OUR VISION

Cancer Research UK’s vision is to bring forward the day when all cancers are cured.

In the 1970s, less than a quarter of people with cancer survived. But over the last 40 years, survival has doubled – today half will survive.

Our ambition is to accelerate progress and see three-quarters of people surviving the disease within the next 20 years.
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LOOKING TO THE FUTURE

‘THE NEXT SEVERAL YEARS CAN, AND WILL, TRANSFORM THE OUTLOOK FOR CANCER PATIENTS.’
Research is our most powerful weapon against cancer. Through our research, we’ve helped double UK survival rates over the last 40 years.

But too many people still die from cancer and there remain groups of patients for whom outcomes are particularly poor.

Our ambition is to accelerate progress and see three-quarters of people surviving the disease within the next 20 years. Our strategy for achieving this is set out in this document.

• We have come a long way, but we need to understand cancer better if we are to tackle it effectively. We will continue to invest heavily to build our knowledge of what causes and drives the disease.

• No one should be diagnosed too late to have treatment that will save their life. We will substantially increase our investment to support the earlier diagnosis of cancer.

• Lung, pancreatic, oesophageal cancers and brain tumours have extremely poor survival rates. We will dramatically increase our research effort in these cancers to accelerate progress.

• We will discover and develop new tests, surgery and radiotherapy techniques, and new drugs, speeding up the pace at which research is translated into benefits for patients.

• We will optimise every individual’s chance of beating cancer by developing personalised approaches to prevention, screening and treatment.

• Smoking is the biggest preventable cause of cancer and we will work towards the day when no one in the UK smokes, in particular by protecting children and by helping people to quit.

• We want the UK’s cancer survival rates to be among the best in the world. We will campaign for the best public health and cancer services, in all parts of the UK.

• We will give every cancer patient and those close to them the chance to be well-informed, to know their choices and to join the fight against cancer.

We’ll continue to support research into all types of cancer and across all age groups, and we expect our investment to grow substantially in the coming years.

Over the last five years, I have been struck by the sense of excitement and optimism from those directly involved in research and those who use the results of that research to deliver better care for patients. While no one underestimates the challenges we have yet to overcome, we firmly believe that the next several years can, and will, transform the outlook for cancer patients.

But we can’t achieve our mission alone. We’re dependent on the outstanding scientists, doctors, and nurses who make our research possible across the UK.

At the same time, we could not achieve anything without the generosity of our supporters and the dedication of the cancer patients who selflessly participate in our research. They make the extraordinary possible and enable us to have belief in our vision of bringing forward the day when all cancers are cured.

Harpal S Kumar
Chief Executive
May 2014
More people are being diagnosed with cancer than ever before. We’re making progress, but there are some areas where we need to do much more.

Cancer cases continue to rise, with around a third of a million people diagnosed every year in the UK. This figure is expected to increase to more than 425,000 by 2030.

Today, half of the people diagnosed with cancer in the UK will survive for at least 10 years.

Ten-year survival for many cancers is now above 75% – such as breast, skin and testicular cancer.

Survival rates are still very low for some cancers such as pancreatic, lung, oesophageal and brain tumours. We’re increasing our research on these cancers to save more lives.
OUR STRATEGY

Our ambitious new strategy will give us the foundations we need to tackle the challenges ahead.

Cancer Research UK is the world’s leading cancer charity dedicated to saving lives through research. Our ambition is to bring forward the day when all cancers are cured, and our new strategy will help us make this a reality.

We want survival in the UK to be among the best in the world. We’re focusing our efforts in four key areas – working to help prevent cancer, diagnose it earlier, develop new treatments and optimise current treatments by personalising them and making them even more effective.

In the coming years, we’ll concentrate our research in these four areas to make a difference to people with cancer and their families.

4,000

We fund over 4,000 scientists, doctors and nurses across the UK.
We're tackling cancer on all fronts.
OUR OBJECTIVES

Our plan to beat all cancers sooner

Pg. 8 PREVENT
Reduce people’s risk of developing cancer

Pg. 12 DIAGNOSE
Diagnose more cancers earlier

Pg. 16 TREAT
Develop new cancer treatments

Pg. 20 OPTIMISE
Make treatments more effective for each patient
The number of people being diagnosed with cancer is rising, due to changing lifestyles and the fact that more people are living longer, reaching ages when cancer is more common. So we need to do more to prevent cancer developing in the first place.

