



Annual Review 2015

children  
with  
cancer **uk**

fighting the UK's biggest child killer

## Foreword by our Founder and Chair of Trustees



Since starting out as a small memorial charity 28 years ago, Children with Cancer UK has played a major role fighting childhood cancer.

In that time we have helped improve survival rates, particularly for children suffering with acute lymphoblastic leukaemia (ALL), the most common

form of childhood cancer. The NHS has adopted treatment and procedures pioneered by our charity and today 92% of children diagnosed with ALL will survive.

Our progress would not have been possible without the generosity of supporters and for that we are enormously grateful. To date, with your help, we have raised over £200m in our fight against childhood cancer - £125m, of that, in the last ten years.

Whilst success against some childhood cancers has increased, prognosis for other childhood cancers remains poor. Brain tumours kill more children than any other cancer and more than 60% of survivors are left with a life-altering, long term disability.

Today, our commitment to fight childhood cancer is as resolute as ever. Sadly 10 families every day receive the devastating news that their child has been diagnosed with cancer. Cancer is the UK's biggest child killer disease and the number of children being diagnosed has increased by more than 40% since the 1960s.

We will continue to invest in life-saving research to increase the progress scientists are making in the battle against childhood cancer and have a real impact on patient care.

A great amount has been achieved, but there is still much to be done. Without our valued supporters, vital research and welfare projects could not be funded.

I offer my heartfelt thanks to everyone who has so kindly supported our work to help more children with cancer and their families. I look forward to all we can continue to achieve together in the future.

Eddie O'Gorman OBE  
Founder and Chair of Trustees

## 4,000 children and young people are diagnosed with cancer every year in the UK

Thanks to investment in research, more young cancer patients are beating cancer than ever before.

Cancer treatment is a difficult journey for anyone to travel but for children it is especially cruel. Treatment can take up several years of their young lives; it is likely to involve lengthy hospital stays, repeated unpleasant procedures, toxic medicines and extended separation from family and friends.

Sadly, for one in five young patients even the most aggressive treatments will not be enough and their life cannot be saved. Despite the incredible progress that has been made, cancer is the leading killer of children aged one to 14 years.

New treatments are desperately needed for the young patients with high-risk cancers that resist all the treatments and tools currently available.

But not only do we need to develop treatments that are more effective, we also need to find treatments that are safer and less toxic.

As the survival rates have grown over recent decades, so that survival has become the norm rather than the exception, the harmful long-term effects of treatment have

become increasingly apparent. There are an estimated 35,000 survivors of childhood cancer alive in the UK today and for many, survival has been achieved through the use of combinations of aggressive drugs, often in combination with radiotherapy. These treatments can have debilitating side effects that last long into adult life.

We need to increase the pace of research, so that we can speed up the development of more effective, less harmful treatments for children and young people so that every young cancer patient can beat their disease and go on to enjoy a long and healthy life.



Benji was diagnosed with acute lymphoblastic leukaemia (ALL) in 2014.

## Research highlights

We are currently funding research projects worth £14 million, at centres around the UK – including centres in Birmingham, Bristol, Cardiff, Edinburgh, Glasgow, Manchester, Nottingham and London. This means we now have more than 50 active research grants, supporting life-saving research.

In 2015 we made new research commitments totalling £4.3 million under our range of funding streams including project grants, research fellowships and our brain tumour initiative.

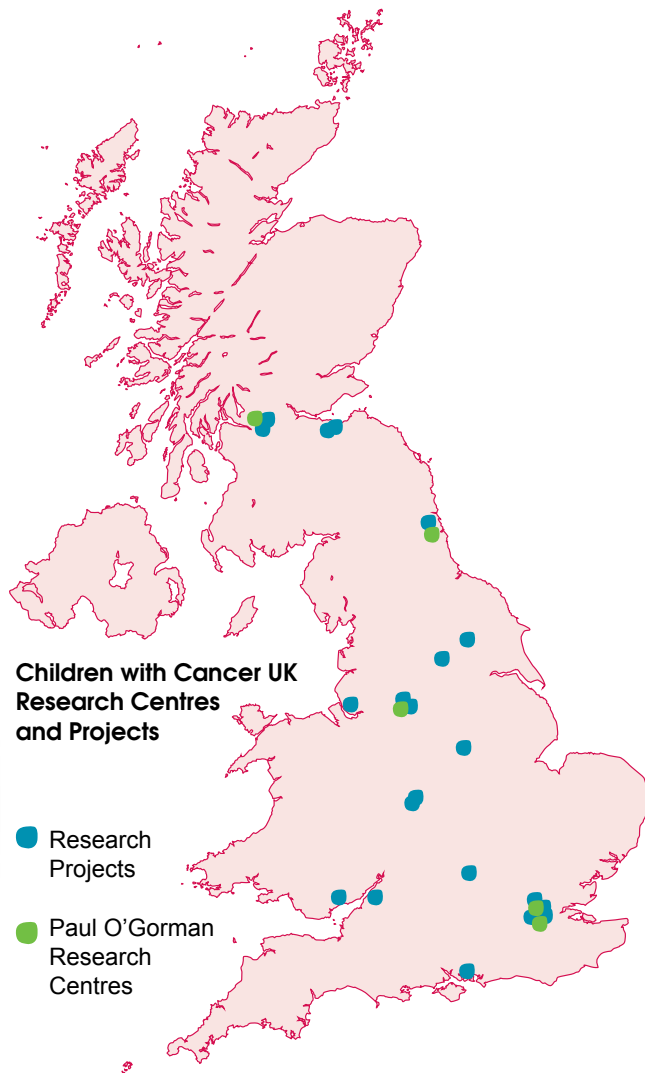
All of the research funded by these grants has been scrutinised by the members of our Scientific Advisory Panel, with input from dozens of expert reviewers from around the world. Not only does this help to ensure that the research we fund is of the very highest quality but also that it is research that has real potential to impact on patient care – whether in the short-, medium- or long-term.

Information on all the projects we are funding is available on our website; here we have highlighted a small handful of the new projects we have funded in 2015.

### Tracking treatment response in acute myeloid leukaemia

**Professor David Grimwade & Dr Richard Dillon, King's College London**

Acute myeloid leukaemia (AML) is the second most common form of childhood leukaemia. It has a far worse outlook than the more common acute lymphoblastic leukaemia (ALL). Only around 70% of children with AML survive five years from diagnosis, compared with over 90% of young ALL patients.



Children with Cancer UK invested £3 million in the development and testing of MRD technology. MRD testing was adopted by the NHS in 2009 as part of standard care for children with ALL. Not only has this pushed survival above 90%, it has reduced relapses and treatment-related deaths.

In ALL, treatment is guided by the measurement of submicroscopic levels of leukaemic cells remaining in patients' bone marrow as treatment progresses. This is known as 'minimal residual disease' or 'MRD'. It means that high-risk children – those with high levels of MRD – can be identified early and given more intensive treatment to help avoid relapse. Conversely, low-risk children can be spared the effects of unnecessarily intensive treatment, helping to minimise toxicity.

