

Annual Report 2021

Research has  
the power to  
change lives





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## Foreword

# 2021 – preparing a bold new chapter with breakthroughs along the way.

*Foreword from Chris Corbin, Chair (pictured left), and Fiona Hazell, Chief Executive (pictured right).*



2021 was an exciting year for Leukaemia UK, in which we laid the groundwork for a collaborative and ambitious new strategy for the charity. We are delighted to share it with you in this publication.

It was also a challenging year for the leukaemia community, and the country as a whole, as the impact of the Covid-19 pandemic continued to be felt. This impact has been experienced acutely by the blood cancer community, who make up a large proportion of the country's immunocompromised population. For the research community, the pandemic has in many cases resulted in a decline in opportunities and funding, not to mention project cancellations and postponements. Thanks to the support and commitment of our community, we were able to sustain our research funding at a time when it is more important than ever.

Whilst the pandemic meant that our largest fundraising event, Who's Cooking Dinner?, was unable to take place in 2021, thanks to the generosity of our supporters we managed to sustain our income levels and begin 2022 in a strong position. As such we have never been more thankful to our amazing supporters and fundraisers, who - despite the financial pressures

they themselves might have felt - have continued to show tremendous support and commitment over the last year, and who have enabled us to continue to fund the life-changing research that is at the heart of Leukaemia UK's work.

We saw the beginnings of some amazing breakthroughs for leukaemia research in 2021, and Leukaemia UK-funded scientists had their work published in no less than 47 successful scientific publications.

A particular highlight of 2021 was the development of a new class of cancer drug with the potential to treat acute myeloid leukaemia (AML) by John Goldman Fellow, **Dr Konstantinos Tzelepis**. Dr Tzelepis identified a new targeted treatment drug that can inhibit the impact of METTL3 enzymes in leukaemic cells. Acute leukaemias are particularly difficult to treat, so discoveries like Dr Tzelepis' are particularly important in order to find kinder and



more effective treatments for those who receive this diagnosis. Clinical trials are due to begin in 2022 and, if successful, Dr Tzelepis' breakthrough will go on to provide a vital new treatment option for AML patients.

We were able to award five new John Goldman Fellowships in 2021, each one with the potential to accelerate progress and stop leukaemia devastating lives. These range from exploring potential new targeted drugs to treat acute leukaemias, to looking at chemotherapy-resistant cells in cases of infant leukaemia to better understand how progress can be made towards improving the treatment outcomes.

A stem cell or bone marrow transplant (SCT) is a vital treatment for many leukaemia patients, yet the five-year success rate following transplant remains at less than 50%. Given the urgent need to improve this, Leukaemia UK continued to be a key-funding partner of IMPACT (the Partnership for Accelerated Clinical Trials) in 2021. Eight IMPACT trials have been successfully approved so far and by October 2021, over 700 patients had been recruited, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients.

The innovative Mind and Body Project at King's College Hospital ran as a successful pilot throughout 2021, improving access to specialist services and making a tangible and positive difference to the lives of the patients involved. It has positively influenced plans for the future, including in the planning for a state of the art new Haematology Outpatient Services Centre featuring dedicated mental health support facilities alongside physical treatment spaces.

We have expanded our policy and advocacy work over the last year, becoming a member of One Cancer Voice and continuing our involvement with the Blood

Cancer Alliance, with the aim of improving the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. We also began to develop our own policy strategy to bring the voices of those who have experienced leukaemia and other blood cancers to decision-makers and help positively transform the entire patient journey from diagnosis to treatment and care.

As we look to the future, we should reflect on the significant, life-changing achievements that have already been made in leukaemia research – from clinical trials advancing progress in stem cell transplants, to the rollout of more targeted treatments such as CAR-T Cell Therapy and the development of cancer drugs such as Dr Tzelepis' METTL3 inhibitors - but also how much work is still urgently required to progress diagnosis, treatment and care for this devastating disease.

Every year, around 10,000 people are newly diagnosed with leukaemia in the UK and nearly 5000 lives continue to be lost each year as a result of leukaemia. We also know that incidence rates are predicted to rise by 5% by 2035.

Over the next decade, Leukaemia UK will accelerate progress through funding world-class research to drive advancements in diagnosis, treatment and care. It is because of the continued help of our amazing and committed supporters that we can continue to find and fund the research that matters most to people living with leukaemia.

