

Annual Report

Annual Report and Financial Statements

For the year ended 31 March 2022





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“Thank you to each and every one of you who took part, pledged sponsorship and showed your support for Prevent Breast Cancer.”

A message from our Chair

I am pleased to begin this year's report with some welcome news regarding Prevent Breast Cancer's research. Following a tough two years managing the impact of Covid restrictions on our research workload, we've been able to open our pipeline once again – enabling our excellent researchers to continue their groundbreaking work into preventing breast cancer.

You may recall from last year's annual report that a major impact for us from Covid was the need to temporarily close our pipeline of new research projects, in line with other medical research charities who had to do exactly the same thing. This allowed us to concentrate on completing our existing research work without interruption. Our hope now is that the first new project will start shortly, thanks to an extraordinary legacy that we have received from a valued and sadly missed supporter.

This project will be looking at extending previous research into BRCA breast cancer genes, and our aim is to fund a PhD Scholarship in the name of The Doctor Alan H Gowenlock PhD studentship Award. Further projects will follow under this new scholarship scheme. We reopened our call for research grant applications on 1 April 2022 – meaning that the next funding round of grants is now underway! New projects are being reviewed by our scientific research committee, and will be featured in next year's report as they progress.

The last year has been a time for us to consolidate – but we are ready to 'spring back'! In fact, Spring Back

was the nickname we've given to this year, as our focus has been on getting the charity back to where it was pre-pandemic.

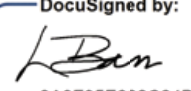
Our fundraising team have opened up new fundraising to generate more income for our work once again. Sporting challenges have been one of our biggest revenue streams, and it has been wonderful to see the return of many sporting events including the Great Manchester Run and the London Marathon and various cycling and other challenges by you, our valued supporters. Thank you to each and every one of you who took part, pledged sponsorship and showed your support for Prevent Breast Cancer.

The National Breast Imaging Academy (NBIA) continues to be one of our top priorities. You may well have seen several newspaper headlines in recent months concerning long waiting lists for NHS diagnosis and treatment as a consequence of the Covid pandemic. This includes delays in access to breast clinic appointments, with many parts of the country unable to meet the 'two week wait' target, and also delays within the NHS breast screening programme. An underlying reason for this is a lack of trained staff in breast imaging: mammographers; radiology doctors; and advanced practitioners. The NBIA is our solution – a significant and major national initiative to address this problem. It is already running training programs online for new staff, but the pressing need is for a physical building, which we plan to build alongside the existing Nightingale Centre and Prevent Breast Cancer Research Unit.

The NHS has committed to fully funding the running costs of the NBIA, but little funds are currently available for construction. Thus, we are applying for capital to independent trusts and foundations. During the past few years the fundraising team has been working hard to raise funds for the new building and to date have secured pledges of £600,000. These formal pledges will be included in our income once the £3.57 million required to build the NBIA has been reached. Funding of over £2.1 million has been raised to date. Please see page 18 for more information.

We enter the coming year in very good shape, with an excellent fundraising team in place and a truly magnificent research team. We have invested in the infrastructure of the charity by designating funds to neglected areas such as our database, our office, our shop, and our online digital systems. As always, the most important element of this is the support and dedication of our many supporters, for whom we are infinitely grateful.

We dedicate this report in memory of our wonderful supporter Mrs Thelma Gowenlock.

DocuSigned by:

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Lester Barr MBE
Chair of Prevent Breast Cancer

About us

Prevent Breast Cancer's mission is to make breast cancer a preventable disease for future generations by funding ground-breaking research into the prediction and prevention of the disease.

The Need

- Each year 55,920 people in the UK are diagnosed with breast cancer. Approximately 11,499 a year people lose their lives to the disease¹
- Breast cancer is the biggest cause of death in women aged between 35 and 49
- In the UK, rates of breast cancer in women have increased by 24% in the last 30 years
- 1 in 10 breast cancers are diagnosed late
- In 2020, the government spent just 8.6%² on preventive care and early detection of all diseases. We believe more needs to be done, which is why the research we undertake is absolutely vital

Our Mission: Predict, prevent, protect

Prevent Breast Cancer's mission is to make breast cancer a preventable disease for future generations by funding ground-breaking research into the prediction and prevention of the disease.

Breast cancer is the most common cancer in the UK, with 153 people being diagnosed each day. Each year, we lose 11,499 people to this disease.

Prevent Breast Cancer is located in The Nightingale Centre and Prevent Breast Cancer Research Unit in Greater Manchester, the construction of which the charity raised £2 million for and which opened in 2007. The Centre houses the services of the Greater Manchester NHS Breast Screening Programme and Family History Risk and Prevention Clinic.

It also acts as a base for several of our researchers, whose innovative clinical studies aim to more accurately predict those at increased risk of breast cancer, so that preventative interventions can be offered to these women. Our home within the Centre ensures that there is a diverse cohort of breast cancer patients available to participate in our research.

Public Benefit

Our Trustees are aware of the Charity Commission's guidance on public benefit. As the work of the charity and the funds it raises are entirely dedicated to research into breast cancer early diagnosis, screening and prevention, the Trustees are of the view that the charity meets the public benefit test criteria.

Grant Making Policy

Our grant making seeks to further the prediction, prevention and early diagnosis of breast cancer, particularly in terms of supporting the research team working within The Nightingale Centre and the Manchester Breast Centre.

WE PREDICT
WE PREVENT
WE PROTECT

Prevent Breast Cancer is also a non-commercial partner of the National Institute of Health Research.

Applicants are required to complete a Prevent Breast Cancer grant application form and submit this to our Scientific Advisory Board (SAB), which assesses the scientific value and suitability for funding of each project. The Board is chaired by Professor Cliona Kirwan – a clinician scientist in surgical oncology and consultant oncoplastic breast surgeon – with support from consultant onco-plastic breast surgeon, James Harvey.

Applications are assessed based on the research plan, clear relevance to breast cancer research, expected outcomes and the potential impact on breast cancer prevention.

Applications which do not address Prevent Breast Cancer's criteria are not considered for funding, and the SAB makes a decision regarding eligibility of each application individually.

We have a rigorous system in place to review grant applications.

Once received, each application is reviewed internally by a member of the SAB, who must be independent of the project. If deemed suitable, the application is then sent to two external reviewers, who are independent to Prevent Breast Cancer and the host institution. Each reviewer will complete a review form and give a final summary score. A project has to be achievable and the reviewer has to explain why a project is recommended. Funding requests between £10,000 and £30,000 are reviewed internally by three members of the SAB, who are each independent of the project.

Applications must clearly address our core areas of prediction, prevention or early detection in order to be considered.

The expert reviews are then presented to the Board of Trustees, which takes the final decision on whether to provide funding.

If the Chair or any other SAB member has a conflict of interest on an application, they are excluded from the discussion and decision-making process in order to ensure complete impartiality.

Funding requests of £10,000 and under – for small pilot projects, requests for consumables and/or equipment, or for a contribution to an existing active research study – will not be sent for peer review. They will be assessed for suitability by a member of the SAB and a decision about whether to fund these requests will be made by the Board of Trustees.

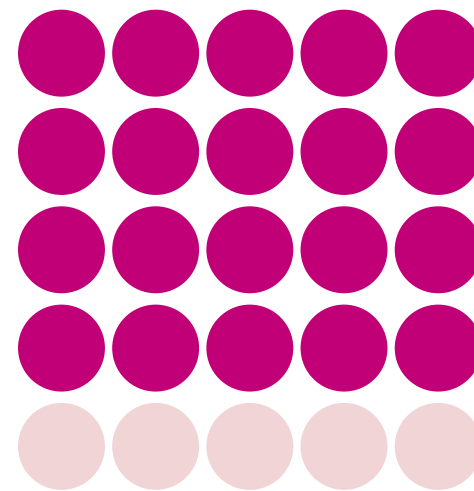
Prevent Breast Cancer does not fund experiments on animals.

¹ <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer>

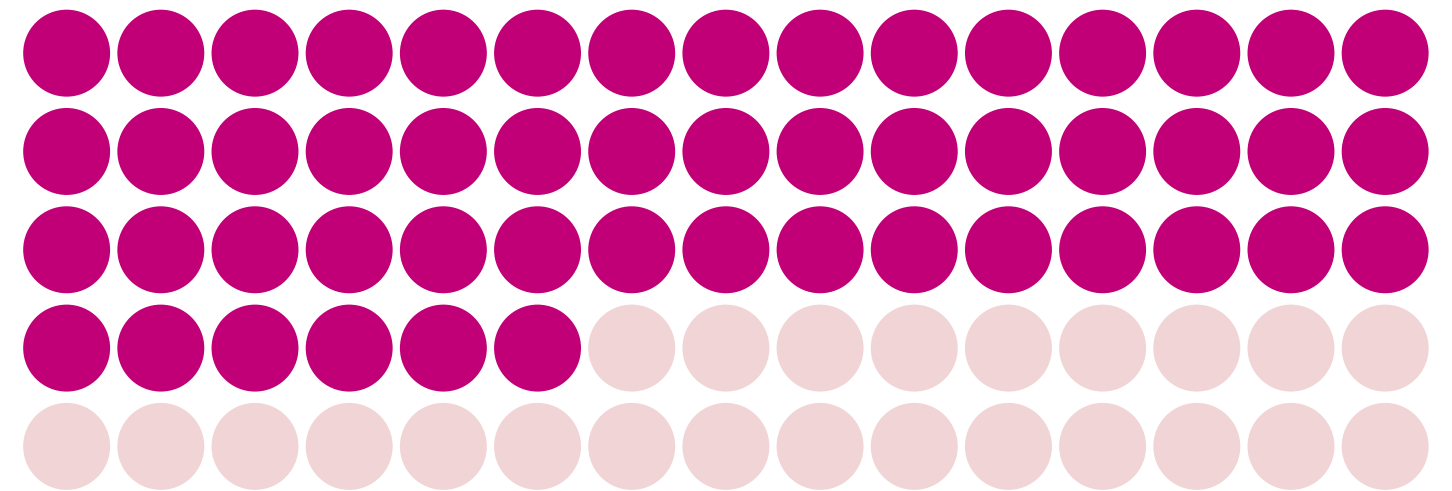
² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2020#government-healthcare-expenditure>

Charitable activity

Over the past year, we have continued to raise funds to support our active research studies and generate income for the building of the National Breast Imaging Academy (NBIA). Alongside this, we have continued to operate our coffee bar at the Nightingale Centre, as well as developing our ongoing health promotion activity. This activity seeks to raise awareness of breast cancer signs, symptoms and risk factors and the importance of breast screening among women, aiming to reach as wide a cross section of society as possible.



For every £1 spent



this year, 71p went on charitable activity

£712,820

The charity holds £712,820 in restricted reserves for future research projects and towards the building of the National Breast Imaging Academy

10%

There has been a **10%** increase in new users to our website
Our most visited webpages continue to be 'Signs & Symptoms' and 'About Breast Cancer'

We have designated
over
£200,000
to fund new research in
2022/2023

967

967 pieces of media coverage for and about the charity, including on ITV News, Loose Women, Dancing on Ice, The Times and Daily Mail

Our research programme

Since 2010 we have spent £3.79 million on ground-breaking research. And since August 2015 our scientists have published over 200 research papers in peer review journals.