In AML, progress has been less good. Doctors do not have access to the same genetic tests to accurately predict how children will fare. They can distinguish broad groups of patients with good, intermediate and poor prognosis but cannot accurately identify which patients are destined to relapse and which are most and least likely to benefit from a stem cell transplant.

Whilst studies have suggested that MRD testing is a powerful predictor of relapse risk in AML, a molecular marker is only available in around 60% of cases. MRD technology relies on the identification of specific genetic changes

(mutations) in leukaemic cells so that the number of cells with these changes can be measured relative to the number of normal bone marrow cells.

In 2015 we awarded a project grant to Professor David Grimwade to investigate the genetic make-up of the remaining 40% of childhood AML cases. The project is linked to the first ever national clinical trial for AML in children and adolescents - the MyeChild01 trial - which will recruit around 300 patients over five years from 2015.

The project team will analyse DNA from patients' leukaemic cells to identify the faulty genes, providing a detailed catalogue of the genetic changes present in childhood AML.

This should improve the panel of routine genetic tests performed on AML samples at diagnosis, to predict risk of relapse and select the best therapy, and will also be used to inform the development of an extended panel of MRD tests.

This work will provide a much more detailed picture of the genetic changes underlying childhood AML, working towards the development of more individualised treatment approaches.

## Preserving fertility in boys treated for cancer

**Dr Rod Mitchell, Edinburgh Royal Hospital for Sick Children and MRC Centre for Reproductive Health, University of Edinburgh**

As survival rates for childhood cancer have increased over the decades, the long-term effects of cancer treatment are becoming an increasingly important consideration. One important long-term effect of cancer treatment is infertility. For men undergoing treatment for cancer there is the possibility of storing sperm, but for boys - who do not yet make sperm - there are currently no options to preserve fertility.



In 2015, we awarded a project grant to Dr Rod Mitchell and colleagues to enable them to establish a clinical service to store testicular tissue from boys with cancer at high risk of infertility. This is the first service of its kind to be approved in the UK.

The tissue will be taken from the boys before they begin treatment and stored until they are adults so that it could be used to enable them to have children. The tissue will be available to these patients throughout adulthood to provide the potential long-term benefit of restoring their fertility in the future using techniques developed as part of this research.

Equally important, a small amount of the tissue taken from each patient will be used to carry out research to help understand the mechanisms by which chemotherapy causes damage and affects fertility. This will contribute to efforts to modify cancer treatments to reduce the risk of infertility for children diagnosed in the future. It will also aid the development of treatments that could help protect the testicles from chemotherapy-induced damage.

### What we're going to do in 2016

In September, we'll be holding our scientific conference, Childhood Cancer 2016, which will bring together clinicians and scientists working in childhood cancer for three days of discussion and debate. We will be focusing on three key themes: precision medicine, immunotherapy and causation.

We will complete assessment of applications received under our 2015/16 call for project grant applications and will launch our 2016 calls for applications for research fellowships, clinical PhD and training studentships and project grants.

Molly

**"On a number of occasions, it felt like the chemo was doing her more damage than the cancer. However, no matter how bad it was for us, her parents, it was incomprehensibly worse for her. Yet she just got on with it and did what was asked. That's not to say that she didn't hate most of the treatment - but that she blindly trusted us, just as we blindly trusted the doctors, nurses, consultants and surgeons.**

**But it does work and the treatment is getting better and better thanks to the incredible research and work of those genius science types."**  
**Molly's dad, Damon**

Molly was diagnosed with non-Hodgkin lymphoma in May 2011.



## Research fellowships

In 2015, we awarded Fellowships to two talented young scientists, taking the number of Paul O’Gorman Research Fellows to five.

Our Fellowship scheme was launched in 2014, to plug a gap in funding for junior researchers. Through the scheme, we aim to identify talented early career researchers and set them on course to develop independent careers in childhood cancer research. We provide funding for five years to support their salary costs and basic research costs.

This kind of funding helps to build capacity in childhood cancer research, helping to attract and retain talented researchers.

Following our thorough selection process, which includes rigorous scientific review of their research plans as well as panel interview, Dr Patrick Hales and Dr David Clynes were each awarded a Fellowship in 2015.



**Dr Patrick Hales, UCL Institute of Child Health, London**

Dr Hales is carrying out a programme of research that aims to develop advanced MRI techniques to improve diagnosis and assessment of treatment response in paediatric cancer.

A number of childhood cancers still carry a very poor prognosis – including the brain tumours high-grade glioma, diffuse intrinsic pontine glioma and medulloblastoma. Some of these tumours are known to have sub-types that would benefit from different types of treatment; the challenge is to identify these at an early stage, so that treatment can be tailored to an individual patient’s needs.

Magnetic resonance imaging (MRI) is an essential tool in the diagnosis of these tumours. However, conventional MRI techniques leave many questions unanswered about the biology of a tumour, meaning that it is often not possible

## Blake



**“We nearly lost Blake a couple of times, but our persistence and Blake’s zest for life and to live just shone through.**

**We were advised not to go ahead with the six-week radiotherapy which was on the protocol - the oncologist said Blake had a high chance of not making it through.**

**Again, we pushed for him to have it. Blake had to have a general anaesthetic five days a week for six weeks. He survived it, and it didn’t even faze him.**

**Blake is fighting this with all he’s got - a true amazing superhero!” Blake’s mum, Lian**

Blake was diagnosed with medulloblastoma - a brain tumour - in September 2013.

to identify the sub-type and malignancy of a tumour with imaging and doctors must wait until after surgery, when the tumour can be examined in more detail.

This Fellowship will enable Dr Hales to take forward the imaging and analysis techniques he has already developed. The aim is to develop novel imaging biomarkers that identify high-risk tumour subtypes at an earlier stage and help surgeons to target the most malignant part of a tumour during biopsy or surgery. Dr Hales’ research also aims to improve how we are able to monitor a patient’s response to treatment.



**Dr David Clynes, Weatherall Institute of Molecular Medicine, University of Oxford**

Dr Clynes’ research aims to uncover new ways of treating certain childhood cancers known as Alternative Lengthening of Telomeres (ALT) positive cancers.

These include some devastating forms of childhood brain tumours.

Cancer occurs through the uncontrolled growth of cells and the activation of ALT removes the cells’ ability to limit this, leading to tumour formation.

Recent research has provided important clues as to how ALT is activated in cancers and its role in the inactivation of a protein called ATRX. Dr Clynes is using this as the basis for the identification of new drugs. He will also use specialist technology to identify other proteins involved in this process and will screen pre-existing drugs and test them for their ability to limit the growth of, or preferentially kill cancer cells.

A fresh approach is needed to develop new therapeutic strategies to beat ALT cancers. The Fellowship will help him to uncover the Achilles heel of these devastating cancers. This in turn will allow for the identification and/or rational design of new tailored drugs.