We know many cancers can be prevented by changes in lifestyle. Decades of research have shown that people can reduce their risk by not smoking, eating a healthy diet, drinking less alcohol, being physically active and limiting their exposure to the sun and sunbeds. But making this happen is a huge challenge. To prevent more cancers, we need continued research, changes in legislation, awareness campaigns and empowering information to help change attitudes and behaviour.

4/10
More than four in 10 cancers could be prevented by lifestyle changes.

1/5
Smoking doesn’t just cause lung cancer – it’s linked with over a dozen other cancers, accounting for around a fifth of all cancer cases in the UK.

120,000
Smoking, unhealthy diets, alcohol and excess weight together cause more than 120,000 cases of cancer each year in the UK.
Bring forward the day when no one smokes

The challenge
Smoking is by far the biggest preventable cause of cancer in the world. Although rates in the UK are falling, about 20% of people in the UK still smoke – with around 150,000 children taking up the habit every year. Our ambition is to see a tobacco-free UK, with an adult smoking rate below 5%.

We have a critical role to play in influencing laws around tobacco and changing attitudes to smoking. We already have a strong track record in this area, campaigning successfully for the ban on advertising tobacco, and smoking in public places. This has helped thousands of smokers to quit and contributed to the decline in young people becoming addicted to tobacco.

What we’re going to do
We’re working towards the day when no one in the UK smokes. Through research and campaigning, we’ll prevent children from becoming addicted and help smokers to quit. We’ll lobby governments to make sure the evidence on the devastating impact of tobacco, translates into public health policy changes. We’ll also work with the National Cancer Institute in the US to increase investment in tobacco control across the world.

Help people to reduce their risk of cancer

The challenge
We want to help people make positive choices for their health that will lower their risk of cancer, by offering them useful tools and information. To do this successfully, we need a solid understanding of what works and what doesn’t – based on knowledge of behaviour and the causes of cancer.

What we’re going to do
We’ll develop new ways to influence positive lifestyle changes with the help of behavioural, policy and health economics research. We’ll continue to work with experts from other fields, such as marketing, to apply the lessons they have learned about how to change behaviour. And we’ll continue to provide the authoritative, myth-busting information people need to make informed choices.

Use drugs to prevent cancer

The challenge
Along with lifestyle changes, cancer-preventing drugs have the potential to save many lives. There’s growing evidence that aspirin could join the small number of preventive drugs already in use, although there are risks for some people when taking aspirin for a prolonged period. We need to understand who should and should not be using these drugs, and for what length of time.

What we’re going to do
We’re already funding major trials to investigate the potential of aspirin, and we’ll lead research in this area and into other cancer-preventing drugs, finding out which people might benefit most and investigating the possible side effects.

Help people most at risk of cancer

The challenge
Our scientists have led the world in understanding how our genes affect the risk of breast, prostate and other types of cancer. As we learn more about the links between lifestyle, genetic, environmental and other risk factors, we’re beginning to more precisely identify groups of people at the highest risk of developing the disease. This will help doctors to support them with personalised approaches to prevention and screening.

What we’re going to do
We’ll increase research into risk factors for cancer, focusing particularly on how they affect the body and make people more susceptible to the disease. We’ll also fund studies that investigate how lifestyle, genetic and other factors work together to affect a person’s risk of the disease, to more accurately define groups of people most likely to develop cancer.
Henrietta Pretty lives in Worthing with her husband and two sons. Her mum Rosemary died from lung cancer in 2011, leaving behind six grandchildren.

‘When mum started smoking in the 1950s it was the done thing – cool, sophisticated, medicinal even. Her GP would happily offer her a cigarette from his gold enamel case when she visited him to “help calm her nerves”.

By the 90s the dangers of smoking were clear and it was far less socially acceptable. But mum was already heavily addicted. She was someone who never showed weakness, but she was powerless when it came to cigarettes. Hooked in her teens, she was never able to kick it.