Our work is conducted in partnership with numerous highly regarded research facilities throughout the UK. Regionally, our researchers are part of a collaborative group of scientists and clinicians known as the Manchester Breast Centre. This virtual centre brings together leading experts who share our vision of making breast cancer a preventable disease. They collaborate nationally and internationally with world leaders in cancer prevention, enriching our work with their collective knowledge.

Our Philosophy

There are many labs and pharmaceutical companies around the world researching new drugs and treatments for breast cancer. For Prevent Breast Cancer, our philosophy is different – we believe that prevention is better than cure. Anyone who has been through the experience of breast cancer will tell you that treatments such as surgery and chemotherapy can be incredibly gruelling. Prevention and early diagnosis must be the way forward to minimise that trauma and to make sure everyone survives. For that reason, Prevent Breast Cancer is the only UK breast cancer charity funding ground-breaking research solely aimed at preventing the disease for future generations.

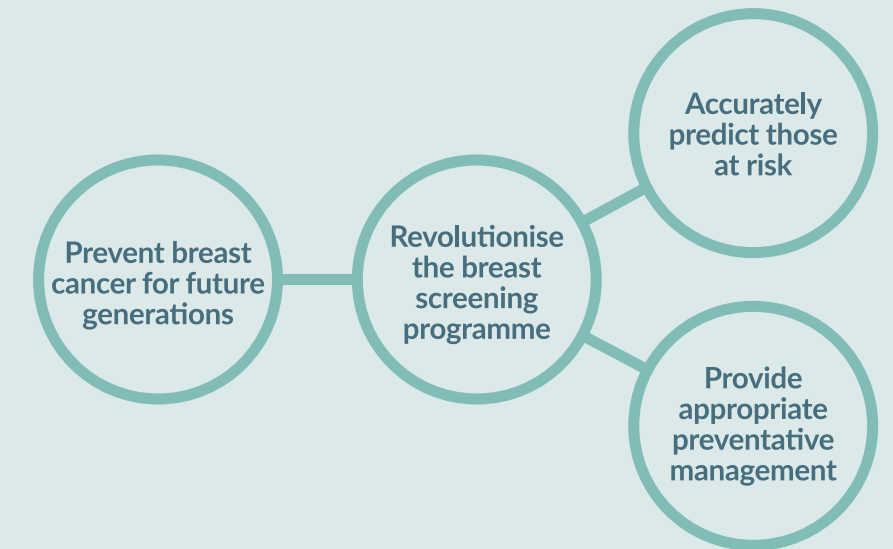
Our research is targeted and specialist, focused on four key areas: gene research, early detection and improved screening, risk reduction and preventative drugs.

Predicting who is at risk

In the past you will have read that the average risk for a woman in the UK to develop breast cancer was “1 in 9”, or “1 in 8”, or even “1 in 7”. These numbers are in fact a bit misleading. We now know that the risk of an individual woman getting breast cancer is a spectrum.

At one end of the spectrum are those women who are carrying a very high risk gene such as BRCA1 or BRCA2, whose risk can be as high as 85% – which is effectively one in one! At the other end of the scale are women who, as a result of their genetics and lifestyle have only a risk of around 1 in 50. Most women are somewhere in the middle, and in fact for the average woman who does not carry a high risk gene the risk is probably around 1 in 20. We are now in a position where we can fairly accurately predict an individual woman’s risk of developing breast cancer in their lifetime. The most accurate method involves taking a gene test (for high and intermediate risk genes and genetic variations called SNPs), having a low dose mammogram to assess breast density, and then assessing lifestyle issues. Adding these risk factors together gives a personalised risk prediction - and this work has been one of the most important achievements of our research team over the last decade under the leadership of Professor Tony Howell and Professor Gareth Evans.

Predicting who is at risk of breast cancer is a very important step towards prevention of the disease. Knowing who is at risk gives early warning, allows regular screening, and can lead to an extremely early diagnosis even at the pre-cancer stage (DCIS - ductal carcinoma in situ).



We now have preventative drugs for those at high risk. For those at an extremely high level of risk there is even the option of preventative surgery.

Research Strategy

Breast cancer is not caused by any one factor. Rather, it seems to be a combination of the genes you are born with, the environment in which you grow up, and several lifestyle factors. For that reason, prevention research is not focused on any one area – rather, it must cover a number of different areas.

Our research strategy involves four main areas of research working in parallel. We call these our four pillars of research.

The first is **gene research**.

This researches the major gene mutations that can cause breast cancer, and in addition looks at tiny gene variations called SNPs that can also have a major impact on risk.

The second area of research is **early detection and screening**. Breast screening through regular mammograms already saves lives. Our research into risk prediction suggests that screening can be further improved by targeting

those at high risk. It also raises the possibility of being able to start screening at a younger age, screening currently starts at 50 years of age in the UK. There are still several problems to overcome, such as the best technology to screen women with high breast density, and those of a younger age, and to detect those types of breast cancer which are difficult to see on a mammogram.

The third area of research is in the area of **risk reduction**. We know of several lifestyle factors, which are particularly prevalent in western countries, that increase risk. Research into how these risk factors can be modified could reduce risk for the whole population of the UK. This area of research has been driven forward by our research dietitian Michelle Harvie and her team.

Our fourth pillar of research is into **preventative drugs**. There are already three drugs (a daily tablet) approved for breast cancer prevention in the UK - Tamoxifen, Anastrozole and Raloxifene. These can be prescribed for women predicted at high risk, but each has side effects and so our intention is to continue looking for others.

Research plans

In collaboration with the Manchester Breast Centre, Prevent Breast Cancer scientists are working towards achieving the following by 2025:

Gene research

Investigating how gene mutations and variations can affect someone's risk of developing breast cancer.

1. To identify all the remaining undiscovered high risk and intermediate risk genes
2. To identify all the genetic variations (SNPs*) linked to breast cancer in every ethnic group and community across the country and internationally
3. To identify new tests for risk prediction such as polygenic risk scores and new bio-markers

Early Detection and Screening

Identifying new and unique screening methods to ensure early and accurate diagnoses.

1. To improve the accuracy of screening through new technology
2. To improve early diagnosis for women with high breast density and for cancers missed by current technology
3. To improve our understanding of why breast density promotes breast cancer

4. To develop tools that accurately predict an individual's risk of breast cancer
5. To identify more targeted ways to provide breast screening adapted to an individual's predicted risk.
6. To improve uptake of screening, collaborating with the NHS and grassroots organisations
7. To develop new approaches for screening and prevention in young women before the age of eligibility for breast screening (age 50 in the UK).

Risk Reduction

Research into risk factors that can be modified to lower breast cancer risk

1. To discover the mechanisms through which known risk factors work to impact breast cancer
2. To identify mechanisms for reducing known risk factors such as diet, exercise and lifestyle interventions
3. To identify biomarkers of response to risk reducing measures
4. To develop a lifestyle management programme that is effective in reducing risk of breast cancer.

Preventative Drugs

Investigating drugs that can be used to reduce the risk of breast cancer

1. To develop models for testing new and re-purposed drugs for the purpose of prevention
2. To identify tests of responsiveness to preventative drugs
3. To support clinical trials of new or re-purposed drugs
4. To promote the awareness of drugs currently available for prevention.

SNPs = single nucleotide polymorphism

Research Plans for 2022-2023

In March 2022, the Trustees felt that the charity was in a strong enough financial position (post-pandemic) to be able to re-open the funding round for new research.

In April 2022, the funding round opened with a sum of £200,000 designated for new projects. Applications should be for research into the early diagnosis, screening and prevention of breast cancer. Our particular areas of interest are methods of improving breast screening and prevention strategies such as preventative drugs, lifestyle prevention and surgical prevention. Another area of interest is breast cancer prevention and early diagnosis in under-served populations.

As we look into the next year, we are particularly interested in research that builds on these topics, and aim to fund one grant up to a total cost of £100,000 alongside three or four grants of up to £30,000.

We have received a legacy from Thelma Gowenlock to continue our research into how the BRCA genes work and why they cause such a dramatic increase in breast cancers. This work will be supervised by Emma Woodward and Professor Gareth Evans. Other projects are being added to the pipeline this year, under guidance from our scientific advisory board led by Professor Cliona Kirwan, Sacha Howell, James Harvey and others. Our broad intention is to fund a portfolio of research projects that span all four research pillars.

Current Research Projects

Gene Research

Identifying DNA fragments that increase risk

Our flagship gene research project began in 2011 and focuses on identifying SNPs – the fragments of DNA which affect breast cancer risk. In total, over 300 of these tiny but significant gene fragments have been discovered in research contributed to by our research team, who have developed a simple saliva test to detect them.

Following a pause on this research until July 2020, due to the pandemic, we have been able to recruit over 250 women to take part and create a sub-study that deals with patients by post in order to keep those involved as safe as possible.

As well as this we have widened the eligibility for the SNPs study to all sites, including East Cheshire and East Lancashire and have now brought in the ability to provide a SNP sample in our PROCAS study and have a more in-depth risk calculation to all recruiting sites.

Our pioneering PROCAS research will introduce a personalised breast cancer risk estimations to the NHS Breast Cancer Screening Programme. The successful conclusion of the SNPS 3 project will see a gene fragment test contributing to the risk calculation for each woman, helping identify those at a higher risk and meaning more cases of the disease can be prevented.

Improving the accuracy of genetic testing

Prevent Breast Cancer's scientific research team was responsible for discovering a previously undetected fault in the BRCA1 gene which increases the risk of breast cancer and ovarian cancer. They discovered a new mechanism affecting the gene, called 'epigenetic silencing', which is not detected by current gene tests. In fact, at present only around 20% of those affected by familial breast cancer find that there is a direct mutation causing it.

Our team have been researching whether epigenetic silencing is also affecting the genes BRCA2 and PALB2. They are using genome testing of over 400 gene samples from people who have symptoms of inherited breast cancer but for whom testing found no genetic cause.

This research could lead to more accurate genetic testing and mean that those affected will be given access to earlier and more frequent cancer screenings and more appropriate treatments if they do develop breast cancer. It could reduce the number of women who are currently slipping through the net because their family history is not detected.

Between 2020 and 2022, our researchers have made excellent progress. Manuscripts have been accepted and submitted for publication on the clinical benefit of gene panel testing in families with breast cancer with a seminal paper in the high impact Genetics in Medicine journal.

Additionally, good developments have been made towards the data analysis and publication of work on breast cancer prediction using polygenic risk scores. Lab work was limited due to the Covid pandemic, however, this has increased since the easing of restrictions and there have been few delays to the progress of the study overall.

Prevent Breast Cancer funded post-doctoral fellow Elke van Veen, who has been named as a contributor in 20 publications since 2020.

Early Detection and Screening

Thousands benefit from smarter screening

Prevent Breast Cancer's PROCAS study will revolutionise NHS breast screening, by predicting a woman's individual risk of breast screening at the time of her mammogram.

Our PROCAS 2 study recruited 2,500 women over the last two years. Although this figure is a reduction compared to the intended numbers of participants, it is still a considerable number to reach and means that we are able to provide these women with an individual risk score for developing breast cancer. Alongside SNP analysis from 259 patients, we have also been able to look at the SNPs of many of the women who took part in PROCAS 1.