## Ethan



**“At first I was extremely pessimistic and had all the natural responses - anger, sadness and even depression, but I soon overcame this. The only way I was able to conquer my feelings and have a clear head was to allow my loved ones to love me. I opened myself up to them and they helped me realise that anger and frustration was only wasting time and energy - that it doesn’t change anything.**

**I don’t look back on being ill and having treatment but on the great times with family and friends. It’s so much easier to remember the fun than the distress.” Ethan**

Ethan was diagnosed with spindle cell sarcoma, a type of bone cancer, in January 2013, just before his 15th Birthday.

## Brain Tumour Initiative

In 2015, we awarded the first major research grants under our Brain Tumour Initiative, which was launched in 2014 to increase momentum in childhood brain tumour research.

Brain and spinal tumours (or central nervous system, CNS tumours) are the most common group of solid tumours in childhood, accounting for a quarter of diagnoses. Brain tumours kill more children than any other type of cancer. For those children that do survive, aggressive treatments take a heavy toll. More than 60% of childhood brain tumour survivors are left with life-altering disabilities.

Despite the devastation caused by childhood brain tumours, they only receive a small share of research funds. This has limited progress in research and treatment. With the four grants awarded in 2015 under our Brain Tumour Initiative, four groups of researchers are taking forward vital new research into four different types of tumour: ependymoma, medulloblastoma, craniopharyngioma and high grade glioma.

An important feature of the four grants is that they are all strongly collaborative, with researchers working together to share samples, data and expertise, both nationally and internationally.

### Brain Tumour Initiative projects funded

#### BIOMarkers of Ependymoma in Children and Adolescents (BIOMECA)

**Professor Richard Grundy, Children's Brain Tumour Research Centre, University of Nottingham**

Ependymoma is a devastating brain tumour that kills up to 40% of young patients, with little improvement over recent years. It is the second most common malignant brain tumour to occur in children and adolescents.

Elin

**"Elin has been a trooper throughout this journey! She has a heart of gold and is so funny. I am so immensely proud of the way she has coped, and continues to cope, with the challenges thrown at her, and how she carries on improving."**

**Elin's mum, Rhian**

Elin was diagnosed with a brain tumour in October 2013. She had the tumour removed through surgery and started to be weaned off her final medication in April 2015.



BIOMECA is a unique partnership between leading European ependymoma specialists who are now collecting tumour samples from young patients being treated under the current international ependymoma clinical trial. The team will use medical expertise and state-of-the-art technology to identify biological abnormalities in these samples and link them with tumour location, spread, treatment resistance and recurrence.

Professor Grundy is leading the UK contribution to BIOMECA; the hope is that this work will allow the development of new tumour and patient-specific risk categories so that in future therapy can be personalised to ensure best outcome for individual children. The overriding aims are to improve childhood ependymoma survival and decrease the associated toxicity and side effects observed with current treatment regimes, thereby benefiting all children and adolescents diagnosed with an ependymoma in the future.

#### Diagnosing childhood medulloblastoma by improved MRI scans Professor Andrew Peet, University of Birmingham

Medulloblastoma is the most common childhood malignant brain tumour and only around 60% of young patients survive. There are four subtypes of medulloblastoma and they respond differently to treatment. Rapid diagnosis is essential to aid treatment planning but currently can only be made using tumour tissue removed during surgery.

Professor Peet is working with colleagues from other UK centres to develop a new tool to allow rapid, non-invasive diagnosis that can inform critical initial treatment decisions. Such a tool would allow medical teams to plan treatment at the time the child is first referred, so that the child can be given the most appropriate treatment from the outset, rather than waiting days or even weeks for surgery and subsequent processing of samples. This will avoid surgery and maximise their chance of cure.

This project will provide new insights into the metabolism of medulloblastoma which may allow radically new treatment approaches to be developed in the future.

Rhiley

**"Rhiley spent 11 months in and out of hospital. She went through a high risk operation to remove the tumour followed by months of aggressive chemotherapy and radiation therapy. We had to watch her feeling sick, losing weight and we found ourselves hoovering up her beautiful blonde hair as it fell out. She was a fighter all through her treatment and consistently proved doctors wrong. Sadly the toxic treatment proved too much and Rhiley took her last breath in mummy and daddy's arms in April 2015, two weeks after her third birthday."**  
Rhiley's mum, Kim



**Understanding the genetics of paediatric glioblastoma**  
**Dr Steven Pollard, University of Edinburgh**

Paediatric glioblastoma is a devastating brain tumour that less than 20% of young patients survive. This collaborative project brings together research teams from the UK, Canada and Sweden to define the role of a gene that is often mutated in paediatric glioblastoma. By taking forward our understanding of the role of this specific gene, the team will determine whether it might represent a possible target for a new therapeutic approach. In the course of this work, the team will also create new cellular models of the disease that will be shared with other research teams around the world to speed up drug-discovery efforts.

Ultimately, we hope that this work will lead to the development of new treatments for children with these devastating tumours.

**New tools to improve treatment and care in paediatric craniopharyngioma**  
**Dr Juan Pedro Martinez-Barbera, UCL Institute of Child Health**

Paediatric craniopharyngioma is a brain tumour that has high survival but can leave survivors with very poor quality of life. Almost every survivor becomes a chronic patient, suffering severe, lifelong problems that can include severe obesity, diabetes, seizures, visual disturbances, behavioural and learning difficulties. New, targeted treatments are urgently needed but progress is hampered by our poor understanding of the biology of these tumours.

This collaborative project brings together teams from the UK and Germany to help profile these tumours and work towards the development of improved treatments. The use of specific drugs capable of slowing down tumour growth would allow clinicians to postpone or avoid using radiotherapy in young children and therefore reducing the likelihood of brain damage. New mechanisms of delivering the drugs to the tumour site could also reduce potential side effects of the drugs.

The research will also give an insight into the biology of the disease, and why it behaves differently in different patients, potentially leading to more personalised management of patients in the future.

**What we're going to do in 2016 for our brain tumour initiative**

In 2016 we'll be holding a workshop that will focus on the very specific problem of drug delivery in childhood brain tumours. Following on from the workshop we'll be inviting funding applications for collaborative projects in this field and plan to award a further round of grants before the end of the year.

## Jarvis

**“We have always tried to look at this as an ‘adventure’ – not one we wish to ever take again – knowing that no matter what we were going through, others were also going through it and some much worse than us.**

**Jarvis now has three-monthly MRI scans and meetings with consultants six times a year.**

**He has to take a growth hormone injection every day and we see his endocrinologist consultant three times a year. He also has six-monthly hearing tests and is being referred to an ENT specialist.**

**... but all these are a very small price to pay for being given the all clear.”**  
**Jarvis’ mum, Jackie**

Jarvis was diagnosed with medulloblastoma - a brain tumour - in March 2013.