For a year before she was diagnosed with lung cancer, she kept getting sick. Subconsciously, I knew something wasn’t right. After going to the doctor a few times, mum was sent for a chest X-ray. A week later, we were told it was lung cancer.

Everything happened so fast, I don’t think it hit me at first. Just before mum started treatment, we discovered it had spread to her liver and brain. She had radiotherapy and chemotherapy, but she died just 10 weeks after finding out cancer was suspected. Sadly that’s not unusual with lung cancer; it’s often picked up at a late stage.

‘I WANT CHILDREN TO LOOK AT SMOKING AND THINK, “I DON’T WANT THAT TO BE MY LIFE”.

Henrietta Pretty
After she’d gone, I had a feeling of total disbelief – I kept thinking “what just happened?” She was just 71. We should have had mum for another 20 years. All our family have lived that long, all except my mum.

As a young child, I didn’t think anything of mum smoking – so many people did it. I smoked myself in my late teens and early twenties. I tried many times to give up. I managed it, but it was hard. We have to stop people starting in the first place.

I find it shocking how cigarette packaging is designed to attract young people. I’m 100% clear: cigarettes shouldn’t be marketed at all.

I would do anything to stop my two boys from getting hooked on cigarettes. That would break my heart. Smoking shouldn’t be seen as “one of those things you do” when you’re growing up. I want children to look at smoking and think, “I don’t want that to be my life.”

WHAT THE EXPERTS SAY

‘We’ve gathered plenty of evidence on the key risk factors for cancer and the different ways to help prevent it. Now we need to take full advantage of this insight, translating it into ways to empower people in the UK and across the world to reduce their risk.’

Sir Michael Marmot
Professor of Epidemiology and Public Health
University College London
Diagnosing cancer earlier is one of the most powerful ways to improve cancer survival. The chances of successful treatment are much higher for almost all types of cancer if it’s found early.

Even a relatively small improvement in early diagnosis could have a profound impact, saving many lives. We believe that no one should be diagnosed too late to have treatment that might save their life, so we’re boosting our investment to support earlier diagnosis.

We’ll need new tests to diagnose cancer, more research into the biology of the disease, health services research, policy change and greater awareness of cancer symptoms among the public and health professionals. Our experience and crucial links with other cancer organisations, UK governments and the NHS, make us ideally placed to tackle this immense challenge.

9/10
More than nine out of 10 people can be treated successfully when bowel cancer is spotted at the earliest stage – but fewer than one in 10 people are diagnosed at this point.

£20M
We will bring about a major shift in early diagnosis research, investing around £20 million a year by 2019.
Build our understanding of early-stage cancer

The challenge
Many cancers have no clear symptoms until the disease has spread and become more difficult to treat. To make the progress we hope for, we need a better understanding of the biology of cancer in its earliest stages, so we can translate this into better ways of detecting the disease.

What we’re going to do
We’ll fund research that helps us find signs of cancer before symptoms start. We will investigate how the immune system responds to cancer, what helps the tumour to develop and how the body changes in the early stages of the disease. This will help us to develop new tests to diagnose cancer as early as possible.

Develop more effective screening tests

The challenge
Cancer screening needs to be as precise as possible so people with cancer can be accurately identified at a point when treatment is likely to make the most difference.

New scanning and blood test technologies could lead to cutting-edge screening tests – research is already happening in the UK, but we need creative thinking to help translate more of our discoveries into effective tests that will help save lives.

What we’re going to do
We’ll pave the way for research into tests to find cancer early, taking a range of approaches. We’ll involve biologists, doctors, technology experts, engineers, pathologists and statisticians to boost progress in this challenging field.

Improve the uptake and accuracy of screening programmes

The challenge
Our research laid the foundations for all three of the UK’s national screening programmes for breast, bowel and cervical cancer. These already save thousands of lives every year. If we can increase the numbers of people being screened for different forms of cancer, there’s the potential to save many more.

