

SARCOMA UK

England & Wales · Charity number 1139869

Details

Status Registered

Legal form Charitable company

Company number [07487432](#)

Registered 2011-01-17

Register [View on the Charity Commission register](#)

Contact

Address 1 St John's Lane
London
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Website www.sarcoma.org.uk

Activities

Objects: 2.1 TO PROMOTE AND PROTECT THE PHYSICAL AND MENTAL HEALTH OF PATIENTS WITH BONE AND SOFT TISSUE SARCOMAS IN THE UNITED KINGDOM THROUGH THE PROVISION OF INFORMATION, SUPPORT, EDUCATION AND PRACTICAL ADVICE TO THEM, THEIR FAMILIES AND THEIR CARERS;2.2 THE RELIEF OF SICKNESS AND THE PRESERVATION OF HEALTH IN PARTICULAR BY PROMOTING AND SUPPORTING RESEARCH WITH THE PUBLICATION OF THE USEFUL RESULTS THEREOF AND THE DEVELOPMENT OF MORE EFFECTIVE TREATMENT AND CARE FOR PATIENTS WITH BONE AND SOFT TISSUE SARCOMAS;2.3 TO ADVANCE THE EDUCATION OF THE GENERAL PUBLIC IN ALL AREAS RELATING TO SARCOMA.

Activities: Our mission is to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future. We drive awareness of sarcoma cancer, find answers through funding sarcoma research, provide information and support to anyone affected by sarcoma cancer, campaign for better treatments and to improve standards of care.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** General Charitable Purposes, The Advancement Of Health Or Saving Of Lives, Other Charitable Purposes
- **Who:** The General Public/mankind

Geography

- **Area of benefit:** NATIONAL.
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£4,581,667	£4,480,409	£1,904,765	32
2024-03-31	£3,840,681	£3,544,022	£1,803,507	27
2023-03-31	£2,889,367	£2,896,051	£1,506,848	23
2022-03-31	£2,539,882	£2,434,851	£1,513,532	20
2021-03-31	£1,875,292	£1,868,955	£1,408,501	21

Trustees

Name	Role	Appointed
Anjula Thompson	Chair	2017-10-03
Alan Abraham		2023-10-05
Dr Aisha Begum Miah		2022-10-11
Dr Fiona Cowie		2022-12-08
Duncan Buchanan		2023-12-07
Gary Michael Davison		2023-12-07
Hristo Anastasov		2022-06-07
Isla Robinson		2026-02-17
Jamie Andrew Ford-Cordes		2022-06-07
Leyla Hayes		2023-10-05
Matthew Treagus		2023-10-05
Michael Christopher Parry		2020-10-06

Linked charities

- THE SARCOMA TRUST (1139869-1)

SARCOMA UK

England & Wales - Charity number 1139869

Accounts

Company number: 7487432
Charity number: 1139869
Charity number Scotland: SCO44260



Sarcoma UK
Annual Report and Accounts
For the Year Ended 31 March 2025

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Chair of Trustees' Statement

I am delighted to introduce our Annual Report and Accounts for the year ending 31 March 2025. It was a landmark year for Sarcoma UK, demonstrating unprecedented growth in reach, impact, and service delivery across all areas of our mission. The organisation delivered remarkable results in supporting people affected by sarcoma, advancing world-class research, and driving systemic change in diagnosis and care.

Our information and support services reached new heights, with 27,553 information resources distributed, a 13% increase from the previous year. The Sarcoma UK Support Line supported 1,244 individuals through 5,072 contacts, experiencing a significant 76% increase in direct referrals from sarcoma centres. This growth reflects our enhanced ability to connect with people at the crucial early stages of their sarcoma journey, with 208 newly diagnosed individuals receiving direct referrals from healthcare teams.

In research, we maintained our commitment to funding the next generation of sarcoma researchers, awarding five new PhD studentships totalling over £640,000. Our largest Open Grant Round to date offered more than £1 million in funding, supporting 13 projects spanning from innovative drug delivery systems to breakthrough immunotherapy approaches. Collaborative efforts with the Bone Cancer Research Trust strengthened our focus on improving sarcoma diagnosis, addressing one of the most critical challenges in sarcoma care.

Public awareness campaigns achieved extraordinary success, with Sarcoma Awareness Month 2024 generating unprecedented engagement. Website traffic surged 53%, social media followers grew to over 34,000, and our media presence expanded dramatically with a 105% increase in appearances, reaching a potential audience of 4.11 billion people. This shift toward proactive communications gave voice to patient stories, featuring 79 families' experiences of sarcoma compared to 35 the previous year.

Our policy and public affairs work advanced meaningful change through collaboration with healthcare professionals, government engagement, and evidence-based advocacy. This work included commissioning our transformational review of the state of sarcoma services across the UK.

These achievements position Sarcoma UK as a leading force in transforming outcomes for everyone affected by sarcoma. However, we are not complacent. We have also started the process of refreshing our organisational and research strategies to ensure that we are best placed to face the challenges ahead and capitalise on the very many opportunities.

Anjula Thompson

Chair of Trustees

Reference and Administrative Details

Company number	7487432 (Limited by guarantee in England and Wales)
Charity number	England and Wales (1139869) Scotland (SCO44260)
Registered office	1 St John's Lane, London, EC1M 4AR www.sarcoma.org.uk info@sarcoma.org.uk 0207 856 0445
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report being approved were as follows: Anjula Thompson (Chair) Hristo Anastasov Dr Fiona Cowie Jamie Ford-Cordes Dr Sally Johnson Dr Aisha Miah Michael Parry Alan Abraham Duncan Buchanan Gary Davison Leyla Hayes Matthew Treagus Ruby Sangha (resigned July 2024) Isla Robinson (resigned April 2025)
Patron	Richard Whitehead MBE
Key management personnel	Richard Davidson - Chief Executive Karen Young - Director of Finance and Resources Kerry Reeves-Kneip - Director of Fundraising and Communications Sorrel Bickley - Director of Research, Policy and Support
Bankers	CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Lloyds TSB, National Clubs & Charities, PO Box 1000, BX1 1LY
Solicitors	Brahams Dutt Badrick French LLP, 24 Monument Street, London, EC3R 8AJ
Auditor	Sayer Vincent LLP, 110 Golden Lane, London, EC1Y 0TG

Objectives and Activities

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma.

Our vision

Where everyone affected by sarcoma cancer has the treatment, care and support they need.

Our mission

To ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

Our goals

1. More people will survive sarcoma.
2. More will be known about the causes of sarcoma.
3. Everyone affected by sarcoma will have access to the best treatment and care.

What we do

- Drive awareness of sarcoma cancer.
- Find answers through funding sarcoma research.
- Provide information and support to anyone affected by sarcoma cancer.
- Campaign for better treatments and to improve standards of care.

Sarcoma facts and figures

1. Sarcomas are uncommon cancers that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.
2. Fifteen people are diagnosed with sarcoma every day in the UK. That's about 5,300 people a year.
3. There are over 100 different sub-types of sarcoma.
4. A key symptom of sarcoma is a lump that gets bigger quickly.
5. Sarcoma diagnoses now make up about 1.4% of all cancer diagnoses in the UK.
6. Sarcomas account for about 11% of childhood cancers and about 14% of cancers in teenagers.
7. The majority of people are diagnosed when their sarcoma is about the size of a large tin of baked beans (10cm).
8. Sarcoma survival rates have been very gradually increasing over the last two decades in the UK. The five-year survival rate for sarcoma is 55%.

Fundraising practices

The last few years have necessitated a shift in our fundraising practices as we have sought to diversify our income channels and supporter engagement. We now have a much more balanced fundraising portfolio and stronger digital as well as longer term income streams.

For a charity of our size, we consider ourselves a leader in good fundraising models and we work hard to follow exemplary supporter-led engagement practices. We subscribe to the Fundraising Regulator's Code of Fundraising Practice, and we are a member of a number of professional and sector-wide bodies. Our fundraisers are provided with relevant and appropriate training and support whilst they are employed by the charity.

We take safeguarding very seriously and we are especially careful and sensitive when dealing with vulnerable people, including (but not restricted to) those affected by cancer. We have a robust Safeguarding policy and a designated Safeguarding Lead.

Supporter feedback provides valuable insight into how our work impacts them and the wider public.

Engaging with our supporters, in person, on the telephone and via email, post and social media are essential ways to involve people in our work and progress. This work is only carried out by paid members of our team. To date, we have not employed any external organisations or professional fundraisers to fundraise on our behalf.

During the period covered by this report, we are pleased to note that no complaints were received regarding our fundraising activities.

Achievements and Performance

Information and Support

We will equip and empower people affected by sarcoma

What we said we would do:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. We will engage with people closer to the point of diagnosis.
3. We will support patients at every step of their sarcoma journey.

1. Reach everyone who is affected by sarcoma with our support and information

- Building on our flagship booklet *Understanding Soft Tissue Sarcoma*, we began drafting *Understanding Bone Sarcoma*. This will be published and promoted in 2025/26, following review by healthcare professionals and patients.
- A total of 27,553 information resources were distributed, a 13% increase on the previous year.
- Two tailored awareness packs were launched for Sarcoma Awareness Month, one for supporters and one for healthcare professionals.

- The Sarcoma UK Support Line supported 1,244 individuals through 5,072 contacts, with a 16% rise in first-time service users.
- This year, 12 pieces of core information were repurposed into short-form formats, including infographics, flyers, and social media content — setting a new benchmark for future activity.
- A dedicated website hub for parents of children with sarcoma was launched, covering subtypes, treatment options, and guidance on supporting a child and caring for yourself. Engagement and feedback on social media have been overwhelmingly positive.
- The annual Patient Information Forum (PIF) assessment confirmed accreditation, ensuring resources continue to meet the highest standards of quality and accountability.
- The Support Line also achieved re-accreditation from the Helplines Standard, awarded by the Helplines Partnership, recognising excellence in service delivery.
- Internal involvement opportunities were facilitated with our Patient Involvement Network members alongside welcoming new members to the network over the year.
- Rebranded the Involvement webpage and launched a new feedback template. Building on this, the first Patient Involvement Network report was produced to demonstrate the impact of collaboration.
- Developed and introduced updated processes to embed involvement more consistently across the organisation, with a focus on implementation and evaluation.
- The National Sarcoma Survey, launched in January 2025, included additional questions to capture demographic data and support analysis of diversity and health inequalities. Promoted through social media, Support Group leaders, and healthcare professionals, it reached new audiences and closed in March 2025 with over 1,000 responses.
- In Autumn 2024 we embarked on the biggest review of sarcoma services across the UK (internally referred to as *The State of the Nation review of sarcoma services*). An Advisory Board was established, chaired by Professor Anant Desai and comprised of sarcoma healthcare professionals from a wide range of disciplines, as well as people affected by sarcoma. The review gathered over 300 detailed survey responses and 60 submissions from healthcare professionals through a call for evidence. The resulting report, *Unique Among Cancers*, will be launched in 2025 and will shape our policy and public affairs priorities for the next 2–3 years.

2. Engage with people closer to the point of diagnosis

- The Sarcoma UK Support Line received 208 direct referrals of people newly diagnosed a 76% increase from 2023/24, from 20 sarcoma centres and support groups, enabling us to connect with people earlier than ever before.
- The three most common reasons people contacted the Support Line were to discuss support, treatment, and diagnosis.
- Published two new subtype webpages on extraskelatal myxoid chondrosarcoma and myxofibrosarcoma.
- A new digital resource on financial support was published, providing practical guidance on disability benefits, managing work, and related issues.
- During Sarcoma Awareness Month, we highlighted the experiences of two Patient Involvement Network members, providing valuable insights for newly diagnosed patients.

3. Support patients at every step of their sarcoma journey

- Continue to collaborate with Sarcoma Support Groups across the UK, attending meetings and hosting a dedicated Support Group Leaders' Day. This year, four new Support Groups were established, and we facilitated two new online meetings for parents of people affected by sarcoma, both of which were well attended and positively received.

- The Support Line team piloted national online health and wellbeing sessions, which were recorded and made available on the Sarcoma UK website and YouTube channel. We are now exploring how best to deliver these virtual sessions in the future.
- Patient stories were incorporated into three subtype-specific digital information resources.
- A new website hub on genomic testing was launched, featuring clear information on what it is, how it works, its benefits and limitations, and real-life patient stories. The hub was positively received, with the homepage becoming the second most viewed page on launch day.

Research

We will support world-class research

What we said we would do:

1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
2. We will combine our grant funding streams to increase flexibility and efficiency.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
4. We will launch targeted calls for funding in priority areas of research.

1. Fund and support the next generation of sarcoma researchers

- The third annual in-person meeting of the PhD Student Network was held, featuring talks from senior sarcoma researchers and people affected by sarcoma, alongside opportunities for students to meet and share progress on their own research projects.
- In 2024/25 we funded five new PhD studentship projects.

PhD Studentships awarded in 2024/25

An innovative method of drug delivery for synovial sarcoma

Professor Amin Hajitou, Imperial College London – PhD studentship

£139,979

Synovial sarcoma is a rare and aggressive cancer that mostly affects children, teenagers, and young adults. Sadly, by the time many people are diagnosed, the cancer has already spread to nearby tissues or other organs, or individuals are at high risk of developing secondary tumours. Once the cancer has spread, it is very hard to treat and can't usually be cured with surgery. This project is investigating a new treatment option using a bacteriophage, which is a type of virus that can be directed to specifically target cancer cells in tumours, and not the surrounding healthy cells. Once it reaches the tumour, it will release a special anti-cancer compound that attacks the tumour cells but leaves healthy cells alone. The treatment would need to undergo further studies and clinical trials, however if successful, this research could lead to a potential new treatment option for synovial sarcoma that is more effective and much less harmful than current chemotherapy.

Improving radiotherapy for children with sarcoma

Dr Marianne Aznar, University of Manchester – PhD studentship

£122,394

Radiotherapy is an important treatment for children with sarcoma, especially when the cancer is in the head or neck. But while it helps treat the cancer, it can also affect how a child's face develops, affecting bone and tooth development and appearance. Currently there is a lack of understanding how different doses of radiation affect facial development, or how age and tumour location might influence this. This project aims to reduce the risk of facial changes after radiotherapy in children with sarcoma, by

understanding which parts of the face are most affected and how radiotherapy plans could be adapted to avoid damaging sensitive areas. This research will help doctors give children with sarcoma the safest, most effective treatment with the fewest long-term side effects.

This project is the Roger Wilson Award for 2024/25 awarded to one clinical project every year in recognition of Sarcoma UK's founder's commitment to the charity.

Shining a light on sarcoma: an innovative treatment

Dr Daniel Payne, Open University – PhD studentship

£139,540

Sarcoma is usually treated with surgery, chemotherapy, and radiotherapy, but these treatments can have serious side effects and may not always work, especially for elderly patients and those with other underlying health conditions. A less invasive treatment option called photodynamic therapy (PDT) is already used for some skin cancers. It uses visible light and a special drug (called a photosensitiser) to kill cancer cells. However, it's difficult to make the drug target cancer cells specifically. This project is developing a drug delivery system to help photodynamic therapy work more specifically for sarcoma. If the drug can be delivered to the sarcoma cancer cells specifically, and can only be activated by applying light, cancer cells can be targeted, meaning this method could reduce damage to healthy tissue and reduce off-target effects. If this method is successful, it could be tested in larger pre-clinical models and, eventually, in clinical trials with patients.

Tackling the ways that sarcoma cells escape immunotherapy to make these treatments more effective

Dr Carmela De Santo, University of Birmingham – PhD studentship

£139,904

Osteosarcoma and rhabdomyosarcoma are the most common types of sarcoma in children. In about half of cases, the cancer is resistant to current treatment options. This research will explore immunotherapy, which uses the body's own immune system to fight cancer. Immunotherapy has worked well in other types of cancer, but so far hasn't been as successful in sarcoma. This is because sarcomas can create a tumour environment that blocks immune cells from working properly. This project will study and identify the immune cells that are already found inside sarcomas to help understand how some manage to survive and function in this tough environment. Based on what they learn, the researchers will engineer patient's immune cells in the lab, helping them to better infiltrate the tumour and survive long enough to destroy the cancer. With this information the team hope to create personalised immunotherapies that are more effective and have fewer long-term side effects than current therapies.

Understanding and predicting drug resistance in GIST

Dr Matthew Rose-Zerilli, University of Southampton – PhD studentship

£139,958

Gastrointestinal stromal tumours (GISTs) are a rare type of cancer that grow in the digestive system. The standard treatments, surgery and a drug called imatinib, can be effective at first, but unfortunately, the cancer often comes back. One of the biggest challenges is that some patients' tumours develop resistance to treatment, but currently there is no reliable way to predict who this will happen to or why. The team have found a process that may be linked to resistance and will explore if studying this could help predict treatment outcomes and identify who might be resistant to treatment. This project could lead to better ways to predict which GIST patients stop responding to treatment, allowing doctors to monitor them more closely or consider alternative therapies sooner.

This project was awarded the Sayako Grace Robinson PhD Studentship, awarded to one PhD research project every year in memory of Sayako Grace Robinson, who died of angiosarcoma in 2014.

Collaborative grants awarded in 2024/25

Enhancing of the Sarcoma Accelerator Programme through the expansion of UK sites

Prof Robin Jones, Institute of Cancer Research

£83,731

The Sarcoma Accelerator Consortium is a multidisciplinary team of clinicians and researchers from the UK, Italy and Spain, developing personalised treatments to improve the poor survival rates of patients with high-risk soft tissue sarcomas. The programme aims to identify biomarkers that could stratify patients who are more likely to benefit from therapy before surgery, develop ways to select the best therapies for each patient and overcome drug resistance, and establish and share a collection of clinical and imaging data. Sarcoma UK's funding will expand the existing programme and allow UK patient data to be included, ensuring the study is more inclusive and representative.

This project was awarded through Sarcoma UK's Strategic Collaborations Fund

2. Combine our grant funding streams

- The largest Open Grant Round to date offered over £1 million in total funding for projects in any area of sarcoma research. Of the 25 applications received, 13 were recommended by the Grant Review Panel as fundable.
- Funding was awarded to 5 PhD studentships (see above), 3 large grants and 4 small grants.

Small and large grants awarded in 2024/25

Improving outcomes for sarcoma patients through genomics technologies

Dr Nischalan Pillay, University College London

£60,000

As part of a wider project to understand how sarcoma develops, behaves, and how best to treat it, Dr Nischalan Pillay and his team are looking closely at the DNA of the cancer cells. This process is called whole genome sequencing (WGS). It can give vital clues about which treatments might work best for someone, and whether there are increased risks for an individual's family members. However, many sarcomas have unusual and complicated changes in their DNA, which can be more challenging to identify using standard methods. Newer improved technology called long-read sequencing is now available, but it requires the samples to be handled very carefully to preserve the DNA. This grant will support a dedicated research technician to join the project team who will help process tissue and blood samples from people with sarcoma. This research will help to better understand how sarcomas form and change and could lead to earlier and more accurate diagnosis in the future.

We are delighted to be co-funding this project with The Sarah Burkeman Trust.

Identifying genomic features of synovial sarcoma that could provide treatment targets

Dr Nezha Benabdallah, University of Edinburgh

£173,874

Sarcomas are often caused by abnormalities called oncofusions, which form when two genes fuse together in a way that shouldn't happen. These oncofusions drive cancer growth. Identifying or understanding more about them could lead to new options for more specific treatments with less serious side effects than current treatments like

chemotherapy. In this project, the team will investigate approximately 20 oncofusions found in aggressive sarcomas. The team will also work to identify any molecules called cofactors. These are helper molecules that support the oncofusions. If the cofactors are essential for sarcoma growth, and they are present across multiple types of sarcomas, they could be a common weak point. By identifying shared weak points in different sarcomas, the researchers aim to design a single treatment that works for several sarcoma types.

Developing a new type of immunotherapy treatment for osteosarcomas

Dr Jun Ishihara, Imperial College London

£60,000

Osteosarcoma is the most common type of bone cancer, usually affecting young people. The standard treatment includes surgery, chemotherapy, and sometimes radiotherapy. However, these treatments often don't work well when the cancer has spread to other parts of the body, such as the lungs or other bones. The team is developing a new type of immunotherapy that aims to be more effective and cause fewer side effects. This therapy focuses on a protein called collagen, which is found in large amounts inside osteosarcoma tumours, but in very low levels in healthy tissues. This makes it a good potential target for therapies. The new treatment uses a special antibody that can find and attach to a rare collagen within tumours. The researchers will attach a powerful cancer-fighting immune molecule to this antibody, allowing it to deliver the therapy directly to the cancer, avoiding healthy parts of the body. If successful, this work could lead to clinical trials and in the future a potential new immunotherapy for osteosarcoma.

Developing new models of GIST to support understanding and further research

Professor Alan McIntyre, University of Nottingham

£172,590

Gastrointestinal stromal tumours (GISTs) are a rare type of cancer that grow in the digestive system. One group of GISTs, known as PAWS-GIST, are ultra-rare and mostly affect children, teenagers, and young adults. To develop better treatments, researchers need to test drugs on real tumour cells grown in the lab. However, because PAWS-GIST is so rare, it is very difficult to collect fresh tumour tissue to grow these cells. This has slowed progress in finding new treatments. Scientists in Nottingham have managed to successfully grow 12 new GIST cell cultures, including 7 from PAWS-GIST patients. The team will now check that the cells growing in the lab match the tumours they came from. This is important so that future research using these models gives accurate and reliable results. Once they are validated, the researchers will make these available to other scientists. This will provide a much-needed resource for the team and wider scientific community supporting faster, better research, including understanding how tumours work, how they resist current drugs, and what new drugs might help.

We are delighted to be co-funding this project with GIST Cancer UK.

Adapting a digital support programme for people living with and beyond sarcoma (Finding My Way-UK-Sarcoma)

Professor Nick Hulbert-Williams, Edge Hill University

£59,985

The emotional and psychological effects of cancer, especially a rare cancer like sarcoma, can be just as difficult to cope with as the physical side effects of treatment. Research has shown that psychological support can help, but very little of this research has focused on people with sarcoma. In this project, the team will give healthcare professionals who support people with sarcoma access to the online cancer support programme Finding My Way UK. The healthcare professionals will review the content

and give feedback to help the team understand how it should be improved for people with sarcoma. A separate study underway will also get feedback from interviews with people with sarcoma. The team will then update it to create a tailored online support programme designed specifically to help people with sarcoma cope with the psychological impact of their diagnosis and treatment.

We are delighted to be co-funding this project with GIST Cancer UK.

Engineering ‘cancer bursting’ viruses for sarcoma

Dr Fiona Errington-Mais, University of Leeds

£174,858

Ewing sarcoma is a rare and aggressive cancer that mostly affects children, teenagers, and young adults. Even when it is treated successfully the first time, it can often come back. To improve outcomes, new treatments are needed that can destroy the cancer and stop it from returning. The team is exploring a type of immunotherapy called oncolytic viruses, these are viruses that can infect and kill cancer cells without harming normal cells. However, the team previously discovered that Ewing sarcoma cells can form a protective shield that prevents immune cells from reaching the cancer, reducing the effectiveness of the treatment. In this project, the team will look for the best protein-cutting enzymes to break down this barrier and attach them to the virus. By combining virus therapy with a way to break the tumour’s defences, this approach could reduce the chance of the cancer coming back and improve long-term outcomes.

Development of Natural Killer cell immunotherapy for GIST

Dr Matthew Blunt, University of Southampton

£58,923

Gastrointestinal Stromal Tumours (GISTs) are the most common type of sarcoma. Thanks to targeted drugs called tyrosine kinase inhibitors (TKIs), survival rates have improved in recent years. However, these treatments don’t work for everyone. This research will explore a type of immunotherapy called CAR-NK cell therapy. This involves equipping a type of immune cell called a natural killer (NK) cell with special receptors so it can find and destroy cancer cells. The team will identify molecules found on the surface of GIST cells that could be used to help immune cells recognise them. With this information they will develop and test the first ever CAR-NK therapy designed for GIST, using technology already proven in other cancer types. This project could lead to new treatment options for people with GIST, especially for those whose cancer doesn’t respond to existing therapies.

We are delighted to be co-funding this project with GIST Cancer UK.

SUNDIAL Trial: Improving surgical recovery

Mr Sanjay Gupta, Glasgow Royal Infirmary

£149,967

Sarcoma surgery can lead to wound complications, like infection or failure of stitches, in about 1 in every 5 people. Complications can mean that wounds take longer to heal, which may result in a longer hospital stay or delays in further treatment. The SUNDIAL trial investigates a technique to reduce complications and improve recovery, called Negative Wound Pressure Therapy (NPWT). A small device delivers suction through the wound dressing, creating an airtight seal. Over 5-7 days, excess fluid containing potentially harmful substances is removed from the area. Staff will examine how patients’ wounds are healing, noting any complications and patients will be asked to complete short questionnaires to evaluate their recovery. It’s hoped that a simple and relatively cheap dressing like NPWT could reduce wound complications and provide a better outcome and quality of life for patients.

3. Involve people affected by sarcoma in our research programme

- People affected by sarcoma continue to be involved in all major research initiatives, which have recently included input in both our Research Strategy Committee and Grant Review Panel meetings.
- A number of external research initiatives were shared with our Patient Involvement Network to better connect people affected by sarcoma and research teams who wish to bring their expertise and perspectives into research projects.
- Manon Lien-Lambert was welcomed to the Research Strategy Committee as a lay member.

4. Launch targeted calls for funding

- Our targeted funding call in 2024/25 was focussed on Improving Sarcoma Diagnosis, working closely with the Bone Cancer Research Trust to collaborate and improve funding availability for this key area of unmet need.
- This was run via two funding calls, one of which was run by Sarcoma UK (focussed on soft tissue sarcoma, with a budget of £100,000). Of two applications one was awarded funding.
- A larger funding call relevant to all sarcoma subtypes was run in collaborating with the Bone Cancer Research Trust. The available budget for the call was £500,000. Two of the five applications brought to the round were deemed fundable by the panel and both were awarded funding.

Diagnosis research grants awarded in 2024/25

DIAGNOSED: Data-driven Integrated Approach to Generate Novel Opportunities for Sarcoma Early Diagnosis in primary care

Prof Georgios Lyratzopoulos, University College London

£188,438

Sarcomas are challenging to diagnose early, with many patients visiting their GP multiple times before being referred to a specialist. This delay can lead to more advanced disease, more complications, and fewer treatment options. This project will use data from GP surgeries across England, linked with hospital and cancer records, to understand the journey of sarcoma patients prior to their diagnosis. The work will explore where in the pathway delays happen, key symptoms or patterns that may be associated with sarcoma, and whether routine blood tests already in use in clinical practice could be used in sarcoma diagnosis and care. It is hoped the research will help identify new ways for GPs to recognise and refer sarcoma more quickly.

We are delighted to be co-funding this project with the Bone Cancer Research Trust. Each charity has contributed 50% of the cost of the project.

SPEED: osteoSARCOMA Pathology Evaluation for Early Diagnosis

Dr Sarah Snelling, University of Oxford

£249,982

Osteosarcoma often presents with vague symptoms, like pain in the limbs, making it hard to diagnose and therefore treat efficiently. This project aims to develop new tests to detect osteosarcoma-related substances in a blood sample to help earlier detection. A discovery dataset of markers indicating the presence of osteosarcoma will be made freely available to the international sarcoma community to enable further research. The team will then use AI and cost analysis to refine the dataset until it becomes a reliable and affordable diagnostic tool, with further testing to confirm its accuracy. Ultimately, the goal is to create a reliable and translatable blood test to facilitate earlier diagnosis for these patients, and perhaps other sarcoma patients, in future.

We are delighted to be co-funding this project with the Bone Cancer Research Trust. Each charity has contributed 50% of the cost of the project.

Uterine Sarcomas: Identifying barriers to early diagnosis

Prof Esther Moss, University of Leicester

£49,944

Uterine sarcomas are rare and aggressive and often caught at a late stage with poor long-term outcomes. Symptoms are similar to benign fibroids and endometrial cancers, sometimes resulting in misdiagnosis and referral delays. This project will analyse the journeys of patients diagnosed with uterine sarcoma using existing data in England, comparing these to patients with endometrial cancer and women from the general population. By comparing these groups, and involving people affected by sarcoma, the team aim to identify patterns which could lead to delayed diagnosis and whether referral criteria for these sarcomas should be adjusted. In the long run it is hoped this research will lead to practical changes in improving diagnosis such as updated referral guidelines, improved GP awareness or new training for medical staff.

5. Work more closely with the sarcoma research community

- Our Research Strategy Committee continued to advise the charity on the direction of our research programme, determining the focus of targeted funding calls, reviewing our collaborations process, and feeding back on our mid-stage research strategy review.
- Working closely with the Bone Cancer Research Trust (BCRT) and the National Disease Registration Service Steering Group, we convened a meeting to tackle key gaps in sarcoma data availability and analysis. We launched a new programme grant funding opportunity in partnership with BCRT to provide funding, support and infrastructure to existing work in this space.
- Dr Priya Chudasama was welcomed to our Grant Review Panel and Mr Craig Gerrand and Prof Andrew Beggs to our Research Strategy Committee.
- We awarded £11,950 to five workshops and meetings via our Research Workshop Scheme. The scheme aims to encourage networking and collaboration within the sarcoma research community, and this year supported workshops across a broad range of research areas including childhood sarcomas, clinical trials, and subtype-specific work.

Dr Zoe Walters, University of Southampton

Improving outcomes for children with paediatric soft tissue sarcomas (pSTS) through collaboration, £3,000

Dr Mahbubl Ahmed, University College London Hospitals

Planning workshop for the HD-Sarc trial: hypofractionated definitive radiotherapy for non-extremity sarcomas, £1000

Prof Olaf Ansorge, University of Oxford

International Craniospinal Sarcoma Tissue Biomarker Workshop, £2,800

Mr Myles Smith, Royal Marsden Hospital

Workshop on Developing a Strategic Framework for GIST Research at RMH, £3,000

Mr Sam Ford, University of Birmingham

The Birmingham Sarcoma Focus Group: Forging Connections to Accelerate Progress (Networking Workshop), £2,150

Policy

We will build strong and productive relations with healthcare professionals

What we said we would do:

1. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
2. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.

1. Collaborate with healthcare professionals

- The Tricia Moate award was given this year to Lyndsey Green, Sarcoma Clinical Advisor based at the Nottingham University Hospitals NHS Trust and Sarah Randall, Sarcoma Clinical Nurse Specialist from the University Hospitals Sussex.
- Sarcoma UK sponsored 13 healthcare professionals to attend the BSG (British Sarcoma Group) conference in 2025 to promote wider engagement with healthcare and research professionals and to broaden cross-team collaboration.
- Sarcoma UK had a number of poster presentations and oral presentations at the BSG conference, highlighting the work we are doing in research, support, patient information, and policy.

2. Facilitate networking and collaboration among healthcare professionals

- Represented Sarcoma UK at the SPAGN Conference in Washington DC, the parent support group was put forward for an Advocacy in Action award.
- New members were recruited to the Early Diagnosis Steering Group, increasing representation from people affected by sarcoma, GPs, Clinical Nurse Specialists, radiologists and a sonographer.
- A series of regional sarcoma Clinical Nurse Specialist (CNS) and Allied Health Professional (AHP) networking days were supported, showcasing the importance of sharing best practice and building connections within these groups.
- Team members attended and helped facilitate a South Wales service improvement day, bringing together the clinical team, 60 people affected by sarcoma, Macmillan, and Tenovus to explore ways of improving current services.
- Continued to work closely with the Chair of the Sarcoma Advisory Groups (SAGs) to shape the agenda and support meetings of the SAG Chairs' Group. Key topics included referral pathways, a national genomics tumour advisory board, and the specialisation of retroperitoneal surgery.
- The Scotland Nurses and Allied Health Professional (AHP) networking day was attended by a member of the Support Line team.
- The sarcoma support workers group is now meeting regularly to network and share best practice.
- In January, the Policy and Public Affairs team together with GIST Cancer UK trustees and patients, attended the Scottish Medicines Consortium's (SMC) Patient and Clinician Engagement (PACE) meeting for its appraisal of Ripretinib, as a potential fourth line treatment for people with GIST cancer. Disappointingly, the SMC's decision was not to approve.
- In March, we held a meeting of the Early Diagnosis Support Group with discussions including a proposal on how to develop an Optimal Diagnostic Pathway for sarcoma.
- Members of the team also attended the Connective Tissue Oncology Society (CTOS) conference in San Diego.

Public Affairs

We will work together with the sarcoma community to achieve earlier, accurate diagnosis

What we said we would do:

1. We will improve the quantity and quality of education on sarcoma for healthcare professionals.
2. We will work to improve referral pathways and improve quick access to scans.
3. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
4. We will prioritise research into the earlier diagnosis of sarcoma.

1. *Improve the quantity and quality of education on sarcoma*

- The Policy and Public Affairs team began developing a new workstream to promote and increase uptake of educational resources for healthcare professionals in primary care, physiotherapy, and medical education. Baseline data on current use will help measure the impact of future promotional activities. These resources were promoted during Sarcoma Awareness Month.
- The team worked with Nottingham University's Associate Professor in Physiotherapy, Kirsty Hyndes, to prepare a presentation at a Chartered Society of Physiotherapists webinar in May, at which Kirsty promoted the benefits of using the physiotherapy module for teaching physiotherapists about how to spot the signs and symptoms of sarcomas.
- Attended an NHS Scotland meeting to review the Scottish Referral Guidelines for suspected sarcomas, alongside sarcoma healthcare professionals in Scotland and cancer charities.
- Delivered two education sessions for sarcoma diagnostic teams, marking their first engagement with Sarcoma UK.
- Collaborated with the Liferaft Group in the US to produce a webinar sharing our experiences of establishing the Sarcoma UK Support Line and engaging with clinical teams, aimed at small patient advocacy groups and peer support leads across the US.
- Worked with Boehringer Ingelheim and Springer publishing to produce a podcast using the lived experience of sarcoma to educate clinicians. Peer review has already taken place, and we are awaiting a publishing date.

2. *Improve referral pathways and quick access to scans*

- Under the Early Diagnosis Steering Group's (EDSG) work programme we have moved on to the next stage of our project to produce maps of sarcoma diagnostic and treatment centres with input from SAG Chairs.
- We facilitated a meeting between Dr Rob Turner, Chair of the EDSG and the London Sarcoma Service under the project looking to address variability in managing suspected sarcomas. They discussed best practice and different models, including results from the York Health Economics "Cost of Late Diagnosis" project, the Leeds Diagnostic Pathway, and London's sarcoma diagnostic centres in small hospitals.
- Presented draft versions of maps of sarcoma pathways to the SAG Chairs Group meeting. They agreed to provide any missing information so that we can finalise them for publication.
- University Hospitals Sussex NHS Trust Sussex submitted their final report under a Targeted Pathway Grant, commissioned by the Early Diagnosis programme. It is a retrospective audit of the sarcoma pathway within a radiologist-led satellite diagnostic sarcoma centre, focused on improving the early stages of the diagnostic pathway. The findings were presented at the BSG Conference.

- Worked to raise awareness of inequalities in the pathway for breast sarcoma patients and brought together an education session at the BSG on angiosarcoma of the breast.

3. Influence UK governments, the NHS and other policy makers

- Attended a 'One Cancer Voice' event attended by many of the fifty charities in the coalition. We learnt about and discussed opportunities for how to influence the new UK Government on cancer policy and NHS delivery, e.g. the Ten-Year Health Plan for the NHS and Lord Darzi's independent investigation into the NHS.
- Published the Genomic Testing in Sarcoma Care report which found much variation exists in patient access to Whole Genome Sequencing across the UK, but also evidence for the potential diagnostic and treatment benefits of genomic testing for sarcoma patients.
- In October, Sarcoma UK signed up to a One Cancer Voice Coalition letter, along with fifty other charities, calling on the UK Government to commit to a long-term cancer strategy.
- In November, we attended the Big Cancer52 Conversation, where we discussed how to address health inequalities in rare and less common cancers with other charities and DHSC officials.
- As part of the Specialist Cancer Charities Group, we co-authored a report into how to build sustainable cancer services developed through citizens' juries. In December, Chief Executive, Richard Davidson attended the report's launch in the House of Lords.
- In December, we responded to the UK Government's consultation on its Ten-Year Plan for the NHS. This was based on existing reports, and up to date evidence from the Support Line and the State of the Nation. The team also contributed to Cancer 52's response to the same consultation.
- In February for World Cancer Day we joined other charities in signing the One Cancer Voice letter to The Times on cancer waiting times. Chief Executive, Richard Davidson attended a World Cancer Day event with Wes Streeting, Secretary of State for Health and Social Care.
- In March, the Policy and Public Affairs team met and briefed Dr Scott Arthur MP on the Rare Cancers Bill ahead of its second reading in parliament.

4. Prioritise research into early diagnosis of sarcoma

Our targeted funding call in 2024/25 focussed on Improving Sarcoma Diagnosis, working closely with the Bone Cancer Research Trust to collaborate and improve funding availability for this key area of unmet need. Two projects were funded: *SPEED: osteoSARCOMA Pathology Evaluation for Early Diagnosis* and *DIAGNOSED: Data-driven Integrated Approach to Generate Novel Opportunities for Sarcoma Early Diagnosis in primary care*. More details can be found on page 13.

Public Awareness

Increase public awareness of sarcoma through higher profile and targeted campaigns.

What we said we would do:

1. Deliver an engaging and awareness raising Sarcoma Awareness Month.
2. Increase presence with media publications.
3. Deliver a Sarcoma UK Awards Ceremony for the second year running a celebration of talent, success, and achievement.

Highlights of the year included:

Sarcoma Awareness Month

In July 2024, we held our fourth Sarcoma Awareness Month (SAM) with the *Don't Delay* campaign, focused on early diagnosis. SAM 2024 was an unprecedented success, significantly boosting Sarcoma UK's visibility and engagement:

- **Website impact:** Traffic rose 53% compared to June 2024, with the SAM 2024 page receiving 5,646 views. "What is sarcoma?" page views increased by 59% and "About sarcoma" by 118%. Our new survivor stories resonated well with visitors, drawing 2,210 views, while donation-related pages saw a 10% increase.
- **Social media growth:** Total followers across all platforms grew to over 34,000. Engagements reached 37,547 (up 159.5% from June), and impressions hit 817,202 (up 111.4%), with especially strong results on Facebook and Instagram.
- **Out of Home campaign (OOH):** Billboards in six major UK cities generated 1.65 million impressions and 104,823 ad plays, we secured over £10,000 in additional value free of charge for this campaign, demonstrating effective resource management.
- **PR success:** 265 media mentions reached a potential audience of 4.11 billion, far exceeding previous campaigns and outperforming other cancer charities. The early diagnosis message featured in 20 pieces, with 16 articles including quotes from Sarcoma UK representatives.

This year, we also coordinated with SPAGN to amplify the campaign internationally. Their #DaysToDiagnosis campaign featured patients holding cards showing the number of days it took to receive a sarcoma diagnosis, helping spread awareness worldwide.

Beyond the numbers, the campaign had a profound personal impact. One of more than 30 supporters who joined our photoshoot, shared:

"I came away with a lasting feeling that my 50 years made an impact... there was a sort of relief among us all to be able to speak so openly and with immediate acknowledgement of the shared experiences."

This feedback highlights that Sarcoma Awareness Month not only raised awareness but also fostered a stronger, more supportive community for those affected by sarcoma.

The Shining Star Awards

The second annual Sarcoma UK Shining Star Awards demonstrated strong public engagement through nominations and voting, with 2,173 votes cast across three categories: The Gaz Emmerson Sarcoma Fundraiser of the Year, Sarcoma Support Group Champions of the Year, and Young Sarcoma Voice of the Year. This high level of participation not only recognised outstanding individuals and groups but also helped raise awareness of sarcoma and Sarcoma UK's work. The event has strengthened community ownership and connection, establishing the awards as a valued annual tradition. In November, winners were announced through celebratory posts that generated strong engagement, with attendees and supporters sharing content that amplified pride and connection across our platforms.

Research communications

Our research and information content brought impactful stories to the forefront. The Research Impact Series, shared weekly in December 2024, combined engaging visuals with accessible updates on Sarcoma UK-funded projects, drawing curiosity and positive responses. The Shining Star Research of the Year shortlisted videos further highlighted the value of innovation, generating meaningful conversations about research progress.

Other communications

A youth focused fundraising survey was launched to better understand the perspectives of young people in the sarcoma community, laying the groundwork for future youth-led initiatives.

The State of the Nation Review and the National Sarcoma Survey were key priorities. Promotional content shared highlighted the surveys importance to shaping sarcoma care, with posts driving engagement and shares as supporters voiced their support.

Our support initiatives aimed to raise awareness and encourage engagement. Promotion of the Sarcoma Community Day's 2025/26 focused on gathering input from the community, inviting followers to share what they would like from the event. Posts on support groups highlighted available resources, while content on the National Sarcoma Education Programme encouraged healthcare professionals to enhance their knowledge of sarcoma care.

Transforming Our Media Impact: The Sarcoma Stories Initiative

In January 2024, our Communications Team launched the Sarcoma Stories Initiative, a strategic programme designed to raise awareness of sarcoma and amplify our charity's mission and services through powerful patient stories in the media. This initiative marked a fundamental shift from reactive communications to a proactive, story-driven approach that puts patients and families at the heart of our media strategy.

Throughout 2024/25 the team has strategically used the Sarcoma Stories Initiative to promote our research investment, support services, and boost fundraising efforts, incorporating compelling stories and quotes from Sarcoma UK speakers to demonstrate the real-world impact of our work. This has achieved some outstanding results:

- **Media appearances growth:** We achieved a remarkable 105% increase in media appearances, rising from 258 appearances in 2023/24 to 531 in 2024/25. This represents more than a doubling of our media presence and reach.
- **Strategic shift to proactive coverage:** Our strategic approach delivered transformative results in the type of coverage we secured. In 2024/25, 68% of our media appearances, roughly 7 out of every 10 resulted from content we proactively identified, developed, and placed in the media. This represents a dramatic increase from just 22% in 2023/24, demonstrating our successful transition from reactive to proactive and strategic communications.
- **Amplifying patient voices:** We significantly expanded our platform for families affected by sarcoma, placing the stories of 79 families in the media during 2024/25, a 126% increase from the 35 families featured in 2023/24.
- **Enhanced national reach:** Our national media presence strengthened considerably, with 240 stories appearing in national press during 2024/25, representing 46% of all coverage, nearly half of our total media appearances. This compares to 80 national stories in 2023/24, which represented 31% of coverage, demonstrating our enhanced ability to secure high-impact, nationwide visibility for sarcoma awareness.

Fundraising

Ensure we have the funds to support our priorities.

What we said we would do:

1. Raise at least £3,600,000.
2. Grow our challenge and community events programme.
3. Deliver flagship and seasonal events to raise funds and awareness.

4. Strengthen income from trusts and foundations, and major donors, building long-term partnerships and sustainable funding.
5. Expand regular and legacy giving through campaigns.

Highlights of the year included:

- The London Marathon remained our flagship fundraising event, with an incredible 126 runners proudly representing Sarcoma UK. Together they raised over £500,000 including Gift Aid in April 2024, making a powerful impact for everyone affected by sarcoma.
- Other challenge events saw fantastic support at the London Landmarks Half Marathon, Brighton Marathon, Paris Marathon, Great North Run, and New York Marathon. Each participant helped raise awareness and vital funds.
- Another unforgettable moment was the Chancellor's celebration at 11 Downing Street, honouring all our London Marathon runners since 2013. It was truly moving to see Cheika and Anna, our very first team members, reunited with representatives from every single year.
- Our flagship fundraising gala, The Glitter Ball, came back bigger than ever. With two spectacular events in 2024/25, we welcomed guests for evenings of entertainment, connection, and celebration. These events raised crucial unrestricted funds and strengthened awareness of sarcoma.
- Our Christmas Carol Concert at St Giles in the Fields Church brought together a large, joyful audience and featured outstanding performances.
- In December 2024, we were once again Lead Charity Partner for Santa in the City. This partnership gave us a brilliant platform to showcase our work and connect with new and existing supporters.
- We were proud to be the charity of the year for Soul Terrace's soul weekender, raising awareness and vital support.
- Our virtual events continued to thrive, with Step into Spring running for the third year in April 2024 and attracting both new and returning supporters. Alongside Walk for and Turn the Page, these events generated vital funds and grew our community.
- Our annual summer event, Cuppa & Cake, gave us the chance to innovate, trial new stewardship approaches, and experiment with advertising strategies. These learnings will help us shape an even stronger event in 2025/26.
- We took part in the Big Give Christmas Challenge, raising over £49,000 thanks to the generosity of our supporters.
- Community fundraising remained strong, with countless individuals stepping up to host their own inspiring events.
- We remain deeply grateful to Gwen Owen Robinson, whose annual contributions continue to transform sarcoma research. Through the Sayako Grace Robinson PhD Studentship programme, nine students are now undertaking PhD projects.
- Our collaboration with the Sarah Burkeman Trust was renewed for another year, securing £60,000 to fund a project through our Open Grant Round.
- Group funds continue to be a vital part of our community. This year, we proudly supported the Synovial Sarcoma Fund with their launch event in February 2025.
- We were honoured to be selected as one of the Jingle Jam Charities for 2024, raising an extraordinary £269,848. Jingle Jam unites the world's leading games, creators, and communities, and it was inspiring to see such global generosity directed towards Sarcoma UK.
- We partnered with Octopus Legacy as our new will-writing provider, joining their Autumn 2024 campaign. Thanks to our creative promotion, Sarcoma UK won the 'Rising Star' award, recognising our success in encouraging gifts in wills.
- We launched our 'Sponsor a Scientist' regular giving campaign, inspiring long-term support for groundbreaking research.

- We were privileged to host major donors at exclusive cultivation and thank-you events, including the Chris Martin Quiz and Garden Party in May 2024, and a very special reception at 11 Downing Street in June.
- Lab tours for major donors gave them first-hand insight into the life-changing research their generosity makes possible.
- Following the departure of the We3Can Project Manager, the partners agreed to bring this work in house and offer We3Can as an additional way to support the charities.

We are immensely grateful to all the individuals, groups, organisations, trusts, and foundations who stood with us throughout 2024/25. Your dedication and generosity are driving real change for everyone affected by sarcoma.

Operations and Resources

What we said we would do:

1. Create a strong, stable organisation with good governance, systems and processes.
2. Ensure that we have a positive, skilled team with appropriate training and development.
3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.

1. Create a strong, stable organisation with good governance, systems and processes

- Launched an internal Digital Working Group to coordinate and support the rollout of digital initiatives during a period of significant growth.
- Led a Gift Aid Enhancement project in February 2025, maximising opportunities to claim all eligible Gift Aid.
- Introduced the web based product Omatic Cloud which provided time savings as we replaced manual imports with automated equivalents.
- Implemented new HR software to improve efficiency and support staff management.
- Officially moved offices in March 2025, with the Office Move Working Group ensuring a smooth transition and creating a welcoming new space.

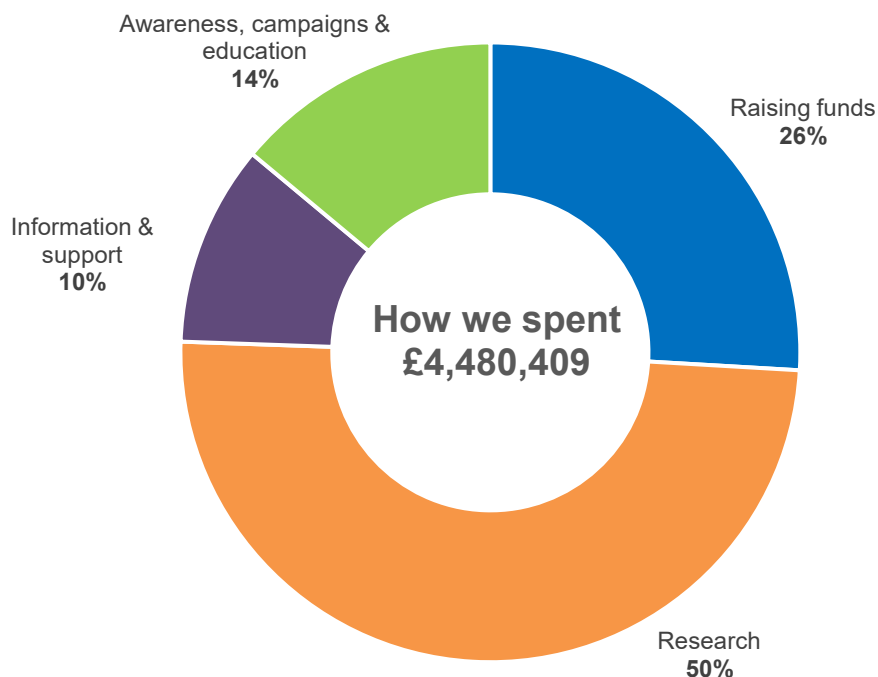
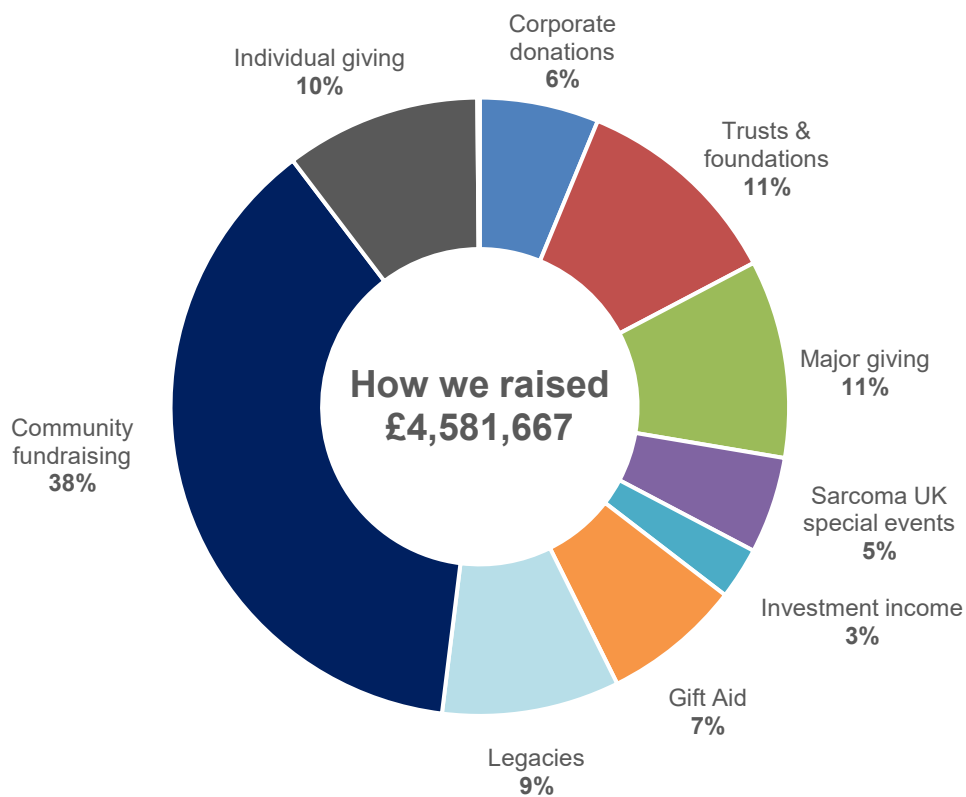
2. A positive, skilled team with appropriate training and development

- Launched the first monthly staff newsletter, *Sarcoma Spotlight*, in April 2024.
- The Staff Wellbeing Group enhanced wellbeing through away days, team-building activities, and surveys, and welcomed new members during the year.
- Senior Management participated in project management training, building on 2023/24 staff training to shape an organisational project management process for 2025/26.
- Welcomed nine new permanent staff members, strengthening fundraising, communications, support line, research, operations, and policy and public affairs teams.

