big Tobacco Cough Up’ campaign, which asks for a levy on the tobacco industry to pay for vital Stop Smoking Services.

The Chancellor’s announcement of a tax on high sugar drinks in the 2016 Budget is welcome – this is one of a series of vital steps in reducing obesity levels and preventing more obesity-related cancers.

WORKING WITH PATIENTS
Our Patient Involvement Network gives people with cancer the opportunity to contribute to the research, policy, public health and information work we do. Their perspective ensures that benefits for patients are an important part of every discussion. We are working with other medical research charities to develop and deliver training to help researchers understand how important and relevant it is to involve patients in research.

Cancer is happening right now. We are enormously grateful to every one of our remarkable supporters, volunteers, scientists, doctors and nurses, who ensure that research happening right now will help us beat cancer sooner. Thank you all.

Michael Pragnell
Chairman
25 May 2016

Sir Harpal S Kumar
Chief Executive

Michael Pragnell

Sir Harpal S Kumar

We’re boosting our investment into hard-to-treat cancers.

OUR RESEARCH WILL IMPROVE OUR KNOWLEDGE AND UNDERSTANDING OF HARD-TO-TREAT CANCERS.
Today, more than 4 in 10 cancers could be prevented, largely through lifestyle changes.

My role as Cancer Research UK’s Cancer Prevention Champion is to help make sure everything possible is being done to reduce the number of people who develop the disease.

With tobacco causing over 60,000 new cases of cancer in the UK each year, the biggest change people can make to reduce their risk is to quit smoking. Not only does smoking cause lung cancer, it can increase your risk of developing 13 other types of cancer, including oesophageal and breast cancers. Obesity causes around 18,000 cases of cancer each year, while drinking alcohol and too much exposure to ultraviolet light can also increase your cancer risk.

Cancer Research UK is supporting a number of innovative and collaborative cancer prevention projects. This year, we have brought together professionals from a wide range of backgrounds to discuss new ways of researching cancer prevention and early diagnosis. We have also funded 14 collaborative projects tackling cancer prevention and early diagnosis, which could develop into important larger studies and save more lives.

To commission and carry out more research into how government policies can help prevent cancer, we set up the Cancer Research UK Policy Research Centre for Cancer Prevention. The Centre is helping increase public understanding of the links between alcohol, obesity and cancer, and has contributed to important developments and debates on the tax and marketing of unhealthy foods.

We are delighted that a tax on high sugar drinks was included in the 2016 Budget. This is a vital step towards preventing more people developing obesity-related cancers, like breast, bowel and kidney cancers, in the future.

Our Catalyst Award brings together leading experts to improve our research to understand who is most at risk of developing cancer. And our Grand Challenge awards, an ambitious new £100 million funding scheme, will tackle the biggest hurdles in preventing, diagnosing and treating cancer.

These initiatives are helping us gather vital information about the best ways to prevent cancer and encourage people to make healthier choices.

Thank you for your support. The more we can do to prevent cancer, the bigger the contribution we can make to improving the health of people across the UK, and all over the world.

Professor Linda Bauld
Cancer Research UK
Cancer Prevention Champion
25 May 2016
OUR STRATEGY
To improve cancer survival, we are working to help prevent the disease, diagnose it earlier, develop new treatments and optimise current treatments to make them even more effective.

WE'RE TACKLING CANCER ON ALL FRONTS
Cancer Research UK is 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. Right now, half of those people will survive.

Our ambition is to accelerate our progress and see three-quarters of people surviving the disease by 2034.

Our scientists, doctors and nurses are working to save more lives and create more tomorrows for people in the UK and across the world. Every day, they’re making progress towards preventing more cancers, diagnosing the disease earlier, and developing new treatments.

Thanks to you, we’ve helped double cancer survival in the last 40 years. But there’s still so much to be done. While survival for some cancers has improved dramatically, others, 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’re also working to diagnose more cancers earlier, and to find better ways to tackle rare cancers and those affecting children and young adults.

None of this would be possible without our dedicated volunteers and generous supporters.
‘Your support for cancer research is allowing me to watch my children grow up’

AMANDA’S STORY
Amanda Adams, 42, works in marketing and was diagnosed with bowel cancer in 2012. She lives in Essex with her husband Ahmet and their two children, Aaliyah, 13, and Summer, 10.

‘Right now, I’m studying anatomy and physiology textbooks ready to start my reflexology training. Reflexology helped me manage my anxiety when I was having treatment and I’d like to help others who have recently been diagnosed with cancer, or are pre- or post-treatment. “You’ve had a wake-up call,” my husband said to me. “Now, it’s about doing what you want to do.”

It all started when I began experiencing unexplainable symptoms in winter 2011. I had stomach pain, fatigue, weight loss, nausea and a general feeling of being unwell.

Eventually I had a colonoscopy [a test that allows a doctor to look at the lining of your large intestine], five months after I first saw my GP. It showed there was a cancerous
tumour in my colon. I felt like I’d been hit with a sledgehammer and my instant response was “How do I tell my children?”

I didn’t tell them until I was due to start chemotherapy. When I said “Mummy isn’t well”, the children were as good as gold, as was my husband. He told the rest of the family because the words couldn’t come out of my mouth.

I learned I need people to lean on
I had surgery to remove the right side of my colon, followed by three months of chemotherapy.

My chemotherapy was part of a clinical trial I enrolled on. It was looking at whether 12 weeks of chemotherapy was as good as 24 weeks for people who had had surgery for bowel cancer. I took part because I wanted to help the next generation.

I learned I need people around me to lean on. And I am so lucky to have the most wonderful friends and family in my life who rallied round during my time of need. But cancer did change my relationships with some family and friends. I don’t think they knew how to behave, which was hurtful, but I realise it was their way of dealing with it.

Research saves lives
Three years on, there’s no evidence of disease. I live for the moment and have done so much, including fundraising for cancer charities and giving a talk about my experience to 250 GPs.

Without cancer research, I wouldn’t be here – it saves lives. What Cancer Research UK does is allowing me to watch my children grow up. Thank you to everyone who supports them.”

Find out more about our bowel cancer research cruik.org/bowel-cancer-research
THE CHALLENGE

We can’t beat cancer on our own. It’s only through collaborating with our partners, volunteers, patients and many others, that our researchers will beat cancer sooner.
WE’RE COLLABORATING TO BEAT CANCER

RIGHT NOW...
We’re getting ready to open the Francis Crick Institute in late 2016, which will be Europe’s leading biomedical research centre
→ P.12

Our Roadshow is travelling to towns and cities across the UK
→ P.16

We’re conducting an international trial looking at aspirin as a way to prevent some cancers coming back
→ P.20
There are two reasons Sweden-born Dr Tomas Lindahl decided to come to the UK to conduct world-class research: collaboration and support.

‘I came here because I was excited to work in a supportive environment that allowed me to collaborate with similar researchers,’ says Tomas. ‘The support and investment of Cancer Research UK and others allowed me the space to try to answer fundamental questions about biology.’

In October 2015, Tomas was delighted to win the Nobel Prize for Chemistry. It comes nearly 30 years after he moved here to become the first director of Cancer Research UK’s Clare Hall laboratories, now part of the Francis Crick Institute – Europe’s leading biomedical research centre. Under Tomas’ inspirational leadership, Clare Hall became, and remains, a world-renowned centre for studying how cells repair their DNA.

‘It was extremely nice to get recognition for my work over the years through the Nobel Prize, which I won alongside biochemists Paul Modrich and Aziz Sancar,’ says Tomas. ‘I could not have done it without the help of my colleagues.’

LAYING FOUNDATIONS
Tomas was one of the first scientists to understand how DNA repairs itself. Since then, we’ve learned how faults in this process can play a key role in how some cancers develop. Thanks to his work, and the team of scientists he led at Clare Hall, we now have treatments that target cancers with weak spots in their DNA repair processes. This work laid the foundations for drugs like olaparib, which is now NHS approved in England, Wales and Northern Ireland. It is used to treat advanced ovarian cancer patients with specific genetic faults.

Now 78, Tomas is an Emeritus Group Leader at the Francis Crick Institute, which means he is retired but still involved in its work. Based in King’s Cross, central London, and opening in late 2016, the Crick will unite 1,600 of the best scientific minds, across many areas of medical research, together with the best facilities. This will allow us to learn more about what makes cancer start, spread and develop.

‘I believe that the Crick will inspire young scientists from diverse backgrounds to work together to change cancer research for the better,’ says Tomas. ‘With different disciplines united, there’s an opportunity to find new drugs to work on DNA repair mechanisms.’

Creating the change
Thanks to our generous major donors and the public, our ‘Create The Change’ campaign raised vital funds that contributed to the development of the Francis Crick Institute, which opens later this year. Find out how you can support groundbreaking research at this world-renowned facility at cruk.org/crick
COLLABORATION IS KEY
Dr Nicholas McGranahan is one of the young scientists who will be working at the Crick. Nicholas, 29, researches how cancer cells change over time and aims to write a ‘rule book’ for how tumours grow so we can develop better treatments. He is looking forward to his move to the Crick and thinks it’s a place that could very well foster the talents of future Nobel Laureates.

‘There is no doubt that Tomas’ work will have provided the foundation for much of the cancer research that will be done at the Crick,’ says Nicholas. ‘His involvement shows how attractive a place it is to work. It’s not just young researchers wanting to change the world who will be there, but established people who have already made breakthroughs in science. The Crick will definitely be aspiring to develop future Nobel Prize winners.’

Nicholas is currently based at labs in nearby Lincoln’s Inn Fields, and wants to continue his research at the Crick because he sees collaboration as the key to scientific discoveries.

‘I’m excited to learn from and interact with researchers looking at other illnesses, such as heart disease and infections,’ says Nicholas.

‘Scientists need to make sure they’re asking the right questions, and the right questions aren’t necessarily the ones that you’re thinking of in your own field. At the Crick, because of the way the building is set up, you could meet someone from another field, using the state-of-the-art equipment, for example. And you could use the approach they’ve been taking to answer a completely different question about cancer.’

HELP CHANGE THE WAY WE DO SCIENCE
Nicholas says that being involved with a new institute at an early stage means there’s more chance of playing a role in shaping the Crick, helping it to achieve global recognition as a centre for great medical research.

‘The Crick could change the way science is done,’ says Nicholas. ‘The research that will happen there could help us learn more about what causes tumours and how we can prevent them, saving lives. By supporting Cancer Research UK, you will help to make this happen.’

Find out more about the Francis Crick Institute crick.ac.uk
‘Fundraising for the Crick was a natural choice’

‘RUNNING 12 MARATHONS WAS THE HARDEST THING I’VE PUT MY BODY THROUGH, BUT WE DID IT FOR PEOPLE WE LOVED.’
LISA BUCKTON
£100 MILLION
OUR SUPPORTERS HAVE HELPED RAISE MILLIONS OF POUNDS SINCE WE STARTED FUNDRAISING FOR THE CRICK IN 2012. WE ARE WITHIN TOUCHING DISTANCE OF THE TARGET OF £100 MILLION.

TIM AND LISA’S STORY
Tim and Lisa Buckton ran 12 marathons in 12 months for friends and family who had cancer, raising around £20,000 for the Francis Crick Institute. The couple have two children, Thomas, 12, and Hannah, 10, who helped them fundraise. Tim, 48, a school Vice Principal in Leicester, tells their story.

‘When I’m walking down the corridor at school, almost daily a student hands me some change and says, “This is for Cancer Research UK”.

It’s nice to know that Lisa and I are helping to fund the Francis Crick Institute to become one of the world’s leading research centres.

We decided to fundraise for the Crick after our friend Paul died of myeloma, a type of cancer that starts in the bone marrow, in 2014. His life had been prolonged by drugs Cancer Research UK helped develop. Also, my brother, Nick, died of cancer 12 years ago. And, 18 months later, I lost my dad, Geoff, who had prostate cancer. It was a pivotal point and my life changed forever.

Supporting groundbreaking research
We got the idea for the challenge after we saw a lady interviewed on TV, at the London Marathon, who’d run 12 marathons in 12 months. I said to Lisa, “We could do that”.

We’ve always run, but not marathons. Getting over the barrier of doing our first one was hard. It’s the doubt in your mind as to whether you’ll get round. The thought of what we were doing it for, and the support of family and friends – especially Rachel and Marion, who ran with us for three races, and Brian, who survived non-Hodgkin lymphoma – kept us going.

It was very emotional finishing races together. You focus on one at a time, and I had the same sense of euphoria finishing the first and last marathon.