## Welfare highlights

In 2015, we were able to fund a number of welfare projects across the UK. We've highlighted a few of these and the huge difference they make to children and families affected by childhood cancer.



### CLIC Sargent

As part of our commitment to help families affected by childhood cancer, we continue to work closely with our friends at CLIC Sargent through our support of their 'CLIC Sargent grants' and 'Home from Home' initiatives.

Parents of a child with cancer will spend, on average, over £4,000 on extra expenses each year during treatment. These grants help families not only with their travel costs, but extra childcare costs for siblings and higher costs of gas, electricity and food bills resulting from side-effects of treatment. These grants also allow families to worry about one less thing whilst their child is undergoing cancer treatment.

We are also able to support CLIC Sargent and support their Home from Home initiative, which offers free accommodation and support for families while a young person undergoes cancer treatment.



### Together for Short Lives

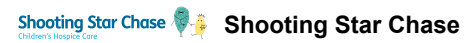
We are pleased to have given financial support to Together for Short Lives - one of the UK's leading charities for children with life-shortening conditions. Together for Short Lives provide information and support to families of children with cancer, when a child needs palliative care. They also help improve the quality of life and death for children with cancer and their families. From the moment of diagnosis, for whatever life holds, they



help to ensure that families make the most of their precious time together.



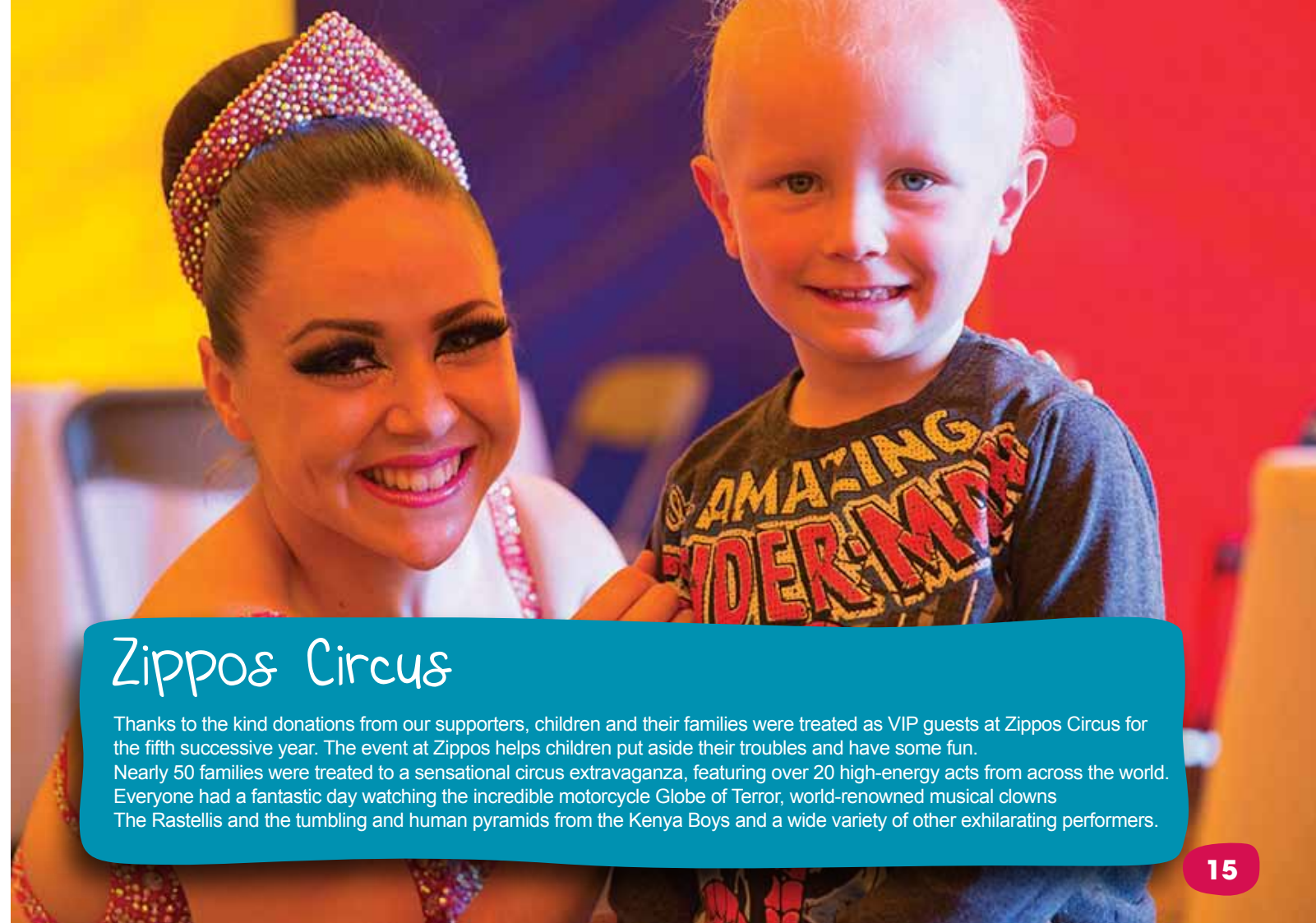
We were able to provide a grant to Lifelites, a charity that provides specialist entertainment, educational and assistive technology packages to children and young people with rare, life-limiting conditions and complex disabilities. Our grant enabled Lifelites to provide children with cancer with leading technology and equipment that encourages them to communicate, be creative and, most importantly, control elements of their lives that they might otherwise be unable.



We were also able to support Shooting Star Chase, a leading children's hospice charity caring for babies, children and young people with life-limiting conditions, and their families.

### What we're going to do in 2016

We plan to continue our welfare efforts to help ensure every family affected by childhood cancer has the support they need.



## Zippos Circus

Thanks to the kind donations from our supporters, children and their families were treated as VIP guests at Zippos Circus for the fifth successive year. The event at Zippos helps children put aside their troubles and have some fun. Nearly 50 families were treated to a sensational circus extravaganza, featuring over 20 high-energy acts from across the world. Everyone had a fantastic day watching the incredible motorcycle Globe of Terror, world-renowned musical clowns The Rastellis and the tumbling and human pyramids from the Kenya Boys and a wide variety of other exhilarating performers.



## Raising awareness

In September 2015, we once again took part in Childhood Cancer Awareness Month. Our aims were to raise awareness of childhood cancer and raise funds. We were able to share patient stories to highlight the impact childhood cancer has on children and their families. Gold is the theme of childhood cancer awareness and we were able to distribute thousands of gold ribbons throughout the month, raising vital awareness.

We were very grateful to Karen, mum to Yasmin, who has leukaemia, who wrote a very useful and popular blog on *'five ways you can help when a friend's child is diagnosed with cancer'*.

### Golden Afternoon Tea

To launch Childhood Cancer Awareness Month 2015, we invited children with cancer and their families to join us for a special 'Golden Tea Party'. This was followed by a trip to the theatre to see Roald Dahl's *Charlie and the Chocolate Factory*.