3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind

- The Equality, Diversity, and Inclusion (EDI) Working Group continued to explore ways for Sarcoma UK to engage with the broader sarcoma community. Key achievements in 2024/25 included:
 - Hosting a staff session for National Inclusion Week, with a member of our Patient Involvement Network sharing their experiences.
 - Welcoming new members and a new Chair to the group in November 2024.
 - Launching an annual staff survey in November 2024 to assess perceptions of Sarcoma UK from an EDI perspective.
 - Applying the EDI Framework during Sarcoma Awareness Month to engage underrepresented communities, reflected in more diverse media coverage.

How we raise and spend our money



The above activities include 11% support costs and 1% governance costs, which have been re-allocated to each activity (see notes to financial statements)

Future Plans

In the coming year we will continue on our path towards achieving the objectives outlined in our strategy to 2026.

Our long-term vision

All people with sarcoma will be diagnosed earlier, have better experiences and live longer lives with less long-term effects.

What this means for people affected by sarcoma



Patients will be diagnosed earlier
(at stage I or II)



Patients will live longer



Patients will have better experiences
of their sarcoma

To achieve this over the next three to five years we will focus on:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Improving education on sarcoma for healthcare professionals.• Increasing awareness of sarcoma.• Improving referral and access to scans.• Prioritising research into the early diagnosis of sarcoma. | <ul style="list-style-type: none">• Ensuring patients have more treatment options.• Ensuring all care is given at specialist centres or involves sarcoma multi-disciplinary teams.• Supporting more targeted treatments.• Improving our understanding of sarcoma and how it develops. | <ul style="list-style-type: none">• Funding research to improve outcomes and quality of life.• Ensuring access to the most appropriate care and support.• Ensuring patients have more access to reliable, transparent information.• Enabling patients to have access to peer support. |
|--|--|--|

We have a detailed plan for 2025/26, including activities and projects aimed at helping us achieve the strategic objectives outlined in our *Tackling Sarcoma Together* organisational strategy. These plans will be supported in part by our designated funds, ensuring resources are directed towards key priorities that will deliver the greatest impact. These objectives include:

1. Reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. Engage with people closer to the point of diagnosis.
3. Support patients at every step of their sarcoma journey.
4. Fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
5. Combine our grant funding streams to increase flexibility and efficiency.
6. Involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
7. Launch targeted calls for funding in priority areas of research.
8. Work more closely with the sarcoma research community to shape our research programme and priorities.
9. Collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
10. Facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.
11. Improve the quantity and quality of education on sarcoma for healthcare professionals.
12. Improve referral pathways and improve quick access to scans.
13. Influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
14. Prioritise research into the earlier diagnosis of sarcoma.
15. Create a strong, stable organisation with good governance, systems and processes.
16. Have a positive, skilled team with appropriate training and development.
17. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.
18. Increase public awareness of sarcoma through higher profile and targeted campaigns.
19. Raise the funds to support the priorities above.

Governance, Structure and Management

Legal Entity

Sarcoma UK is a charity registered in England and Wales with the Charity Commission on 17 January 2011, and registered as a charity in Scotland on 12 September 2013. Its governing documents are its memorandum and articles of association. Sarcoma UK is also a company limited by guarantee incorporated with Companies House on 10 January 2011.

Sarcoma UK is sole corporate Trustee of former charity The Sarcoma Trust.

Charitable Objectives

The objectives of the charity are: to promote and protect the physical and mental health of patients with bone and soft tissue sarcomas in the United Kingdom through the provision of information, support, education and practical advice to them, their families and their carers; the relief of sickness and the preservation of health in particular by promoting and supporting research with the publication of the useful results thereof and the development of more effective treatment and care for patients with bone and soft tissue sarcomas; to advance the education of the general public in all areas relating to sarcoma.

Board of Trustees 2024/25

Anjula Thompson (Chair)

Anjula qualified as a Solicitor in 1993. She worked in private practice for 10 years and thereafter as a legal officer in the voluntary sector before taking up her current role, in 2005 as a Deputy District Judge, adjudicating in Civil and family cases. Anjula is the wife of Sarcoma UK trustee Dave Thompson who sadly passed away in 2016.

Hristo Anastasov

Hristo has valuable fundraising experience, participating in the Board of Cardiff Round Table charity for two years, where he was responsible for the distribution of funds, as well as supporting the charity in its efforts to raise more. In his work at Amazon, Hristo is in charge of managing the Pet Private Brand Business across Europe, as well as optimising internal ways of working. Hristo is also completing an MBA at one of the world's leading universities and is expanding his network both domestically and internationally. He hopes this will enable him to help Sarcoma UK foster more corporate and NGO partnerships.

Dr Fiona Cowie MBBS FRCR

Fiona Cowie is a Clinical Oncologist at the Beatson West of Scotland Cancer Centre, Glasgow, specialising in the management of adult patients with sarcomas, and children who need radiotherapy. She also undertakes the long term follow up of childhood cancer survivors. Fiona has been actively involved in managing people affected by sarcoma for over 20 years and has been constantly learning about the many different aspects of sarcoma. She has also been involved with paediatric cancer care, Young Adult cancer care and long term follow up after treatment. Fiona also has extensive medical panel and voluntary sector experience, including as a Duke of Edinburgh leader.

Jamie Ford-Cordes FCCA

Jamie has over 30 years experience working in the financial services environment, with the last 10 years as a financial control manager at Santander UK. He is a fully qualified FCCA accountant and has been for over 20 years. Jamie hopes both his work and personal experiences will help provide another perspective and help with the ongoing work being completed at Sarcoma UK.

Dr Sally Johnson

Sally is an experienced NHS GP and medical leader with expertise in clinical governance, quality improvement and the operationalisation of new clinical services. She has 12 years of Board experience as Medical Director and Chief Medical Officer of a number of healthcare organisations that provide NHS primary care, urgent care and private telemedicine. Sally has recent leadership experience in private digital healthcare and the global Covid vaccination programme. Sally has personal experience of sarcoma from when a close friend was diagnosed with sarcoma. After watching her friend's journey, Sally is keen to promote

awareness of sarcoma amongst medical professionals to ensure early diagnosis and treatment.

Dr Aisha Miah

Aisha has spent more than a decade as Consultant Clinical Oncologist at the Sarcoma Unit, The Royal Marsden Hospital and is Honorary Faculty of the Division of Radiotherapy and Imaging at The Institute of Cancer Research, delivering on radiotherapy research studies for sarcoma patients. Aisha has also led on the delivery of education and training for Specialist Registrars in London and the South-East as Training Programme Director for Clinical Oncology. From a clinical perspective, she first joined the sarcoma community 10 years ago and quickly learnt the challenges in treating sarcoma and improving knowledge among healthcare professionals and the public. She represented Sarcoma UK as a member of the Morcellation Task and Finish Group to develop RCOG patient information leaflets and consent advice to raise awareness of uterine sarcomas.

Michael Parry

Michael is a Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital specialising in orthopaedic oncology and primary and revision lower limb arthroplasty. His specialist interests are in orthopaedic oncology and lower limb arthroplasty, with a particular interest in the management of infected joint replacements.

Isla Robinson (sabbatical from April 2025)

Isla Robinson is a freelance Marketing Consultant (Director level) with over 15 years' experience of local and global marketing, including as a lead member of the team for Campari UK. Isla brings her professional expertise to the Board alongside first-hand experience of Ewing's sarcoma with which she was diagnosed in 2011. This was when Isla first discovered Sarcoma UK, and she has since found the charity to be a 'key source' of reliable information.

Alan Abraham

Alan is a sarcoma clinical nurse specialist (CNS) based in Glasgow. He registered as a nurse in 2007 and has been working with sarcoma patients for a large part of the time since. He worked as a staff nurse on an orthopaedic ward where he would be involved in the immediate post-operative care of sarcoma patients who'd had tumour resections, then since 2019 as a CNS.

Duncan Buchanan

Duncan has more than 30 years' experience as a solicitor in the City of London advising trustees of large pension schemes. He first became involved with Sarcoma UK during the pandemic when he provided pro bono advice to the charity on a fundraising initiative it was launching (20 for 20). Since then, Duncan has continued to provide pro bono advice to Sarcoma UK on other initiatives.

Gary Davison

Gary is a retired chartered accountant and worked in the financial services sector for more than 30 years, most recently as European Financial Controller for Bernstein Autonomous LLP. For four years he also chaired the finance committee for a 400-pupil prep school. He hopes his financial experience can help with the financial oversight of Sarcoma UK. In 2018, Gary lost his wife to leiomyosarcoma. The family have been supporters of Sarcoma UK for some time.

Leyla Hayes

Leyla has 20 years of experience working as a broadcast journalist and media professional. She started her career in the Latin American section of BBC World Service after studying Spanish and Portuguese. She then moved to the main newsroom and has worked as a television news reporter for the BBC, ITV and Channel 5 News, covering all types of stories including politics, crime, education and health.

Matthew Treagus

Matthew is Chief Information Officer and Chief of Staff at Oxford Biomedica – a cell and gene therapy innovator. Matthew was a co-founder of AKQA, a pioneer of the digital industry. He is a retiring Partner at Baringa Partners LLP and has previously served as Interim CIO at Save the Children UK. Matthew lost his great friend Chris Martin to sarcoma in 2015. He has been supporting our fundraising efforts since then and joined the Board of Trustees in 2023.

Ruby Sangha MSc MBA (resigned July 2024)

Ruby has 17 years of experience across the healthcare and life science industry. From working in clinical trials, to helping new and emerging medical devices and digital health technologies access the NHS and meet the needs of patients and doctors. Ruby has also worked in the pharmaceutical industry, leading and establishing partnerships with start-ups. Ruby also works to help government investment programmes determine start-ups that meet the needs of the UK healthcare industry. She has also worked in management consulting in various projects across the pharmaceutical industry, government and NHS.

The Board continue to follow the Charity Governance Code, to manage and take responsibility for Trustee governance. The Board has two committees, the Nominations and Human Resources (NHR) Committee and the Governance, Risk and Finance (GRF) Committee.

Nominations and Human Resources Committee (NHR)

Responsible for HR and staffing issues, including staff remuneration. Responsibility for the renewal of tenure, recruitment and appointment of trustees is also delegated to the **NHR Committee** who make recommendations to the Board of Trustees.

Members during the year:

- Hristo Anastasov - Chair
- Isla Robinson
- Aisha Miah
- Leyla Hayes
- Alan Abraham
- Duncan Buchanan

Governance, Risk and Finance Committee (GRF)

Responsible for overseeing governance, organisational risk and working with the Senior Management Team on finance. The **GRF Committee** make recommendations to the Board of Trustees.

Members during the year:

- Jamie Ford-Cordes – Chair
- Gary Davison
- Matthew Treagus
- Duncan Buchanan
- Sally Johnson

Trustee Appointment and Induction

Sarcoma UK places a high value on having an informed and skilled Board of Trustees which guides the charity to achieve its ambitious goals.

Trustees serve a three-year term, after which they are eligible for re-election for a further three years.

New trustees are recruited in various ways, according to the skills sought by the Board. Vacancies are advertised in national charity media, through professional networks and via the charity's website and networks. Potential trustees are invited to submit a formal application and attend an interview with the Nomination and Human Resources Committee.

All trustees receive the Trustee Handbook, setting out the role and responsibilities of Sarcoma UK trustees, including the charity's policies and procedures relating to governance. A Register of Trustees' Interests is in place and updated annually.

All new trustees receive the governing document, strategy and business plan, published accounts and minutes of previous Board of Trustee meetings, Trustee Handbook, as well as Charity Commission guidance on effective governance. A formal induction programme is in place, where trustees spend time with the Chief Executive and the Senior Management Team. Trustees are subscribed to Governance publication and are encouraged to attend training and other events for charity trustees.

Organisational Structure

The Board of Trustees sets the strategic direction of Sarcoma UK and approves the main policies of the charity. It appoints and directs the Chief Executive, monitors performance and identifies and manages the major risks facing the charity. The Board meets four times a year. The Board delegates responsibility for the running of the charity to the Chief Executive with clearly communicated and recorded executive limits. The Chief Executive is responsible and accountable for achieving Sarcoma UK's strategic objectives and delivering the annual business plan. A Senior Management Team is in place to support the Chief Executive, providing leadership across key areas of the charity's work, and ensuring delivery of the charity's day-to-day work.

Sarcoma UK's Senior Management Team consisted of:

- Chief Executive
- Director of Finance and Resources
- Director of Fundraising and Communications
- Director of Research, Policy and Support

Sarcoma UK has a policy for reviewing staff salaries, set out in the Staff Handbook. Staff salaries are reviewed annually by the Board of Trustees NHR Committee, on behalf of the Board of Trustees, and benchmarked against voluntary sector pay surveys and inflation. The remuneration of senior management is covered under this policy.

The trustees are grateful to the staff team for the outstanding work they do on behalf of people affected by sarcoma.

Volunteers

The trustees recognise the valuable contribution made by volunteers to Sarcoma UK and wish to record their gratitude for this commitment. These include: members of Sarcoma UK's Grant Review Panel; sarcoma support group leaders; members of Sarcoma UK's Patient Involvement Network; Sarcoma UK's Information Review Panel; Sarcoma UK's Medical Advisory Group; individuals and families who have provided their stories for use as case studies; everyone who has undertaken fundraising and awareness-raising in their communities; everyone who has set up information stands or cheering stations at events; and everyone who has supported Sarcoma UK at events and activities throughout the year. In accordance with accepted practice, no amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Risk management

To manage risk effectively, Sarcoma UK employs a comprehensive risk assessment model. This model identifies major strategic risks, evaluates their likelihood and impact, and outlines measures to mitigate them. The Senior Management Team and the Trustee Governance Risk and Finance Committee (GRF) regularly review the highest-priority risks and establish appropriate actions to address them.

Our risk assessment model categorises risks into the following areas:

- Financial
- Governance
- People
- Technology
- Charitable Activities
- Environmental and External Factors
- Law and Regulation
- Fundraising

The most significant risks identified during 2024/25 include:

1. Level of reserves
2. High staff turnover and key staff departures.
3. Cyber fraud and data security

To address these risks, the following actions have been incorporated into our risk management strategy:

1. Reserves: The Board will hold biannual discussions to review reserve levels and explore investment opportunities. The 2025/26 Business Plan and Budget will include planned investments drawing on reserves.
2. Staff Retention: Ongoing monitoring of cost-of-living and inflation trends, supported by the development of a succession planning document.
3. Cyber Security: Renewal of Cyber Essentials Plus accreditation to strengthen protections, alongside appointing a consultant to develop a comprehensive Cyber Incident Response Plan.

The trustees are satisfied that appropriate systems are in place and further steps are planned to manage and mitigate these most significant risks.

Grant Making Policy

Sarcoma UK is a member of the Association of Medical Research Charities (AMRC), an organisation of the leading medical and health research charities in the UK. In accordance with AMRC best practices, Sarcoma UK is committed to ensuring the highest standards of accountability, balance, independence, rotation of expertise and impartiality in our research programme.

We work with our Research Strategy Committee in setting and working to a research strategy. Our funding decisions are made based on recommendations from our Grant Review Panel on the basis of the scientific quality of the studies proposed, and the relevance to people affected by sarcoma, while considering the amount of overall funding available. Assessment criteria is published openly on the charity's website.

We hold annual calls for proposals, which are open competition and publicised on our website and to the sarcoma research community. Applications submitted are subject to a preliminary triage of their eligibility. All applications which fall within scope for the call and for which the due diligence process has not identified any unacceptable issues will be considered. Eligible applications undergo a rigorous external review process by sarcoma research experts and people affected by sarcoma. All panel members and external peer reviewers adhere to our Principles of Peer Review Policy, as well as declaring conflicts of interest in line with our Conflicts of Interest Policy. Applicants are offered the opportunity to respond to comments from peer and lay reviewers before applications are discussed by our Grant Review Panel.

Our Grant Review Panel and Research Strategy Committee are made up of independent scientific experts as well as people with a personal connection to sarcoma. The Grant Review Panel considers all peer and lay reviews and responses and scores each application independently and anonymously. The panel then makes recommendations for funding to Sarcoma UK's Board of Trustees, who approve the final grants to be awarded. In accordance with our Conflict of Interest Policy for Grant Review Panel Members, members must absent themselves from any portion of a meeting where discussions involve a grant proposal to which they are connected. They may not participate in related decisions and, in certain cases, may not receive any associated documents.

All grant-holders submit regular progress reports each year and a final report at the end of the project. We keep in regular contact with our grant-holders to assess progress and impact throughout the lifetime of the project and beyond.

Further information: <https://sarcoma.org.uk/our-research/how-we-fund-research>

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Working with Others

Sarcoma UK recognises that progress towards our goals is maximised when working collaboratively with others who share an interest in improving the lives of people affected by sarcoma. As the only UK charity focusing on all types of sarcoma, we aim to work collaboratively with the whole sarcoma community to achieve our vision for the future. In 2024/25 Sarcoma UK had collaborations with: the Association of Medical Research Charities (AMRC); BMJ Learning; Boom Foundation (Northern Ireland); British Sarcoma Group; The Bone Cancer Research Trust; Cancer 52; Specialist Cancer Charities Group, National

Cancer Registry and Analysis Service (NCRAS), Welsh Cancer Intelligence and Surveillance Unit, Information Services Division of the NHS National Services Scotland, N. Ireland Cancer Registry, GIST Cancer UK; National Institute of Health and Care Excellence (NICE); National Sarcoma Forum (of specialist nurses); NHS England; Public Health England, the Sarah Burkeman Trust; Sarcoma Patients GlobalNet; the Scottish Sarcoma Network; the network of sarcoma specialist centres – bone and soft tissue – in England, Wales and Northern Ireland; Sarcoma Advisory Group (SAG) Chairs; and the Children and Young People’s Cancer Coalition.

Financial Review

Income

Sarcoma UK has made excellent progress against its objectives for the year, successfully raising £4,581,667 an increase of 19% from the previous year (2024: £3,840,681). This notable growth is primarily due to enhanced fundraising efforts throughout the year and two large legacies.

The trustees wish to thank all donors for their invaluable support during the year, which is instrumental in helping Sarcoma UK transform the lives of those affected by sarcoma.

Expenditure

Total expenditure rose to £4,480,409 (2024: £3,544,022), representing a 26% increase on the previous year. The increases were predominately driven by:

- Higher research grants payable, which rose by £433,452.
- An increase in staff costs of £225,439, reflecting both new roles in the team and a percentage uplift in salaries to help support staff with the cost of living.
- A rise in office costs of £60,998, mainly due to the new office space secured in March 2025, including rent, furniture, and equipment.
- Increased fundraising and event costs, as two Glitter Balls were held in 2024/25 compared with none in 2023/24.
- Higher awareness and campaigning expenditure, driven by the National Sarcoma Survey and State of the Nation project work.
- Increased depreciation costs, following a change in the estimated useful life of computer equipment from five years to three.

Other movements included:

- A decrease in information resources costs, reflecting a staff vacancy during part of the year and some projects being put on hold.

Sarcoma UK maintains rigorous financial oversight, utilising robust management and budgetary controls. We are committed to directing a significant portion of our resources toward charitable activities, with 74% of our total expenditure allocated to these efforts. We also focus on minimising fundraising costs, with just 26% of our expenditure spent on raising funds, demonstrating the efficiency of our fundraising approach.

A surplus of £101,258 (2024: surplus £296,659) was made this year and increases total charity funds to £1,904,765 (2024: £1,803,507), of which £7,561 are restricted. The reserves policy is discussed below.

Reserves Policy

The Board of Trustees aim to maintain reserves at a level which equates to approximately six months of operational costs including budgeted salary, rent and support costs. This is approximately £963,000 for the forthcoming year.

Due to the generosity of our supporters and the outstanding performance of the fundraising team, Sarcoma UK's total funds at 31 March 2025 were £1,904,765, of which £7,561 are restricted. This leaves £1,897,204 in unrestricted funds. Of these unrestricted funds:

- £12,648 are held as fixed assets
- The trustees have designated funds to our three core activities for 2025/26:
 - £300,000 for sarcoma research grants.
 - £100,000 to sustain our vital information and support service.
 - £100,000 to drive sarcoma awareness and campaigning efforts.

This leaves a remaining balance of £1,384,556 exceeding the required reserves policy level by £421,556. These additional funds will be used to advance our mission through further investments in 2025/26.

The Board of Trustees monitor reserves very carefully and regularly evaluate investment opportunities to ensure optimal use of funds. The reserves policy will be reviewed in 2026 to ensure it meets the charities future operational needs.

Statement of responsibilities of the trustees

The trustees (who are also directors of Sarcoma UK for the purposes of company law) are responsible for preparing the trustees' annual 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 charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

Sarcoma UK
Report of the Trustees
For the year ended 31 March 2025

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company 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 charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2025 was 13 (2024:13). The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees on 17 November 2025 and signed on their behalf by

Anjula Tompson – Chair of Trustees

Acknowledgements

Patron	Richard Whitehead MBE
Founder	Roger Wilson CBE
Celebrity Ambassadors	Jake Quickenden, Gavin Ramjaun, Sandra Dickinson, Mark Osmond, Angela Barnes and TommyInnit.
Ambassadors	Lesley Abraham, Shelagh Allison, Sarah Conneally, Zoe Conway, Jan Cornell, Maddie Cowie, Karen Delin, Alison Dunlop, Andy Eckles, Mark Gould, Amelia Granville, Zoe Homer, Professor Ian Hudson, Gina Long, Steve Mayer, Louisa Nicoll, Leona O'Neil, Ian Randall, Baroness Liz Sugg, Jasmine Thompson, Zoe Thompson, Jo Vass, Wendy Watkins, Dr Jeff White, Glynn Wilmshurst, Sheelagh Wilson, and John and Sue Young

Grant Review Panel

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Dr Madeleine Adams, Consultant Paediatric Oncologist, Children's Hospital for Wales, Cardiff.

Dr Mahbubl (Mabs) Ahmed, Consultant Clinical Oncologist, UCL.

Dr Quentin Campbell-Hewson, Consultant Paediatric Oncologist, Great North Children's Hospital in Newcastle upon Tyne.

Dr Louise Carter, Senior Clinical Lecturer in Experimental Cancer Medicine, University of Manchester.

Julia Casimo, lay panel member.

Dr Will English, Lecturer in Medical Education, Norwich Medical School, University of East Anglia and Honorary Research Fellow in the Department of Oncology and Metabolism, University of Sheffield.

Professor Rebecca Gladdy, Associate Professor in the Department of Surgery, The University of Toronto and a Principal Investigator at the Lunenfeld-Tanenbaum Research Institute, Canada.

Becky Hughes, lay panel member.

Claire Lupton, Lay Member.

Dr Magdalena Meissner, Clinical Senior Lecturer, NCRI Sarcoma Group.

Dr Olivier Pardo, Team Leader in Division of Cancer, Imperial College London.

Dr Nischalan Pillay, Group Leader Sarcoma Biology and Genomics, UCL.

Dr Sophie Postel Vinay, Physician Scientist at the Drug Development Department and U981 INSERM research unit, Gustave Roussy Cancer Centre, France.

Alasdair Punton, lay panel member.

Prof Daniel Tennant, Prof of Biochemistry, University of Birmingham.

Leanne Thorndyke, lay panel member.

Dr Zoë Walters, Associate Professor in Translational Lineational Epigenomics, University of Southampton.

Dr Priya Chudasama, Group Leader Precision Sarcoma Research, DKFZ

Research Strategy Committee

Professor Bernadette Brennan (chair), Consultant Paediatric Oncologist at the Royal Manchester Children's Hospital.

Dr Cristina Antonescu, Director, Bone and Soft Tissue Pathology, Memorial Support Linean Kettering Cancer Centre, New York.

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Chris Copland, lay member.

Dr Fiona Cowie, Clinical Oncologist, Beatson West of Scotland Cancer Centre, Glasgow and Sarcoma UK Trustee.

Professor Bernd Kasper, Medical oncologist and leads Mannheim Cancer Center (MCC), Mannheim University Medical Center, Germany.

Professor Heinrich Kovar, Head of the Molecular Biology of Solid Tumours group, St. Anna Children's Cancer Research Institute Austria.

Emma McCloskey, lay member.

Dr Michael Parry, Consultant Orthopaedic Surgeon, Royal Orthopaedic Hospital and Sarcoma UK Trustee.

Professor Fiona Thistlethwaite, Medical oncology consultant within the Experimental Cancer Medicines Team (ECMT) and Medical Director of the Christie Clinical Research Facility, Manchester.

Professor Gareth Veal, Professor of Cancer Pharmacology, University of Newcastle.

Professor Andrew Beggs, Professor of Cancer Genetics & Surgery, University of Birmingham.

Manon Lien-Lambert, lay member.

Mr Craig Gerrand, Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital.

Supporters

Sarcoma UK is deeply grateful to all those who have supported us during the year. Sarcoma UK could not exist without the kindness of our supporters who contribute to our progress in a wide variety of ways. While many people support the charity through financial donations, others contribute through volunteering, giving their time, energy, passion, and skills.

A huge thank you to all our supporters.

Opinion

We have audited the financial statements of Sarcoma UK (the 'charitable company') for the year ended 31 March 2025 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 2025 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

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 charitable company 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 Sarcoma UK'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 trustees' 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, except to the extent otherwise explicitly

stated in our report, 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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes 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 charitable company'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 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the

Sarcoma UK
Independent auditor's report to the members and trustees of Sarcoma UK
For the year ended 31 March 2025

judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: 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 charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Jonathan Coyle (Senior statutory auditor)
27 November 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor
110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Sarcoma UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2025

		2025			2024		
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations and legacies	2	3,497,922	953,446	4,451,368	2,415,879	1,335,565	3,751,444
Other trading activities		6,008	-	6,008	6,528	-	6,528
Investments		124,291	-	124,291	82,709	-	82,709
Total income		3,628,221	953,446	4,581,667	2,505,116	1,335,565	3,840,681
Expenditure on:							
Raising funds	3	1,171,178	-	1,171,178	861,973	-	861,973
Charitable activities							
Research	3	1,320,550	889,159	2,209,709	527,682	1,202,162	1,729,844
Information and support	3	412,904	54,906	467,810	304,573	128,701	433,274
Awareness, campaigns and education	3	624,353	7,359	631,712	506,528	12,403	518,931
Total expenditure		3,528,985	951,424	4,480,409	2,200,756	1,343,266	3,544,022
Net income / (expenditure) and net movement in funds for the year	5	99,236	2,022	101,258	304,360	(7,701)	296,659
Reconciliation of funds:							
Total funds brought forward		1,797,968	5,539	1,803,507	1,493,608	13,240	1,506,848
Total funds carried forward		1,897,204	7,561	1,904,765	1,797,968	5,539	1,803,507

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Sarcoma UK

Balance sheet

Company no. 7487432

As at 31 March 2025

	Note	£	2025 £	£	2024 £
Fixed assets:					
Tangible assets	10		12,648		16,684
			12,648		16,684
Current assets:					
Debtors	11	1,056,001		582,104	
Short term deposits		434,878		416,903	
Cash and cash equivalents		5,364,107		4,807,105	
			6,854,986	5,806,112	
Liabilities:					
Creditors: amounts falling due within one year	12	2,394,276		1,796,134	
			4,460,710		4,009,978
Net current assets					
			4,473,358		4,026,662
Total assets less current liabilities					
Creditors: amounts falling due after one year	13		2,568,593		2,223,155
			1,904,765		1,803,507
Total net assets					
The funds of the charity:					
Restricted income funds	15		7,561		5,539
Unrestricted income funds:					
Designated funds		500,000		-	
General funds		1,397,204		1,797,968	
Total unrestricted funds			1,897,204		1,797,968
Total charity funds					
			1,904,765		1,803,507

Approved by the trustees on 17 November 2025 and signed on their behalf by

Anjula Thompson
Chair of Trustees

Sarcoma UK

Statement of cash flows

For the year ended 31 March 2025

	2025		2024	
	£	£	£	£
Cash flows from operating activities:				
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	101,258		296,659	
Depreciation charges	16,916		6,671	
Interest received	(124,291)		(82,709)	
(Increase) / decrease in debtors	(473,897)		8,062	
Increase / (decrease) in creditors	943,580		479,167	
	<hr/>		<hr/>	
Net cash provided by operating activities		463,566		707,850
Cash flows from investing activities:				
Transferred to short term deposits	(17,976)		(306,024)	
Interest received	124,291		82,709	
Loss on disposal of fixed assets	566		377	
Purchase of fixed assets	(13,445)		(9,713)	
	<hr/>		<hr/>	
Net cash provided by / (used in) investing activities		93,436		(232,651)
		<hr/>		<hr/>
Change in cash and cash equivalents in the year		557,002		475,199
Cash and cash equivalents at the beginning of the year		4,807,105		4,331,906
		<hr/>		<hr/>
Cash and cash equivalents at the end of the year		5,364,107		4,807,105
		<hr/> <hr/>		<hr/> <hr/>
Analysis of cash and cash equivalents				
			As at 31 March	
	At 1 April 2024	Cash flows	2025	
	£	£	£	
Cash at bank and in hand	4,382,270	540,326	4,922,596	
Notice deposits (less than three months)	424,835	16,676	441,511	
	<hr/>	<hr/>	<hr/>	
Total cash and cash equivalents	4,807,105	557,002	5,364,107	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	

1 Accounting policies

a) Statutory information

Sarcoma UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address is 1 St John's Lane, London, England, EC1M 4AR.

b) Basis of preparation

The financial statements have been prepared in accordance with 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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from revenue grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

1. Accounting policies (continued)

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of raising sarcoma awareness, funding research and providing information and support, all undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are those costs which do not in themselves constitute a charitable or fundraising activity, but are the central office functions necessary to support these activities. They include administration, finance, HR, database, IT and office overhead costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

□ Raising funds	35%
□ Research	15%
□ Information and support	27%
□ Awareness, campaigns and education	24%

l) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 March 2025

1. Accounting policies (continued)

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £250. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

□ Fixtures and fittings	5 years
□ Computer equipment	3 years

n) Debtors

Debtors are recognised at the amount due. Prepayments are valued at the amount prepaid, net of any trade discounts receivable.

o) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits with banks and funds that are readily convertible into cash at, or close to, their carrying values, but not held for investment purposes.

p) Short-term deposits

Short-term deposits comprise cash balances invested in interest-bearing accounts with original maturities of between three and twelve months. Such deposits are held to manage cash resources and earn a return until required for charitable activities. Deposits are recognised at cost plus accrued interest, which approximates to fair value.

q) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2. Income from donations and legacies

	2025			2024		
	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Donations and gifts	3,056,731	952,446	4,009,177	2,292,835	1,335,565	3,628,400
Legacies	424,367	1,000	425,367	123,044	-	123,044
Donated goods and services	16,824	-	16,824	-	-	-
	<u>3,497,922</u>	<u>953,446</u>	<u>4,451,368</u>	<u>2,415,879</u>	<u>1,335,565</u>	<u>3,751,444</u>

Donated goods and services include those donated to the Sarcoma UK Glitter Ball and Lancaster House event from Diageo.

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2025

3a. Analysis of expenditure (current year)

	Charitable activities						2025 Total £	2024 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £		
Staff costs (Note 6)	403,431	170,877	274,000	300,465	30,741	238,988	1,418,502	1,193,063
Other staff costs	20,399	8,449	9,805	9,830	-	40,348	88,831	97,580
Research grants payable (Note 4)	-	1,930,309	-	-	-	-	1,930,309	1,496,857
Research support	-	16,822	-	-	-	-	16,822	16,954
Fundraising and events	543,790	-	-	-	-	-	543,790	373,083
PR & marketing	-	-	-	79,686	-	-	79,686	77,982
Support services	-	-	21,213	-	-	-	21,213	12,450
Information resources	-	-	14,189	-	-	-	14,189	27,273
Awareness & campaigning projects	-	-	-	101,679	-	-	101,679	56,840
Office & communication costs	-	-	-	-	-	188,904	188,904	127,906
Membership and subscriptions	13,182	3,130	-	11,309	2,021	-	29,642	28,267
Trustee governance costs	-	-	-	-	4,237	-	4,237	9,814
Professional, Legal & Insurance	-	-	-	-	15,369	8,234	23,603	17,263
Bank & finance charges	-	-	-	-	-	1,520	1,520	1,642
Depreciation	-	-	-	-	-	17,482	17,482	7,048
	980,802	2,129,587	319,207	502,969	52,368	495,476	4,480,409	3,544,022
Support costs	172,178	72,463	134,398	116,437	-	(495,476)	-	-
Governance costs	18,198	7,659	14,205	12,306	(52,368)	-	-	-
Total expenditure 2025	1,171,178	2,209,709	467,810	631,712	-	-	4,480,409	3,544,022

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2025

3b. Analysis of expenditure (previous year)

	Cost of raising funds £	Charitable activities				Governance costs £	Support costs £	2024 Total £
		Research £	Information and support £	Awareness, campaigns and education £				
Staff costs (Note 6)	330,174	145,591	259,231	219,214	26,357	212,496	1,193,063	
Other staff costs	9,634	9,512	21,253	21,885	149	35,147	97,580	
Research grants payable (Note 4)	-	1,496,857	-	-	-	-	1,496,857	
Research support	-	16,954	-	-	-	-	16,954	
Fundraising and events	373,083	-	-	-	-	-	373,083	
PR & marketing	-	-	-	77,982	-	-	77,982	
Support services	-	-	12,450	-	-	-	12,450	
Information resources	-	-	27,273	-	-	-	27,273	
Awareness & campaigning projects	-	-	-	56,840	-	-	56,840	
Office & communication costs	-	-	-	-	-	127,906	127,906	
Membership and subscriptions	14,072	2,896	51	9,222	2,026	-	28,267	
Trustee governance costs	-	-	-	-	9,814	-	9,814	
Professional, Legal & Insurance	-	-	-	-	10,573	6,690	17,263	
Bank & finance charges	-	-	-	-	-	1,642	1,642	
Depreciation	-	-	-	-	-	7,048	7,048	
	726,963	1,671,810	320,258	385,143	48,919	390,929	3,544,022	
Support costs	119,994	51,581	100,447	118,908	-	(390,929)	-	
Governance costs	15,015	6,455	12,569	14,880	(48,919)	-	-	
Total expenditure 2024	861,972	1,729,845	433,275	518,931	-	-	3,544,022	

Notes to the financial statements

For the year ended 31 March 2025

4. Research grants payable

	Payment schedule for grants awarded 2024/25				2025 £	2024 £
	2025 £	2026 £	2027 £	2028-31 £		
Grants to institutions:						
Glasgow Royal Infirmary	-	46,279	52,375	51,313	149,967	-
Institute of Cancer Research	-	57,612	26,119	-	83,731	299,990
University of Leicester	-	49,944	-	-	49,944	-
University of Oxford	124,991	-	-	-	124,991	-
University College London	94,219	-	32,056	27,944	154,219	442,039
Edge Hill University	-	-	43,990	15,995	59,985	-
University of Leeds	-	84,336	90,522	-	174,858	-
University of Nottingham	-	-	66,111	106,479	172,590	-
University of Edinburgh	-	-	32,128	141,746	173,874	-
University of Manchester	-	-	34,276	88,118	122,394	-
Open University	-	-	47,844	91,696	139,540	-
Imperial College London	-	-	81,346	118,633	199,979	279,396
University of Southampton	-	-	84,645	114,236	198,881	264,009
University of Birmingham	-	-	36,720	103,184	139,904	49,957
University of Newcastle	-	-	-	-	-	49,746
King's College London	-	-	-	-	-	50,000
BiCOPS	-	-	-	-	-	49,853
Barts Cancer Institute	-	-	-	-	-	50,000
					1,944,857	1,534,990
Less returned grants due to underspends:						
Aston University	-	-	-	-	(2,826)	-
University College London	-	-	-	-	(1,296)	-
Institute of Cancer Research	-	-	-	-	(2,862)	(246)
University of Leeds	-	-	-	-	(7,564)	(516)
University College London	-	-	-	-	-	(1,252)
Imperial College London	-	-	-	-	-	(3)
University of Oxford	-	-	-	-	-	(3,284)
University of Birmingham	-	-	-	-	-	(3,858)
Royal Marsden	-	-	-	-	-	(28,974)
At the end of the year					1,930,309	1,496,857

Full details of grant making activities are disclosed on page 8-14 of the report of the trustees.

5. Net expenditure for the year

This is stated after charging / (crediting):

	2025 £	2024 £
Depreciation	16,916	6,671
Loss on disposal of fixed assets	566	377
Interest received	(124,291)	(82,709)
Operating lease rentals:		
Property	97,223	53,760
Auditor's remuneration (excluding VAT):		
Audit	12,000	10,560

Notes to the financial statements

For the year ended 31 March 2025

6. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	1,232,036	1,037,133
Social security costs	129,523	109,700
Employer's contribution to defined contribution pension schemes	52,117	43,191
Accrued holiday pay	4,826	3,039
	<u>1,418,502</u>	<u>1,193,063</u>

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year between:

	2025 No.	2024 No.
£100,001 - £110,000	1	1
£70,001 - £80,000	2	2

The total employee benefits including employer's pension contributions and national insurance of the key management personnel were £366,396 (2024: £353,140) incurred by 4 (2024: 4) employees.

Sarcoma UK spent £1,418,502 on staff costs, 65% (2024: 66%) of these staff costs were on those staff who support and directly drive awareness of sarcoma cancer, find answers through research, provide information and support to anyone affected by sarcoma cancer and campaign for better treatments and to improve standards of care. The remaining 35% (2024: 34%) was on staff who raise the funds required to carry out the above charitable activities.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £2,055 (2024: £4,821) incurred by 6 (2024: 9) members relating to attendance at meetings of the trustees. The costs shown in note 3 for trustees' development, expenses and meeting costs also include costs relating to trustee meeting lunches, which are not direct trustee expenses relating to attendance at meetings of the trustees.

7. Staff numbers

The average monthly headcount of employees, analysed by activities was:

	2025 No.	2024 No.
Raising funds	9	8
Research	3	2
Information and support	7	7
Awareness, campaigns and education	7	5
Support and governance (re-allocated to the above activities based on staff time)	6	5
	<u>32</u>	<u>27</u>

Total number of staff by headcount at 31 March 2025 was 33 (including 11 part-time).

8. Related party transactions

Sarcoma UK Trustees and close family personally donated and raised £74,531 (2024: £12,966), including funds raised through challenge events such as the London Marathon.

9. Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2025

10. Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Total £
Cost			
At the start of the year	29,520	56,700	86,220
Additions in year	-	13,445	13,445
Disposals in year	-	(2,891)	(2,891)
At the end of the year	<u>29,520</u>	<u>67,254</u>	96,774
Depreciation			
At the start of the year	29,520	40,015	69,535
Charge for the year	-	16,916	16,916
Disposals in year	-	(2,325)	(2,325)
At the end of the year	<u>29,520</u>	<u>54,606</u>	84,126
Net book value			
At the end of the year	<u>-</u>	<u>12,648</u>	12,648
At the start of the year	<u>-</u>	<u>16,685</u>	16,685

All of the above assets are used for charitable purposes.

11. Debtors

	2025 £	2024 £
Other debtors	-	9,450
Prepayments	388,894	373,844
Accrued income	667,107	198,810
	<u>1,056,001</u>	<u>582,104</u>

12. Creditors: amounts falling due within one year

	2025 £	2024 £
Trade creditors	212,575	155,713
Taxation and social security	30,379	27,612
Other creditors	8,908	7,710
Accruals	433,488	205,046
Deferred income	-	29,640
We3Can Collaboration	46,564	13,106
Research workshop grants	11,950	-
Grants payable	1,650,413	1,357,305
	<u>2,394,276</u>	<u>1,796,134</u>

13. Creditors: amounts falling due after one year

	2025 £	2024 £
Grants payable:		
1 - 2 years	1,408,956	1,270,408
2 - 5 years	1,159,637	952,748
	<u>2,568,593</u>	<u>2,223,155</u>

Notes to the financial statements

For the year ended 31 March 2025

14a. Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total Funds £
Tangible fixed assets	12,648	-	-	12,648
Net current assets	3,953,149	500,000	7,561	4,460,710
Long term liabilities	(2,568,593)	-	-	(2,568,593)
Net assets at 31 March 2025	1,397,204	500,000	7,561	1,904,765

14b. Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	16,684	-	-	16,684
Net current assets	4,004,439	-	5,539	4,009,978
Long term liabilities	(2,223,155)	-	-	(2,223,155)
Net assets at 31 March 2024	1,797,968	-	5,539	1,803,507

15a. Movements in funds (current year)

	At 1 April 2024 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2025 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	2,914	886,245	(889,159)	-	-
Information and support	413	54,826	(54,906)	-	333
Awareness, campaigns and education	2,202	12,375	(7,359)	-	7,218
Total restricted funds	5,539	953,446	(951,424)	-	7,561
Unrestricted funds:					
<i>Designated funds:</i>					
Research	-	-	-	300,000	300,000
Information and support	-	-	-	100,000	100,000
Awareness, campaigns and education	-	-	-	100,000	100,000
Total designated funds	-	-	-	500,000	500,000
General funds	1,797,968	3,628,221	(3,528,985)	(500,000)	1,397,204
Total unrestricted funds	1,797,968	3,628,221	(3,528,985)	-	1,897,204
Total funds	1,803,507	4,581,667	(4,480,409)	-	1,904,765

Notes to the financial statements

For the year ended 31 March 2025

15b. Movements in funds (prior year)

	At 1 April 2023 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2024 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	1,205,077	(1,202,162)	-	2,914
Information and support	500	128,613	(128,701)	-	413
Awareness, campaigns and education	12,730	1,875	(12,403)	-	2,202
Total restricted funds	13,240	1,335,565	(1,343,266)	-	5,539
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	-	-
Information and support	100,000	-	(100,000)	-	-
Total designated funds	200,000	-	(200,000)	-	-
General funds	1,293,608	2,505,116	(2,000,756)	-	1,797,968
Total unrestricted funds	1,493,608	2,505,116	(2,200,756)	-	1,797,968
Total funds	1,506,848	3,840,681	(3,544,022)	-	1,803,507

Purposes of restricted funds:**Sarcoma Trust**

Funds retained within the Sarcoma Trust following its status as a linked charity with Sarcoma UK.

Research

Donor restricted funds to support research grants advancing understanding and treatment of sarcoma.

Information and support

Donor restricted funds dedicated to providing support services and trusted information for the sarcoma community.

Awareness, campaigns and education

Donor restricted funds to raise awareness of sarcoma and help improve standards of treatment and care.

Purposes of designated funds:

The trustees have designated funds to support our three core activities in 2025/26:

Research

To expand sarcoma research grants, driving progress towards better treatments and outcomes.

Information and support

To sustain our vital support services, including our helpline and the production of trusted patient information.

Awareness, campaigns and education

To deliver awareness and campaigning initiatives, ensuring sarcoma is better understood and prioritised.

16. Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2025 £	2024 £	2025 £	2024 £
Less than one year	71,484	46,680	-	168
	71,484	46,680	-	168

17. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

SARCOMA UK

England & Wales - Charity number 1139869

Accounts

Company number: 7487432
Charity number: 1139869
Charity number Scotland: SCO44260



Sarcoma UK
Annual Report and Accounts
For the Year Ended 31 March 2024

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Chair of Trustees' Statement

As the new chair of Sarcoma UK, I am honoured and excited to present our Annual Report and Accounts for the year ending March 2024. It is with great pride that I have witnessed our charity's continued growth, expanded reach, increased investment, and amplified impact in the fight against sarcoma.

The devastating impact of sarcoma on individuals and families is something I understand all too well. Its impact is compounded as this rare and complex cancer often goes unrecognised and misdiagnosed, leading to late diagnoses, limited treatment options, and poorer outcomes compared to many other cancers.

In the thirteen years since our establishment, Sarcoma UK has made significant strides in addressing these challenges. We are now over halfway through our 5 year "Tackling Sarcoma Together" strategy, making substantial progress towards our ambitious goals to diagnose sarcoma earlier, ensure patients have better experiences and live longer lives with less long-term effects.

Key achievements from the past year include:

- A record-breaking £1.53 million investment in sarcoma research, including leveraged funds from partners
- Enhanced support for emerging sarcoma researchers
- A 30% increase in new users of our Support Line
- Substantial expansion of information resources for patients and healthcare professionals
- Strengthened advocacy efforts on behalf of sarcoma patients and their families

While these accomplishments are noteworthy, we recognise that there is still much work to be done. For example, we currently engage with only a fraction of the families affected by sarcoma who could benefit from our support. To combat this, our GROW project, launched last year, aims to significantly increase awareness of our services among those diagnosed with sarcoma. Although we've made good progress, we remain committed to reaching every individual affected by this disease.

On behalf of Sarcoma UK's Board of Trustees, I am proud to present this Annual Report and Accounts. With an exciting year ahead and a dedicated team, we remain steadfast in our mission to improve the outcomes and experiences of everyone affected by sarcoma.

Together, we can make a difference in the lives of those impacted by this devastating disease.

Anjula Thompson

Chair of Trustees

Reference and Administrative Details

Company number	7487432 (Limited by guarantee in England and Wales)
Charity number	England and Wales (1139869) Scotland (SCO44260)
Registered office	17/18 Angel Gate, City Road, London, EC1V 2PT www.sarcoma.org.uk info@sarcoma.org.uk 0207 856 0445
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report being approved were as follows: Anjula Thompson (Chair from December 2023) Sharon Reid – Chair (term of office ended December 2023) Hristo Anastasov Dr Fiona Cowie Jamie Ford-Cordes Dr Sally Johnson Dr Aisha Miah Michael Parry Isla Robinson Alan Abraham (appointed October 2023) Duncan Buchanan (appointed December 2023) Gary Davison (appointed December 2023) Leyla Hayes (appointed October 2023) Matthew Treagus (appointed October 2023) Sarah Conneally (term of office ended June 2023) Johanne Vass (term of office ended June 2023) Louisa Nicoll (term of office ended December 2023) Rubinder (Ruby) Sangha (resigned July 2024)
Patron	Richard Whitehead MBE
Chief Executive	Richard Davidson
Bankers	CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Lloyds TSB, National Clubs & Charities, PO Box 1000, BX1 1LY
Solicitors	Brahams Dutt Badrick French LLP, 24 Monument Street, London, EC3R 8AJ
Auditor	Sayer Vincent LLP, 110 Golden Lane, London, EC1Y 0TG

Objectives and Activities

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma.

Our vision

Where everyone affected by sarcoma cancer has the treatment, care and support they need.

Our mission

To ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

Our goals

1. More people will survive sarcoma.
2. More will be known about the causes of sarcoma.
3. Everyone affected by sarcoma will have access to the best treatment and care.

What we do

- Drive awareness of sarcoma cancer.
- Find answers through funding sarcoma research.
- Provide information and support to anyone affected by sarcoma cancer.
- Campaign for better treatments and to improve standards of care.

Sarcoma facts and figures

1. Sarcomas are uncommon cancers that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.
2. Fifteen people are diagnosed with sarcoma every day in the UK. That's about 5,300 people a year.
3. There are over 100 different sub-types of sarcoma.
4. A key symptom of sarcoma is a lump that gets bigger quickly.
5. Sarcoma diagnoses now make up about 1.4% of all cancer diagnoses in the UK.
6. Sarcomas account for about 11% of childhood cancers and about 14% of cancers in teenagers.
7. The majority of people are diagnosed when their sarcoma is about the size of a large tin of baked beans (10cm).
8. Sarcoma survival rates have been very gradually increasing over the last two decades in the UK. The five-year survival rate for sarcoma is 55%.

Fundraising practices

The last few years have necessitated a shift in our fundraising practices as we have sought to diversify our income channels and supporter engagement. We now have a much more balanced fundraising portfolio and stronger digital as well as longer term income streams.

For a charity of our size, we consider ourselves a leader in good fundraising models and we work hard to follow exemplary supporter-led engagement practices. We subscribe to the Fundraising Regulator's Code of Fundraising Practice and we are a member of a number of professional and sector-wide bodies. Our fundraisers are provided with relevant and appropriate training and support whilst they are employed by the charity.

We take safeguarding very seriously and we are especially careful and sensitive when dealing with vulnerable people, including (but not restricted to) those affected by cancer. We have a robust Adults at Risk policy and a designated Safeguarding Officer.

Supporter feedback is an important source of information about how our work impacts on them (and wider members of the public).

Engaging with our supporters, in person, on the telephone and via email, post and social media are essential ways to involve people in our work and progress. This work is only carried out by paid members of our team. To date, we have not employed any external organisations or professional fundraisers to fundraise on our behalf.

In the time period of this report, we are pleased to report that we received no complaints relating to our fundraising activities.

Achievements and Performance

Information and Support

We will equip and empower people affected by sarcoma

What we said we would do:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. We will engage with people closer to the point of diagnosis.
3. We will support patients at every step of their sarcoma journey.

1. Reach everyone who is affected by sarcoma with our support and information

- This year we expanded and enhanced our information and support offering, launching new PIF TICK accredited print and digital resources shaped and driven by the needs of people affected by sarcoma, as well as operating for our first full year with two staff members on each Support Line shift.
- In total we sent out 22,766 information resources, representing a 75% increase on last year. Requests for information resources peaked in June ahead of Sarcoma Awareness Month, linked with the launch of our first Sarcoma Awareness Month pack for supporters and healthcare professionals.

- The Sarcoma UK Support Line saw a 30% increase in new people using the service. In total the team were in contact with 1077 individuals, through 5088 contacts. Double staffing shifts led to a 50% decrease in voicemails left while the line was busy.
- Our flagship information booklet 'Understanding Soft Tissue Sarcoma' was launched at the British Sarcoma Group conference, featuring an updated design, personal stories and more visual information. The resource was developed in collaboration with a team of healthcare professionals and patients.
- To broaden our reach across a wider range of people affected by sarcoma, we developed new webpages on rarer sarcoma subtypes including the four main types of rhabdomyosarcoma, solitary fibrous tumour, desmoplastic small round cell tumour, and endometrial stromal sarcoma. We also launched a new soft tissue sarcoma data hub on our website, which includes incidence, survival statistics, routes to diagnosis and deprivation.
- We improved the visibility of our video content, forming a partnership with YouTube Health, meaning our videos now feature on their new 'health content shelf' and show as being from an authoritative source. We timed this with the launch of a new educational animation video aimed at medical students to teach them about sarcoma.
- We launched an internal task and finish group called GROW (or Growing the Reach of Our Work) which looked at creating a benchmark of our current reach as well as identifying ways that we can grow our reach to healthcare professionals and ultimately patients and families. The group consulted widely and came up with a list of recommended actions which we are now taking forward through our business plan for 2024-25.

2. Engage with people closer to the point of diagnosis

- The Support Line received 118 direct referrals of people newly diagnosed, from a total of 9 sarcoma centers and support groups allowing us to contact people earlier in their sarcoma journey.
- For the second year in a row, pre-diagnosis came in the top three reasons for contact to the Support Line, along with diagnosis and treatments.
- We published a new website hub on genomic testing, which features pages on what genomic testing is, types of genomic tests, how it works, advantages and disadvantages, as well as real-life stories about people who have undergone genomic testing.