The Crick is a flagship example of what Cancer Research UK is doing, so it was a natural choice to donate to it. It’s going to help more people survive cancer through groundbreaking research.

I’m running next year’s London Marathon for Cancer Research UK and I think Lisa and I will always do as much as we can to support them. I’ve learnt that you can do anything if you put your mind to it.’
ON THE ROAD TO BEATING CANCER

Quitting smoking. Maintaining a healthy weight. Cutting down on alcohol. These are all changes that you can make, right now, to lower your risk of developing cancer. Our Cancer Awareness Roadshow travels around the UK to share these and other important messages with the public.

The Roadshow is staffed by specially trained nurses and volunteers, who take time to talk to people about cancer, and give tailored information about keeping healthy and the importance of spotting cancer early. They also signpost to local services for further support and encourage people to see their GP with any health concerns.

The Roadshow first hit the road in 2006 and was set up in partnership with Ronan Keating and the Marie Keating Foundation, who continue to support the Roadshow today. In 2015, we reached a major milestone when our 500,000th visitor came on board. Our aim is that every visitor leaves with a better understanding of cancer, and what immediate changes they can make to lower their risk of developing the disease.

We help people understand the signs and symptoms of cancer and encourage them to know what's normal for them. Spotting cancer early gives patients more treatment options and means they have a better chance of surviving (see page 52 for more about our work on early diagnosis).

More than 8 out of 10 people who discussed early diagnosis with one of our Roadshow nurses report feeling more confident about noticing a possible sign or symptom of cancer after their visit.

Your Cancer Awareness Roadshow
On board the Roadshow, you can:

- Talk to one of our team about ways to reduce your risk of cancer and how to spot it early
- Have an in-depth chat with one of our nurses
- Pick up one of our many free health information leaflets
- Take a body mass index (BMI) test to find out whether your weight is within the healthy range
- Learn about local health services.

After visiting our Roadshow, visitors say they intend to make between two and three changes on average, like maintaining a healthy weight, doing more exercise and eating more healthily. Many visitors also plan to see their GP or use other local services, such as Stop Smoking Services.

Find out if, and when, the Cancer Awareness Roadshow is in your area cru.k.org/our-awareness-roadshow
‘I made an appointment at my surgery after seeing the nurse about my lump. I hadn’t bothered before because I don’t like to waste the doctor’s time.’

ROADSHOW VISITOR

‘My father picked up a leaflet on oral cancer – I hadn’t realised a persistent mouth ulcer could be a sign of cancer. We checked with the GP and because it was detected early it was treated successfully.’

ROADSHOW VISITOR

‘I was really pleased when I saw you here today. My father died from cancer last year and it’s made me want to change my lifestyle. One of my goals is to take part in Race for Life next year.’

ROADSHOW VISITOR

‘I am leaving my cigarettes and lighter here today, I no longer need them.’

ROADSHOW VISITOR

THIS YEAR ON THE CANCER AWARENESS ROADSHOW...

WE VISITED 290 UNIQUE LOCATIONS

OUR NURSES HAD CONVERSATIONS WITH 12,208 PEOPLE

OUR ROADSHOW VOLUNTEERS GAVE 551 HOURS OF THEIR TIME

WE CARRIED OUT 5,490 BMI TESTS
'I want to stand on the top of a hill and shout, “You can do something about your health!”’

ALEX’S STORY
Without volunteers like Alex King, we wouldn’t have been able to give half a million people face-to-face information and support to reduce their risk of cancer. Alex, 52, from London, volunteers on the London Cancer Awareness Roadshow, which is supported by the Peter Andre Fund. She has been volunteering for more than four years and is passionate about sharing healthy lifestyle messages with the public.

‘As I go home on the Tube after my shift, I feel really proud. I might be exhausted after being on my feet all day, but I’m excited, because I know that, hopefully, what I’ve just done is going to make a difference.

I am so passionate about what we do on the Cancer Awareness Roadshow. I want to stand on the top of a hill and shout “You can do something right now about your health!”.'
Last year, I reached a milestone – my five-year survival from breast cancer. Just before Christmas 2009, I found a lump the size of a pea in my breast when I was washing. I had it removed, and had six rounds of chemo, which was awful. I lost all my hair. Following that, I had 30 daily doses of radiotherapy, and I had to take steroids. The whole journey was about nine months. I stayed positive – I decided “I’m going to fight this”. I got through it with amazing support from my son and daughter, my family, friends and strangers I met along the way.

A year after I finished treatment – I know it sounds cheesy – I wanted to give something back. I had such great resources and information from the Cancer Research UK website, and found using the Cancer Chat forum to talk to other women really useful, so I decided to volunteer for the Roadshow. I had some doubts about whether I’d be able to do it but the whole team were so supportive. You’re never made to feel like “just a volunteer” and I love every minute of it.

Clear and concise information
The information we give out is always very clear and simple. It has to be. If you’re worried about your health or cancer risk, the last thing you want is lots of technical jargon. We’re really fortunate as we have two brilliant nurses on the London team who can explain and demystify more complicated issues.

I’m doing all I can to stay healthy by practising what I’m preaching: going to the gym and doing pilates to keep fit, cutting down on wine, maintaining a healthy weight and taking care in the sun.

I want people to realise how much their lifestyle impacts their health – not just their cancer risk, but the risk of diabetes, heart disease and stroke. I give up my time because hopefully something I’ve said or a leaflet I’ve given out will plant a seed in someone’s mind and they’ll make a change. Or because I’ve spoken to them about that niggle they had, they’ll go and get it checked out.’
CAN ASPIRIN PREVENT COMMON CANCERS RETURNING?

Clinical researcher Professor Ruth Langley is emailing a colleague at one of over 100 hospitals her team needs to contact. She is based at the Medical Research Council Clinical Trials Unit at University College London.

Ruth and her team are recruiting patients to a trial called Add‑Aspirin. It’s the world’s largest clinical trial looking at aspirin, investigating how it might be used to prevent certain types of cancer from returning. The drug could offer a cheap and simple way to stop cancers coming back, which might, ultimately, help more people survive.

‘It’s exciting,’ says Ruth. ‘There’s been some interesting research suggesting that aspirin could delay or stop some early-stage cancers returning, but there’s been no trial to give clear proof. Add‑Aspirin aims to answer this question once and for all. If we find that aspirin does stop these cancers coming back, it could help improve treatment for other types of cancer as well.’

Funded by Cancer Research UK and the National Institute for Health Research, this international trial aims to recruit 9,000 patients in the UK and 2,000 in India, and will run for up to 12 years. All of the people who take part will have recently had, or be having, treatment for bowel, breast, oesophageal (food pipe), prostate or stomach cancer. The aim is to find out if taking aspirin every day for five years can stop or delay these cancers from returning.

WHAT WE NEED TO KNOW
Aspirin is already proven to help prevent heart attacks and strokes in some people. There is also good evidence from studies of people with heart disease which suggests that regularly taking aspirin might prevent cancer. But, we don’t know exactly if – or how – aspirin works as an anti-cancer drug and we need to understand more about its side effects.

Add‑Aspirin first aims to see if aspirin stops cancer coming back. ‘It will evaluate two doses of aspirin in five types of tumour, so we will know more about who might benefit from taking it and for how long,’ says Ruth.

The researchers are also trying to find out how aspirin might prevent cancer. ‘We think aspirin could make platelet cells in your blood less sticky, stopping cancer cells moving around and preventing the disease from spreading,’ says Ruth. ‘Add‑Aspirin will help us find out more about this. Asking different questions within one trial means we’re going to get answers faster, and that’s better for patients.’

IT’S IMPORTANT TO TALK TO YOUR DOCTOR BEFORE TAKING ASPIRIN
Aspirin is not suitable for everyone and can have serious side effects. Speak to your doctor if you would like to join the Add‑Aspirin trial.
Add-Aspirin will answer a lot of the questions we have surrounding aspirin and cancer, which could have a big impact on treatment. When cancer comes back after treatment, it is inevitably harder to treat, and a person’s chance of dying from it increases. Stopping cancer from coming back could potentially save thousands more lives.

‘If we can show that taking aspirin after you’ve had cancer treatment is beneficial, it could become part of normal treatment,’ says Ruth. ‘We couldn’t do this research without people agreeing to participate in the trial, which is an amazing thing to do, as well as all the staff at participating hospitals that make such trials possible.’

THANK YOU
Our clinical trials are designed to find new ways to prevent, detect and treat cancer. But they wouldn’t happen without the people who take part. We rely on them to turn the possibilities of research into a reality. So to them, we say ‘Thank you!’

Find out more about cancer clinical trials cruk.org/trials
‘My cancer may return and aspirin could help to prevent that’

KATE’S STORY
Kate Marlar, 53, finished her treatment for breast cancer at the beginning of 2016 and is now on the Add-Aspirin trial. She works in healthcare market research and lives in Surrey with her husband Dickie and their dog, Tilly.

‘These days, I’m singing in one choir rather than my usual three. I’ve had to curtail my activity because I can be hit by a wave of fatigue. Continuing to spend time with my friends, and concentrating on something else, has been important to me throughout my treatment. Hopefully in the autumn I’ll be back to full strength.

When I was having chemo, I wore a different wig or hat to every choir rehearsal. It made people smile and encouraged them to donate towards my sponsored head shave. I did this with my friend Tracey, just before chemo started. She was also diagnosed with breast cancer and we’ve been a great support to each other. Overall we raised about £32,000 for cancer charities. Everyone has been so generous and kind.

Getting diagnosed
I was in the shower when I felt a lump next to my right armpit in May 2015. I went to see my GP a few days later and she immediately sent a referral to the Royal Marsden in Surrey. I’d had a fatty lump before and thought it was going to be the same. But I was diagnosed with breast cancer at the beginning of June.

I was upset and in shock but immediately decided I was going to see the positive side of the diagnosis as it didn’t seem to have spread. The hardest part was telling my father I had a potentially life-threatening disease.
After surgery to remove the lump, I felt tired and sore. Then I started eight cycles of chemo. I knew I would lose my hair and this is what prompted my idea to shave my head for charity before chemo started. I wanted to take control of this side effect of treatment and when I suggested it to Tracey, we went ahead together and made a party of it.

**Giving back to help others**

At the end of January 2016, I finished four weeks of daily radiotherapy and am now on the Add-Aspirin trial.

The thought of my cancer coming back is horrendous. It’s a possibility, and as my mother and aunt both died of pancreatic cancer there’s that extra worry. I hope the trial shows that aspirin can help prevent some cancers returning. I don’t know if being on the trial will help me directly, but I believe it will be a good way to keep in close contact with the hospital and give something back, as I’ve benefited from cancer research.

Personally, I hope for a long, happy and healthy life. Being part of this clinical trial is one way of helping other people in the future by contributing to potentially breakthrough cancer research.’

‘I’M GIVING SOMETHING BACK, AS I’VE BENEFITED FROM CANCER RESEARCH.’

KATE MARLAR

Find a cancer clinical trial
cruk.org/trials
THE CHALLENGE

To revolutionise how we prevent, diagnose and treat cancer we need the brightest minds to be given the freedom to do innovative, game-changing research.
RIGHT NOW...
We’re tackling the biggest challenges to beat cancer sooner
→ P.26
We’re raising money to fund research into children’s cancers
→ P.30
Our researchers are testing a new type of immunotherapy that could improve treatment for head and neck cancer
→ P.34

WE’RE INNOVATING TO FIND EXCITING NEW APPROACHES AND SOLUTIONS
Cancer poses some difficult questions. We have a visionary way to find answers...

Right now, we’re working on our Grand Challenge. It started with a meeting of the world’s brightest scientific minds to discuss some of the most complex challenges in cancer research today. They worked together with patients, drawing on their experience of living with cancer, and identified seven of the biggest questions that need answering to beat cancer sooner (read about each challenge on pages 28 and 29).

Our aim? To spark a revolution in how we prevent, diagnose and treat cancer.

The Grand Challenge awards are the most ambitious cancer research grants in the world. We’re calling on scientists from different disciplines, across the globe, to work together with UK-based researchers and come up with game-changing research to help answer the seven questions.

The awards launched in October 2015, and we’ve had 57 applications, spanning 224 institutes in 25 countries. The first winning proposal will be announced in autumn 2016. The successful team will be awarded up to £20 million to pay for up to five years of research.

We plan to present at least five awards over the next five years – that’s an incredible £100 million to fund revolutionary thinking in cancer research. And it’s our ambition to fund even more in the future.