**Together we can help to stop leukaemia devastating lives.**

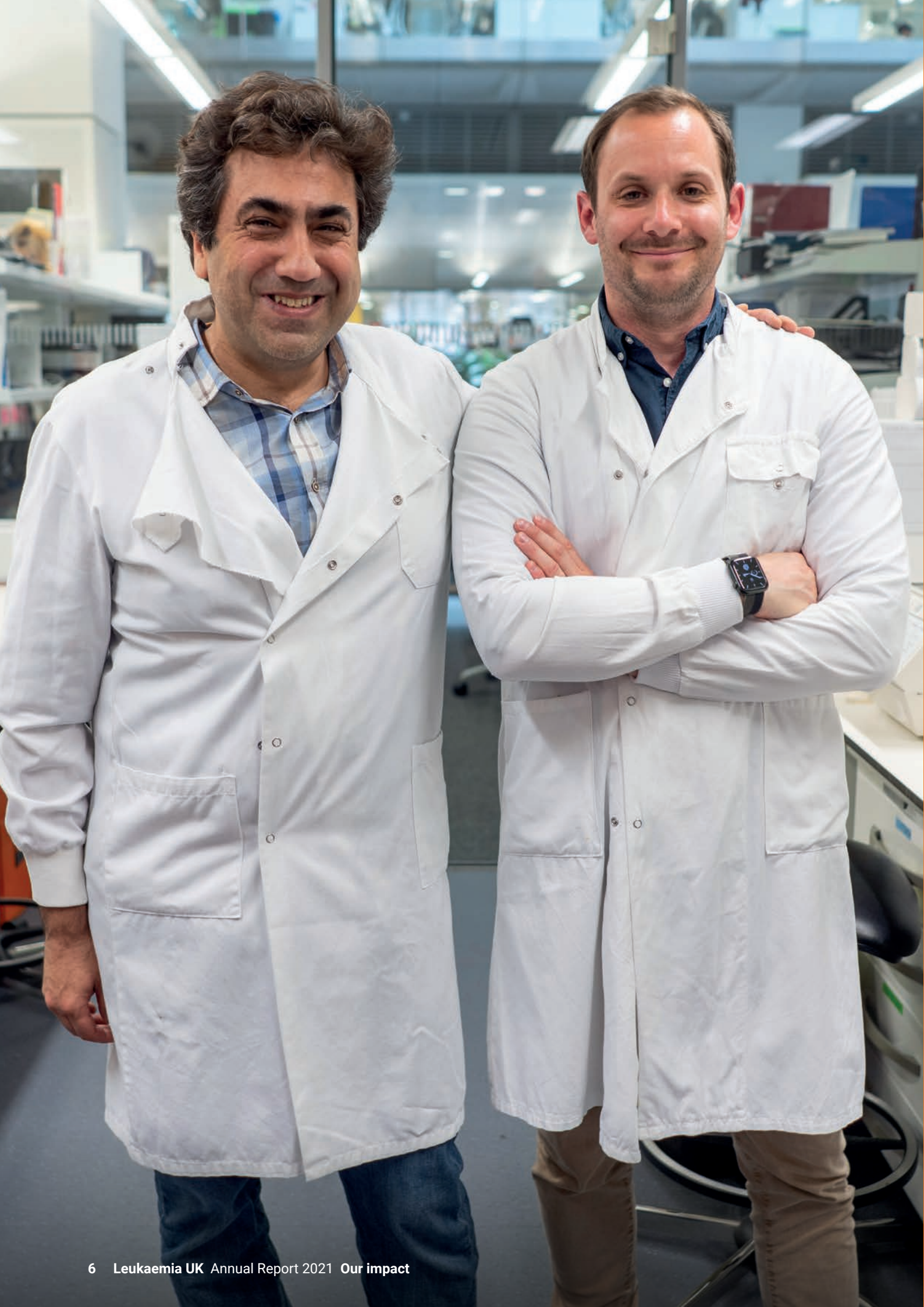
From all the team at Leukaemia UK, thank you!



**Chris Corbin** OBE, Chair



**Fiona Hazell**, Chief Executive



# Our impact



# Who we are

**We are Leukaemia UK. We believe research has the power to stop leukaemia devastating lives.**

Despite decades of incredible progress, only half of leukaemia patients live longer than five years after their diagnosis\*. We won't stop until we change this.

Uniting the leukaemia community, we will accelerate progress in leukaemia research, doing everything we can to make sure that the next person with leukaemia has the best possible experience of diagnosis, treatment and care.

\*(53.5% - 5 year survival rate across all leukaemia types and age groups, Office for National Statistics, Cancer survival by stage at diagnosis for England, 2019).

## Leukaemia – the challenge

Leukaemia is a type of blood cancer and blood cancers are the fifth most common type of cancer and the third biggest cancer killer in the UK.

Unfortunately, because of its wide-ranging symptoms, leukaemia is one of the hardest cancers to spot, and is often discovered too late. Leukaemia has one of the lowest survival rates of blood cancers. Sadly almost 5000 lives are lost to leukaemia each year in the UK.

Distressingly, it is the most common type of childhood cancer, accounting for around a third of all cancers in under 14s.

For those who receive a leukaemia diagnosis, it has a devastating impact on their lives, and those around them.

At Leukaemia UK we believe that research has the power to change lives. Through accelerating progress in diagnosis, treatment and care we can help to bring about positive change, both for those living with leukaemia today and for those diagnosed tomorrow.



### Joel and Amy

"Joel is an electrician and his symptoms such as back and joint pain were blamed on having a very active job. He grew very fatigued and that was put down to not being able to sleep from the pain. He was off his food and lost weight but there always appeared to be an answer for everything. After countless GP appointments, calls to 111, and multiple A&E visits, Joel was finally booked in for an MRI scan and blood tests.

On the day we were due to get the MRI results, I went into our bedroom to wake Joel, his lips were blue and he was in agony. We rushed to A&E. On route, his consultant rang us and told us "Joel has blood cancer". I will never forget Joel's face when those words were said. In 24 hours our world had been turned upside down.

Whilst waiting in A&E Joel caught sepsis and was rushed to intensive care. He was diagnosed with acute lymphoblastic leukaemia (ALL) and we began our cancer journey.

**It is so important for the symptoms of leukaemia to be promoted and become more widely known, and for research into better treatments, diagnosis and care to continue.**

Joel has gone through his first round of chemotherapy and has been in and out of intensive care due to various complications. He is now in remission and facing challenges outside of his cancer. We are battling through the toughest of times as a family and Joel has been truly inspiring throughout, showing superhuman strength and amazing levels of bravery."