3. Support patients at every step of their sarcoma journey

- We continue to work with Sarcoma Support Groups across the UK, attending meetings and hosting a Support Group Leaders Day. This year 3 new Support Groups were established, including a group for parents who have a child that has been diagnosed with sarcoma.
- Sarcoma UK contributed to and supported the recommendations of a Healthcare Service Investigation Branch report into palliative and end of life care across England.
- We published a new palliative care hub on our website, providing practical information and signposting to support for anyone facing problems with advanced, progressive or life-limiting illness.
- We facilitated 48 internal opportunities for involvement with our patient involvement network members, and inducted 25 new members to the patient involvement network over the course of the year.

Research

We will support world-class research

What we said we would do:

1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
2. We will combine our grant funding streams to increase flexibility and efficiency.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
4. We will launch targeted calls for funding in priority areas of research.

1. Fund and support the next generation of sarcoma researchers

- We held the second annual in-person meeting of our PhD Student Network, featuring talks from senior sarcoma researchers and people affected by sarcoma, as well as giving the students the opportunity to meet and share progress on their own research projects.
- In 2023/24 we funded three new PhD studentship projects.

PhD Studentships awarded in 2023/24

Unravelling the Role of the Matrisome in the Growth and Spread of Leiomyosarcoma

Dr Darryl Overby, Imperial College London – PhD studentship

£129,979

This project aims to better understand the cancer cell ‘matrix’, a scaffold of cells providing support to the tissue. Although in healthy cells, the matrix provides signals to prevent uncontrolled growth of cells, in cancer, the matrix becomes disorganised, leading to cancer metastasis and drug resistance. By using a special device thinner than a human hair, the team aim to understand how the cancer cell matrix contributes to uncontrolled growth of cells in leiomyosarcoma. In the longer term, this research could allow clinicians to identify tailored treatments for individual patients.

Overcoming osteosarcoma chemoresistance by understanding and targeting cellular quiescence

Dr Lucia Cottone, University College London – PhD studentship

£129,795

Osteosarcoma is a common bone cancer in children and young adults, but sadly, patients often respond poorly to chemotherapy. The reason why osteosarcoma resists chemotherapy remains unclear, hindering the development of better treatments. This project aims to address this challenge by exploring the process of "quiescence," where some osteosarcoma cells stop dividing and "go to sleep" during chemotherapy, only to "wake up" once the drug levels decrease. A PhD student will investigate these quiescent cells using advanced technologies and test drugs that could make them more sensitive to chemotherapy. Success in this research could lead to better identification of patients less likely to respond to current treatments and pave the way for new therapies, potentially improving outcomes and guiding future clinical trials for those affected by sarcoma.

This project was awarded the Sayako Grace Robinson PhD Studentship, awarded to one PhD research project every year in memory of Sayako Grace Robinson, who died of angiosarcoma in 2014.

Computational analysis of the tumour microenvironment of sarcomas of unmet clinical need for the identification of novel therapeutic strategies

Dr Dean Bryant, University of Southampton – PhD studentship

£114,182

Gastrointestinal stromal tumours (GISTs) are the most common type of sarcoma. GISTs include various cell types, including "normal" cells that communicate with the cancer cells. These interacting cells form the tumour microenvironment, which is important as it helps cancer cells grow and resist treatment. While other cancers have a well-understood microenvironment that informs patient outcomes and treatment strategies, this knowledge is lacking for GISTs. This project aims to fill that gap by using advanced technologies to analyse the GIST tumor microenvironment in detail. Experts in computer science and biology will utilize one of the world's most powerful supercomputers for this complex analysis. Additionally, a PhD student will be trained in this emerging field. The team hope the findings of this research will help other researchers predict which GIST patients will respond well to certain treatments, enabling more personalised and effective treatment options.

We are delighted to be co-funding this project with GIST Cancer UK.

- We brought in more formal processes to govern our Strategic Collaborations Fund, increasing the transparency and structure for researchers applying to us for support for collaborative research.
- Through this fund, we joined forces with the Grace Kelly Childhood Cancer Trust to support a project at the University of Birmingham looking into immunotherapy for childhood sarcomas and contributed to a £1million new collaborative research project using AI to improve sarcoma diagnosis.
- We renewed our collaboration with the Sarah Burkeman Trust for another year, with the Trust contributing £50,000 to one project funded through the Open Grant Round.
- We invited a costed-extension proposal for an existing sarcoma data grant led by Prof Sandra Strauss and funded jointly with the Bone Cancer Research Trust.
- We were delighted to receive £385,671 from the Medical Research Charities Early Career Researcher Support Fund to support sarcoma researchers at early stages of their careers.

Collaborative grants awarded in 2023/24

Deployment of AI for diagnosing and improving prognostication of sarcomas

Prof Adrienne Flanagan, University College London

£ 50,000

Early diagnosis is crucial for effective sarcoma treatment, but the complexity of over 100 subtypes and a shortage of pathologists make accurate diagnosis challenging, leading to delays and increased costs. Building on a grant awarded by Sarcoma UK in 2022, the team will develop a bespoke artificial intelligence (AI)-based network to help diagnose sarcoma, by suggesting relevant tests to confirm diagnoses. The algorithm can currently detect 15 soft tissue sarcomas, but the team aim to increase this to more than 50. They will scan two decades' worth of images, testing the AI tool by running prospective diagnoses through the model. Sarcoma UK's funding will pay technicians to retrieve, scan and analyse slides from the archives. If successful, the AI tool will enable quicker, more accurate diagnoses, reducing the time and resources needed, and allowing patients to access the correct treatment sooner. Additionally, the resulting image library will be a valuable resource for future research and training.

Sarcoma UK's commitment to this project forms part of a larger consortium of funding from others including UKRI, totalling over £600,000.

Investigating the capacity of invariant Natural Killer T cells to reactivate the anti-sarcoma immune response

Dr Carmela de Santo, University of Birmingham

£49,957

Immunotherapy has shown success in treating blood cancers but has been less effective against solid tumours like sarcoma. This is partly due to myeloid-derived suppressor cells (MDSCs), which inhibit the immune response in sarcomas. This project aims to overcome this challenge by activating key immune cells (called iNKT cells). These can in turn stop MDSCs from working, allowing the immune system to target and kill the sarcoma. The team will study the interaction between immune cells and sarcoma cells using real patient samples. The research will determine whether iNKT cells could make immunotherapy more effective in sarcoma patients. Building on promising results in adult trials, this work could lay the groundwork for early-phase clinical trials in children.

We are delighted to be co-funding this project with the Grace Kelly Childhood Cancer Trust. The two charities are making an equal contribution towards the overall project cost of £99,915.

Improving outcomes in sarcoma through analysis and interrogation of national cancer data

Dr Sandra Strauss, University College London

£112,271

This is an uplift to an existing project, analysing patient data to understand and ultimately improve sarcoma care in England. Better knowledge and understanding of how patients with sarcoma are treated within the NHS can help us identify variation in care and the need for improvement, as well as monitor progress. The first stage of the project produced information on incidence and survival for all soft tissue sarcoma subtypes and went on to complete similar analyses for subtypes of bone sarcoma. This new extension focusses on developing methods to classify sarcoma patient pathways and treatments. Starting with Ewing's sarcoma, the team will focus particularly on the order and timing of specialist multi-disciplinary team discussion and treatment modalities, and how this differs between specialist and non-specialist centres. This is an impactful piece of work which will provide a better understanding of how sarcomas are being diagnosed and treated in England, and in the longer term will provide the data to inform management guidelines and service commissioning for these patients.

This is a second uplift to an existing project which is funded in collaboration with the Bone Cancer Research Trust. We are pleased to continue our partnership with BCRT through funding this new costed extension, to which they have contributed £56,135 through a financial payment to Sarcoma UK.

2. Combine our grant funding streams

- We ran our largest Open Grant Round to date, offering over £1 million total funding to projects in any area of sarcoma research. Our Grant Review Panel recommended 15 out of the 25 applications received to the round as being of fundable quality.
- Funding was awarded to 3 PhD studentships (see above), 3 large grants and 4 small grants.

Small and large grants awarded in 2023/24

Deciphering chromosome instability dynamics in single-cell genomic evolution of gastrointestinal sarcoma tumours and its implications on TKI therapies

Dr Sarah McClelland, Bart's Cancer Institute

£50,000

Gastrointestinal stromal tumours (GISTs) account for around 20% of all sarcomas. They show high levels of 'chromosomal instability', a process where cancer cells lose or

rearrange genetic material as they divide and reproduce. The underlying causes of this instability remain unclear. This project aims to identify the 'Achilles heel' associated with chromosomal instability in GIST to develop more effective therapies. The team will use advanced technology to analyse DNA in individual cells, detecting small changes that occur as they grow into a population of cells. By applying this method to GIST for the first time, they hope to uncover why certain cellular processes don't work as they should. Providing key answers as to how and why GISTs change their genomes, the research could lead to more accurate subtype diagnosis, new prognostic markers, and more personalized treatment options for GIST patients, ultimately improving outcomes and guiding further sarcoma research.

We are delighted to be co-funding this project with GIST Cancer UK.

Investigating the Potential of the Heme Oxygenase-1 (HO-1) Inhibitor Tin Mesoporphyrin as an Effective Immunotherapy for Osteosarcoma Pulmonary Metastasis

Dr Agi Grigoriadis, King's College London

£50,000

Osteosarcoma is one of the most common types of bone cancer, often affecting children and young adults. Sadly, outcomes can be poor, especially when it has spread to the lungs. Cancer cells can hijack key immune cells called TAMs, which can make chemotherapy less effective. Previous research has shown that in osteosarcoma, TAMs produce a substance called Heme-Oxygenase 1, which makes the immune system less effective. But a drug called SnMP, usually used for neonatal jaundice, can block HO-1 and potentially reactivate immune cells to work as they should. The team on this project will investigate how SnMP reactivates immune cells, and whether combining SnMP and chemotherapy could be an effective treatment for people whose osteosarcoma has spread to the lungs. If successful, this could advance SnMP to clinical trials as a novel option for patients.

We are delighted to be funding this project through a generous donation from the Sarah Burkeman Trust.

Reassurance or anxiety - how does the intensity of monitoring for recurrent sarcoma impact patients' quality of life and survival?

Dr Laura Magill, Birmingham Centre for Observational and Prospective Studies (BiCOPS).

£49,853

Following surgical treatment for sarcoma, patients undergo follow-up scans to check whether the cancer has grown back or spread to other parts of the body. If the cancer has returned, it is often monitored for a while and further treatment may be offered. It is unclear how frequently scans should be done after surgery to maximise outcome and quality of life, and scans can cause anxiety for patients. In this study, following surgery patients will be allocated or can choose either high or lower intensity follow-up over five years. The team will use questionnaires to monitor wellbeing over time and will then compare quality of life and survival between groups. This will allow a comparison of outcomes when patients have control over their follow-up plans versus when it is determined for them. This project will help optimise sarcoma follow-up to improve patients' quality of life, survival outcomes, quality of care, reduce anxiety and distress and lower costs for patients and the NHS.

This project is the Roger Wilson Award for 2023/24, awarded to one clinical project every year in recognition of Sarcoma UK's founder's commitment to the charity.

Characterisation and modelling of the tumour immune microenvironment in liposarcomas

Dr Zoe Walters, University of Southampton

£149,827

Liposarcoma (LPS) is the most common soft tissue sarcoma, but current treatments like surgery, chemotherapy, and radiotherapy have limited effectiveness. LPS tumour cells can evade detection by inactivating the immune system, and while immunotherapy reactivates the immune response, only a minority of LPS patients benefit from it. This may be in part due to a lack of understanding about how normal cells interact with cancer cells in LPS. Currently, laboratory models only include tumour cells, making it impossible to study the interaction between the two. This project will develop a new model of LPS that includes both cancer and healthy immune cells to study their interactions. The team will profile the immune landscape of LPS tumours from patient samples and create models that mirror these interactions, allowing them to assess responses to immunotherapies. By providing a platform to test patient response to treatment, this research could lead to more personalized treatments and improved clinical trial strategies for LPS patients.

Cell surface proteomic profiling to guide precision immuno-oncology in leiomyosarcoma

Dr Paul Huang, Institute of Cancer Research

£150,000

Leiomyosarcoma is a common subtype of soft tissue sarcoma, but sadly standard treatments often fail to provide long-term benefits. While immunotherapy has shown success in other cancers, it has only helped a small number of leiomyosarcoma patients in clinical trials. This project aims to explore whether immunotherapy can be more effective for leiomyosarcoma by analysing the specific targets on the surface of cancer cells that immunotherapy drugs recognize. The research team will use an 'organ-on-chip' device to mimic how leiomyosarcoma and drugs interact in the body. By testing different combinations and sequences of immunotherapy drugs on both lab-grown cells and real tumour samples, they hope to identify effective treatment strategies. The findings could lead to better understanding of immunotherapy drug targets in leiomyosarcoma, ultimately improving care and outcomes for these patients.

Understanding what helps and hinders survivors of childhood sarcoma to be physically active: qualitative research to inform intervention development

Dr Morven Brown, University of Newcastle

£49,746

Children, teenagers and young adult (CTYA) sarcoma survivors are less physically active than those who have not had cancer, but often also less active than those with different cancer types. There is a lack of support available to these patients. The team on this project will speak to CTYA sarcoma survivors to understand the barriers they face, understand the support they need, and identify techniques to increase their engagement in physical activity. This will inform the development of an intervention which aims to support and improve physical activity levels. An evidence-based physical activity intervention designed for young sarcoma survivors will improve their physical activity levels and therefore improve physical and psychological wellbeing. This will help reduce poor health and protect their heart health for young sarcoma survivors.

Phenotypic characterisation of the immune microenvironment to define mechanisms of responsiveness to immunotherapy in Kaposi Sarcoma

Dr David Pinato, Imperial College London

£149,417

Kaposi sarcoma (KS) is a rare form of skin cancer which can occur in people with HIV. Up to 15% of patients do not respond to HIV treatment alone and require chemotherapy to keep this cancer at bay. But sadly, chemotherapy cannot cure KS and can only manage the cancer for a short while with severe side effects. This project aims to explore immunotherapy, specifically a drug called dostarlimab, as a safer and better alternative for these patients. The team are running a clinical trial where immunotherapy is administered, and tumour samples are collected before and after and tested in the laboratory to investigate if there are certain features which may help us understand which patients may benefit from immunotherapy. The team aim to improve outcomes for patients with KS, and understand who responds best to immunotherapy to personalise treatments to each patient.

3. *Involve people affected by sarcoma in our research programme*

- We continue to involve people affected by sarcoma in all major research initiatives, which have recently included input in both our Research Strategy Committee and Grant Review Panel meetings and inviting patient advocates to present on their experiences at our joint symposium with the Bone Cancer Research Trust.
- We have trained 5 new lay reviewers to join our research funding rounds this year, bringing the total number of active lay review network members to 29. We also welcomed a new lay member, Claire Lupton, to our Grant Review Panel.
- We facilitated new external patient involvement opportunities, including feeding into an application to a major research funder and assisting with setting up a patient involvement panel at the University of Southampton. Network members have also begun working with the surgical team in Birmingham looking at pre-operative psychological support.

4. *Launch targeted calls for funding*

- Our targeted funding call in 2023/24 focused on research projects into ultra-rare sarcoma subtypes. With an available budget of £300,000, three of the five applications brought to the round were deemed fundable by the panel and two were awarded funding.

Ultra-rare sarcoma grants awarded in 2023/24

A comprehensive molecular atlas of epithelioid sarcoma for applications in precision medicine

Dr Paul Huang, Institute of Cancer Research

£149,990

Epithelioid sarcoma is an ultra-rare sarcoma that impacts young adults. Sadly they are very challenging to treat and there are few targeted therapies available, meaning outcomes are often poor. In this project, the team will aim to understand the biology of why epithelioid sarcomas often don't respond to treatment, bringing together leading scientists in the UK, Germany and France. They will conduct analysis on samples to define biomarkers and candidate drug targets, develop more accurate molecular diagnostic tools, and understand the role of the immune system for these cancers and whether immunotherapies have potential. If successful, this project will result in new future treatments for EPS patients, generate a knowledge bank of biological data for the research community, and provide tools for doctors to tailor the most appropriate therapy for individual patients.

Identifying and inhibiting the oncogenic effects of endometrial stromal sarcoma fusion proteins

Prof Richard Jenner, University College London

£149,973

Endometrial stromal sarcoma (ESS) is diagnosed in 30-60 women a year in the UK. Sadly, outcomes can be poor because we do not understand the molecular changes that cause this cancer type. Previous research by the team has found that a fusion protein called JAZF1-SUZ12 causes ESS. In this project, the team will research whether it does this by preventing immune cells from killing endometrial stromal cells. They will also determine whether the fusion proteins found in high-grade ESS have the same effect, or whether they do other things to cells that explain why they cause more severe disease. Finally, they will test whether drugs that inhibit an important enzyme can prevent the damaging effects of fusion proteins. The team hope that this research will lead to new treatments directly targeting the effects of ESS fusion proteins being tested in patients in the future.

5. Work more closely with the sarcoma research community

- Our Research Strategy Committee continued to advise the charity on the direction of our research programme, determining the focus of targeted funding calls, reviewing our collaborations process, and feeding back on our mid-stage research strategy review.
- We worked with colleagues at LifeArc to explore how sarcoma research could be best positioned to capitalise on a new £100m childhood cancer translational challenge which LifeArc will launch in the coming months. We also attended a James Lind Alliance Funders Meeting to stimulate research into agreed JLA priorities for childhood cancers.
- We held scoping calls with members of the sarcoma and diagnostic research communities to define the scope of our collaborative diagnosis funding call with the Bone Cancer Research Trust.
- We welcomed Prof Dan Tennant, Dr Magdalena Meissner, Dr Mahbubl Ahmed, and Dr Nischalan Pillay as new scientific members to our Grant Review Panel to replace those who had reached the end of their term.
- We awarded £14,886 to five workshops and meetings via our Research Workshop Scheme. The scheme aims to encourage networking and collaboration within the sarcoma research community, and this year supported workshops across a broad range of research areas including childhood sarcomas, clinical trials, and subtype-specific work.

Dr Zoe Walters, University of Southampton

Advancing novel therapeutic targets for paediatric soft tissue sarcomas (pSTS), £3,000

Dr Aisha Miah, Royal Marsden Hospital

Development of UK Hypo-Fractionated Radiotherapy Trial for extremity and truncal soft tissue sarcomas, £2,886

Prof Tze Min Wah and Prof Dan Stark, University of Leeds

2nd UK Interventional Radiology Workshop for the management of Desmoid Fibromatosis (DF), £3,000

Dr Abigail Evans, EuroEwing Consortium, University College London

EEC Network Meeting: Planning the next ES trials, £3,000

Dr Paul Huang, Institute of Cancer Research

Leiomyosarcoma Research UK Priorities Workshop, £3,000

Policy

We will build strong and productive relations with healthcare professionals

What we said we would do:

1. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
2. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.

1. Collaborate with healthcare professionals

- The Tricia Moate award was given this year to Olivia Trott, Sarcoma Clinical Nurse Specialist from the Southwest Peninsula sarcoma team.
- Sarcoma UK sponsored 15 Health care professionals to attend the BSG (British Sarcoma Group) conference in 2024 to promote wider engagement with healthcare and research professionals and to broaden cross-team collaboration.
- Sarcoma UK had a number of poster presentations and oral presentations at the BSG conference, highlighting the work we are doing in research, support, patient information, and policy.

2. Facilitate networking and collaboration among healthcare professionals

- We supported a series of regional sarcoma Clinical Nurse Specialist catchups, with one of the team attending the groups in the North, London and Southwest.
- Members of the team also attended the EMSOS conference in Brussels, the EORTC conference in Cyprus and the SPAGN and New Horizons GIST conferences in Dublin.
- We continued to work closely with the Chair of the Sarcoma Advisory Groups (SAGs) to shape the agenda and support meetings of the SAG Chairs' Group about delivery issues and best practice, and have continued to work with the SAGs to progress our projects on genomic testing and diagnostic mapping.

Public Affairs

We will work together with the sarcoma community to achieve earlier, accurate diagnosis

What we said we would do:

1. We will improve the quantity and quality of education on sarcoma for healthcare professionals.
2. We will work to improve referral pathways and improve quick access to scans.
3. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
4. We will prioritise research into the earlier diagnosis of sarcoma.

1. Improve the quantity and quality of education on sarcoma

- We published a new animation video aimed at medical students to teach them about sarcoma. The video, which has been watched 797 times, aims to help to reduce the knowledge gap that healthcare professionals can experience due to sarcoma not appearing on the medical school curriculum.
- We worked with University of Nottingham to produce and promote an e-learning module for physiotherapists on their role in spotting the signs and symptoms of some sarcomas, and how they can help move the patient along the diagnostic pathway within primary care. The module has been undertaken by 1,179 individuals based in the UK.

- The Sarcoma UK Induction package has been shared with 68 individuals newly working in the sarcoma field.
- Members of the team presented to GP trainees training at the University of Canterbury, to the Boehringer Ingelheim staff team, and at the Frimley Health 'Cancer Care across boundaries' webinar session.

2. Improve referral pathways and quick access to scans

- We worked with the Sarcoma Advisory Group Chairs to develop UK-wide maps and supporting information on sarcoma specialist centres and satellite centres. We gathered information on treatment centres for surgery, radiotherapy, and chemotherapy as well as captured data on existing diagnostic routes to specialist centres across the four nations, to better inform patients about their care pathways.
- The Early Diagnosis Steering Group established working groups to help specialist centres focus on referred patients that are at a higher risk of having a sarcoma. The groups aim to develop a national standard for radiology referrals to prevent over-referrals to specialist centres of patients that do not have sarcomas, and to standardise the criteria that GPs use to make referrals.

3. Influence UK governments, the NHS and other policy makers

- For Teenage & Young Adult Cancer Awareness Month, we held drop-in events in the UK and Scottish Parliaments that focused on the need to improve outcomes for young people with sarcoma. We were joined by young people personally affected by sarcoma at both events and spoke to 80 MPs and MSPs.
- We worked with the MP Gerald Jones to raise the issue of sarcoma at Prime Minister's Questions in July. The Deputy Prime Minister agreed to his request for a meeting and the Health Minister met with a family affected by sarcoma to discuss issues in sarcoma care and the need for greater investment in research and new treatments.
- Sarcoma UK collaborated as part of the Specialist Cancer Charity Group of eleven charities on a Citizen Juries project to look at specific issues relating to the care of patients, cancer policy and delivery during 2024.
- We undertook a new project to build a picture of access and barriers to access to genomic testing for sarcoma patients across the UK. Gathering evidence from sarcoma patients and family members, Specialist Sarcoma Centres, and government and NHS leaders in the four nations, we identified the actions that are needed to make sure that there is equitable access for patients to gain from this technology.

4. Prioritise research into early diagnosis of sarcoma

- We began working with the Bone Cancer Research Trust to launch a collaborative funding call for research into early diagnosis to run in 2024-25. Discussions were held with members of the research community to finalise the scope of the call, and we held a joint Improving Sarcoma Diagnosis Research symposium with 80 members of the research and clinical community to raise awareness of this call and inform its scope.
- One of our collaborative research grants also focused on improving the diagnosis of sarcoma. Deployment of AI for diagnosing and improving prognostication of sarcomas (Prof Adrienne Flanagan, University College London). The £50,000 contribution from Sarcoma UK helped the project team to leverage wider funding of over £1million.

Public Awareness

Increase public awareness of sarcoma through higher profile and targeted campaigns.

What we said we would do:

1. Deliver an engaging and awareness raising Sarcoma Awareness Month.
2. Carry out a digital audit with Rally, the online advertising and digital marketing agency.
3. Increase presence with media publications.
4. Deliver a Sarcoma UK Awards Ceremony, a celebration of talent, success, and achievement.

Highlights of the year included:

Sarcoma awareness month

In July, we held our third Sarcoma Awareness Month. with the 'Does Size Matter?' campaign. The campaign focused on the fundamental aspects of sarcoma and the individuals it affects, providing a bold and exciting approach to raise public awareness.

Alongside raising awareness, the campaign aimed to provide further education about sarcoma, directing audiences to supportive digital material and the Support Line. Social media posts highlighted key symptoms, while PR activity in print and digital media featured credible voices of authority from the medical profession.

The 'Does Size Matter?' campaign achieved outstanding outcomes across key social media platforms, generating a reach of almost five million, and driving a 46.6% surge in website traffic. Positive feedback was seen across multiple channels, with notable highlights including TommyInnit's announcement on Twitter that he had become a Celebrity Ambassador for Sarcoma UK, reaching over 1.5 million people, and Jake Quickenden's appearance on the Lorraine show on ITV, demonstrating how to check the body for lumps to a potential audience of 500,000.

Rally digital audit

We carried out a digital audit with Rally. The Digital Communications Manager has outlined a two-year plan to enhance existing digital practices, drive growth, increase awareness and reach and design a robust organisational framework for digital. We continue to implement Phase 1 of the Digital Plan based on those recommendations from the Rally digital audit.

Ambassadors

Sarcoma UK welcomed Graeme Park as our newest Sarcoma UK Celebrity Ambassador. Graeme is a British house music DJ and is widely credited as one of the original founders of the UK's rave/club scene, notably as a leading figure of The Hacienda club in Manchester. Graeme's son Oliver died of sarcoma earlier this year, aged just 18, and he is determined to do all he can to raise funds and awareness.

Research Comms

We had some great research comms output, with the PhD students 'Don't rush challenge', announcing breakthroughs in sarcoma data, being part of NHS Digital's data webinar series, announcing our LifeArc collaboration and funding of three new diagnosis research projects, and press releasing our collaboration with RareCan.

Media Coverage

Sarcoma UK has experienced a fantastic period of increased media exposure over the past year, with a significant rise in both national and regional press coverage. Some of the key highlights include:

- Extensive coverage around the London Marathon 2023, with over 200 regional news stories featuring Sarcoma UK ambassador Lloyd Scott's fundraising efforts, as well as national coverage in outlets like The Daily Mail, The Independent, and BBC News.
- Similar national and regional coverage for Sarcoma UK ambassador Jake Quickenden's participation in the London Marathon, reaching over 200 regional news stories and features in publications like OK Magazine and The Sun.
- 50 news articles in regional press following Sarcoma UK's Teenagers and Young Adults focused parliamentary events, spanning from Portsmouth to Glasgow, including a feature in the Scottish national tabloid The Daily Record.
- Coverage for the launch of Sarcoma UK's "measuring and tracking a lump" resource, which was picked up by regional and Scottish national media.
- High-profile media appearances by ambassadors like Jake Quickenden on ITV's Lorraine and London Live, as well as Sarcoma UK supporter stories featured in outlets like the Southern Daily Echo, Asian Voice, and Welsh broadcaster S4C.
- The announcement of a new celebrity ambassador, YouTube star TommyInnit, received over 1.5 million views on Twitter and led to discussions with the BBC Gaming Team.
- From December to early February, 40 media appearances, including coverage of Sarcoma UK's Shining Star awards, a fundraiser named Sam Sheppard, and 11-year-old Mia Shore's impressive £12,000 fundraising challenge.
- Sarcoma UK issued several strategic press releases, including calls for earlier diagnosis and better care for sarcoma patients, as well as statements reacting to relevant news events like King Charles III's cancer diagnosis.

The Shining Star Awards

Sarcoma UK held its inaugural awards ceremony, 'The Shining Stars,' in November 2023 at 10 Downing Street. It was a wonderful opportunity for the sarcoma community to unite and celebrate talent, success, and achievement. Minister for Cancer Services Will Quince MP sponsored the event, and our celebrity ambassadors were present to announce the winners. The awards generated media coverage, and following their success, we plan to hold the ceremony again in 2024/25.

Overall, Sarcoma UK has seen a significant increase in both proactive and reactive media coverage over the past year, raising crucial awareness about sarcoma and the charity's work. The communications team expects this momentum to continue as they collaborate closely with internal teams to identify more news opportunities and promote the charity's campaigns, research, and support services.

Fundraising

Ensure we have the funds to support our priorities.

What we said we would do:

1. Raise at least £3,200,000.
2. Grow our challenge events portfolio.
3. Childhood cancer collaboration with Leukaemia UK and Brain Tumour Research.

Highlights of the year included:

- The London Marathon remains our flagship fundraising event, with a team of 125 runners raising over £500,000 in the April 2023 marathon.
- We introduced three new virtual events, Step into Spring, Walk For, and Turn the Page which successfully generated both funds and new supporters for the charity.
- Our annual summer event, previously known as the Big Picnic, was rebranded as Cuppa & Cake. It proved highly popular among community fundraisers, leading us to make it a year-round event with active promotion during the summer.
- Our Charity of the Year partnership with Santa in the City raised over £11,000, with 60 runners participating across both evenings.
- Our partnership with David Wilson Homes concluded this year, with staff fundraising efforts collectively raising over £50,000.
- We continued our partnership with Franklin Templeton, including a charity golf day.
- From the sale of TommyInnit's book and podcast, we received £184,000. We are thrilled that Tommy has accepted our invitation to become an ambassador.
- Our annual Christmas Carol Concert at St Giles in the Field Church was a great success, attracting a large audience and featuring special guests, including West End stars and notable TV personalities.
- Off The Kerb, alongside our ambassador Angela Barnes, hosted a sellout comedy evening at the Brighton Dome. The event, featuring acts such as Suzi Ruffell, Adam Hills, Jack Dee, and Romesh Ranganathan, raised £19,000.
- In September 2023, 46 supporters participated in the National Three Peaks Challenge in memory of Gaz Emmerson, raising over £67,000.
- Chancellor Jeremy Hunt hosted an event for Sarcoma UK at the Treasury, highlighting the need for an increased focus on ultra rare sarcomas.
- In September, we launched our We3Can collaboration with Brain Tumour Research and Leukaemia UK. As a collective, the three charities represent 78% of all cancer in children and this partnership aims to raise funds for vital research.
- Sarcoma UK participated in the Big Give Christmas Challenge, raising over £40,000.
- We are grateful for the continued support from Gwen Owen Robinson. Her annual contributions have significantly advanced sarcoma research, enabling eight students to undertake PhD projects through the Sayako Grace Robinson PhD Studentship programme.
- We expanded our regional fundraising efforts by hiring a Community Fundraising Officer in the North.
- Group funds continue to be key supporters of Sarcoma UK.
- Community fundraising remained strong, with numerous supporters hosting their own events.
- We renewed our collaboration with the Sarah Burkeman Trust for another year, receiving £50,000 for a project funded through the Sarcoma UK Open Grant Round.
- Sarcoma UK was awarded £385,671 from the Medical Research Council (MRC) under the UK Government Post Covid Recovery Medical Research Charity Support Fund, providing crucial support for early career researchers.

Operations and Resources

What we said we would do:

1. Create a strong, stable organisation with good governance, systems and processes.
2. Ensure that we have a positive, skilled team with appropriate training and development.
3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.

1. Create a strong, stable organisation with good governance, systems and processes

- In October and December 2023, we welcomed four new trustees to Sarcoma UK. These new trustees will enhance our governance and contribute to a more diverse and representative leadership team.
- We reviewed and updated our website donation process, incorporating new features and payment methods, including QR codes. This update also improved marketing consent capture and gave the site a more modern look. We introduced an option for donors to cover associated fees, which has been met with very positive feedback.
- We increased our use of email automation for event stewardship, allowing participants to receive personalised and timely messages from the Fundraising team.
- We continued to enhance our data governance for all incoming data streams, leading to more accurate and up-to-date contact information for supporters on our database.
- We implemented real-time management and tracking of marketing consent, resulting in an immediate increase in contactable supporters. This system allows us to track where individuals choose to opt-in or out of Sarcoma UK content.
- A Direct Debit payment system has been implemented, which will be the preferred option for regular gifts going forward.

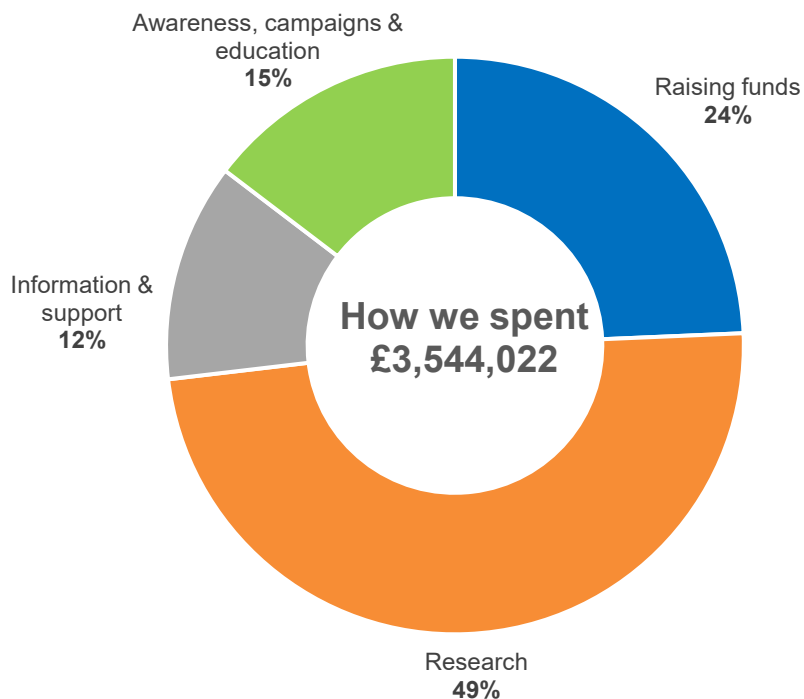
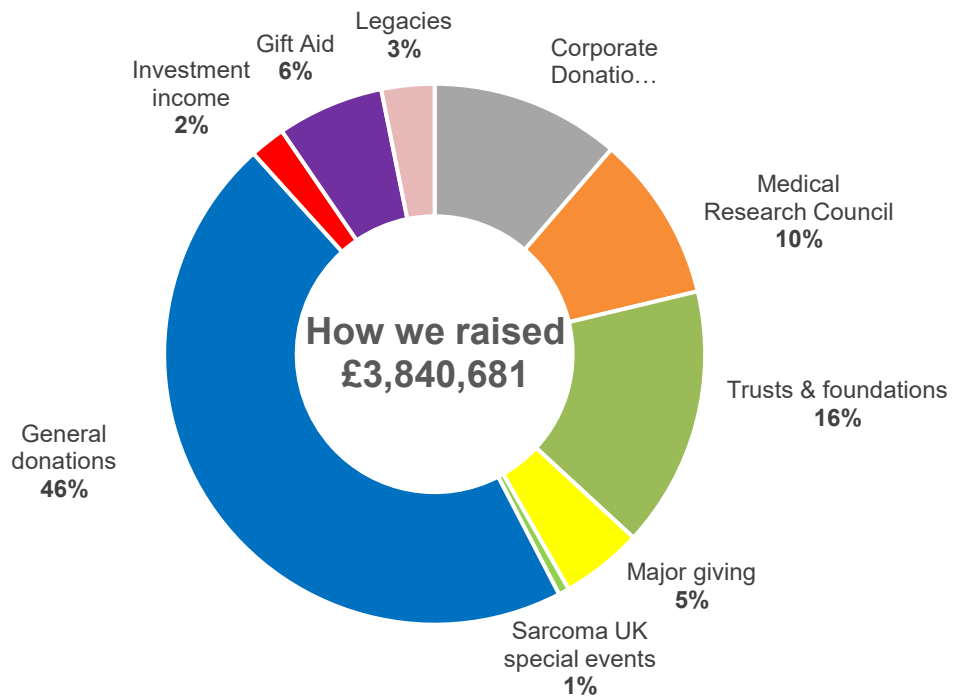
2. A positive, skilled team with appropriate training and development

- The Staff Wellbeing Group continued to enhance staff wellbeing through away days, team-building activities, and wellbeing surveys.
- Many team members participated in project management training. Due to the positive feedback received, we plan to extend this training to all staff in 2024/25 and develop an organisational project management process.
- Our Support Line Manager completed the Whitehall and Industry Group Women's Leadership course.
- We welcomed ten new permanent staff members to our team, enhancing our fundraising, communications, research, and policy and public affairs departments with their skills.

3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind

- The Equality, Diversity, and Inclusion (EDI) Working Group continued to explore ways for Sarcoma UK to engage with the broader sarcoma community and began implementing initial steps towards this goal. This year's main focus included:
 - Introducing an internal EDI Framework, which is now integrated into the decision-making process during the planning stages of new projects.
 - Welcoming four new members to the group in January 2024.
 - Attending a Cultural Awareness and Race Equality workshop, with insights shared with the EDI Group by the Sarcoma UK Patient Involvement Coordinator and CEO.
 - Initiating a review by the communications team to assess platforms, publications, and processes for compliance with accessibility standards.

How we raise and spend our money



The above activities include 11% support costs and 1% governance costs, which have been re-allocated to each activity (see notes to financial statements)

Future Plans

In the coming year we will continue on our path towards achieving the objectives outlined in our strategy to 2026.

Our long-term vision

All people with sarcoma will be diagnosed earlier, have better experiences and live longer lives with less long-term effects.

What this means for people affected by sarcoma



Patients will be diagnosed earlier
(at stage I or II)



Patients will live longer



Patients will have better experiences
of their sarcoma

To achieve this over the next three to five years we will focus on:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Improving education on sarcoma for healthcare professionals.• Increasing awareness of sarcoma.• Improving referral and access to scans.• Prioritising research into the early diagnosis of sarcoma. | <ul style="list-style-type: none">• Ensuring patients have more treatment options.• Ensuring all care is given at specialist centres or involves sarcoma multi-disciplinary teams.• Supporting more targeted treatments.• Improving our understanding of sarcoma and how it develops. | <ul style="list-style-type: none">• Funding research to improve outcomes and quality of life.• Ensuring access to the most appropriate care and support.• Ensuring patients have more access to reliable, transparent information.• Enabling patients to have access to peer support. |
|--|--|--|

We have a detailed plan for 2024/25 including activities and projects aimed at helping us achieve the strategic objectives outlined in our *Tackling Sarcoma Together* organisational strategy. These objectives include:

1. Reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. Engage with people closer to the point of diagnosis.
3. Support patients at every step of their sarcoma journey.
4. Fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
5. Combine our grant funding streams to increase flexibility and efficiency.
6. Involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
7. Launch targeted calls for funding in priority areas of research.
8. Work more closely with the sarcoma research community to shape our research programme and priorities.
9. Collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
10. Facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.
11. Improve the quantity and quality of education on sarcoma for healthcare professionals.
12. Improve referral pathways and improve quick access to scans.
13. Influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
14. Prioritise research into the earlier diagnosis of sarcoma.
15. Create a strong, stable organisation with good governance, systems and processes.
16. Have a positive, skilled team with appropriate training and development.
17. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.
18. Increase public awareness of sarcoma through higher profile and targeted campaigns.
19. Raise the funds to support the priorities above.

Governance, Structure and Management

Legal Entity

Sarcoma UK is a charity registered in England and Wales with the Charity Commission on 17 January 2011, and registered as a charity in Scotland on 12 September 2013. Its governing documents are its memorandum and articles of association. Sarcoma UK is also a company limited by guarantee incorporated with Companies House on 10 January 2011.

Sarcoma UK is sole corporate Trustee of former charity The Sarcoma Trust.

Charitable Objectives

The objectives of the charity are: to promote and protect the physical and mental health of patients with bone and soft tissue sarcomas in the United Kingdom through the provision of information, support, education and practical advice to them, their families and their carers; the relief of sickness and the preservation of health in particular by promoting and supporting research with the publication of the useful results thereof and the development of more effective treatment and care for patients with bone and soft tissue sarcomas; to advance the education of the general public in all areas relating to sarcoma.

Board of Trustees 2023/24

Anjula Thompson (Chair from December 2023)

Anjula qualified as a Solicitor in 1993. She worked in private practice for 10 years and thereafter as a legal officer in the voluntary sector before taking up her current role, in 2005 as a Deputy District Judge, adjudicating in Civil and family cases. Anjula is the wife of Sarcoma UK trustee Dave Thompson who sadly passed away in 2016.

Sharon Reid – Chair (term of office ended December 2023)

Sharon is a former Executive Director and Chief Operating Officer at Edelman, the world's largest PR agency, and has worked in communications for the last 18 years.

Sharon has taken on the role of advisor to the Board of Trustees, offering her expertise when required.

Hristo Anastasov

Hristo has valuable fundraising experience, participating in the Board of Cardiff Round Table charity for two years, where he was responsible for the distribution of funds, as well as supporting the charity in its efforts to raise more. In his work at Amazon, Hristo is in charge of managing the Pet Private Brand Business across Europe, as well as optimising internal ways of working. Hristo is also completing an MBA at one of the world's leading universities and is expanding his network both domestically and internationally. He hopes this will enable him to help Sarcoma UK foster more corporate and NGO partnerships.

Dr Fiona Cowie MBBS FRCR

Fiona Cowie is a Clinical Oncologist at the Beatson West of Scotland Cancer Centre, Glasgow, specialising in the management of adult patients with sarcomas, and children who need radiotherapy. She also undertakes the long term follow up of childhood cancer survivors. Fiona has been actively involved in managing people affected by sarcoma for over 20 years and has been constantly learning about the many different aspects of sarcoma. She has also been involved with paediatric cancer care, Young Adult cancer care and long term follow up after treatment. Fiona also has extensive medical panel and voluntary sector experience, including as a Duke of Edinburgh leader.

Jamie Ford-Cordes FCCA

Jamie has over 30 years experience working in the financial services environment, with the last 10 years as a financial control manager at Santander UK. He is a fully qualified FCCA accountant and has been for over 20 years. Jamie hopes both his work and personal experiences will help provide another perspective and help with the ongoing work being completed at Sarcoma UK.

Dr Sally Johnson

Sally is an experienced NHS GP and medical leader with expertise in clinical governance, quality improvement and the operationalisation of new clinical services. She has 12 years of Board experience as Medical Director and Chief Medical Officer of a number of healthcare organisations that provide NHS primary care, urgent care and private telemedicine. Sally has recent leadership experience in private digital healthcare and the global Covid vaccination programme. Sally has personal experience of sarcoma from when a close friend was diagnosed with sarcoma. After watching her friend's journey, Sally is keen to promote awareness of sarcoma amongst medical professionals to ensure early diagnosis and treatment.

Dr Aisha Miah

Aisha has spent more than a decade as Consultant Clinical Oncologist at the Sarcoma Unit, The Royal Marsden Hospital and is Honorary Faculty of the Division of Radiotherapy and Imaging at The Institute of Cancer Research, delivering on radiotherapy research studies for sarcoma patients. Aisha has also led on the delivery of education and training for Specialist Registrars in London and the South-East as Training Programme Director for Clinical Oncology. From a clinical perspective, she first joined the sarcoma community 10 years ago and quickly learnt the challenges in treating sarcoma and improving knowledge among health care professionals and the public. She represented Sarcoma UK as a member of the Morcellation Task and Finish Group to develop RCOG patient information leaflets and consent advice to raise awareness of uterine sarcomas.

Michael Parry

Michael is a Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital specialising in orthopaedic oncology and primary and revision lower limb arthroplasty. His specialist interests are in orthopaedic oncology and lower limb arthroplasty, with a particular interest in the management of infected joint replacements.

Isla Robinson

Isla Robinson is a freelance Marketing Consultant (Director level) with over 15 years' experience of local and global marketing, including as a lead member of the team for Campari UK. Isla brings her professional expertise to the Board alongside first-hand experience of Ewing's sarcoma with which she was diagnosed in 2011. This was when Isla first discovered Sarcoma UK, and she has since found the charity to be a 'key source' of reliable information.

Alan Abraham (appointed October 2023)

Alan is a sarcoma clinical nurse specialist (CNS) based in Glasgow. He registered as a nurse in 2007 and has been working with sarcoma patients for a large part of the time since. He worked as a staff nurse on an orthopaedic ward where he would be involved in the immediate post-operative care of sarcoma patients who'd had tumour resections, then since 2019 as a CNS.

Duncan Buchanan (appointed December 2023)

Duncan has more than 30 years' experience as a solicitor in the City of London advising trustees of large pension schemes. He first became involved with Sarcoma UK during the pandemic when he provided pro bono advice to the charity on a fundraising initiative it was launching (20 for 20). Since then, Duncan has continued to provide pro bono advice to Sarcoma UK on other initiatives.

Gary Davison (appointed December 2023)

Gary is a retired chartered accountant and worked in the financial services sector for more than 30 years, most recently as European Financial Controller for Bernstein Autonomous LLP. For four years he also chaired the finance committee for a 400-pupil prep school. He hopes his financial experience can help with the financial oversight of Sarcoma UK. In 2018, Gary lost his wife to leiomyosarcoma. The family have been supporters of Sarcoma UK for some time.

Leyla Hayes (appointed October 2023)

Leyla has 20 years of experience working as a broadcast journalist and media professional. She started her career in the Latin American section of BBC World Service after studying Spanish and Portuguese. She then moved to the main newsroom and has worked as a television news reporter for the BBC, ITV and Channel 5 News, covering all types of stories including politics, crime, education and health.

Matthew Treagus (appointed October 2023)

Matthew is Chief Information Officer and Chief of Staff at Oxford Biomedica – a cell and gene therapy innovator. Matthew was a co-founder of AKQA, a pioneer of the digital industry. He is a retiring Partner at Baringa Partners LLP and has previously served as Interim CIO at Save the Children UK. Matthew lost his great friend Chris Martin to sarcoma in 2015. He has been supporting our fundraising efforts since then and joined the Board of Trustees in 2023.

Sarah Conneally (term of office ended June 2023)

Sarah is former Head of Events & Visits at 10 Downing Street, having worked for both David Cameron and Theresa May. Sarah was a colleague of Chris Martin at 10 Downing Street and she led their working group during our charity of the year partnership in 2016. Sarah is now a director at the newly formed Commonwealth Summit Unit, part of the Cabinet Office.

Johanne Vass (term of office ended June 2023)

Jo is a Sarcoma Advanced Nurse Practitioner, the lead for sarcoma nursing services and a key member of the South Wales Sarcoma Multi-Disciplinary Team. She was the first sarcoma specialist nurse to be appointed in South Wales in 2012.

Louisa Nicoll (term of office ended December 2023)

Louisa is a nurse with extensive experience in the delivery of oncological and specialist palliative care services. She is currently Ward Manager at a Sue Ryder hospice in Henley-on-Thames. Louisa's husband was diagnosed with high grade osteosarcoma in March 2016 and sadly died in August 2020.

Ruby Sangha MSc MBA (resigned July 2024)

Ruby has 17 years of experience across the healthcare and life science industry. From working in clinical trials, to helping new and emerging medical devices and digital health technologies access the NHS and meet the needs of patients and doctors. Ruby has also worked in the pharmaceutical industry, leading and establishing partnerships with start-ups. Ruby also works to help government investment programmes determine start-ups that meet the needs of the UK healthcare industry. She has also worked in management consulting in various projects across the pharmaceutical industry, government and NHS.

Sarcoma UK
Report of the Trustees
For the year ended 31 March 2024

The Board continue to follow the Charity Governance Code, to manage and take responsibility for Trustee governance. The Board has two committees, the Nominations and Human Resources (NHR) Committee and the Governance, Risk and Finance (GRF) Committee. The Board have produced a detailed Charity Governance Code assessment document, which is reviewed by the GRF Committee and presented to the Board. As a result the following actions will be incorporated in 2023/24.

1. Formalised Vice Chair role and appointment to start in December 2023.
2. Review of the Sub Committee structure and membership.
3. Changes to the format and content of Board meetings including phasing and frequency.

Nominations and Human Resources Committee (NHR)

Responsible for HR and staffing issues, including staff remuneration. Responsibility for the renewal of tenure, recruitment and appointment of trustees is also delegated to the **NHR Committee** who make recommendations to the Board of Trustees.

Members during the year:

- Isla Robinson - Chair
- Louisa Nicoll (until December 2023)
- Ruby Sangha
- Hristo Anastasov
- Aisha Miah

Governance, Risk and Finance Committee (GRF)

Responsible for overseeing governance, organisational risk and working with the Senior Management Team on finance. The **GRF Committee** make recommendations to the Board of Trustees.

Members during the year:

- Jamie Ford-Cordes – Chair
- Anjula Thompson (until December 2023)
- Sally Johnson
- Matthew Treagus

Trustee Appointment and Induction

Sarcoma UK places a high value on having an informed and skilled Board of Trustees which guides the charity to achieve its ambitious goals.

Trustees serve a three-year term, after which they are eligible for re-election for a further three years.

New trustees are recruited in various ways, according to the skills sought by the Board. Vacancies are advertised in national charity media, through professional networks and via the charity's website and networks. Potential trustees are invited to submit a formal application and attend an interview with the Nomination and Human Resources Committee.

All trustees receive the Trustee Handbook, setting out the role and responsibilities of Sarcoma UK trustees, including the charity's policies and procedures relating to governance. A Register of Trustees' Interests is in place and updated annually.

All new trustees receive the governing document, strategy and business plan, published accounts and minutes of previous Board of Trustee meetings, Trustee Handbook, as well as Charity Commission guidance on effective governance. A formal induction programme is in place, where trustees spend time with the Chief Executive and the Senior Management Team. Trustees are subscribed to Governance publication and are encouraged to attend training and other events for charity trustees.

Organisational Structure

The Board of Trustees sets the strategic direction of Sarcoma UK and approves the main policies of the charity. It appoints and directs the Chief Executive, monitors performance and identifies and manages the major risks facing the charity. The Board meets four times a year. The Board delegates responsibility for the running of the charity to the Chief Executive with clearly communicated and recorded executive limits. The Chief Executive is responsible and accountable for achieving Sarcoma UK's strategic objectives and delivering the annual business plan. A Senior Management Team is in place to support the Chief Executive, providing leadership across key areas of the charity's work, and ensuring delivery of the charity's day-to-day work.

Sarcoma UK's Senior Management Team consisted of:

- Chief Executive
- Director of Finance and Resources
- Director of Fundraising and Communications
- Director of Research, Policy and Support

Sarcoma UK has a policy for reviewing staff salaries, set out in the Staff Handbook. Staff salaries are reviewed annually by the Board of Trustees NHR Committee, on behalf of the Board of Trustees, and benchmarked against voluntary sector pay surveys and inflation. The remuneration of senior management is covered under this policy.

The trustees are grateful to the staff team for the outstanding work they do on behalf of people affected by sarcoma.

Volunteers

The trustees recognise the valuable contribution made by volunteers to Sarcoma UK and wish to record their gratitude for this commitment. These include: members of Sarcoma UK's Grant Review Panel; sarcoma support group leaders; Sarcoma UK's Information Review Panel; Sarcoma UK's Medical Advisory Group, individuals and families who have provided their stories for use as case studies; everyone who has undertaken fundraising and awareness-raising in their communities; everyone who has set up information stands or cheering stations at events; and everyone who has supported Sarcoma UK at events and activities throughout the year. In accordance with accepted practice, no amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Risk management

To manage risk effectively, Sarcoma UK employs a comprehensive risk assessment model. This model identifies major strategic risks, evaluates their likelihood and impact, and outlines measures to mitigate them. The Senior Management Team and the Trustee Governance Risk and Finance Committee (GRF) regularly review the highest-priority risks and establish appropriate actions to address them.

Our risk assessment model categorises risks into the following areas:

- Financial
- Governance
- People
- Technology
- Charitable Activities
- Environmental and External Factors
- Law and Regulation
- Fundraising

The most significant risks identified during 2023/24 include:

1. High staff turnover and key staff departures.
2. Cyber threats.
3. The potential impact of the cost of living crisis, another pandemic, Brexit effects, and an economic downturn.

To address these risks, the following actions have been incorporated into our risk management strategy:

1. Staff Retention: Regularly review the cost of living crisis and the benefits offered to staff, and conduct periodic salary benchmarking exercises.
2. Cyber security: Achieve Cyber Essentials Plus certification to assess and enhance our cyber security measures, providing reassurance to stakeholders and informing our cyber security framework and disaster recovery plan.
3. Income Diversification: Invest in regional staff to diversify income channels and continue to review cost of living and inflation rates regularly.