Find out more about our Grand Challenge cru.k.org/grand-challenge-series
MARGARET’S STORY
It’s not just scientists who drive cancer research. Patients’ views are essential in every area of our work. Margaret Grayson, 66, from Belfast, is a Grand Challenge patient panel member, helping make sure patients’ voices are listened to when deciding what research we fund through our new awards.

‘I’ve never taken part in a clinical trial. But after having breast cancer in 2004, I’ve come to realise that every bit of my treatment – the surgery, combination of chemotherapy drugs, radiotherapy, and hormone drug I took this morning – was determined by research.

So I wanted to do something to say “Thank you”. Not just to the scientists, but to all the patients over the years who have said “Yes” to taking part in trials. If I could thank each one of them personally, I would.

Research is the only way to change outcomes for people with cancer in the future. That’s why I’m passionate about it. Patients have an integral part to play in reviewing the Grand Challenge research funding applications. The experience I offer comes from living with cancer. Having people like me involved means that patients are listened to.

As patient panel members, we’re looking at where each Grand Challenge could lead. Ultimately, the science Cancer Research UK funds needs to benefit patients, either quickly, or years down the line. We’re working in partnership here, three voices together: scientists, doctors and patients.

A world first
The Grand Challenge awards are hugely ambitious and innovative. That’s what’s so exciting. They are bringing together the best minds, from different disciplines, to work in new ways. Ultimately, this will have an impact on prevention, diagnosis and treatment for people with cancer.

The programme is a first for Cancer Research UK and in the world. Looking at major questions that haven’t been answered yet will have a huge impact. It’s a privilege to be part of it.

When I had breast cancer, I got to know six other women diagnosed at the same time as me. Over chemo and coffee, they became my friends. In the five years that followed, I went to all of their funerals. I just hope that for people who meet in a treatment unit in 2016, things might be different.’
THE SEVEN GRAND CHALLENGE QUESTIONS

Grand Challenge 1
CAN WE DEVELOP A JAB TO PREVENT CANCER?

Smallpox was one of the world’s worst killers. We got rid of it with a vaccine. Could we do the same for cancer?

Harnessing the power of the immune system to fight cancer has been a goal of scientists for over a century. But it’s only recently that we’ve begun to understand exactly how immune cells mistakenly view cancer as a friend to leave alone, rather than an enemy to destroy. We’re already using this knowledge to develop new cancer treatments. Now we want to consider this question: could we use vaccines to prevent cancer as well as treat it?

Grand Challenge 2
CAN WE ERADICATE CANCERS CAUSED BY THE EPSTEIN-BARR VIRUS (EBV)?

EBV is one of the most common viruses in the world. Around 19 in every 20 adults carry it. For most of us, it seems to do no harm. But in some people, it causes cancer. Every year, EBV infections cause 200,000 cancer cases and more than 140,000 deaths worldwide.

Vaccines against certain strains of the human papillomavirus (HPV), which causes cervical and other cancers, have been successful. Could we find a similar way to prevent cancers caused by EBV and save many more lives?

Grand Challenge 3
CAN WE PREVENT CANCER BY STUDYING THE ‘SCARS’ IN DNA?

Thanks to research, we understand a lot about how our cells become damaged. We know that things in our environment – ‘carcinogens’, like tobacco smoke – can make this more likely, leaving ‘scars’ in a cell’s DNA.

But there are crucial pieces missing from this jigsaw. We have theories, but we don’t know exactly how some of these things cause cancer, particularly lifestyle factors like being overweight or drinking too much alcohol.

That’s why we need to uncover vital new links between the processes in our cells and the way our environment affects them. We need to learn more about how carcinogens actually change cells’ DNA and what scars they leave behind. It will help us understand why cancers start and, crucially, how to prevent them.

Grand Challenge 4
CAN WE SPOT THE POTENTIALLY LETHAL CANCERS THAT NEED TREATING AND NON-LETHAL ONES THAT DON’T?

Cancer. It’s an aggressive disease, which grows and spreads rapidly. It kills if not treated. Right? Well, no. Some cancers grow so slowly that they may not cause harm in a person’s lifetime.

The problem right now is that we can’t always tell the difference. If we could, doctors would be able to decide which cancers to treat and which ones to monitor – potentially saving people from unnecessary treatment and side effects.

This Grand Challenge is about delving deeper into cancer’s biology: firstly to discover how to tell the difference between cancers that can kill and the slow-growing forms that don’t, and secondly to find out how to track down cancers that stay hidden until it’s too late.
4. DISTINGUISH BETWEEN LETHAL CANCERS THAT NEED TREATING AND NON-LETHAL ONES THAT DON’T

5. CREATE A ‘GOOGLE STREET VIEW’ FOR CANCER

Grand Challenge 5
CAN WE MAKE A ‘GOOGLE STREET VIEW’ FOR CANCER?

With the latest imaging techniques, like scans and X-rays, doctors can see the size of a tumour, helping them plan treatment like surgery or radiotherapy. And with samples of cells from biopsies, we can begin to understand the faulty molecules at the heart of cancer, pointing to those which could also be the targets of new treatments.

But putting all this complex information together has been tough. Our map isn’t complete and we need to change that. Through a combination of next-generation technology and expertise, ranging from physics and maths to biology and computing, we want to build the ultimate tumour map. This crucial tool will help give us a clearer picture of what’s going on inside tumours, ultimately helping us find new and better treatments.

6. TARGET THE CANCER ‘SUPER-CONTROLLER’ MYC

Grand Challenge 6
CAN WE TARGET THE CANCER ‘SUPER-CONTROLLER’ MYC?

Researchers have already found the key weakness at the heart of a significant proportion of all human cancers. The problem is targeting it. Central to this challenge is a molecule called MYC. It’s linked to a range of biological processes, from controlling how cells grow to instructing them to die. We’ve known for a long time that faulty MYC can make cells divide out of control, ultimately leading to cancer.

Overactive MYC is found in up to 7 in 10 tumours of all kinds, from aggressive lung cancers to childhood brain tumours. If we could switch it off, the potential could be huge. Unfortunately, targeting MYC is an enormously complex puzzle. And that’s why we’ve set this challenge.

7. KILL CANCER CELLS IN PATIENTS USING NEW ‘SMART DRUGS’

Grand Challenge 7
CAN WE KILL CANCER CELLS IN PATIENTS USING NEW ‘SMART DRUGS’?

Most drugs used to treat cancer patients are small enough to get inside our body’s cells. If those cells are cancer cells, these drugs can kill them off. But there’s a downside. They can also get inside healthy cells, damaging and killing those as well.

We know that ‘smart drugs’ are more discerning. In the lab, scientists have shown these drugs can damage cancer cells and not harm healthy ones. But there’s a big problem: at the moment these drugs can’t get inside cells in patients. If we overcome this Grand Challenge and work out a way to get these drugs into patients’ cells, there is massive potential for developing new treatments that kill cancer cells while leaving healthy cells unharmed.
HELPING TO FIND CURES FOR CHILDREN’S CANCERS

Your support is helping more children survive cancer. The most recent figures show the rate of children dying from cancer has dropped by a quarter in the last decade.

Thanks to you, we’ve spent over £85 million on children’s cancer research since 2005, which has helped make this progress happen. In 2015, we launched Cancer Research UK Kids & Teens, a dedicated campaign to raise money for more research into cancers affecting young people under 24.

The money supports research and clinical trials to find better, kinder treatments for children with cancer. For example, our scientists played a key role in clinical trials that proved the benefits of combining chemotherapy treatments for children.

Although we’re losing fewer young lives to cancer, a lot more needs to be done. With your help we will find more cures and kinder treatments for young people.

WHAT YOU CAN DO

Progress has been limited in some children’s cancers, including brain (see page 40) and bone tumours. And many survivors live with the long-term side effects of treatment throughout adulthood, such as heart damage.

In June 2016 we brought together a group of international experts from a variety of different fields. They are helping us identify new research ideas that could help to tackle the challenges we face in the fight to improve survival and treatment for cancers that affect children and young people.

To carry out this research, we want to double the amount we spend on children’s cancers over the next 5 to 10 years. We can only do this with your support.

You can fundraise for Cancer Research UK Kids & Teens, make a donation, or take part in the campaign’s sponsored events. You’ll be helping researchers make kinder treatments a reality and save more children’s lives.

To find out more visit cruk.org/kidsandteens
Give Up Clothes for Good
Every bag of unwanted clothing you donate to high street fashion retailer TK Maxx gets us closer to the day when no child dies of cancer.

Your donations to the Give Up Clothes for Good campaign are sold at our shops to raise much-needed funds for Cancer Research UK Kids & Teens. Since 2004 you’ve helped TK Maxx raise £21.5 million for Cancer Research UK’s research into children’s cancers, making them one of our biggest corporate supporters. Thank you.

TYLER’S STORY
In 2014, just after his second birthday, Tyler Brown was diagnosed with Ewing’s sarcoma, a type of cancer that often starts in the bone or soft tissue. Tyler is now four and doing well. His mum Nicola shares his story.

‘Right now, Tyler is in remission. He’s our strong, smart, brave little boy who has been through so much.

Every day we are grateful for the research that helped diagnose the tumour in his neck so promptly. It enabled his treatment to start as quickly as it did.

Doctors say if he makes it to five years cancer-free, there will be little, or no chance, of it coming back.’

To find out how to donate to Give Up Clothes for Good visit tkmaxx.com/page/giveupclothes
If it wasn’t for research, I wouldn’t be here now’

ADAM’S STORY
Adam Brombley, 16, was diagnosed with non-Hodgkin lymphoma in August 2013. Right now, he is studying for a BTEC Extended Diploma in sport at college and lives in Emsworth, Hampshire, with his mum Julie, dad Dennis and sister Charlotte.

‘No one in my college football team knows that I can’t feel the ends of my feet. I’ve had to relearn how to run with the ball because of this side effect of treatment. It didn’t take too long, luckily, because when I play football, I feel a release from everything else.

I almost didn’t believe it when I was diagnosed with non-Hodgkin lymphoma. After a few days, it hits you hard and you think “Why did this happen?”

I was getting out of breath easily and, after they did some tests, doctors eventually found a large tumour in my chest and in the right side of my heart. They said it was curable and, once I knew that, I was determined to beat it.

I had 10 months of chemotherapy, which was horrible. I felt constantly tired and sick and lost my hair. I had to have a nasal feeding tube too, which was annoying.

I coped by keeping my mind active. We’d play board games or computer games, or talk. I missed a lot of school but there were teachers in hospital and I met my best friend Rian while I was having treatment, and my girlfriend Amelia on a trip organised by the ward after my treatment.

More cures, kinder treatments
Being told I was in remission in June 2014 was the best feeling ever. Just being at home or drinking tap water, which I didn’t have to boil to get rid of bacteria, felt like a luxury.

It was nice to be recognised for what I’ve gone through when I won a Cancer Research UK Kids & Teens Star Award in 2014, and to go to the launch of the campaign at 10 Downing Street. I know people who didn’t make it. So I want to do as much as I can to raise money to save more lives. If it wasn’t for research into children’s cancers, I wouldn’t be here now.

I am in the process of organising a charity football match, with the help of Portsmouth FC ex-goalkeeper Alan Knight, for the Kids & Teens campaign. I hope Kids & Teens helps find more cures for children’s cancers, and treatments that are less harmful and more bearable.

I take each day as it comes and hope to be a sports therapist but, as long as I’m happy, I don’t mind what I do.’
'WE HAD SOME VERY DARK DAYS BUT ADAM’S ATTITUDE HAS JUST BEEN INCREDIBLE. I COULDN’T BE PROUDER OF HIM.'

JULIE, ADAM’S MUM
Cancer is cunning. Unlike bacterial infections and viruses, it can hide from our immune systems. Immunotherapy is a treatment that reawakens the body’s natural defences to help fight the disease. We’re testing a new type of immunotherapy that could turn the tables on cancer, changing a patient’s immune system from defence mode to attack.

Q: Can you tell us about the trial and what’s happening at the moment?

A: AMG 319 is an experimental cancer drug. We’re looking at the effects of giving it to patients with a type of head and neck cancer called squamous cell carcinoma. We want to know whether the drug can help remove a shield protecting cancer cells from the body’s defences. If it does, we will be able to try using the drug to harness the power of the immune system to fight the cancer. Two patients have already completed their treatment here in Poole Hospital, Dorset, and we’re studying the results. The trial has also opened in Liverpool and Southampton, where around another 50 patients will take part.

Q: What’s innovative about this research?