This has given us an even larger control group to work from going forwards. Being able to adapt our research during the pandemic and find scope outside of face to-face appointments has meant we have continued to build data that supports the need for tailored screening.

Each risk score was calculated by analysing factors such as breast density, gene fragments, family history and lifestyle. Once they know their score, the women participating in our pilot study have been able to make proactive choices about their health to reduce the chances of the disease developing. Those found to be at higher risk are provided with advice and support and, where appropriate, offered options including more frequent mammograms, preventative medication and surgery. Women assessed as high risk in PROCAS2 had a very high likelihood of taking risk reducing medication – especially anastrozole – with 78% of those who had a virtual appointment starting medication. We have five papers currently being submitted as part of the PROCAS 2 programme.

PROCAS launched in 2009 and is the largest recruiting research study in Britain. This more sophisticated approach to screening will transform the process when it is rolled out across the UK by 2024. It will move us significantly closer to our vision of preventing breast cancer for future generations.

This year, the PROCAS project has been referenced in 29 publications.





Establishing why higher breast density causes cancer

The density of breast tissue on a mammogram has become a key component of our ability to predict breast cancer risk in individual women. Our scientists have been working on lab-based projects to try and understand why breast density is such an important predictive risk factor.

It turns out that breast density is not related to the number or density of cells in any individual's breast tissue, but rather to the supportive tissue around the cells which holds everything together. This is known as extra-cellular matrix (ECM). An important component of ECM is collagen, the molecules of which line up alongside each other to give a 'stiffness' to the tissues. Breasts that have dense ECM show up as more white on a mammogram, compared to less dense fatty tissue which shows as dark areas.

Studies have shown that the breast tissue of women with high breast density on a mammogram (and therefore the highest breast cancer risk) have tissue that is much stiffer compared to others in their lab tests. They have a stiff ECM compared to those with low breast density.

Using a cell culture model, the team have shown that breast cells within a stiff ECM are subject to higher levels of DNA damage than those in a soft ECM. They have then gone on to identify a number of molecular 'signalling pathways' and 'switches' along those pathways that might lead to this DNA damage and thus cancer risk.

These pathways effect the way cells send signals to each other (cell-to-cell interactions) and also how ECM sends signals to the cell (cell-matrix interactions).

Work will continue, because once key pathways and switches have been identified this could lead to ways of stopping harmful signals getting through, and thus reduce cancer risk.

Risk Reduction

Finding the best methods to support lifestyle changes for high-risk women

Around 20 per cent of breast cancer cases are thought to be linked to potentially modifiable factors, such as weight and alcohol consumption, yet women at high risk do not currently receive effective support that enables them to adopt a healthier way of life. At present, only general written advice is provided, with only a minimal effect on behaviour. This means that important opportunities to prevent breast cancer are being missed.

Between 2018 and 2019, Prevent Breast Cancer supported the Family History Lifestyle study. This study worked with 210 high risk women from three different hospitals and was led by our award-winning dietitian, Dr Michelle Harvie. It aimed to identify the most effective way to support women at high risk of breast cancer to enable them to make changes to their diet and physical activity, and lose weight to reduce their risk of breast cancer.

The 210 high-risk women were allocated to either a normal care group who received written advice (37 women) or one of two remotely

delivered dietitian supported programmes: either a breast cancer prevention programme framed to reduce risk of breast cancer (86 women); or a multiple disease prevention programme framed to reduce risk of breast cancer and heart disease and diabetes (87 women). After 12 months, women in the two dietitian supported groups had lost more weight than the written advice group (6% vs 3%). Weight loss was the same in the both dietitian supported groups.

The study demonstrated that women can be empowered to lose weight with a phone or web dietitian supported programme. We plan to run a larger study of the programme across a number of clinics in the NHS. This will provide the required level of evidence that the remotely delivered phone and web programme can be rolled out across a number of high-risk NHS clinics.

Preventative Drugs

Anti-clotting drugs to prevent breast cancer

Fibroblasts are the most common type of cells found in the tissue surrounding breast ducts and lobules. These cells produce collagen, which is associated with high breast density - a risk factor for the development of breast cancer. Breast cancer resembles a non-healing wound, with increased clotting in breast tumours.

Prevent Breast Cancer research, published in 2020, found that fibroblasts in ductal carcinoma in situ (DCIS) have higher levels of clotting than fibroblasts in normal breast tissue, with a further increase in clotting seen in fibroblasts in invasive

cancer. Our team is now examining whether the fibroblasts in high-density breast tissue create a wound-like environment, which increases clotting and causes normal breasts to develop cancer and causes benign cases of DCIS to become invasive.

This project has enormous potential for breast cancer prevention. Other researchers have recently found that early changes in breast ducts may be the deciding factor in whether breast cancer invasion occurs. If it is found that breast density is causing a procoagulant microenvironment that leads to the development of breast cancer, anti-clotting drugs could be recommended for women who present with high-density breast tissue at screening in order to reduce their risk of developing breast cancer.

Our research is ongoing and is mediated by Manchester Cancer Research Centre Biobank, which enables new tissue samples to be available for examination. Our researchers have presented their findings at conferences including the Manchester Pathology 2021 virtual meeting.

Our next phase has now begun and, given the large collection of samples we have now obtained, should proceed rapidly. Given the increasing prominence of the role of breast density and wound healing in the development of breast cancer, this research should lead to important findings that will inform prevention strategies.

Undertaking large scale testing of preventative drugs

In 2019, our researchers developed a complex replication of human breast tissue which would enable them to undertake large scale testing of drugs that could prevent breast cancer developing. Over the following 12 months, we began testing medication using this exciting technological advance.

Our project is a world-first. The model so closely resembles real breast tissue that it mimics mammographic density, one of the most important predictors of the disease. As the drugs being tested are repurposed, they are already known to be safe for human consumption. This means that our researchers will be able to identify promising potential drugs to take directly into clinical trials, speeding up the process and avoiding animal testing.

The currently prescribed preventative drugs Tamoxifen and Raloxifene can sometimes create side effects, and are not always suitable for all women. Our scientists have been working to identify well-tolerated drugs which could see increased take up among those at high risk of breast cancer, reducing the number of lives lost to the disease.

Targeting prolactin to prevent breast cancer

In 2013, the National Institute of Clinical Excellence adopted our recommendation that the drugs Tamoxifen and Raloxifene should be used preventatively to help high-risk women reduce the likelihood of developing the disease. These drugs do not always work for all women,

and so our researchers are working to identify alternative medication that can prevent breast cancer which is more effective, better-tolerated and safe.

In 2019, they investigated the hormone prolactin with the aim of discovering whether targeting this could stop the disease before it starts. If this is the case, our research could lead to anti-prolactin drugs being used to reduce breast cancer risk. As this medication is currently used to treat the disease, it is known to be safe and without significant adverse side effects.

Results suggest that there are differences in hormone signalling in some women. Our research team is now testing whether these mean that cancer is more likely to develop. Our scientists will determine whether inhibiting the key hormone pathways could lead to effective and safe new drugs.

Work from the prolactin study, in combination with a grant studying an anti-progestin, has helped to clarify the role of these hormones in normal breast biology and transformation to cancer. The work has been presented at San Antonio Breast Cancer Symposium 2021 and is expected to be published later in 2022. A study testing anti-progestins in women at increased risk of breast cancer is planned for 2022/23.

Ethnicity and breast cancer

Since 2015, Prevent Breast Cancer has been proud to collaborate with The Association of Breast Surgeons to offer an annual research development grant, totalling £6,000. This year's recipient is

Oxford-based Dr Toral Gathani, who applied for funding to support the creation of a National Ethnicity and Breast Cancer Working Group.

Breast cancer is a significant health problem for all women in the UK. We know that women from the largest ethnic minority groups (Indian, Pakistani, Black African and Black Caribbean) are less likely to get breast cancer compared to white women, but more likely to have more advanced and aggressive types of breast cancer. We want to understand the reasons for differences in breast cancer outcomes in different ethnic groups. We also know that people from ethnic minority groups are less likely to get involved in health research, an issue that must be tackled.

A national Ethnicity and Breast Cancer Working Group, made up of experts from around the country, would work together to answer important research questions about the associations of ethnicity and breast cancer. Membership of the group is nearing finalisation, with a two-day workshop planned for the end of 2022.

The Group is also bringing together an ethnically diverse group of members of the public, including women with and without breast cancer, to work with it to develop its research and help ensure that it is representing the views of the people that it is researching.

It is hoped that these initiatives will address key issues around ethnicity and breast cancer to improve outcomes from this treatable disease for all, irrespective of their background.



National Breast Imaging Academy (NBIA)

Protecting life-saving screening with a new National Breast Imaging Academy (NBIA). The future of UK breast services and the progress made in reducing breast cancer mortality rates are under severe threat as the already depleted breast imaging workforce struggles to meet increasing demands exacerbated by the Covid-19 pandemic.

- The incidence of breast cancer is rising in the UK: In the last 10 years, GP referrals to breast units have doubled and the national screening programme has expanded by 24%.
- Demand is likely to grow further with the drive to achieve earlier diagnosis for cancer patients coupled with the development of personalised screening in order to maximise the effect of screening – especially in those women at higher risk.
- Technological advances have increased the complexity of imaging, with the rise of MRI guided biopsy, tomosynthesis, contrast enhanced mammography and vacuum biopsy procedures. These provide more accurate diagnosis and pre-operative planning assessment ensuring the most appropriate treatments are delivered, but place even more demands on the breast imaging workforce and machine time.
- While the need for imaging is increasing, staffing levels have not kept up with increasing clinical demand and there are now severe shortages amongst clinicians, radiographers and radiologists. Almost 15% of breast radiologist and radiographic posts are vacant nationally. In the UK, by 2025, 38% of breast radiologists and 49% of breast clinicians are set to retire.
- A lack of imaging staff puts breast units at risk of closing, placing greater pressure on remaining services and ultimately leading to a poorer experience for patients.

- Several breast centres have closed – including Salford and Stockport within Greater Manchester – due to a lack of radiologists, placing even greater pressures on the remaining units. Because of these service pressures, identifying time and space for trainees is becoming increasingly difficult.

This is creating a perfect storm: an overstretched workforce operating with inadequate facilities in which to undertake the vital training needed to sustain the service. Improving cancer survival rates and boosting early diagnosis is not possible without a sustainable, future-proofed workforce. In October 2020, Professor Sir Mike Richards published a review of diagnostic services, which described services as approaching a 'tipping point' and called for major expansion to the workforce. The lack of appropriate space is also hampering the ability of many centres to participate in research studies which could potentially lead to breakthroughs in the treatment and care of breast cancer patients.

During Covid-19, there was a significant drop in the number of people seeing their GP, meaning a reduction in the number of breast screening referrals which has contributed to a backlog of patients needing to be seen by breast services. A study conducted after the first lockdown indicated there were 43% fewer urgent referrals for patients whose symptoms indicated that they had cancer than in the same period in 2019.