The trustees are satisfied that appropriate systems are in place and further steps are planned to manage and mitigate these most significant risks.

Grant Making Policy

Sarcoma UK is a member of the Association of Medical Research Charities (AMRC), an organisation of the leading medical and health research charities in the UK. In accordance with AMRC best practices, Sarcoma UK is committed to ensuring the highest standards of accountability, balance, independence, rotation of expertise and impartiality in our research programme.

We work with our Research Strategy Committee in setting and working to a research strategy. Our funding decisions are made based on recommendations from our Grant Review Panel on the basis of the scientific quality of the studies proposed, and the relevance to people affected by sarcoma, while considering the amount of overall funding available. Assessment criteria is published openly on the charity's website.

We hold annual calls for proposals, which are open competition and publicised on our website and to the sarcoma research community. Applications submitted are subject to a preliminary triage of their eligibility. All applications which fall within scope for the call and for which the due diligence process has not identified any unacceptable issues will be considered. Eligible applications undergo a rigorous external review process by sarcoma research experts and people affected by sarcoma. All panel members and external peer reviewers adhere to our Principles of Peer Review Policy, as well as declaring conflicts of interest in line with our Conflicts of Interest Policy. Applicants are offered the opportunity to respond to comments from peer and lay reviewers before applications are discussed by our Grant Review Panel.

Our Grant Review Panel and Research Strategy Committee are made up of independent scientific experts as well as people with a personal connection to sarcoma. The Grant Review Panel considers all peer and lay reviews and responses and scores each application independently and anonymously. The panel then makes recommendations for funding to Sarcoma UK's Board of Trustees, who approve the final grants to be awarded. In accordance with our Conflict of Interest Policy for Grant Review Panel Members, members must absent themselves from any portion of a meeting where discussions involve a grant proposal to which they are connected. They may not participate in related decisions and, in certain cases, may not receive any associated documents.

All grant-holders submit regular progress reports each year and a final report at the end of the project. We keep in regular contact with our grant-holders to assess progress and impact throughout the lifetime of the project and beyond.

Further information: <https://sarcoma.org.uk/our-research/how-we-fund-research>.

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Working with Others

Sarcoma UK recognises that progress towards our goals is maximised when working collaboratively with others who share an interest in improving the lives of people affected by sarcoma. As the only UK charity focusing on all types of sarcoma, we aim to work collaboratively with the whole sarcoma community to achieve our vision for the future. In 2023/24, Sarcoma UK had collaborations with: the Association of Medical Research Charities (AMRC); BMJ Learning; Boom Foundation (Northern Ireland); British Sarcoma Group; The Bone Cancer Research Trust; Cancer 52; Specialist Cancer Charities Group, National Cancer Registry and Analysis Service (NCRAS), Welsh Cancer Intelligence and Surveillance Unit, Information Services Division of the NHS National Services Scotland, N. Ireland Cancer Registry, GIST Cancer UK; National Institute of Health and Care Excellence (NICE); National Sarcoma Forum (of specialist nurses); NHS England; Public Health England, the Sarah Burkeman Trust; Sarcoma Patients GlobalNet; the Scottish Sarcoma Network; the network of sarcoma specialist centres – bone and soft tissue – in England, Wales and Northern Ireland; Sarcoma Advisory Group (SAG) Chairs; the Children and Young People's Cancer Coalition; and our partners in the We3Can initiative.

Financial Review

Income

Sarcoma UK has made excellent progress against its objectives for the year, successfully raising £3,840,681, an increase of 33% from the previous year (2023: £2,889,367). This notable growth is primarily due to enhanced fundraising efforts throughout the year, and a grant from the UK Government Post-Covid Recovery Medical Research Charity Support Fund for the third consecutive year.

The trustees wish to thank all donors for their invaluable support during the year, which is instrumental in helping Sarcoma UK transform the lives of those affected by sarcoma.

Expenditure

Total expenditure rose to £3,544,022 (2023: £2,896,051), representing a 22% increase on the previous year. This increase is primarily due to:

- Increasing research grants payable by £460,024.
- An increase in staff costs by £139,684, following new positions in the research team and fundraising, and a percentage increase in salaries to support staff with the cost of living.
- Office costs increased by £23,240 to account for an increase in desk spaces.
- Sarcoma information production, design and print increased by £15,979 following a new updated soft tissue booklet, educational animation video and a higher volume of booklet reprints.
- Sarcoma UK's contribution to the We3Can collaboration.

Sarcoma UK maintains rigorous financial oversight, utilising robust management and budgetary controls. We are committed to directing a significant portion of our resources toward charitable activities, with 76% of our total expenditure allocated to these efforts. We also focus on minimising fundraising costs. This year, for every £1 spent on fundraising, we raised £4.36, an improvement from the previous year, reflecting a substantial increase in income.

A surplus of £296,659 (2023: deficit £6,684) was made this year and increases total charity funds to £1,803,507 (2023: £1,506,848), of which £5,539 are restricted. The reserves policy is discussed below.

Reserves Policy

The Board of Trustees aim to maintain reserves at a level which equates to approximately six months of operational costs including budgeted salary, rent and support costs. This is approximately £802,000 for the forthcoming year.

Due to the generosity of our supporters and the outstanding performance of Sarcoma UK's fundraising team, the total funds of the charity at 31 March 2024 were £1,803,507 of which £5,539 are restricted. This leaves a balance of £1,797,968 as unrestricted funds. £16,684 of these funds are tied up as fixed assets leaving a balance of £1,781,284, which exceeds the level required by the reserves policy £802,000. Remaining funds of £979,284 will be applied to furthering our mission to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

The Board of Trustees plan to reduce reserves in line with the reserves policy by making additional investments in our charitable activities over the next few years, with a primary focus on the following strategic initiatives in 2024/25:

- Increasing research funding by over £300,000.
- Enhancing investment into the We3Can childhood cancer collaboration campaign.
- Conducting a comprehensive State of the Nation review.
- Commissioning a National Sarcoma Survey.
- Boosting investment in Sarcoma Awareness Month and digital communications, based on recommendations by the Rally digital audit.
- Providing training for Support Group Leaders.
- Supporting early diagnosis projects
- Expanding office space to support a new hybrid working model.
- Implementing recommendations from the GROW project to raise awareness of Sarcoma UK among those affected by sarcoma.

The Board of Trustees monitor reserves very carefully and regularly evaluate investment opportunities to ensure optimal use of funds. The reserves policy will be reviewed in 2025 to ensure it meets the charities future operational needs.

Statement of responsibilities of the trustees

The trustees (who are also directors of Sarcoma UK for the purposes of company law) are responsible for preparing the trustees' annual 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 charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- 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 charitable company 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 charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Sarcoma UK
Report of the Trustees
For the year ended 31 March 2024

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2024 was 18 (2023:13). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees on 23 October 2024 and signed on their behalf by

Anjula Tompson – Chair of Trustees

Acknowledgements

Patron	Richard Whitehead MBE
Founder	Roger Wilson CBE
Celebrity Ambassadors	Jake Quickenden, Gavin Ramjaun, Sandra Dickinson, Mark Osmond, Angela Barnes and TommyInnit.
Ambassadors	Lesley Abraham, Shelagh Allison, Sarah Conneally, Zoe Conway, Jan Cornell, Maddie Cowey, Karen Delin, Dr Alison Dunlop, Andy Eckles, Mark Gould, Amelia Granville, Zoe Homer Emmerson, Prof Ian Judson, Gina Long, Steve Mayer, Louisa Nicoll, Leona O'Neill, Ian Randall, Glenys Stittle, Baroness Liz Sugg, Dr Rachel Taylor, Jasmine Thompson, Zoe Thompson, Jo Vass, Wendy Watkins, Sam Whittam, Dr Jeff White, Glyn Wilmshurst, Sheelagh Wilson and John and Sue Young.

Grant Review Panel

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Dr Madeleine Adams, Consultant Paediatric Oncologist, Children's Hospital for Wales, Cardiff.

Dr Mahbubl (Mabs) Ahmed, Consultant Clinical Oncologist, UCL.

Prof Matthew Allen, Prof of Small Animal Surgery, University of Cambridge (Ad hoc member).

Professor Andrew Beggs, Professor of Cancer Genetics & Surgery, University of Birmingham.

Professor Susan Burchill, Professor of Adolescent and Paediatric Cancer Research, Leeds Institute of Cancer and Pathology, University of Leeds.

Dr Quentin Campbell-Hewson, Consultant Paediatric Oncologist, Great North Children's Hospital in Newcastle upon Tyne.

Dr Louise Carter, Senior Clinical Lecturer in Experimental Cancer Medicine, University of Manchester.

Julia Casimo, lay panel member.

Dr Will English, Lecturer in Medical Education, Norwich Medical School, University of East Anglia and Honorary Research Fellow in the Department of Oncology and Metabolism, University of Sheffield.

Mr Craig Gerrand, Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital.

Professor Rebecca Gladdy, Associate Professor in the Department of Surgery, The University of Toronto and a Principal Investigator at the Lunenfeld-Tanenbaum Research Institute, Canada.

Dr Paul Huang, Team Leader, Division of Molecular Pathology, Institute of Cancer Research.

Becky Hughes, lay panel member.

Claire Lupton, Lay Member.

Dr Magdalena Meissner, Clinical Senior Lecturer, NCRI Sarcoma Group.

Dr Olivier Pardo, Team Leader in Division of Cancer, Imperial College London.

Dr Nischalan Pillay, Group Leader Sarcoma Biology and Genomics, UCL.

Dr Sophie Postel Vinay, Physician Scientist at the Drug Development Department and. U981 INSERM research unit, Gustave Roussy Cancer Centre, France.

Alasdair Punton, lay panel member.

Prof Daniel Tennant, Prof of Biochemistry, University of Birmingham.

Leanne Thorndyke, lay panel member.

Dr Zoë Walters, Associate Professor in TranSupport Lineational Epigenomics, University of Southampton.

The following individuals joined the Grant Review Panel on an ad-hoc basis for Sarcoma UK's Improving Sarcoma Diagnosis Research Round:

Dr Adam Dangoor, Consultant in Medical Oncology, Bristol Cancer Institute.

Dr Rob Turner, Consultant Clinical Oncologist, Leeds Teaching Hospital NHS Trust.

Research Strategy Committee

Professor Bernadette Brennan (chair), Consultant Paediatric Oncologist at the Royal Manchester Children's Hospital.

Dr Cristina Antonescu, Director, Bone and Soft Tissue Pathology, Memorial Support Lineoan Kettering Cancer Centre, New York.

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Chris Copland, lay member.

Dr Fiona Cowie, Clinical Oncologist, Beatson West of Scotland Cancer Centre, Glasgow and Sarcoma UK Trustee.

Professor Rick Haas, nominated Professor of Radiotherapy with a focus on bone and soft tissue sarcomas, Leiden University, The Netherlands.

Professor Bernd Kasper, Medical oncologist and leads Mannheim Cancer Center (MCC), Mannheim University Medical Center, Germany.

Professor Heinrich Kovar, Head of the Molecular Biology of Solid Tumours group, St. Anna Children's Cancer Research Institute Austria.

Emma McCloskey, lay member.

Dr Michael Parry, Consultant Orthopaedic Surgeon, Royal Orthopaedic Hospital and Sarcoma UK Trustee.

Professor Fiona Thistlethwaite, Medical oncology consultant within the Experimental Cancer Medicines Team (ECMT) and Medical Director of the Christie Clinical Research Facility, Manchester.

Professor Gareth Veal, Professor of Cancer Pharmacology, University of Newcastle.

Supporters

Sarcoma UK is deeply grateful to all those who have supported us during the year.

Sarcoma UK could not exist without the kindness of our supporters who contribute to our progress in a wide variety of ways. While many people support the charity through financial donations, others contribute through volunteering, giving their time, energy, passion, and skills.

A huge thank you to all our supporters.

Opinion

We have audited the financial statements of Sarcoma UK (the 'charitable company') for the year ended 31 March 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

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 charitable company 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 Sarcoma UK'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 trustees' 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, except to the extent otherwise explicitly

stated in our report, 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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes 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 charitable company'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 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested

the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: 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 charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior statutory auditor)
15 November 2024

for and on behalf of Sayer Vincent LLP, Statutory Auditor
110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Sarcoma UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2024

	Note	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Income from:							
Donations and legacies	2	2,422,407	1,335,565	3,757,972	2,303,091	568,015	2,871,106
Investments		82,709	-	82,709	18,261	-	18,261
Total income		2,505,116	1,335,565	3,840,681	2,321,352	568,015	2,889,367
Expenditure on:							
Raising funds	3	861,973	-	861,973	772,935	-	772,935
Charitable activities							
Research	3	527,682	1,202,162	1,729,844	714,263	542,340	1,256,603
Information and support	3	304,573	128,701	433,274	358,000	6,373	364,373
Awareness, campaigns and education	3	506,528	12,403	518,931	486,373	15,767	502,140
Total expenditure		2,200,756	1,343,266	3,544,022	2,331,571	564,480	2,896,051
Net income / (expenditure) and net movement in funds for the year	5	304,360	(7,701)	296,659	(10,219)	3,535	(6,684)
Reconciliation of funds:							
Total funds brought forward		1,493,608	13,240	1,506,848	1,503,827	9,705	1,513,532
Total funds carried forward		1,797,968	5,539	1,803,507	1,493,608	13,240	1,506,848

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Sarcoma UK

Balance sheet

Company no. 7487432

As at 31 March 2024

	Note	£	2024 £	£	2023 £
Fixed assets:					
Tangible assets	10		<u>16,684</u>		<u>14,020</u>
			16,684		14,020
Current assets:					
Debtors	11	582,104		590,166	
Short term deposits		416,903		110,878	
Cash and cash equivalents		4,807,105		4,331,906	
			<u>5,806,112</u>	<u>5,032,950</u>	
Liabilities:					
Creditors: amounts falling due within one year	12	1,796,134		1,701,685	
				<u>1,701,685</u>	
Net current assets			<u>4,009,978</u>		<u>3,331,265</u>
Total assets less current liabilities			<u>4,026,662</u>		<u>3,345,285</u>
Creditors: amounts falling due after one year	13		<u>2,223,155</u>		<u>1,838,437</u>
Total net assets	14		<u><u>1,803,507</u></u>		<u><u>1,506,848</u></u>
The funds of the charity:					
Restricted income funds	15		5,539		13,240
Unrestricted income funds:					
Designated funds		-		200,000	
General funds		1,797,968		1,293,608	
			<u>1,797,968</u>	<u>1,493,608</u>	
Total unrestricted funds			<u>1,797,968</u>	<u>1,493,608</u>	
Total charity funds			<u><u>1,803,507</u></u>	<u><u>1,506,848</u></u>	

Approved by the trustees on 23 October 2024 and signed on their behalf by Anjula Thompson

Anjula Thompson
Chair of Trustees

Sarcoma UK

Statement of cash flows

For the year ended 31 March 2024

	2024 £	£	2023 £	£
Cash flows from operating activities:				
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	296,659		(6,684)	
Depreciation charges	6,671		4,699	
Sale of fixed assets	-		496	
Interest	(82,709)		(18,261)	
(Increase) in debtors	8,062		(63,611)	
Increase in creditors	479,167		686,035	
	<hr/>		<hr/>	
Net cash provided by operating activities		707,850		602,674
Cash flows from investing activities:				
Transferred to short term deposits	(306,024)		(1,345)	
Interest received	82,709		18,261	
Loss on disposal of fixed assets	377		536	
Purchase of fixed assets	(9,713)		(6,396)	
	<hr/>		<hr/>	
Net cash (used in) / provided by investing activities		(232,651)		11,056
		<hr/>		<hr/>
Change in cash and cash equivalents in the year		475,199		613,730
Cash and cash equivalents at the beginning of the year		4,331,906		3,718,176
		<hr/>		<hr/>
Cash and cash equivalents at the end of the year		4,807,105		4,331,906
		<hr/> <hr/>		<hr/> <hr/>
Analysis of cash and cash equivalents				
	At 1 April 2023	Cash flows	As at 31 March	
	£	£	2024	
			£	
Cash at bank and in hand	3,915,511	466,759	4,382,270	
Notice deposits (less than three months)	416,395	8,440	424,835	
	<hr/>	<hr/>	<hr/>	
Total cash and cash equivalents	4,331,906	475,199	4,807,105	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	

1 Accounting policies

a) Statutory information

Sarcoma UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address (and principal place of business, if different from the registered office) is 49-51 East Road, London, N1 6AH.

b) Basis of preparation

The financial statements have been prepared in accordance with 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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from revenue grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

1 Accounting policies (continued)

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of raising sarcoma awareness, funding research and providing information and support, all undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are those costs which do not in themselves constitute a charitable or fundraising activity, but are the central office functions necessary to support these activities. They include administration, finance, HR, database, IT and office overhead costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

□ Raising funds	31%
□ Research	13%
□ Information and support	26%
□ Awareness, campaigns and education	30%

l) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 March 2024

1 Accounting policies (continued)

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £250. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

□ Fixtures and fittings	5 years
□ Computer equipment	5 years

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Donations and gifts	2,299,363	1,335,565	3,634,928	2,271,615	568,015	2,839,631
Legacies	123,044	-	123,044	19,475	-	19,475
Donated goods and services	-	-	-	12,000	-	12,000
	<u>2,422,407</u>	<u>1,335,565</u>	<u>3,757,972</u>	<u>2,303,091</u>	<u>568,015</u>	<u>2,871,106</u>

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2024

3a Analysis of expenditure (current year)

	Charitable activities						2024 Total £	2023 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £		
Staff costs (Note 6)	330,174	145,591	259,231	219,214	26,357	212,496	1,193,063	1,053,379
Other staff costs	9,215	8,642	18,829	19,968	149	35,144	91,947	68,458
Research grants payable (Note 4)	-	1,496,857	-	-	-	-	1,496,857	1,036,833
Research support (development scheme)	-	16,473	-	-	-	-	16,473	10,853
Travel & subsistence	420	1,351	2,424	1,917	-	3	6,115	4,397
Fundraising fees	53,705	-	-	-	-	-	53,705	59,288
Fundraising materials	26,415	-	-	-	-	-	26,415	34,460
Events, participation & publicity costs	253,553	-	-	-	-	-	253,553	253,086
Fundraising appeals	6,202	-	-	-	-	-	6,202	3,964
Donor relationship management	4,208	-	-	-	-	-	4,208	5,776
Fundraising Collaborations (We3can)	29,000	-	-	-	-	-	29,000	-
PR & marketing	-	-	-	77,982	-	-	77,982	121,928
Support services	-	-	12,450	-	-	-	12,450	13,711
Awareness & campaigning projects	-	-	-	56,840	-	-	56,840	69,135
Information services	-	-	27,273	-	-	-	27,273	11,294
Office costs	-	-	-	-	-	106,553	106,553	83,313
Office communication costs	-	-	-	-	-	21,352	21,352	15,627
Membership subscriptions	14,072	2,895	51	9,222	2,026	-	28,266	25,404
Trustees development, expenses & meeting costs	-	-	-	-	9,814	-	9,814	3,907
Legal & professional	-	-	-	-	10,573	3,846	14,419	12,176
Insurance	-	-	-	-	-	2,845	2,845	2,931
Bank charges	-	-	-	-	-	1,642	1,642	895
Depreciation & Loss on Disposal	-	-	-	-	-	7,048	7,048	5,235
	726,964	1,671,809	320,258	385,143	48,919	390,929	3,544,022	2,896,051
Support costs	119,994	51,581	100,447	118,908	-	(390,929)	-	-
Governance costs	15,015	6,455	12,569	14,880	(48,919)	-	-	-
Total expenditure 2024	861,973	1,729,844	433,274	518,931	-	-	3,544,022	2,896,051

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2024

3b Analysis of expenditure (previous year)

	Charitable activities						2023 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £	
Staff costs (Note 6)	261,788	131,481	221,246	230,935	22,176	185,753	1,053,379
Other staff costs	11,622	10,344	8,375	2,686	308	35,123	68,458
Research grants payable (Note 4)	-	1,036,833	-	-	-	-	1,036,833
Research support (development scheme)	-	10,853	-	-	-	-	10,853
Travel & subsistence	247	1,036	1,917	979	-	218	4,397
Fundraising fees	59,288	-	-	-	-	-	59,288
Fundraising materials	34,460	-	-	-	-	-	34,460
Events, participation & publicity costs	253,086	-	-	-	-	-	253,086
Fundraising appeals	3,964	-	-	-	-	-	3,964
Donor relationship management	5,776	-	-	-	-	-	5,776
PR & marketing	-	-	-	121,928	-	-	121,928
Support services	-	-	13,711	-	-	-	13,711
Awareness & campaigning projects	-	-	10,725	58,410	-	-	69,135
Information services	-	-	11,294	-	-	-	11,294
Office costs	-	-	-	-	-	83,313	83,313
Office communication costs	-	-	-	-	-	15,627	15,627
Membership subscriptions	20,558	2,672	49	49	2,076	-	25,404
Trustees development, expenses & meeting costs	-	-	-	-	3,907	-	3,907
Legal & professional	-	-	-	-	9,883	2,293	12,176
Insurance	-	-	-	-	-	2,931	2,931
Bank charges	-	-	-	-	-	895	895
Depreciation & Loss on Disposal	-	-	-	-	-	5,235	5,235
	650,789	1,193,219	267,317	414,987	38,350	331,388	2,896,051
Support costs	109,476	56,809	86,989	78,113	-	(331,388)	-
Governance costs	12,669	6,574	10,067	9,040	(38,350)	-	-
Total expenditure 2023	772,935	1,256,603	364,373	502,140	-	-	2,896,051

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2024

4 Grant making

	2024	2025	2026	2027-31	2024	2023
	£	£	£	£	£	£
Grants to institutions:						
University Hospital Sussex NHS Trust	-	-	-	-	-	9,591
University of Edinburgh	-	-	-	-	-	149,882
Newcastle upon Tyne University Hospitals NHS	-	-	-	-	-	149,839
Stipend Uplifts	-	-	-	-	-	21,054
Institute of Cancer Research	-	-	140,631	159,359	299,990	373,905
Imperial College London	-	48,308	91,482	139,606	279,396	149,998
University College London	-	124,847	145,524	171,668	442,039	307,131
University of Southampton	-	-	103,951	160,058	264,009	49,993
University of Birmingham	24,058	25,900	-	-	49,957	-
University of Newcastle	-	-	49,746	-	49,746	-
King's College London	-	-	50,000	-	50,000	-
BiCOPS	-	13,624	14,464	21,765	49,853	-
Barts Cancer Institute	-	50,000	-	-	50,000	-
					1,534,990	1,211,393
Sheffield University (Underspend)					-	(6,573)
University College London Hospitals NHS Foundation Trust (Underspend)					-	(8,082)
Royal National Orthopaedic Hospital (Underspend)					-	(9,850)
Institute of Cancer Research (Cancelled)					-	(148,455)
University College London (Underspend)					(1,252)	(1,599)
Institute of Cancer Research (Underspend)					(246)	-
University of Leeds (Underspend)					(516)	-
Imperial College London (Underspend)					(3)	-
University of Oxford (Underspend)					(3,284)	-
University of Birmingham (Underspend)					(3,858)	-
Royal Marsden (Underspend)					(28,974)	-
At the end of the year					1,496,857	1,036,833

Full details of grant making activities are disclosed on page 8-14 of the report of the trustees.

5 Net expenditure for the year

This is stated after charging / (crediting):

	2024	2023
	£	£
Depreciation	6,671	4,699
Profit on disposal of fixed assets	377	536
Interest received	(82,709)	(18,261)
Operating lease rentals:		
Property	53,760	40,457
Auditor's remuneration (excluding VAT):		
Audit	10,560	8,225

Notes to the financial statements

For the year ended 31 March 2024

6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2024	2023
	£	£
Salaries and wages	1,037,133	915,889
Social security costs	109,700	97,014
Employer's contribution to defined contribution pension schemes	43,191	39,927
Accrued holiday pay	3,039	549
	<u>1,193,063</u>	<u>1,053,379</u>

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year

	2024	2023
	No.	No.
£100,001 - £110,000	1	1
£70,001 - £80,000	2	-
£60,001 - £70,000	-	2

The total employee benefits including pension contributions and national insurance of the key management personnel were £353,140 (2023: £331,637) incurred by 4 (2023: 4) employees.

Sarcoma UK spent £1,193,063 on staff costs, 66% of these staff costs were on those staff who support and directly drive awareness of sarcoma cancer, find answers through research, provide information and support to anyone affected by sarcoma cancer and campaign for better treatments and to improve standards of care. The remaining 34% was on staff who raise the funds required to carry out the above charitable activities.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2023: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £4,821 (2023: £1,128) incurred by 9 (2023: 6) members relating to attendance at meetings of the trustees. The costs shown in note 3 for trustees' development, expenses and meeting costs also include costs relating to trustee meeting lunches, which are not direct trustee expenses relating to attendance at meetings of the trustees.

7 Staff numbers

The average monthly headcount of employees, analysed by activities was:

	2024	2023
	No.	No.
Raising funds	8	6
Research	2	2
Information and support	7	5
Awareness, campaigns and education	5	5
Support and governance (re-allocated to the above activities based on staff time)	5	5
	<u>27</u>	<u>23</u>

Total number of staff by headcount at 31 March 2024 was 30 (including 10 part-time).

8 Related party transactions

Sarcoma UK Trustees and close family personally donated and raised £12,966 (2023: £35,714). This includes money raised through challenge events.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2024

10 Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At the start of the year	29,520	53,802	83,322
Adjustment to previous year disposals	-	(5,343)	(5,343)
Additions in year	-	9,713	9,713
Disposals in year	-	(1,472)	(1,472)
At the end of the year	29,520	56,699	86,220
Depreciation			
At the start of the year	29,520	39,782	69,302
Adjustment to previous year disposals	-	(5,343)	(5,343)
Charge for the year	-	6,671	6,671
Disposals in year	-	(1,095)	(1,095)
At the end of the year	29,520	40,015	69,535
Net book value			
At the end of the year	-	16,684	16,684
At the start of the year	-	14,020	14,020

All of the above assets are used for charitable purposes.

11 Debtors

	2024 £	2023 £
Other debtors	9,450	9,450
Prepayments	373,844	336,597
Accrued income	165,203	244,119
Trade Debtors	33,607	-
	582,104	590,166

12 Creditors: amounts falling due within one year

	2024 £	2023 £
Trade creditors	155,713	156,110
Taxation and social security	27,612	23,855
Other creditors	7,710	6,806
Accruals	205,046	109,130
Deferred income	29,640	-
We3Can Collaboration	13,106	-
Grants payable	1,357,305	1,405,784
	1,796,134	1,701,685

13 Creditors: amounts falling due after one year

	2024 £	2023 £
Grants payable:		
1 - 2 years	1,270,408	1,102,730
2 - 5 years	952,748	735,707
	2,223,155	1,838,437

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2024

14a Analysis of net assets between funds (current year)

	General unrestricted £	Restricted £	Total Funds £
Tangible fixed assets	16,684	-	16,684
Net current assets	4,004,439	5,539	4,009,978
Long term liabilities	(2,223,155)	-	(2,223,155)
Net assets at 31 March 2024	1,797,968	5,539	1,803,507

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	14,020	-	-	14,020
Net current assets	3,118,025	200,000	13,240	3,331,265
Long term liabilities	(1,838,437)	-	-	(1,838,437)
Net assets at 31 March 2023	1,293,608	200,000	13,240	1,506,848

15a Movements in funds (current year)

	At 1 April 2023 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2024 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	1,205,077	(1,202,162)	-	2,914
Information and support	500	128,613	(128,701)	-	413
Awareness, campaigns and education	12,730	1,875	(12,403)	-	2,202
Total restricted funds	13,240	1,335,565	(1,343,266)	-	5,539
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	-	-
Information and support	100,000	-	(100,000)	-	-
Total designated funds	200,000	-	(200,000)	-	-
General funds	1,293,608	2,505,116	(2,000,756)	-	1,797,968
Total unrestricted funds	1,493,608	2,505,116	(2,200,756)	-	1,797,968
Total funds	1,506,848	3,840,681	(3,544,021)	-	1,803,507

15b Movements in funds (prior year)

	At 31 March 2022 £	Income and gains £	Expenditure and losses £	Transfers £	At 1 April 2023 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	542,340	(542,340)	-	-
Information and support	5,000	1,873	(6,373)	-	500
Awareness, campaigns and education	4,695	23,803	(15,767)	-	12,731
Total restricted funds	9,705	568,015	(564,480)	-	13,240
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,303,827	2,321,352	(2,131,571)	(200,000)	1,293,608
Total unrestricted funds	1,503,827	2,321,352	(2,331,571)	-	1,493,608
Total funds	1,513,532	2,889,367	(2,896,051)	-	1,506,848

Notes to the financial statements

For the year ended 31 March 2024

Purposes of restricted funds:**Sarcoma Trust**

These funds represent the amounts retained within the Sarcoma Trust after becoming a linked charity with Sarcoma UK.

Research

These funds are to be used specifically towards research grants, as requested by the donor.

Information and Support

These funds are to be used specifically towards the provision of support and information for the sarcoma community, as requested by the donor.

Awareness, Campaigns and Education

These funds are to be used specifically towards raising awareness and improving standards of treatment and care, as requested by the donor.

16 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2024	2023	2024	2023
	£	£	£	£
Less than one year	46,680	13,440	168	1,678
	46,680	13,440	168	1,678

17 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

SARCOMA UK

England & Wales - Charity number 1139869

Accounts

Company number: 7487432
Charity number: 1139869
Charity number Scotland: SCO44260



Sarcoma UK
Annual Report and Accounts
For the Year Ended 31 March 2023

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Chair of Trustees' Statement

I am delighted to share Sarcoma UK's Annual Report and Accounts for the year ending March 2023. The charity is going from strength to strength and progress is being made in terms of our growth, our reach, our investment and our impact.

Sarcoma is a relatively rare cancer but 5,300 people in the UK are given a diagnosis of the disease every year. Due to its relative rarity and complexity, awareness is low, diagnosis is often late, treatment options are limited and outcomes are worse than for many cancers.

We are committed to addressing these challenges and in the twelve years since we were established we have made solid progress. We are almost half way through our Tackling Sarcoma Together strategy and we are making inroads in the stretching targets we have set ourselves.

The last year saw:

- Our largest ever investment in sarcoma research (£1.2 million)
- Greater support for the next generation of sarcoma researchers
- Doubling of our Support Line capacity
- A huge increase in the amount of information we provide to patients and healthcare professionals
- An overhaul of our website so that it is much more accessible and engaging
- Increases in our work advocating on behalf of sarcoma patients and their families.

However, we must not be complacent. We know that we are only engaging with a fraction of those families affected by the disease that we could help. We are committed to reaching everyone who has received a sarcoma diagnosis.

This is my final year as Sarcoma UK chair and I am proud of all that we have achieved. The last few years have been difficult and although the challenges ahead are significant, I am confident that Sarcoma UK is well placed to face them and the charity has a bright and successful future.

Sharon Reid
Chair of Trustee

Reference and Administrative Details

Company number	7487432 (Limited by guarantee in England and Wales)
Charity number	England and Wales (1139869) Scotland (SCO44260)
Registered office	17/18 Angel Gate, City Road, London, EC1V 2PT www.sarcoma.org.uk info@sarcoma.org.uk 0207 856 0445
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report being approved were as follows: Sharon Reid (Chair) Louisa Nicoll Michael Parry Isla Robinson Anjula Thompson Rubinder (Ruby) Sangha (appointed June 2022) Hristo Anastasov (appointed June 2022) Jamie Ford-Cordes (appointed June 2022) Dr Aisha Miah (appointed October 2022) Dr Sally Johnson (appointed October 2022) Dr Fiona Cowie (appointed December 2022) Matthew Treagus (appointed October 2023) Leyla Hayes (appointed October 2023) Alan Abraham (appointed October 2023) Andy Eckles (term of office ended October 2022) Professor Ian Judson (term of office ended October 2022) Sarah Conneally (term of office ended June 2023) Johanne Vass (term of office ended June 2023)
Patron	Richard Whitehead MBE
Chief Executive	Richard Davidson
Bankers	CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Lloyds TSB, National Clubs & Charities, PO Box 1000, BX1 1LY
Solicitors	Brahams Dutt Badrick French LLP, 24 Monument Street, London, EC3R 8AJ
Auditor	Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London, EC1Y 0TL

Objectives and Activities

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma.

Our vision

Where everyone affected by sarcoma cancer has the treatment, care and support they need.

Our mission

To ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

Our goals

1. More people will survive sarcoma.
2. More will be known about the causes of sarcoma.
3. Everyone affected by sarcoma will have access to the best treatment and care.

What we do

- Drive awareness of sarcoma cancer.
- Find answers through funding sarcoma research.
- Provide information and support to anyone affected by sarcoma cancer.
- Campaign for better treatments and to improve standards of care.

Sarcoma facts and figures

1. Sarcomas are uncommon cancers that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.
2. Fifteen people are diagnosed with sarcoma every day in the UK. That's about 5,300 people a year.
3. There are over 100 different sub-types of sarcoma.
4. A key symptom of sarcoma is a lump that gets bigger quickly.
5. Sarcoma diagnoses now make up about 1.4% of all cancer diagnoses in the UK.
6. Sarcomas account for about 11% of childhood cancers and about 14% of cancers in teenagers.
7. The majority of people are diagnosed when their sarcoma is about the size of a large tin of baked beans (10cm).
8. Sarcoma survival rates have been very gradually increasing over the last two decades in the UK. The five-year survival rate for sarcoma is 55%.

Fundraising practices

The last few years have necessitated a shift in our fundraising practices as we have sought to diversify our income channels and supporter engagement. We now have a much more balanced fundraising portfolio and stronger digital as well as longer term income streams.

For a charity of our size, we consider ourselves a leader in good fundraising models and we work hard to follow exemplary supporter-led engagement practices. We subscribe to the Fundraising Regulator's Code of Fundraising Practice and we are a member of a number of professional and sector-wide bodies. Our fundraisers are provided with relevant and appropriate training and support whilst they are employed by the charity.

We take safeguarding very seriously and we are especially careful and sensitive when dealing with vulnerable people, including (but not restricted to) those affected by cancer. We have a robust Adults at Risk policy and a designated Safeguarding Officer.

Supporter feedback is an important source of information about how our work impacts on them (and wider members of the public).

Engaging with our supporters, in person, on the telephone and via email, post and social media are essential ways to involve people in our work and progress. This work is only carried out by paid members of our team. To date, we have not employed any external organisations or professional fundraisers to fundraise on our behalf.

In the time period of this report, we are pleased to report that we received no complaints relating to our fundraising activities.

Achievements and Performance

Information and Support

We will equip and empower people affected by sarcoma

How will this be achieved:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. We will engage with people closer to the point of diagnosis.
3. We will support patients at every step of their sarcoma journey.

1. Reach everyone who is affected by sarcoma with our support and information

- The Support Line team have had 4,622 contacts with 827 individuals this year. This was an increase in the number of contacts of 35% on last year's figures and an increase of 8% in the number of individuals. Over the year the team came into contact with an average of 55 new individuals each month.
- From January 2023 staffing of the Support Line was increased to two members of the team covering each day, to meet the rising demand from people contacting the line. In the first three months of this double staffing the team saw an increase in the number of phone call contacts by 66% and a decrease in the number of voicemails being left for the team of 54%.

- We wrote and published two new print information resources over the year:
 - We published Understanding Liposarcoma in May 2022 and sent out 1,063 copies over the year.
 - We published Understanding Leiomyosarcoma in January 2022 and sent out 503 copies by the end of March 2023.
- We published ten digital information resources on our website on the rarer subtypes of sarcoma, and developed seventeen new digital information resources on our website aimed at children, teenagers and young adults with sarcoma as well as their loved ones.
- During Sarcoma Awareness Month, we created 33 information-based social media posts that reached over 80,000 people.
- We continued to play an active role in the Sarcoma Patient Advocacy Global Network (SPAGN) and to engage with other sarcoma charitable organisations across the globe.

2. Engage with people closer to the point of diagnosis

- We launched our first animation video, titled ‘Do I have sarcoma?’, targeted at people who might be experiencing symptoms of sarcoma. The video was shared widely during Sarcoma Awareness Month and became one of our best posts in terms of reach and engagement, reaching over 48,000 accounts.
- We published a video and webpage on how to track and measure a lump, which offers information so that people can inform their GP of any changes – enhancing their chance of referral for further tests where necessary.
- We worked with external agencies to improve our Search Engine Optimisation on pages which are relevant for those yet to receive a sarcoma diagnosis.
- The Support Line direct referrals system expanded and we now offer the service to six teams. Wales, Northern Ireland, Preston, Oswestry, Brighton, and Bournemouth.

3. Support patients at every step of their sarcoma journey

- During Sarcoma Awareness Month we held three webinars in collaboration with the Bone Cancer Research Trust and GIST Cancer UK in relation to the major subtype areas of sarcoma. These were all made available on our YouTube channel and Facebook and have received over 3,400 views between them.
- We made connections with and are now supporting two new sarcoma support groups. One is a Facebook group for people with endometrial stromal sarcoma, and the other is a bone sarcoma peer-to-peer support group.
- We formed a working relationship with the NIHR to collaborate on our respective clinical trials hubs, to ensure that we’re capturing the most accurate data on sarcoma trials and their recruitment status.
- We held a number of focus groups and interviews with people who have had experience of palliative care for sarcoma, to help shape our work on producing an information resource on palliative care.
- We supported and contributed to a Healthcare Safety Investigation Branch (HSIB) investigation into palliative care services for sarcoma patients.

Research

We will support world-class research

How will this be achieved:

1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
2. We will combine our grant funding streams to increase flexibility and efficiency.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
4. We will launch targeted calls for funding in priority areas of research.

1. Fund and support the next generation of sarcoma researchers

- In 2022-23 we funded one new PhD studentship project, awarded to Dr Nischalan Pillay at University College London:

Using single cell signatures and proteolysis targeting chimeras (PROTACs) for targeted degradation of clear cell sarcoma

Dr Nischalan Pillay, University College London – PhD studentship

£119,479

This project aims to better understand the biology of clear cell sarcoma, an ultra-rare subtype commonly affecting young people. Working with scientists from the University of Oxford, the team will analyse more than 100 samples of clear cell sarcoma using cutting edge cell sequencing technology. They aim to understand how clear cell sarcoma cells differ from those around them and identify subpopulations of cells that could be targeted by drugs. They will then use this data to undertake pioneering pre-clinical drug discovery work to design a new and exciting class of drugs called PROTACs. The work on this project should improve our understanding of clear cell sarcoma, as well as provide vital evidence for early-stage clinical trials.

This project is the 2022 Sayako Grace Robinson PhD Studentship, awarded to one PhD research project every year in memory of Sayako Grace Robinson, who died of angiosarcoma in 2014.

- We founded Sarcoma UK's PhD Student Network. The network brings together the charity's funded PhD students and allows them to connect with one another, learn from senior sarcoma researchers, meet people affected by sarcoma and understand Sarcoma UK as a charity and the priorities of our patient community. The network members met for the first time at an in-person meeting in June and again at a virtual meeting in January 2023.
- Sarcoma UK-branded lab coats were also created and sent to all funded PhD students to encourage a sense of engagement and connection with the charity.
- We awarded an uplift to our funded PhD student stipends in response to a 10% increase in the UK Research and Innovation minimum stipend due to the rising cost of living.
- We secured £293,388 from the Government's Medical Research Charities COVID Support Fund to support our existing PhD studentships.

2. Combine our grant funding streams

- 2022-23 was the second successful year of welcoming applications from across the sarcoma research space via one open grant round. We received 19 applications to this round and awarded funding to one PhD studentship, 5 large grants and 2 small grants.

Small and large grants awarded in 2022/23

Defining the Tumour Microenvironment of Gastrointestinal Stromal Tumours (GIST) to identify novel therapeutic strategies

Dr Zoë Walters, University of Southampton

£49,993

Gastrointestinal stromal tumours (GISTs) are the most common subtype of sarcoma, but have a poor prognosis upon recurrence. For the first time in GIST, this pilot project studies the tumour microenvironment (TME) which has been shown in other cancers to promote cancer cell growth and spread. The team will use new technologies to locate each cell type within the tumour and create detailed maps. The team will do this both for the 'original' tumour and from samples of those that have spread to other parts of the body. Comparing these maps will help them find differences in the TME between patients whose tumours are successfully treated and patients whose tumours return after treatment.

Surveillance AFter Extremity Tumor surgery (SAFETY)

Dr Kenneth Rankin, Newcastle Upon Tyne University Hospitals

£149,839

Surveillance strategies for sarcoma have not been well-researched, meaning that approaches differ between different centres. This clinical trial allocates participants to one of four different treatments; CT scans every 3 or 6 months, or chest X-rays every 3 or 6 months. The team will investigate how effective these different options are, in terms of improved survival, any complications, and how it affects overall quality of life for patients. The SAFETY trial is already running across multiple centres in Europe and America, so Sarcoma UK's funding will enable 120 UK-based sarcoma patients to benefit. It is hoped this work will provide the evidence to ensure that patient care and follow-up is as effective as it can be, based on high quality evidence.

Identification of biomarkers of drug sensitivity in leiomyosarcoma

Prof Valerie Brunton, University of Edinburgh

£149,882

This project will carry out a series of tests to identify new drugs which could improve outcomes for patients with leiomyosarcoma. The team will use different models of leiomyosarcoma in the laboratory and test them with different drugs. They will then use a detailed type of genetic testing to spot genetic changes which may predict if a drug is effective. Finally, they will compare these results with real-life patient samples to see if these genetic changes relate to a positive response to the drugs. If successful, this research could select the right patients to take part in clinical trials and ensure the right drug is offered to the right person.

A translational tumour explant-based platform for assessing drug resistance mechanisms and microenvironmental features in intra-abdominal leiomyosarcomas

Prof Robin Jones, Institute of Cancer Research

£149,928

Drug resistance is one of the biggest issues in treating sarcomas. This project aims to understand why some intra-abdominal leiomyosarcomas, which can have very poor outcomes, can be resistant to treatment. The team will create cutting-edge tumour 'avatars' in the laboratory, which mimic how the cancer behaves in the body. Using these avatars, the team will monitor changes in the growth and death of sarcoma cells when they are supplied with different treatments. This project will improve our understanding of how sarcomas respond to treatment and how drug resistance happens. In the long run, this work could help inform new clinical trials and treatment options for patients.

Characterisation of the proteomic landscape of gynaecological sarcomas for applications in precision oncology

Dr Paul Huang, Institute of Cancer Research

£149,750

Gaps in understanding and a lack of targeted therapies means that gynaecological sarcomas have not seen the improvement in survival rates seen in other gynaecological cancers recently. This project will analyse the biological features of gynaecological sarcomas. The team will carry out molecular analysis of surgical tissue taken from 98 gynaecological sarcoma patient samples to spot potential drug targets. They will compare these with patients' immune profiles to work out who is most at risk of their sarcoma returning or spreading. This research could help find new treatments for gynaecological sarcomas, generate a knowledge bank of data and help match patients to the best treatment for them.

This project is being fully funded by a generous donation from the Sarah Burkeman Trust.

Multi-omic analysis of epithelioid sarcoma: an expanded cohort to validate preliminary data and to unravel the complexity of epithelioid sarcomas genomes

Prof Adrienne Flanagan, University College London

£ 41,860

This project will expand a study of epithelioid sarcoma previous funded by Sarcoma UK, which uncovered features of this subtype and demonstrated similarities between epithelioid sarcoma and other cancers. This work will perform validation experiments in a larger case set and will carry out long read sequencing of epithelioid sarcoma to analyse the whole genome and provide information to help treat patients. This work will generate the largest publicly available dataset of epithelioid sarcomas worldwide and the team hope to generate a biomarker that can distinguish between two types of epithelioid sarcoma, to inform clinical trial selection.

- We undertook a substantial audit of our research programme and funding portfolio, assessing the types of investment and impact across our different funding streams since 2009.

3. Involve people affected by sarcoma in our research programme

- For the second year in a row all applications received to the charity's funding calls received assessment from people affected by sarcoma, from a pool of 30 trained lay reviewers. We also welcomed Julia Casimo to our Grant Review Panel as a lay member.
- We held a number of focus groups with people affected by sarcoma to better understand their priorities around sarcoma research. The sessions were hugely informative and will feed into long-term strategic planning for the charity.
- Working with members of the sarcoma research community, we facilitated multiple ad-hoc opportunities to involve people affected by sarcoma in research. Such initiatives have included reviews of early-stage proposals, promotion of research surveys to our patient community, identifying people willing to share their experiences to improve research projects, and matching individuals to patient and public involvement panels.

4. Launch targeted calls for funding

- We ran our first strategic funding call since our Genomics Research Programme formally ended. This was focussed on improving diagnosis of sarcoma, and welcomed applications which would support making sarcoma diagnosis earlier, faster or more accurate, with a preference for projects with likely patient impact within five years. We received three applications to the call and funded two large grants:

Grants awarded via Sarcoma UK's Improving Sarcoma Diagnosis research call

Innovative metabolomics-based technologies to improve the diagnosis and surgical management of gynaecological sarcomas

Professor Maria Kyrgiou, Imperial College London

£149,998

This project aims to develop a piece of technology to help spot gynaecological sarcomas, to improve both diagnosis and surgery. Imperial College London previously developed the iKnife for other gynaecological cancers. The tool works by analysing the smoke produced from some surgical techniques, to tell the difference between normal and cancer tissue. This method works, but the burning damages tissue, which means that not all types of cells can be detected. To analyse the cells without causing this damage, the team aims to use a rapidly heating robot-guided laser to remove a single layer of cells from the uterine wall. These can then be analysed to create a 'map' of the areas to remove. The tool should help ensure that all the sarcoma is removed during surgery, and longer term that it can help diagnose uterine sarcomas faster and earlier.

Improving Sarcoma Diagnostics Through Exploiting Genomic Data

Professor Adrienne Flanagan, University College London

£145,792

This project aims to improve the delivery of the sarcoma whole genome sequencing service in the NHS. Whole genome sequencing analyses all the genes in both the sarcoma and the patient, which can help make the right subtype diagnosis and inform possible treatments. This project will employ a clinical scientist to train as a sarcoma genomics specialist and network with six genomic laboratory hubs to encourage best practice and make the service more effective. They will also compare results from whole genome sequencing with other types of genetic testing to see which method produces the best outcomes. Improved knowledge of genomics may contribute to patients receiving faster and more accurate diagnoses, and could help develop personalised therapies in the future.

- In collaboration with members of the research community and our Research Strategy Committee, we scoped our targeted funding call for 2023-24, to be focussed on ultra-rare sarcoma subtypes (with an incidence of less than 1 per million).

5. Work more closely with the sarcoma research community

- We awarded over £11,000 to four workshops and meetings via our Research Workshop Scheme, to encourage networking and collaboration within the sarcoma research community.

Prof Tze Min Wah and Prof Dan Stark, University of Leeds

UK Interventional Radiology Workshop for the management of desmoid fibromatosis (DF), £3,000

Dr Francesco Crea, The Open University

Personalised epigenetic therapies for sarcoma, £2,064

Dr Sherron Furtado and Mr Craig Gerrand, Royal National Orthopaedic Hospital NHS Trust, Stanmore

Supporting Collaboration for Research and Innovation in Sarcoma Rehabilitation (SCORE), £3,000

Dr Rachel Taylor, University College London Hospitals NHS Foundation Trust

Developing the intervention study from REASSURE_ME to help patients cope with fear of recurrence, £3,000

- We welcomed five new scientific members to our Grant Review Panel to replace those who had sadly reached the end of their term.
- 2022-23 saw the first piece of research commissioned by Sarcoma UK:

A retrospective audit of the sarcoma pathway within a radiologist-led satellite diagnostic sarcoma centre with a focus on improving the early stages of the diagnostic pathway
Dr John Bush, University Hospitals Sussex NHS Trust
£9,591

This project will carry out a retrospective audit of patients referred into the soft tissue sarcoma service at University Hospital Sussex between 2017-2022. The team will analyse the number and appropriateness of referrals and correlate these to test results and treatment outcomes, as well as exploring sources of dissatisfaction from patient questionnaires. Sarcoma services have long been under intense pressure, causing long waiting times and issues in care, so it is hoped the recommendations resulting from this research will reduce delays and improve patient experience.

- We launched a new collaboration with LifeArc, building on an application we originally funded through our 2021-22 Open Grant Round. As co-funders, we jointly awarded £148,454 to Dr Paul Huang at the Institute of Cancer Research for the following research project:

Prospective evaluation of KARSARC - a gene expression-based risk classifier for patients with soft tissue sarcomas treated with pazopanib
Dr Paul Huang, Institute of Cancer Research
£ 74,227

Pazopanib is given as a standard treatment for many patients with soft tissue sarcoma, but responses can vary between patients. Dr Huang and colleagues have developed a clinical tool known as the KARSARC test that can predict which patients with soft tissue sarcoma will receive long-term benefit following treatment with pazopanib. In collaboration with MD Anderson Cancer Centre in the US, this project aims to use the KARSARC test in a clinical trial involving 145 patients with soft tissue sarcoma to help ensure each patient receives the most appropriate treatment for them. The team hope to progress the test to the next stage of development if successful.

- In 2022-23 we officially launched our Research Strategy Committee, which advises the charity on the direction and implantation of our research strategy. Its international membership is comprised of academics, clinicians and scientists within the sarcoma field and from other cancers, as well as people affected by sarcoma.
- We launched a new research collaboration with the Sarah Burkeman Trust, a charitable foundation with a focus on translational research into sarcoma. The Trust committed the funds to fully support a project supported through our 2022-23 Open Grant Round; the project is led by Dr Paul Huang at the Institute of Cancer Research.
- We continued our existing research collaboration with the Bone Cancer Research Trust to fund a project analysing bone sarcoma data held by the National Cancer Registration and Analysis Service (NCRAS).
- We attended a number of major sarcoma research conferences, including the Sarcoma GeCIP meeting, European Musculoskeletal Oncology Society (EMSOS) conference, the Connective Tissue Oncology Society (CTOS) conference, and the British Sarcoma Group (BSG) conference. We also visited a number of our funded grant-holders and members of the research community at the University of Birmingham, the University of Manchester, the University of Southampton, the Wellcome Sanger Institute and the Institute of Cancer Research.

- We lent our support in kind to a number of sarcoma research projects in the community, enabling a number of applications to larger funders to come to fruition.

Policy

We will build strong and productive relations with healthcare professionals

How will this be achieved:

1. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
2. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.

1. Collaborate with healthcare professionals

- Our staff team worked with the specialist teams including visits to the Northern Ireland team, The Royal Marsden and UCLH teams, and the Southampton Team.
- The Tricia Moate award was given this year to Lucy Whiddett, Sarcoma Support Worker with the South Wales Sarcoma Team and Nicola Day, Clinical Specialist Physiotherapist in Oncology Rehabilitation & Exercise at Addenbrooke's Hospital in Cambridge.
- Sarcoma UK sponsored seven Health care professionals to attend the EMSOS (European Musculo Skeletal Oncology Society) conference in October 2022 and nine health care professionals to attend the BSG (British Sarcoma Group) conference in February 2023.
- We had six poster presentations and two oral presentations at the BSG conference this year, with staff attending and having very productive networking conversations with many of the attendees, including linking the healthcare professionals from the Republic of Ireland.
- We worked with medical professionals and the manufacturer to give evidence to the NICE appraisal of ripretinib, a fourth-line option for GIST patients.