A: This type of immunotherapy is already being tested as a treatment for blood cancers, but the AMG 319 trial is the first time this approach has been tested in solid tumours. It’s an extremely exciting opportunity to test a truly pioneering treatment and see if it can impact the way we treat different cancers. If it’s effective in head and neck tumours, I’d be very optimistic that it could work in other tumours too – pancreatic, lung, breast and many other cancer types.
Q: In this trial, you work in partnership with a pharmaceutical company. What are the benefits of these partnerships to advancing cancer research?

A: Working in partnership with drug companies, like Amgen, who are providing the drugs for this trial, has a huge benefit to cancer research. It keeps costs down for Cancer Research UK so they can invest in more new treatments and, if the drug works, it gives patients access to experimental new treatments that wouldn’t be possible otherwise. Without support for trials and partnerships like these, we won’t see the improvements we need to massively increase the number of people surviving cancer.

For more about our work in immunotherapy visit cru.org/our-immunotherapy-research

Boosting immunotherapy

Although they’ve generated considerable excitement, the latest immunotherapy treatments don’t work for everyone – and researchers are still working out why.

Our scientists made a big discovery in 2016 that could lead to more sophisticated immunotherapies, after they discovered more about what exactly it is that the immune system ‘sees’ on the surface of cancer cells.

‘Although it’s early days, this research offers hope that we might be able to turn the tide against advanced cancer,’ says Professor Charles Swanton, who carried out the research with his colleagues at University College London and the Francis Crick Institute. ‘And that’s something we desperately want for patients.’
‘Taking part in clinical trials gives people hope’

SUSAN’S STORY
Susan Saxby, 55, is a clinical nurse who has worked on the AMG 319 trial at Poole Hospital in Dorset. She has been a nurse for over 30 years, is passionate about research and helps make vital clinical trials possible.

‘You deal with real life every single day as a nurse. I love working with patients the most. My main role is caring for people while they are on clinical trials, which is very fulfilling.

It has been brilliant to work with Dr Emma King on various trials for head and neck cancer patients, including the AMG 319 trial, which is finding out if a new drug can kick-start the immune system to fight cancer.

Being a research nurse is a very involved job. I was the first point of contact for patients on the AMG 319 trial at Poole Hospital. My role was to speak to patients about the trial and how it could help future generations. I arranged scans and blood tests to check that they could take part in the trial. Then the patients were placed in one of two groups – one group was given the AMG 319 drug and the other a placebo, or ‘dummy’ drug.

Another part of my job is assessing any side effects patients might have when they’re on a clinical trial. And, each morning, I check if there have been changes to the procedure for trials I’m working on, which can involve reading around 100 pages of information.

Improving treatment for patients
Immunotherapy is exciting – we need good drugs that can stop cancer in its tracks. I would love the AMG 319 trial to prove that this drug can get the immune system to fight cancer. It would mean that more head and neck cancer patients might survive.

During my six years as a research nurse, I’ve seen patients benefit from treatments that have only been made possible by research. I find that people want to take part in clinical trials because it gives them hope, and they want to give something back.

Cancer Research UK needs people’s support to run important trials, like AMG 319, which I hope will find cures for cancer.’

Find out more about cancer clinical trials
cruk.org/trials
‘IMMUNOTHERAPY IS EXCITING – WE NEED GOOD DRUGS THAT CAN STOP CANCER IN ITS TRACKS.’

SUSAN SAXBY
THE CHALLENGE
Every patient’s cancer is unique – so there won’t ever be one cure. That’s why we want to help create tailored treatments that will work best for each patient.
WE’RE CREATING MORE TOMORROWS BY TARGETING CANCER IN NEW WAYS

RIGHT NOW...
We’re discovering new ways to treat children with brain tumours
→ P.40

We’re getting specific with prostate cancer
→ P.44

We’re tackling hard-to-treat cancers
→ P.48

Our Ambassadors are campaigning to improve cancer diagnosis
→ P.52
More children are surviving brain tumours than ever before. But many are left with life-changing side effects from treatment, including speech and hearing loss and infertility. When it comes to developing kinder treatments for children, our scientists are leading the way.

Professor Richard Gilbertson is an expert in children’s brain tumours and the Director of the Cancer Research UK Cambridge Cancer Centre. Here, Richard tells us how his research into the biology of brain tumours will lead to kinder treatments for children.

‘As a medical student, back in the eighties, I got to know the family of a child with medulloblastoma. I asked what treatments were available for her, and the consultant said, “There aren’t any. We’ve done everything we can. All we can do now is let her die in peace”. That made me so angry. How could that be the only option for a child? It motivated me to start working on medulloblastoma and I’ve done so throughout my career.

Right now, we’re seeing a continuous increase in the number of children with brain tumours who are treated successfully, but we’ve not seen much positive improvement when it comes to the lasting side effects. Some current treatments can be extremely damaging to a child’s development.

We need to be able to give children just enough treatment to cure them, but not so much that we damage them. My team and I are looking at how we can know in advance exactly how minimal treatment can be.

We’ve been studying the cancer cells of children successfully treated for medulloblastoma and have made some exciting discoveries. For the first time, we have a really good understanding of the biology involved in why these children are cured. Understanding what’s happening to the cancer cells provides doctors with rules and directions, or roadmaps, which they can follow to tread that fine line between successfully treating the cancer and causing minimal damage to the brain.

Looking to the future, I firmly believe we’ll cure brain tumours. I’m absolutely committed to that. I’m not saying it’ll be easy. I’ve been doing this work for nearly 30 years. But I wouldn’t be doing it if I didn’t believe that cures were in sight.’

Find out more about our brain tumour research cru.k.org/our-brain-tumour-research
To support brain tumour research, go to cru.k.org/donate-brain-tumour
'WE NEED TO BE ABLE TO GIVE CHILDREN JUST ENOUGH TREATMENT TO CURE THEM, BUT NOT SO MUCH THAT WE DAMAGE THEM.'

PROFESSOR RICHARD GILBERTSON
'IT'S TAKEN SUCH A LONG TIME TO GET TO THIS POINT. I FEEL SO GRATEFUL.'

NOEMI, ZOFEYA'S MUM

Dunstable  Thursday 3.45pm
‘We hope and pray we won’t have to go through it again’

ZOFEYA’S STORY
When Zofeya Dorgu was four, she was diagnosed with a type of brain tumour called medulloblastoma. Now seven, Zofeya lives with her parents Noemi and Matthew and brother Malacai, 10, in Bedfordshire. Noemi shares the family’s story.

‘Today, when I handed Zofeya her lunchbox and book bag, she walked off into school without looking back. I felt so grateful. It’s taken such a long time to get to this point.

I’d always assumed that if someone has cancer you’d notice that something was wrong. Zofeya was eating and sleeping fine, and was her usual cheerful self. A few months before she was diagnosed, I noticed she would bump herself a bit more, but nothing serious. Then her balance and coordination became more affected, she wanted to walk less and held my hand more. So we took her to the GP and later to A&E, where they did a scan.

Hearing that Zofeya had a brain tumour, I’d compare it to a tsunami. It became all about survival. Just trying to get through the next 24 hours. And the next, and the next. Your world just crumbles. It’s hard enough if it’s you, but when it’s your little child, your heart breaks because you’d do anything to be in their place.

The day of her operation was the hardest of our lives. We had to wait eight and a half hours to find out if she’d be okay. When she came out of surgery, she was in horrendous pain. The next day, she couldn’t move or talk or even swallow. We’d been warned this could happen. It’s caused by trauma to the brain from the surgery, similar to a stroke. She would look at us as if to say “How can you let this happen?” It was heartbreaking.

We need kinder treatments
It was nearly two weeks before we saw Zofeya smile. That was a breakthrough for me, seeing the child she was underneath. Yet, she still had to face chemotherapy and daily radiotherapy.

We don’t even know what all the side effects might end up being, as some are so long-term. We were told to expect learning disabilities and that she might be infertile. There’s also a high risk of her having another cancer in the future because of her treatment.

Now, in the playground when the other kids are running wild, Zofeya tries to keep up but her head and feet aren’t quite in sync. She doesn’t react quickly enough. So she bumps into things and falls more. Her hearing is affected, which also makes it harder for her to concentrate.

Although she has officially been in remission since November 2014, some things won’t ever be “back to normal”. It will take her years to fulfil her potential physically and mentally. The worry won’t ever go away either. We hope and pray we won’t have to go through it again.

We definitely need more cures for brain tumours. There are still some situations where there’s nothing they can do apart from let the child die. And we need kinder treatments, without the damaging side effects that can last for the rest of their lives. That would be incredible.

The moment your child is diagnosed, you have to sit and listen to a long list of how it may affect their future. You have two options: either agree to this damage from treatment or refuse the treatment and they don’t survive. What kind of a choice is that?

For now, I just want Zofeya to carry on developing and growing. She won’t be the person I thought she would be, but she’ll become the person she will be. This is her future, and she is amazing.’

For more on our research into children’s cancers, go to cruk.org/childrens-cancer-research
MAKING PROSTATE CANCER TREATMENT MORE PERSONAL

By day, Dr Alastair Lamb performs surgery on men with prostate cancer. At night, he applies for funding to carry out the next stage of his research, which could help more men survive prostate cancer with fewer side effects.

Alastair works at our Cambridge Institute and the University of Cambridge’s Academic Urology Group. He explains why his work dividing prostate cancers into five groups could help make sure men receive the most appropriate treatment sooner.

Q: Why did you want to study better ways to diagnose and treat prostate cancer?

A: I wanted to use my research training to answer some of the problems in prostate cancer which I see as a surgeon. In the UK, 1 in 8 men will be diagnosed with prostate cancer during their lifetime, but only 1 in 24 men die from the disease. Currently, we divide those who have the disease into three groups: low, intermediate and high risk – depending on how aggressive their cancer is. They have standard treatment based on which group they fall into.

If we can develop a better way to identify the characteristics of a man’s prostate tumour, to make sure he’s put into the right group, he can be offered more personalised treatment. This will mean more men with less aggressive cancers could avoid the side effects of treatment like surgery, or radiotherapy, which can include incontinence and erectile dysfunction.

Q: What did your research reveal?

A: We looked at the DNA in the tumours of 259 men who had undergone surgery in Cambridge or Stockholm, Sweden to remove their prostate after being diagnosed with cancer. We homed in on a set of 100 genes that had a lot of changes across the different tumours. This allowed us to divide the men into five groups, based on how much the 100 genes changed in their tumours. Tumours with more genetic changes were more likely to come back after surgery.

Q: How will this help men with prostate cancer?

A: Analysis of these 100 genes could in the future be used alongside other clinical tests to help doctors give men clearer guidance on the best treatment options for them. Some men would avoid the side effects of treatment they don’t need. Others would get more intensive treatment more quickly and earlier, which means they may live longer.

Q: When will doctors be able to use the findings to treat men with prostate cancer?

A: We still need to do more research and clinical trials to see if this technique can be used routinely in hospitals. I want to drill down into the molecular ‘nuts and bolts’ of each of these five prostate cancer types to find out how the different diseases behave.

We’re finally beginning to identify some of the genes associated with more aggressive prostate cancer. In 10 years’ time, we’ll have a completely different approach to diagnosing prostate cancer, and personalised treatments we can offer men with different types of the disease.
Redefining Prostate Cancer

1. Researchers looked at the DNA of 259 prostate tumours

2. They identified 100 genes that had a lot of changes across the different tumours

3. They then divided the men into five groups, based on the patterns of changes in these 100 genes in their tumours

4. When researchers compared each of the groups they found that tumours with more genetic changes were more likely to come back after surgery

5. Analysing tumours to look for changes in these 100 genes could in future be used to decide the best treatment options for each patient – and could allow patients to avoid side effects of treatments they don’t need

6. More research and clinical trials will be needed before this technique could be used to guide treatment

FEWER GENETIC CHANGES
Less likely to come back after surgery

MORE GENETIC CHANGES
More likely to come back after surgery

Find out more about our research into prostate cancer cruik.org/our-prostate-cancer-research
‘I’d like to see more treatment options for men with prostate cancer’

**KEITH’S STORY**
Keith Hubbard, 69, is from Southport and has been a professional musician for over 50 years. He was first diagnosed with aggressive prostate cancer 12 years ago. He lives with his wife Angela, and enjoys looking after his two granddaughters.

‘These days, I choose the gigs I do with my three bands based on the toilet facilities at venues. “Where’s the nearest loo?” is on my mind all the time.

I’ve got some weaknesses in my bowel wall from the surgery I had to treat my prostate cancer. I can’t imagine not performing, but I can’t do some of the things I used to.