But screening tests can’t yet tell the difference between aggressive tumours which need urgent treatment and those that are slow-growing and unlikely to cause any harm. This leads to over-diagnosis for some people, meaning they sometimes have treatment they don’t need. To address these challenges, we need a fresh approach involving more accurate ways of identifying subtle differences between tumours.

What we’re going to do
We’ll continue to undertake research to understand why some people don’t go for screening. What we learn will help improve our awareness campaigns and policy work. We’ll work alongside the NHS to make sure people have access to new and effective screening programmes across the UK. And we’ll look for new tests that can distinguish between cancers that need treatment and those that don’t, to make screening more accurate and avoid over-diagnosis.

Help more people get diagnosed earlier

The challenge
There are many reasons why people delay going to the doctor when they have symptoms that could suggest cancer, and many other factors that contribute to late diagnosis. Now that we are beginning to understand some of the reasons why cancer is diagnosed late, we can apply this knowledge to tackling the problem.

What we’re going to do
We’ll carry on working in partnership with the Departments of Health across the UK to influence policy, and break down the barriers that prevent people going to their doctor when they have possible cancer symptoms. We’ll help GPs and other health professionals to diagnose cancer earlier and pilot new approaches, as well as leading and evaluating awareness campaigns to help people recognise possible symptoms of the disease.
Bread milk cheese
Send back your screening kit !!!
SANDY’S STORY

Sandy Lawrence, 62, was diagnosed with bowel cancer in May 2003 after taking a routine screening test he received in the post.

‘When the test arrived I nearly put it straight in the bin. I was convinced there wouldn’t be anything wrong with me. I’m reasonably fit, I only have the occasional beer and I don’t smoke. My wife Kaye persuaded me to do it – a decision I now know saved my life. If I hadn’t taken the test when I did, my situation would have been very serious. I may not have been here today to spend time with my three grandchildren.

That initial test showed up some blood, so the doctor asked me to do another one. Further tests and a scan showed a lump, close to my spleen. At this stage, we didn’t know if it was cancer. After an operation to remove it, the doctors confirmed it was cancer. I was shocked – I never thought it would happen to me. I started a three-month course of chemotherapy. I had complete faith in what the doctor was telling me, that I could expect to make a full recovery. And here I am 10 years on.

When I finished all my follow-up appointments, I went back to the hospital – this time to support people who were just starting chemotherapy and were extremely worried. I reassured them that the most important thing was that their cancer had been diagnosed and was being treated.

It’s because of the current bowel cancer screening test that I’m still here. Now, thanks to Cancer Research UK, a new test called bowel scope is being added to the screening programme in England to detect cancer and remove polyps – tiny growths that can develop into cancer. The doctor said my tumour started forming years earlier, so in the future, bowel scope might help to diagnose people like me long before their cancer develops.

Screening is so important. I know I was very lucky to be diagnosed early. I listen to my body more now. If there was a major change, I would go to the doctor. And I always encourage others to do the same. The earlier cancer is caught, the better.

So many fantastic things have happened in my life since I had cancer; I appreciate what’s around me more. It makes you grateful for what you’ve got.’

‘IT’S THANKS TO SCREENING THAT I’M STILL HERE.’

Sandy Lawrence

WHAT THE EXPERTS SAY

‘Early diagnosis remains the most promising approach to help more people survive cancer. New technology to develop tests for the disease is revitalising research in this area. The challenge now is to harness the potential of these tests to develop new ways to spot cancer.’

Professor Rebecca Fitzgerald
MRC Cancer Cell Unit
University of Cambridge
Cancer is complex. As our understanding of the disease grows, we have an opportunity to discover and develop new treatments.

This is particularly urgent for rare cancers, cancers affecting children and young adults, and hard-to-treat cancers like lung, pancreatic and oesophageal cancers and brain tumours.

We don’t confine our approach to discovering new drugs. We need to continue to improve surgery and radiotherapy treatments. There is also scope to develop new treatments that combine radiotherapy and surgery with drugs, which could bring enormous benefits for patients.

To deliver new treatments we’ll need sophisticated new approaches, based on an ever more detailed understanding of the biology of cancer. We know just how important it is to work in partnership with a range of organisations and experts, both in the UK and internationally. Different perspectives and our world-class clinical trials network will be essential in helping us bring much-needed new treatments to patients as quickly as possible.