Research undertaken by Breast Cancer Now estimated that **12,000 breast cancers went undiagnosed in the UK in 2020**, and in addition, there were **1.5 million fewer breast screening examinations**, which again will have a huge impact on the number of undiagnosed breast cancers. Many screening programmes are experiencing further slippage because of the workforce shortages, and it is unclear when these are likely to recover.

Unless we act now, the workforce shortages will continue to worsen at a critical time when services are working hard to clear the backlog created by the Covid-19 pandemic. This means more patients waiting longer for breast cancer screening and ultimately poorer outcomes for patients and increased mortality rates. Without investment in training, there is a very real threat to the huge improvements in cancer survival seen over the last 40 years.

Our solution

The NBIA is a national, collaborative and multidisciplinary initiative, set up and run by a team at the Nightingale Centre to address the severe workforce issues faced in the delivery of breast imaging services across the country.

The Nightingale Centre, based at Wythenshawe Hospital, Manchester University NHS Foundation Trust (MFT) is the largest breast unit in the country, a national breast screening training centre and the largest recruiter to breast cancer research studies in the UK.

To date, over £7.8 million in revenue funding from Health Education England (HEE) has been secured for its educational programmes.

The NBIA is designed to provide a national solution. It is a national collaboration with input and support from all the breast training centres in England. Over 200 clinicians from across the country support some aspect of the NBIA. It acts as a central hub where staff can administer and co-ordinate training programmes for the country – for example, organising the recruitment and placements for the radiology fellows and breast clinicians and developing new apprenticeship programmes and online training resources.

It will provide a training hub where courses can be delivered face to face, with the much-needed space for trainees to acquire the necessary skills for their training needs.

Over the past four years, the NBIA has provided and supported training posts at 51 breast units, of which 45 are screening centres, thus supporting nearly 60% of the screening units in England.

However, finding adequate space in which to undertake training is becoming increasingly challenging, owing to workforce pressures and compounded by staffing shortages. This is impacting the placement of the second cohort of breast clinicians, with the NBIA struggling to secure training places for a number of these trainees. Within Greater Manchester itself, we have been forced to turn trainees away because of a lack of training facilities.

To fully realise the benefits of the NBIA, and to ensure that growing demand can continue to be met, a purpose-built training facility is required. This will enable greater numbers of trainees to be trained, and a better quality of hands-on clinical training to be delivered. The new building will provide much needed space for innovative clinical and academic training for apprentices, radiographers, radiologists and breast clinicians, together with medical students, radiology trainees and administrative staff, in a fully resourced teaching environment. The NBIA build was originally designed to be a two-storey extension to the existing Nightingale Centre, with a 50% increase in imaging capacity for outpatient breast services, which would cost £7.1m (a pre-Covid cost). However, the pandemic has made fundraising far more challenging and the need even greater, so a decision was taken to implement a phased approach to the development, so that some vital benefits can be realised more quickly.

The phase 1 development

The phase 1 development costs £3.57 million (recently increased from £3.2m due to inflation) and will provide:-

- Dedicated space and facilities to deliver outstanding, innovative, multidisciplinary training in a clinical environment.
- A 30% increase in imaging capacity for outpatient breast services.
- Dedicated research space in which to further improve recruitment to breast clinical trials and expand the research space for our existing research projects.
- Seminar rooms and workstations enabling training to be delivered in line with other radiology academies across the country.

Whilst this does not provide the full facilities required to deliver the maximum amount of training and full range of research activities, it will help to alleviate pressure and improve the situation while fundraising continues for the next phase of the build.

Innovation at the fore

The NBIA is the first truly multidisciplinary imaging academy in the UK. The Academy will enable pioneering training to meet the increased national workforce need. This will save lives by significantly alleviating the crisis facing the breast imaging workforce and preventing delays in breast cancer diagnosis and treatment.

Wider impact

The NBIA will have a positive impact locally, regionally and nationally, in both the immediate and longer term. The NBIA will result in cost savings and capacity relieving benefits to the NHS and will help patients across the UK. The new training pathways will transform training within breast imaging to provide a more cost effective and sustainable UK-wide workforce.

National benefits

Nationally from 2015/6 to 2019/20, breast referrals rose 12.5% from 541,939 to 609,836, a rate of 2.4% per annum. The NBIA will significantly increase our ability to train breast imaging professionals to meet this increased need and help prevent breast cancer.

Although the building will be in Manchester, it will be used by trainees from across England, as dedicated training courses will be offered to trainees on the NBIA's various programmes at specific points in their training. The NBIA already has over 100 previous or current trainees placed at 47 different breast units across the country. At present, it is not possible to offer them any face-to-face training but a NBIA build would enable every NBIA trainee access to high-quality, hands on training. This will benefit trainees and staff at breast units nationally, which ultimately benefits patients across the country.

Our researchers are improving methods of diagnosis so that women can be diagnosed and treated at an earlier stage in the disease's progression. As with all our research, this has the potential to have international impact, saving lives globally.

Benefits to the region

Over the last 10 years, there has been a steady increase in the numbers of patients referred to the Nightingale Centre. This has in part been driven by the closure of two breast centres in Salford and Stockport due to a lack of breast radiologists. The NBIA will meet the need for increased training capacity across the region.

Impact on the local economy and community

The NBIA will have the greatest impact across the North West of England, an area with severe social deprivation which has been disproportionately impacted by COVID. It will widen access to health care careers locally by developing innovative sustainable apprenticeship training. It will also help build the radiology and radiographic workforce within the region, which has the highest vacancy rates within England.

Long term benefits

By increasing the workforce, the NBIA will safeguard breast services and research activity, which will help to ensure:

- More breast cancers are prevented
- More breast cancers will be detected earlier
- Survival rates will increase
- Quality of life for those living with breast cancer will increase.

Build to Beat Breast Cancer

"We believe investment and further research to support the screening programme is needed, as screening has the potential to save many more lives. Two of our goals are to introduce better targeted and enhanced screening for women identified as being at particular risk and eventually to lower the age of breast screening to try and prevent breast cancer in younger women, but these are now being threatened by the ever-worsening shortages within the breast imaging workforce." Lester Barr, Chairman, Prevent Breast Cancer

In October 2021, Prevent Breast Cancer and Manchester Foundation Trust Charity teamed up to launch the "Build to Beat Breast Cancer" appeal to raise the funds required to make the National Breast Imaging Academy a reality.

Given our extensive and combined expertise in fundraising, strong supporter base and contacts, we believe we can deliver this essential facility. Our fundraising strategy is multi-faceted and our goal is to generate the majority of the funds required by December 2023.

Funding secured:

To date (as of 30th November 2022) over £2.11 million has been generated for the NBIA towards the goal of £3.57 million. This includes pledged income that we have raised, which will be accounted for once the fundraising target has been achieved; income raised by Manchester Foundation Trust Charity; and funding secured directly by the National Breast Imaging Academy Team from NHS England, which amounts to £739,000.

Prevent Breast Cancer has secured donations and pledges from the following organisations: -

- £350,000 pledged from Sir Jules Thorn Charitable Trust
- £150,000 pledged from The Chellaram Foundation
- £100,000 pledged from Garfield Weston Foundation
- £100,000 donated by The Beaverbrooks Charitable Trust

Supporting patients and professionals at the Nightingale Centre



Over 7,341 hot drinks sold to NHS staff and patients waiting for appointments;
a 110% increase to the prior year thanks to a steady return to face-to-face appointments – an encouraging step closer to pre-pandemic activity.

- We worked hard to put the necessary safety provisions in place to ensure the volunteers could return and felt safe volunteering.
- We've seen a steady increase in activity and footfall.
- We have moved to a more cashless system, utilising, the zettles as payment method. This required some training of volunteers, but overall has been a very successful move.
- Coffee shop income was £41,634, a 66% increase from the previous year, whilst the Welcome Desk and Shop could also finally reopen and we saw a six-fold increase in income from the previous year.

Now that our volunteers are all vaccinated, many have returned to their role at the Centre and we are delighted to have welcomed some new volunteers to our rota. Our Welcome Desk and Shop has been able to re-open and we are delighted to have this focal point in the Nightingale Centre back in full swing!

Awareness of breast cancer

It is estimated that thousands of women are living with undiagnosed breast cancers across the UK. This is due, in large part, to the pandemic and the issues this has presented, as outlined earlier in this report. Although many centres are working additional hours to reduce the backlog caused by the temporary closure of the screening service in 2020, it is predicted that it will take up to 24 months to catch up.

Health inequalities have always been a key concern for Prevent Breast Cancer. Inequalities which existed prior to the pandemic have now been exacerbated. We need to take action and have started to implement some of our work, which is outlined below and in the highlights section. There is, however, far more to be done and addressing inequalities will be one of our priorities for the foreseeable future.

Our health awareness campaigns

Update Hours

For the first 6 months of the year, face-to-face activity was still limited due to Covid restrictions. We continued our series of popular Update Hours, free online events, which were promoted across social media and directly to our database. Each event was streamed live on our YouTube channel and Facebook page and the series covered a range of different topics.

In May, we addressed the important topics of hormones, the menopause and breast cancer when our Ambassador Michelle Eagleton interviewed renowned endocrinologist Dr Annice Mukherjee and actress and Patron of Prevent Breast Cancer, Sally Dynevor.

In October, esteemed journalist and Patron Gordon Burns interviewed Chair and Co-Founder of Prevent Breast Cancer, Lester Barr about the future of the charity, our research and to find out more about his recent MBE for his commitment to preventing breast cancer.

Hundreds of our supporters watched each event, with excellent feedback. Furthermore, we continue to promote the content online, at talks and in email communication with our supporters.

Library of video content – guidance from our experts

- We successfully applied to East Lancashire Masonic Charity for £2,200 to produce a library of video content.
- Funds were put towards a range of video content, focusing on topics identified by the Prevent Breast Cancer team and requested by our supporters.
- We filmed many of our experts, including clinicians and scientists, talking about their key subjects.
- This is a useful tool on our website and YouTube channel, allowing us to signpost people who contact the charity asking for information. It's a resource that will help many people now and in the future. To date, the videos, which have only been recently released, have been viewed over 2,884 times.

- Topics include:
 - Breast reconstruction
 - What is breast screening and why does it start at 50
 - What is breast density
 - What we mean by a family history
 - What are SNPs
 - Stress and breast cancer
 - Men and breast cancer
 - What are SNPs – gene fragments
 - What is DCIS
 - Transgender people and breast cancer risk

Health information talks

Prior to the pandemic, the fundraising team was delivering health information talks to companies, community groups and in schools. Whilst this activity initially stopped in 2020, we used the time to re-brand, update the content and take it virtual. This activity continued to go from strength to strength in 2021. Some of the areas covered in the talks include:

- How to reduce your risk of developing the disease
- Signs and symptoms to look out for
- Causes of breast cancer
- How to check yourself
- Why we're focused on prevention
- Our latest research findings

In March 2022, we launched a new Health Hour focused on food and fitness and featuring our research dietitian, Dr Michelle Harvie – one of the first scientists to demonstrate that weight loss can reduce breast cancer risk.

During the year we delivered over 85 talks in companies and schools to over 2,000 people.