# The impact of leukaemia in the UK

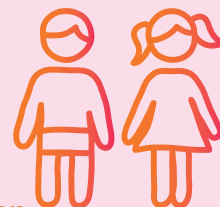
- Every day 28 people are diagnosed with leukaemia



More than 10,000 every year

- 50,000 people of all ages are currently living with leukaemia
- Over 4,700 people lose their lives every year because of leukaemia

- It accounts for 33% of all cancers in the under 14s



It is the most common childhood cancer

- Over 570 children are diagnosed with leukaemia every year

- 37% of leukaemia cases are diagnosed in emergency settings



45% of people diagnosed in this way, live less than a year after diagnosis

- The highest emergency presentation rate for any cancer type is acute lymphoblastic leukaemia – 66% of all cases
- 56% of British adults can't recognise the common signs of leukaemia or other blood cancers

- Over 50% of patients with acute leukaemia's relapse after a stem cell transplant



- 53.5% is the overall five-year survival rate for leukaemia
- 39% increase in survival rate since the 1970s



# Over £1.6m income has funded...

over £1.1m worth of  
research and care  
initiatives

2 active strategic  
research programmes

165 Helping Hand Awards  
equal to £33,000 worth of  
financial support for families

26 active  
research projects

16 John Goldman Fellowships  
(including 5 new Fellows)

4 Project Grants

3 Leukaemia UK Early Career Awards

3 joint-funded MRC Clinical Research  
Training Fellowships

11 IMPACT clinical  
trial nurses



# The highlights of 2021...



47 successful  
scientific publications  
from Leukaemia  
UK-funded researchers



1 new class of  
cancer drug  
with potential to  
treat AML developed



405 patients participated  
in the Mind and Body  
programme at King's  
College Hospital



246 supporters took  
part in challenge events  
like the 28-day Lunge  
Challenge



Over 12K  
social media followers



Over 10K  
readers of our newsletter

# History of Leukaemia UK

In 1977, after his wife Isobel was diagnosed with chronic myeloid leukaemia, charity pioneer **Derek Mitchell** founded the Elimination of Leukaemia Fund. It had one mission: to advance progress in leukaemia research and care for all who receive a leukaemia diagnosis.

Five years later, in 1982, the charity Leuka was founded by **Lester Cazin**, a leukaemia patient at Hammersmith Hospital, to raise funds to support research.

These two charities would grow and in 2019 combined forces to be a greater force for change for those whose lives are impacted by a leukaemia diagnosis - becoming the Leukaemia UK you know today.

Along the way, significant milestones have been reached and there is huge reason to celebrate the major advancements that have been seen in leukaemia research and care – but there is still a long way to go.

In the UK, the survival rate for cancer overall has doubled over the last 40 years. This is testament to the amazing work of researchers, patients and medical professionals up and down the country.

Thanks to research breakthroughs bringing about advancements in diagnosis and treatment such as immunophenotype analysis, stem cell transplants and CAR T-cell therapy, the survival rate for leukaemia has also increased dramatically, with a 39% increase in survival since the 1970s.

Yet with almost 5,000 lives still lost to leukaemia each year, and overall five year survival standing at just over 53%, there is an urgent need for further progress – this is where our amazing researchers come in.

**In 2022, Leukaemia UK will reveal a new strategy to go further than ever to stop leukaemia devastating lives.**





# Our impact to date

## Our research

Since 2015, we have funded over £7 million worth of research and care up and down the UK, pushing boundaries to develop kinder and more effective treatments for leukaemia. This has resulted in important discoveries that lead to bold scientific advances, creating hope for newer and better treatments.

### Stem cell transplant clinical trials

The sooner we can get new treatments to patients, the more lives we'll improve. So, together with Anthony Nolan and NHS Blood & Transplant, we became a key funding partner for IMPACT in 2017. It's an initiative focused on trialling advances in stem cell transplants, made happen by researchers, healthcare professionals, patients, and data analysts working together. These clinical trials play a crucial role in forming the evidence base for new approaches to treatment and are essential in increasing patient survival rates following a SCT.

Since 2018, eight IMPACT trials have been successfully approved and by October 2021 over 700 patients had been recruited, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients.

### A new class of cancer drug

What if inhibiting the action of one protein could eliminate cancer – with minimal side effects? During his Leukaemia UK John Goldman Fellowship, Dr Kostas Tzelepis discovered something amazing. Investigating the METTL3 protein, and its role in how AML cells develop, Dr Tzelepis identified a new targeted treatment drug with the potential to treat AML.

Now, Dr Tzelepis and his colleagues at the Wellcome Sanger Institute and STORM Therapeutics, are continuing to develop the potential drug, STM2457, which can inhibit the action of METTL3. Clinical trials are due to begin in 2022. If successful, Dr Tzelepis' breakthrough will go on to provide a vital new treatment option for AML patients.

Around 3,100 people each year are diagnosed with AML in the UK and current treatments continue to be incredibly harsh on the human body. Dr Tzelepis' research brings hope that patients diagnosed with AML will have more treatment options in the future. It shows how a bold idea from a curious researcher in the early stages of their career, can translate into scientific advances and into clinical practice in the future.

### Combination immune gene therapy

Research breakthroughs don't happen in isolation. It is the small milestones and developments, the lightbulb moments from one scientist that can spark a process that leads to further discoveries and eventually to new treatments that will save the lives of others. Back in 2010, Leukaemia UK funded a substantial research project at King's College Hospital which allowed researchers to carry out the world's first trial of combination immune gene therapy to treat leukaemia patients who had reached the end of conventional treatment options. The research projects that we fund now can lead to the significant breakthroughs that will have a life-changing impact to leukaemia patients in the future.