Generous supporters, One Aldwych hotel, hosted the delicious tea, themed around Willy Wonka's magical world.

We were delighted to be joined by Olympic Gold Medallist and Dancing on Ice Star, Jayne Torvill and children's TV Presenter, Chris Jarvis.



### Brain Tumour Awareness Month

In March 2015 we took part in Brain Tumour Awareness Month for the first time. Our aims were to highlight just how important research is to find better diagnosis and safer treatments for children with brain tumours. We were able to show people what life can be like for children with brain tumours and the treatment they have to go through, by sharing patient stories during the month.

Our hero patient story for the month was Lucy, who was diagnosed with a tumour when she was only seven months old and had her tumour surgically removed. Lucy's story featured in our brain tumour appeal, helping to raise funds for our brain tumour initiative.

### Bake Club

In May we helped raise awareness of childhood cancer and vital funds for the charity through our Bake Club initiative. Supporters, community groups and companies across the UK rolled up their sleeves and baked delicious home cooked treats for people to buy, raising not only funds for us, but highlighting the importance of our life-saving work.

### What we're going to do in 2016

We are going to ensure that childhood cancer awareness is optimised throughout the year by communicating the life-saving work of our researchers and highlighting the impact cancer has on children and their families.

Eva



"Eva has had over 400 different procedures.

She's had more than 40 rounds of chemo, two major surgeries (including the loss of a kidney), three minor surgeries, and two rounds of radiotherapy.

Eva has had countless blood transfusions and dressing changes as well as hundreds of blood samples taken.

She has been so very brave, full of smiles and laughter. She has been nicknamed 'Eva the Brave' and we are so proud of her."  
Eva's mum, Rebecca

Eva was diagnosed with Wilms' tumour in November 2013

## Fundraising highlights

We are very grateful to everyone who supports our work through a variety of fundraising activities, some of which are highlighted below:

### Anglers Against Cancer

In 2015, Anglers Against Cancer (AAC), a wonderful group of people united by their love of fishing, raised over £64,000 for us. AAC is now a group of nearly 5,000 anglers, their loved ones and their friends, with a shared goal of raising funds to help treat, and ultimately prevent, cancer in children.



### Christmas Lights

John and Gina Ferridge held their last Christmas Light Switch for us in 2015. For the past 13 years, they have lit up their house with Christmas lights and in the process raised almost £35,000 for us.



### Ride London

Over 350 cyclists cycled through the Surrey Hills and the streets of London for us last August, as they raised over £260,000 towards our live-saving work.

### St. Baldrick's

Through our partnership with St. Baldrick's we received £78,000 from people shaving their heads to support our work.



### The Children with Cancer Ball

The Children with Cancer Ball was held on Saturday 14th November and nearly 1,000 guests were entertained by the Bootleg Beatles, Al Murray and Rollacoaster, amongst others. We thank Stephen Haines, and the rest of the organising committee for their hard working in helping to raise £559,000, which is our highest ever amount at the ball.



### Climb with Ed

In May, 10-year-old Ed Gordon-Thomson trekked up the UK's highest mountain- Ben Nevis for Children with Cancer UK. Ed was joined by friends of the charity and TV presenters Nadia Sawalha, Kaye Adams, Nigel Marven and trustee Linda Robson. Ed was diagnosed with leukaemia seven years ago when he was two and a half. Over £48,000 was raised through this fantastic challenge.



### Marbella Ball

Children with Cancer UK friends and supporters Sandro Morelli and Caroline Randerson once again hosted this hugely popular and successful fundraising party in Marbella, Spain. The party took place on 7th June – 250 guests attended and over £23,000 was raised.



### Opera at Syon

In 2015 we held two stunning opera evenings, Le Nozze di Figaro and Lucia di Lammermoor, took place in the Great Conservatory at Syon. The evenings raised more than £107,000 and we are extremely grateful to Margrete Hargreaves-Allen, Lady Julia Craig Harvey and the committee for their continued support.



### 2015 Grand Draws

In 2015, we ran three Grand Draws, Spring, Summer and Christmas. Thanks to our celebrity friends, Kian Egan, Linda Robson and Holly Willoughby and our generous supporters the Grand Draws raised over £2.3million for Children with Cancer UK.



## Fundraising campaign

In 2015 we continued our recruitment of new donors through our national TV fundraising campaign. This helped us raise funds for vital research and welfare projects.

The campaign featured on TV, the rail network and on tubes- ensuring millions of people saw the campaign. The campaign resulted in thousands of new regular givers through mobile phone as well as nearly 85,000 new donations.

### What we're going to do in 2016

We are pleased to let you know that there are some exciting plans ahead for fundraising in 2016. Our loyal supporter and Trustee, Linda Robson, will be the face of our new Weekly Lottery 'Linda's Lottery', which will have more prizes and the opportunity to enter a super draw to win £40,000 twice a year.



Brian Blessed (pictured) will be the face of our Childhood Cancer Awareness Month appeal in 2016.

Following on from the success of the Direct response television (DRTV) campaigns in 2014 and 2015, we are launching a new series of DRTV adverts in September 2016. These adverts follow the story of a family whose daughter is diagnosed with leukaemia and show the medical journey of the young girl. These adverts will be accompanied by train and tube panel adverts.

### The Mr Men and Little Miss are back!

We are pleased to announce that Children with Cancer UK will once again team up with the Mr Men and Little Miss characters in 2016. This has been made possible by the generosity of Sanrio, the licence holder of the characters.

The characters will start to be used in 2016, ready for most Sports Team activities happening in 2017. In addition, there will be a new children's fundraising campaign, encouraging schools and groups to design a new character or write a new Mr Men and Little Miss story launching in May 2016.



## Sports Events

This year, thanks to over 1,400 runners, the Virgin Money London Marathon raised an incredible £2.7million. Throughout 2015, thousands of Children with Cancer UK supporters participated in hundreds of different runs, muddy races, obstacle courses, treks and cycle rides across the UK and overseas.

We were also proud to launch our partnership with Rat Race Events – we aim to raise over £1million over three years by encouraging participants in their obstacle and extreme challenges to fundraise for us. In 2015 we raised £247,863 towards this total.

Overall, our cyclists, runners, climbers, swimmers and trekkers raised a record breaking £4,349,183 towards our work to help save young lives.



## Corporate partnerships and trust fundraising

We are hugely grateful to the many companies - large and small – that supported and have continued to support us in 2015 and all their dedicated staff who fundraise so enthusiastically to raise vital funds and awareness for Children with Cancer UK. We've highlighted the contribution of a selection of these and shown some of the wonderful ways they raise money for children with cancer.



### Coral

**In 2015 the total amount raised by Coral for Children with Cancer UK reached over £1.5million.**

This fantastic achievement is a huge testament to the varied and dedicated fundraising shown by Coral staff and customers. Shops held regular fundraising events throughout the year, from bake sales to summer parties, whilst many staff took on an extra challenge, pushing themselves to their limits by taking on a wide variety of challenge events. All these activities, along with proceeds from the sale of scratch cards across the UK contributed to this significant milestone for Children with Cancer UK.