4/10

Four in 10 people who beat cancer have received radiotherapy as part of their treatment.

250

We support more than 250 clinical trials across the UK.
Lead innovation in radiotherapy and surgery

The challenge
New technologies in radiotherapy and surgery have opened up new avenues of research. We have a vital role to play in supporting this innovation and making sure there’s robust evidence to prove the benefits of new techniques through our clinical trials.

In the past five years we’ve made huge strides in improving radiotherapy. We’ve brought more targeted techniques to patients across the UK and the number of radiotherapy trials we support has trebled. Advances like this will benefit people with many types of cancer.

What we’re going to do
We’ll help accelerate radiotherapy research, through our Institutes and collaborations with other organisations. We’ll also work on more personalised approaches that predict how well people will respond to treatment and what side effects they’re likely to have. This will help make radiotherapy even more precise, effective and kinder.

Surgeons play a vital role in developing and testing surgical techniques and technologies. We’ll continue to support research into new surgical techniques, including less invasive surgery, as well as making sure surgeons have the opportunity to contribute to other areas of cancer research.

Discover and develop new drugs

The challenge
Finding drugs that target the many different weaknesses in cancer cells has huge potential to improve treatment and save more lives. We’re also increasing our understanding of how to harness the power of the immune system to target cancer cells – a type of treatment called immunotherapy.

What we’re going to do
Through our Drug Discovery Units and Drug Development Office, we’ll invest in research to speed up the time it takes to turn our discoveries into new treatments for patients. We’ll pursue diverse approaches, boosting research to understand the immune system and supporting innovative clinical trials to test the next generation of cancer treatments.

Focus on potential breakthrough drugs

The challenge
All cancers are driven by mistakes in the DNA ‘instruction manual’ inside cells. These can be inherited, but most cases of cancer are caused by genetic faults that build up over a person’s lifetime and can make the cells grow out of control.

Researchers can now target some of these faults with drugs, focusing on each cancer’s ‘Achilles heel’. However, many of the most common genetic mistakes in cancer cells are currently very difficult to target in this way. These fundamental weaknesses in cancer hold real potential, but so far little progress has been made in exploiting them.

What we’re going to do
We’ll find new ways to target the faults at the heart of cancer. This is a difficult challenge, but we recognise the opportunity for developing drugs that could benefit a range of people with many different types of cancer.

‘The first time I did Race for Life was such a happy day for my family. It was about a month after dad had completed his chemotherapy and he was having a good day. He was super proud to be there supporting me and mum.

I did it again the year after he died. We had just 18 months with dad after he was diagnosed. That’s the problem with this type of cancer – by the time it’s diagnosed it’s often too late for treatment to work.

Dad didn’t have any obvious symptoms. He just lost his appetite. I pushed him to go to the doctor, who said he was constipated. But dad continued to lose weight, we knew something was wrong. It turned out there was a massive tumour on his pancreas. He was given chemotherapy and responded well at first. But the symptoms returned and scans showed the tumour had grown. My dad had no more options.

My hope is to see more research that will help tackle hard-to-treat cancers. We need to use all the knowledge we have and keep pushing for breakthroughs. Progress is being made but it’s hard to cope with the fact that it couldn’t help dad. I don’t want other families to go through what we did.

When I’ve taken part in Race for Life before, I’ve jogged, speed-walked or hobbled round. My goal this year is to run the whole way. Volunteering and fundraising helps me to feel like I’m doing something to make a difference. I do it in my dad’s honour.

I miss my dad all the time. It does get a little less raw, but it doesn’t go away. Life changes around you, things go on, but I’m always aware there’s somebody missing.

The more research we do, the more chances we have to find cures – not only for hard-to-treat cancers like dad’s, but other cancers too.’

‘THE MORE RESEARCH WE DO, THE MORE CHANCES WE HAVE TO FIND CURES.’

Yasmin Kidwai

WHAT THE EXPERTS SAY

‘Cancer drug development has brought about major improvements in the past decade. However, many of the new drugs only work in some types of cancer. We need to understand and then target weaknesses found in many different types of cancer, to develop better drugs that will benefit more patients.’