## Our holistic support initiatives

### Leukaemia UK's Helping Hand Fund

A leukaemia diagnosis already brings a heavy toll emotionally and physically. But what about the significant financial strain it puts on many UK families? Whether this is costs associated with travel for treatments or diagnosis, time off work and loss of household earnings, or the financial balancing-act of trying to support all family members whilst someone is receiving treatment and needs extra care during recovery. Leukaemia UK's Helping Hand Fund has provided financial support to families since 2018, to help in a small way as they work through these challenging times together. To date, Leukaemia UK has awarded 287 Helping Hand awards to families across the UK.

### The Mind & Body Programme

Leukaemia UK funded an innovative pilot project at King's College Hospital to address the psychological impact of a blood cancer diagnosis and treatments – both for those living with blood cancer and their families. Designed to support people across their entire treatment journey, the pilot scheme provided holistic support from a team of counsellors, psychiatrists, clinical psychologists and social workers from diagnosis to remission. The project has had a far-reaching impact, improving access to specialist services and making a tangible and positive difference to the lives of patients involved in the pilot. It has positively influenced plans for the future, including plans for a state of the art new Haematology Outpatient Services Centre featuring dedicated mental health support facilities alongside physical treatment spaces. The ultimate aim is for a similar holistic approach to be introduced as the standard of care for all blood cancer patients across the UK.

## Our centres for treatment

To date, thousands of leukaemia patients have been treated in centres funded by Leukaemia UK, enabling them to access the most cutting edge treatments and ground-breaking care available.

### The ELF and LIBRA Ward

Since it opened in 2015, the ELF and LIBRA Ward at King's College Hospital has provided vital specialist treatment for blood cancer patients. Every year hundreds of patients pass through its doors, helping them on the road to recovery.

### The Leukaemia UK Ambulatory Care Unit

What difference does keeping a hold on normal life make to your treatment journey? With the positive impact of this in mind, the Leukaemia UK Ambulatory Care Unit at King's College Hospital was set up in 2018 to enable people to stay in the comfort of their own homes whilst undergoing treatment. By offering stem cell transplants and chemotherapy in an outpatient setting, it empowers patients by helping them to retain a degree of normality and daily routine as they go through their treatment journey.

The unit is a pioneering approach to delivering stem cell transplants which, as an inpatient, has traditionally involved long stays in hospital with limited contact with the outside.

### Leukaemia Treatment Suite at King's College Hospital

In addition, a brilliant Leukaemia Treatment Suite at King's College Hospital exists thanks to one of our founders, **Derek Mitchell**, which originally opened as the **Derek Mitchell** Transplant Unit in 1992 with a grant of £250,000. It is part of the network of centres that supporters have helped to fund, bringing life-saving treatments to those who receive a leukaemia diagnosis.

### The Dacie Ward and The Catherine Lewis Centre

The Dacie Ward, at Hammersmith Hospital, is a dedicated haematology ward which has treated hundreds of patients with leukaemia and other cancers since the charity funded a major redevelopment in 1986. Later, a three-storey specialist leukaemia centre, The Catherine Lewis Centre, opened to patients in 2002 and is now managed by the Imperial Healthcare NHS Trust. It provides specialist treatment to leukaemia patients and includes a facility for processing blood and bone marrow stem cells for transplantation in addition to a dedicated Clinical Trials Unit to study new drugs and pioneer therapies for leukaemia patients worldwide.

## Sinead

**Sinead**, 30, has undergone treatment for acute lymphoblastic leukaemia (ALL).

She said, "When I first got to hospital I felt nothing but fear: I was in a dark place. But since receiving my diagnosis and knowing my plan, I feel hope. Knowledge is power and without the amazing research from charities like Leukaemia UK, I would have no hope. The light at the end of my tunnel would not be so bright."





Since 2015 we have funded...

Over £7 million  
worth of research  
across the UK



32 John Goldman  
Fellowships

5 Project Grants

4 joint-funded Medical  
Research Council Clinical  
Training Fellowships

287 Helping Hand Awards



Over 400 patients  
participating in the  
Mind & Body Project at  
King's College Hospital

11 IMPACT clinical  
trial nurses



8 IMPACT clinical trials  
approved and over 700  
blood cancer patients  
recruited since 2018

# Our strategy 2022–2027

In 2019, Leuka and Leukaemia UK merged to create one charity which would be a greater force for change. Following this, we began work on a new strategy which, through uniting the leukaemia community, could accelerate progress in leukaemia research, and help to make sure that the next person diagnosed has the best possible experience of diagnosis, treatment and care.

We embarked on this new approach because we felt strongly that leukaemia is, still, affecting far too many people and greater progress is urgently needed.

Leukaemia doesn't discriminate. It affects people of all ages – from babies to grandparents. More people are living longer with leukaemia but, despite decades of progress only half of leukaemia patients live longer than five years after their diagnosis\*. We believe research has the power to stop leukaemia devastating lives and we won't stop until we achieve this.

With our supporters' help we want to fund more work than ever before – trebling our investment in life-changing initiatives and research over the next five years. By accelerating the progress of our research, we can transform the lives of people affected by leukaemia today and in the future.

**Our future work will be focused on saving and improving more lives, through research, awareness and advocacy.**

## Research

What if we could accelerate the progress of research and transform the lives of people affected by leukaemia today and in the future?