I’d had urinary problems for a couple of years before I was diagnosed in 2004. I felt numb when I heard it was cancer. They can’t give you a definite answer about how it will affect your life because there isn’t one.

My oncologist gave me all the options and I decided to go for six weeks of radiotherapy and hormone injections into the stomach. I was shattered but my family, fellow musicians and friends were fantastic in supporting me through it.

**Helping others**
In 2009, the prostate cancer came back aggressively and I felt crestfallen. That’s when I had cryosurgery [using extreme cold to destroy cancer cells] which took a lot out of me so I couldn’t work for a bit afterwards.

Now I’m on yearly check-ups and I live with some side effects, like a degree of incontinence. It does embarrass you, that area being a sensitive one. I do gigs for Cancer Research UK because I’m certain my treatment wouldn’t have been possible without them and the research they fund.

Alastair’s research [see page 44] sounds brilliant and may give men more options when they are diagnosed with prostate cancer. Some of my friends have had prostate cancer recently and I’ve noticed how surgery to remove the prostate and radiotherapy is a lot more precise now, which means fewer side effects.

I’d like to see prostate cancer treatment continue to become kinder for men through research, to reduce side effects. To anyone having treatment I’d say, “Keep positive”. I don’t let little things get on top of me as much anymore, they don’t matter. My family and my music are what’s important.’
‘MY FAMILY AND MY MUSIC ARE WHAT’S IMPORTANT.’

KEITH HUBBARD
TACKLING HARD-TO-TREAT CANCERS

In labs around the UK right now, our researchers are studying how to beat hard-to-treat cancers that still have very low survival.

One of those researchers is Edinburgh-based Dr Paul Brennan, who won funding for a remarkable idea through our Pioneer Award. He is looking at whether palladium, a rare metal, could stop a common type of brain tumour, glioblastoma, from growing back after surgery if it’s implanted inside the brain.

As part of our commitment to tackling hard-to-treat cancers, we’ve boosted our research into lung, pancreatic and oesophageal cancers, as well as brain tumour research.

But we need to do more. With your support, we know we can increase the number of people who survive these cancers.

YOU CAN DONATE SPECIFICALLY TO HARD-TO-TREAT CANCER RESEARCH. TO FIND OUT MORE, VISIT:

- cruk.org/donate-pancreatic-cancer to donate to pancreatic cancer research
- cruk.org/donate-lung-cancer to donate to lung cancer research
- cruk.org/donate-oesophageal-cancer to donate to oesophageal cancer research
- cruk.org/donate-brain-tumour to donate to brain tumour research

PERSONALISING PANCREATIC CANCER TREATMENT

Professor Andrew Biankin and his team at Cancer Research UK’s Glasgow Centre have made an exciting discovery that could improve treatment for pancreatic cancer.

Since 2013, they have been studying the genetic mistakes in the DNA of pancreatic cancer cells. And, this year, they found that pancreatic cancer can be split into four types, each of which has different patterns of mistakes.

“Our study sheds light on how the huge range of genetic faults behind pancreatic cancer can be used to divide the disease into different types,” says Andrew. “By understanding these different types, we open a new window onto the disease that might provide opportunities for more personalised treatment in the future.”

One particular type might be extremely responsive to a form of chemotherapy not normally used to treat the disease.

The next step is to develop a test that can accurately select people with this type of pancreatic tumour and assess how well drugs work for them in clinical trials.

Discover more about our pancreatic cancer research cruk.org/our-pancreatic-cancer-research
MAPPING BRAIN TUMOURS

‘If we can’t map the edge of the tumour, surgery and radiotherapy often fail to remove aggressive cells – and a brain tumour can grow back,’ says Professor Nicola Sibson, a Cancer Research UK scientist at the University of Oxford.

Nicola and her team have found a way to tackle this problem. They identified a protein inside blood vessels that’s found at the edge of brain tumours. The team developed a special dye that recognises and sticks to the protein on the blood vessels in the brain, lighting them up on magnetic resonance imaging (MRI) scans, so the tumour’s edge can be clearly seen.

The dye and scans can be used together to plan treatment, providing a roadmap for surgeons during surgery. Further clinical trials will add greater detail to this map. The research could result in surgeons using the dye to guide them to completely remove brain tumours and leave healthy cells undisturbed. This would reduce both the chance of the tumour coming back and the side effects caused by brain surgery.

Discover more about our brain tumour research
cruk.org/our-brain-tumour-research

BETTER TREATMENTS FOR LUNG CANCER

Professor Henning Walczak is working out how to get our bodies to tell lung cancer cells to self-destruct. His team of Cancer Research UK scientists are based at University College London (UCL) Cancer Institute. They discovered that almost a third of non-small cell lung cancer patients have a faulty gene that hijacks and blocks a self-destruct switch on cancer cells so they don’t die.

This hijacking makes some non-small cell lung cancers more aggressive because the faulty gene, called KRAS, helps cancer cells grow and spread to new areas in the body.

Further research will show if drugs could flip cancer cells’ self-destruct switch back on in patients whose cancers have this specific genetic fault.

The more we understand the way genes and molecules work inside cancer cells, the closer we get to better treatments.

Discover more about our lung cancer research
cruk.org/our-lung-cancer-research

FINDING OUT WHAT DRIVES OESOPHAGEAL CANCER

Our researchers have shown how the level of genetic chaos in oesophageal tumours could help predict someone’s response to chemotherapy.

We hope this finding, from Professor Charles Swanton and his Cancer Research UK-funded team from the UCL Cancer Institute and the Francis Crick Institute, will improve treatment and survival for patients with this cancer.

At the moment the statistics look bleak. Oesophageal cancer claims around 7,800 lives every year in the UK and more than half of all patients die within 12 months of diagnosis.

But this latest research has the potential to identify patients with more aggressive tumours who would benefit from earlier surgery or combinations of ‘smart drugs’ that target specific faulty molecules.

Figuring out the complex molecular changes that drive oesophageal cancer is the only way we will understand the disease and be able to tackle it more effectively – and that can’t come soon enough.

Discover more about our oesophageal cancer research
cruk.org/our-oesophageal-cancer-research
’I want more cures for hard-to-treat cancers’
JOY'S STORY

Joy Cheung is 23 and lives in London. Joy’s dad David died of lung cancer when she was 15. She talks about how his death affected her, her mum Penny, sister Dawn, and brothers Joel and Stephen.

‘Life is very busy, but, every week, I meet up with my family to do something together. We’re much closer since we lost my dad because we have been through so much.

We knew from the start that dad had advanced lung cancer. But, when he was diagnosed in July 2006, I was a kid, and thought “It’s curable, it will be all right”.

My dad was an amazing man. He was friendly and liked helping people. He led a healthy lifestyle and went swimming in the sea every morning.

Mum said we matured overnight when dad was diagnosed. Things changed for our family and she had to work much more.

In February 2007, the cancer spread to dad’s brain and he passed away two days after his 50th birthday. It was really shocking and I remember I cried for a month.

I wonder what it would be like if my dad was still here

Every single day people are affected by hard-to-treat cancers. Not just the people with cancer, but also their families. The research Cancer Research UK is doing into how to get our bodies to tell lung cancer cells to self-destruct is interesting as it’s a different approach [see page 49].

My family and I think it’s important to support Cancer Research UK as cancer affects so many people. I have done Race for Life three times, and always think about my dad when I do it. I did the last one with some children from my Chinese dance class.

Sometimes when I’m out and see people having fun with their dads, I wonder what it would have been like if mine was still here. I hope more cures are found for hard-to-treat cancers through research and using the money people raise for Cancer Research UK.’
INVESTING IN BETTER CANCER TESTS

The earlier cancer is diagnosed, the better the chance of treatment being successful. That’s why it’s vital that anyone with suspected signs or symptoms of cancer gets the tests they need as quickly as possible.

Following the publication of the new NHS cancer strategy for England, our ‘Test Cancer Sooner’ campaign called on the Government to put more money into cancer tests. Thanks to our supporters and Ambassadors, we collected 25,000 signatures in just six weeks.

In November 2015, the Department of Health announced a commitment to speed up cancer diagnosis in England. They will invest up to £300 million annually in cancer tests over the next five years. And they have promised that 95% of people worried they may have cancer will either get a diagnosis, or the all clear, within four weeks of being referred for tests by their GP.

This work is part of the new wider NHS cancer strategy, which aims to transform cancer prevention, diagnosis, services and the experience of every patient affected by cancer. Our Chief Executive Sir Harpal Kumar is Chair of the Independent National Cancer Advisory Group which will monitor implementation of the strategy and help ensure it’s delivered over the next five years.

If the changes suggested in the strategy are made, it’s estimated that the NHS in England could be saving 30,000 more lives every year by 2020.

SPOTTING CANCER SOONER

Diagnosing cancer sooner isn’t just down to doctors. Everyone needs to be aware of their body so they notice any unusual or persistent changes. Alongside our work to improve cancer testing, in November 2015 we ran an awareness campaign to encourage people to take the time to look after their health and get anything unusual checked out.

Featuring adverts on TV, in the cinema, press and social media, our ‘Spot Cancer Sooner’ campaign shows a lump growing out of the ground while people ignore it and go about their everyday lives. It’s a reminder of how easy it is to miss or ignore changes, especially when we’re busy.

‘Diagnosing cancer early isn’t always easy – the symptoms may be vague or similar to less serious conditions,’ says Dr Richard Roope, Cancer Research UK’s GP expert. ‘So cancer isn’t always the first thing you or your doctor considers. That’s why it’s important that people are aware of their bodies and, if they notice any unusual or persistent changes, they should see their GP.’

Find out more about the NHS cancer strategy at cruk.org/taskforce

For information about signs and symptoms, or to speak with one of Cancer Research UK’s trained nurses, visit cruk.org/spotcancersooner
LAUREN’S STORY
Lauren Honey, 22, from Durham is one of our 232 Cancer Campaigns Ambassadors. These vital supporters help with our political campaigns in local communities, persuading decision-makers to bring in new laws and increase investment in cancer services that will, ultimately, save lives.

‘Right now, I’m certainly not where I thought I’d be. I was studying politics in Hong Kong when mum was being treated for breast cancer, but I couldn’t concentrate, so I’ve taken the year off university.

Cancer has changed everything for me – but we’re so lucky it’s only temporary.

When mum was diagnosed, I’d already been volunteering and campaigning with Cancer Research UK for more than a year. It’s ironic isn’t it? You become a Cancer Campaigns Ambassador, and then your mum gets cancer.

What happened made me realise just how important early diagnosis is. Because mum’s cancer was caught early, we were able to do something about it. Two weeks after she found out, she went in for a mastectomy and her treatment started.

It’s made me a lot more passionate about my work with Cancer Research UK and I want to do a lot more to help change things.

Keeping cancer at the top of the agenda
Not everyone associates cancer with politics. But with spending cuts, it has to be political and it has to stay at the top of the political agenda. My campaigning work involves getting local communities on board with campaigns. That’s where it starts. It takes people to persuade Parliament to actually change things.

The Government’s investment in cancer tests is a massive step forward. It’s so important – half the population will get cancer in the future. You always think it’s going to happen to someone else but it’s, literally, happening everywhere.’

To find out how you could become a Cancer Campaigns Ambassador visit cruk.org/our-ambassadors

‘WE NEED CANCER TO STAY AT THE TOP OF THE POLITICAL AGENDA’

‘WITHOUT PEOPLE LIKE LAUREN LOBBYING AND RAISING AWARENESS, PROGRESS MIGHT TAIL OFF. WE MUST NEVER LET THAT HAPPEN.’

JULIE, LAUREN’S MUM
THE CHALLENGE

We can’t beat cancer without your generosity. Our life-saving work relies on the money you give us. Thank you.
WE’RE FIGHTING CANCER EVERY DAY – FOR YOU, WITH YOU, THANKS TO YOU

RIGHT NOW...
You’re supporting world-leading research → P.56
We’re spending your donations on life-saving research → P.58
You’re donating, running, baking and more to support our work → P.60
We’re making progress every single day → P.62
Dr Richard Adams, 46, is an oncologist and cancer researcher based at Cardiff University and Velindre Cancer Centre in Wales. In 2013, he was diagnosed with testicular cancer. Richard lives in Cardiff with his wife, Ness, and their three children, Henry, 13, Alex, 10, and Nick, 8.

‘I’m involved in a Cancer Research UK-funded clinical trial at the moment which is looking at improving treatment for people with advanced bowel cancer. I’m also preparing for a trip to Sierra Leone where I’ll teach doctors and nurses about affordable cancer care. It makes me think about how research is at the heart of cancer care and positive outcomes for patients all over the world. And I am proud of the work Cancer Research UK does to fund high-quality research which has helped me and my patients.