Breast Cancer Awareness Month

To mark Breast Cancer Awareness month, we teamed up with leading women's health technology company Hologic to launch the "It's Time" campaign in Greater Manchester with a pop-up event in Asda Eastlands Supercentre. The event aimed to raise awareness of the disease to time-poor women and highlight the importance of attending their breast screening appointment when invited.

Every year, 420 women in Greater Manchester die from breast cancer and research has found that there is a strong link between deprivation and an increased incidence of cancer. In Manchester, 60% of breast cancer patients are from the most deprived groups.

'It's Time' aimed to encourage women to put themselves first when it comes to their health and make the time for breast screening.

All women in the UK between the ages of 50 and 71 are eligible to attend a breast cancer screening appointment. Research shows that 78% of women put off scheduling routine health appointments because they are too busy taking care of other family members' health.

To help educate women on the importance of attending their routine screening appointment, volunteers handed out 420 single stem pink roses with a postcard attached, to let women know they are appreciated and encourage them to take the time to go for a breast cancer screening if eligible.

The postcards provided details on where to find out more information and urged women to attend screening if eligible. Volunteers also encouraged people to pass on a flower to a loved one to help raise awareness. The event also featured a large display of flowers in the shape of breasts to create a 'stop and stare' moment.

Volunteers from Prevent Breast Cancer with experience of breast cancer, and workers from Greater Manchester screening engagement programme Answer Cancer were on hand to answer any questions from women about what to expect from their appointment, and to alleviate any concerns.

Yasmin Haque, Prevent Breast Cancer Ambassador, said: "After my experience of breast cancer, I urge the women of Greater Manchester to regularly check their breasts and know what's normal for you. If you have any concerns, then speak to your GP. When you receive your NHS invitation to attend breast screening. Don't ignore the letter; ring and book your appointment. Early detection is key. It could save your life."

Nikki Barraclough, Executive Director at Prevent Breast Cancer, commented: "The screening process is crucial to identifying breast cancer in its earliest stages. Prediction, prevention and early detection are at the heart of the work we do here at Prevent Breast Cancer. We make it our mission to better educate everyone on the benefits of screening and try to dispel any fears or misconceptions. We're excited to be out in the local Manchester community to raise awareness of the importance screening plays in saving women's lives."

The local campaign also included Facebook posts targeting women in Manchester, posters and bus stop displays, all highlighting the importance of taking time to attend routine breast screening appointments.

Hologic donated £10,000 to the charity, which will help fund future campaigns aiming to address health inequalities.

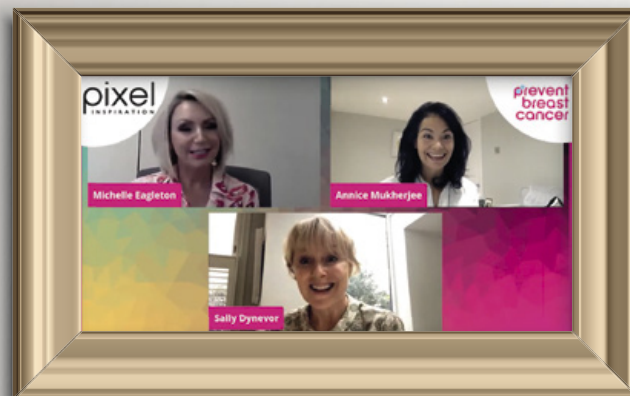
Our Year in Review: 2021/22

April to June

Corporate supporter Eversheds Sutherland teamed up with Overbury to take part in a 9,622km virtual bike ride from Eversheds Sutherland's new HQ in Manchester, to Eversheds Sutherland's Hong Kong office, raising £8,720.



Hundreds of supporters tuned in to our Update Hour focused on hormones, menopause and breast cancer.



With many restrictions still in place, the fundraising team took the opportunity to plan ahead and to connect with existing supporters, including our dedicated Ambassadors who raise awareness and fundraise in their local communities.

July to September



September saw the welcome return of the Great Manchester 10k Run and half marathon. This was the first significant third-party event our supporters participated in. Over 70 of our runners raised over £25,000 for the charity during these two runs.



Our inaugural Bike/Hike event in September was an opportunity to bring many of our supporters back together, a chance to catch up with each other and to share with people our plans for the year ahead. The purpose of the event was to reconnect, rather than raise funds and registrants chose between a 26-mile bike ride, or a four or eight-mile hike. This event raised over £2,000 for the charity.



Brighton-based supporter Graham Farthing finally got to do his skydive, which had been cancelled numerous times due to the pandemic and then the weather. He raised over £13,900.

Manchester bar NYNY showed its support by asking customers for donations over one weekend in July, raising over £5,000.

Our Year in Review: 2021/22

October to December



Our Hollywood Gala Dinner raised over £11,900 in November.



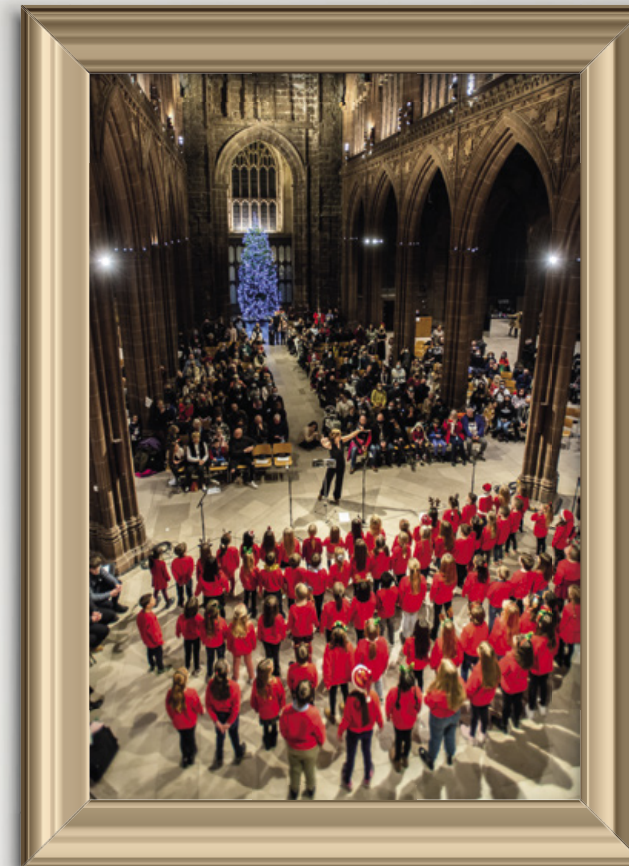
Actress and charity Patron Victoria Ekanoye shared details of her breast cancer diagnosis and subsequent treatment with the national media. Flying the flag for Prevent Breast Cancer she decided to turn her 40th birthday celebrations into a "Bye Bye Boobies Party" prior to her double mastectomy, raising awareness of breast cancer in younger women, women of different ethnicities and the importance of knowing how to check yourself. She also raised awareness of sickle cell anaemia, a condition she has which complicated her surgery. Her event raised over £7,900.



The London and Manchester Marathons returned and runners raised over £22,000.



Ambassador Heidi Chapman organised the Cheshire Film Premiere of The Colour Room, a film about the life and work of English potter Clarice Cliff. This was a unique event for the charity and it raised over £7,000.



Sales of our Christmas cards raised over £14,000.

We received the wonderful news that Sir Jules Charitable Trust had pledged £350,000 towards the building of the National Breast Imaging Academy.

With most restrictions finally lifted, Breast Cancer Awareness Month returned with a bang and activity continued right the way through to Christmas. All the planning from April to June was worth it!



We officially launched our joint venture with Manchester University Foundation Trust Charity – a joint fundraising campaign – Build to Beat Breast Cancer to raise the funds required for a National Breast Imaging Academy.



Despite concerns of growing Covid rates, we decided to continue with our Christmas Concert at Manchester Cathedral with appropriate measures to ensure that our 400 guests felt safe. This festive night of entertainment, a firm favourite in our annual calendar, raised over £6,000.

Our Year in Review: 2021/22

January to March

Long-term donor The Beaverbrooks Charitable Trust donated £50,000 to the National Breast Imaging Academy, taking their total donations for this project to £100,000.

BEAVERBROOKS



Manchester Airport Group's charity golf day resulted in a donation of £10,500 to the charity. Captains at four golf clubs raised over £20,000 between January to March.



Fundraising campaign Paint Altrincham Pink raised over £12,400.



A party organised in support of our wonderful Patron Sally Dynevor, who was appearing in Dancing on Ice, raised over £3,400 and resulted in the charity being mentioned on the programme.

Strategic aims and objectives

Strategic Aims and Objectives – 2021-2022

Governance and structure

Recruit two new trustees	Completed
Grow the fundraising team and invest in the structure. Recruit: <ul style="list-style-type: none"> senior corporate fundraiser sports fundraiser supporter engagement administrator 	Ongoing and updated organisation structure in place
Invest in training – IT Security & Compliance, and Diversity, Inclusion & Equality	Ongoing
Review internal processes and induction process for new employees	Ongoing
Write an Equality, Diversity & Inclusion statement	Ongoing

Research

Reopen grant funding applications and award new research grants	Achieved in April 2022
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Services to patients and to The Nightingale Centre

Service and update information screens located in the reception area, creating a more interactive environment for patients waiting for their appointments	In progress
Invest in the layout of our Welcome Desk and shop so it is more inviting to patients and to staff	In progress

Health awareness and education

Continue our work to promote the signs and symptoms of breast cancer across our digital platforms, in the press and through grass roots events	Achieved and ongoing
Collaborate with a commercial organisation on a health awareness campaign during Breast Cancer Awareness Month (October)	Ongoing
Explore a campaign focussed on raising awareness of family history and breast cancer	To do
Film and edit a library of video content on different breast cancer topics for our website	Achieved
Revisit a film focused on the importance of the breast screening invitation letter, finishing the edit and completing translation into Urdu and Bengali	To do
Continue to develop and to promote our Health Hour Talks, approaching schools and companies	Achieved & ongoing

Income generation

Launch a joint capital fundraising campaign with Manchester Foundation Trust Charity, “Build to Beat Breast Cancer”, to build the National Breast Imaging Academy	Achieved & ongoing
Launch and develop our Power of Prevent (POP) campaign encouraging our supporters to either “kick a bad habit” or set themselves an exercise challenge whilst raising funds	Due to other priorities and the lifting of Covid restriction, this campaign is inactive
Grow income from companies and secure new corporate partnerships and/or Charity of the Year opportunities	Ongoing
Implement a long-term monthly donor strategy and increase the number of regular donors	To do
Organise two face-to-face supporter stewardship events to discuss fundraising plans for 2022	In progress

Strategic Aims and Objectives – 2022-2023

Governance and structure

Undertake a Board Effectiveness Review
Review investment strategy to ensure that we are maximising the potential from the funds we hold, whilst ensuring our portfolio remains low to moderate risk: <ul style="list-style-type: none"> Re-invest the £80,000 taken from investments in 2020 Invest a percentage of the legacy we have received to fund gene PHDs and associated work Set up Charity Aid Foundation Deposit Account
Write and implement our Equality, Diversity & Inclusion Statement
Continue with recruitment of charity team in line with revised organisation chart, to future proof and grow the charity
Invest in database and look at integration with different platforms and websites

Research

Fund new research projects in December 2022
Meet with researchers to review research strategy and establish what have we achieved so far and where are we going
Implement plan for expenditure of gene PHD fund, in line with legator’s wishes
Review grant funding process

Services to patients and to The Nightingale Centre

Refurbish the shop and welcome area
Once the above is complete, review branding and visibility of the charity in the reception area of The Nightingale Centre
Continue to lead on the capital campaign to build the National Breast Imaging Academy (NBIA)

Health awareness and education

Work with Patron, Margo Cornish on her 2022 campaign to raise awareness of breast cancer across Greater Manchester
Revisit health inequalities work including Asian Women’s Health Awareness advert and aim to establish a sub-group specifically focused on health inequalities
Continue to develop and to promote our Health Hour Talks, approaching schools and companies
Implement new website using more modern version of WordPress

Income generation

Working with MFT Charity, achieve a fundraising target of £3.5 million to build the NBIA
Balance the above with raising funds for new research projects, health promotion activity and for the general, core need of the charity
Grow income from companies and secure new corporate partnerships and/or Charity of the Year opportunities
Implement a long-term monthly donor strategy and increase the number of regular donors – unable to do in 2021-2022
Develop Major Donor Strategy
Organise two face-to-face supporter stewardship events: <ul style="list-style-type: none"> Thank You Evening Research Update Evening

Financial review

Despite lockdown restrictions still being in place for the majority of the first six months, the financial year was considerably more successful than forecast.