**Dr Samanta Mariani**, a Leukaemia UK John Goldman Fellow researching the role of macrophages in cases of infant leukaemia, said:

*"Leukaemias, especially acute leukaemias, are difficult to treat. Leukaemias such as acute myeloid leukaemia and acute lymphoblastic leukaemia are the most common types in infants and children. Chemotherapy is only able to eradicate the disease in half of infant cases. There is a critical need for further research to understand what happens in the early stages of leukaemia's development and to develop treatments which target just the cancer cells and leave the healthy cells intact, improving survival rates as well as quality of life for those who receive this devastating diagnosis."*

We are building a research programme based on evidence, our insight from patients and from the scientific and healthcare community. Our research work will tackle needs and fill gaps to ensure we meet what matters most to the leukaemia community.

By uniting the experience and expertise of people who are living and working with leukaemia, we can focus on making changes to diagnosis, treatment and care that will make the biggest difference.

## Advocacy

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard elsewhere too. By focussing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last.

We are establishing a Patient Experience Advisory Panel, to bring the voices of those who have experienced leukaemia to UK decision-makers and to strengthen our insight into what matters most to those affected.

We will work with the Government and other stakeholders to effect policies that directly impact the leukaemia community, making sure that the needs and concerns of blood cancer patients and their families are heard and prioritised. We will advocate that every leukaemia patient has access to the best available therapies.

Helped by those who have lived experience of leukaemia, we can directly influence the leukaemia research being funded and prioritised and transform the entire patient journey from diagnosis to treatment and care.

## Awareness

By raising awareness, we will drive progress in early detection and diagnosis of leukaemia, a vital tool to improve survival rates.

We know that more needs to be done to improve early diagnosis of leukaemia, helping people to receive the treatment and care they need as soon as possible. That's why we are working with charities across the blood cancer space to raise awareness of the signs and symptoms of leukaemia.

This includes collaborative campaigns and support for government initiatives to raise awareness, as well as exploring what the best avenues can be to improve early diagnosis. This will include further

policy research and well-informed campaigns so that, with research to guide us, we can transform the way we diagnose, treat and care for people affected by leukaemia across the UK.

**Dr Pramila Krishnamurthy**, a Leukaemia UK John Goldman Fellow, on the importance of increasing awareness of the signs and symptoms of leukaemia:

*"When patients come to hospital with AML, they have often had subtle symptoms that they have put down to other things – for example tiredness from taking on too much at work, or shortness of breath that they thought could be due to COVID or just a lack of fitness. Late diagnosis can lead to much greater complications and a risk of death, so making sure the public is aware of this condition is really vital."*

**Vision:** To stop leukaemia devastating lives

**Mission:** To accelerate progress through the life-changing research that matters most to people affected by leukaemia

**Values:** Curious, collaborative, bold

### Goal 1: Save more lives

- Harness the power of science to gain a better knowledge and understanding of leukaemia.
- Drive progress in awareness and diagnosis of leukaemia to improve survival.
- Fund innovative research to discover new, more effective life-saving treatments for leukaemia.
- Advocate that every leukaemia patient has access to the best available therapies.

### Goal 2: Improve more lives

- Accelerate the development of smarter, kinder therapies for leukaemia.
- Champion advancement in better treatment & care for all.
- Transform standards of care and support by establishing 'whole person' care into mainstream practice.
- Fund patient-focused applied research to improve access to the best possible care and support those affected.

#### Enabler 1:

Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress

#### Enabler 2:

Invest in research to accelerate progress in diagnosis, treatments and care

#### Enabler 3:

Build our profile, engagement and influence to grow our support and impact

#### Enabler 4:

Invest strategically to grow sustainable net income

#### Enabler 5:

Make Leukaemia UK a great charity to work for and with





# Our review of 2021

# Charitable activities

## Life-changing research – our funding commitment

Leukaemia UK is committed to making a difference to all those affected by leukaemia and places patient benefit at the heart of all our charitable activities. We believe that funding the best research projects and exceptional researchers holds the key to improving the outcomes for those diagnosed with leukaemia and related disorders. We understand that the more we invest, the better our chances of success. However, the number of potentially impactful and investible research projects is almost limitless, and we know that the funding requests will always far outweigh our available funds.

We are only able to optimise our available funds with help from the dedicated members of our Peer Review Panels whose independent advice and guidance is invaluable. Our Panels enable us to select only the very best people and projects for our limited funds. We pride ourselves on our peer review process, ensuring that it is transparent, rigorous, and fair to all those applying for funding. In 2021 we were delighted to pass the AMRC peer review audit and receive the certificate for best practice.

Covid-19 continued to exert its presence throughout 2021. Many of our funded researchers continued to adapt and limit disruptions to their projects. Covid-19 safe working conditions remained a consideration but by mid-2021 our researchers reported that whilst some had to amend their project aims, successful progress had been made. In total we provided eighteen no-cost extensions which would enable timely project completion.

During 2021, Leukaemia UK funded two active strategic research programmes and 26 active research projects, including sixteen John Goldman Fellowships, four Project Grants, three Leukaemia UK Early Career awards and three Clinical Research Training Fellowships (CRTFs), jointly funded with the Medical Research Council.

## Research impact and outputs

Leukaemia UK funds exceptional people and research projects that have the potential for research impact. What does that mean? The ultimate impact for health research is to be instrumental in bringing about improved survival, more effective treatments and better quality of life.

2021 has been a successful year for Leukaemia UK's funded research and academic impact has been demonstrated, producing a greater understanding of leukaemia and adding further pieces to the jigsaw. The success of our funded research can be measured by quantifying research outputs. We used Researchfish to collect the information through an annual submission which was completed by all our funded researchers.

One measure of research output is the publication of research findings, an important means for communicating scientific work. Publication of a paper in a scientific journal is validation of the successful advancement in scientific knowledge. Papers are generally subjected to scrutiny by experts (peer-reviewed) before successful publication.