2. Facilitate networking and collaboration among healthcare professionals

- We supported an in person meeting of the Sarcoma Advisory Group chairs group meeting which covered genomics, paediatric sarcomas, specialisation of complex surgeries, and two week wait pathways.
- The Support Line team have worked closely this year with Boehringer-Ingelheim to facilitate the re-engagement of CNS's and AHPS in regional meetings to share best practice and network. Three meetings have been held, the North, Southeast and Southwest, a member of the Support Line team attended each of these meetings.
- We held a roundtable in parliament on improving access to genomics in sarcoma. This was attended by sarcoma experts, as well as representatives from NHS England, Genomic Laboratory Hubs, the NHS Genomics Unit, and the Houses of Parliament.

Public Affairs

We will work together with the sarcoma community to achieve earlier, accurate diagnosis

How will this be achieved:

1. We will improve the quantity and quality of education on sarcoma for healthcare professionals.

2. We will work to improve referral pathways and improve quick access to scans.
3. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
4. We will prioritise research into the earlier diagnosis of sarcoma.

1. Improve the quantity and quality of education on sarcoma

- The GatewayC GP education module was promoted widely and became the website's most completed new module ever.
- We began working with the University of Nottingham to create a free online learning module for physiotherapists on sarcoma, and brought together experts from the clinical community, physiotherapy students, and patients to co-create this module.
- We collaborated with the University of Northumberland's graphic design department to support students to use their university project to design a tool which could raise awareness of the signs and symptoms of sarcoma amongst healthcare professionals and the wider public.
- In partnership with the Bone Cancer Research Trust, we continued our support of the Sarcoma Awareness module and fellowship scheme, led by C R Chandrasekar at the Royal Liverpool and Broadgreen University Hospitals NHS Trust.
- The Sarcoma UK Induction package was requested and shared with 53 healthcare professionals.

2. Improve referral pathways and quick access to scans

- We supported the Sarcoma Advisory Group Chairs meeting in Birmingham in February, bringing together 25 of the leading clinicians in the UK from a range of specialist centre and other specialties. This year the discussions heavily focussed on how professional groups in collaboration with Sarcoma UK could influence sarcoma diagnosis at a commissioning level as well as the improvement of referral pathways and access to scans.
- We kicked off early diagnosis projects which look to improve ultrasound scanning in local hospitals and diagnostic centres.
- We awarded our first piece of commissioned research to John Bush and the team at University Hospitals Sussex, analysing referral pathways for patients within the soft tissue sarcoma service.

3. Influence UK governments, the NHS and other policy makers

- We led the sector-wide development of letters to the Chief Executive of the National Institute for Health and Care Excellence, as well as the Secretary of State for Health and Social Care to highlight issues which arose as a result of changes to the NICE Methods manual, meaning that rare and less common cancer patients may lose out on access to new treatments.
- We responded to NHS England's 10 Year Cancer Plan consultation both independently and as part of Cancer52 and the Children and Young Persons' Cancer Coalition, as well as attending meetings with the Department of Health and Social Care to highlight important points.
- We held a reception in Parliament on early diagnosis, with attendance from key targets, and featuring speeches from Jess Phillips MP and Laura Farris MP, and Lauren Phillips, who lost her dad to sarcoma in 2019.
- We held two drop-in events to focus on the problems faced by children, teenagers, and young adults (CTYA) with sarcoma. These events took place in Westminster and in the Scottish Parliament on consecutive days during the inaugural Teenage and Young Adult Cancer Awareness Month.
- We are involved in contributing to the NHS Genomics Programme's new programme strategy, with a particular focus on getting access to genomic testing for patients.

- We met with several more MPs off the back of our parliamentary engagement earlier in the year.
- We led the charity sector response to the negotiations for the next voluntary scheme for branded medicines pricing and access (VPAS), which allows us to call for innovative reimbursement methods for future innovative medicines.

4. Prioritise research into early diagnosis of sarcoma

- We ran a £300,000 funding call into research which would improve sarcoma diagnosis, welcoming applications which would make sarcoma diagnosis earlier, faster or more accurate, with a preference for projects with likely patient impact within five years. We funded two large research projects, one focussed on developing a test to diagnose gynaecological sarcomas and the other aimed at improving the sarcoma genomics service for diagnosis.
- We commissioned our first piece of research to understand patient journeys following referral, to improve diagnosis and patient experiences overall.

Public Awareness

Increase public awareness of sarcoma through higher profile and targeted campaigns.

How this will be achieved:

1. Invest in reaching new audiences (particularly online).
2. Launch of our new website.
3. Increasing our communications on our research programme.
4. Increase presence with media publications.

Highlights of the year included:

- Sarcoma UK began working with celebrity ambassador, Jake Quickenden. It has been great to foster a closer relationship with Jake and we were delighted to see him performing at our Glitter Ball in March 2023 and he is signed up to run at the London Marathon in a bone costume. Jake has spoken on This morning, Lorraine, ITV news and BBC London news about his brother's journey with sarcoma.
- We have created a page on the website introducing our Sarcoma UK Ambassadors to our supporters and visitors. As a charity which values its people, we wanted to recognise and thank a small group of long-standing, committed supporters.
- We have worked with NHS Digital on maximising the impact of the newly released sarcoma data from Sandra Strauss' team. We were a part of the NHS Digital's data webinar series.
- Working closely with our supporters we have had a 300% increase in news stories picked up by both national and regional press.
- In July, we held our second sarcoma awareness month. This has been our busiest communications period and a strong indicator of how our move towards more strategic thinking has worked. We showcased the full range of our work and patient involvement by creating engaging and varied content and maximising partnerships.
- We launched our new children and young people pages on our website with social posts, case study blog post, E news, and a research comms blog post.
- EMSOS conference recap news story was very well received from our supporters and our sarcoma specialist nurse contributors.
- This year we launched our virtual Never Forgotten wall. A place for family and friends to celebrate and remember their loved ones.
- We began implementing our new communications strategy document. The strategy pulls together many of our strands of our work, formalises the ways of working that have

emerged across the charity, and charts its path for how we can help realise the organisational strategy objectives for the coming three years.

- We had worked closely with fundraising to implement two virtual campaigns: The Never Forgotten walk and Step into Spring. These campaigns have brought new supporters into the organisation that have a personal experience with sarcoma.

Fundraising

Ensure we have the funds to support our priorities.

How this will be achieved:

1. Raise at least £2,600,000.
2. Develop a virtual fundraising event offer.
3. Fundraise with new corporate partners.
4. Organise a range of face to face cultivation and fundraising events including the Glitter Ball, Carol Concert and comedy evening.

Highlights of the year included:

- This year we were chosen as the charity of the year for David Wilson Barratt Homes. The partnership raised over £50,000 and included events such as a football tournament, Golf Day and bake sales.
- This year we launched two virtual events, our Step into Spring challenge event, and our Never Forgotten walk. These events brought new supporters to the charity.
- Off The Kerb and our ambassador Angela Barnes put on a successful comedy evening at the Brighton Dome. This was a sellout evening with guest acts including Romesh Ranganathan, Tom Allen, Sean Walsh, Kerry Godliman, Mark Steel, Carl Donnelly and Joe Foster. The event was a huge success raising over £27,000.
- Sarcoma UK's annual Carol Concert moved to a new location at St Giles in the Field near Tottenham Court Road. The concert was hosted by Johnny Ball, with celebrity readings from Louisa Lytton, Barbara Smith, Robert Powell. Doctor Bambang Almaja also took to the stage to sing.
- The London Marathon continues to be our successful flagship fundraising event. This year we had our largest team with 127 runners who raised over £500,000 including gift aid. This is the largest amount we have raised through the marathon.
- This year we launched our new in memory microsite. This website is a more sensitive space for people to visit and also allows for easy fundraising in memory of a loved one, multiple pages can be linked together, and images of loved ones included.
- We celebrated our longstanding partnership with independent equity research firm The Analyst at Mansion House, with the attendance of the Lord Mayor of London. With their latest donation of £75,000 they passed the £1million mark in donations over the last eleven years.
- Supporter Zoe Conway organised a successful Chris Martin Quiz at the National Cyber Security Centre, raising over £20,000. It was hosted by Ed Balls and featured rounds by Radio Four's Mishal Husain and Rob Bonnet, Shadow Chancellor, Rachael Reeves MP, Former Prime Ministers Tony Blair and David Cameron and the King's Private Secretary Edward Young.
- This year's Glitter Ball took place at a stunning new venue, the Marriot on Grosvenor Square. The evening was sponsored by Rain Oncology, Stuart Levy, Boden and Diageo. Celebrity ambassador Jake Quickenden shared his brother's journey with sarcoma before taking to the stage to sing.
- We are grateful for the continued support from Gwen Owen Robinson. Her yearly gifts have significantly changed the outlook for sarcoma researchers and ultimately sarcoma patients. The pioneering PhD studentship programme which she has supported since 2016 has enabled seven students to undertake PhD projects in sarcoma research. Mark

Elms, Shadi Hames, Shirin Hanaei, Molly McNae, Sara Arfan and Takumi Matsuo all hold a Sayako Grace Robinson PhD Studentship.

- We started our year long partnership with Franklin Templeton. The first of many events for us was a charity football tournament at Charlton Athletic football club.
- We launched a new collaborative funding partnership with the Sarah Burkeman Trust, who have generously supported a £149,750 research project through the Sarcoma UK open grant round.
- Sarcoma UK was fortunate to receive £293,388 from the Medical Research Council for the UK Government Covid Medical Research Charity Support Fund. These funds are to provide support for early career researchers.

Operations and Resources

What we said we would do:

1. Create a strong, stable organisation with good governance, systems and processes.
2. Ensure that we have a positive, skilled team with appropriate training and development.
3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.

1. Create a strong, stable organisation with good governance, systems and processes

- In October 2022 we implemented a new risk management model, the new system allows for easier and better reporting to the GRF Committee and Board of Trustees.
- HR reviewed and updated our job application process with input from the EDI Chair. This included a more user-friendly application and equal opportunities form.
- We successfully completed a database health check and discovery and strategy workshop. These together have provided us with the information we need to decide on our next steps towards cleaning and tightening up the data we hold on our database. The overall aim is to have a healthier database which provides the Sarcoma UK team with accurate data that in turn enables better decision making and improved communications.
- In January 2023 we extended our office space within JDRF UK offices.
- We welcomed six new trustees to Sarcoma UK throughout the year. The new trustees will support and enhance our governance and have made us more diverse and representative of the community we serve.
- Completed our first Research Audit, analysing funding trends across subtypes, grant types and other splits in September 2022.
- We reviewed our information, demand for content and stock levels by conducting a review of 12 of our resources across the year and conducting our first information audit compiling a report of our findings.
- Created a comprehensive and robust patient involvement platform across the organisation with over 100 members.

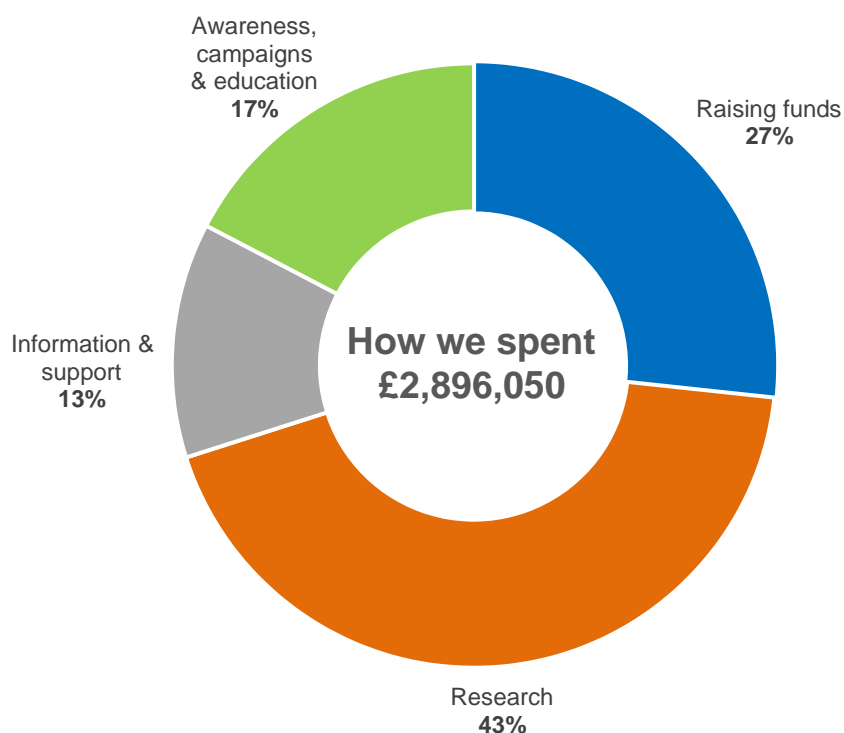
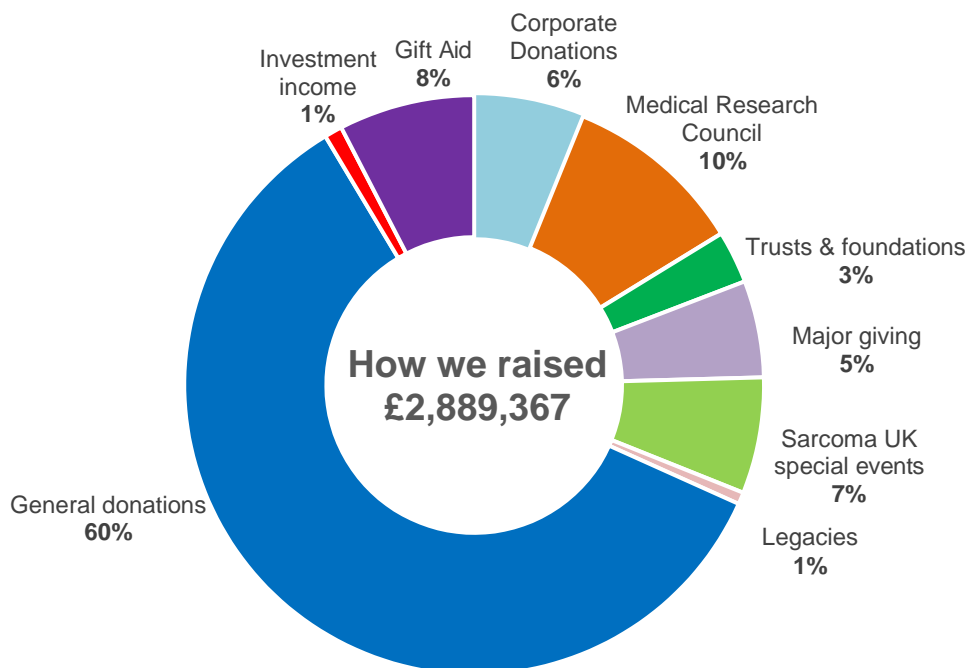
2. A positive, skilled team with appropriate training and development

- The staff Wellbeing Group continued to support staff wellbeing through staff away days, team building activities and staff wellbeing surveys.
- The staff team took part in a values and cultures workshop, where we reviewed and updated our organisational values as a team. We officially launched our new values in April 2023.
- We welcomed four new permanent staff members to the team, offering their skills to our operations, fundraising and support line teams.

3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind

- The Equality, Diversity and Inclusion Working Group (EDI) continued to look at how Sarcoma UK can engage with the wider sarcoma community, and as things progress will take the initial steps towards making this happen. The main focus this year was on:
 - Engagement with the Black community including future comms around Black History Month (October 2023).
 - Produced an internal EDI guide/prompt to be incorporated into staff projects. This has been trialled with the support line team and will be rolled out to all staff as part of Black History Month (October 2023).
 - Our CEO and Patient Involvement Co-ordinator will be attending a Cultural Awareness and Race Equality workshop in May 2023.
 - Identified the need for our comms to adhere to accessibility standards, this will be more prominent in 2023/24.

How we raise and spend our money



The above activities include 11% support costs and 1% governance costs, which have been re-allocated to each activity (see notes to financial statements)

Future Plans

In the coming year we will continue on our path towards achieving the objectives outlined in our strategy to 2026.

Our long-term vision

All people with sarcoma will be diagnosed earlier, have better experiences and live longer lives with less long-term effects.

What this means for people affected by sarcoma



Patients will be diagnosed earlier (at stage I or II)



Patients will live longer



Patients will have better experiences of their sarcoma

To achieve this over the next three to five years we will focus on:

- | | | |
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| <ul style="list-style-type: none">• Improving education on sarcoma for healthcare professionals.• Increasing awareness of sarcoma.• Improving referral and access to scans.• Prioritising research into the early diagnosis of sarcoma. | <ul style="list-style-type: none">• Ensuring patients have more treatment options.• Ensuring all care is given at specialist centres or involves sarcoma multi-disciplinary teams.• Supporting more targeted treatments.• Improving our understanding of sarcoma and how it develops. | <ul style="list-style-type: none">• Funding research to improve outcomes and quality of life.• Ensuring access to the most appropriate care and support.• Ensuring patients have more access to reliable, transparent information.• Enabling patients to have access to peer support. |
|--|--|--|

Specifically in 2023-24 this includes activity aimed at helping us:

1. Reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. Engage with people closer to the point of diagnosis.
3. Support patients at every step of their sarcoma journey.
4. Fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
5. Combine our grant funding streams to increase flexibility and efficiency.
6. Involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
7. Launch targeted calls for funding in priority areas of research.
8. Work more closely with the sarcoma research community to shape our research programme and priorities.
9. Collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
10. Facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.
11. Improve the quantity and quality of education on sarcoma for healthcare professionals.
12. Improve referral pathways and improve quick access to scans.
13. Influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
14. Prioritise research into the earlier diagnosis of sarcoma.
15. Create a strong, stable organisation with good governance, systems and processes.
16. Have a positive, skilled team with appropriate training and development.
17. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.
18. Increase public awareness of sarcoma through higher profile and targeted campaigns.
19. Raise the funds to support the priorities above.

Governance, Structure and Management

Legal Entity

Sarcoma UK is a charity registered in England and Wales with the Charity Commission on 17 January 2011, and registered as a charity in Scotland on 12 September 2013. Its governing documents are its memorandum and articles of association. Sarcoma UK is also a company limited by guarantee incorporated with Companies House on 10 January 2011.

Sarcoma UK is sole corporate Trustee of former charity The Sarcoma Trust.

Charitable Objectives

The objectives of the charity are: to promote and protect the physical and mental health of patients with bone and soft tissue sarcomas in the United Kingdom through the provision of information, support, education and practical advice to them, their families and their carers; the relief of sickness and the preservation of health in particular by promoting and

supporting research with the publication of the useful results thereof and the development of more effective treatment and care for patients with bone and soft tissue sarcomas; to advance the education of the general public in all areas relating to sarcoma.

Board of Trustees 2022/23

Sharon Reid – Chair

Sharon is a former Executive Director and Chief Operating Officer at Edelman, the world's largest PR agency, and has worked in communications for the last 18 years.

Sarah Conneally (term of office ended June 2023)

Sarah is former Head of Events & Visits at 10 Downing Street, having worked for both David Cameron and Theresa May. Sarah was a colleague of Chris Martin at 10 Downing Street and she led their working group during our charity of the year partnership in 2016. Sarah is now a director at the newly formed Commonwealth Summit Unit, part of the Cabinet Office.

Andy Eckles (term of office ended October 2022)

Andy has 30 years' experience in finance, as both an auditor and currently as Group Financial Controller at Huntswood, a company that provides specialist resourcing and consultancy services. Andy's son, Tom, passed away from Ewing's sarcoma in September 2015.

Professor Ian Judson (term of office ended October 2022)

Ian has been treating patients with sarcoma for 25 years as Head of the Sarcoma Unit at the Royal Marsden until his retirement in 2016. He has conducted many clinical trials in this area, and was a founder member of the British Sarcoma Group, and President until 2015.

Louisa Nicoll

Louisa is a nurse with extensive experience in the delivery of oncological and specialist palliative care services. She is currently Ward Manager at a Sue Ryder hospice in Henley-on-Thames. Louisa's husband was diagnosed with high grade osteosarcoma in March 2016 and sadly died in August 2020.

Michael Parry

Michael is a Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital specialising in orthopaedic oncology and primary and revision lower limb arthroplasty. His specialist interests are in orthopaedic oncology and lower limb arthroplasty, with a particular interest in the management of infected joint replacements.

Isla Robinson

Isla Robinson is a freelance Marketing Consultant (Director level) with over 15 years' experience of local and global marketing, including as a lead member of the team for Campari UK. Isla brings her professional expertise to the Board alongside first-hand experience of Ewing's sarcoma with which she was diagnosed in 2011. This was when Isla first discovered Sarcoma UK, and she has since found the charity to be a 'key source' of reliable information.

Anjula Thompson

Anjula qualified as a Solicitor in 1993. She worked in private practice for 10 years and

thereafter as a legal officer in the voluntary sector before taking up her current role, in 2005 as a Deputy District Judge, adjudicating in Civil and family cases. Anjula is the wife of Sarcoma UK trustee Dave Thompson who sadly passed away in 2016.

Johanne Vass (term of office ended June 2023)

Jo is a Sarcoma Advanced Nurse Practitioner, the lead for sarcoma nursing services and a key member of the South Wales Sarcoma Multi-Disciplinary Team. She was the first sarcoma specialist nurse to be appointed in South Wales in 2012.

Ruby Sangha MSc MBA (appointed June 2022)

Ruby has 17 years of experience across the healthcare and life science industry. From working in clinical trials, to helping new and emerging medical devices and digital health technologies access the NHS and meet the needs of patients and doctors. Ruby has also worked in the pharmaceutical industry, leading and establishing partnerships with start-ups. Ruby also works to help government investment programmes determine start-ups that meet the needs of the UK healthcare industry. She has also worked in management consulting in various projects across the pharmaceutical industry, government and NHS.

Hristo Anastasov (appointed June 2022)

Hristo has valuable fundraising experience, participating in the Board of Cardiff Round Table charity for two years, where he was responsible for the distribution of funds, as well as supporting the charity in its efforts to raise more. In his work at Amazon, Hristo is in charge of managing the Pet Private Brand Business across Europe, as well as optimising internal ways of working. Hristo is also completing an MBA at one of the world's leading universities and is expanding his network both domestically and internationally. He hopes this will enable him to help Sarcoma UK foster more corporate and NGO partnerships.

Jamie Ford-Cordes FCCA (appointed June 2022)

Jamie has over 30 years experience working in the financial services environment, with the last 10 years as a financial control manager at Santander UK. He is a fully qualified FCCA accountant and has been for over 20 years. Jamie hopes both his work and personal experiences will help provide another perspective and help with the ongoing work being completed at Sarcoma UK.

Dr Aisha Miah (appointed October 2022)

Aisha has spent more than a decade as Consultant Clinical Oncologist at the Sarcoma Unit, The Royal Marsden Hospital and is Honorary Faculty of the Division of Radiotherapy and Imaging at The Institute of Cancer Research, delivering on radiotherapy research studies for sarcoma patients. Aisha has also led on the delivery of education and training for Specialist Registrars in London and the South-East as Training Programme Director for Clinical Oncology. From a clinical perspective, she first joined the sarcoma community 10 years ago and quickly learnt the challenges in treating sarcoma and improving knowledge among health care professionals and the public. She represented Sarcoma UK as a member of the Morcellation Task and Finish Group to develop RCOG patient information leaflets and consent advice to raise awareness of uterine sarcomas.

Dr Sally Johnson (appointed October 2022)

Sally is an experienced NHS GP and medical leader with expertise in clinical governance, quality improvement and the operationalisation of new clinical services. She has 12 years of Board experience as Medical Director and Chief Medical Officer of a number of healthcare organisations that provide NHS primary care, urgent care and private telemedicine. Sally has

recent leadership experience in private digital healthcare and the global Covid vaccination programme. Sally has personal experience of sarcoma from when a close friend was diagnosed with sarcoma. After watching her friend's journey, Sally is keen to promote awareness of sarcoma amongst medical professionals to ensure early diagnosis and treatment.

Dr Fiona Cowie MBBS FRCR (appointed December 2022)

Fiona Cowie is a Clinical Oncologist at the Beatson West of Scotland Cancer Centre, Glasgow, specialising in the management of adult patients with sarcomas, and children who need radiotherapy. She also undertakes the long term follow up of childhood cancer survivors. Fiona has been actively involved in managing people affected by sarcoma for over 20 years and has been constantly learning about the many different aspects of sarcoma. She has also been involved with paediatric cancer care, Young Adult cancer care and long term follow up after treatment. Fiona also has extensive medical panel and voluntary sector experience, including as a Duke of Edinburgh leader.

The Board continue to follow the Charity Governance Code, to manage and take responsibility for Trustee governance. The Board has two committees, the Nominations and Human Resources (NHR) Committee and the Governance, Risk and Finance (GRF) Committee. The Board have produced a detailed Charity Governance Code assessment document, which is reviewed by the GRF Committee and presented to the Board. As a result the following actions will be incorporated in 2023/24.

1. Formalised Vice Chair role and appointment to start in December 2023.
2. Review of the Sub Committee structure and membership.
3. Changes to the format and content of Board meetings including phasing and frequency.

Nominations and Human Resources Committee (NHR)

Responsible for HR and staffing issues, including staff remuneration. Responsibility for the renewal of tenure, recruitment and appointment of trustees is also delegated to the **NHR Committee** who make recommendations to the Board of Trustees.

Current members:

- Isla Robinson - Chair
- Louisa Nicoll
- Ruby Sangha
- Hristo Anastasov

Governance, Risk and Finance Committee (GRF)

Responsible for overseeing governance, organisational risk and working with the Senior Management Team on finance. The **GRF Committee** make recommendations to the Board of Trustees.

Current members:

- Ian Judson – Chair (until October 2022)
- Jamie Ford-Cordes – Chair (from October 2022)
- Andy Eckles (until October 2022)
- Anjula Thompson
- Johanne Vass (until June 2023)

Trustee Appointment and Induction

Sarcoma UK places a high value on having an informed and skilled Board of Trustees which guides the charity to achieve its ambitious goals.

Trustees serve a three-year term, after which they are eligible for re-election for a further three years.

New trustees are recruited in various ways, according to the skills sought by the Board. Vacancies are advertised in national charity media, through professional networks and via the charity's website and networks. Potential trustees are invited to submit a formal application and attend an interview with the Nomination and Human Resources Committee.

All trustees receive the Trustee Handbook, setting out the role and responsibilities of Sarcoma UK trustees, including the charity's policies and procedures relating to governance. A Register of Trustees' Interests is in place and updated annually.

All new trustees receive the governing document, strategy and business plan, published accounts and minutes of previous Board of Trustee meetings, Trustee Handbook, as well as Charity Commission guidance on effective governance. A formal induction programme is in place, where trustees spend time with the Chief Executive and the Senior Management Team. Trustees are subscribed to Governance publication and are encouraged to attend training and other events for charity trustees.

Organisational Structure

The Board of Trustees sets the strategic direction of Sarcoma UK and approves the main policies of the charity. It appoints and directs the Chief Executive, monitors performance and identifies and manages the major risks facing the charity. The Board meets four times a year.

The Board delegates responsibility for the running of the charity to the Chief Executive with clearly communicated and recorded executive limits. The Chief Executive is responsible and accountable for achieving Sarcoma UK's strategic objectives and delivering the annual business plan. A Senior Management Team is in place to support the Chief Executive, providing leadership across key areas of the charity's work, and ensuring delivery of the charity's day-to-day work.

Sarcoma UK's Senior Management Team consisted of:

- Chief Executive
- Director of Finance and Resources
- Director of Fundraising and Communications
- Director of Research, Policy and Support

Sarcoma UK has a policy for reviewing staff salaries, set out in the Staff Handbook. Staff salaries are reviewed annually by the Board of Trustees NHR Committee, on behalf of the Board of Trustees, and benchmarked against voluntary sector pay surveys and inflation. The remuneration of senior management is covered under this policy.

The trustees are grateful to the staff team for the outstanding work they do on behalf of people affected by sarcoma.

Volunteers

The trustees recognise the valuable contribution made by volunteers to Sarcoma UK and wish to record their gratitude for this commitment. These include: members of Sarcoma UK's Grant Review Panel; sarcoma support group leaders; Sarcoma UK's Information Review Panel; Sarcoma UK's Medical Advisory Group, individuals and families who have provided their stories for use as case studies; everyone who has undertaken fundraising and awareness-raising in their communities; everyone who has set up information stands or cheering stations at events; and everyone who has supported Sarcoma UK at events and activities throughout the year. In accordance with accepted practice, no amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Risk management

To manage risk effectively, Sarcoma UK uses a risk assessment model. The model was updated in October 2022, setting out a clearer processes for identifying major strategic risks, assessing their likelihood, impact and, where appropriate, the measures that need to be implemented to mitigate the risks. The highest priority risks are regularly reviewed by the Senior Management Team and the Trustee Governance Risk and Finance Committee and appropriate actions against these risks are established.

In our risk assessment model, risks are categorised under the following headings: Financial, Governance, People, Technology, Charitable Activities, Environmental and External Factors, Law and Regulation and Fundraising.

The most significant risks identified throughout 2022-23 included:

1. Failure to raise income required because of cost of living crisis, another pandemic, the effects of Brexit and an economic downturn.
2. Over reliance on a few income sources.
3. Key staff leaving (high staff turnover).
4. Cyber fraud.

To manage these risks, the following actions will be incorporated into the risk model:

4. Refresh of Fundraising Strategy and the diversification of our income channels.
5. Continue to review the cost of living crisis and benefits offered to staff and carry out periodic salary benchmarking exercises.
6. Integrating a Cyber Security Strategy across the charity and consider obtaining the Cyber Essentials Plus trademark, reassuring stakeholders that we have strong cyber security measures in place.

The trustees are satisfied that appropriate systems are in place and further steps are planned to manage and mitigate these most significant risks.

Grant Making Policy

Sarcoma UK is a member of the Association of Medical Research Charities (AMRC), an organisation of the leading medical and health research charities in the UK. In accordance with AMRC best practices, Sarcoma UK is committed to ensuring the highest standards of accountability, balance, independence, rotation of expertise and impartiality in our research programme.

We work with our Research Strategy Committee in setting and working to a research strategy. Our funding decisions are made based on recommendations from our Grant Review Panel on the basis of the scientific quality of the studies proposed, and the relevance to people affected by sarcoma, while considering the amount of overall funding available. Assessment criteria is published openly on the charity's website.

We hold annual calls for proposals, which are open competition and publicised on our website and to the sarcoma research community. Applications submitted are subject to a preliminary triage of their eligibility. All applications which fall within scope for the call and for which the due diligence process has not identified any unacceptable issues will be considered. Eligible applications undergo a rigorous external review process by sarcoma research experts and people affected by sarcoma. All panel members and external peer reviewers adhere to our Principles of Peer Review Policy, as well as declaring conflicts of interest in line with our Conflicts of Interest Policy. Applicants are offered the opportunity to respond to comments from peer and lay reviewers before applications are discussed by our Grant Review Panel.

Our Grant Review Panel and Research Strategy Committee are made up of independent scientific experts as well as people with a personal connection to sarcoma. The Grant Review Panel considers all peer and lay reviews and responses and scores each application independently and anonymously. The panel then makes recommendations for funding to Sarcoma UK's Board of Trustees, who approve the final grants to be awarded.

All grant-holders submit regular progress reports each year and a final report at the end of the project. We keep in regular contact with our grant-holders to assess progress and impact throughout the lifetime of the project and beyond.

Further information: <https://sarcoma.org.uk/our-research/how-we-fund-research>.

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Working with Others

Sarcoma UK recognises that progress towards our goals is maximised when working collaboratively with others who share an interest in improving the lives of people affected by sarcoma. As the only UK charity focusing on all types of sarcoma, we aim to work collaboratively with the whole sarcoma community to achieve our vision for the future. In 2022/23, Sarcoma UK had collaborations with: the Association of Medical Research Charities (AMRC); BMJ Learning; Boom Foundation (Northern Ireland); British Sarcoma Group; The Bone Cancer Research Trust; Cancer 52; National Cancer Registry and Analysis Service (NCRAS), Welsh Cancer Intelligence and Surveillance Unit, Information Services Division of the NHS National Services Scotland, N. Ireland Cancer Registry, GIST Cancer UK; National Cancer Research Institute (NCRI) sarcoma clinical studies group; National Institute of Health and Care Excellence (NICE); National Sarcoma Forum (of specialist nurses); NHS England; Public Health England, the Sarah Burkeman Trust; Sarcoma Patients EuroNet; the Scottish Sarcoma Network; the network of sarcoma specialist centres – bone and soft tissue – in England, Wales and Northern Ireland; Sarcoma Advisory Group (SAG) Chairs; the Children and Young People's Cancer Coalition; and all the charities that formed part of our 20for20 campaign.

Financial Review

Income

Sarcoma UK has made excellent progress against its objectives for the year, successfully raising £2,889,367, an increase of 14% from the previous year (2022: £2,539,882). This increase is primarily due to increased fundraising activities throughout the year, and we were fortunate to receive a grant from the UK Government COVID Medical Research Charity Support Fund for the second year running.

The trustees wish to thank all donors for their invaluable support during the year, which is helping Sarcoma UK transform the lives of everyone affected by sarcoma.

Expenditure

Total expenditure increased to £2,896,050 (2022: £2,434,851), an increase of 19% mainly as a result of:

- Increasing research grants payable by £100,018.
- An increase in staff costs by £182,996 following new posts within the support line team and fundraising, and a one-off payment to support staff during the cost of living crisis.
- An increase in awareness and campaigning costs by £53,070 due to our first investment in early diagnosis commissioned research and costs associated with the SAG Chairs conference.
- PR and marketing costs increased by £39,128 to support an additional Facebook challenge and PR consultancy support throughout the year, both creating increased public awareness of sarcoma.

Sarcoma UK monitors spending closely, employing the use of financial management and budgetary controls across the charity and expenditure on our charitable activities remained high at 73% of total expenditure. We strive to keep the costs of raising money to a minimum. This year for every £1 spent on fundraising £3.71 was raised, this decreased from the prior year as we invested in our fundraising team and activities.

A small deficit of £6,683 (2022: surplus £105,031) was made this year and decreases total charity funds to £1,506,849 (2022: £1,513,532), of which £13,240 are restricted. The reserves policy is discussed below.

Reserves Policy

Sarcoma UK revised its reserves policy during 2023. The Board of Trustees now aim to maintain reserves at a level which equates to approximately six months of operational costs including budgeted salary, rent and support costs. This is approximately £720,000 for the forthcoming year.

Due to the generosity of our supporters and the outstanding performance of Sarcoma UK's fundraising team, the total funds of the charity at 31 March 2023 were £1,506,849 of which £13,240 are restricted. This leaves a balance of £1,493,609 as unrestricted funds. The trustees monitor reserves very carefully and regularly assess investment opportunities to ensure that money raised is invested in the most effective ways. They have agreed to designate £100,000 of these unrestricted funds to our core research costs and £100,000

to our information and support service in 2023/24, £14,020 are tied up as fixed assets leaving a balance of £1,279,589, which exceeds the level required by the reserves policy £720,000. Remaining funds of £559,589 will be applied to furthering our mission to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future. In particular the Board of Trustees plan to reduce reserves in line with the reserves policy by investing in the following strategic activity in 2023/24:

- Increasing our research funding by over £300,000.
- A childhood cancer collaboration campaign.
- New staff to support our strategic objectives and to diversify our income channels.
- Increased awareness raising amongst the general public and those who have been affected by sarcoma.

The reserves policy including designation of funds will be reviewed in 2024 to ensure it is adequate for the charity's future operational needs.

Statement of responsibilities of the trustees

The trustees (who are also directors of Sarcoma UK for the purposes of company law) are responsible for preparing the trustees' annual 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 charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- 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 charitable company 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 charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is

Sarcoma UK
Report of the Trustees
For the year ended 31 March 2023

unaware.

- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2023 was 13 (2022:9). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees on 5 October 2023 and signed on their behalf by

Sharon Reid
Chair of Trustees

Acknowledgements

Patron	Richard Whitehead MBE
Founder	Roger Wilson CBE
Celebrity Ambassadors	Jake Quickenden, Gavin Ramjaun, Sandra Dickinson, Mark Osmond and Angela Barnes.
Ambassadors	Lesley Abraham, Shelagh Allison, Zoe Conway, Jan Cornell, Maddie Cowey, Karen Delin, Dr Alison Dunlop, Andy Eckles, Mark Gould, Amelia Granville, Zoe Homer Emmerson, Prof Ian Judson, Gina Long, Steve Mayer, Leona Rankin, Ian Randall, Glenys Stittle, Baroness Liz Sugg, Dr Rachel Taylor, Jasmine Thompson, Zoe Thompson, Wendy Watkins, Sam Whittam, Dr Jeff White, Glyn Wilmshurst, Sheelagh Wilson and John and Sue Young.

Grant Review Panel

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Dr Madeleine Adams, Consultant Paediatric Oncologist, Children's Hospital for Wales, Cardiff.

Professor Andrew Beggs, Professor of Cancer Genetics & Surgery, University of Birmingham.

Professor Susan Burchill, Professor of Adolescent and Paediatric Cancer Research, Leeds Institute of Cancer and Pathology, University of Leeds.

Dr Quentin Campbell-Hewson, Consultant Paediatric Oncologist, Great North Children's Hospital in Newcastle upon Tyne.

Dr Louise Carter, Senior Clinical Lecturer in Experimental Cancer Medicine, University of Manchester.

Julia Casimo, lay panel member.

Dr Will English, Lecturer in Medical Education, Norwich Medical School, University of East Anglia and Honorary Research Fellow in the Department of Oncology and Metabolism, University of Sheffield.

Mr Craig Gerrand, Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital.

Professor Rebecca Gladdy, Associate Professor in the Department of Surgery, The University of Toronto and a Principal Investigator at the Lunenfeld-Tanenbaum Research Institute, Canada.

Dr Paul Huang, Team Leader, Division of Molecular Pathology, Institute of Cancer Research.

Becky Hughes, lay panel member.

Dr Olivier Pardo, Team Leader in Division of Cancer, Imperial College London.

Dr Sophie Postel Vinay, Physician Scientist at the Drug Development Department and. U981 INSERM research unit, Gustave Roussy Cancer Centre, France.

Alasdair Punton, lay panel member.

Leanne Thorndyke, lay panel member.

Dr Zoë Walters, Associate Professor in TranSupport Lineational Epigenomics, University of Southampton.

The following individuals joined the Grant Review Panel on an ad-hoc basis for Sarcoma UK's Improving Sarcoma Diagnosis Research Round:

Dr Adam Dangoor, Consultant in Medical Oncology, Bristol Cancer Institute.

Dr Rob Turner, Consultant Clinical Oncologist, Leeds Teaching Hospital NHS Trust.

Research Strategy Committee

Professor Bernadette Brennan (chair), Consultant Paediatric Oncologist at the Royal Manchester Children's Hospital.

Dr Cristina Antonescu, Director, Bone and Soft Tissue Pathology, Memorial Support Lineoan Kettering Cancer Centre, New York.

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Chris Copland, lay member.

Dr Fiona Cowie, Clinical Oncologist, Beatson West of Scotland Cancer Centre, Glasgow and Sarcoma UK Trustee.

Professor Rick Haas, nominated Professor of Radiotherapy with a focus on bone and soft tissue sarcomas, Leiden University, The Netherlands.

Professor Bernd Kasper, Medical oncologist and leads Mannheim Cancer Center (MCC), Mannheim University Medical Center, Germany.

Professor Heinrich Kovar, Head of the Molecular Biology of Solid Tumours group, St. Anna Children's Cancer Research Institute Austria.

Emma McCloskey, lay member.

Dr Michael Parry, Consultant Orthopaedic Surgeon, Royal Orthopaedic Hospital and Sarcoma UK Trustee.

Professor Fiona Thistlethwaite, Medical oncology consultant within the Experimental Cancer Medicines Team (ECMT) and Medical Director of the Christie Clinical Research Facility, Manchester.

Professor Gareth Veal, Professor of Cancer Pharmacology, University of Newcastle.

Professor Ian Judson (interim chair for first meeting only)

Supporters

Sarcoma UK is deeply grateful to all those who have supported us during the year.

Sarcoma UK could not exist without the kindness of our supporters who contribute to our progress in a wide variety of ways. While many people support the charity through financial donations, others contribute through volunteering, giving their time, energy, passion, and skills.

A huge thank you to all our supporters.

Opinion

We have audited the financial statements of Sarcoma UK (the 'charitable company') for the year ended 31 March 2023 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 2023 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

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 charitable company 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 Sarcoma UK'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 trustees' 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, except to the extent otherwise explicitly

stated in our report, 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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes 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 charitable company'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 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.

- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: 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 charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior statutory auditor)

Date: 6 November 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House,

108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Sarcoma UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2023

	Note	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Income from:							
Donations and legacies	2	2,303,091	568,015	2,871,106	2,001,718	528,429	2,530,147
Investments		18,261	-	18,261	9,735	-	9,735
Total income		2,321,352	568,015	2,889,367	2,011,453	528,429	2,539,882
Expenditure on:							
Raising funds	3	772,935	-	772,935	652,468	-	652,468
Charitable activities							
Research	3	714,263	542,340	1,256,603	616,399	495,761	1,112,160
Information and support	3	358,000	6,373	364,373	290,493	10,000	300,493
Awareness, campaigns and education	3	486,373	15,767	502,140	354,634	15,097	369,731
Total expenditure		2,331,571	564,480	2,896,051	1,913,993	520,858	2,434,851
Net (expenditure) / income and net movement in funds for the year	5	(10,219)	3,535	(6,684)	97,460	7,571	105,031
Reconciliation of funds:							
Total funds brought forward		1,503,827	9,705	1,513,532	1,406,367	2,134	1,408,501
Total funds carried forward		1,493,608	13,240	1,506,848	1,503,827	9,705	1,513,532

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Sarcoma UK

Balance sheet

Company no. 7487432

As at 31 March 2023

	Note	£	2023 £	£	2022 £
Fixed assets:					
Tangible assets	10		14,020		13,354
			14,020		13,354
Current assets:					
Debtors	11	590,166		526,555	
Short term deposits		110,878		109,534	
Cash and cash equivalents		4,331,906		3,718,176	
			5,032,950	4,354,265	
Liabilities:					
Creditors: amounts falling due within one year	12	1,701,685		1,175,961	
			3,331,265		3,178,304
Net current assets					
			3,345,285		3,191,658
Total assets less current liabilities					
Creditors: amounts falling due after one year	13		1,838,437		1,678,126
			1,506,848		1,513,532
Total net assets					
The funds of the charity:					
Restricted income funds	15		13,240		9,705
Unrestricted income funds:					
Designated funds		200,000		200,000	
General funds		1,293,608		1,303,827	
Total unrestricted funds			1,493,608		1,503,827
Total charity funds			1,506,848		1,513,532

Approved by the trustees on 5 October 2023 and signed on their behalf by Sharon Reid

Sharon Reid
Chair of Trustees

Sarcoma UK

Statement of cash flows

For the year ended 31 March 2023

	2023		2022	
	£	£	£	£
Cash flows from operating activities:				
Net income for the reporting period (as per the statement of financial activities)	(6,684)		105,031	
Depreciation charges	4,699		7,531	
Sale of fixed assets	496		-	
Interest	(18,261)		(9,735)	
(Increase) in debtors	(63,611)		(166,866)	
Increase in creditors	686,035		538,264	
	<hr/>		<hr/>	
Net cash provided by operating activities		602,674		474,225
Cash flows from investing activities:				
Transferred to short term deposits	(1,345)		(966)	
Interest received	18,261		9,735	
Profit on disposal of fixed assets	536		2,670	
Purchase of fixed assets	(6,396)		(13,597)	
	<hr/>		<hr/>	
Net cash provided by / (used in) investing activities		11,056		(2,158)
		<hr/>		<hr/>
Change in cash and cash equivalents in the year		613,730		472,067
Cash and cash equivalents at the beginning of the year		3,718,176		3,246,109
		<hr/>		<hr/>
Cash and cash equivalents at the end of the year		4,331,906		3,718,176
		<hr/> <hr/>		<hr/> <hr/>
Analysis of cash and cash equivalents				
		At 1 April 2022	Cash flows	As at 31
		£	£	March 2023
				£
Cash at bank and in hand		3,305,336	610,175	3,915,511
Notice deposits (less than three months)		412,840	3,555	416,395
		<hr/>	<hr/>	<hr/>
Total cash and cash equivalents		3,718,176	613,730	4,331,906
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

1 Accounting policies

a) Statutory information

Sarcoma UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address (and principal place of business, if different from the registered office) is 49-51 East Road, London, N1 6AH.

b) Basis of preparation

The financial statements have been prepared in accordance with 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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from revenue grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose

- Expenditure on charitable activities includes the costs of raising sarcoma awareness, funding research and providing information and support, all undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are those costs which do not in themselves constitute a charitable or fundraising activity, but are the central office functions necessary to support these activities. They include administration, finance, HR, database, IT and office overhead costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

- Raising funds	33%
- Research	17%
- Information and support	26%
- Awareness, campaigns and education	24%

l) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £250. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- Fixtures and fittings	5 years
- Computer equipment	5 years

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Donations and gifts	2,271,615	568,015	2,839,631	1,937,430	528,429	2,465,858
Legacies	19,475	-	19,475	48,789	-	48,789
Donated goods and services	12,000	-	12,000	15,500	-	15,500
	<u>2,303,091</u>	<u>568,015</u>	<u>2,871,106</u>	<u>2,001,718</u>	<u>528,429</u>	<u>2,530,147</u>

Donated goods and services include those donated to the Sarcoma UK Glitter Ball event from Diageo and Granville Films. Franklin Templeton also provided the venue and catering for a Sarcoma UK Team strategy away day.

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2023

3a Analysis of expenditure (current year)

	Charitable activities						2023 Total £	2022 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £		
Staff costs (Note 6)	261,788	131,481	221,246	230,935	22,176	185,753	1,053,379	870,383
Other staff costs	11,622	10,344	8,375	2,686	308	35,123	68,458	54,401
Research grants payable (Note 4)	-	1,036,833	-	-	-	-	1,036,833	936,815
Research support (development scheme)	-	10,853	-	-	-	-	10,853	6,000
Travel & subsistence	247	1,036	1,917	979	-	218	4,397	1,545
Fundraising fees	59,288	-	-	-	-	-	59,288	42,896
Fundraising materials	34,460	-	-	-	-	-	34,460	14,708
Events, participation & publicity costs	253,086	-	-	-	-	-	253,086	268,138
Fundraising appeals	3,964	-	-	-	-	-	3,964	5,669
Donor relationship management	5,776	-	-	-	-	-	5,776	737
PR & marketing	-	-	-	121,928	-	-	121,928	82,800
Support services	-	-	13,711	-	-	-	13,711	10,259
Awareness & campaigning projects	-	-	10,725	58,410	-	-	69,135	16,065
Information services	-	-	11,294	-	-	-	11,294	1,410
Office costs	-	-	-	-	-	83,313	83,313	71,621
Office communication costs	-	-	-	-	-	15,627	15,627	10,736
Membership subscriptions	20,558	2,672	49	49	2,076	-	25,404	12,471
Trustees development, expenses & meeting costs	-	-	-	-	3,907	-	3,907	2,226
Legal & professional	-	-	-	-	9,883	2,293	12,176	10,794
Insurance	-	-	-	-	-	2,931	2,931	4,495
Bank charges	-	-	-	-	-	895	895	480
Depreciation & Loss on Disposal	-	-	-	-	-	5,235	5,235	10,202
	650,789	1,193,219	267,317	414,987	38,350	331,388	2,896,051	2,434,851
Support costs	109,476	56,809	86,989	78,113	-	(331,388)	-	-
Governance costs	12,669	6,574	10,067	9,040	(38,350)	-	-	-
Total expenditure 2023	772,935	1,256,603	364,373	502,140	-	-	2,896,051	2,434,851.00

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2023

3b Analysis of expenditure (prior year)

	Charitable activities						2022 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £	
Staff costs (Note 6)	197,512	106,029	174,474	166,766	25,024	200,578	870,383
Other staff costs	3,549	3,047	3,845	2,800	1,771	39,389	54,401
Research grants payable (Note 4)	-	936,815	-	-	-	-	936,815
Research support (development scheme)	-	6,000	-	-	-	-	6,000
Travel & subsistence	396	281	44	620	-	204	1,545
Fundraising fees	42,896	-	-	-	-	-	42,896
Fundraising materials	14,708	-	-	-	-	-	14,708
Events, participation & publicity costs	268,138	-	-	-	-	-	268,138
Fundraising appeals	5,669	-	-	-	-	-	5,669
Donor relationship management	737	-	-	-	-	-	737
PR & marketing	-	-	-	8,800	-	-	8,800
Support services	-	-	10,259	-	-	-	10,259
Awareness & campaigning projects	-	-	451	1,614	-	-	16,065
Information services	-	-	1,410	-	-	-	1,410
Office costs	-	-	-	-	-	71,621	71,621
Office communication costs	-	-	-	-	-	10,736	10,736
Membership subscriptions	7,335	3,086	-	225	1,528	297	12,471
Trustees development, expenses & meeting costs	-	-	-	-	2,226	-	2,226
Legal & professional	-	-	-	-	8,593	2,201	10,794
Insurance	-	-	-	-	-	4,495	4,495
Bank charges	-	-	-	-	-	480	480
Depreciation & Loss on Disposal	-	-	-	-	-	10,202	10,202
	540,940	1,055,258	190,483	268,825	39,142	340,203	2,434,851
Support costs	100,020	51,031	98,659	90,494	-	(340,203)	-
Governance costs	11,508	5,871	11,351	10,412	(39,142)	-	-
Total expenditure 2022	652,468	1,112,160	300,493	369,731	-	-	2,434,851.00

Notes to the financial statements

For the year ended 31 March 2023

4 Grant making

	Payment Schedule					2023	2022
	2023	2024	2025	2026	2027-31		
	£	£	£	£	£	£	£
Grants to institutions:							
University College London	-	-	-	-	-	-	44,160
University of Birmingham	-	-	-	-	-	-	22,000
University of Birmingham	-	-	-	-	-	-	23,707
Imperial College London	-	-	-	-	-	-	120,000
Institute of Cancer Research	-	-	-	-	-	-	149,812
Institute of Cancer Research	-	-	-	-	-	-	148,455
Institute of Cancer Research	-	-	-	-	-	-	120,000
University of Leeds	-	-	-	-	-	-	149,435
University of Manchester	-	-	-	-	-	-	119,951
University of Sheffield	-	-	-	-	-	-	49,686
University College London	-	-	-	-	-	-	50,000
Imperial College London	54,007	76,360	19,632	-	-	149,998	-
University College London	-	71,496	74,296	-	-	145,792	-
University Hospital Sussex NHS Trust	9,591	-	-	-	-	9,591	-
Institute of Cancer Research (LifeArc Collaboration)	23,000	22,500	22,714	6,013	-	74,227	-
University College London	-	41,860	-	-	-	41,860	-
Institute of Cancer Research	-	108,211	41,539	-	-	149,750	-
Institute of Cancer Research	-	56,771	53,634	39,523	-	149,928	-
University of Edinburgh	-	44,698	74,838	30,345	-	149,882	-
Newcastle upon Tyne University Hospitals NHS	-	33,954	47,451	27,523	40,911	149,839	-
University College London	-	56,283	24,831	25,387	12,978	119,479	-
University of Southampton	-	49,993	-	-	-	49,993	-
Stipend Uplifts	-	-	-	-	-	21,054	-
						1,211,393	997,207
University of Liverpool (underspend)						-	-
University College London Hospitals NHS						-	-
University of Cambridge (Underspend)						-	(41,131)
Newcastle University (Underspend)						-	(19,206)
Birkbeck University of London (Underspend)						-	(35)
University of Southampton (Underspend)						-	(20)
Sheffield University (Underspend)						(6,573)	-
University College London (Underspend)						(1,295)	-
University College London (Underspend)						(305)	-
University College London Hospitals NHS Foundation Trust (Underspend)						(8,082)	-
Royal National Orthopaedic Hospital (Underspend)						(9,850)	-
Institute of Cancer Research (Cancelled and reissued as part of collaboration with LifeArc)						(148,455)	-
At the end of the year						1,036,833	936,815

Full details of grant making activities are disclosed on page 8-12 of the report of the trustees.