- Total income is £1,130,017, compared with £672,068 in the previous year.
- We received two significant restricted donations: -
 - A legacy of £487,500 which will fund research into gene PHDs and will have a long-lasting impact to our research.
 - A formal pledge towards the National Breast Imaging Academy of £350,000 from Sir Jules Thorn Charitable Trust – which will be recognised in the accounts once the full target for the project is achieved.

We have fully funded almost all of our active research projects and our priorities have been to raise funds for the National Breast Imaging Academy (NBIA) and our health promotion work.

Our strategy of saving costs, balanced with taking advantage of all opportunities available to us to generate income has been effective, propelling the charity through an incredibly difficult time. Thanks to this, we have exceeded what we thought would be achievable.

50% of our income (excluding formal pledges) in 2022-2023 was through legacies. As well as the legacy of £487,500, which is restricted to gene PHDs, we received several others including one to the sum of £50,000, the majority of which is restricted to one of our research projects. In comparison we received £0 in legacies in 2021-2022.

Despite the pandemic and the continued challenges we face, the figures to 31 March 2022 show how well the fundraising team adapted. We have ended the year in a strong position and have been able to:

- Re-open our funding round, with a pot of £200,000
- Plan with the relevant scientists the most suitable projects to utilise the funds for gene PHDs
- Designate £40,000 to invest in the infrastructure of the charity – database and refurbishment

Whilst the Board of Trustees is still cautious about the external environment, we believe it is the right time to invest in the charity team now, in order to sustain our growth.

- £470,850 was raised from trusts and foundations through donations and formal pledges (which will be accounted for once the £3.57 million required to build the NBIA has been reached), a 338% increase to 2021.
- A return to physical, face-to-face sport events resulted in a 34% increase in income from sport challenges compared with the previous year.
- Our community and corporate fundraising combined increased by 95% compared with 2021.
- Pro bono expertise totalled £19,000, of which £16,200 was provided by our new digital agency, This is Digital who donated their expertise from January 2022 onwards.

We offer our heartfelt thanks to our supporters across the UK who, despite everything, continued to fundraise and support the charity.

Our Expenditure for 2021/22:

Consistent with other years, our charitable activities constitute the vast majority of expenditure, with other costs kept at a minimum. Additional costs were incurred to generate the donations and pledges achieved for the National Breast Imaging Academy. During the year under review, Prevent Breast Cancer spent over £369,069 on charitable activities.

There is £712,820 held as restricted income and carried forward to 2022-2023 for future charitable expenditure.

The key components of our charitable activities are research, communicating health messages about breast cancer, patient care and services to The Nightingale Centre.

The below charts outline the breakdown of our Charitable Activity for the year 2021/22 and future charitable expenditure held as restricted reserves.

How we spend our funds

Charitable Activities	£369,039
Cost of Raising Funds	£134,535
Merchandise Costs	£8,751
Investment Management Fee	£5,358
Total Expenditure	£517,683

Future Charitable Expenditure – Restricted Reserves

National Breast Imaging Academy Capital Build	£198,496
Gene research PHDs	£487,500
Asian Women's Health Awareness	£26,824
Total Restricted Reserves	£712,820

Reserves Policy

The Directors and Trustees believe that the charity should hold financial reserves, because it does not receive statutory funding and is entirely dependent on donations from the public and fundraising activities. This is inevitably subject to variation year to year. In addition, it requires the ability to continue operating and honouring grant commitments, should there be falls in income. By following this policy prior to the pandemic, we have been able to spend more on research projects than our net charity income.

Prevent Breast Cancer takes a prudent approach to our finances, maintaining an appropriate level of free reserves to mitigate against the inherent uncertainties of annual fundraising and any significant and unexpected falls in income, such as Covid-19, to ensure core activities can continue.

As of 31 March 2022 the charity holds reserves of £1,459,093, of which £712,820 are restricted funds. 28% of the restricted reserves are for the National Breast Imaging Academy and 68% of restricted reserves are from a major legacy, which will fund genetic research.

Designated funds amount to £393,050, which have been allocated to the National Breast Imaging Academy (£150,000), to fund new research in 2022-2023 (£200,000) and to invest in the database and refurbishment of the charity offices and shop (£40,000).

The Trustees aim to keep in reserve six to nine months of core costs to guard against a worst-case scenario where the charity receives no income from any of its sources. These costs cover our office staff, support costs, critical fundraising activity and governance. They total £298,576 for six months.

Free reserves are £351,950 (in 2021 these were £420,781) at the year-end so, based on this policy, the charity holds in reserve over seven months of core costs.

Fundraising Costs Policy

The Trustees are committed to keeping the costs of our fundraising office as low as possible in order to maximise the income available for research projects. The financial statements that follow demonstrate that most fundraising costs relate to essential items such as running fundraising events, or stock purchased for trading.

In summary, we raised a total of £1,130,017 from donations and legacies, fundraising events, trading activities, funding from trusts, foundations and investments. We spent £369,039 on our core charitable activities and research grants, with a further £712,820 held in restricted reserves for future charitable expenditure.

Fundraising Approach

During the past year the charity did not use fundraising agents and did not receive any complaints about our fundraising activities. The charity is a member of the Fundraising Regulator and the fundraising team follows the Fundraising Regulator's Code of Practice and their Fundraising Promise. We strive always to act ethically and responsibly, using best practice when communicating with our supporters, and we strictly adhere to General Data Protection Regulations (GDPR) processes in relation to data usage.

Investment Policy

Prevent Breast Cancer invests funds not immediately required in order to produce the best financial return within an acceptable level of risk, with a spread of liquidity to ensure that assets are available to meet cash flow requirements. In accordance with our ethical policy, we ensure our investments do not conflict with our aim of breast cancer prevention.

The Trustees have appointed Brewin Dolphin, an experienced firm of investment advisers to manage our investments on a discretionary basis. The investment portfolios are managed in accordance with our Investment Policy.

Structure, governance and management

Governing Documents

Prevent Breast Cancer is registered as a charitable company limited by guarantee constituted under a Memorandum of Association, and is a registered charity numbered 1109839. The management of the charity is the responsibility of the Directors and Trustees who are elected and co-opted under the terms of the Memorandum and Articles of Association.

Appointment of Trustees and Induction

New Trustees are nominated by Trustee Board members, interviewed by a panel of Trustees for that purpose and appointed where they have the necessary skills to contribute to the charity's management and development.

On appointment they receive an induction pack, which comprises a range of information to support them in their new role. This encompasses the charity's strategy, structure, financial performance and forecast and an overview of Trustee's legal obligations. The pack includes governing documents and other relevant documentation available from the Charity Commission e.g. CC3 – The Essential Trustee and CC20 – Charity Fundraising: A Guide to Trustees' Duties. All new Trustees are introduced to the charity's staff team.

Organisation

Prevent Breast Cancer has eleven Trustees who meet at least 10 times a year to ensure that the charity is fulfilling its charitable purpose and to review the fundraising, trading and finance team's performance in raising funds for research into breast cancer prevention. According to the governing documents the maximum number of Trustees can be 25 and the minimum number is four. Each member of the Trustee Board contributes a different area of expertise including medical, commercial, HR and public sector knowledge and experience. Two of the Trustees are directors of the dormant trading subsidiary. The Executive Director has been appointed by the Trustees to manage the day-to-day operations of the organisation.

Related Party Transactions

During the year payroll services were provided free of charge by Sheppards Chartered Accountants, a company in which Charles Levine (Trustee) is a director. The estimated value of such services is £2,800 (2021: £2,664) and therefore an equivalent amount has been included within gifts in kind.

All Trustees are required to complete a Register of Interest form annually. Any connection between a Trustee and key personnel or organisations is disclosed to the full Board of Trustees in the same way as any other contractual relationship with a related party. The Board adheres to our Conflict of Interest Policy to protect the integrity of Prevent Breast Cancer's decision-making process, to enable stakeholders to have confidence in the charity's reliability, and to protect the integrity and reputation of volunteers, staff and Directors.

Pay Policy for Senior Staff

The Board of Trustees and the senior management team comprise the key management personnel of the charity in charge of directing and controlling, running and operating the charity. All Trustees donate their time and do not receive remuneration. Details of related party transactions are disclosed in note 20 of the accounts.

The pay of the senior staff is reviewed annually and usually increased in accordance with salary scales set by the Board. Salaries are benchmarked against pay levels in the third sector, taking into account the type of charity, location, annual income and the number of employees.

Risk Management

The Trustee Board is committed to maintaining a strong risk management framework. The aim is to ensure that Prevent Breast Cancer makes every effort to manage risk appropriately by maximising potential opportunities, whilst minimising the adverse effects of risks.

The charity's risk policy is used to support our internal control systems, enabling the charity to respond to operational, strategic, and financial risks regardless of whether they are internally or externally driven.

Risk policy objectives:

- To confirm and communicate the charity's commitment to risk management
- To establish a consistent framework and protocol for determining appetite for and tolerance of risk and for managing risk
- To assign accountability to management and staff for risks within their control and provide a structured process for risk to be considered, reported and acted upon throughout the organisation.

A risk register covering key strategic risks is maintained and reviewed twice a year – more frequently where risks are known to be volatile. A more detailed operational risk register will be maintained in aspects where this is considered appropriate, taking account of the impact of potential risk and the cost benefit of the exercise.

The charity will continue to regularly review and monitor the effectiveness of its risk management framework and update it as appropriate.

In 2021-2022, the Trustees assessed the major risks to which the charity is exposed, in particular those related to the operations and finances of the charity and were satisfied that systems are in place to manage exposure to the major risks.

The charity receives no statutory funding and is dependent entirely on the donations and fundraising activities of its staff, volunteers and supporters. Therefore, the ratio of income to expenditure is constantly highlighted as a key risk as we need to ensure we can continue to fund our ongoing charitable activities and research projects. The Trustees ensure that this risk is minimised by following the Reserves Policy, outlined on page 35.