Twenty-three of our awardees, whose awards were made between 2017-2021, were requested to take part in the Researchfish data submission. The group of awardees (which included five who had recently started their project and six who were in their first year) reported 47 successful publications associated with their Leukaemia UK funding.





**Dr Matthew Blunt**, Leukaemia UK John Goldman Fellow (University of Southampton). Publication in *Frontiers in Oncology*, December 2021: *Selinexor Enhances NK Cell Activation Against Malignant B Cells via Downregulation of HLA-E*.

**Dr Blunt's** research discovered that a drug called 'selinexor', approved to treat blood cancer patients, works by blocking proteins involved in promoting cancer cell growth. The study identified that the drug also boosts cells of the immune system called natural killer (NK) cells and allows them to kill cancer cells more effectively.

Over the years, Leukaemia UK has demonstrated its commitment to supporting early careers researchers (ECRs) by providing our John Goldman Fellowship funding. The fellowships are designed to enable ECRs to establish themselves as independent scientists and to test a novel hypothesis. We always anticipated that a successful Leukaemia UK John Goldman Fellowship would only be the start of a Fellow's independent funding and success from other funders/further funding would follow.

One of the output measures obtained from the Researchfish submission is further funding. We are delighted to report fourteen instances of further funding. Over 60% of the awardees were now in receipt of awards from other funders. A great result considering almost 50% of the awardees only received their Leukaemia UK funding in 2020 or later.

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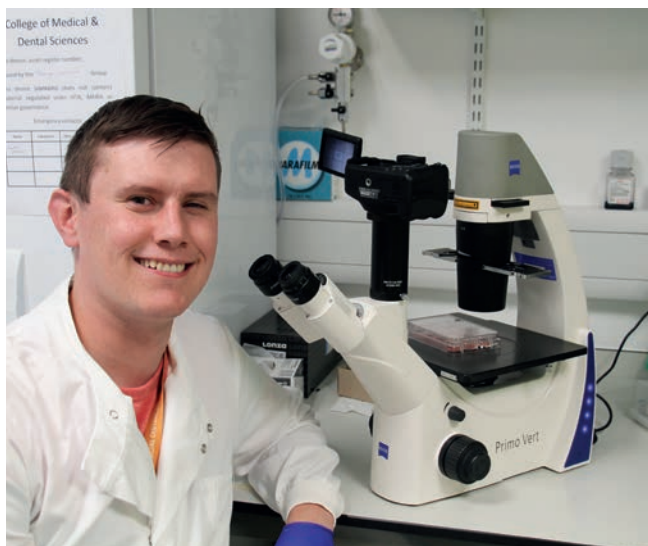
*“NK cell-based therapeutics are an important emerging area of immunotherapy however NK cell dysfunction is a frequent occurrence in cancer. Strategies to overcome this are crucial for improving the treatment of patients and therefore to identify that selinexor stimulates an NK cell anti-cancer response provides us with an excellent opportunity to achieve this.”*

**Dr Matthew Blunt, John Goldman Fellow**

”

## 2021 John Goldman Fellows

We were delighted to award five new John Goldman Fellowships in 2021, with total funding of £614,701.59, demonstrating our continued commitment to investing in early career scientists. The five exceptional scientists and their projects were:



**Dr Daniel Coleman (University of Birmingham),**  
“Pharmaceutical targeting of RAS in Acute Myeloid Leukaemia with RAS mutations or FLT3-ITD”.

*“Acute myeloid leukaemia (AML) is a particularly aggressive blood cancer and most often affects elderly patients. It is therefore often difficult to treat with aggressive chemotherapy as patients are often already quite frail. For this reason, it is important to develop treatments which target just the cancer cells and leave the healthy cells intact.”*

**Dr Daniel Coleman, John Goldman Fellow**

*“Over 50% of patients with acute leukaemias relapse after stem cell transplant, and once this occurs, the chance of cure is unlikely. Relapse can be prevented by infusing donor-derived immune cells after the transplant. During my John Goldman Fellowship I will explore the use of donor lymphocyte infusion to help correct defects in patients’ immune responses so that they are better able to fight their underlying cancer.”*

**Dr Pramila Krishnamurthy, John Goldman Fellow**



**Dr Pramila Krishnamurthy (King's College London),**  
“Redefining the biological goals of donor lymphocyte infusion for preventing disease relapse after allogeneic stem cell transplantation: the transforming role of IMPACT”.

Pramila’s John Goldman Fellowship is co-funded by Rosetrees Trust, a charitable family foundation with a substantial track record of funding vital medical research for over 30 years.



**Dr William Grey (University of York)**, “CKS1-dependent proteostasis: an Achilles heel in leukaemic stem cells”.

*“Treatment options for acute myeloid leukaemia (AML) have remained largely unchanged in the last 30 years, with good initial response to therapy, but high rates of relapse and poor overall survival. One of the key problems with current therapy is the inability to deplete leukaemic stem cells, the cells which are at the origin of leukaemia in the body. These cells are highly resistant to therapy and are the origins of relapse and ultimately the root cause of poor prognosis in AML.*

