

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



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

CONTENTS

| | Page |
|---|---------|
| Chair of Trustees' Statement | 3 |
| Reference and Administrative Details | 4 |
| Report of the Trustees: | 5 - 33 |
| Objectives and activities | |
| Achievements and performance | |
| Future plans | |
| Governance, structure and management | |
| Financial Review | |
| Statement of responsibilities of the trustees | |
| Acknowledgements | 34 - 35 |
| Independent Auditor's Report | 36 – 39 |
| Financial Statements: | 40 – 52 |
| Statement of financial activities | |
| Balance sheet | |
| Statement of cash flows | |
| Notes to the financial statements | |

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 extraskeletal 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 Mahbub 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.

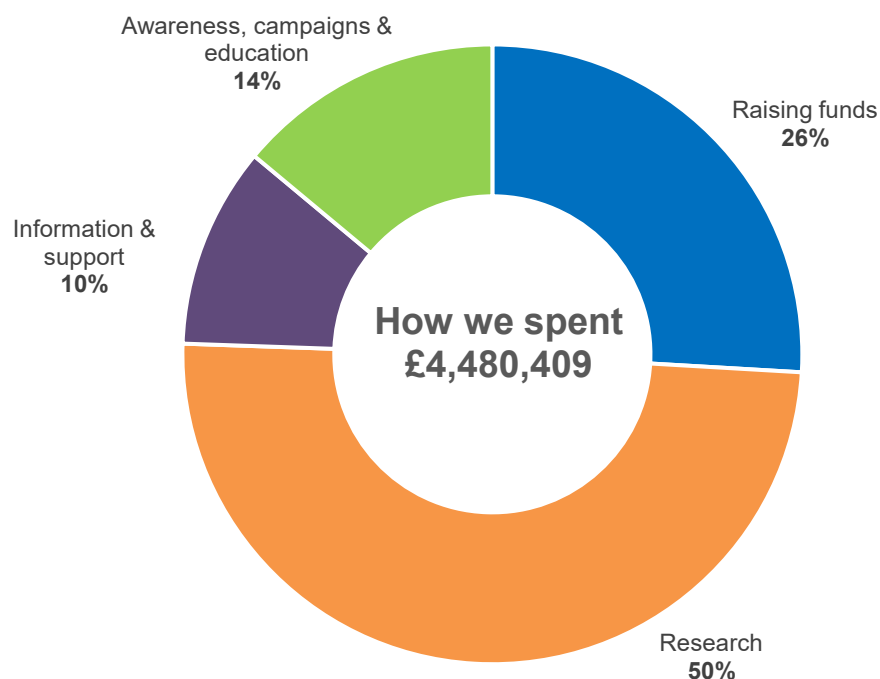
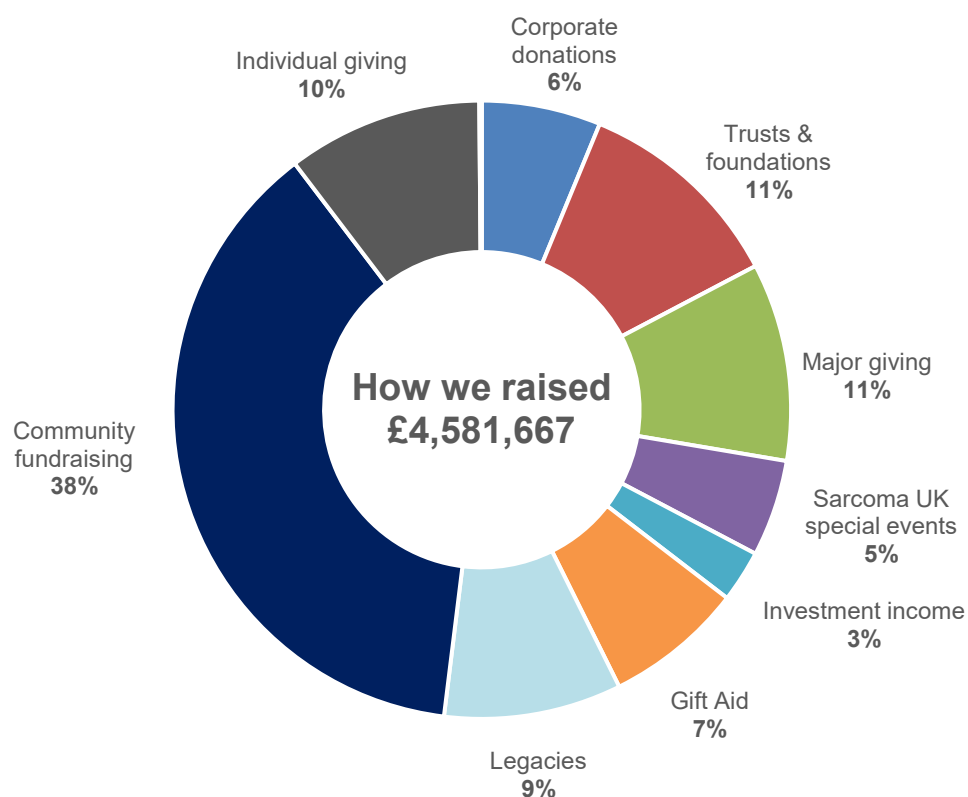
2. A positive, skilled team with appropriate training and development

- 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 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 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

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 | |
| Net current assets | | | 4,460,710 | | 4,009,978 |
| Total assets less current liabilities | | | 4,473,358 | | 4,026,662 |
| Creditors: amounts falling due after one year | 13 | | 2,568,593 | | 2,223,155 |
| Total net assets | 14 | | 1,904,765 | | 1,803,507 |
| The funds of the charity: | 15 | | | | |
| Restricted income funds | | | 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 |
| 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) |
| Net cash provided by / (used in) investing activities | 93,436 | | (232,651) |
| 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 |
| Cash and cash equivalents at the end of the year | 5,364,107 | | 4,807,105 |
| Analysis of cash and cash equivalents | | | |
| | At 1 April 2024 | Cash flows | As at 31 March |
| | £ | £ | 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 |
| Total cash and cash equivalents | 4,807,105 | 557,002 | 5,364,107 |

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:

| | |
|---|-----|
| <input type="checkbox"/> Raising funds | 35% |
| <input type="checkbox"/> Research | 15% |
| <input type="checkbox"/> Information and support | 27% |
| <input type="checkbox"/> 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

| | Unrestricted £ | Restricted £ | 2025 Total £ | Unrestricted £ | Restricted £ | 2024 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.

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 |

3b. Analysis of expenditure (previous year)

| | Cost of raising funds £ | Charitable activities | | | | Support costs £ | 2024 Total £ |
|----------------------------------|----------------------------|-----------------------|------------------------------|---|-----------------------|--------------------|------------------|
| | | Research £ | Information and support £ | Awareness, campaigns and education £ | Governance costs £ | | |
| 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 |
| | 1,418,502 | 1,193,063 |

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 |
| | 32 | 27 |

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 | 29,520 | 67,254 | 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 | 29,520 | 54,606 | 84,126 |
| Net book value | | | |
| At the end of the year | - | 12,648 | 12,648 |
| At the start of the year | - | 16,685 | 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 |
| | 1,056,001 | 582,104 |

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 |
| | 2,394,276 | 1,796,134 |

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 |
| | 2,568,593 | 2,223,155 |

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 2025 £ | 2024 £ | Equipment 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.