I first noticed a swelling in my right testicle in March 2013 so I went to a radiology colleague in the cancer centre where I work to request an ultrasound to prove my suspicions were correct. As expected, the ultrasound showed a tumour.

I felt a sense of resignation that this had happened and went first to tell my wife who works with me at the cancer centre. I wondered about the impact my treatment would have on my family, and felt a sense of duty to go back to my clinic to see my patients. It’s interesting how your mind focuses on other people, something I’ve seen a lot with the patients under my care. Until you’re given a cancer diagnosis, you have absolutely no idea how you are going to respond to it; something I will often tell my trainees and medical students.

I DID WELL FOR CUDDLES
My wife Ness, a cancer pharmacist, was very supportive. We had a discussion with our children, saying ‘Dad’s got an illness called ‘cancer’ and he has to have some treatment’. They took it very well and I did well for cuddles.

I had an operation to remove the tumour, one round of chemotherapy and three weeks of radiotherapy. The treatment made me feel nauseous and exhausted. I was off work for 12 weeks and the children helped their mum look after me.

Thankfully, my scans have been fine since treatment finished. I’m more aware of my mortality now and I spend more time with my family. When we go skiing, I’m not doing the runs on my own; I go down the slopes with my children. At the weekends I don’t just watch their games of football, I coach them and their teams instead.

At work, I’m more aware of the anxieties patients are feeling. For example, after their latest scan, I try to make sure that the time they wait for the result is limited. Or that as soon as possible after their diagnosis, each patient has a plan of how best to proceed.

YOU’RE MAKING RESEARCH HAPPEN – THANK YOU
Through the hard work of fundraisers and researchers, and with input from patients and families, I constantly see research improving outcomes for patients. As a researcher, I hope to play my part in developing more targeted treatments for people with cancer. More personally, I hope to remain healthy, so I can be there for my loved ones.

I’ve done more public talks for Cancer Research UK since my diagnosis. Their fundraising brings people together and enables world-leading research which is used to treat patients globally. People who support the charity make that research happen and deserve our respect and thanks. So thank you from me, my family and many more like us.’
Research is cancer’s ultimate enemy. With your support, we’re working to prevent cancer, diagnose it earlier and make treatments more effective.

WHAT WE SPENT ON RESEARCH, POLICY AND INFORMATION
We spent £470 million on all of our charitable activities. This was made possible through the strength of our fundraising contribution and using funds raised in previous years, held in our reserves.

This £470 million includes:

- £404 million towards research. Some projects will run over several years and the money is set aside now because we have committed to supporting these long-term projects.
- £38 million spent on our policy and information activities including our work with GPs, our Cancer Awareness Roadshow (see page 16), and our campaigning.
- £28 million spent on the construction of the Francis Crick Institute (see page 12).

WHAT WE SPENT ON FUNDRAISING AND TRADING ACTIVITIES
£107 million on engaging new supporters, developing new ways to raise money, and marketing.

£81 million on trading, which includes running our shop network and delivering events like Race for Life. Our shops are a more expensive way of fundraising but they help us maintain our high profile throughout the UK.

For more detail visit cruk.org/our-finances

WHAT WE SPENT THIS YEAR (£M)
80p of every £1 donated is used to beat cancer.

The remaining 20p goes towards raising vital funds for the future.

**HOW DO WE CALCULATE THE 80p FIGURE?**

For this calculation, we include fundraising income such as regular donations, gifts left in Wills and sponsorship on events together with some other income, such as royalties from drugs we have developed. We exclude transactions where supporters buy something from us – either from our shops or in the form of registration for events like Race for Life.

**Income:** £537 million (excluding income from our shops and registration fees from events)

**Costs:** £107 million (excluding the cost of running our shops and events)

This leaves £430 million available – 80% of the income listed above.

**OUR FUNDRAISING PROMISE**

Supporters are at the heart of everything Cancer Research UK achieves, so we believe giving to the Charity should be a great experience. From April 2016, we are asking all new supporters to ‘opt in’ and give us permission to contact them before we ask for further support. If they choose to opt out, they won’t receive fundraising requests from us.

Read more about our fundraising promise cruik.org/our-promise

---

**WHAT WE SPENT ON RESEARCH INTO DIFFERENT CANCERS IN 2015/16**

- **£19m** includes cervical, stomach, testicular and over 100 other cancers
- **£4m** Liver
- **£5m** Myeloma
- **£7m** Oesophageal
- **£10m** Brain
- **£17m** Skin
- **£18m** Pancreatic
- **£33m** Breast
- **£40m** Lung
- **£4m** Liver
- **£5m** Myeloma
- **£7m** Oesophageal
- **£10m** Brain
- **£17m** Skin
- **£18m** Pancreatic
- **£33m** Breast
- **£40m** Lung
OUR YEAR IN NUMBERS

EVERY STEP WE MAKE TOWARDS BEATING CANCER RELIES ON YOU.

16,000
Over 16,000 of you signed our ‘Big Tobacco Cough Up’ petition to make tobacco companies pay for the damage their products cause.

1 million
More than 1 million donors gave us regular gifts.

600,000
More than 600,000 of you walked, ran, swam and cycled to raise money for groundbreaking research.

19
We opened 19 new shops across the UK, bringing our total number of shops to 588.

£18 million
We more than doubled the amount we spent on research into pancreatic cancer compared to last year.

4,000
You funded over 4,000 scientists, doctors and nurses across the UK.

1,900
We’re working with over 1,900 GP practices across the UK to support doctors to diagnose cancer earlier.

11,000
Our specialist nurses answered almost 11,000 queries about cancer, supporting people when they need help and advice.
IT’S BEEN AN INCREDIBLE YEAR.

500,000
Our Cancer Awareness Roadshow reached a milestone of 500,000 visitors, helping them to reduce their risk of cancer and spot it early.

4.3 million
You donated more than 4.3 million bags of goods so we could turn things you no longer wanted into life-saving research.

25,000
More than 25,000 patients join our clinical trials each year, helping us develop new treatments.

40,000
Around 40,000 volunteers gave 7 million hours of their time.

20 million
More than 20 million people visited our patient information website cruk.org/about-cancer

6,000
We received over 6,000 gifts left to us in Wills by our generous supporters, helping us to fund future research.

2.2 million
Our science blog had a record-breaking year, with more than 2.2 million users reading our posts.

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

February
Uniting in our fight against cancer, we raise over £1.5 million on World Cancer Day through collections up and down the country, and by selling Unity Band bracelets online and in our shops.

March
Our TK Maxx partnership reaches a milestone of over £25 million raised for Cancer Research UK, making them one of our biggest corporate supporters. £21.5 million of this is funding our research into children’s cancers, and £4 million is supporting general cancer research.

May
Ahead of the 2015 General Election, over 16,500 of you join the fight to ‘Cross Cancer Out’, resulting in a third of MPs pledging to get behind our life-saving research.

July
A new NHS cancer strategy for England is produced. Our CEO, Sir Harpal Kumar, chaired the Taskforce and is appointed chair of the committee that advises how to put it into action.

March
Our scientists uncover more about what the immune system ‘sees’ on the surface of cancer cells.
January
Our ‘Big Tobacco Cough Up’ campaign calls on the Government to make the tobacco industry pay for Stop Smoking Services and mass media quit campaigns, to help save thousands of lives.

October
We celebrate Cancer Research UK’s 7th Nobel Prize – awarded to Tomas Lindahl for his work to understand how cells repair their DNA.

December
BBC Radio 1 launches #1millionhours, asking young people to pledge their time to charities and those who need it most. So far, 37,966 hours of volunteering have been pledged for Cancer Research UK.

January
The NHS in England, Wales and Northern Ireland approves olaparib, a drug we played a pivotal role in discovering and developing, to treat certain women with advanced ovarian cancer who have certain genetic faults.

March
Cancer Research UK becomes official charity partner of the Oxford and Cambridge Universities Boat Races.

May
Following our campaigning, plain, standardised cigarette packaging becomes UK law, helping to protect children from the harm caused by tobacco.

December
BBC Radio 1 launches #1millionhours, asking young people to pledge their time to charities and those who need it most. So far, 37,966 hours of volunteering have been pledged for Cancer Research UK.
FOR YOU, BECAUSE OF YOU, THANKS TO YOU

We’re so 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

OUR TRUSTEES
Michael Pragnell MA MBA, Chairman
Anne Baldock LLB, PhD (Hons) (retired 1 October 2015)
Wendy Becker BA MBA Deputy Chairman
Professor Doctor Anton Berns
Carolyn Bradley MA (Cantab)
Helen Calcraft BA MBA Deputy Chairman
Dr Adrian Crellin MA FRCR FRCP
Professor Alexander Eggermont MD PhD
Professor Stephen Holgate CBE FMEdSci
Professor Jonathan K.C. Knowles
David Lindsell MA FCA
Andrew Palmer FCA, Treasurer
Professor Sir Bruce Ponder FRCP FMEdSci FRS
Professor Peter Selby CBE DSc MD FMEdSci FRCP (retired 1 January 2016)

THE BENEFACORS CIRCLE
The Circle recognises those who have supported the charity in an extraordinarily generous way.

Seve Ballesteros Foundation
Beiersdorf UK Ltd
Blackburn District and Ribble Valley Committee
Tony Bramall Charitable Trust
The Bupa Foundation
Stephen and Caroline Butt
The Catalyst Club
Cheltenham Racecourse
City of London Friends of Cancer Research UK
Compass Group UK & Ireland Ltd
Lawrence Dallaglio OBE
Sir Naim Dangoor CBE
Dartford and District Local Committee
Deloitte LLP
Goldman Sachs
Mike Gooley Trailfinders Charity
HSBC Bank plc
HSBC Holdings plc
ICAP
Jersey Local Committee
Ronan Keating
Kuk Group Foundation
Laing O’Rourke plc
Live Nation UK Ltd
Lloyds Banking Group plc
M&amp;S
Charles and Nicola Manby
Stephanie Moore MBE
Wm Morrison Supermarkets plc
The Dr Mortimer and Theresa Sackler Foundation
Mum 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
Scottish Power
Simming World Ltd
Dame Phyllis Somers DBE
Standard Life plc
Taunton and District Local Committee
Tesco Stores Ltd
TJX Europe
Towegate 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
Yetsel Trust

OUR CORPORATE PARTNERS
Addleshaw Goddard
Crystal Amber
AXA
Royal County Berkshire Polo Club
BNY Mellon
The Boat Races
Brioche Pasquier
British Airways
CAN Management
Capita plc
Chopard
Citi Belfast
Citi
Close Brothers Group
Coinstar Ltd
HSBC Bank plc
HSBC Holdings plc
ICAP
Jersey Local Committee
Ronan Keating
Kuok Group Foundation
Laing O’Rourke plc
Live Nation UK Ltd
Lloyds Banking Group plc
M&amp;S
Charles and Nicola Manby
Stephanie Moore MBE
Wm Morrison Supermarkets plc
The Dr Mortimer and Theresa Sackler Foundation
Mum 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
Scottish Power
Simming World Ltd
Dame Phyllis Somers DBE
Standard Life plc
Taunton and District Local Committee
Tesco Stores Ltd
TJX Europe
Towegate 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
Yetsel Trust

OUR MAJOR SUPPORTERS
Maggie Alexander
Peter Andre
Roderick and Kate Anwain
John Christopher Armitage CBE
Ascreative Ltd
Edouard Asselin AT&amp;T
Tim Bacon
Keith and Mary Barker
Mark and Rebecca Baron
Francis Benali
John Bloor, Bloor Homes
Mr Michael Blunt
Tony and Linda Bolland
Marc Boyan
Tamara Box
Rob Drake-Brockman
Tania Bryer
Jenson Button
Challenge Adventure Charities
Annie Chapman
Alex Chesterman
Graham Clempson
Lord and Lady Cobe
Michael Cole-Fontayn
The Family of Lynne Collinwood
Charles and Ann Cotton

We’re so 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

OUR TRUSTEES
Michael Pragnell MA MBA, Chairman
Anne Baldock LLB, PhD (Hons) (retired 1 October 2015)
Wendy Becker BA MBA Deputy Chairman
Professor Doctor Anton Berns
Professor Sir Adrian Bird
Carolyn Bradley MA (Cantab)
Catherine Brown LLB (Hons) (retired 24 November 2015)
Dr Adrian Creltin MA FRCP FRCP
Professor Alexander Eggermont MD PhD
Professor Stephen Holgate CBE FMEdSci
Professor Jonathan K.C. Knowles
David Lindsell MA FCA
Andrew Palmer FCA, Treasurer
Professor Sir Bruce Ponder FRCP FMEdSci FRS
Professor Peter Selby CBE DSc MD FMEdSci FRCP (retired 1 January 2016)

THE BENEFACORS CIRCLE
The Circle recognises those who have supported the charity in an extraordinarily generous way.