Andy Hornby, Chief Executive of Coral, said: "We are delighted to have reached this amount so soon. Every penny we raise makes a difference to the lives of young people affected by cancer and we will keep up the momentum - we assure you of that".



### Toys R Us

In 2015 Toys R Us raised £45,869. The company have supported Children with Cancer UK since 2012 and in that time have managed to raise £214,636 towards our life saving research. This has been raised by donating a percentage from the sale of their charity bags for life. In addition they have donated gifts for our competitions and special welfare days and we are thrilled that their support will continue into 2016 and beyond.

### One Aldwych

In 2015 One Aldwych raised over £11,000 for Children with Cancer UK. To support Childhood Cancer Awareness Month, One Aldwych hosted a scrumdiddlyumptious tea, themed around Willy Wonka's magical world. Children were delighted to meet Olympic Gold Medallist and Dancing on Ice star, Jayne Torvill and children's TV presenter, Chris Jarvis. Since their support started in 2012, One Aldwych have raised over £43,000 for Children with Cancer UK.

### Woodward Estate Agents

Woodward Estate Agents set out to host 7 events in 7 months for us in 2015. The events included a 10km Superhero run, a London to Brighton cycle and also a street festival in their local area. Their outstanding support, enthusiasm and fundraising skills meant they beat their original fundraising goal and raised just over £10,000.



Director of Woodward Estate Agents, Stephen Woodward said: "We have supported Children with Cancer UK for over 20 years, but inspired by colleagues Lyndsay and Jennifer, we are making 2015 our BIG year for fundraising. I am so proud of those of my colleagues who have responded so generously with their precious time and endless enthusiasm, and grateful to all those who have given. As a father of two lovely children I am constantly moved by the vital work of Children with Cancer UK."

### Pallet-Track

Children with Cancer UK were chosen as Pallet-Track's 2015 charity partner. Their initial fundraising target was £8,000 which would be raised through their annual fundraising events; these include a corporate golf day, a forklift driver challenge and also a gala dinner. Thanks to their fantastic fundraising efforts they exceeded their target and raised a grand total of £13,000 contributing to our vital, life-saving research. Managing Director, Nigel Parkes from Pallet-Track said "Pallet-Track is extremely proud of the staff, depot members, sponsors, suppliers and customers who helped support Children with Cancer UK.

### Trusts and Foundations

We are so very grateful to the many Trusts and Foundations that supported the projects within our Brain Tumour Initiative in 2015 and to the many who continue to give so generously year on year including the Schroder Foundation and Trust and The Clover Trust. With special thanks to the Children's Leukemia Research Foundation (USA) for their continuing generosity towards our research into the causes of and finding new and improved treatments for childhood leukaemia.

## How your donations help children with cancer

As a member of the Fundraising Standards Board (FRSB), the independent self-regulator of fundraising in the UK, Children with Cancer UK is committed to best practice in fundraising and follows the Fundraising Promise and the Institute of Fundraising's Code of Fundraising Practice.

### Our Fundraising Promise

The Fundraising Promise is a key part of the FRSB scheme. It outlines how we, as a member, will behave when undertaking our fundraising and ensures fundraising is legal, honest, open, transparent and accountable.

- We are committed to high standards
- We are honest and open
- We are clear
- We are respectful
- We are fair and reasonable
- We are accountable

### Our Supporter Care Charter

- We recognise the true value of each and every supporter
- We respect our supporters
- We value supporter relationships
- We know who our supporters are
- We listen to our supporters' feedback
- We go "The Extra Mile"

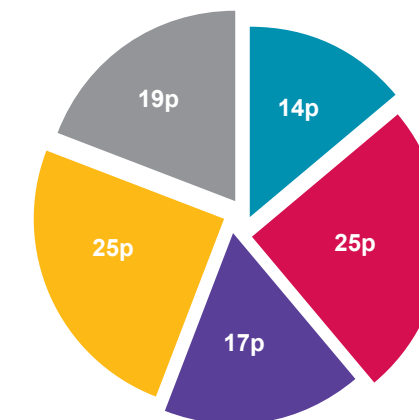


## How your donations help children with cancer

We are pleased to report that our income has increased to £17.5 million in 2015.

This has allowed us to fund more essential research and welfare programmes to help more children with cancer. As we receive no government funding, we rely exclusively on the voluntary generosity of our supporters. **For every £1 we spend on fundraising, we raise over £5 more.**

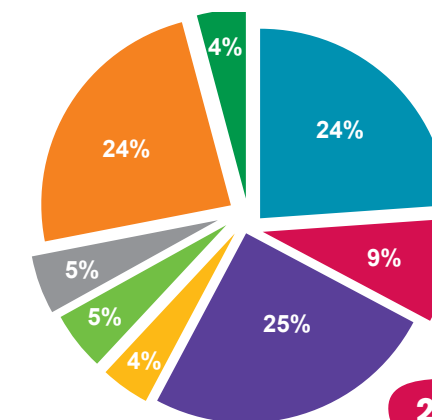
**For every £1 you donate, we spend 81p fighting childhood cancer.**



- Research into Prevention and Causes
- Research into Treatment
- Welfare
- Education
- Cost of generating funds

**Our total fundraising income**

- Appeals and associated donations
- Committed giving
- Sports events
- Community fundraising
- Corporate and trust donations
- Legacies
- Coral Scratch card partnership
- Special events and trading



## Thank you

**A very warm and heartfelt thank you to all the families who have kindly shared their experiences in 2015. Your involvement is essential in raising awareness and vital funds to help children with cancer.**

Although we are only able to highlight a very small number of our supporters below, we offer our sincere and wholehearted thanks to everyone who so generously supported our work during 2015:

All our runners and challenge participants.

Our dedicated Ball and Opera at Syon chairs and committees, notably Stephen Haines, Margrete Hargreaves-Allen and Lady Julia Craig Harvey.

Martin Burton and Zippos Circus.

Cos Onisforou at Fare for generous catering at our Zippos Circus event.

Sandro Morelli at Villa Tiberio in Marbella.

Caroline Randerson for the fashion show and Marbella ball.

Kerry Michael and The Grand Pier in Weston-Super-Mare for hosting our event for families in April.

Jim Mee and the team at Rat Race Events.

Sanrio.