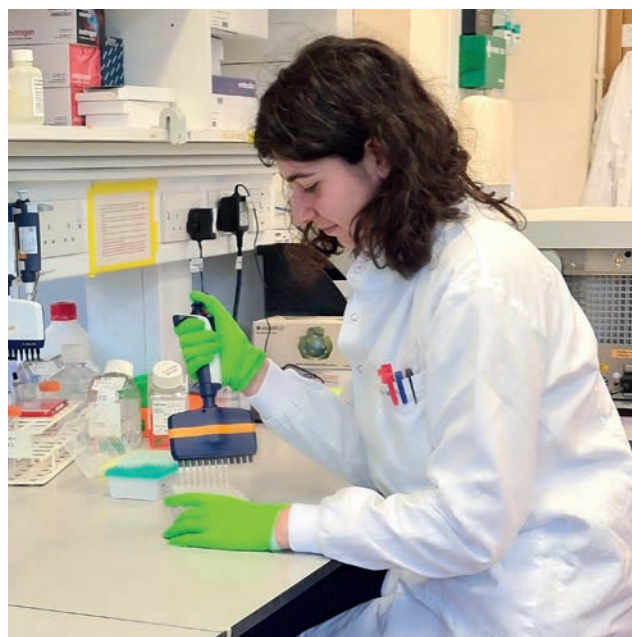
*In this fellowship I will investigate specific targeting of leukaemic stem cells, leveraging an Achilles heel in their protein turnover machinery. In combination with newly available medicines, I aim to improve treatment options for the most elderly and at-risk AML patients.”*

**Dr William Grey, John Goldman Fellow**

*“I will study a rare form of childhood cancer, juvenile myelomonocytic leukaemia (JMML), characterised by alterations in RAS genes within cells. No target treatment is currently available for this type of leukaemia, and the only curative option is bone marrow transplant. Even after transplant, 35% of patients relapse. By studying the molecular mechanisms behind RAS driven gene regulation, I hope that this research might lead to new targeted treatments being employed to improve patient outcome.”*

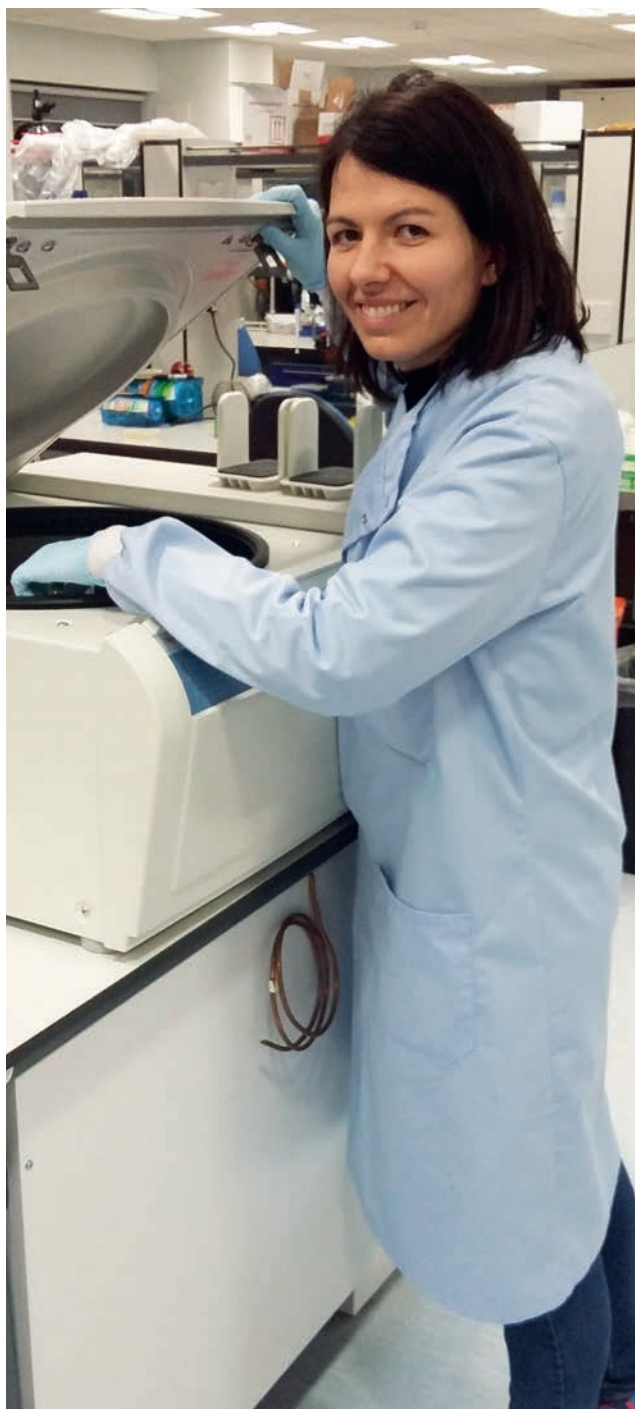
**Dr Giulia Orlando, John Goldman Fellow**

**Dr Giulia Orlando (University of Oxford)**, “Dissecting the RAS signalling-driven epigenome in JMML”.



Continued overleaf





*"Acute leukaemias, the most common in infants and children, are difficult to treat. Chemotherapy is only able to eradicate the disease in half of infant cases. There is a critical need to understand what happens in the early stages of leukaemia's development to better target the progression of the disease."*

**Dr Samanta Mariani, John Goldman Fellow**

**Dr Samanta Mariani (University of Edinburgh),** "Investigating the role of leukaemia associated macrophages in the onset and progression of MLL-AF9 infant leukaemia".

In addition to the John Goldman Fellowship, Samanta was also the first recipient of the Olive Boles Innovation Award, awarded in recognition of an innovative higher risk idea.

## The Olive Boles Award

Starting in 2021, the accolade will be conferred every year to one awardee of a Leukaemia UK John Goldman Fellowship. **Olive Boles** was Chief Executive of Leukaemia UK (formerly Leuka) from 2011-2020 and was instrumental in the creation of the John Goldman Fellowships.