5 Net expenditure for the year

This is stated after charging / (crediting):

	2023	2022
	£	£
Depreciation	4,699	7,531
Profit on disposal of fixed assets	536	2,670
Interest received	(18,261)	(9,735)
Operating lease rentals:		
Property	40,457	24,943
Auditor's remuneration (excluding VAT):		
Audit	8,225	7,150

Notes to the financial statements

For the year ended 31 March 2023

6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2023	2022
	£	£
Salaries and wages	915,889	762,289
Redundancy and termination payments	-	4,893
Social security costs	97,014	76,791
Employer's contribution to defined contribution pension schemes	39,927	31,700
Accrued holiday pay	549	(5,290)
	1,053,379	870,383

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year between:

	2023	2022
	No.	No.
£100,001 - £110,000	1	-
£90,001 - £100,000	-	1
£60,001 - £70,000	2	2

The total employee benefits including pension contributions and national insurance of the key management personnel were £331,637 (2022: £317,522) incurred by 4 (2022: 5) employees.

Sarcoma UK spent £1,053,379 on staff costs, 69% of these staff costs were on 15 members of staff who support and directly drive awareness of sarcoma cancer, find answers through research, provide information and support to anyone affected by sarcoma cancer and campaign for better treatments and to improve standards of care. The remaining 31% was on 8 members of staff who raise the funds required to carry out the above charitable activities.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £1,128 (2022: £235) incurred by 6 (2022: 3) members relating to attendance at meetings of the trustees. The costs shown in note 3 for trustees' development, expenses and meeting costs also include costs relating to trustee meeting lunches, which are not direct trustee expenses relating to attendance at meetings of the trustees.

7 Staff numbers

The average monthly headcount of employees, analysed by activities was:

	2023	2022
	No.	No.
Raising funds	6	5
Research	2	2
Information and support	5	4
Awareness, campaigns and education	5	3
Support and governance (re-allocated to the above activities based on staff time)	5	6
	23	20

Total number of staff by headcount at 31 March 2023 was 24 (including 7 part-time).

8 Related party transactions

Sarcoma UK Trustees and close family personally donated and raised £35,714 (2022: £17,342). This includes money raised through the London Marathon, treks and other events, and is unrestricted.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Notes to the financial statements

For the year ended 31 March 2023

10 Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At the start of the year	29,520	48,726	78,246
Additions in year	-	6,396	6,396
Disposals in year	-	(1,320)	(1,320)
At the end of the year	<u>29,520</u>	<u>53,802</u>	83,322
Depreciation			
At the start of the year	29,520	35,371	64,892
Charge for the year	-	4,699	4,699
Disposals in year	-	(288)	(288)
At the end of the year	<u>29,520</u>	<u>39,782</u>	69,302
Net book value			
At the end of the year	<u>-</u>	<u>14,020</u>	14,020
At the start of the year	<u>-</u>	<u>13,354</u>	<u>13,354</u>

All of the above assets are used for charitable purposes.

11 Debtors

	2023 £	2022 £
Other debtors	9,450	9,450
Prepayments	336,597	321,209
Accrued income	244,119	195,896
	<u>590,166</u>	<u>526,555</u>

12 Creditors: amounts falling due within one year

	2023 £	2022 £
Trade creditors	156,110	13,549
Taxation and social security	23,855	22,762
Other creditors	6,806	5,920
Accruals	109,130	54,609
Grants payable	1,405,784	1,079,121
	<u>1,701,685</u>	<u>1,175,961</u>

13 Creditors: amounts falling due after one year

	2023 £	2022 £
Grants payable:		
1 - 2 years	1,102,730	825,324
2 - 5 years	735,707	852,802
	<u>1,838,437</u>	<u>1,678,126</u>

Notes to the financial statements

For the year ended 31 March 2023

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	14,020	-	-	14,020
Net current assets	3,118,025	200,000	13,240	3,331,265
Long term liabilities	(1,838,437)	-	-	(1,838,437)
Net assets at 31 March 2023	1,293,608	200,000	13,240	1,506,848

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	13,354	-	-	13,354
Net current assets	2,968,599	200,000	9,705	3,178,304
Long term liabilities	(1,678,126)	-	-	(1,678,126)
Net assets at 31 March 2022	1,303,827	200,000	9,705	1,513,532

15a Movements in funds (current year)

	At 1 April 2022 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2023 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	542,340	(542,340)	-	-
Information and support	5,000	1,873	(6,373)	-	500
Awareness, campaigns and education	4,695	23,803	(15,767)	-	12,730
Total restricted funds	9,705	568,015	(564,480)	-	13,240
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,303,827	2,321,352	(2,131,571)	(200,000)	1,293,608
Total unrestricted funds	1,503,827	2,321,352	(2,331,571)	-	1,493,608
Total funds	1,513,532	2,889,367	(2,896,051)	-	1,506,848

15b Movements in funds (prior year)

	At 31 March 2021 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2022 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	495,761	(495,761)	-	-
Information and support	-	15,000	(10,000)	-	5,000
Awareness, campaigns and education	2,124	17,668	(15,097)	-	4,695
Total restricted funds	2,134	528,429	(520,858)	-	9,705
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,206,367	2,011,453	(1,337,722)	(200,000)	1,680,098
Total unrestricted funds	1,406,367	2,011,453	(1,913,993)	-	1,503,827
Total funds	1,408,501	2,539,882	(2,434,851)	-	1,513,532

Notes to the financial statements

For the year ended 31 March 2023

Purposes of restricted funds:**Sarcoma Trust**

These funds represent the amounts retained within the Sarcoma Trust after becoming a linked charity with Sarcoma UK.

Research

These funds are to be used specifically towards research grants, as requested by the donor.

Information and Support

These funds are to be used specifically towards the provision of support and information for the sarcoma community, as requested by the donor.

Awareness, Campaigns and Education

These funds are to be used specifically towards raising awareness and improving standards of treatment and care, as requested by the donor.

Purposes of designated funds:**Research**

These funds represent those designated by the trustees towards our core research costs in 2023/24. These core costs include research grants awarded and research management costs.

Information and Support

These funds represent those designated by the trustees towards our information and support service in 2023/24. These costs include the running of our support line service and production of patient information.

16 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property 2023 £	2022 £	Equipment 2023 £	2022 £
Less than one year	13,440	35,640	1,678	-
	13,440	35,640	1,678	-

17 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

SARCOMA UK

England & Wales - Charity number 1139869

Accounts

11Company number: 7487432
Charity number: 1139869
Charity number Scotland: SCO44260



Sarcoma UK
Annual Report and Accounts
For the Year Ended 31 March 2022

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Chair of Trustees' Statement

Despite the very real challenges presented by the COVID-19 pandemic in 2021-22, Sarcoma UK was able to mark our tenth anniversary with a great deal of progress and hope.

We launched our strategy *Tackling Sarcoma Together: Sarcoma UK's Strategy 2021-26*, which sets out our vision and objectives for the next few years and our first detailed research strategy Finding Answers Through Research. If we are to ensure that patients are diagnosed earlier, live longer and have better experiences we must:

- Increase awareness of sarcoma and Sarcoma UK;
- Increase the amount we invest in pioneering research;
- Improve how we influence policies that affect sarcoma patients;
- Broaden and improve our support and information so that we reach more people affected by sarcoma; and
- Raise more money to be able to invest everything we want to.

To achieve all that we want to we know we must work in partnership with other organisations, with healthcare professionals and, most importantly, with patients. This year we have embarked on a comprehensive patient involvement programme to ensure our work better meets the needs and priorities of patients and their families. We are committed to ensuring that this covers all patients with sarcoma including those we have historically failed to engage.

We face an uncertain year ahead but one which we believe we are well positioned to embrace. We're excited to start delivering on our ambitious and stretching objectives – our patients deserve nothing less.

Sharon Reid
Chair of Trustee

Reference and Administrative Details

Company number	7487432 (Limited by guarantee in England and Wales)
Charity number	England and Wales (1139869) Scotland (SCO44260)
Registered office	17/18 Angel Gate, City Road, London, EC1V 2PT
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report being approved were as follows: Sharon Reid (Chair) Sarah Conneally Andy Eckles Professor Ian Judson Louisa Nicoll Michael Parry Sam Patton (resigned January 2022) Isla Robinson Anjula Thompson Johanne Vass Sam Whittam (term of office ended October 2021) Russ Wilson (resigned March 2022) Rubinder Sangha (appointed June 2022) Hristo Anastasov (appointed June 2022) Jamie Ford-Cordes (appointed June 2022)
Patron	Richard Whitehead MBE
Chief Executive	Richard Davidson
Bankers	CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Lloyds TSB, National Clubs & Charities, PO Box 1000, BX1 1LY
Solicitors	Brahams Dutt Badrick French LLP, 24 Monument Street, London, EC3R 8AJ
Auditor	Sayer Vincent LLP Chartered accountants and statutory auditors Invicta House 108-114 Golden Lane London EC1Y 0TL

Objectives and Activities

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma.

Our vision

Where everyone affected by sarcoma cancer has the treatment, care and support they need.

Our mission

To ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

Our goals

1. More people will survive sarcoma.
2. More will be known about the causes of sarcoma.
3. Everyone affected by sarcoma will have access to the best treatment and care.

What we do

- Drive awareness of sarcoma cancer.
- Find answers through funding sarcoma research.
- Provide information and support to anyone affected by sarcoma cancer.
- Campaign for better treatments and to improve standards of care.

Sarcoma facts and figures

1. Sarcomas are uncommon cancers that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.
2. Fifteen people are diagnosed with sarcoma every day in the UK. That's about 5,300 people a year.
3. There are around 100 different sub-types of sarcoma.
4. A key symptom of sarcoma is a lump that gets bigger quickly.
5. Sarcoma diagnoses now make up about 1.4% of all cancer diagnoses in the UK.
6. Sarcomas account for about 11% of childhood cancers and about 14% of cancers in teenagers.
7. The majority of people are diagnosed when their sarcoma is about the size of a large tin of baked beans (10cm).
8. Sarcoma survival rates have been very gradually increasing over the last two decades in the UK. The five-year survival rate for sarcoma is 55%.

Fundraising practices

The last few years have necessitated a shift in our fundraising practices as we have sought to diversify our income channels and supporter engagement. We now have a much more balanced fundraising portfolio and stronger digital as well as longer term income streams.

For a charity of our size, we consider ourselves a leader in good fundraising models and we work hard to follow exemplary supporter-led engagement practices. We subscribe to the Fundraising Regulator's Code of Fundraising Practice and we are a member of a number of professional and sector-wide bodies. Our fundraisers are provided with relevant and appropriate training and support whilst they are employed by the charity.

We take safeguarding very seriously and we are especially careful and sensitive when dealing with vulnerable people, including (but not restricted to) those affected by cancer. We have a robust Adults at Risk policy and a designated Safeguarding Officer. Supporter feedback is an important source of information about how our work impacts on them (and wider members of the public). For example, in the last few months we have adapted content in our quarterly supporter magazine, Connect, as a result of feedback from some of our supporters.

Engaging with our supporters, in person, on the telephone and via email, post and social media are essential ways to involve people in our work and progress. This work is only carried out by paid members of our team. To date, we have not employed any external organisations or professional fundraisers to fundraise on our behalf.

In the time period of this report, we are pleased to report that we received no complaints relating to our fundraising activities.

Achievements and Performance

Information and Support

We will equip and empower people affected by sarcoma

How will this be achieved:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
2. We will engage with people closer to the point of diagnosis.
3. We will support patients at every step of their sarcoma journey.

1. Reach everyone who is affected by sarcoma with our support and information

- The Support Line has had another year of growth in reaching people affected by sarcoma, receiving 3,417 contacts from 767 individuals. This is an increase in both figures of 14% compared to 2020/21. Although the average call length decreased this year, the number of calls going to voicemail because the line was busy increased by 17%.

- Following a successful pilot with the South Wales sarcoma team, the Support Line direct referrals service was expanded out to Brighton, and a total of 46 referrals were made last year. The referrals service allows each person receiving a sarcoma diagnosis to be offered, by their clinical team for their contact details to be passed on to the Support Line team.
- We reviewed many of our information resources, refreshing many that were in a PDF only format into a more engaging and digitally friendly format, as well as retiring less relevant and less used resources. We also reshaped our clinical trials hub to make it easier to use.
- We continue to enable Sarcoma Support Groups across the UK by providing some financial support, and in June 2021 we ran a virtual away day for the support group leaders. We have also been engaging with support groups by arranging to join meetings and give updates on the Support Line and research programme, and the wider sarcoma landscape.
- In December 2021, the Support Line was awarded accreditation from the Helplines Standard, an award given by the Helplines Partnership to demonstrate excellence in the running of a support line.

2. Engage with people closer to the point of diagnosis

- In December we launched a new signs and symptoms resource, which is targeted at people who might be experiencing symptoms of sarcoma. This sets out the most common sarcoma symptoms in clear, simple language and provides information on what to do next.

3. Support patients at every step of their sarcoma journey

- We launched new web pages on emotional and practical support for people affected by sarcoma, and drafted a new resource focussed on liposarcoma, to be launched later in 2022.
- During Sarcoma Awareness Month we held a series of live webinars which included sessions on Sarcoma and Women's Health, Clinical Trials, Living well with and beyond sarcoma and Supporting someone with sarcoma. These were all made available on our YouTube channel.

Research

We will support world-class research

How will this be achieved:

1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
2. We will combine our grant funding streams to increase flexibility and efficiency.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
4. We will launch targeted calls for funding in priority areas of research.
5. We will work more closely with the sarcoma research community to shape our research programme and priorities.

1. Fund and support the next generation of sarcoma researchers

- We funded four new PhD studentship projects.

PhD studentships awarded in 2021/22

Exploiting the stromal matrix as an immunotherapeutic reservoir for the targeting of soft tissue sarcomas

Dr Jun Ishihara, Imperial College London – PhD studentship

£120,000

Immunotherapy, which helps the immune system fight cancer, has been very successful in some cancer types, but many soft tissue sarcoma patients do not respond to it. If there aren't enough immune cells inside the sarcoma, patients are less likely to respond to immunotherapy. During the project, a PhD student, under Dr Ishihara's supervision, aims to find a way of getting more immune cells inside the sarcoma and test whether this can 'switch on' the immune system for tumours that wouldn't respond otherwise. If they're successful, the team hope they can take this idea to develop new drugs, to improve the chance that immunotherapy is successful in patients with soft tissue sarcoma.

This project is the 2021 Sayako Grace Robinson PhD Studentship, awarded to one PhD research project every year in memory of Sayako Grace Robinson, who died of angiosarcoma in 2014.

Harnessing immunogenic cell death mechanisms to trigger anti-tumour immunity against undifferentiated pleomorphic sarcomas (UPS)

Dr Pascal Meier, Institute of Cancer Research – PhD studentship

£120,000

Cancer treatment such as chemotherapy damages cancer cells beyond repair, causing them to die via a process called apoptosis. However, sarcoma cells often become resistant to this process and don't die, causing the treatment to fail. Prof Meier and colleagues have now discovered a new way to kill cancer cells where the patient's immune system attacks the sarcoma as if it were a virus. This project will take this idea to the next level, testing if the theory works in practice. A PhD student will explore this method using techniques in the laboratory and test their findings using samples of undifferentiated pleomorphic sarcoma, in the hope that the results of the study will be applicable to other sarcoma types in the future.

Exploring the MEK5-ERK5 signalling pathway and its relationship with the immune contexture in paediatric osteosarcoma to facilitate development of new therapeutic options and biomarkers

Dr Katie Finegan, University of Manchester – PhD studentship

£119,951

Osteosarcoma is the most common type of bone cancer, but no new treatments have been developed for over 40 years. This project will explore how different types of cells in our immune system are linked to how well osteosarcoma responds to treatment. Dr Finegan and her colleagues have found that one signalling pathway (groups of molecules which send messages in our cells to ensure they work properly) is important in how well a patient responds to treatment for their cancer. However, we know very little about how this works in osteosarcoma. Under Dr Finegan's

supervision, a PhD student will investigate if blocking this pathway will help show which osteosarcoma patients are likely to respond to certain treatments.

2. Combine our grant funding streams

- This year for the first time we ran an open grant round, combining our funding streams into one competitive, open and flexible funding call. We received a total of 22 applications, and awarded funding for four small grants and three large grants, alongside the four PhD studentships mentioned above.
- After three years of chairing our research funding panel, Prof Jeremy Whelan reached the end of his term. From April 2022 the panel will be chaired by Dr Sam Behjati, Group Leader in Cellular Genetics and Cancer at the Wellcome Sanger Institute.
- We have also refreshed our wider panel membership, and changed the name of the group from Research Advisory Committee, to Grant Review Panel.

Small and large grants awarded in 2021/22

An artificial intelligence framework to classify soft tissue tumours

Prof Adrienne Flanagan, University College London

£50,000

With over 50 types of soft tissue sarcoma, making a correct diagnosis is important as treatment and prognosis are different for different tumour types. This project will develop an artificial intelligence algorithm to aid pathologists diagnose soft tissue tumours, in the hope that the technology will reduce diagnostic errors, ensure less tissue is wasted and speed up diagnosis. Expert pathologists and computer scientists will collaborate to train the AI to recognise six different types of soft tissue sarcoma. The study will also bring together over 30 pathologists from across the UK and beyond to improve diagnosis and training for pathologists.

Developing novel soft tissue sarcoma models for translational studies

Dr William English, University of Sheffield

£49,686

Before new treatments can be used in soft tissue sarcoma patients, they have to undergo testing in the laboratory in a model of sarcoma to ensure the treatment works without harming the patient. However, there are few good-quality models of soft tissue sarcoma available. This project will fill the next gap in the journey to testing treatments by producing models of sarcoma in mice. The team's work will help ensure that sarcomas can be grown more reliably and quickly, so the tumour models can be used to generate the essential data that is needed before we can start clinical trials in patients, while also improving welfare of the mice at the same time. This project will address a real unmet need in ensuring that new drugs are tested in an environment which closely mimics that of a real patient as quickly and effectively as possible.

Optimisation of radiological surveillance following primary resection of retroperitoneal, abdominal and pelvic soft tissue sarcoma

Dr Olaleken Lee Aiyegbusi, University of Birmingham – PhD studentship

£23,707

After surgery, patients' aftercare includes a follow-up plan of regular clinic visits and scans to check the sarcoma has not come back or spread. Many different follow-up plans are being used around the world, but at the moment, none of these are considered better than the others. In developing the project, a panel of people affected by sarcoma confirmed the anxiety these follow-up appointments can cause and highlighted the urgent need to investigate the effect on quality of life, overall survival and cost-effectiveness. A PhD student will review follow up plans across 35 specialist sarcoma centres, interview patients to further understand follow up and conduct a cost-benefit analysis to standardise these processes and ensure patients receive the best experience following their surgery.

Investigating the phenotype of Tumour Infiltrating Lymphocytes to reprogram patients' immune systems against paediatric sarcomas

Dr Francis Mussai, University of Birmingham

£22,000

Although there are many types of sarcomas, it is fair to say that for children with sarcomas which have spread or those which have relapsed and come back, treating the sarcoma is far more challenging. Many treatments which work for adults fail in children, but we don't yet understand why. This project will take 50 existing samples from children with sarcomas and study the key immune cells inside the tumours, and investigate the genetics of these cells to gain some understanding of why these cells are or are not working. The project is only a first step, but the information gained will allow Dr Mussai's lab and others to more accurately design immune therapies for children with sarcomas in the future.

Preclinical Exploitation of WEE1 Dependence in Sarcomas with EWSR1 Fusion Proteins

Prof Janet Shipley, Institute of Cancer Research

£149,812

Desmoplastic Small Round Cell Tumours (DSRCT) and Ewing's Sarcoma are sarcomas in children and young adults. For 85% of DSRCT patients and 40% of Ewing's sarcoma patients, chemotherapy and radiotherapy don't work long term, so new treatments are needed. The action of the EWSR1 fusion gene can disrupt how cells grow and develop in both these subtypes, but a drug already available can prevent this happening. Prof Shipley and colleagues will test this drug, combined with other treatment types such as immunotherapy, in models of DSRCT and Ewing's sarcoma, and develop biological markers of how effective each is and which patients are most likely to benefit.

Assessment of oncolytic virus therapy using patient-derived Ewing sarcoma models

Dr Fiona Errington-Mais, University of Leeds

£149,435

Current immunotherapies (which use the immune system to attack cancer) do not work against Ewing's sarcoma, so new treatments are needed. Dr Fiona Errington-Mais and colleagues work on a different form of immunotherapy known as oncolytic ("cancer-bursting") viruses. The team have found through previous work that oncolytic viruses can kill Ewing's sarcoma cells directly by entering Ewing's sarcoma cells and killing them, or indirectly by activating cells from our immune system to kill them. Oncolytic

viruses have been successful in other cancers but they've never been tried in Ewing's sarcoma. This project will test this treatment on sarcoma cells in the laboratory and understand why oncolytic viruses are effective on some cells but not others.

Prospective evaluation of KARSARC - a gene expression-based risk classifier for patients with soft tissue sarcomas treated with pazopanib

Dr Paul Huang, Institute of Cancer Research

£148,455

Pazopanib is given as a standard treatment for many patients with soft tissue sarcoma, but responses can vary between patients. Dr Huang and colleagues have developed a clinical tool known as the KARSARC test that can predict which patients with soft tissue sarcoma will receive long-term benefit following treatment with pazopanib. In collaboration with MD Anderson Cancer Centre in the US, this project aims to use the KARSARC test in a clinical trial involving 145 patients with soft tissue sarcoma to help ensure each patient receives the most appropriate treatment for them. The team hope to progress the test to the next stage of development if successful.

Improving outcome in sarcoma through analysis and interrogation of national cancer data

Dr Sandra Strauss, University College London

£44,160

Previous research has shown that sarcoma patients managed in specialist centres have better outcomes, but there are challenges with sarcoma data collection and quality. This project will collate and analyse sarcoma data in England, both to understand patient experiences and outcomes and fill gaps and limitations in existing data. This is an uplift to an existing grant, now funded collaboratively with the Bone Cancer Research Trust.

3. Involve people affected by sarcoma in our research programme

- This year for the first time we have introduced a new Patient Involvement in Research Programme to ensure that our funding process takes into consideration the importance of research projects to people affected by sarcoma as well as their scientific quality.
- We recruited and trained new Research Grant Lay Reviewers: people with a personal connection to sarcoma who review the applications Sarcoma UK receives for research funding. We also welcomed four people affected by sarcoma to our Grant Review Panel.
- This work won the Sarcoma Patients Euronet (SPAEN) Advocacy in Action Award.
- Building on the success of this project, we have been able to start connecting researchers with people affected by sarcoma who would like to be involved in or inform the direction of specific research projects in the field.

4. Launch targeted calls for funding

- We ran the final funding round of our Genomic Research Programme. The round closed for applications in late September, but sadly no applications were selected for funding.
- We began scoping our next strategic funding call, which will focus on improving diagnosis of sarcoma.

5. *Work more closely with the sarcoma research community*

- We re-launched our research workshops scheme to support collaboration in the sarcoma field, and awarded funding for two workshops in March.

Prof Fiona Thistlethwaite, University of Manchester

T-Cell Therapy Clinical Trials in Sarcoma - £3,000

Dr Abigail Evans, University College London

Joint meeting of the EEC local therapy working groups - £3,000

- We launched a new collaboration with GIST Cancer UK, building on an application we received during our 2020 Genomics call. As co-funders, we jointly awarded £140,000 to Dr Olivier Giger at the University of Cambridge, but the project was unable to go ahead, and the University terminated the grant. We will continue to work with GIST Cancer UK to explore other opportunities to support research into GIST in the future.

Post transcriptional RNA modification in succinate dehydrogenase (SDH) deficient Gastrointestinal Stromal Tumours (GIST)

Dr Olivier Giger, University of Cambridge

£70,000

Gastrointestinal stromal tumours (GISTs) are the most common subtype of sarcoma. About one in 10 people with GIST, generally children and young adults, have a type of GIST known as SDH-deficient GISTs. These are particularly challenging to treat with drugs, meaning the only effective treatment for these patients is surgery. During this project team will use cutting edge laboratory techniques to better understand the genetic changes specific to SDH-deficient GIST patients. They also aim to confirm how this affects their RNA modifying enzymes, which control the function of our cells but are known to be faulty in people with SDH-deficient GIST. Understanding this could be the first step in the development of drugs which block RNA modifying enzymes, a technique used successfully in other cancers.

**Note – this grant was awarded but terminated by the University before the start date.*

- We also began encouraging discussions with other potential funding partners including the Bone Cancer Research Trust and the Sarah Burkeman Trust.

Policy

We will build strong and productive relations with healthcare professionals

How will this be achieved:

1. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
2. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.

1. Collaborate with healthcare professionals

- We met regularly with pharmaceutical companies to discuss plans regarding their drug development and collaboration on future medicine appraisals. We put forward clinicians and a charity representative to be experts for the appraisal of GIST drug ripretinib, with the appraisal meeting scheduled for November 2022.
- Our staff team began re-engaging with clinical teams following the pandemic through visits to Birmingham, Truro and Plymouth, and a virtual team visit with the Greater Manchester and Oswestry Sarcoma Service clinical nurse specialists.
- We began working with physiotherapists from across multiple sarcoma centres on new sarcoma rehabilitation guidelines.
- The Tricia Moate award was given this year to Debbie Artis, a physiotherapist with the Leeds sarcoma team.
- We worked with the Early Diagnosis Expert Steering Group to establish a workplan on early diagnosis projects, which was endorsed by the Sarcoma Advisory Group Chairs.

2. Facilitate networking and collaboration among healthcare professionals

- We supported an in person meeting of the Sarcoma Advisory Group chairs group, facilitating discussions around specialisation of cancer surgery, early diagnosis, and the Sarcoma Quality Dashboard.
- Members of the team attended and presented at the British Sarcoma Group meeting and the associated National Sarcoma Forum for clinical nurse specialists (CNS) and allied professionals.

Public Affairs

We will work together with the sarcoma community to achieve earlier, accurate diagnosis

How will this be achieved:

1. We will improve the quantity and quality of education on sarcoma for healthcare professionals.
2. We will work to improve referral pathways and improve quick access to scans.
3. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
4. We will prioritise research into the earlier diagnosis of sarcoma.

1. Improve the quantity and quality of education on sarcoma

- This year we partnered with Gateway C to launch an accredited, free education module on sarcoma for primary care professionals.
- We have been conducting interviews with people living with and affected by sarcoma about their experience leading up to their diagnosis, to help inform the work we are doing around early diagnosis.
- We partnered with Mr C R Chandrasekar and the Bone Cancer Research Trust to provide joint support for the BMJ Raising Awareness of Sarcomas module and fellowship scheme, targeted at medical students and junior doctors.
- Collaboratively with the Bone Cancer Research Trust we ran a medical student education survey to gather insight into their preferred learning styles and resources.

2. Improve referral pathways and quick access to scans

- We worked with the Early Diagnosis Expert Steering Group to establish a workplan and began moving forwards on projects including improving the referral pathway through standardisation of pathways, improving the referral criteria to specialist centres, and improving the time from scanning to escalation or de-escalation.

3. Influence UK governments, the NHS and other policy makers

- During Sarcoma Awareness Month we asked engaged supporters to write to their MPs and/or MSPs to ask for a meeting as a pilot. Over 1,200 messages were sent to MPs and MSPs.
- In March we held parliamentary drop-in events in both Westminster and the Scottish Parliament to discuss the need for action on early diagnosis in sarcomas. These events included people with experience of sarcoma and were well attended, with 54 MPs and 29 MSPs joining us.
- Thanks to existing relationships and supporter contact, we facilitated an Early Day Motion in Westminster and a Motion to the House in Scotland, both of which congratulate Sarcoma UK on its anniversary and work over the last 10 years.
- Sarcoma UK joined ten other Specialised Cancer Charities to co-fund a piece of work aimed at improving the influence that patients and frontline healthcare professionals have on cancer services across the UK by holding the NHS and Governments to account.
- Alongside Cancer Research UK, Macmillan Cancer Support, Breast Cancer Now and five other charities we attended a roundtable with Health Secretary Sajid Javid at the Francis Crick Institute to launch the Government's consultation on a 10-year cancer plan.
- We worked across the charity sector to influence a response the Department of Health and Social Care's Call for Evidence ahead of a new 10-year cancer plan.
- We led on a cross-sector letter, including a range of health charities and the Institute for Cancer Research, to hold NICE and the Department of Health and Social Care to account on changes to the NICE Methods and Process review.

4. Prioritise research into early diagnosis of sarcoma

- We engaged with other charities and researchers in the field to scope out how a research funding call might most effectively be used to stimulate research into sarcoma diagnosis. The call will run in the 2022/23 financial year.

Public Awareness

Increase public awareness of sarcoma through higher profile and targeted campaigns.

How this will be achieved:

1. Invest in reaching new audiences (particularly online).
2. Upgrading our website.
3. Increasing our communications on our research programme.
4. Use our tenth anniversary as a hook for communications activity.

Highlights of the year included:

- Sarcoma UK began working with celebrity ambassador, Gavin Ramjaun. Gavin is a journalist known for his work with the BBC, Sky Sports and ITV Breakfast.
- As part of marking 10 years of Sarcoma UK we continued to share the real-life stories of people affected by sarcoma. During our People Make Sarcoma UK campaign we made an increased effort to feature stories of those from minority ethnic backgrounds, such as those of Aysha Zaman and Geeta Patel. These personal stories continued to have high engagement from supporters and an increase in the number of people contacting us to share their experiences.
- Sarcoma UK was featured as part of a double page spread in The Times, in which Pandora Cooper-Key and Fiona McAlpine discussed their bonding over their shared experience of sarcoma.
- One of our supporters, Gareth Emmerson was nominated for a Pride of Britain award. Gareth won the London Pride of Britain Awards which created great excitement across our social media platforms. The event and Gareth's participation received coverage on ITV and national press in the lead up to the broadcast. We are immensely proud of him, Zoe and all of Team Gaz for the extraordinary awareness-raising and fundraising they have achieved.
- Sarcoma Awareness Month brought a full programme of events during July, many features to mark our 10th anniversary. The programme included online panel discussions, interviews, and social media takeovers.
- We were delighted that our Patron Richard Whitehead appeared on ITV's Beat the Chasers, where he ended up taking home an impressive £24,000 for Sarcoma UK, as well as a fantastic awareness boost for sarcoma. Richard also appeared on Channel 4's Celebrity Hunted shortly afterwards giving us more opportunities to publicise our action man Patron.
- We had two high profile and very effective social media takeovers in July. The team at Huang Lab at ICR took over our Twitter account and gave us a fascinating and varied insight into the life and work of a sarcoma research centre. Rob Metcalfe, a young father living with a terminal diagnosis, took over our Instagram account for a day as he went on a road trip with his young son. Rob's candour about his hopes and fears was a rare opportunity to learn the real-life concerns of someone facing end-of-life decisions.

Fundraising

Ensure we have the funds to support our priorities.

How this will be achieved:

1. Raise at least £1,777,000.
2. Develop a virtual fundraising event offer.
3. Fundraise around our tenth anniversary celebrations.
4. Organise a range of face to face cultivation and fundraising events including the Glitter Ball, Carol Concert and James Bond pre-premiere event.

Highlights of the year included:

- Our collaborative 20for20 challenge was back again this year. The 20for20 Challenge was a pioneering and ground-breaking fundraising campaign. Spearheaded by Sarcoma UK's fundraising team, the collaboration brought together 20 rare and uncommon cancer charities to form one partnership. The 20 day challenge saw supporters do a wide range of activities from dressing up for 20 days to doing 20 different fitness challenges.
- Virtual events: The pandemic remained with us this year and we experienced restrictions to our activities for five months of the year. To ensure our supporters had opportunities to fundraise for our charity, the fundraising team came up with innovative virtual events. Offerings included our Step into Spring challenge.
- Supporters Fiona McAlpine and Pandora Cooper-Key worked with the fundraising team to deliver a carol concert at Christ Church Cathedral in Oxford. This event featured Kate Winslet, Bear Grylls, Cressida Bonas, Ronni Ancona and Alexander Armstrong. The event was a huge success that raised over £130,000.
- In collaboration with Dr Paul Huang's lab we opened the door to 30 supporters, so they were able to see first-hand our research work in action. This was a really successful day, and we will continue to offer this to our supporters in the coming years. It was a great opportunity to forge close relationships with existing major donors and existing Sarcoma UK ambassadors.
- Sarcoma UK's annual Carol Concert was back at the Actors' Church in Covent Garden. The line-up included Sandra Dickinson and Robert Powell; broadcasters Johnny Ball and Mark Osmond. There were also performances from choir Enchorus, soprano Victoria Joyce, baritone Mark Llewelyn Evans, and Strictly Come Dancing singer Lance Ellington. The night also featured a very special interview with Gaz Emmerson conducted by the BBC's Gavin Ramjaun.
- The London Marathon continues to be our successful flagship fundraising event, despite the physical race being moved from April to October our 83 runners raised over £400,000 including gift aid. This is the most that has ever been raised through the marathon.
- Supporter Wendy Watkins secured us a private pre-premiere showing of the James Bond film No Time To Die. This was a fantastic networking event that raised over £30,000.
- Our relationship with independent equity research firm The Analyst continued and their donation of £50,000 this year took the total amount they have donated to Sarcoma UK over the last ten years to £953,000.
- Alice Ellen Cooper-Dean charitable foundation gave us £15,000 to support our information and support in Bournemouth.
- Our Genomics Development Board held a successful business breakfast at Hogan Lovells' office in London. This resulted in donations in excess of £11,000 to support our research programme.
- We are grateful for the continued support from Gwen Owen Robinson over the past six years. Her yearly gifts have significantly changed the outlook for sarcoma researchers and ultimately sarcoma patients. The pioneering project which she funded in 2016 has enabled 11 new PhD researchers in sarcoma. Mark Elms, Shadi Hames, Shirin Hanaei, Molly McNae and Sara Arfan all hold a Sayako Grace Robinson PhD Studentship and have been working for some of the most prestigious

and well-regarded researchers in the sarcoma field. We feel immensely proud of the work underway.

- We have a new partnership with a Will-writing service First Wills Direct which has resulted in £53k of legacy pledges.
- Sarcoma UK was fortunate to receive £227,528 from the Medical Research Council for the UK Government Covid Medical Research Charity Support Fund. These funds are to provide support for early career researchers.

Operations and Resources

What we said we would do:

1. Create a strong, stable organisation with good governance, systems and processes.
2. Ensure that we have a positive, skilled team with appropriate training and development.
3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.

1. Create a strong, stable organisation with good governance, systems and processes

- In March 2021 we contracted an external firm for IT support. As well as helping us complete our SharePoint migration, they are now assisting with general support queries.
- In January 2022 we moved to a shared office with JDRF UK.
- We successfully recruited five new trustees, they will be joining Sarcoma UK in June 2022 and October 2022. The new trustees will support and enhance our governance and have made us more diverse and representative of the community we serve.

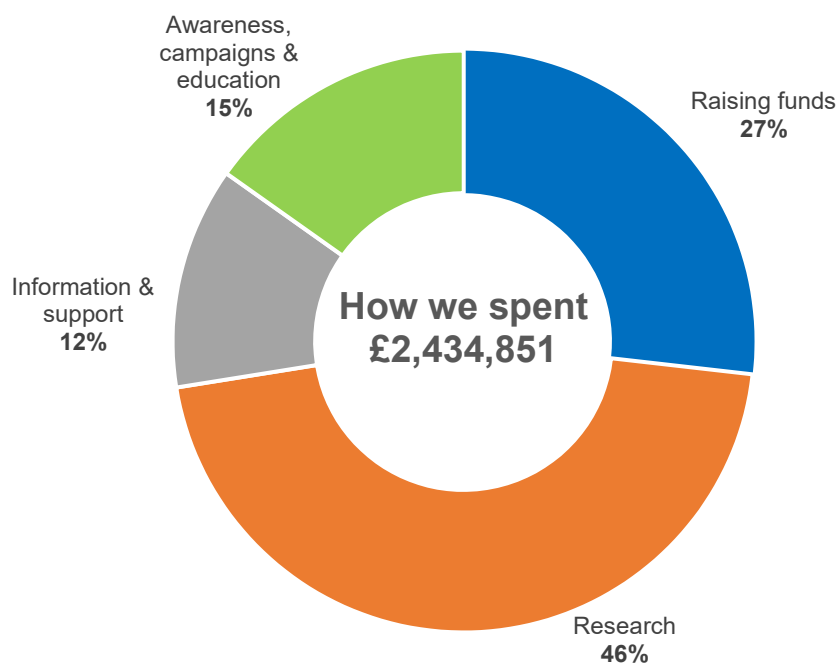
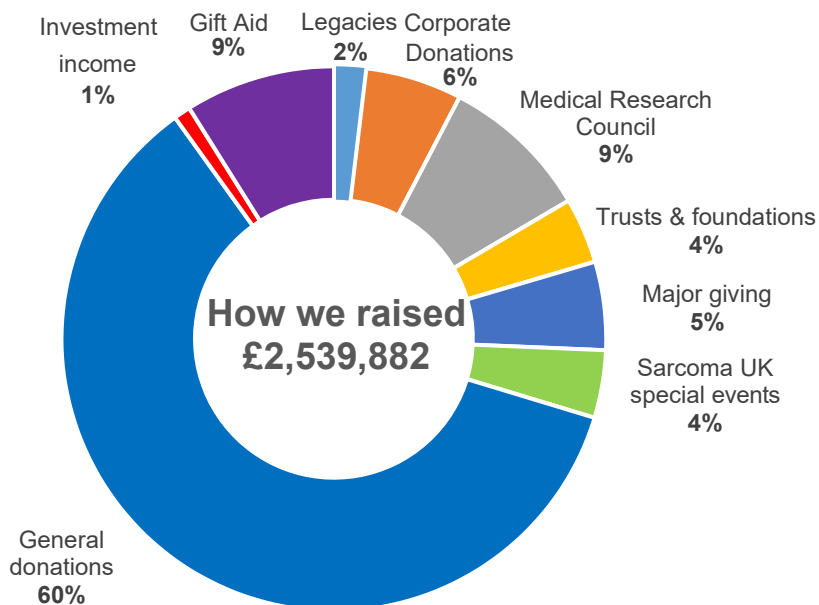
2. A positive, skilled team with appropriate training and development

- A staff Wellbeing Group was introduced, at monthly meetings the group discuss ideas and suggestions to improve staff wellbeing.
- Our Staff Handbook was updated to include a focus on staff wellbeing.
- Feedback was received from the 2020 AMRC Peer Review Audit, which assesses the quality of AMRC member charities' peer review processes. This identified some minor areas for improvement across our animal research and Research Advisory Committee policies, these were updated during the year.
- Our Support Line Advisor attended the virtual MDTs where she increased her knowledge of sarcoma, whilst introducing herself to the clinical teams. She undertook Helpline skills training and is completing cancer-related modules via Future learn.
- NCRAS Special Partnerships analyst Shane Collins gave an excellent talk for the Sarcoma UK staff team with updates on national cancer data and its implications for sarcoma care and treatment.
- Project management training was delivered to the organisation.
- The Senior Management Team carried out training focusing on coaching and managing high performance.
- Our Information and Support Officer undertook CPD-accredited training for writing health information.

3. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind

- The Equality, Diversity and Inclusion (EDI) Group worked closely with HR to update recruitment and selection processes.
- Supported trustee recruitment through social media.
- Introduced the option for staff to have their pronouns added to their e-signature.
- Equality, diversity and inclusion training completed by all staff and included in the induction process.
- Equality, diversity and inclusion training was offered to all trustees.
- The EDI Groups aim for next year is to engage with the wider sarcoma community.

How we raise and spend our money



The above activities include 14% support costs and 2% governance costs, which have been re-allocated to each activity (see notes to financial statements)

Future Plans

In the coming year we will continue on our path towards achieving the objectives outlined in our strategy to 2026.

Our long-term vision

All people with sarcoma will be diagnosed earlier, have better experiences and live longer lives with less long-term effects.

What this means for people affected by sarcoma



Patients will be diagnosed earlier
(at stage I or II)



Patients will live longer



Patients will have better experiences
of their sarcoma

To achieve this over the next three to five years we will focus on:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Improving education on sarcoma for healthcare professionals.• Increasing awareness of sarcoma.• Improving referral and access to scans.• Prioritising research into the early diagnosis of sarcoma. | <ul style="list-style-type: none">• Ensuring patients have more treatment options.• Ensuring all care is given at specialist centres or involves sarcoma multi-disciplinary teams.• Supporting more targeted treatments.• Improving our understanding of sarcoma and how it develops. | <ul style="list-style-type: none">• Funding research to improve outcomes and quality of life.• Ensuring access to the most appropriate care and support.• Ensuring patients have more access to reliable, transparent information.• Enabling patients to have access to peer support. |
|--|--|--|

Specifically in 2022-23:

1. We will aim to reach everyone who is affected by sarcoma with our support and information, particularly those groups such as those from any ethnic minority community who we have failed to reach previously.
 - Review our core information content to make the language more accessible, less clinical, and more closely aligned with our brand and tone.
 - Publish new video content and infographics to complement many of our text heavy resources.
 - Shift our core information content to being more digitally focussed, moving away from PDF factsheets to allow the content to become more easily searchable and accessible.
 - Recruit a Support Line Advisor.
2. We will support patients at every step of their sarcoma journey.
 - Launch a new webpage on palliative care, focussing mainly on the support aspects of this topic and breaking down some of the barriers to discussing it.
 - Publish a new print and online resource about Leiomyosarcoma, which is the most common subtype for which we don't yet have a dedicated resource.
 - Develop shorter information content pages with key highlights and details for rarer sarcoma subtypes so that we are able to reach a higher proportion of people affected by sarcoma.
 - Complete a review of our clinical trials hub content.
1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration.
 - Launch the Sarcoma UK student network, connecting our funded students with one-another, with the charity and with people affected by sarcoma.
 - Run a competitive workshop scheme, providing funding for research meetings and conferences.
2. We will combine our grant funding streams to increase flexibility and efficiency.
 - Run an annual open grant round to award PhD studentships, larger grants and small grants with a total budget of £800,000.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities.
 - Implement lay review within all grant funding rounds and include lay members on all research panels.
 - Recruit and train a new tranche of lay members.
4. We will launch targeted calls for funding in priority areas of research.
 - Run a targeted research funding call with budget of £250,000 for projects exploring improving diagnosis of sarcoma.
 - Launch and administer the Research Strategy committee to steer and inform future targeted research calls.
5. We will work more closely with the sarcoma research community to shape our research programme and priorities.
 - Form new collaborations with other funders to fund research in partnership.
 - Visit research labs and attend conferences.
 - Actively participation in SPAEN board.

6. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis).
 - Ensure all consultation interaction is representative of UK practice and reflects healthcare professional views.
7. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas.
 - Become a conduit for conversation amongst the professional communities, with a focus around early diagnosis.
 - Facilitate the work of the Early Diagnosis Steering Group, and run a series of policy projects based on their recommendations.
 - Collaborate with the SAG Chairs group on the Service Specification for Sarcoma, particularly around specialisation and preparing for consultations on updates to the current Specification.
8. We will improve the quantity and quality of education on sarcoma for healthcare professionals.
 - Launch and promote education programmes for healthcare professionals who interact with people with sarcoma or suspected sarcoma.
9. We will work to improve referral pathways and improve quick access to scans.
 - Create and promote improved ultrasound guideline knowledge.
 - Drive creation of national guidelines for standardisation of MRI scanning. Holding a radiology day to develop new guidelines in collaboration with the BSG and creating a new resource.
 - Scope and map out work to standardise referral requirements through discussions with sarcoma MDT staff.
 - Develop a resource to improve escalation and de-escalation in consultation with relevant healthcare professionals.
 - Facilitate the work of BSG and the SAG Chairs to map how patients are referral into specialist centres.
 - Drive work into understanding of the cost of late diagnosis. Facilitate the work of the Leeds sarcoma centre and Dr Rob Turner and use this project to feed into commissioned research on the national picture of the cost of late diagnosis.
10. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed.
 - Hold parliamentary engagement events in both Westminster and Holyrood, allowing supporters to write to their MPs to ask them to attend.
 - Work proactively with the NHSE Cancer team, making the most of their new-found emphasis on early diagnosis.
11. We will prioritise research into the earlier diagnosis of sarcoma.
 - Commission research projects into early diagnosis.
 - Support and enable an audit of early diagnosis in sarcoma, working with Mr Jonathan Stevenson to facilitate the audit.
12. Ensure we have the funds to support the priorities above.

The Fundraising Team will actively be looking at growing the following areas of fundraising:

 - Grow challenge events portfolio and to brand a number of challenges.
 - Merchandise revamp to enhance public visibility and provide a competitive offering.
 - Our regular Sarcoma UK events will continue including the Glitter Ball and Carol Concert.
 - Invest in two more virtual Facebook challenge events during the year.
 - Major donor stewardship.

- Two major donor lab tours.
 - High profile event with a celebrity and auction to thank The Analyst for donating over £1m over the last decade.
 - Collaborative charity campaign.
 - Increase number of Will sign ups over the year, through a targeted mailing and stewardship plan.
 - In memory giving – digital campaign with JustGiving, offering a physical pack and personal stewardship to support families, with the potential to develop Group Funds.
 - Creating easier donation pathways including Direct Debit facilities and PayPal.
13. Create a strong, stable organisation with good governance, systems and processes.
- Review bank accounts and consider options for diversifying cash.
 - Improved integration between the finance system SAGE and other organisational systems/excel spreadsheets.
 - Review and update job application process including a more user-friendly application and equal opportunities form.
 - Integrating Raiser's Edge (database) NXT WebView across the charity in the same way we use Teams and Zoom. Individuals will have the resources at their fingertips via the dashboard enabling them to carry out their own reporting.
 - Rollout ImportOmatic across all funding streams including Much Loved and Memory Giving.
 - Database health check.
 - Implement new risk management model.
 - Review Board of Trustees sub-committees' terms of reference and make recommendations.
 - Maintain a timely review of our information, demand for content and stock levels by:
 - Conducting a review of 12 of our resources across the year.
 - Completing an information audit, compiling a report of our findings.
 - Conduct our first Research Audit, analysing funding trends across subtypes, grant types and other splits.
 - Create a comprehensive patient involvement programme which is in place across the organisation.
 - Regular monitoring and evaluation of our campaigns, events and applications will help us to improve.
14. Ensure that we have a positive, skilled team with appropriate training and development.
- Introduce a training and development policy. The policy will focus on the process, responsibilities, resources and areas/categories of training provided both internally and externally.
 - The Staff Wellbeing Working Group – key activities throughout the year will include: away days, team building activities, therapy sessions.
 - Review and update the staff induction process and provide training to managers e.g. induction checklist, probationary review form, probationary objectives.
 - Introduce more robust policies and process's surrounding hybrid working including; health and safety, regular equipment reviews, management of flexible working, data security and review of hotdesking system.
15. Focus on equality, making our services accessible to all people with sarcoma, with no one left behind.
- The Equality, Diversity and Inclusion Working Group (EDI) will be looking at how Sarcoma UK can engage with the wider sarcoma community, and as things progress will take the initial steps towards making this happen.

- Produce and roll out an internal EDI guide/prompt to be incorporated into staff projects. This will be trialled with the support line and rolled out to all staff at the beginning of the year.

16. Increase public awareness of sarcoma through higher profile and targeted campaigns.

As Sarcoma UK expands and is better placed to identify and segment audiences, we need to develop a dynamic communication plan for Sarcoma UK and work alongside all teams to identify newsworthy content and increase awareness of sarcoma and Sarcoma UK. This will be achieved by:

- Sourcing a PR Agency, enabling us to be more proactive in our approach and more outward focused. They will be responsible for identifying, writing and selling content to a range of national, regional and local media outlets.
- The use of data driven localisation (AdWords, Search Engine Optimisation, targeting, geotargeting and retargeting).
- Investment in video content. The rebuild of the website, will allow us to increase the amount of video content on key pages such as information and support and to accompany major fundraising and challenge events.

The impact of COVID-19 on Sarcoma UK's work

COVID-19 continued to have a significant impact on Sarcoma UK's income and work in 2021-22. Financial planning remained difficult as there is so much uncertainty in society and with people's finances.

We regularly and consistently speak to the staff team to ensure that morale is high and they feel supported and engaged. In surveys our staff felt that the organisation had responded well to the pandemic and they felt supported by their line manager.

We are always looking to reduce costs and be as efficient as possible while remaining effective. We moved offices in January 2022 to both downsize and share with another charity.

Governance, Structure and Management

Legal Entity

Sarcoma UK is a charity registered in England and Wales with the Charity Commission on 17 January 2011, and registered as a charity in Scotland on 12 September 2013. Its governing

documents are its memorandum and articles of association. Sarcoma UK is also a company limited by guarantee incorporated with Companies House on 10 January 2011.

Sarcoma UK is sole corporate Trustee of former charity The Sarcoma Trust.

Charitable Objectives

The objectives of the charity are: to promote and protect the physical and mental health of patients with bone and soft tissue sarcomas in the United Kingdom through the provision of information, support, education and practical advice to them, their families and their carers; the relief of sickness and the preservation of health in particular by promoting and supporting research with the publication of the useful results thereof and the development of more effective treatment and care for patients with bone and soft tissue sarcomas; to

advance the education of the general public in all areas relating to sarcoma.

Board of Trustees 2021/22

Sharon Reid – Chair

Sharon is a former Executive Director and Chief Operating Officer at Edelman, the world's largest PR agency, and has worked in communications for the last 18 years.

Sarah Conneally

Sarah is former Head of Events & Visits at 10 Downing Street, having worked for both David Cameron and Theresa May. Sarah was a colleague of Chris Martin at 10 Downing Street and she led their working group during our charity of the year partnership in 2016. Sarah is now a director at the newly formed Commonwealth Summit Unit, part of the Cabinet Office.

Andy Eckles – Trustee with special interest in finance

Andy has 30 years' experience in finance, as both an auditor and currently as Group Financial Controller at Huntswood, a company that provides specialist resourcing and consultancy services. Andy's son, Tom, passed away from Ewing's sarcoma in September 2015.

Professor Ian Judson

Ian has been treating patients with sarcoma for 25 years as Head of the Sarcoma Unit at the Royal Marsden until his retirement in 2016. He has conducted many clinical trials in this area, and was a founder member of the British Sarcoma Group, and President until 2015.

Louisa Nicoll

Louisa is a nurse with extensive experience in the delivery of oncological and specialist palliative care services. She is currently Ward Manager at a Sue Ryder hospice in Henley-on-Thames. Louisa's husband was diagnosed with high grade osteosarcoma in March 2016 and sadly died in August 2020.

Mr Michael Parry

Michael is a Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital specialising in orthopaedic oncology and primary and revision lower limb arthroplasty. His specialist interests are in orthopaedic oncology and lower limb arthroplasty, with a particular interest in the management of infected joint replacements.