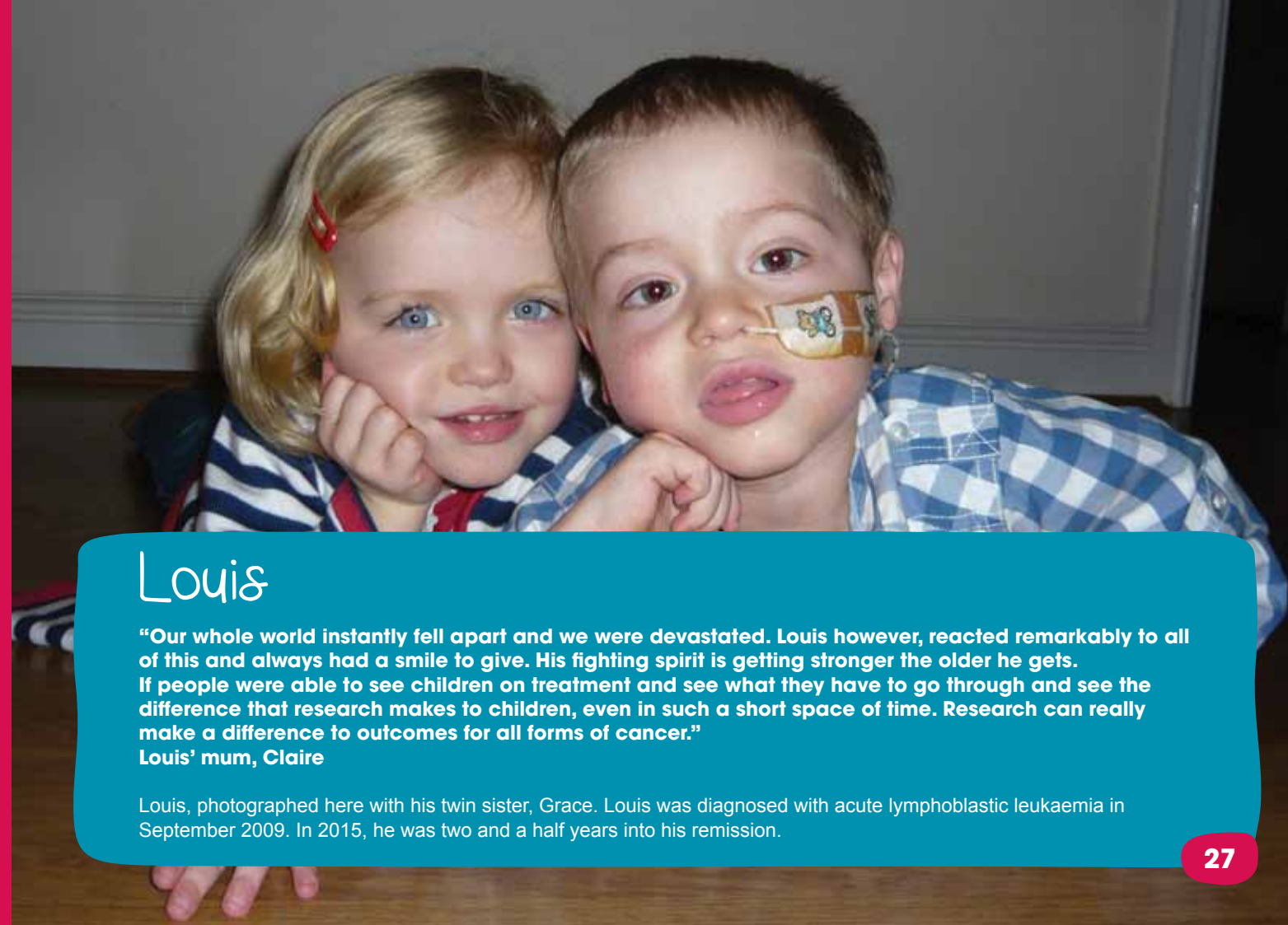
The late Mr Joseph Foreman for his generous legacy.

Our Scientific Advisors and specialist peer reviewers.

And finally, a special thank you to our dedicated team at Children with Cancer UK.

### **Fundraising Friends:**

Ant and Dec • Brian Blessed • Brenda Blethyn • Frank Bruno • Sir Michael Caine • Jasper Carrott • Dame Joan Collins • Phil Collins  
Dame Judi Dench • Kian Egan • Philippa Forrester • Sir Bruce Forsyth • Sir Chris Hoy • Chris Jarvis • Sir David Jason • Pui Fan Lee  
Lennox Lewis • Gary Lineker • Joanna Lumley • Sandy Lyle • Sir Paul McCartney • Sir Trevor McDonald • Stephen Mulhern  
Des O'Connor • Robert Powell • Pauline Quirke • Sir Steve Redgrave • Linda Robson • Jonathan Ross • Phillip Schofield • Chris Tarrant  
Rob Templeman • David Tennant • Kevin Whately • Holly Willoughby • Paul Young



## Louis

**“Our whole world instantly fell apart and we were devastated. Louis however, reacted remarkably to all of this and always had a smile to give. His fighting spirit is getting stronger the older he gets. If people were able to see children on treatment and see what they have to go through and see the difference that research makes to children, even in such a short space of time. Research can really make a difference to outcomes for all forms of cancer.”**

**Louis' mum, Claire**

Louis, photographed here with his twin sister, Grace. Louis was diagnosed with acute lymphoblastic leukaemia in September 2009. In 2015, he was two and a half years into his remission.



## Summarised financial statements

### Consolidated statement of financial activities for the year ended 31 December 2015

	Total restricted funds £	Total unrestricted funds £	Total 2015 £	Total 2014 £
<b>Income from:</b>				
Donations and legacies	572,366	16,094,264	16,666,630	12,097,894
Other trading activities	-	728,190	728,190	620,712
Income from investments	-	139,814	139,814	112,420
Other income	-	9,630	9,630	1,692
<b>Total Income</b>	<b>572,366</b>	<b>16,971,898</b>	<b>17,544,264</b>	<b>12,832,718</b>
<b>Expenditure on:</b>				
Raising funds	-	3,465,102	3,465,102	2,304,003
Charitable activities	220,668	14,352,770	14,573,438	11,673,435
<b>Total Expenditure</b>	<b>220,668</b>	<b>17,817,872</b>	<b>18,038,540</b>	<b>13,977,438</b>
Net change in investments	-	(38,168)	(38,168)	(4,611)
<b>Net (expenditure)/income</b>	<b>351,698</b>	<b>(884,142)</b>	<b>(532,444)</b>	<b>(1,149,331)</b>
<b>Transfers between funds</b>	<b>(351,698)</b>	<b>351,698</b>	<b>-</b>	<b>-</b>
<b>Net movement in funds</b>	<b>-</b>	<b>(532,444)</b>	<b>(532,444)</b>	<b>(1,149,331)</b>
Reconciliation of funds:				
<b>Total funds brought forward</b>	<b>-</b>	<b>8,963,257</b>	<b>8,963,257</b>	<b>10,112,588</b>
<b>Total funds carried forward</b>	<b>-</b>	<b>8,430,813</b>	<b>8,430,813</b>	<b>8,963,257</b>