Seve Ballesteros Foundation
Beiersdorf UK Ltd
Blackburn District and Ribble Valley Committee
Tony Bramall Charitable Trust
The Bupa Foundation
Stephen and Caroline Butt
The Catalyst Club
Cheltenham Racecourse
City of London Friends of Cancer Research UK
Compass Group UK & Ireland Ltd
Lawrence Dallaglio OBE
Sir Naim Dangoor CBE
Dartford and District Local Committee
Deloitte LLP
Goldman Sachs
Mike Gooley Trailfinders Charity
HSBC Bank plc
HSBC Holdings plc
ICAP
Jersey Local Committee
Ronan Keating
Kuk Group Foundation
Laing O’Rourke plc
Live Nation UK Ltd
Lloyds Banking Group plc
M&amp;S
Charles and Nicola Manby
Stephanie Moore MBE
Wm Morrison Supermarkets plc
The Dr Mortimer and Theresa Sackler Foundation
Mum 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
Scottish Power
Simming World Ltd
Dame Phyllis Somers DBE
Standard Life plc
Taunton and District Local Committee
Tesco Stores Ltd
TJX Europe
Towegate 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
Yetsel Trust

OUR CORPORATE PARTNERS
Addleshaw Goddard
Crystal Amber
AXA
Royal County Berkshire Polo Club
BNY Mellon
The Boat Races
Brioche Pasquier
British Airways
CAN Management
Capita plc
Chopard
Citi Belfast
Citi
Close Brothers Group
Coinstar Ltd
HSBC Bank plc
HSBC Holdings plc
ICAP
Jersey Local Committee
Ronan Keating
Kuok Group Foundation
Laing O’Rourke plc
Live Nation UK Ltd
Lloyds Banking Group plc
M&amp;S
Charles and Nicola Manby
Stephanie Moore MBE
Wm Morrison Supermarkets plc
The Dr Mortimer and Theresa Sackler Foundation
Mum 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
Scottish Power
Simming World Ltd
Dame Phyllis Somers DBE
Standard Life plc
Taunton and District Local Committee
Tesco Stores Ltd
TJX Europe
Towegate 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
Yetsel Trust

OUR MAJOR SUPPORTERS
Maggie Alexander
Peter Andre
Roderick and Kate Anwain
John Christopher Armitage CBE
Ascreative Ltd
Edouard Asselin AT&amp;T
Tim Bacon
Keith and Mary Barker
Mark and Rebecca Baron
Francis Benali
John Bloor, Bloor Homes
Mr Michael Blunt
Tony and Linda Bolland
Marc Boyan
Tamara Box
Rob Drake-Brockman
Tania Bryer
Jenson Button
Challenge Adventure Charities
Annie Chapman
Alex Chesterman
Graham Clempson
Lord and Lady Cobe
Michael Cole-Fontayn
The Family of Lynne Collinwood
Charles and Ann Cotton
Claudia Coulson
Hadyn and Joanna Cunningham
Lord Paul Deighton KBE
George and Angela Dixon
David Dighton
Marc Gilly and Pilar Enrich
Peter Ferguson
Lord and Lady Fink
St Geralds Club
Andrew Gibson
Robert Gillespie
Markus Granziol
Julie Guthrie
Robin Hambro
Paul and Nevena Harris
Jaqui Heywood
R S Hoffman
Nilail Horan
James Ingham
Mrs Susan Jones
Neejai and Simran Kanwar
Ronan and Storm Keating
Lisa Keech
Candida Kelly
Ray and Clare Kelvin
Kingswood Golf Club
I. Kirk and C. Kirk
Wendy Kramer
Murray Lambell & Simon Bleasle
Rosemary Lawrence
Jonathan Lewis
Stanley Lewis
Christian and Cathrin Lorenzen
Andrew and Fiona Malcolm
Jill and Michael May
John McAvoy
Helle McLain
Nikki Meinertzhagen
Jim Mellon
George Michael
Terry Miller
Steve Mobbs and Pauline Thomas
Modest Management
Barbara and Jonathan Moont
Ann Moore
Paul and Sarah Mullen
The Murley Family
Anonymous donation in memory of Naomi, Clare and Roz
Martin and Amanda Newson
NGL Golf
Richard North
Peter Oppenheimer
Francesco Pascuzzi
Rakesh Patel
Stephen Pettman
Andrew Pisker
Mark Plunket
Lee and Caroline Portnoi
Michael and Sue Pragnell
Nic Preston
James Reynolds
Justin Rose
Franck Ruimy
Lloyd Salvage
Bernard and Helen Scarcliffe
Mrs Sue Scott
David Searle
Tom Sellers
Geetika Rai and Akshay Shah
Dr Mark Sims
Jasminder and Amit Singh
Bernie Singleton
Sarah Skinner
Edward and Debbie Speed
John and Jennifer Stewart
Clare and William Stobart
Peter and Karen Swann
Susie Swift
Georgina Swire
Mr Bryn Tennant
Andrew Tinkler
Grenville and Karen Turner
Lars Uglands
Ann Vernau
Clive Walker
Noreen and Charles Walker
The Warburton Family
Clive Whitbourn
James Williamson
Mark and Rosemary Yallop
Victor Yeoh
O UR COMMITTEES
Birmingham Business
Committee
Boodles Boxing Ball Committee
Bridgewater Friends
Bury & Radcliffe Local
Committee
Cheddleton Carnival Local
Committee
Cheltenham Local Committee
Cogs 4 Cancer
Crewe & Nantwich Local
Committee
CRUK Sussex Fundraisers
DiM South Norfolk
Festival of Brass and Voices
Foreign Sisters
Gibraltan Friends of Cancer
Research UK
Isle of Lewis Local Committee
Kendal Local Committee
Llangollen Local Committee
Loose Change Bursaries
Louth Run For Life Committee
Nerwry Local Committee
Retail For Life Arbroath
Retail For Life Ascot
Retail For Life Aylesbury
Retail For Life Bury St Edmunds
Retail For Life Caithness
Retail For Life Clacton
Retail For Life Clitheroe (Gisburn)
Retail For Life Dalgety Bay
Retail For Life Derby
Retail For Life Dunfries
& Galloway
Retail For Life Evesham
Retail For Life Forest of Dean
Retail For Life Gwynedd
& Anglesey
Retail For Life Isle of Man
Retail For Life Jarrow
Retail For Life Kilmuir
Retail For Life Peterhead
Retail For Life Portsmouth
Relay For Life Stockport
Romsey & Wellow Group
of Friends
Salisbury Local Committee
Snowflake Ball Committee
St Paul’s Cathedral Carol
Concert Committee
Stoke-on-Trent Local Committee
Teesdale Local Committee
Thornbury Local Committee
Women of Influence
York Group of Friends
Young Art Committee
TRUSTS AND FOUNDATIONS
The Al Fayed Charitable
Foundation
The Altuzarra Family Fund
Bank of America Charitable
Foundation Awareness Fund
The Band Trust
The Bascule Charitable Trust
The Batchworth Trust
Blevins Franks Trustees Limited
as Trustee of the EH and
PH Trusts
Eveson Charitable Trust
Gynaecological Cancer Fund
The Roger De Haan
Charitable Trust
The Hayden Family Foundation
The HOBSON Charity
The Hoover Foundation
The JMCRRFJ Foundation
The John Horsemann Trust
The Alan Howard Foundation
The Howat Foundation
Ladbroke Charitable Trust
The Lancashire Foundation
Denise Leffman Trust
Miss E M Lidbury Charitable
Trust
The Kathleen Laurence
Charitable Trust
The Mitchell Charitable Trust
The Mynistica Trust
Oak Foundation
PIMCO Foundation
Gordon Ramsay Foundation
The Ranworth Trust
The ROAN Charitable Trust
Thomas Roberts Trust
The Cecil Rosen Foundation
The Cecili Rosen Foundation
The Schroder Foundation
ShareGift
The Shears Foundation
Stelios Philanthropic Foundation
Major G L Sullivan Charitable
Will Trust
The Ryland Thompson Trust
The Constanse Travis
Charitable Trust
The TRS Foundation
The Wates Foundation
The Lord Leonard and Lady
Estelle Wolfson Foundation
The Foster Wood Foundation
The Zochonis Charitable Trust
THE CATALYST CLUB
James Caan, Patron
Emma Griffin, Chair
Michael and Abbie Arney
Richard Anthony and Evercore
Caroline Arts
Dean Atkins
P R Bath
Mark and Adrianne Brever
Professor Andrew Coates and
Mrs Katherine Coates
Catherine Cookson
Charitable Trust
Michael and Irene Davis
Martin and Zara Dawe
DRC Capital
Nick and Lesley Durnbrec
Robert Gardner
Hogs Back Brewery Trust
Gavin and Claire Hughes
Anna and Robert King
Vanessa, Susanna and Mary
Langsdale
The Kathleen Laurence
Charitable Trust
Brian Lay
Joseph V McDevitt
Michelle and Ronald
McGregor-Smith
Duncan and Louise McIntyre
Mr and Mrs Michael Raffan
The Steel Charitable Trust
The Suva Foundation
Rupert and Amanda Thompson
Tiranny Charitable Trust
Clare Tunstall and Craig Thomas
Mr and Mrs Christopher Tuohy
John and Ann-Margaret Walton
Thomas H. Wood MBE
CREATE THE CHANGE
BOARD MEMBERS
Charles Manby, Chairman
Sherry Couto 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
Edward Speed
Mark Thompson
Mark Yallop
We received major legacy gifts from the following estates:

- Michael Alban Abbiss
- Vera Minnie Abrahams
- Reginald Adamson
- Frank Ainsworth
- Edward Arthur Alden
- Alan James Alger
- Doris Spence Allan
- Margaret Elizabeth Arness
- Howard Wallace Anderson
- Malcolm Russell Angell
- Joan Ardon
- Jaspal Singh Arora
- Frances Edith Ashton
- Muriel Ashton
- Phyllis Victoria Ashton
- Carol Alexandra Aston
- Samuel Paxton Austin
- Cissie Edith Alles
- Rosina Selina Alice Back
- Alfreda Howell Brown

Anthony Edward Brown
Francis Trevor Brown
Jean Anne Brown
Juliette Ann Brown
Martin Robert Brown
Robert Murdoch Brown
Edna May Bryan
Jack Bunney
Elien Amy Graham Bunting
Harold Arthur Burbage
Ruth Mary Lilian Burch
John Peter Burden
Wilhelmina Maria Burdett
Colin Andrew Burrows
Christopher Eric Burton
Elizabeth Patricia Bushby
Peter James Butcher
Eric John Butler
Irene Elizabeth Cackett
Alan Henry Cadwell
William Desmond Camp
Stella Mary Carpenter
Albert Edward Cartwright
Diane Castellani
Elien Louisa Castle
Phyllis Maude Castle
Dorothy Dukworth Cattlow
Margaret Frances Chalmers
James Graham Channey
Kenneth Reginald Chapman
Cuthbert Martin Checkley
Wilfred John Chedd
John Clayton
Derek William Clements
John Alfred Gerard Clifton
Michael Thomas Cletteroe
Eileen Codd
Margaret Elizabeth Cole
Jean May Coles
Ernest Edward Collings
Henry George Collins
Jean Rosemary Collins
May Isobel Collyer
Gwendoline Mary Compston
Dora May Cook
Doris Lilian Cook
Walter Alan Oppock
Freda Cornes
Hilda May Cotgreave
John William Crockett
Caroline Cropper
Alexander Johnston Crow
Olive Jean Crowle
Charles Maurice George Cullum
Brooke Malcolm Cunliffe
Connie Curtis
Alexandra Isabel Pirie Cuthbert
Eileen Mary D’Arcy
Evelyn Lucia Darling
Kathleen Mary Davidson
Dorothy Evelyn Grace Mary Davies
Janet Davies
Joan Davies
Marjorie Gwyneth Davies
Nora Betty Davies
Pamela Dorothy Davies
Raymond Davies
Grace Emily Davis
Brian William Dawson