Sam Patton (resigned January 2022)

Sam Patton is the Director of Orthopaedics & Consultant Orthopaedic Surgeon at the Royal Infirmary of Edinburgh. Sam has a long history of sarcoma practice and has served as a panel member on our Research Advisory Committee. Among his relevant experience are positions including Oncology Editor for The Bone & Joint Journal (the premier UK based orthopaedic journal) and Lead Clinician, Scottish Sarcoma Network in 2007-2013.

Isla Robinson

Isla Robinson is a freelance Marketing Consultant (Director level) with over 15 years' experience of local and global marketing, including as a lead member of the team for Campari UK. Isla brings her professional expertise to the Board alongside first-hand

experience of Ewing's sarcoma with which she was diagnosed in 2011. This was when Isla first discovered Sarcoma UK, and she has since found the charity to be a 'key source' of reliable information.

Anjula Thompson

Anjula qualified as a Solicitor in 1993. She worked in private practice for 10 years and thereafter as a legal officer in the voluntary sector before taking up her current role, in 2005 as a Deputy District Judge, adjudicating in Civil and family cases. Anjula is the wife of Sarcoma UK trustee Dave Thompson who sadly passed away in 2016.

Johanne Vass

Jo is a Sarcoma Advanced Nurse Practitioner, the lead for sarcoma nursing services and a key member of the South Wales Sarcoma Multi-Disciplinary Team. She was the first sarcoma specialist nurse to be appointed in South Wales in 2012.

The Board continue to follow the Charity Governance Code, to manage and take responsibility for Trustee governance. The Board has two committees, the Nominations and Human Resources (NHR) Committee and the Governance, Risk and Finance (GRF) Committee. The Board have produced a detailed Charity Governance Code assessment document, which will be reviewed by the GRF Committee and presented to the Board annually.

Sam Whittam (term of office ended October 2021)

Sam is a barrister working principally in the area of child protection and was called to the bar in 1995. In 2009, Sam lost her friend to sarcoma.

Russ Wilson (resigned March 2022)

Russ is currently a Partner at Hall & Partners, one of the UK's leading Brand Strategy consultancies. Russ has a very personal experience of sarcoma, having had an osteosarcoma removed from his leg when he was in his 20s.

Nominations and Human Resources Committee (NHR)

Responsible for HR and staffing issues, including staff remuneration. Responsibility for the renewal of tenure, recruitment and appointment of trustees is also delegated to the **Nominations and Human Resources Committee** who make recommendations to the Board of Trustees.

Current members:

- Isla Robinson (Chair)
- Louisa Nicoll
- Sam Whittam (until October 2021)
- Russell Wilson (until March 2022)

Governance, Risk and Finance Committee (GRF)

Responsible for overseeing governance, organisational risk and working with the Senior Management Team on finance. The **Governance, Risk and Finance Committee** make recommendations to the Board of Trustees.

Current members:

- Ian Judson (Chair)
- Andy Eckles
- Anjula Thompson
- Johanne Vass

Trustee Appointment and Induction

Sarcoma UK places a high value on having an informed and skilled Board of Trustees which guides the charity to achieve its ambitious goals.

Trustees serve a three-year term, after which they are eligible for re-election for a further three years.

New trustees are recruited in various ways, according to the skills sought by the Board. Vacancies are advertised in national charity media, through professional networks and via the charity's website and networks. Potential trustees are invited to submit a formal application and attend an interview with the Nomination and Human Resources Committee.

All trustees receive the Trustee Handbook, setting out the role and responsibilities of Sarcoma UK trustees, including the charity's policies and procedures relating to governance. A Register of Trustees' Interests is in place and updated annually.

All new trustees receive the governing document, strategy and business plan, published accounts and minutes of previous Board of Trustee meetings, Trustee Handbook, as well as Charity Commission guidance on effective governance. A formal induction programme is in place, where trustees spend time with the Chief Executive and the Senior Management Team. Trustees are subscribed to Governance publication and are encouraged to attend training and other events for charity trustees.

Organisational Structure

The Board of Trustees sets the strategic direction of Sarcoma UK and approves the main policies of the charity. It appoints and directs the Chief Executive, monitors performance and identifies and manages the major risks facing the charity. The Board meets four times a year.

The Board delegates responsibility for the running of the charity to the Chief Executive with clearly communicated and recorded executive limits. The Chief Executive is responsible and accountable for achieving Sarcoma UK's strategic objectives and delivering the annual business plan. A Senior Management Team is in place to support the Chief Executive, providing leadership across key areas of the charity's work, and ensuring delivery of the charity's day-to-day work.

Sarcoma UK's Senior Management Team consisted of:

- Chief Executive
- Director of Finance and Resources
- Director of Fundraising and Communications
- Director of Research, Policy and Support

Sarcoma UK has a policy for reviewing staff salaries, set out in the Staff Handbook. Staff salaries are reviewed annually by the Board of Trustees Nominations and Human Resources Committee, on behalf of the Board of Trustees, and benchmarked against voluntary sector pay surveys and inflation. The remuneration of senior management is covered under this policy.

The trustees are grateful to the staff team for the outstanding work they do on behalf of people affected by sarcoma.

Volunteers

The trustees recognise the valuable contribution made by volunteers to Sarcoma UK and wish to record their gratitude for this commitment. These include: members of Sarcoma UK's Grant Review Panel; sarcoma support group leaders; Sarcoma UK's Information Review Panel; Sarcoma UK's Medical Advisory Group, individuals and families who have provided their stories for use as case studies; everyone who has undertaken fundraising and awareness-raising in their communities; everyone who has set up information stands or cheering stations at events; and everyone who has supported Sarcoma UK at events and activities throughout the year. In accordance with accepted practice, no amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Risk management

To manage risk effectively, Sarcoma UK uses a risk assessment model. The model sets out the processes for identifying major strategic risks, assessing their likely impact and, where appropriate, the measures that need to be implemented to mitigate the risks. The highest priority risks are regularly reviewed by the Senior Management Team and the Trustee Governance Risk and Finance Committee.

In our risk assessment model, risks are categorised under the following headings: Governance, Financial, Operational, Environmental and External Factors, Compliance Risk, and Charitable Objectives.

The most significant risks identified throughout 2021-22 included:

1. Failure to raise income required because of a prolonged pandemic, the effects of Brexit and related economic recession.
2. Post-pandemic working practises and the move to hybrid working.
3. Cyber fraud.

The trustees are satisfied that appropriate systems are in place and further steps are planned to manage and mitigate these most significant risks.

The risk assessment model was reviewed by the trustees in November 2021, it was agreed by the trustees that we would update our current assessment model and process in 2022/23.

Grant Making Policy

Sarcoma UK is a member of the Association of Medical Research Charities (AMRC), an organisation of the leading medical and health research charities in the UK. In accordance with AMRC best practices, Sarcoma UK is committed to ensuring the highest standards of

accountability, balance, independence, rotation of expertise and impartiality in our research programme.

Our funding decisions are made on the basis of the scientific quality of the studies proposed, and the relevance to people affected by sarcoma.

We hold annual calls for proposals, which are open competition and publicised on our website and to the sarcoma research community. Applications submitted are subject to a preliminary triage of their eligibility, and then undergo a rigorous external peer review process by sarcoma research experts and people affected by sarcoma, to identify the best quality projects. Our Grant Review Panel is made up of independent scientific experts as well as people with a personal connection to sarcoma. All panel members and external peer reviewers adhere to our Principles of Peer Review Policy, as well as declaring conflicts of interest in line with our Conflicts of Interest Policy. A conflict of interest results in exclusion from review and participation in funding decisions. The panel considers all peer and lay reviews, scores independently and anonymously, and then makes recommendations for funding to Sarcoma UK's Board of Trustees, who approve the final grants to be awarded.

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Working with Others

Sarcoma UK recognises that progress towards our goals is maximised when working collaboratively with others who share an interest in improving the lives of people affected by sarcoma. As the only UK charity focusing on all types of sarcoma, we aim to work collaboratively with the whole sarcoma community to achieve our vision for the future. In 2020/21, Sarcoma UK had collaborations with: the Association of Medical Research Charities (AMRC); BMJ Learning; Boom Foundation (Northern Ireland); British Sarcoma Group; The Bone Cancer Research Trust; Cancer 52; National Cancer Registry and Analysis Service (NCRAS), Welsh Cancer Intelligence and Surveillance Unit, Information Services Division of the NHS National Services Scotland, N. Ireland Cancer Registry, GIST Cancer UK; National Cancer Research Institute (NCRI) sarcoma clinical studies group; National Institute of Health and Care Excellence (NICE); National Sarcoma Forum (of specialist nurses); NHS England; Public Health England, the Sarah Burkeman Trust; Sarcoma Patients EuroNet; the Scottish Sarcoma Network; the network of sarcoma specialist centres – bone and soft tissue – in England, Wales and Northern Ireland; Sarcoma Advisory Group (SAG) Chairs; the Children and Young People's Cancer Coalition; and all the charities that formed part of our 20for20 campaign.

Financial Review

Income

Sarcoma UK has made excellent progress against its objectives for the year, successfully raising £2,539,882, an increase of 35% from the previous year (2021: £1,875,292).

This increase is primarily due to the reinstatement of fundraising events following the pandemic and £227,528 from the UK Government COVID Medical Research Charity Support Fund.

The trustees wish to thank all donors for their invaluable support during the year, which is helping Sarcoma UK transform the lives of everyone affected by sarcoma.

Expenditure

Total expenditure increased to £2,434,851 (2021: £1,868,955), an increase of 30% mainly as a result of:

- Increasing research grants made by £245,294.
- An increase in event costs by £254,137 following the reinstatement of community and special events since the pandemic.
- An increase in fundraising fees and materials by £26,474 due to increased event participation.
- PR and marketing costs increased by £34,270 following a website upgrade and Sarcoma UK's first ever Facebook challenge, both creating increased public awareness of sarcoma.

Sarcoma monitors spending closely, employing the use of financial management and budgetary controls across the charity and expenditure on our charitable activities remained high at 73% of total expenditure. We strive to keep the costs of raising money to a minimum. This year for every £1 spent on fundraising £3.89 was raised. This decreased from the prior year as we started to re-invest in fundraising and special events following the pandemic.

A surplus of £105,031 (2021: £6,337) was made this year and increases total charity funds to £1,513,532 (2021: £1,408,501), of which £9,705 are restricted. The reserves policy is discussed below.

Reserves Policy

The Board of Trustees aim to maintain reserves at a level which equates to approximately nine months of operational costs including budgeted salary, rent and support costs. This is approximately £880,000 for the forthcoming year.

Due to the generosity of our supporters and the outstanding performance of Sarcoma UK's fundraising team, the total funds of the charity at 31 March 2022 were £1,513,532 of which £9,705 are restricted. This leaves a balance of £1,503,827 as unrestricted funds. The trustees monitor reserves very carefully and regularly assess investment opportunities to ensure that money raised is invested in the most effective ways. They have agreed to designate £100,000 of these unrestricted funds to our core research costs and £100,000 to our information and support service in 2022/23, £13,354 are tied up as fixed assets leaving a balance of £1,290,473, which exceeds the level required by the reserves policy £880,000. Remaining funds of £410,473 will be applied to furthering our mission to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

The reserves policy including designation of funds will be reviewed in 2023 to ensure it is adequate for the charity's future operational needs.

Statement of responsibilities of the trustees

The trustees (who are also directors of Sarcoma UK for the purposes of company law) are responsible for preparing the trustees' annual 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 charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- 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 charitable company 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 charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 12 (2020:12). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees on 11 October 2022 and signed on their behalf by

Sharon Reid
Chair of Trustees

Acknowledgements

Patron	Richard Whitehead MBE
Founder	Roger Wilson CBE
Celebrity Ambassadors	Jake Quickenden, Gavin Ramjaun, Sandra Dickinson, Mark Osmond
Ambassadors	Lesley Abraham, Shelagh Allison, Zoe Conway, Jan Cornell, Maddie Cowey, Karen Delin, Dr Alison Dunlop, Mark Gould, Amelia Granville, Gina Long, Steve Mayer, Leona Rankin, Ian Randall, Glenys Stittle, Baroness Liz Sugg, Dr Rachel Taylor, Jasmine Thompson, Zoe Thompson, Wendy Watkins, Sam Whittam, Dr Jeff White, Glyn Wilmshurst and Sheelagh Wilson

Grant Review Panel

Professor Jeremy Whelan (Chair), Professor of Cancer Medicine, University College London.

Professor Andrew Beggs, Reader in Cancer Genetics & Surgery, University of Birmingham.

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Dr Bernadette Brennan, Consultant Paediatric Oncologist, Royal Manchester Children's Hospital.

Professor Susan Burchill, Professor of Adolescent and Paediatric Cancer Research, Leeds Institute of Cancer and Pathology, University of Leeds.

Dr Quentin Campbell Hewson, Consultant Paediatric Oncologist, Great North Children's Hospital in Newcastle upon Tyne.

Dr Louise Carter, Senior Clinical Lecturer in Experimental Cancer Medicine, University of Manchester.

John Coles, lay panel member

Mr Paul Cool, Consultant Orthopaedic & Oncological Surgeon, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

Mr Craig Gerrand, Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital.

Dr Paul Huang, Team Leader, Division of Molecular Pathology, Institute of Cancer Research.

Becky Hughes, lay panel member

Dr Sophie Postel-Vinay, Physician Scientist, Drug Development Department and U981 INSERM research unit, Gustave Roussy Cancer Campus.

Alasdair Punton, lay panel member

Dr Karen Sisley, Senior Lecturer, University of Sheffield.

Dr Sandra Strauss, Consultant Medical Oncologist, University College Hospitals London.

Leanne Thorndyke, lay panel member.

Professor Galina Velikova, Chair of Psychosocial and Medical Oncology, University of Leeds.

Dr Jayne Wood, Consultant in Palliative Medicine and Clinical Lead, Royal Marsden and Royal Brompton Hospitals London.

Supporters

Sarcoma UK is deeply grateful to all those who have supported us during the year.

Sarcoma UK could not exist without the kindness of our supporters who contribute to our progress in a wide variety of ways. While many people support the charity through financial donations, others contribute through volunteering, giving their time, energy, passion, and skills.

A huge thank you to all our supporters.

Opinion

We have audited the financial statements of Sarcoma UK (the 'charitable company') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

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 charitable company 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 Sarcoma UK'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 trustees' 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, except to the extent otherwise explicitly

stated in our report, 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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes 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 charitable company'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 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.

- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: 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 charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior statutory auditor)
11 November 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Sarcoma UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	2,001,718	528,429	2,530,147	1,504,715	368,357	1,873,072
Investments		9,735	-	9,735	2,220	-	2,220
Total income		2,011,453	528,429	2,539,882	1,506,935	368,357	1,875,292
Expenditure on:							
Raising funds	3	652,468	-	652,468	403,208	-	403,208
Charitable activities							
Research	3	616,399	495,761	1,112,160	670,237	187,644	857,881
Information and support	3	290,493	10,000	300,493	274,584	40,362	314,946
Awareness, campaigns and education	3	354,634	15,097	369,731	189,693	103,227	292,920
Total expenditure		1,913,993	520,858	2,434,851	1,537,722	331,233	1,868,955
Net income / (expenditure) and net movement in funds for the year	5	97,460	7,571	105,031	(30,787)	37,124	6,337
Reconciliation of funds:							
Total funds brought forward		1,406,367	2,134	1,408,501	1,437,154	(34,990)	1,402,164
Total funds carried forward		1,503,827	9,705	1,513,532	1,406,367	2,134	1,408,501

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Sarcoma UK

Balance sheet

Company no. 7487432

As at 31 March 2022

	Note	£	2022 £	£	2021 £
Fixed assets:					
Tangible assets	10		13,354		9,959
			13,354		9,959
Current assets:					
Debtors	11	526,555		359,689	
Short term deposits		109,534		108,569	
Cash and cash equivalents		3,718,176		3,246,107	
			4,354,265	3,714,365	
Liabilities:					
Creditors: amounts falling due within one year	12	1,175,961		1,115,390	
Net current assets			3,178,304		2,598,975
Total assets less current liabilities			3,191,658		2,608,934
Creditors: amounts falling due after one year	13		1,678,126		1,200,433
Total net assets	14		1,513,532		1,408,501
The funds of the charity:	15				
Restricted income funds			9,705		2,134
Unrestricted income funds:					
Designated funds		200,000		200,000	
General funds		1,303,827		1,206,367	
Total unrestricted funds			1,503,827		1,406,367
Total charity funds			1,513,532		1,408,501

Approved by the trustees on 11 October 2022 and signed on their behalf by Sharon Reid

Sharon Reid
Chair of Trustees

Statement of cash flows

For the year ended 31 March 2022

	2022		2021	
	£	£	£	£
Cash flows from operating activities:				
Net income for the reporting period (as per the statement of financial activities)	105,031		6,337	
Depreciation charges	7,531		6,057	
Sale of Fixed Assets	-		222	
Interest	(9,735)		(2,220)	
(Increase)/decrease in debtors	(166,866)		62,500	
Increase in creditors	538,264		308,186	
	<hr/>		<hr/>	
Net cash provided by operating activities		474,225		381,082
Cash flows from investing activities:				
Transferred (to)/from short term deposits	(965)		107,398	
Interest received	9,735		2,220	
Loss on disposal	2,670		148	
Purchase of fixed assets	(13,597)		(3,095)	
	<hr/>		<hr/>	
Net cash (used in)/provided by investing activities		(2,157)		106,671
		<hr/>		<hr/>
Change in cash and cash equivalents in the year		472,068		487,753
Cash and cash equivalents at the beginning of the year		3,246,109		2,758,356
		<hr/>		<hr/>
Cash and cash equivalents at the end of the year		3,718,177		3,246,109
		<hr/>		<hr/>
Analysis of cash and cash equivalents				
		At 1 April		As at 31
		2021	Cash flows	March 2022
		£	£	£
Cash at bank and in hand		2,837,343	467,992	3,305,335
Notice deposits (less than three months)		408,764	4,076	412,840
		<hr/>	<hr/>	<hr/>
Total cash and cash equivalents		3,246,107	472,068	3,718,175
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

1 Accounting policies

a) Statutory information

Sarcoma UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address (and principal place of business, if different from the registered office) is 49-51 East Road, London, N1 6AH.

b) Basis of preparation

The financial statements have been prepared in accordance with 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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from revenue grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of raising sarcoma awareness, funding research and providing information and support, all undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are those costs which do not in themselves constitute a charitable or fundraising activity, but are the central office functions necessary to support these activities. They include administration, finance, HR, database, IT and office overhead costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

- | | |
|---|-----|
| <input type="checkbox"/> Raising funds | 29% |
| <input type="checkbox"/> Research | 15% |
| <input type="checkbox"/> Information and support | 29% |
| <input type="checkbox"/> Awareness, campaigns and education | 27% |

l) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

m) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £250. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

<input type="checkbox"/>	Fixtures and fittings	5 years
<input type="checkbox"/>	Computer equipment	5 years

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Donations and gifts	1,937,430	528,429	2,465,858	1,467,883	368,357	1,836,240
Legacies	48,789	-	48,789	36,832	-	36,832
Donated goods and services	15,500	-	15,500	-	-	-
	<u>2,001,718</u>	<u>528,429</u>	<u>2,530,147</u>	<u>1,504,715</u>	<u>368,357</u>	<u>1,873,072</u>

Donated goods and services include those donated to the Sarcoma UK Glitter Ball event from Diageo, Campari, ICONIC Vision and Granville Films. Hogan Lovells Internatal LLP also provided the venue and catering for the Sarcoma UK Genomics Development Board Meeting and acted as our solicitor during our office move.

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2022

3a Analysis of expenditure (current year)

	Charitable activities						2022 Total £	2021 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £		
Staff costs (Note 6)	197,512	106,029	174,474	166,766	25,024	200,578	870,383	868,359
Other staff costs	3,549	3,047	3,845	2,800	1,771	39,389	54,401	24,849
Research grants payable (Note 4)	-	936,815	-	-	-	-	936,815	691,521
Research support (development scheme)	-	6,000	-	-	-	-	6,000	-
Travel & subsistence	396	281	44	620	-	204	1,545	377
Fundraising fees	42,896	-	-	-	-	-	42,896	27,297
Fundraising materials	14,708	-	-	-	-	-	14,708	3,833
Events, participation & publicity costs	268,138	-	-	-	-	-	268,138	14,001
Fundraising appeals	5,669	-	-	-	-	-	5,669	10,807
Donor relationship management	737	-	-	-	-	-	737	71
PR & marketing	-	-	-	82,800	-	-	82,800	48,530
Support services	-	-	10,259	-	-	-	10,259	7,321
Awareness & campaigning projects	-	-	451	15,614	-	-	16,065	10,932
Information services	-	-	1,410	-	-	-	1,410	2,802
Office costs	-	-	-	-	-	71,621	71,621	106,267
Office communication costs	-	-	-	-	-	10,736	10,736	11,285
Membership subscriptions	7,335	3,086	-	225	1,528	297	12,471	10,321
Trustees development, expenses & meeting costs	-	-	-	-	2,226	-	2,226	27
Legal & professional	-	-	-	-	8,593	2,201	10,794	20,991
Insurance	-	-	-	-	-	4,495	4,495	2,837
Bank charges	-	-	-	-	-	480	480	323
Depreciation & Loss on Disposal	-	-	-	-	-	10,202	10,202	6,204
	540,940	1,055,258	190,483	268,825	39,142	340,203	2,434,851	1,868,955
Support costs	100,020	51,031	98,659	90,494	-	(340,203)	-	-
Governance costs	11,508	5,871	11,351	10,412	(39,142)	-	-	-
Total expenditure 2022	652,468	1,112,160	300,493	369,731	-	-	2,434,851	1,868,955

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2022

3b Analysis of expenditure (prior year)

	Charitable activities						2021 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £	
Staff costs (Note 6)	226,584	90,917	181,243	157,329	24,418	187,868	868,359
Other staff costs	(102)	1,001	857	1,098	7,250	14,745	24,849
Research grants payable (Note 4)	-	691,521	-	-	-	-	691,521
Research support (development scheme)	-	-	-	-	-	-	-
Travel & subsistence	-	121	-	-	-	256	377
Fundraising fees	27,297	-	-	-	-	-	27,297
Fundraising materials	3,833	-	-	-	-	-	3,833
Events, participation & publicity costs	14,001	-	-	-	-	-	14,001
Fundraising appeals	10,807	-	-	-	-	-	10,807
Donor relationship management	71	-	-	-	-	-	71
PR & marketing	-	-	-	48,530	-	-	48,530
Support services	-	-	7,321	-	-	-	7,321
Awareness & campaigning projects	-	-	25	10,907	-	-	10,932
Information services	-	-	2,802	-	-	-	2,802
Office costs	-	-	-	-	-	106,267	106,267
Office communication costs	-	-	-	-	-	11,285	11,285
Membership subscriptions	6,308	2,226	102	403	1,282	-	10,321
Trustees development, expenses & meeting costs	-	-	-	-	27	-	27
Legal & professional	-	-	-	-	8,173	12,818	20,991
Insurance	-	-	-	-	-	2,837	2,837
Bank charges	-	-	-	-	-	323	323
Depreciation & Loss on Disposal	-	-	-	-	-	6,204	6,204
	288,799	785,786	192,350	218,267	41,150	342,603	1,868,955
Support costs	102,141	64,364	109,450	66,648	-	(342,603)	-
Governance costs	12,268	7,731	13,146	8,005	(41,150)	-	-
Total expenditure 2021	403,208	857,881	314,946	292,920	-	-	1,868,955

Notes to the financial statements

For the year ended 31 March 2022

4 Grant making

	Payment Schedule					2022	2021
	2022	2023	2024	2025	2026		
	£	£	£	£	£	£	£
Grants to institutions:							
Institute of Cancer Research	-	-	-	-	-	-	120,000
University of Birmingham	-	-	-	-	-	-	5,000
Royal Marsden NHS Foundation Trust	-	-	-	-	-	-	50,000
University of Southampton	-	-	-	-	-	-	248,398
University of Sheffield	-	-	-	-	-	-	117,850
University of Edinburgh	-	-	-	-	-	-	119,988
Royal National Orthopaedic Hospital	-	-	-	-	-	-	41,070
University College London	44,160	-	-	-	-	44,160	-
University of Birmingham	22,000	-	-	-	-	22,000	-
University of Birmingham	4,613	10,265	6,121	2,709	-	23,707	-
Imperial College London	-	30,969	36,379	36,891	15,762	120,000	-
Institute of Cancer Research	-	87,508	62,304	-	-	149,812	-
Institute of Cancer Research	-	48,581	49,476	50,398	-	148,455	-
Institute of Cancer Research	-	38,067	38,149	43,784	-	120,000	-
University of Leeds	-	72,695	76,741	-	-	149,435	-
University of Manchester	-	37,638	39,248	43,065	-	119,951	-
University of Sheffield	-	31,754	17,932	-	-	49,686	-
University College London	-	50,000	-	-	-	50,000	-
						997,207	702,306
University of Liverpool (underspend)						-	(36)
University College London Hospitals NHS						-	(10,749)
University of Cambridge (Underspend)						(41,131)	-
Newcastle University (Underspend)						(19,206)	-
Birkbeck University of London (Underspend)						(35)	-
University of Southampton						(20)	-
At the end of the year						936,815	691,521

Full details of grant making activities are disclosed on page 8-11 of the report of the trustees.

5 Net income for the year

This is stated after charging / (crediting):

	2022	2021
	£	£
Depreciation	7,531	6,057
Loss on disposal	2,670	148
Interest received	(9,735)	(2,220)
Operating lease rentals:		
Property	24,943	74,107
Auditor's remuneration (excluding VAT):		
Audit	7,150	6,800

6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2022	2021
	£	£
Salaries and wages	762,289	736,783
Redundancy and termination payments	4,893	17,536
Social security costs	76,791	73,428
Employer's contribution to defined contribution pension schemes	31,700	31,699
Accrued holiday pay	(5,290)	8,913
	870,383	868,359

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year

	No.	No.
£90,000 - £99,999	1	1
£60,000 - £69,999	2	1

The total employee benefits including pension contributions and national insurance of the key management personnel were £317,522 (2021: £390,741) incurred by 5 (2021: 7) employees.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £235 (2021: £27) incurred by 3 (2021: 1) members relating to attendance at meetings of the trustees. The costs shown in note 3 for trustees' development, expenses & meeting costs also include costs relating to trustee meeting lunches, which are not direct trustee expenses relating to attendance at meetings of the trustees.

Notes to the financial statements

For the year ended 31 March 2022

7 Staff numbers

The average monthly headcount of employees, analysed by activities was:

	No.	No.
Raising funds	5	5
Research	2	1
Information and support	4	5
Awareness and campaigns	3	4
Support	6	6
	20	21

Total number of staff by headcount at 31 March 2022 was 22 (including 7 part-time).

8 Related party transactions

Sarcoma UK Trustees and close family personally donated and raised £17,342 (2021: £12,628).

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At the start of the year	29,520	35,129	64,649
Additions in year	-	<u>13,597</u>	<u>13,597</u>
At the end of the year	29,520	48,726	78,246
Depreciation			
At the start of the year	26,406	28,284	54,690
Charge for the year	3,114	4,417	7,531
Disposal	-	2,670	2,670
At the end of the year	29,520	35,372	64,892
Net book value			
At the end of the year	-	<u>13,354</u>	<u>13,354</u>
At the start of the year	3,114	6,845	9,959

All of the above assets are used for charitable purposes.

11 Debtors

	2022 £	2021 £
Other debtors	9,450	13
Prepayments	321,209	234,540
Accrued income	195,896	125,136
	526,555	359,689

12 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	13,549	3,220
Taxation and social security	22,762	18,028
Other creditors	5,920	5,579
Accruals	54,609	41,319
Deferred income	-	1,000
Grants payable	1,079,121	1,046,244
	1,175,961	1,115,390

13 Creditors: amounts falling due after one year

	2022 £	2021 £
Grants payable:		
1 - 2 years	825,324	482,367
2 - 5 years	852,802	718,066
	1,678,126	1,200,433

Notes to the financial statements

For the year ended 31 March 2022

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	13,354	-	-	13,354
Net current assets	2,968,599	200,000	9,705	3,178,304
Long term liabilities	(1,678,126)	-	-	(1,678,126)
Net assets at 31 March 2022	1,303,827	200,000	9,705	1,513,532

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	9,959	-	-	9,959
Net current assets	2,396,841	200,000	2,134	2,598,975
Long term liabilities	(1,200,433)	-	-	(1,200,433)
Net assets at 31 March 2021	1,206,367	200,000	2,134	1,408,501

15a Movements in funds (current year)

	At 1 April 2021 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2022 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	-	495,761	(495,761)	-	-
Information and support	-	15,000	(10,000)	-	5,000
Awareness, campaigns and education	2,124	17,668	(15,097)	-	4,695
Total restricted funds	2,134	528,429	(520,858)	-	9,705
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,206,367	2,011,453	(1,713,993)	(200,000)	1,303,827
Total unrestricted funds	1,406,367	2,011,453	(1,913,993)	-	1,503,827
Total funds	1,408,501	2,539,882	(2,434,851)	-	1,513,532

15b Movements in funds (prior year)

	At 31 March 2020 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	(35,000)	222,644	(187,644)	-	-
Information and support	-	40,362	(40,362)	-	-
Awareness, campaigns and education	-	105,351	(103,227)	-	2,124
Total restricted funds	(34,990)	368,357	(331,233)	-	2,134
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,237,154	1,506,935	(1,337,722)	(200,000)	1,206,367
Total unrestricted funds	1,437,154	1,506,935	(1,537,722)	-	1,406,367
Total funds	1,402,164	1,875,292	(1,868,955)	-	1,408,501

Notes to the financial statements

For the year ended 31 March 2022

Purposes of restricted funds:**Sarcoma Trust**

These funds represent the amounts retained within the Sarcoma Trust after becoming a linked charity with Sarcoma UK.

Research

These funds are to be used specifically towards research grants, as requested by the donor.

Information and Support

These funds are to be used specifically towards the provision of support and information for the sarcoma community, as requested by the donor.

Awareness, Campaigns and Education

These funds are to be used specifically towards raising awareness and improving standards of treatment and care, as requested by the donor.

Purposes of designated funds:**Research**

These funds represent those designated by the trustees towards our core research costs in 2022/23. These core costs include research grants awarded and research management costs.

Information and Support

These funds represent those designated by the trustees towards our information and support service in 2022/23. These costs include the running of our support line service and production of patient information.

16 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2022	2021	2022	2021
	£	£	£	£
Less than one year	35,640	5,763	-	207
	35,640	5,763	-	207

17 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

SARCOMA UK

England & Wales - Charity number 1139869

Accounts

Company number: 7487432
Charity number: 1139869
Charity number Scotland: SCO44260



Sarcoma UK
Annual Report and Accounts
For the Year Ended 31 March 2021

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Chair of Trustees' Statement

After seven years' involvement with Sarcoma UK I was honoured to succeed Glyn Wilmshurst as Chair of Trustees in October 2020. Glyn played a pivotal role in the considerable progress we have seen over the last ten years and he'll be a tough act to follow.

2020 marks the tenth anniversary of Sarcoma UK being formally established and although the COVID-19 pandemic slowed some of our progress it has made us a stronger and more resilient charity.

The pandemic presented Sarcoma UK with a number of challenges but we responded quickly:

- We increased our Support Line capacity by 50% to deal with the increased calls and emails; produced tailored information for sarcoma patients and their families; held online support groups and joined other charities to produce quick, consistent information in a fast-moving situation.
- We diversified our fundraising, tested new products and adopted accordingly. We held a successful Emergency Appeal and also brought together twenty rare and less common charities for a campaign we called 20for20.
- Like many organisations we cut budgets, furloughed staff, restructured and made redundancies, took pay cuts and downsized our office space.

However we were also committed to delivering against our objectives for the year. In 2020-21 we:

- Consulted on, developed and launched robust organisational and research strategies.
- Funded almost £700,000 worth of pioneering sarcoma research.
- Provided both an interim and final report on Early Diagnosis which has led to a number of pieces of work that will hopefully lead to sarcomas being diagnosed earlier.
- Raised much needed awareness of sarcoma and Sarcoma UK.

Supporters are the lifeblood of Sarcoma UK and the pandemic really has shown how important they are to our survival and continued progress.

The theme of the activity marking our tenth anniversary this year is 'People Make Sarcoma UK' - that is as true in 2021 as it was when we were established in 2011. I'm confident that, after a turbulent and challenging 18 months, by working together we will bounce back bigger and bolder than before.

Sharon Reid
Chair of Trustees

Reference and Administrative Details

Company number	7487432 (Limited by guarantee in England and Wales)
Charity number	England and Wales (1139869) Scotland (SCO44260)
Registered office	49-51 East Road, London N1 6AH
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows: Glyn Wilmshurst (Chair - term of office ended October 2020) Sharon Reid (Chair from October 2020) Sarah Conneally Andy Eckles Professor Ian Judson Louisa Nicoll Michael Parry (appointed October 2020) Sam Patton Isla Robinson Anjula Thompson Johanne Vass Sam Whittam Russ Wilson (appointed March 2020)
Patron	Richard Whitehead MBE
Chief Executive	Richard Davidson
Company Secretary	Katy Drake and Karen Wines
Bankers	CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ Lloyds TSB, National Clubs & Charities, PO Box 1000, BX1 1LY
Solicitors	Brahams Dutt Badrick French LLP, 24 Monument Street, London, EC3R 8AJ
Auditor	Sayer Vincent LLP Chartered accountants and statutory auditors Invicta House 108-114 Golden Lane London EC1Y 0TL

Objectives and Activities

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma.

Our vision

Our vision is a world where everyone affected by sarcoma cancer has the treatment, care and support they need.

Our mission

Our mission is to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

Our goals

1. More people will survive sarcoma.
2. More will be known about the causes of sarcoma.
3. Everyone affected by sarcoma will have access to the best treatment and care.

What we do

- Drive awareness of sarcoma cancer.
- Find answers through funding sarcoma research.
- Provide information and support to anyone affected by sarcoma cancer.
- Campaign for better treatments and to improve standards of care.

Sarcoma facts and figures

1. Sarcomas are uncommon cancers that can affect any part of the body, on the inside or outside, including the muscle, bone, tendons, blood vessels and fatty tissues.
2. Fifteen people are diagnosed with sarcoma every day in the UK. That's about 5,300 people a year.
3. There are around 100 different sub-types of sarcoma.
4. A key symptom of sarcoma is a lump that is increasing in size, often quickly.
5. Sarcoma diagnoses now make up about 1.4% of all cancer diagnoses in the UK.
6. Sarcomas account for about 11% of childhood cancers and about 14% of cancers in teenagers.

7. The majority of people are diagnosed when their sarcoma is about the size of a large tin of baked beans (10cm).
8. Sarcoma survival rates have been very gradually increasing over the last two decades in the UK. The five-year survival rate for sarcoma is 55%.

Achievements and Performance

Priority 1: Initiate change to raise awareness and improve standards of treatment and care

What we said we would do:

1. Increase the visibility of sarcoma and how it impacts on individuals and families so the public are familiar with sarcoma and its signs and symptoms.
2. Influence sarcoma health services so that sarcoma patients receive timely and high quality treatment and care, from diagnosis through to end of life care.

1. *Increase Awareness*

Pushing for awareness of cancer symptoms through the pandemic

- Throughout the pandemic we joined charity partners for calls with NHS England and supported the #CancerHasn'tStopped NHS Campaign.

Sarcoma Awareness Week

- Sarcoma Awareness Week (29 June – 5 July) saw the launch of our interim report on early diagnosis as well as the formal launch of our organisational policy priorities.

2. *Influence health policy to improve sarcoma specialised services*

National Sarcoma Survey

- Working with Quality Health, we completed our analysis of the National Sarcoma Survey 2020 and launched a full report of our findings. Over 1000 people completed the survey, giving us a robust dataset.

Key findings:

- 79% of respondents had not heard about sarcoma before their diagnosis.
- Around a third of respondents (30%) took more than 6 months to receive an accurate diagnosis, with 17% waiting more than a year.
- 25% of respondents said that their diagnosis and treatment of sarcoma has severely negatively affected their overall mental health.
- 45% of patients said they were not given enough information when they were first diagnosed.
- Dr Rachel Taylor from UCL will write up these results as an academic journal article.

Establishing organisational policy priorities

- As part of our work to establish Sarcoma UK as a policy influencer, we finalised 10 policy priorities for the organisation. These were formed following consultation with the sarcoma community and analysis of our National Sarcoma Survey, and can be split into three themes:
 - Early diagnosis
 - Access to the best possible treatment and care
 - Access to psychological support

Early Diagnosis

- In September our early diagnosis policy report, *Delays Cost Lives*, was launched. This report was built on a strong evidence base, combining findings from a comprehensive literature review, the findings of the National Sarcoma Survey 2020, and direct input from patients, carers and healthcare professionals from across the diagnostic pathway.
- In launching *Delays Cost Lives*, we welcomed support from Jess Phillips MP, and secured media coverage in the Times and Yorkshire Evening Post in addition to good pick up from parliamentarians in Westminster and Holyrood.
- Building on from the launch of *Delays Cost Lives*, we established an Early Diagnosis Expert Steering Group to shape our work in this area and to support its implementation.
- Taking an initial focus on Health Professional Education, we formed a collaboration with Gateway C to produce a free, accredited sarcoma e-learning module for GPs, due to launch in 2021.
- We established a new partnership with the Bone Cancer Research Trust, working on medical student education. This included conducting a survey of medical students and hosting student projects that explored preferred modes of learning.
- Our Early Diagnosis work was presented verbally and in poster form at the British Sarcoma Group conference and was awarded the best poster prize.

Medicines

- In April 2020 we saw the first new drug made available to sarcoma patients since 2017, thanks to input from Sarcoma UK. Larotrectinib was approved in England by the Cancer Drugs Fund and NICE for the treatment of a small group of sarcomas that carry a specific genetic abnormality. This 'histology independent' treatment works based on tumour genetics rather than tumour location. This was quickly followed by entrectinib, a similar treatment focusing on the same gene fusion.
- We submitted evidence to the NICE appraisal of avapritinib, a targeted treatment for a small number of GIST patients. This first appraisal led to a negative decision but we continue to work with NICE and the pharmaceutical company to call for flexibility.
- We worked with Immedica, the pharmaceutical company behind trabectedin, and provided the patient perspective to support the appraisal of the treatment. After four appraisals across over a decade, the Scottish Medicine Consortium finally approved the treatment for routine use in large part thanks to the work of Sarcoma UK.
- We have led the rare cancer sector's response to the NICE Methods and Processes Review, the results of which could impact which drugs are made available in the

future. Leading the work of Cancer 52, we sat on several internal NICE Task and Finish Groups and co-authored several papers and letters to NICE regarding how the Review could help improve access to medicines for rare cancers.

Data

- Thanks to previous lobbying on sarcoma data, the National Cancer Registration and Analysis Service (NCRAS) released new data covering 2013 – 2017 sarcoma incidence and route to diagnosis in England. We were also able to access data up to 2016 for Wales, and up to 2017 for NI and Scotland. Although this remains an area where more progress is needed, this data release represented a major step forwards in building a picture of sarcoma incidence and care in the UK and was used to inform our early diagnosis work and key messages.
- We also worked directly Sandra Strauss and Public Health England to build engagement around the ongoing sarcoma data project which aims to use national cancer data to improve outcomes for sarcoma.

Priority 2: Seek answers through research

What we said we would do:

1. Become a £1 million per year investor in sarcoma research.
2. Invest in sarcoma researchers of the future.
3. Identify transformational 'blue skies' research.

1. Become £1 million per year investor in sarcoma research

- The impact of the pandemic required us to make major cuts to budget across the board, but despite this we were able to protect research funding and invest £697,307 into high quality sarcoma research across six research grants.
- This brings our total investment to date into sarcoma research to £4.28 million.

Grants awarded in 2020/21

Searching for new therapies for undifferentiated pleomorphic sarcoma

Professor Valerie Brunton, The University of Edinburgh – PhD studentship

£119,988

Undifferentiated pleomorphic sarcoma (UPS) is the most common subtype of soft tissue sarcoma. However, these cancers are very complex, meaning that there are very few treatment options. This PhD studentship project aims to develop better models of undifferentiated pleomorphic sarcoma and to test potential drugs in these models, bringing us closer to making effective treatments available.

Looking for new treatments for metastatic soft tissue sarcoma

Dr William English, The University of Sheffield – PhD studentship

£117,850

When soft tissue sarcoma spreads to other parts of the body, the lungs are the most common site. Sadly, fewer than 20% of these patients will survive beyond five years,

meaning that new treatments are urgently needed. In this project, based in the laboratory of Dr William English, a PhD student will use cutting edge laboratory methods to identify new treatments for soft tissue sarcoma that has spread to the lungs.

Epithelioid Sarcomas: Genomic, Transcriptomic and Methylation Analysis
Professor Adrienne Flanagan, Royal National Orthopaedic Hospital (RNOH)
£41,070

Epithelioid sarcoma is very rare, with no viable treatment options, and there is also little information available about how it develops. This project will analyse epithelioid sarcoma patients' samples to fill this knowledge gap. This work builds on the Sarcoma UK-funded GeCIP project, a major study analysing the 1,600 sarcoma samples in the 100,000 Genomes Project to develop personalised medicine for sarcoma patients.

Translational studies in the TAPPAS trial for angiosarcoma
Dr Paul Huang, Institute of Cancer Research (ICR) – PhD studentship
£120,000

A trial exploring drugs to treat angiosarcoma (TAPPAS) was terminated early due to lack of treatment effect, but there were a small group of patients in the trial who did benefit long-term. Using blood and tissue samples from these patients, this PhD project will aim to predict which patients are most likely to benefit from drug treatment. The team will also explore if a non-invasive blood test can be used to monitor how well someone is responding to treatment.

EORTC STRASS II Trial: An international clinical trial exploring treatment options for retroperitoneal sarcoma patients
Mr Dirk Strauss, Royal Marsden NHS Foundation Trust
£50,000

Some subtypes of retroperitoneal sarcoma are particularly aggressive, with a high risk of death in the years after treatment, so there is a clear need for new and better treatments. The first trial of its kind, the multi-national EORTC STRASS II trial aims to investigate whether delivering chemotherapy to these high-risk sarcoma patients before surgery is more effective than the standard treatment of surgery alone.

Exploring genomic data to find gene networks and new treatments for liposarcoma patients
Dr Zoë Walters, University of Southampton – Genomics Research Programme
£248,398

Dedifferentiated liposarcoma is a particularly aggressive sarcoma subtype, and current treatments can be ineffective, with debilitating side effects. This project is exploring new ways of treating dedifferentiated liposarcoma, by identifying specific genetic changes which can be targeted with drugs.

Contribution to the CovidSurg-Cancer Initiative
Mr Anant Desai
£5,000

CovidSurg is a collaborative global cohort study which seeks to look at the outcomes of surgery in patients who develop COVID-19. This is especially important for sarcoma patients where surgery is often the main treatment available and there are few alternative options.

CovidSurg is led by scientists at the University of Birmingham in the UK, and has now captured data from over 20,000 patients from across 707 hospitals in 72 countries.

2. Invest in sarcoma researchers of the future

- We continued our commitment to training sarcoma research leaders of the future, supporting a total of eight PhD students across 2020/21.
- We awarded three new PhD studentships, bringing our total investment in PhD studentships alone to over £1.3 million. These studentships were awarded to Professor Valerie Brunton, Dr Paul Huang and Dr Will English, exploring treatment options for a variety of sarcomas.
- Sarcoma UK's funding also supports a PhD student working on Dr Zoë Walters' project.

3. Identify transformational 'blue skies' research

- We continued our commitment to supporting state-of-the-art research projects, developing ideas to improve our understanding of sarcoma, and to drive further innovative sarcoma research.
- 2020/21 saw us award the third research grant via our Genomics Research Programme. This initiative aims to bring together the best minds and the latest technologies in sarcoma research, using data from the 100,000 Genomes Project to advance our understanding of sarcoma. Dr Zoë Walters' work aims to bring us a step closer to a new and better treatment for dedifferentiated liposarcoma (further details are given above). This commitment brings Sarcoma UK's total investment in sarcoma genomics to £750,000.
- We also contributed £5,000 towards a major International research initiative, COVIDSurg, which has now collected data from over 140,000 patients in 116 countries. The cancer component of COVIDSurg explored the safety of surgery during the COVID-19 pandemic for cancer patients, to help clinicians and patients make decisions about surgery during the pandemic. Findings from the study have been published in leading academic journals, including top-tier medical journal *The Lancet*, with Sarcoma UK acknowledged as a co-funder.
- Due to the impact of COVID-19, we scaled back our clinical research funding round to a smaller £50,000 fund, focussing on collaborative clinical research projects in areas of high strategic priority for Sarcoma UK. We committed this funding to the EORTC STRASS II clinical trial, an innovative study exploring whether chemotherapy is effective in treating retroperitoneal sarcomas (further details can be found above). This collaborative funding also represents another international research contribution for Sarcoma UK, with research taking place across Europe, Australia and North America. Sarcoma UK's investment will provide vital support to the UK arm of the trial.
- We continued to fund previous research commitments – see sarcoma.org.uk for details.
- We continued to monitor the impact of our funded research portfolio. 2020/21 was a challenging year for the research community, with COVID-19 restrictions reducing access to laboratories and causing delays to projects, and many scientific conferences were also cancelled. Despite these challenges, we continued to see high-quality outputs from our funded research grants:
 - 18 academic publications in peer-reviewed journals, including high-impact journals such as *Nature* and *The Lancet*

- 12 oral presentations at UK and international scientific meetings and conferences, including several at the 2021 British Sarcoma Group Conference
- 3 poster presentations at UK and international scientific meetings and conferences

Strategic Direction of our Research Programme

- We held a series of discussions with researchers and other charity funders to gather views on our future research strategy and priorities, and we analysed our grants to date and their impact. We also surveyed our patient and supporter community to gain their insight. Based on these combined inputs, we developed our new research strategy *Finding Answers Through Research*, which launched in January 2021.
- Key themes of the strategy include a renewed focus on patient involvement, supporting a broader and more balanced research portfolio, and working more in collaboration with other funders.
- We maintained an active engagement with the NCRI, attending and presenting at the sarcoma strategy day, and the dedicated funder's meeting.

Priority 3: Support the sarcoma community and provide information

What we said we would do:

1. Become a sarcoma expert information provider of choice.
2. Be the first port of call for support.
3. Work in partnership with others.

1. Sarcoma expert information provider of choice

- Our information webpages dedicated to sarcoma sub-types collectively received 136,567 page views during the year. In total we sent out 4,353 information resources in total compared to 7,502 the previous year, with this decrease being attributed to the impact of the COVID-19 pandemic. Our Clinical Trials Hub Find a Trial webpages also received 3,790 page views in total during the year.
- We produced our first information resource targeted specifically at Health Professionals. Titled the "Guide to Sarcoma for Allied Health Professionals", this resource was developed with input from a range of Allied Health Professionals and aims to showcase how best to support people with sarcoma through accessing services in the community.
- We developed and regularly reviewed our information on COVID-19 and what it means for sarcoma patients.
- We maintained our Clinical Trials hub webpages, regularly updating this content to provide an accurate directory of sarcoma trials recruiting in the UK.
- We developed new information production processes and underwent assessment by the Patient Information Forum (PIF), resulting in us being awarded the PIF TICK Quality Mark, which establishes that we are a Trusted Information Creator.

2. First port of call for support

- The Support Line maintained a reliable and consistent service despite the challenges of the pandemic, keeping the lines, emails inboxes and text chats open.
- In total the Support Line had **2,994 contacts** from **667 individuals**. This represents an increase in contacts of 4.5% compared to the previous year, but a decrease in the number of individuals by 11%.
- The three main reasons reported for contacting the Support Line were diagnosis, treatment and support.
- Contacts about worrying symptoms increased by a factor of three and contacts reporting a fear of recurrence increased by 40%.
- In October, the Support Line Team began a pilot direct referral project with the Swansea Sarcoma Team. Each newly diagnosed patient was given an option to be contacted directly by the Support Line and offered support. Following evaluation, this pilot was considered effective and beneficial, and so will be continued with Swansea and expanded out to a small number of other sites.
- Learnings from the Support Line were presented at the British Sarcoma Group conference and at the National Sarcoma Forum.

Working with Sarcoma Support Groups

- A series of meetings were held with Support Group leaders to present Sarcoma UK's new strategy and to explore how Sarcoma UK can best support them in their work.
- Members of the Sarcoma UK staff team joined and presented at a number of virtual support group meetings.

3. Partnership working

- We began a partnership with Vine Health, who provide a mobile app that supports people through cancer treatment. The app now provides signposting to the Sarcoma UK website and to the support line. We have also condensed our information resources into 2,000 word articles that now appear in the Vine Health app library.
- We established a partnership with C the Signs, a digital platform that supports GPs to identify patients at risk of cancer at earlier stages.
- We linked with the Cooper Rice Branding Foundation and Sock it to Sarcoma to share our experience of setting up the support line and helping share our experiences to help them take forward their plans for a more coordinated approach to sarcoma referrals in Australia.
- We met with a sarcoma patient and a carer from Ireland who want to set up a similar charity and support network in Ireland. Again we shared our experience and knowledge to help them take forward their plans.
- We met and shared information with Young Lives vs Cancer in order for both charities to be able to sign post to each other and allow a more integrated approach to support for all those affected by sarcoma.
- We also linked with Bright Futures UK, again to share the workings of each of the charities and how we can offer different things to those affected by sarcoma.
- We have been liaising with Ovacome to share the working of each charity to benefit patients.

Priority 4: Build a strong charity

Our achievements are only possible because of the energy and generosity of our fundraisers and donors. Our diverse philanthropic community includes patients, their family and friends, health professionals, charitable trusts and businesses. Their enthusiasm, loyalty and belief in Sarcoma UK are vital to ensure people affected by sarcoma have the support they need, and sarcoma researchers continue to move closer to finding effective treatments. In 2020/21, our income was £1,875,292. We express our deepest gratitude to everyone who has made a donation or helped to raise funds this year.

Highlights of the year included:

- **20for20:** The 20for20 Challenge was a pioneering and ground-breaking fundraising campaign. Spearheaded by Sarcoma UK's fundraising team, the collaboration brought together 20 rare and uncommon cancer charities to form one partnership. The 20 day challenge saw supporters do a wide range of activities from dressing up for 20 days to doing 20 different fitness challenges. A very successful element of the campaign was creating a strong relationship with the challenge sponsors Takeda UK, who then also agreed to remain headline sponsors for 2021. The £151,000 raised will protect the future of each of the charities involved. The challenge has changed the mind-set for our future working, as there were huge positives come from the spirit of togetherness, which was needed at a time of uncertainty. This made the fundraising campaign incredibly effective in terms of the amount raised, inspiring everyone to be involved again with the campaign.
- **Virtual events:** The pandemic caused a monumental disruption to Sarcoma UK's fundraising calendar. In order to ensure our supporters had opportunities to fundraise for our charity, the fundraising team came up with innovative virtual events and challenges. Offerings included a mix of established events that went online only (The Great British Picnic and the Christmas Carol Concert) and new digital fundraising campaigns and events (such as The Big Lockdown Quiz and Going the Distance: Mount Kilimanjaro).
- **The 2.6 Challenge** was announced by the UK's mass participation industry to replace the April London Marathon; the challenge was announced a week before it was launched giving very limited preparation time. Despite the quick-turnaround many existing and new fundraisers connect with the charity in so many creative and active ways. Our 2020 London Marathon runners took part in 'what would have been marathon weekend' and used the 2.6challenge to boost their sponsorship and previous London Marathon runners also took part to mark the occasion.
- The London Marathon continues to be our successful flagship fundraising event, despite the physical race being cancelled; the 83 runners raised £303,202.77 including gift aid. This is the most that has ever been raised through the marathon.
- Due to COVID-19 many of our events and community fundraising was cancelled or postponed. We took the difficult decision to run an emergency appeal in November and asked our supporters to help us to safeguard Sarcoma UK services for the future. Our supporters collectively donated £200,000 and we saw a 24% uplift in monthly donations to continue to help us in the future.
- Sarcoma UK received our first National Lottery Grant for £98,000 as part of the Foundation's COVID-19 Emergency provision. The grant successfully funded three

months of support and information salaries. Equally we received a large grant of £20,000 from the Postcode Neighbourhood Trust (supported by players of the People's Postcode Lottery), £13,000 from GSK and £10,000 from the Robert Luff Foundation.