### Balance sheet as at 31st December 2015

Company Number: 4960054

	2015 Group £	2015 Charity £	2014 Group £	2014 Charity £
<b>Fixed assets</b>				
Investments	11,855,726	11,855,826	11,000,000	11,000,100
	<b>11,855,726</b>	<b>11,855,826</b>	<b>11,000,000</b>	<b>11,000,100</b>
<b>Current assets</b>				
Debtors and prepayments	2,185,935	2,227,396	2,100,576	2,152,933
Investments	4,118,836	4,118,836	3,694,327	3,694,327
Cash at bank and in hand	519,967	476,630	219,887	168,718
	<b>6,824,738</b>	<b>6,822,862</b>	<b>6,014,790</b>	<b>6,015,978</b>
<b>Creditors: amounts falling due within one year</b>				
Grants	(3,657,849)	(3,657,849)	(3,379,770)	(3,379,770)
Other	(812,755)	(810,979)	(600,116)	(601,404)
<b>Net current assets</b>	<b>2,354,134</b>	<b>2,354,034</b>	<b>2,034,904</b>	<b>2,034,804</b>
<b>Total assets less current liabilities</b>	<b>14,209,860</b>	<b>14,209,860</b>	<b>13,034,904</b>	<b>13,034,904</b>
<b>Creditors: amounts falling due after more than one year</b>				
Grants	(5,779,047)	(5,779,047)	(4,071,647)	(4,071,647)
<b>Net assets</b>	<b>8,430,813</b>	<b>8,430,813</b>	<b>8,963,257</b>	<b>8,963,257</b>
Represented by:				
<b>Unrestricted funds</b>	<b>8,430,813</b>	<b>8,430,813</b>	<b>8,963,257</b>	<b>8,963,257</b>
<b>Restricted funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>8,430,813</b>	<b>8,430,813</b>	<b>8,963,257</b>	<b>8,963,257</b>

### Report by the trustees on the Summarised Financial Statements

The summarised financial statements are extracted from the full statutory trustees' annual report and financial statements which were approved by the trustees and signed on their behalf on 14th July 2016. The full financial statements, on which the auditors Crowe Clark Whitehill LLP gave an unqualified audit report, will be submitted to the Charity Commission and to the Registrar of Companies.

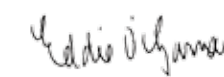
The auditors have confirmed to the trustees that, in their opinion, the summarised financial statements are consistent with the full financial statements for the year ended 31 December 2015.

These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the charity. The full statutory trustees report, financial statements and auditors' report may be obtained from Children with Cancer UK, 51 Great Ormond Street, London WC1N 3JQ or [www.childrenwithcancer.org.uk](http://www.childrenwithcancer.org.uk)

Signed on behalf of the trustees on 14th July 2016.



The Rt Hon the Earl Cadogan,  
KBE, DL  
Trustee



Eddie O'Gorman OBE  
Founder and Chair of  
Trustees

## Grants to third parties

	Research into prevention and causes 2015 £	Research into treatment 2015 £	Welfare 2015 £	Total 2015 £
CLIC Sargent – Home from Home in Glasgow			629,620	629,620
Professor Andrew Peet, University of Birmingham. Non invasive identification of medulloblastoma genetic subtypes using metabolite profiles and imaging features		499,681		499,681
Professor Richard Grundy, University of Nottingham. BIOMarkers of Ependymomas in Children and Adolescents (BIOMECA) - Integrated Biological study within SIOP Ependymoma II trial organised by European Ependymoma Biology Consortium		494,498		494,498
Dr Juan Pedro Martinez-Barbera, Institute of Child Health, University College London. Molecular characterisation and assessment of potential biomarkers and novel drug targets for childhood craniopharyngioma	458,728			458,728
Dr Patrick Hales, Institute of Child Health, University College London. Advanced magnetic resonance imaging techniques for in vivo assessment of tumour heterogeneity, risk factor, and treatment response in paediatric cancer		409,310		409,310
Dr David Clynes, University of Oxford. The molecular basis for the alternative lengthening of telomeres in telomerase negative cancers		394,634		394,634
Dr Steven Pollard, University of Edinburgh. Genome editing of human neural stem cells using nuclease-assisted gene targeting: a tool to uncover the function of H3F3A mutations in paediatric glioma	357,589			357,589
Dr Kathleen Birley, Institute of Child Health, University College London. Evaluation of B7H3 as a novel target for immunotherapy in childhood cancer		323,089		323,089
Dr Rod Mitchell, University of Edinburgh. Fertility preservation in pre-pubertal boys treated for cancer during childhood		249,435		249,435
Professor David Grimwade, King's College London. Molecular tracking of treatment response in paediatric AML		238,325		238,325
Professor Martin Leach, Institute of Cancer Research. Identifying markers of cancer stem cell derived tumour development and resistance in paediatric glioma	235,854			235,854

## Grants to third parties

	Research into prevention and causes 2015 £	Research into treatment 2015 £	Welfare 2015 £	Total 2015 £
CLIC Sargent. Paul's Fund: to provide financial assistance to the families of children being treated for leukaemia and other cancers.			200,000	200,000
Dr Ian Hampson, University of Manchester. Identification of infections which may play a role in the aetiology of childhood acute lymphoblastic leukaemia (ALL)	190,204			190,204
Professor Robert Mairs, University of Glasgow. Exploitation of the elevated metabolic activity of cancer cells for combination with targeted radiotherapy of neuroblastoma		189,043		189,043
Professor John Anderson, Institute of Child Health, University College London. Developing GD2-targeted cellular immunotherapy for childhood sarcomas		181,214		181,214
Together for Short Lives. To support the cost of care and support provided to young people with cancer and their families from the moment of diagnosis.			180,000	180,000
Professor Chris Clark, University College London. Advanced magnetic resonance imaging for improved diagnosis and prediction of treatment response in Wilms' tumour patients		88,559		88,559
Shooting Star CHASE (formerly CHASE Hospice Care). To support the cost of services provided to children with leukaemia and other cancers.			60,000	60,000
Lifelites. To support the cost of specialist technology that could enhance the lives of children with cancer in hospices.			60,000	60,000
Dr Elspeth Payne, University College London. Developing zebrafish models of inherited AML to interrogate secondary driver events	52,500			52,500
Professor Barry Pizer, University of Liverpool. ISPNO 2016	15,000			15,000
Professor Chris Jones, Institute of Cancer Research. 2nd Paediatric Infiltrating Glioma Symposium	10,000			10,000
Ms Renata Abrahão, London School of Hygiene and Tropical Medicine. Travel grant to ASH 2015		1,111		1,111
<b>Total grants to third parties</b>	<b>1,319,875</b>	<b>3,068,899</b>	<b>1,129,620</b>	<b>5,518,394</b>



**Children with Cancer UK is the leading national children's charity dedicated to the fight against childhood cancer.**

Read our Annual Review online, watch videos, download our complete Annual Report and Accounts 2015 and full list of our Grant Awards at **[childrenwithcancer.org.uk/review2015](http://childrenwithcancer.org.uk/review2015)**

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