Monica Eugenie Dell
Ghislaine Dickin
Francis William Dinsdale
Kathleen Dinsdale
Maureen Winifred Dodd
Pamela Dooner
Margaret Kay Douglas
Irene Rimmer Doyle
Robert Martin Driver
Anita Walker Drummond
Robert John Drummond
Philip James Duck
Glenda Keturah Elizabeth Dummer
Bernadette Margaretue Dyer
Pauline Dyer
Judith Anne Earless
Audrey Edgar
William Raymond Edwards
Joyce Lilian Elliott
Kathleen Mary Elliott
Lucy Mary Elliott
Marion Elliott
Gladys Ethel Embery
Mabel Joann Emson
Sylvia Brenda England
Jacqueline Anne Evans
Marianne Evans
June Gertrude Evenden
Joan Margaret Fearnley
Elizabeth Riddell Ferguson
Brian Ferry
Harry Fielding
Doris Joan Finch
Edna May Fletcher
Evelyn Flett
Herbert Douglas Foote
Dorothy Foster
John Foster
Christine Mary Frain
Craig Gilmour Spears Frame
Amelia Elizabeth Franklin
Sheila Kilpatrick Fraser
Irene May Frost
Betty May Gadsby
Elizabeth Amy Gallienne
Gwendoline Rachel Galway
David Gibson
William Gordon Goff
Betty Georgina Gifford
Nellie Gill
William Glass
Desmond Frederick Goch
Mary Janet Gold
Patricia Joan Goodair
Christopher Alec Goode
Frances Anne Gordon
Maureen Gould
Olive Eileen Gould
Helen Dorothy Joan Gower
Anne Margaret Grant
James Clifford Gratton
John Morgan Gravel
Esther Baird McAlpine Gray
Jean Violet Green
Winifred Louise Gregory
Pamela Catherine Griffiths
Yvonne Evelyn Grimes
Sidney Lawrence Gurney

Marilyn Irene Guy
John Thomas Hagon
Christine Ann Hall
Dennis Lorraine Halliday
John Edward James Harbridge
Gertrude Elizabeth Hamilton
Josephine Elaine Hammond
Roy Harpsion
Donald Henry Hancock
Beryl Eileen Hanford
Gertrude Olive Hargreth
Hardcastle
Stanley Harding
Audrey Hard
Ernest Harlow
Daphne Patricia Harper
Rosina May Harrison
Norman Vernon Hartshorne
Robert Albert Harvey
David Roy Harwood
Marilyn Kathryn Hatchett
Geoffrey Frank Hawkes
Freda Jean Hayes
Doreen Rose Haynes
Eileen Teresa Hearn
Brenda Ann Heath
Marilyn Higham Heaton
James Oliver Henderson
Beryl Herbert
Stanley Hetherington
Marjorie Hewitson
Anne Hewitt
Dorothy Heyes
William Percy Higgin
Emily Selina Hill
Moira Hill
Barbara Ann Hingley
Ruth Dorothy Hiscock
Jesse William Hitchman
George Percival Hod
William Charles Hogben
Peter John Holloway
Ronald Thomas Horn
Patricia Margaret Robb
Horsburgh
Isabella Gray Houston
Ann Howard
Cecil George Howard
Sybil Jeanette Howard
David Milne Stewart Howe
Dawson Frederick Howell
Gwyneth Edna Howes
Daphne Isabel Hughes
Mary Florence Hughes
William Thomas Hugo
Donald Joseph Humphage
Joy Eveline Hurn
Brian Thomas Huntley
Freda Ada Illingworth
Harold Issitt
Florence May Ivelaw
Dolly Jackson
Gregory Wade Jackson
Wladyslaw Wojciech Jama
Joyce James
James Wilson Stewart Jamieson
Ivy May Jarvis
Pamela Jay
Michael Charles Henry Jeffery
Thelma May Jenkins
William Ian Jenkins
Joyce Jenkinson
Winifred Doris Jervis
Ronald Graham Gilbert
John Francis Johnson
Ethel Margaret Jones
John Henry Jones
Sheila Jean Jones
Betty Virginia Keen
Winifred Joan Keen
Ruby Anne Kelly
Bertha Annie Slade Kendrick
Constance Gwendoline Kenway
Agnes Kenyon
David Hugh Kerr
Mary Kershaw
Olive Kershaw
Ethel Mary Keyworth
Williamina Emslie Kidd
Brian James King
Jill King
William Kinghorn
Linda Finlay Kinnear
Elisie Maud Kircher
Margaret Kirk
Lesley Valerie Lamond
Joyce Beryl Lawrence
Brenda Lawry
Betty May Lawson
Joan Margaret Lawton
Walter Clive Lawton-Thomas
Marie Layn
Raymond John L’Enfant
Geetha Morgan Lewis
Gwyntheth Betty Lilian Lewis
Kathleen Myrtle Lewis
Annie Rowena Liggitt
Freda Millicent Lighbody
Janet Robertson Lindsay
Derek Henry William Litchfield
Lois Mary Robertson Louden
Roland Frances Lucas
James Alfred Mabbait
Eileen Mair MacColl
James Noel Mackeddie
James MacRobbie
Doreen Anderson Maguire
Margot Stewart Mann
Helen Mary Marshall
Kathleen Maria Marshall
Peggy Joan Marsland
Albert Victor Martin
Ronald Mascoll
Emma Smyth McCormick
Moira McFadzean
Desmond Andrew McGovern
John McHugh
Agnes Flint McIntyre
Christina McIvor
Ian Woodrow Mitchell Menzies
Edgar Joshua Meredith
Michael William Meredith
Constance Georgina Miller
Enid Miller
Kenneth George Miller
Reginald Alfred Miller
Dora Mohamad
Barbara Eileen Moore
Charles Albert Moore
Joan Iris Morgan
Margaret Ellen Morgan
Mary Elizabeth Morris
Mary Helen Morrison
James Francis Bertram
Gardner Morris
Thomas Edwin Moverley
Jean Renwick Mur
James George Murray
Joan Webster Murrell
Beatrice Mustard
Eileen Mustoe
Sara Mytjuens
Kathleen Neaverson
Doris Ivy Nicholson
Alice Patricia Nickels
Alan Charles Norris
Arthur Cecil Norris
Robert Arthur North
Patricia Lois Nuttall
Sheila Margaret Nutting
Joyce Ellen Oddy
Margaret Christina O’Kane
Joan Beada Oldham
David William Anthony Orford
Irene Joyce Osborne
Kathleen Drummond Osborne
John Reynold Thomas Owen
Percival Stewart Panniers
Hennyka Parker
Eileen Mavis Parkin
Ivor Parry
Pamela Joan Paul
John David Pauli
Peggy Muriel Pearce
Peter James Penn
Rosemarie Pether
David Anthony George
Henry Phillips
Olga Elizabeth Phillips
Maureen Mavis Pickering
William Pirrie
Bryce Martin Pollock
Catherine Heather Poncia
Frederick George Porter
Veronica Porter
John Edward Poulton
Evelyn Mary Powell
Eva May Mary Pratt
Beryl Amy Preston
Sheila Rose Preston
Dorothy Pauline Ruby Prettejohn
Joan Margaret Price
William John Price
Gwendoline Ethel Pullar
John Robert Archfield Raffe
Frederick Henry Rains
Margaret Maud Randell
Derek John Ransome
Helen Jane Rattray
Madge Rawson
Ruth Lilian Raymond
Cyril John Rees
Harold Frederick Reeson
Peter Anthony Rennie
Arthur John Rhodes
Peter Kenneth Richards
William Arnold Robb
Margaret Roberts
Margaret Robertson
Graham Cyril Robinson
Mary Robinson
Meryn Ann Ross
Rita Henrietta Augusta
Johanna Ross
Daphne Gladys Rowe
Olive Lily Rowley
Cecil Edward Roycroft
Elise Mary Rule
Edna Rumball
Carol Runnym
Kathleen Grace Rusby
Frank John Rutherford
Joan Rutter
Beryl Ivy Sabye
Moira Roberta Joyce Sanderscock
Joan Sandilands
Jacqueline Rose Savage
Elizabeth Gladys Scott
Margaret Elizabeth Mary Sears
Audrey Seddon
Sheila Frances Sellars
John Peter Fennell Shard
Irene Shearer
Dennis Norman Shelton
Ilsemarie Martha Sidwell
Anne Silburn
Muriel Joyce Simpson
James McGregor Sinclair
Raymond Harry Thomas Skelton
Iris Sleeman
Carolus Smit
Betty Joan Amelia Smith
Evelyn Smith
Helen Greig Smith
Joyce Marion Smith
Kerry Lynn Smith
Margaret Edyth Sonn
Czeslawa Spiewak
Edna Joan Sprankling
Grace McQueen Squair
Dinah Audrey Staines
Kenneth Norman Stanley
Florence Stappard
John Statharn
Margaret Nellie Stephenson
John Gunter Egon Stern
Vera Emily May Stevens
Cynthia Barbara Stewart OBE
Maureen Shirley Stone
Nancy Stowe
Carol Margaret Sutherland
Stella Jean Sutter
Herbert James Cubitt Sutton
Olivia Raine Sutton
William Stuart Sutton
Francis John Swann
Frederick Swann
Christopher George Tavener
Agnes Innes Taylor
Bruce Drummond Taylor
Joan Taylor
Mary Hester Taylor
Winifred Victoria Taylor
Margery Ivy Terry
Edna Mary Theobald
Ronald William Theobald
Douglas Wilfred Thomas
Eunice Thomas
Marjorie Hamilton Thomas
Mary Sheila Anne Thomas
Nora Emily Thomas
Yuen Ping Thompson
Elise Kate Thorn
William Till
Barbara Joan Timbrell
Ronald Edward Trickett
Michael Anderson Turnbull
Alfred Sydney Turner
Charles Tyreman
George Henry Picken Tyrell
Jessie Varcoe
Kathleen Venner
Adam Forbes Vertre
Peter Frank Vickers
Lilian Rosina Ivy Wade
Arthur Walker
Daisy Eveline Walker
Mary Menzies Walker
Charles Wallis
Ronald Frederick Warn
Hazel Rosemary Warner
Stuart Malcolm Watson
Anne Elizabeth Watt
Brinley Watts
Janet Miller Waugh
Joan Weaving
Ethel Mary Webster
Edward Welch
Joseph Henry Hubert Wells
Marjorie Flora Ada Elisie Wells
John Barry West
Eileen Gertrude Westbury
Gertrude Irene Westell
Audrey Lillian Wey
Michael John Whait
Dorothy Mary Wheeler
Neville Wallace Wheeler
Doris Whigharn
Edna Mary White
Diana Dorothy Louise Whybrew
Jessie Ann Wiblin
Leonard Frank Wiles
Horace Joseph Wilkinson
Kathleen Wilkinson
Roy William Frank Wilkinson
Gordon Tom Williams
Ronald Williams
Sylvia Doreen Williams
Dorothy Melville Williamson
David Eric Wilson
Elisabeth Wilson
Katherine Wilson
Peter John Wilson
Kathleen Merle沃尔森
Michael Revlye Norton-Wood
Susan Ethel Evro Wood
Earl Estin Woodyatt-Jenkins
Irene Mary Worth
Barbara Wright
Gordon Ronald Charles Wright
Mary Agnes Wynn
Alain Joseph Young
Anita Zimmerman
HELP US BEAT CANCER SOONER

MAKE A DONATION
Regular donations make a real difference. Visit 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

SHARE YOUR STORY
Help us raise awareness – email mystory@cancer.org.uk or visit cruk.org/share

GET RELIABLE INFORMATION ABOUT CANCER
For information about cancer, clinical trials and research visit cruk.org/about-cancer

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.

FIND OUT ABOUT CANCER TRIALS
For more information on clinical trials that you can ask your doctor about, and to see trial results, go to cruk.org/trials

TALK TO OTHERS AFFECTED BY CANCER
Go to our online discussion forum cruk.org/cancer-chat

FOR MORE INFORMATION
The best way to get to know about us and our work is through our website cruk.org

HAVE A QUESTION OR FEEDBACK?
Call 0300 123 1022 or contact us through our website cruk.org/contact-us

THE BEST WAY TO GET TO KNOW ABOUT US AND OUR WORK IS THROUGH OUR WEBSITE.
We have committed to a series of social and environmental goals. You can find out more about these at cruk.org/corporate-responsibility.

A great deal of cancer research is carried out without involving animals, but in certain areas, animal research remains essential if we are to understand, prevent and cure cancer. We only carry out research involving 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 © 2016 Cancer Research UK