- Our relationship with independent equity research firm The Analyst went from strength to strength and their donation of £150,000 this year took the total amount they have donated to Sarcoma UK to almost £850,000 over the last ten years.
- Our Fundraising and Communication teams have been working closer than ever to support our fundraisers. In the summer of 2020, one of our fundraisers, Stacey Jones, chose to mark Sarcoma Awareness week with an embroidery raffle on her Instagram account. Sadly, on the day the winner was planned to be announced, her husband, Chris Jones, passed away. To support Stacey, the embroidery community on Instagram joined together and thirty-two artists raffled their work and together raised over £3,250.
- During this financial year we have had two new Group Funds set up to raise funds in memory of their loved ones. The Tom Makin Group Fund has been put together from the London Marathon fundraising from 'Tom's Team' organised by Kirsty Makin. Towards the end of the financial year, the Becky Puntton Group Fund was set up by Becky's husband, Alasdair.
- Our Genomics Development Board rose to our financial challenges and proactively made personal donations and took on virtual event challenges.
- When Meliz St Clair (nee Yalchin) was diagnosed with epithelioid sarcoma, an uncommon type of soft tissue sarcoma in 2016, she refused to give up hope. Sadly, she died three years later in 2019, but not before she could share that hope for a better future with everyone affected by sarcoma. The money raised by her friends and family to help fund further treatment was donated to Sarcoma UK's Genomics Research Programme. It was used to expand (or uplift) one of our current research projects GeCIPing Sarcoma: A UK-led initiative to personalise sarcoma treatment.
- We are grateful for the continued support from Gwen Owen Robinson over the past five years. Her yearly gifts have changed the face for sarcoma researchers. The pioneering project which she funded in 2016 has enabled 11 new PhD researchers in sarcoma. Mark Elms, Shadi Hames, Shirin Hanaei, Molly McNae and Sara Arfan all hold a Sayako Grace Robinson PhD Studentship and have been working for some of the most prestigious and well-regarded researchers in the sarcoma field. We feel immensely proud of the work underway.

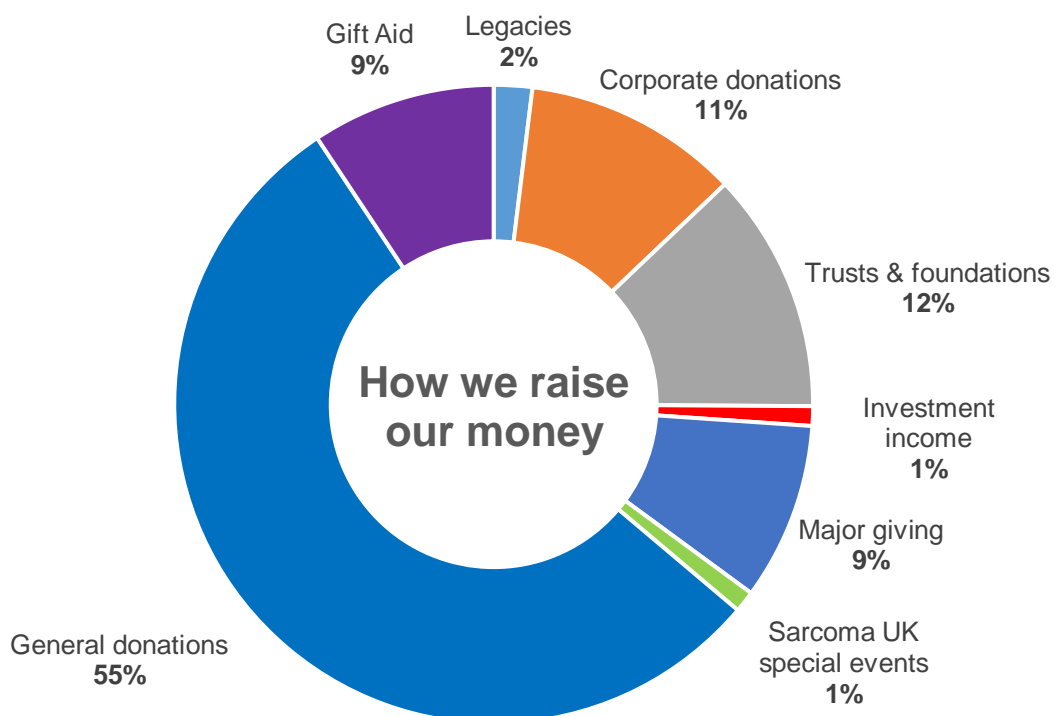
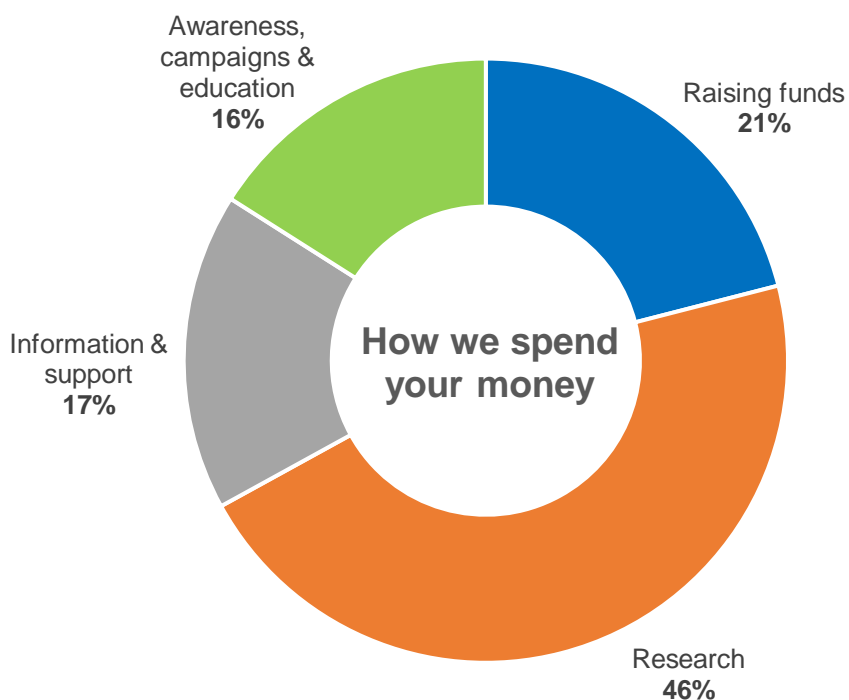
At Sarcoma UK we aim for best practice in all our fundraising activities. Our fundraising approach is to build long-term, meaningful relationships with donors and fundraisers based on transparency, respect, and the clear demonstration of the value of their involvement. We are aware that some supporters may be vulnerable or go through periods of vulnerability and have documented measures in place to help identify and protect vulnerable people who are in contact with the charity.

Covid Recovery and building a strong foundation for physical and virtual events. Our Team shrunk during the pandemic, from 4.6 to 3.6 full time equivalents and the director time was split between fundraising and comms. As events start to recover we will need to adapt to the landscape.

We have been registered with the Fundraising Regulator since its inception and comply with the Code of Fundraising Practice. We have a complaints procedure where our donors can register complaints. We have received no complaints in the year through this channel. We do not use third-party agencies to fundraise on our behalf.

The Finance and Operations team achieved the following:

- Ensured that the whole organisation was GDPR compliant.
- Continued effectively supporting remote operations as there was no requirement to work from the office during this financial year.
- Supported and enabled a number of new virtual fundraising initiatives.
- Downsized our office space from 24 to 6 desks in December 2020.
- Engaged an external IT support company, Penelope, who provide day to day first line IT support.



The above activities include 18% support costs and 2% governance costs, which have been re-allocated to each activity (see notes to financial statements)

Future Plans

In the coming year we will continue on our path towards achieving the objectives outlined in our strategy to 2025.

Our long-term vision

All people with sarcoma will be diagnosed earlier, have better experiences and live longer lives with less long-term effects.

What this means for people affected by sarcoma



Patients will be diagnosed earlier (at stage I or II)



Patients will live longer



Patients will have better experiences of their sarcoma

To achieve this over the next three to five years we will focus on:

- Improving education on sarcoma for healthcare professionals.
- Increasing awareness of sarcoma.
- Improving referral and access to scans.
- Prioritising research into the early diagnosis of sarcoma.

- Ensuring patients have more treatment options.
- Ensuring all care is given at specialist centres or involves sarcoma multi-disciplinary teams.
- Supporting more targeted treatments.
- Improving our understanding of sarcoma and how it develops.

- Funding research to improve outcomes and quality of life.
- Ensuring access to the most appropriate care and support.
- Ensuring patients have more access to reliable, transparent information.
- Enabling patients to have access to peer support.

Specifically in 2021-22 we will:

1. We will fund and support the next generation of sarcoma researchers and encourage networking and collaboration
 - Award Laboratory PhD studentships.
 - Relaunch our research workshops scheme, providing funding for conferences and events that bring together sarcoma scientists to forge and develop collaborations.
 - Create a student network to bring together Sarcoma UK-funded PhD students and build networks within the field.
2. We will combine our grant funding streams to increase flexibility and efficiency
 - Run a single open grant round, to include laboratory and clinical grants across PhD studentships, small grants and large grants. This will run in parallel to the Genomics funding round of £250k.
3. We will involve people affected by sarcoma in our research programme so that it is better informed by their experiences and priorities
 - Introduce a new patient review stage to our open grant round.
 - Recruit patients to join Research Advisory Committee (RAC) and Research Strategy Committee (RSC).
4. We will launch targeted calls for funding in priority areas of research
 - Run a £250,000 genomics funding round in parallel to the open grant round.
5. We will work more closely with the sarcoma research community to shape our research programme and priorities
 - Launch a Research Strategy Committee to steer our future strategic research investments and to reflect on the impact of our funding to date with a panel that includes patients, clinicians and researchers from within and beyond the sarcoma field.
6. We will collaborate with healthcare professionals to engage with the National Institute for Health and Care Excellence (around guidelines, appraisal of new drugs and to improve delays to diagnosis)
 - Proactively respond to relevant priority policy consultations reflecting UK practice and healthcare professional views.
7. We will facilitate networking and collaboration among healthcare professionals to encourage the sharing of best practice and service improvement ideas
 - Become a more collaborative member of the BSG by driving and supporting their policy work.
 - Facilitate the work of the Early Diagnosis Steering Group and working with the Chair to achieve maximum impact.
 - Improve sarcoma care through collaboration with the SAG Chairs group on the Service Specification for Sarcoma.
8. We will improve the quantity and quality of education on sarcoma for healthcare professionals
 - Collaborate with partners (including charities and healthcare professional networks) to increase the opportunities for medical professionals to receive sarcoma education.

9. We will work to improve referral pathways and improve quick access to scans
 - Undertake a research project to understand current referral pathways and how these can be improved.
10. We will influence UK governments, the NHS and other policymakers to improve how sarcoma is diagnosed
 - Maintain and grow our influence in Westminster so that that sarcoma patient needs are understood and prioritised appropriately.
11. Ensure we have the funds to support the priorities above
 - Aim to raise between £1,458,000 and £1,778,000.
 - Support our community-based fundraisers and deliver a programme of virtual events.
 - Repeat the 20for20 challenge.
 - Deliver a successful Glitter Ball in March 2022.
 - Deliver a programme of events for our tenth anniversary year.
 - Submit approaches to a range of trusts and foundations as well as the BBC Appeal.
 - Host a James Bond pre-premiere screening an in-person major donor cultivation events including a Christmas Carol concert.
12. Create a strong, stable organisation with good governance, systems and processes
 - Review and update of management information to include project and KPI/ milestone reporting that better informs decision-making.
 - Derive IT and Finance Strategies to ensure that these functions continue to evolve to be able to support the rest of the organisation in its systems and processes.
 - Conduct a number of reviews to increase the efficiency of the team and processes.
 - Review banking and investment arrangements.
 - Ensure all members of the RAC and RSC sign up to terms of reference and complete conflict of interest forms and rotate at the end of their terms.
 - Recruit and Induct new members to the Board.
 - Build a portfolio of professional photographs, contacts and case studies to be used through all aspects of Communications work.
 - Review of Connect and its distribution.
 - Scope implementation of new grant management software.
13. Ensure that we have a positive, skilled team with appropriate training and development
 - Refresh our staff handbook (with a focus on well-being), benchmarking staff salaries to market and the setup of a well-being group.
 - Review our training and development processes and develop a T&D plan.
 - Utilise an external firm for IT support.
 - Take forward our equality, diversity and inclusion group work.
14. Increase public awareness of sarcoma through higher profile and targeted campaigns
 - Invest in regular boosted posts or placed advertising.
 - Continue to increase research communications by regularly providing updates on research projects and also improving content by utilising patient view or case study to provide context for what this research means for the sarcoma community.
 - Upgrade the website structure to better suit current user needs as ascertained through a website audit and current pattern of usage.
 - Continue and build on prior YouGov polling to understand sarcoma awareness and opinions across the country by region and by socio-political/ ethnic group.

Some of the activities listed here will only be possible if we achieve income at the higher end of the range detailed above.

The impact of COVID-19 on Sarcoma UK's work

Like most charities COVID-19 had a large impact on Sarcoma UK's income and work last year. Although financial planning is now easier than last year as more is known, it is still uncertain. To deal with this uncertainty we have developed three budgets for the coming year: high, medium and low. We monitor our income and expenditure very closely and report to our Board of Trustees on a monthly basis and reforecast regularly. Certain activities and expenditure are due to happen later in the financial year so that we can introduce, amend or postpone as necessary.

We regularly and consistently speak to the staff team to ensure that morale is high and they feel supported and engaged. In a recent survey, 100% of our staff felt that the organisation had responded well to the pandemic and felt supported by their line manager.

We are always looking to reduce costs and be as efficient as possible while remaining effective. Last year we vastly decreased our accommodation costs and will keep them under review this year.

Governance, Structure and Management

Legal Entity

Sarcoma UK is a charity registered in England and Wales with the Charity Commission on 17 January 2011, and registered as a charity in Scotland on 12 September 2013. Its governing documents are its memorandum and articles of association. Sarcoma UK is also a company limited by guarantee incorporated with Companies House on 10 January 2011.

Sarcoma UK is sole corporate Trustee of former charity The Sarcoma Trust.

Charitable Objectives

The objectives of the charity are: to promote and protect the physical and mental health of patients with bone and soft tissue sarcomas in the United Kingdom through the provision of information, support, education and practical advice to them, their families and their carers; the relief of sickness and the preservation of health in particular by promoting and supporting research with the publication of the useful results thereof and the development of more effective treatment and care for patients with bone and soft tissue sarcomas; to advance the education of the general public in all areas relating to sarcoma.

Board of Trustees 2020/21

Glyn Wilmshurst – Chair until October 2020

Glyn co-founded the communications agency Touchline, which produces the publications, websites and branding of several governments as well as various international arts, trade, travel and sports organisations. Glyn was diagnosed with a myxoid liposarcoma in December 2010.

Sharon Reid – Chair from October 2020

Sharon is a former Executive Director and Chief Operating Officer at Edelman, the world's largest PR agency, and has worked in communications for the last 18 years.

Sarah Conneally

Sarah is former Head of Events & Visits at 10 Downing Street, having worked for both David Cameron and Theresa May. Sarah was a colleague of Chris Martin at 10 Downing Street and she led their working group during our charity of the year partnership in 2016. Sarah is now a director at the newly formed Commonwealth Summit Unit, part of the Cabinet Office.

Andy Eckles – Trustee with special interest in finance

Andy has 30 years' experience in finance, as both an auditor and currently as Group Financial Controller at Huntswood, a company that provides specialist resourcing and consultancy services. Andy's son, Tom, passed away from Ewing's sarcoma in September 2015.

Professor Ian Judson

Ian has been treating patients with sarcoma for 25 years as Head of the Sarcoma Unit at the Royal Marsden until his retirement in 2016. He has conducted many clinical trials in this area, and was a founder member of the British Sarcoma Group, and President until 2015.

Louisa Nicoll

Louisa is a nurse with extensive experience in the delivery of oncological and specialist palliative care services. She is currently Ward Manager at a Sue Ryder hospice in Henley-on-Thames. Louisa's husband was diagnosed with high grade osteosarcoma in March 2016.

Michael Parry

Michael is a Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital specialising in orthopaedic oncology and primary and revision lower limb arthroplasty. His specialist interests are in orthopaedic oncology and lower limb arthroplasty, with a particular interest in the management of infected joint replacements.

Sam Patton

Sam Patton is the Director of Orthopaedics & Consultant Orthopaedic Surgeon at the Royal Infirmary of Edinburgh. Sam has a long history of sarcoma practice and has served as a panel member on our Research Advisory Committee. Among his relevant experience are positions including Oncology Editor for The Bone & Joint Journal (the premier UK based orthopaedic journal) and Lead Clinician, Scottish Sarcoma Network in 2007-2013.

Isla Robinson

Isla Robinson is a freelance Marketing Consultant (Director level) with over 15 years' experience of local and global marketing, including as a lead member of the team for Campari UK. Isla brings her professional expertise to the Board alongside first-hand experience of Ewing's sarcoma with which she was diagnosed in 2011. This was when Isla first discovered Sarcoma UK, and she has since found the charity to be a 'key source' of reliable information.

Anjula Thompson

Anjula qualified as a Solicitor in 1993. She worked in private practice for 10 years and thereafter as a legal officer in the voluntary sector before taking up her current role, in 2005 as a Deputy District Judge, adjudicating in Civil and family cases. Anjula is the wife of Sarcoma UK trustee Dave Thompson who sadly passed away in 2016.

Johanne Vass

Jo is a Sarcoma Advanced Nurse Practitioner, the lead for sarcoma nursing services and a key member of the South Wales Sarcoma Multi-Disciplinary Team. She was the first sarcoma specialist nurse to be appointed in South Wales in 2012.

Sam Whittam

Sam is a barrister working principally in the area of child protection and was called to the bar in 1995. In 2009, Sam lost her friend to sarcoma.

Russ Wilson

Russ is currently a Partner at Hall & Partners, one of the UK's leading Brand Strategy consultancies. Russ has a very personal experience of sarcoma, having had an osteosarcoma removed from his leg when he was in his 20s.

The Board continue to follow the Charity Governance Code, to manage and take responsibility for Trustee governance. The Board has two committees, the Nominations and Human Resources (NHR) Committee and the Governance, Risk and Finance (GRF) Committee. The Board have produced a detailed Charity Governance Code assessment document, which will be reviewed by the GRF Committee and presented to the Board annually.

Nominations and Human Resources Committee (NHR)

Responsible for HR and staffing issues, including staff remuneration. Responsibility for the renewal of tenure, recruitment and appointment of trustees is also delegated to the **Nominations and Human Resources Committee** who make recommendations to the Board of Trustees.

Members 2020/21:

- Sam Whittam (Chair)
- Louisa Nicoll
- Isla Robinson
- Russell Wilson

Governance, Risk and Finance Committee (GRF)

Responsible for overseeing governance, organisational risk and working with the Senior Management Team on finance. The **Governance, Risk and Finance Committee** make recommendations to the Board of Trustees.

Members 2020/21:

- Ian Judson (Chair)

- Andy Eckles
- Anjula Thompson
- Johanne Vass

Trustee Appointment and Induction

Sarcoma UK places a high value on having an informed and skilled Board of Trustees which guides the charity to achieve its ambitious goals.

Trustees serve a three-year term, after which they are eligible for re-election for a further three years.

New trustees are recruited in various ways, according to the skills sought by the Board. Vacancies are advertised in national charity media, through professional networks and via the charity's website and networks. Potential trustees are invited to submit a formal application and attend an interview with the Nomination and Human Resources Committee.

All trustees receive the Trustee Handbook, setting out the role and responsibilities of

Sarcoma UK trustees, including the charity's policies and procedures relating to governance. A Register of Trustees' Interests is in place and updated annually.

All new trustees receive the governing document, strategy and business plan, published accounts and minutes of previous Board of Trustee meetings, Trustee Handbook, as well as Charity Commission guidance on effective governance. A formal induction programme is in place, where trustees spend time with the Chief Executive and the Senior Management Team. Trustees are subscribed to Governance publication and are encouraged to attend training and other events for charity trustees.

Organisational Structure

The Board of Trustees sets the strategic direction of Sarcoma UK and approves the main policies of the charity. It appoints and directs the Chief Executive, monitors performance and identifies and manages the major risks facing the charity. The Board meets four times a year.

The Board delegates responsibility for the running of the charity to the Chief Executive with clearly communicated and recorded executive limits. The Chief Executive is responsible and accountable for achieving Sarcoma UK's strategic objectives and delivering the annual business plan. A Senior Management Team is in place to support the Chief Executive, providing leadership across key areas of the charity's work, and ensuring delivery of the charity's day-to-day work.

Due to the pandemic and uncertainty in what levels of income Sarcoma UK would be able to raise in 2020/21 a difficult decision was taken to restructure the senior management team from 6 to 4 members. Following a period of consultation, in November 2020 four SMT roles were made redundant (Communications Director, Director of Fundraising, Director of Research and Director of Information and Support) and two new roles were created (Director of Fundraising and Communications and Director of Research, Policy and Support).

From 1st November 2020, Sarcoma UK's Senior Management Team consisted of:

- Chief Executive
- Director of Finance and Resources (Head of Finance and Resources during period of maternity leave)
- Director of Fundraising and Communications
- Director of Research, Policy and Support

Sarcoma UK has a policy for reviewing staff salaries, set out in the Staff Handbook. Staff salaries are reviewed annually by the Board of Trustees Nominations and Human Resources Committee, on behalf of the Board of Trustees, and benchmarked against voluntary sector pay surveys and inflation. The remuneration of senior management is covered under this policy.

The total number of staff employed at 31 March 2021 was 20 (including 7 part-time). The trustees are grateful to the staff team for the outstanding work they do on behalf of people affected by sarcoma.

Volunteers

The trustees recognise the valuable contribution made by volunteers to Sarcoma UK and wish to record their gratitude for this commitment. These include: members of Sarcoma UK's Research Advisory Committee; sarcoma support group leaders; Sarcoma UK's

Information Review Panel; Sarcoma UK's Medical Advisory Group, individuals and families who have provided their stories for use as case studies; everyone who has undertaken fundraising and awareness-raising in their communities; everyone who has set up information stands or cheering stations at events; and everyone who has supported Sarcoma UK at events and activities throughout the year. In accordance with accepted practice, no amounts are included in the financial statements to reflect the value of work undertaken by volunteers.

Risk Assessment

To manage risk effectively, Sarcoma UK uses a risk assessment model. The model sets out the processes for identifying major strategic risks, assessing their likely impact and, where appropriate, the measures that need to be implemented to mitigate the risks. These risks are regularly reviewed by the Senior Management Team and the Trustee Governance Risk and Finance Committee.

In our risk assessment model, risks are categorised under the following headings: Governance, Financial, Operational, Environmental and External Factors, Compliance Risk, and Charitable Objectives.

The most significant current risk to the charity has been identified as the impact of the external environment on fundraising, in particular:

1. Change to fundraising regulations.
2. Public confidence in charities.
3. Uncertainty around Britain's withdrawal from the EU and the possible economic impact.

To manage this risk, the following actions will be incorporated into the risk model:

1. Investment into new fundraising streams to spread the risk and establish greater diversity in fundraising sources and provide a more balanced income portfolio.
2. Continue to be transparent in our practices demonstrating our activities and impact.
3. Robust monitoring of monthly management accounts to identify changes in income patterns as early as possible.

The risk model has been reviewed by the trustees and they are satisfied that appropriate systems are in place to mitigate major risks.

Grant Making Policy

Sarcoma UK is a member of the Association of Medical Research Charities (AMRC), an organisation of the leading medical and health research charities in the UK. In accordance with AMRC best practices, Sarcoma UK is committed to ensuring the highest standards of accountability, balance, independence, rotation of expertise and impartiality in our research programme.

We work closely with our independent Research Advisory Committee, comprised of scientific and clinical experts across a broad range of disciplines, in setting a Research Strategy. We are flexible in the range of research grants we award, with no area of research given greater priority over another. Our funding decisions are made on the basis of the scientific quality of the studies proposed, on the advice of independent scientific experts. We hold annual calls for proposals, which are open competition and publicised on our website and to the sarcoma research community. Applications submitted are subject to a preliminary triage of their eligibility, and then undergo a rigorous external peer review process by sarcoma research experts, to identify the best quality projects.

Our Research Advisory Committee oversees the research grant rounds. All Research Advisory Committee members and external peer reviewers adhere to our Principles of Peer Review Policy, as well as declaring conflicts of interest in line with our Conflicts of Interest Policy. A conflict of interest results in exclusion from review and participation in funding decisions. The Research Advisory Committee considers all peer reviews, and then makes recommendations for funding to Sarcoma UK's Board of Trustees, who approve the final grants to be awarded.

Public Benefit

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Working with Others

Sarcoma UK recognises that progress towards our goals is maximised when working collaboratively with others who share an interest in improving the lives of people affected by sarcoma. As the only UK charity focusing on all types of sarcoma, we aim to work collaboratively with the whole sarcoma community to achieve our vision for the future. In 2020/21, Sarcoma UK had collaborations with: the Association of Medical Research Charities

(AMRC); BMJ Learning; Boom Foundation (Northern Ireland); British Sarcoma Group; Cancer 52; National Cancer Registry and Analysis Service (NCRAS), Welsh Cancer Intelligence and Surveillance Unit, Information Services Division of the NHS National Services Scotland, N. Ireland Cancer Registry, GIST Support UK; National Cancer Research Institute (NCRI) sarcoma clinical studies group; NCRI James Lind Alliance Priority Setting Partnership – Living With and Beyond Cancer steering group; National Institute of Health and Care Excellence (NICE); National Sarcoma Forum (of specialist nurses); NHS England; Public Health England, Sarcoma Patients EuroNet; the Scottish Sarcoma Network; the network of sarcoma specialist centres – bone and soft tissue – in England, Wales and Northern Ireland; Bone Cancer Research Trust; the Children and Young People’s Cancer Coalition; and all the charities that formed part of our 20for20 campaign.

Financial Review

Income

Sarcoma UK has made excellent progress against its objectives for the year, successfully raising £1,875,292, a decrease of 31% from the previous year (2020: £2,709,071), but income is slightly higher than that received in 2018-19 (£1,863,535).

This reduction is due to both receiving several large one-offs in 2019-20 (£224k from START, an unexpected legacy of £270k for research into Osteosarcoma and £95k from Daisy Ellis’ GoFundMe campaign) and a decrease in amounts received from community and event-based fundraising as a result of the pandemic

The trustees wish to thank all donors for their invaluable support during the year, which is helping Sarcoma UK transform the lives of everyone affected by sarcoma.

Expenditure

To mitigate the reduction in income Sarcoma UK carefully reviewed planned expenditure throughout the year making savings were possible. Consequently, total expenditure decreased to £1,868,955 (2020: £2,485,626), a decrease of 25%, in particular:

- Grants awarded were reduced by £214,075 to £691,521
- A reduction in event participation costs of £166,368 due to cancellation or postponement of events.
- Very reduced staff travel, no attendance at conferences and reduced training expenditure meant other staff costs reduced by £46,551.
- Downsizing our office space from 24 to 6 desks from January 2021 and very little attendance at the office meant our office costs reduced by £27,122 for the year.
- A reduction in awareness and campaigning costs of £62,996. In 2019/20 we incurred expenditure on a National Sarcoma Survey and a Sarcoma Awareness Campaign.

Sarcoma monitors spending closely, employing the use of financial management and budgetary controls across the charity and expenditure on our charitable activities remained high at 78% of total expenditure.

We strive to keep the costs of raising money to a minimum. This year for every £1 spent on fundraising £4.64 was raised. This has increased from the prior year as we have seen a significant increase in our income.

A surplus of £6,337 (2020: £223,445) was made this year and increases total charity funds to £1,408,501 (2020: £1,402,164), of which £2,134 are restricted. The reserves policy is discussed below.

Reserves Policy

Sarcoma UK revised its reserves policy during 2020. The Board of Trustees now aim to maintain reserves at a level which equates to approximately nine months of operational costs including budgeted salary, rent and support costs. This is approximately £725,000 for the forthcoming year.

The total funds of the charity at 31 March 2021 were £1,408,501 of which £2,134 are restricted. This leaves a balance of £1,406,367 as unrestricted funds. The trustees have agreed to designate £100,000 of these unrestricted funds to our core research costs and £100,000 to our information and support service in 2021/22, £9,959 are tied up as fixed assets leaving a balance of £1,206,367, which exceeds the level required by the reserves policy £725,000. Remaining funds of £481,367 will be applied to furthering our mission to ensure everyone affected by sarcoma receives the best treatment, care, information and support available and to create the treatments of the future.

The reserves policy including designation of funds will be reviewed in 2022 to ensure it is adequate for the charity's future operational needs.

Statement of responsibilities of the trustees

The trustees (who are also directors of Sarcoma UK for the purposes of company law) are responsible for preparing the trustees' annual 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 charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements.
- 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 charitable company 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 charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 31 March 2021 was 12 (2020:12). The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been approved by the trustees on 5 October 2021 and signed on their behalf by

Sharon Reid
Chair of Trustees

Acknowledgements

Patron Richard Whitehead MBE
Founder Roger Wilson CBE
Ambassador Jake Quickenden

Research Advisory Committee

Professor Jeremy Whelan (Chair), Professor of Cancer Medicine, University College London.

Professor Andrew Beggs, Reader in Cancer Genetics & Surgery, University of Birmingham.

Dr Sam Behjati, Group Leader at the Wellcome Sanger Institute. Consultant Paediatric Oncologist, Addenbrooke's Hospital, Cambridge.

Dr Sara Booth, Honorary Consultant, Associate Lecturer, University of Cambridge
Honorary Senior Lecturer at the Department of Palliative Care and Policy, King's College London.

Dr Bernadette Brennan, Consultant Paediatric Oncologist, Royal Manchester Children's Hospital.

Professor Susan Burchill, Professor of Adolescent and Paediatric Cancer Research, Leeds Institute of Cancer and Pathology, University of Leeds.

Dr Quentin Campbell Hewson, Consultant Paediatric Oncologist, Great North Children's Hospital in Newcastle upon Tyne.

Dr Louise Carter, Senior Clinical Lecturer in Experimental Cancer Medicine, University of Manchester.

Mr Paul Cool, Consultant Orthopaedic & Oncological Surgeon, The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

Mr Anant Desai, Consultant General Surgeon, Queen Elizabeth Hospital, Birmingham.

Professor Adrienne Flanagan, Professor of Musculoskeletal Pathology, University College London. Consultant Pathologist/Clinical Lead, Royal National Orthopaedic Hospital

Mr Craig Gerrand, Consultant Orthopaedic Surgeon, Royal National Orthopaedic Hospital.

Dr Paul Huang, Team Leader, Division of Molecular Pathology, Institute of Cancer Research.

Professor Ted Hupp, Principal Investigator and Professor of Cancer Research, University of Edinburgh.

Dr Christina Messiou, Consultant Radiologist, The Royal Marsden Hospital and Honorary Faculty at The Institute of Cancer Research.

Dr Sophie Postel-Vinay, Physician Scientist, Drug Development Department and U981 INSERM research unit, Gustave Roussy Cancer Campus.

Dr Karen Sisley, Senior Lecturer, University of Sheffield.

Dr James Spicer, Consultant in Medical Oncology, Guy's and St Thomas' Hospitals Co-lead of the King's Experimental Cancer Medicine Centre, King's College London.

Dr Sandra Strauss, Consultant Medical Oncologist, University College Hospitals London.

Professor Galina Velikova, Chair of Psychosocial and Medical Oncology, University of Leeds.

Dr Jayne Wood, Consultant in Palliative Medicine and Clinical Lead, Royal Marsden and Royal Brompton Hospitals London.

In addition, the following members joined our RAC on an ad-hoc basis, to provide additional expertise to support our Genomics research funding calls:

Dr Javier Alfaro, Group Leader, Computational Immunology and Immunotherapeutics, University of Toronto.

Dr Priya Chudasama, Group Leader, Precision Sarcoma Research, German Cancer Research Centre.

We are deeply grateful to all those that have supported us during the year with special thanks to:

Argus Media Limited
Ascot Underwriting Ltd
Beazley Management Ltd
Becky Punton Fund
Belron Ronnie Lubner Charitable Foundation
Boom Foundation
Capsicum Re Foundation
Chris Martin Fund
CMS Cameron McKenna LLP
Crispa Charitable Trust
Dave Thompson Fund

Sarcoma UK
Acknowledgements
For the year ended 31 March 2021

Footasylum Ltd
Fortis in Arduis Fund
Fred and Charlie Allen Charitable Trust
GeeWizz Charitable Trust
GlaxoSmithKline UK Limited
Immedica Pharma
La Marzocco
NAB Europe Ltd
Novartis Pharmaceuticals UK Limited
Peel Hunt
Peter Thompson Fund
Postcode Neighbourhood Trust
Quidco
Rotary Club of Helston-Lizard
Sainsbury's Bury St Edmunds
Samuel Estates
Sayako Grace Robinson Fund
Steph Darling Fund
Sylvia Aitken's Charitable Trust
Takeda UK Limited
Telegraph Media Group Limited
The Analyst Research LLP
The David Brownlow Charitable Foundation
The Hunter Foundation
The Jacob Maloy Osteosarcoma Trust
The Malcolm Whales Foundation
The Medlock Charitable Trust
The Michael and Morven Heller Charitable Foundation
The National Lottery Community Fund
The Robert McAlpine Foundation
The Will Charitable Trust
Tom Eckles Fund
Tom Makin Fund
Whitaker Charitable Trust
XLN Telecom Limited

Individuals who have provided professional support

Mark Gould (Director, The Systems Management Company) has provided valuable professional support and advice to Sarcoma UK on a pro-bono basis.

A huge thank-you to all our supporters.

Opinion

We have audited the financial statements of Sarcoma UK (the 'charitable company') for the year ended 31 March 2021 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

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 charitable company 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 Sarcoma UK'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 trustees' 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, except to the extent otherwise explicitly stated in our report, 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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes 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 charitable company'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 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: 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 charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior statutory auditor)

12 October 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Sarcoma UK

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Income from:							
Donations and legacies	2	1,504,715	368,357	1,873,072	1,812,712	887,039	2,699,751
Investments		2,220	-	2,220	9,320	-	9,320
Total income		1,506,935	368,357	1,875,292	1,822,032	887,039	2,709,071
Expenditure on:							
Raising funds	3	403,208	-	403,208	656,002	543	656,545
Charitable activities							
Research	3	670,237	187,644	857,881	318,112	795,882	1,113,994
Information and support	3	274,584	40,362	314,946	312,586	30,302	342,888
Awareness, campaigns and education	3	189,693	103,227	292,920	345,192	27,007	372,199
Total expenditure		1,537,722	331,233	1,868,955	1,631,892	853,734	2,485,626
Net income / (expenditure) and net movement in funds for the year	5	(30,787)	37,124	6,337	190,140	33,305	223,445
Reconciliation of funds:							
Total funds brought forward		1,437,154	(34,990)	1,402,164	1,247,014	(68,295)	1,178,719
Total funds carried forward		1,406,367	2,134	1,408,501	1,437,154	(34,990)	1,402,164

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Sarcoma UK

Balance sheet

Company no. 7487432

As at 31 March 2021

	Note	£	2021 £	£	2020 £
Fixed assets:					
Tangible assets	10		9,959		13,289
			9,959		13,289
Current assets:					
Debtors	11	359,689		422,189	
Short term deposits		108,569		215,967	
Cash and cash equivalents		3,246,107		2,758,356	
			3,714,365	3,396,512	
Liabilities:					
Creditors: amounts falling due within one year	12	1,115,390		811,047	
Net current assets			2,598,975		2,585,465
Total assets less current liabilities			2,608,934		2,598,754
Creditors: amounts falling due after one year	13		1,200,433		1,196,590
Total net assets	14		1,408,501		1,402,164
The funds of the charity:					
Restricted income funds	15		2,134		(34,990)
Unrestricted income funds:					
Designated funds		200,000		200,000	
General funds		1,206,367		1,237,154	
Total unrestricted funds			1,406,367		1,437,154
Total charity funds			1,408,501		1,402,164

Approved by the trustees on 5th October and signed on their behalf by Sharon Reid

Sharon Reid
Chair of Trustees

Sarcoma UK

Statement of cash flows

For the year ended 31 March 2021

	2021		2020	
	£	£	£	£
Cash flows from operating activities:				
Net income for the reporting period (as per the statement of financial activities)	6,337		223,445	
Depreciation charges	6,057		7,702	
Sale of Fixed Assets	222		-	
Interest	(2,220)		(9,320)	
Decrease in debtors	62,500		126,959	
Increase in creditors	308,186		590,465	
	<hr/>		<hr/>	
Net cash provided by operating activities	381,082		939,251	
Cash flows from investing activities:				
Transferred (to) short term deposits	107,398		(2,926)	
Interest received	2,220		9,320	
Loss on disposal	146		-	
Purchase of fixed assets	(3,095)		(4,517)	
	<hr/>		<hr/>	
Net cash provided by investing activities	106,669		1,877	
	<hr/>		<hr/>	
Change in cash and cash equivalents in the year	487,751		941,128	
Cash and cash equivalents at the beginning of the year	2,758,356		1,817,228	
	<hr/>		<hr/>	
Cash and cash equivalents at the end of the year	3,246,107		2,758,356	
	<hr/> <hr/>		<hr/> <hr/>	
Analysis of cash and cash equivalents				
	At 1 April		As at 31	
	2020	Cash flows	March 2021	
	£	£	£	
Cash at bank and in hand	2,353,541	483,802	2,837,343	
Notice deposits (less than three months)	404,815	3,949	408,764	
	<hr/>	<hr/>	<hr/>	
Total cash and cash equivalents	2,758,356	487,751	3,246,107	
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	

1 Accounting policies

a) Statutory information

Sarcoma UK is a charitable company limited by guarantee and is incorporated in the United Kingdom. The registered office address (and principal place of business, if different from the registered office) is 49-51 East Road, London, N1 6AH.

b) Basis of preparation

The financial statements have been prepared in accordance with 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) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. They have reviewed the cash flow forecast and budget in light of COVID-19 and still consider this to be the case.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from revenue grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- ~ Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- ~ Expenditure on charitable activities includes the costs of raising sarcoma awareness, funding research and providing information and support, all undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity.

Support costs are those costs which do not in themselves constitute a charitable or fundraising activity, but are the central office functions necessary to support these activities. They include administration, finance, HR and office overhead costs.

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:

~ Raising funds	30%
~ Research	19%
~ Information and support	32%
~ Awareness, campaigns and education	19%

l) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities on a straight line basis over the minimum lease term.

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)**m) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £250. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

~ Fixtures and fittings	5 years
~ Computer equipment	5 years

n) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted	Restricted	2021 Total	Unrestricted	Restricted	2020 Total
	£	£	£	£	£	£
Donations and gifts	1,467,883	368,357	1,836,240	1,765,712	877,039	2,642,751
Legacies	36,832	-	36,832	35,000	10,000	45,000
Donated goods and services	-	-	-	12,000	-	12,000
	<u>1,504,715</u>	<u>368,357</u>	<u>1,873,072</u>	<u>1,812,712</u>	<u>887,039</u>	<u>2,699,751</u>

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2021

3a Analysis of expenditure (current year)

	Charitable activities						2021 Total £	2020 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £		
Staff costs (Note 6)	226,584	90,917	181,243	157,329	24,418	187,868	868,359	855,623
Other staff costs	(102)	1,001	857	1,098	7,250	14,745	24,849	71,399
Research grants payable (Note 4)	-	691,521	-	-	-	-	691,521	905,596
Research support (development scheme)	-	-	-	-	-	-	-	11,006
Travel & subsistence	-	121	-	-	-	256	377	14,783
Fundraising fees	27,297	-	-	-	-	-	27,297	28,676
Fundraising materials	3,833	-	-	-	-	-	3,833	25,813
Events, participation & publicity costs	14,001	-	-	-	-	-	14,001	180,369
Fundraising appeals	10,807	-	-	-	-	-	10,807	17,491
Donor relationship management	71	-	-	-	-	-	71	6,798
PR & marketing	-	-	-	48,530	-	-	48,530	72,192
Support services	-	-	7,321	-	-	-	7,321	12,859
Awareness & campaigning projects	-	-	25	10,907	-	-	10,932	73,898
Information services	-	-	2,802	-	-	-	2,802	13,235
Office costs	-	-	-	-	-	106,267	106,267	133,389
Office communication costs	-	-	-	-	-	11,285	11,285	19,979
Membership subscriptions	6,308	2,226	102	403	1,282	-	10,321	7,808
Trustees development, expenses & meeting costs	-	-	-	-	27	-	27	4,148
Legal & professional	-	-	-	-	8,173	12,818	20,991	19,510
Insurance	-	-	-	-	-	2,837	2,837	2,728
Bank charges	-	-	-	-	-	323	323	624
Depreciation & Loss on Disposal	-	-	-	-	-	6,204	6,204	7,702
	288,799	785,786	192,350	218,267	41,150	342,603	1,868,955	2,485,626
Support costs	102,141	64,364	109,450	66,648	-	(342,603)	-	-
Governance costs	12,268	7,731	13,146	8,005	(41,150)	-	-	-
Total expenditure 2021	403,208	857,881	314,946	292,920	-	-	1,868,955	2,485,626

Sarcoma UK

Notes to the financial statements

For the year ended 31 March 2021

3b Analysis of expenditure (prior year)

	Charitable activities						2020 Total £
	Cost of raising funds £	Research £	Information and support £	Awareness, campaigns and education £	Governance costs £	Support costs £	
Staff costs (Note 6)	252,525	85,855	174,377	133,132	24,647	185,087	855,623
Other staff costs	3,088	22,541	6,133	10,456	4,507	24,674	71,399
Research grants payable (Note 4)	-	905,596	-	-	-	-	905,596
Research support (development scheme)	-	11,006	-	-	-	-	11,006
Travel & subsistence	602	2,410	9,470	2,301	-	-	14,783
Fundraising fees	28,676	-	-	-	-	-	28,676
Fundraising materials	25,813	-	-	-	-	-	25,813
Events, participation & publicity costs	180,369	-	-	-	-	-	180,369
Fundraising appeals	17,491	-	-	-	-	-	17,491
Donor relationship management	6,798	-	-	-	-	-	6,798
PR & marketing	-	-	-	72,192	-	-	72,192
Support services	-	-	12,859	-	-	-	12,859
Awareness & campaigning projects	-	-	1,227	72,671	-	-	73,898
Information services	-	-	13,235	-	-	-	13,235
Office costs	-	-	-	-	-	133,389	133,389
Office communication costs	-	-	-	-	-	19,979	19,979
Membership subscriptions	3,786	1,606	102	438	1,495	381	7,808
Trustees development, expenses & meeting costs	-	-	-	-	4,148	-	4,148
Legal & professional	-	-	-	-	7,920	11,590	19,510
Insurance	-	-	-	-	-	2,728	2,728
Bank charges	-	-	-	-	-	624	624
Depreciation	-	-	-	-	-	7,702	7,702
	519,148	1,029,014	217,403	291,190	42,717	386,154	2,485,626
Support costs	123,712	76,516	112,986	72,940	-	(386,154)	-
Governance costs	13,685	8,464	12,499	8,069	(42,717)	-	-
Total expenditure 2020	656,545	1,113,994	342,888	372,199	-	-	2,485,626

Notes to the financial statements

For the year ended 31 March 2021

4 Grant making

	2022	Payment Schedule		2025	2026	2021	2020
		2023	2024				
Grants to institutions:							
University College London Hospitals NHS Foundation Trust	-	-	-	-	-	-	80,389
Institute of Cancer Research	-	34,130	34,249	34,371	17,250	120,000	120,000
Imperial College London	-	-	-	-	-	-	119,873
University of Oxford	-	-	-	-	-	-	236,479
University of Birmingham	5,000	-	-	-	-	5,000	249,584
University of Leeds	-	-	-	-	-	-	116,374
Royal Marsden NHS Foundation Trust	20,708	14,646	14,646	-	-	50,000	-
University of Southampton	-	64,311	96,577	87,510	-	248,398	-
University of Sheffield	-	31,923	34,833	39,891	11,203	117,850	-
University of Edinburgh	-	30,994	36,448	38,432	14,114	119,988	-
Royal National Orthopaedic Hospital	41,070	-	-	-	-	41,070	-
						702,306	922,699
Newcastle Upon Tyne Hospital						-	(16,925)
University of Edinburgh (underspend)						-	(178)
University of Liverpool (underspend)						(36)	-
University College London Hospitals NHS Foundation Trust						(10,749)	-
At the end of the year						691,521	905,596

Full details of grant making activities are disclosed on page 8-9 of the report of the trustees.

5 Net income for the year

This is stated after charging / (crediting):

	2021	2020
	£	£
Depreciation	6,057	7,702
Loss on disposal of fixed assets	148	-
Interest received	(2,220)	(9,320)
Operating lease rentals:		
Property	74,107	90,389
Auditor's remuneration (excluding VAT):		
Audit	6,800	6,600

6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2021	2020
	£	£
Salaries and wages	736,783	740,593
Redundancy and termination payments	17,536	-
Social security costs	73,428	73,430
Employer's contribution to defined contribution pension schemes	31,699	30,500
Accrued holiday pay	8,913	11,100
	868,359	855,623

The following number of employees received employee benefits (excluding employer pension costs and national insurance contributions) during the year between:

	No.	No.
£90,000 - £99,999	1	1
£60,000 - £69,999	1	-

The total employee benefits including pension contributions and national insurance of the key management personnel were £390,741 (2020: £363,336) incurred by 7 (2020: 8) employees.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £27 (2020: £3,646) incurred by 1 (2020: 14) members relating to attendance at meetings of the trustees. The costs shown in note 3 for trustees' development, expenses & meeting costs also include costs relating to trustee meeting lunches, which are not direct trustee expenses relating to attendance at meetings of the trustees.

7 Staff numbers

	2021	2020
	No.	No.
Raising funds	5	5
Research	1	2
Information and support	5	5
Awareness and campaigns	4	4
Support	6	6
	21	22

8 Related party transactions

Sarcoma UK Trustees and close family personally donated and raised £12,628 (2020: £12,580).

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation			
At the start of the year	29,520	32,586	62,106
Additions in year	-	3,095	3,095
Disposal	-	(552)	(552)
At the end of the year	29,520	35,129	64,649
Depreciation			
At the start of the year	23,291	25,526	48,817
Charge for the year	3,115	2,942	6,057
Disposal	-	(184)	(184)
At the end of the year	26,406	28,284	54,690
Net book value			
At the end of the year	3,114	6,845	9,959
At the start of the year	6,229	7,060	13,289

All of the above assets are used for charitable purposes.

11 Debtors

	2021	2020
	£	£
Other debtors	13	31,144
Prepayments	234,540	253,413
Accrued income	125,136	137,632
	359,689	422,189

12 Creditors: amounts falling due within one year

	2021	2020
	£	£
Trade creditors	3,220	11,346
Taxation and social security	18,028	21,481
Other creditors	5,579	5,164
Accruals	41,319	108,543
Deferred income	1,000	1,000
Grants payable	1,046,244	663,513
	1,115,390	811,047

13 Creditors: amounts falling due after one year

	2021	2020
	£	£
Grants payable:		
1 - 2 years	482,367	705,836
2 - 5 years	718,066	490,754
	1,200,433	1,196,590

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	9,959	-	-	9,959
Net current assets	2,396,841	200,000	2,134	2,598,975
Long term liabilities	(1,200,433)	-	-	(1,200,433)
Net assets at 31 March 2021	1,206,367	200,000	2,134	1,408,501

14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Restricted £	Total funds £
Tangible fixed assets	13,289	-	-	13,289
Net current assets	2,420,455	200,000	(34,990)	2,585,465
Long term liabilities	(1,196,590)	-	-	(1,196,590)
Net assets at 31 March 2020	1,237,154	200,000	(34,990)	1,402,164

15a Movements in funds (current year)

	At 1 April 2020 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Research	(35,000)	222,644	(187,644)	-	-
Information and support	-	40,362	(40,362)	-	-
Awareness, campaigns and education	-	105,351	(103,227)	-	2,124
Total restricted funds	(34,990)	368,357	(331,233)	-	2,134
Unrestricted funds:					
<i>Designated funds:</i>					
Research	100,000	-	(100,000)	100,000	100,000
Information and support	100,000	-	(100,000)	100,000	100,000
Total designated funds	200,000	-	(200,000)	200,000	200,000
General funds	1,237,154	1,506,935	(1,337,722)	(200,000)	1,206,367
Total unrestricted funds	1,437,154	1,506,935	(1,537,722)	-	1,406,367
Total funds	1,402,164	1,875,292	(1,868,955)	-	1,408,501

15b Movements in funds (prior year)

	At 1 April 2019 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 March 2020 £
Restricted funds:					
Sarcoma Trust	10	-	-	-	10
Infrastructure development	1,695	-	(1,695)	-	-
Research	(70,000)	830,546	(784,046)	(11,500)	(35,000)
Information and support	-	29,806	(41,306)	11,500	-
Awareness, campaigns and education	-	26,687	(26,687)	-	-
Total restricted funds	-	-	-	-	(34,990)
Unrestricted funds:					
<i>Designated funds:</i>					
Research	-	-	-	100,000	100,000
Information and support	-	-	-	100,000	100,000
Total designated funds	-	-	-	200,000	200,000
General funds	1,247,014	1,822,032	(1,631,892)	(200,000)	1,237,154
Total unrestricted funds	1,247,014	1,822,032	(1,631,892)	-	1,437,154
Total funds	1,247,014	1,822,032	(1,631,892)	-	1,437,154

Purposes of restricted funds:**Sarcoma Trust**

These funds represent the amounts retained within the Sarcoma Trust after becoming a linked charity with Sarcoma UK.

Infrastructure Development

Expenditure against the fund relates to depreciation charges for the year, on assets purchased to develop the infrastructure of Sarcoma UK.

Research

These funds are to be used specifically towards research grants, as requested by the donor.

Information and Support

These funds are to be used specifically towards the provision of support and information for the sarcoma community, as requested by the donor.

Awareness, Campaigns and Education

These funds are to be used specifically towards raising awareness and improving standards of treatment and care, as requested by the donor.

Purposes of designated funds:**Research**

These funds represent those designated by the trustees towards our core research costs in 2020/21. These core costs include research grants awarded and research management costs.

Information and Support

These funds represent those designated by the trustees towards our information and support service in 2020/21. These costs include the running of our support line service and production of patient information.

16 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2021	2020	2021	2020
	£	£	£	£
Less than one year	5,763	23,051	207	828
	5,763	23,051	207	828

17 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.