Reference and administrative details

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

L Barr - Chairman
P S Glass
D Harris
T Hopla (appointed 1 October 2022)
J Humphris (appointed 20 November 2022)
K James (appointed 14 February 2022)
C Lee-Jones
C J Levine - Treasurer
J Lovell (resigned 6 November 2022)
E O'Neal (appointed 14 February 2022)
S Saleh
Dr M Wilson

Key management personnel

N Barraclough Executive Director
L Parker Cairns Charity Manager (resigned 25 March 2022)
E Mellor Head of Communication and Campaigns
J Ruth Head of Income Generation (appointed on 16th May 2022)
J Coleman-Reed Head of Operations and Database (appointed on 18th July 2022)
J M Glass Secretary

Company registered number 04831397

Charity registered number 1109839

Registered office Prevent Breast Cancer Research Unit
The Nightingale Centre
Wythenshawe Hospital
Southmoor Road
Manchester
M23 9LT

Auditors Alliotts LLP
Chartered Accountants and Advisors
Friary Court
13-21 High Street
Guildford
Surrey
GU1 3DL

Bankers Royal Bank of Scotland Plc.
38 Mosley Street
Manchester
M2 3AZ

Solicitors Gunnercooke LLP
53 King Street
Manchester
M2 4LQ

Statement of trustees' responsibilities

The trustees, who are also the directors of Prevent Breast Cancer Limited for the purpose of company law, are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).


Company Law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees' report was approved by the Board of Trustees.

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L Barr - Chairman

Date: 16/12/2022

Independent Auditor's report

Opinion

We have audited the financial statements of Prevent Breast Cancer Limited (the 'charity') for the year ended 31 March 2022 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast

significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose of company law, are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- the engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- we identified the laws and regulations applicable to the charitable company through discussions with trustees and other management, and from our knowledge and experience of the sector;
- we focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the charitable company, including the Companies Act 2006, the Charities Act 2011, the Charities SORP, taxation legislation, data protection, anti-bribery, employment, environmental and health and safety legislation;
- we assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- identified laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the charitable company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- making enquiries of management as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

Audit response to risks identified

To address the risk of fraud through management bias and override of controls, we:

- performed analytical procedures to identify any unusual or unexpected relationships;
- reviewed all transactions listed;
- assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- agreeing financial statement disclosures to underlying supporting documentation; and
- enquiring of management as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance.

Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the Trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

A further description of our responsibilities for the audit of the financial statements is located on the Financial

Reporting Council's website at: <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state

to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

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Date: 12/16/2022

Statutory Auditor
Alliotts LLP
Chartered Accountants
Friary Court
13-21 High Street
Guildford
Surrey
GU1 3DL

Alliotts LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under of section 1212 of the Companies Act 2006.

Statement of financial activities including income and expenditure account for year ended 31 March 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
Income from:							
Donations and legacies	3	451,958	555,921	1,007,879	479,293	109,988	589,281
Charitable activities	5	41,634	-	41,634	25,019	-	25,019
Other trading activities	6	72,938	-	72,938	50,959	-	50,959
Income from investments	4	7,566	-	7,566	6,809	-	6,809
Total income		574,096	555,921	1,130,017	562,080	109,988	672,068
Expenditure on:							
Expenditure on raising funds	7	148,644	-	148,644	90,151	-	90,151
Charitable activities	8	324,897	44,142	369,039	317,205	31,620	348,825
Total expenditure		473,541	44,142	517,683	407,356	31,620	438,976
Net gains/(losses) on investments	13	5,306	-	5,306	108,555	-	108,555
Net incoming resources before transfers		105,861	511,779	617,640	263,279	78,368	341,647
Gross transfers between funds		57,433	(57,433)	-	11,885	(11,885)	-
Net movement in funds		163,294	454,346	617,640	275,164	66,483	341,647
Fund balances at 1 April 2021		582,979	258,474	841,453	307,815	191,991	499,806
Fund balances at 31 March 2022		746,273	712,820	1,459,093	582,979	258,474	841,453

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

Balance sheet as at 31 March 2022

	Notes	£	2022 £	£	2021 £
Fixed assets					
Tangible assets	14		1,272		252
Investments	16		1		1
			<u>1,273</u>		<u>253</u>
Current assets					
Stocks	15	14,848		11,146	
Debtors	17	30,735		143,805	
Investments	18	543,384		535,913	
Cash at bank and in hand		<u>987,541</u>		<u>413,176</u>	
		1,576,508		1,104,040	
Creditors: amounts falling due within one year	19	<u>(118,688)</u>		<u>(251,590)</u>	
Net current assets			<u>1,457,820</u>		<u>852,450</u>
Total assets less current liabilities			<u>1,459,093</u>		<u>852,703</u>
Creditors: amounts falling due after more than one year	20		<u>-</u>		<u>(11,250)</u>
Net assets			<u><u>1,459,093</u></u>		<u><u>841,453</u></u>
Income funds					
Restricted funds	22		712,820		258,474
Unrestricted funds					
Designated funds	23	393,050		162,198	
General unrestricted funds		<u>353,223</u>		<u>420,781</u>	
			<u>746,273</u>		<u>582,979</u>
			<u><u>1,459,093</u></u>		<u><u>841,453</u></u>

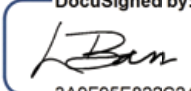
The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2022, although an audit has been carried out under section 144 of the Charities Act 2011.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements under the requirements of the Companies Act 2006, for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on:

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Date: 16/12/2022

L Barr - Chair
Trustee

Company Registration No. 04831397

Statement of cash flows for the year ended 31 March 2022

	Notes	£	2022 £	£	2021 £
Cash flows from operating activities					
Cash generated from operations	27		575,412		70,314
Investing activities					
Purchase of tangible fixed assets		(1,104)		–	
Proceeds on disposal of investments		(2,151)		80,000	
Investment income received		2,208		118	
Net cash (used in)/generated from investing activities			(1,047)		80,118
Net cash used in financing activities			–		–
Net increase in cash and cash equivalents			574,365		150,432
Cash and cash equivalents at beginning of year			413,176		262,744
Cash and cash equivalents at end of year			987,541		413,176

1 Accounting policies

Charity information

Prevent Breast Cancer Limited is a private company limited by guarantee incorporated in England and Wales. The registered office is The Nightingale Centre, Wythenshawe Hospital, Southmoor Road, Manchester, M23 9LT.

1.1 Accounting convention

The accounts have been prepared in accordance with the Companies Act 2006 and “Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)” (as amended for accounting periods commencing from 1 January 2019). The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably,

and it is probable that income will be received.

Cash donations and trading income are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

All expenditure is accounted for on an accruals basis and has been included under expense categories that aggregate all costs for allocation to activities. Where costs cannot be directly attributed to particular activities they have been allocated on a basis consistent with the use of the resources.

Fundraising costs are those incurred in generating funds and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the charity and include project management carried out in house.

Overheads have been allocated on the basis of actual spend by activity.

Grants

Grants payable are charged in the year when the offer is made, except in those cases where the offer is conditional, such grants being recognised as expended resources when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year-end are treated as designated funds and are not accrued as expended resources.

On occasions funds are raised that relate to specific grants that have been awarded in the previous year from unrestricted funds, or for multi-year grants that have been awarded in an earlier year. The funds raised are restricted funds and transfers between funds are made to ensure that the restricted funds are used for their intended purpose.

Notes to the financial statements – continued

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers 20% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

1.7 Fixed asset investments

Fixed asset investments are initially measured at transaction price excluding transaction costs, and are subsequently measured at fair value at each reporting date. Changes in fair value are recognised in net income/(expenditure) for the year. Transaction costs are expensed as incurred.

A subsidiary is an entity controlled by the charity. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

1.8 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.9 Stocks

Stocks are stated at the lower of cost and estimated selling price less costs to complete and sell. Cost comprises direct materials and, where applicable, direct labour costs and those overheads that have been incurred in bringing the stocks to their present location and condition. Items held for distribution at no or nominal consideration are measured the lower of replacement cost and cost.

Net realisable value is the estimated selling price less all estimated costs of completion and costs to be incurred in marketing, selling and distribution.

1.10 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.11 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Critical judgements

Current asset investments

All investment assets at year end are categorised as current asset investments. The trustees have given consideration as to how the investment portfolio is used in the future and believe that the the portfolio is more likely to be utilised/liquidated within a period of one year.

Premises costs

The charity utilises office space without payment of rent at the Wythenshawe Hospital. The value of this gift in kind is deemed to be nil as the trustees are not able to quantify an appropriate equivalent rent.

3	Donations and legacies	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
	Donations and gifts	392,064	26,261	418,325	414,006	109,988	523,994
	Legacies receivable	31,114	529,660	560,774	-	-	-
	Government grants	9,780	-	9,780	48,223	-	48,223
	Other	19,000	-	19,000	17,064	-	17,064
		<u>451,958</u>	<u>555,921</u>	<u>1,007,879</u>	<u>479,293</u>	<u>109,988</u>	<u>589,281</u>

Funds of £450,000 formally pledged towards the building cost of the National Breast Imaging Academy have not been recognised as income and therefore are not included in restricted funds to 31st March 2022 as they are conditional on the target of £3.57 million being reached to finance the project. To date, £2.11 million has been pledged or donated towards the project and the charity is confident that the remaining funds required will be raised within the next 12 months. Costs incurred applying for the pledged donations have been accounted for in this financial year.

4	Income from investments	Unrestricted funds 2022 £	Unrestricted funds 2021 £
	Interest from investments	7,523	6,691
	Interest receivable	43	118
		<u>7,566</u>	<u>6,809</u>
5	Charitable activities		
	Patient Care and Services to the Centre	2022 £	2021 £
	Coffee Bar Income	40,270	24,644
	Donations to the Coffee Bar	1,364	375
		<u>41,634</u>	<u>25,019</u>

Notes to the financial statements – continued

6	Other trading activities	Unrestricted funds £	Restricted funds £	Total 2022 £	Total 2021 £
	Merchandise sales	42,394	-	42,394	39,227
	Fundraising events	30,544	-	30,544	11,732
	Other trading activities	72,938	-	72,938	
	For the year ended 31 March 2021	50,959	-		50,959
7	Expenditure on raising funds			2022 £	2021 £
	Fundraising and publicity				
	Events, income generation and promotion costs			27,936	9,299
	Fundraising agents			49,950	-
	Staff costs			45,585	63,338
	Support costs			11,064	7,526
				134,535	80,163
	Trading costs				
	Merchandise costs			8,751	5,141
	Investment management			5,358	4,847
				148,644	90,151