Professor Ruth Plummer
Clinical Professor of Experimental Cancer Medicine
Newcastle University
Researchers now have huge amounts of information about the genetic changes in different types of cancer. It’s becoming clear that every patient’s cancer is unique.

This creates a huge challenge – there won’t ever be one cure. But it’s also an opportunity to personalise treatment by predicting what will work best for each patient.

If we use our understanding of cancer biology to identify who will respond to a treatment early on in its development, we could make sure it is tested in groups of people most likely to benefit. This will boost the chances of success in crucial late-stage trials.

Our increasing knowledge also means we can retest drugs that have not looked promising in the past, by giving them to the right people at the right time and in the combinations that work best. Our trials will continue to play a key role in developing more precise, effective and kinder treatments.

33,000 patients take part in our trials each year.

We support six out of 10 children’s and young adults’ cancer clinical trials in the UK.
Understand how cancers evolve

The challenge
Over time a person’s cancer can change. The cells evolve and spread, which means the disease can stop responding to treatment. Developing our understanding of this process will help us discover and develop treatments to overcome cancer that’s come back. It will also help us improve the treatments we already have.

What we’re going to do
We’ll support research to understand and monitor how cancers change and spread over time, through lab research, trials and new technology. This will help doctors and scientists stay one step ahead of the disease. Our aim is to one day be able to predict how each cancer will behave and select the patient’s treatments accordingly.

Develop new combination treatments

The challenge
Treatments that combine different drugs or use drugs alongside radiotherapy and surgery hold real potential for tackling cancer. They work by attacking the disease on several fronts, helping to block the tumour’s ability to become resistant to treatment. We need better combination treatments to save more lives.

What we’re going to do
We’ll fund research into new treatment combinations in the lab and the clinic. We’ll build our understanding of how combined treatments could be used and which patients would benefit the most. Working alongside pharmaceutical companies, we’ll use the drugs they’re developing and test them in combination with other drugs to make sure no opportunity is missed.

Tailor treatment to the individual

The challenge
If doctors had quick, simple tests to group people according to the genetic mistakes driving their cancer, they could offer them tailored treatments that are more likely to work. It would also stop people from being given treatments that may not help, and avoid unnecessary side effects.

What we’re going to do
We’ll fund research to discover new biological signposts, known as biomarkers. These could be used to categorise cancers and help develop tests that doctors can use. We’ll play a leading role in the global effort to discover and develop new, less invasive tests – such as simple blood tests. And we’ll carry on supporting innovative trials that treat people according to the particular genetic faults of their cancer.

Lead the NHS towards personalised medicine

The challenge
Many questions need to be answered before truly personalised medicine becomes a reality. Our Stratified Medicine Programme has already shown that rapid genetic testing of cancer samples can be done within the NHS. The programme is now working out how this testing could be used to determine the best treatments for patients.

What we’re going to do
We’ll work with the NHS to plan the next steps towards personalised medicine, and fund essential research to harness its potential. We’ll continue our work through the next phases of our Stratified Medicine Programme, including using genetic testing to match lung cancer patients to trials of targeted drugs that have the best chance of helping them.
Anne Ranasinghe was diagnosed with leukaemia when she was a toddler. Her dad Neil describes the family’s experience.

‘It was more than 10 years ago now, but I remember it so clearly. My daughter Anne, who was just three, had not been herself for a while. She’d lost interest in her favourite toys and was tired a lot. We’d taken her to the GP several times, then a blood test showed it was cancer.

It was a massive shock. My wife was worried something serious was going on, but I really hadn’t thought it would be anything like that. I didn’t have a clue what acute lymphoblastic leukaemia was; I just heard the word “cancer” and I was terrified. But I’m a positive thinker. After a couple of days, I decided “Anne’s going to get through this”.

She endured two and a half years of treatment. At the beginning you think it’s an impossibly long time, but we adapted and so did Anne.