8	Charitable activities	Patient care /Nightingale Centre £	Health promotion £	Publicising research and results £	Workshops and education £	Research grants £	Total 2022 £	Total 2021 £
	Staff costs	92,756	84,318	11,225	-	-	188,299	201,103
	Charitable expenditure	40,294	81,149	2,841	-	-	124,284	109,683
		133,050	165,467	14,066	-	-	312,583	310,786
	Grant funding of activities (see note 9)	-	-	-	-	12,198	12,198	7,936
	Share of support costs (see note 11)	14,590	18,144	1,542	-	1,338	35,614	21,695
	Share of governance costs (see note 11)	3,541	4,404	374	-	325	8,644	8,408
		151,181	188,015	15,982	-	13,861	369,039	348,825
	Analysis by fund							
	Unrestricted funds	139,600	155,454	15,982	-	13,861	324,897	
	Restricted funds	11,581	32,561	-	-	-	44,142	
		151,181	188,015	15,982	-	13,861	369,039	
	For the year ended 31 March 2021							
	Unrestricted funds	120,795	158,719	26,478	2,477	8,736		317,205
	Restricted funds	31,620	-	-	-	-		31,620
		152,415	158,719	26,478	2,477	8,736		348,825

Notes to the financial statements – continued

9	Grants payable		2022 £	2021 £	
	Grants to institutions:				
	Early diagnosis and screening		-	3,000	
	Preventative drugs		-	4,936	
	Research salary		12,198	-	
			12,198	7,936	
10	Trustees				
	None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.				
11	Support costs	Support costs £	Governance costs £	2022 £	2021 £
	Staff expenses	2,369	-	2,369	857
	Staff training	3,422	-	3,422	819
	Printing and stationery	3,215	-	3,215	3,103
	IT/website costs	7,769	-	7,769	6,889
	Insurance	3,012	-	3,012	1,767
	Bank and Streamline charges	10,399	-	10,399	5,452
	Legal and professional charges	10,580	146	10,726	4,748
	Other office costs	866	-	866	681
	Payroll	2,800	-	2,800	2,664
	Depreciation	84	-	84	315
	Audit fees	-	8,826	8,826	8,500
	Accountancy	-	1,834	1,834	1,834
		44,516	10,806	55,322	37,629
	Analysed between				
	Fundraising	8,902	2,162	11,064	7,526
	Charitable activities	35,614	8,644	44,258	30,103
		44,516	10,806	55,322	37,629

12 Employees

Number of employees

The average monthly number of employees during the year was:

	2022 Number	2021 Number
Administration	2	2
Operations	4	3
Charitable Activity	3	5
Generating Funds	3	2
	<u>12</u>	<u>12</u>

The full time equivalent for employees during the year was:

	2022 Number	2021 Number
Administration	1	2
Operations	2	2
Charitable Activity	4	4
Generating Funds	2	3
	<u>9</u>	<u>11</u>

Employment costs

	2022 £	2021 £
Wages and salaries	215,812	243,282
Social security costs	13,635	16,150
Other pension costs	4,437	5,009
	<u>233,884</u>	<u>264,441</u>

There were no employees whose annual remuneration was £60,000 or more.

Notes to the financial statements – continued

13	Net gains/(losses) on investments	Unrestricted funds 2022 £	Unrestricted funds 2021 £
	Revaluation of investments	(14)	92,257
	Gain/(loss) on sale of investments	5,320	16,298
		<u>5,306</u>	<u>108,555</u>
14	Tangible fixed assets		Computers £
	Cost		
	At 1 April 2021		1,575
	Additions		1,104
	At 31 March 2022		<u>2,679</u>
	Depreciation and impairment		
	At 1 April 2021		1,323
	Depreciation charged in the year		84
	At 31 March 2022		<u>1,407</u>
	Carrying amount		
	At 31 March 2022		<u>1,272</u>
	At 31 March 2021		<u>252</u>

15	Stocks	2022 £	2021 £
	Finished goods and goods for resale	<u>14,848</u>	<u>11,146</u>
16	Fixed asset investments		Other investments £
	Cost or valuation		
	At 1 April 2021		1
	At 31 March 2022		1
	Carrying amount		
	At 31 March 2022		1
	At 31 March 2021		1
	Other investments comprise:	2022 £	2021 £
		Notes	
	Investments in subsidiaries	<u>1</u>	<u>1</u>
	Fixed asset investments revalued		
	Other investments are held at historical cost whilst the listed investments are held at their fair value.		
17	Debtors	2022 £	2021 £
	Amounts falling due within one year:		
	Trade debtors	7,748	47
	Other debtors	20,000	143,758
	Prepayments and accrued income	<u>2,987</u>	<u>-</u>
		<u>30,735</u>	<u>143,805</u>

Notes to the financial statements – continued

18 Current asset investments	2022 £	2021 £
Listed investments	543,384	535,913

Included in current asset investments is £17,646 (2021: £17,217) of cash held within the portfolio.

19 Creditors: amounts falling due within one year	2022 £	2021 £
Other taxation and social security	4,333	2,410
Trade creditors	54,149	93,746
Grants payable	22,119	118,413
Other creditors	2,841	2,109
Accruals and deferred income	35,246	34,912
	118,688	251,590

20 Creditors: amounts falling due after more than one year	2022 £	2021 £
Grants payable	-	11,250

21 Analysis of net assets between funds	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £
Fund balances at 31 March 2022 are represented by:						
Tangible assets	1,272	-	1,272	252	-	252
Investments	1	-	1	1	-	1
Current assets/(liabilities)	745,000	712,820	1,457,820	593,976	258,474	852,450
Long term liabilities	-	-	-	(11,250)	-	(11,250)
	746,273	712,820	1,459,093	582,979	258,474	841,453

22 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds			Movement in funds			
	Balance at 1 April 2020 £	Incoming resources £	Resources expended £	Balance at 1 April 2021 £	Incoming resources £	Resources expended £	Transfers £
AWHA Projects	16,786	-	-	16,786	-	-	-
Breast cancer videos	-	-	-	-	2,200	2,162	-
Research salary	-	-	-	-	1,200	-	(1,200)
Clotting and Breast Density	-	-	-	-	44,160	-	(44,160)
BRCA2 and PALB2	-	-	-	-	11,853	-	(11,853)
Forget-me-not2	-	-	-	-	220	-	(220)
Gene PHDs	-	-	-	-	487,500	-	-
Health Inequalities	-	-	-	-	10,000	-	-
Health Promotion	-	-	-	-	30,399	30,399	-
Building the NBIA	175,205	61,562	-	236,767	(38,271)	-	-
NBIA Fundraising Campaign	-	36,541	(31,620)	4,921	6,660	11,581	-
	191,991	103,878	(31,620)	258,474	555,921	44,142	(57,433)

Transfers between funds are made to represent amounts where expenditure for restricted causes has been recognised in unrestricted funds prior to the incoming related resources.

Notes to the financial statements – continued

22 Restricted funds

AWHA projects - The Asian Women's Health Awareness Campaign will research how to better promote the importance of breast screening to ethnic minority communities from South Asia. This work was paused due to the pandemic but will be continued in 2022-2023.

Breast cancer awareness videos - to develop a library of video content covering a range of breast cancer related topics.

Research Salary - funding towards one weekly session of Professor Tony Howell's clinical and research time.

Clotting and breast density - Previous research funded by Prevent Breast Cancer found that there is a relationship between DCIS (ductal carcinoma in-situ), a common precancerous condition, and blood clotting caused by fibroblasts. Following on from this, our research team are examining whether the fibroblasts in high-density breast cells create a wound-like environment which increases clotting and causes normal breasts to develop cancer and benign cases of DCIS to become invasive.

BRCA2 and PALB2 - Gene research studying a new biological mechanism called "epigenetic silencing" whereby gene abnormalities that greatly increase a woman's risk of getting breast cancer may be left undetectable by standard gene testing.

Forget-me-not 2 - An early detection and screening research project, which will study the progression of breast cancer in patients with DCIS (ductal carcinoma in-situ), in order to better understand over-diagnosis.

Gene PHDs - Restricted income received from a legacy will enable the Prevent Breast Cancer scientists to continue their research into how the BRCA genes work and why they cause such a dramatic increase in breast cancers.

Health Inequalities - Funds to enable the charity to continue its outreach work in communities around Greater Manchester where uptake of breast screening is low.

Health Promotion - Activity (in person and online) which seeks to raise awareness of breast cancer signs, symptoms and risk factors and the importance of breast screening among women.

Building a National Breast Imaging Academy (NBIA)

- A capital project to raise funds to build a National Breast Imaging Academy (NBIA), which will be attached to The Nightingale Centre and Prevent Breast Cancer Research Unit in Manchester. Formal pledges achieved totalling £450,000 are not included in restricted funds because the pledges will not be included in income until the NBIA building cost has been fully funded. More information about this project and funding can be found within the Trustees Report.

NBIA fundraising campaign - Funding secured to assist with the research and planning phase required to launch and operate our capital campaign which aims to raise funds to build a National Breast Imaging Academy (NBIA).

23 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Balance at 1 April 2020 £	Expenditure £	Transfers £	Balance at 1 April 2021 £	Expenditure £	Transfers £	Balance at 31 March 2022 £
Research salary	16,000	(16,000)	12,198	12,198	(9,148)	-	3,050
NBIA	-	-	150,000	150,000	-	-	150,000
Database & refurbishments	-	-	-	-	-	40,000	40,000
Grants	-	-	-	-	-	200,000	200,000
	<u>16,000</u>	<u>(16,000)</u>	<u>162,198</u>	<u>162,198</u>	<u>(9,148)</u>	<u>240,000</u>	<u>393,050</u>

The designations are £150,000 to the funding of the NBIA project, a designation of £3,050 towards the funding of a research salary, £200,000 for research grant awards in the next twelve months and £40,000 towards improvements to the centre and database processes.

24 Operating lease commitments

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2022 £	2021 £
Within one year	2,393	2,393
Between two and five years	1,196	3,589
	<u>3,589</u>	<u>5,982</u>

Notes to the financial statements – continued

25	Related party transactions		
	Remuneration of key management personnel	2022	2021
	The remuneration of key management personnel is as follows.	£	£
	Aggregate compensation	103,979	121,520

During the year fees of £716 (2021: £146) were paid to JMG Legal Ltd. This firm is considered a related party as Joe Glass (a Director of JMG Legal) is married to Pam Glass and is also the Company Secretary. No creditor remained outstanding at the year end (2021: Nil).

During the year payroll services were provided free of charge by Sheppards Chartered Accountants, a company in which Charles Levine is a director. The estimated value of such services is £2,800 (2021: £2,664) and therefore an equivalent amount has been included within gifts in kind.

26	Subsidiaries				
	Details of the charity's subsidiaries at 31 March 2022 are as follows:				
	Name of undertaking	Registered office	Nature of business	Class of shares held	% Held
					Direct
					Indirect
	Prevent Breast Cancer Trading Company Limited	England	Dormant	Ordinary	100.00

27	Cash generated from operations	2022	2021
		£	£
	Surplus for the year	617,626	341,647
	Adjustments for:		
	Investment income recognised in statement of financial activities	(7,566)	(6,809)
	Gain on disposal of investments	(5,320)	(16,298)
	Fair value gains and losses on investments	14	(92,257)
	Investment charges	5,358	4,847
	Depreciation and impairment of tangible fixed assets	84	315
	Movements in working capital:		
	(Increase)/decrease in stocks	(3,702)	(1,939)
	Decrease/(increase) in debtors	113,070	65,273
	(Decrease)/increase in creditors	(144,152)	(224,465)
	Cash generated from operations	575,412	70,314

28	Analysis of changes in net funds	
	The charity had no debt during the year.	



Prevent Breast Cancer

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