We were extremely lucky. Anne had hardly any problems during treatment, she was so brave. There were side effects from the chemotherapy, but she coped well. Losing her hair and having a swollen tummy wasn’t a huge deal for her at that age. If she’d been a bit older, I can imagine how awful that would have been.

I know some families whose children have long-term side effects, such as weakened bones, meaning they’re not as strong as they should be, or they have problems concentrating.

Anything that can reduce the length and severity of the treatment would make such a difference. Children’s bodies have to cope with really strong drugs. If we can work out which children don’t need such intensive treatment and really tailor the way we treat each child, it would be a huge benefit.

Anne is now a healthy, happy 13-year-old. She loves listening to music and going on holiday, and she can’t remember much about having cancer. But the experience has changed our lives. We both do lots of work with Cancer Research UK, fundraising and raising awareness about the importance of research.

If Anne had been born 20 years ago her chances of getting through would have been much smaller. The cure rate for children with leukaemia is going up all the time. It’s around 80% now, which is fantastic. That’s thanks to the great work Cancer Research UK has done in the past with research and trials. We’re immensely grateful for that.

But some families still have to go through the trauma of losing a child, and there are plenty of other childhood cancers where the cure rate is much lower. There’s still a lot of work to be done to improve the outcomes for all children with cancer.’

‘ANNE’S ALIVE BECAUSE OF RESEARCH.’
Neil Ranasinghe

WHAT THE EXPERTS SAY

‘Over the past few years, we have begun to understand how each person’s cancer is unique to them. Our task now is to shape the way we treat each patient – using innovative research to develop truly bespoke treatments that combine novel drugs, less invasive surgery and very precise radiotherapy.’

Professor Gillies McKenna
CRUK/MRC Oxford Institute for Radiation Oncology
Dear Jan,

Having an amazing time on holiday. Can’t wait to tell you about it,

Lots of love

Anne x
Our Strategy

ONE DAY WE WILL BEAT CANCER
HELP US MAKE IT SOONER

THANKS TO YOU WE'RE SAVING LIVES

SHOP DONATE OR VOLUNTEER CRUK.ORG
THANK YOU!

With your help, we will beat cancer
Volunteering at an event or in a shop. Campaigning to change policy. Taking part in a clinical trial. Raising money. Whatever you do, by getting involved in our work you’re helping beat cancer sooner.

Without our supporters, we’re powerless. We receive no government funding for our research, so everything we do to save lives relies on money from the public. Nine out of 10 of the donations we receive are for £10 or less, proving that small amounts make a huge difference. Whatever the size of your donation, we make sure we put your money to the best possible use.

Thousands of people across the UK also donate their time – helping us in our shops, at our fundraising events, and through our campaigning work. And we partner with other charities and companies to raise money to fund more cutting-edge research. Together we’re making progress every day.

We’re committed to making sure that anyone who wants to can join the fight. So we’re finding new ways for people to support us. ‘Citizen Science’ projects – like our CellSlider website and mobile game Play to Cure: Genes in Space – allow anyone to help analyse scientific data and get involved in our research. We’re also working with people affected by cancer, listening to their feedback and building on their ideas to create new opportunities to join forces.

Every step we make towards beating cancer relies on you. By working together we will achieve our vision of bringing forward the day when all cancers are cured.

DRIVING PROGRESS THROUGH TRIALS

Trials are one of the most important ways people living with cancer take part in our work. They’re a critical step in the process of making new treatments and tests available. Each year, tens of thousands of people join trials we support. We’re hugely grateful to each and every one of you for taking part and helping drive forward research at such a difficult time in your lives. We want every cancer patient in the UK to be given the opportunity to take part in research. We’ll work with the NHS and other partners to help make this a reality, and we’ll do more to recognise the important role that participants play in the fight against cancer.

40,000

Around 40,000 volunteers give up their time to help us beat cancer.
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 mystery@cancer.org.uk
Or visit cruk.org/share

Get reliable information about cancer
For information about cancer, trials and research, visit our CancerHelp UK website cruk.org/cancer-help

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

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

Talk to others affected by cancer
Go to our online discussion forum cancerchat.org.uk

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

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

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

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

Registered company number
England and Wales: 4325234
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