In October 2021 Leukaemia UK committed to offering the John Goldman Fellowships once again in 2022 and opened for applications in December 2021.

## Medical Research Council Fellowships

Leukaemia UK firmly believes in investing in the next generation of scientific and clinical researchers to protect the pipeline of early career researchers into future scientific leaders. Our John Goldman Fellowships are available to clinicians, but they often wish to combine research with clinical duties and therefore our fellowships are not always ideal. Therefore, over the past few years we have collaborated with the Medical Research Council (MRC) to offer jointly funded Clinical Research Training Fellowship (CRTF) awards.

These prestigious CRTF awards are available to clinically active medical doctors within the UK to enable them to undertake a higher research degree. The scheme can also provide post-doctoral funding for applicants who achieved their PhD more than five years ago, but who have not since been active in research, due to clinical training commitments.

In 2021, Leukaemia UK funded three MRC joint-funded clinical fellows:

**Dr Asger Jakobsen (University of Oxford)** - Project title- Molecular and Cellular Basis of Clonal Dominance in Myeloid Malignancy.

**Dr Sonia Wolf (Imperial College London)** - Project title- Identification of early and later transformation events in adult T-cell leukaemia/lymphoma.

**Dr Jennifer O'Sullivan (University of Oxford)** - Project title- Unravelling signatures of clonal response, resistance and evolution of high-risk essential thrombocythemia at single-cell resolution.

Unsurprisingly, all three of our CRTFs were re-deployed to NHS-clinical duties during the COVID-19 crisis and their research projects were temporarily put on hold for the duration of their redeployment.

## IMPACT – The Partnership for Accelerating Clinical Trials (stem cell transplantation)

A stem cell or bone marrow transplant (SCT) is a treatment for patients with a blood cancer or blood disorder. Over 2,000 people in the UK are considered for a stem cell transplant every year. Despite SCT being considered as a potential curative treatment for many blood cancers, the five-year survival rate following transplant remains at less than 50%, with little improvement in survival rates over the past decade.

Leukaemia UK are committed to saving more lives following a blood cancer diagnosis and survival rates following a SCT needed urgent improvement. In light of the urgent need, LUK agreed to collaborate with other partners and the IMPACT (the Partnership for Accelerated Clinical Trials) initiative was developed.

In 2017 Leukaemia UK (formerly Leuka) became a key-funding partner in IMPACT, the UK's first SCT clinical trials initiative. The Partnership comprised of the funding partners - Anthony Nolan, NHS Blood and Transplant (NHSBT) and Leukaemia UK - together with the University of Birmingham, the National Institute for Health Research (NIHR) and the British Society of Bone Marrow Transplantation (BSBMT).

SCT-related clinical trials are deemed essential to improve survival rates by providing the evidence base for new treatment approaches. There are two main recognised barriers for successful trial delivery:

1. A very low number of patients who received a SCT participated in clinical trials in the UK.
2. When a SCT-related trial was available, the recruitment was often very slow.

The overarching aim of the new initiative was to provide a national platform for the development, approval and delivery of a portfolio of clinical trials in the field of stem cell transplantation.

The structure of the platform is a 'hub and spoke' model. A central management Hub establishes and oversees the design, regulatory approval, and delivery of a trials portfolio with dedicated resources focussed on trials coordination, data management and statistical analysis. The Hub is located within the Cancer Research UK CTU at the University of Birmingham. The Hub forms the core of an integrated UK-wide network of 22 transplant centres (11 centres receive funding for a research nurse) that collaborate to set up studies, recruit patients and share data. See list below:

### **IMPACT Funded Centres**

- Addenbrooke's Hospital, Cambridge
- Beatson West of Scotland Cancer Centre, Glasgow
- Churchill Hospital, Oxford
- Freeman Hospital, Newcastle
- King's College Hospital London, London
- Manchester Royal Infirmary, Manchester
- Queen Elizabeth Hospital, Birmingham
- St James' University Hospital, Leeds
- University College London Hospitals, London
- University Hospital of Wales, Cardiff
- University Hospitals Bristol, Bristol

### **IMPACT Affiliated Centres**

- The Christie, Manchester
- Derriford Hospital, Plymouth
- Hammersmith Hospital, London
- Heart of England Hospital, Birmingham
- Leicester Royal Infirmary, Leicester
- Nottingham City Hospital, Nottingham
- Royal Hallamshire Hospital, Sheffield
- Clatterbridge Cancer Centre, Liverpool
- The Royal Marsden Hospital, London
- Southampton General Hospital, Southampton
- St Bartholomew's Hospital, London

Since 2018, eight IMPACT trials have been successfully approved (**see table right**). One trial had completed recruitment by 2020, the COVID-19 related trial completed recruitment by March 2021, five trials were actively recruiting patients throughout 2021 and the seventh approved trial was approved, and the 'set-up' process began with the aim to begin recruitment early in 2022. Sadly, one trial was discontinued in the early stages of set up. This was due to feasibility and changes to frontline treatment which may have affected successful progression of the trial.

In October 2021, it was reported that over 700 patients had been recruited to IMPACT trials, providing crucial evidence for new approaches to treatments and ultimately helping improve outcomes for stem cell transplant patients. Without IMPACT and Leukaemia UK's investment, the SCT-related trials may not have happened.

The final outcomes of all the IMPACT trials will be realised over the next few years, only two of the trials have completed recruitment to date. The results of the two completed trials are in the process of analysis and publication. Recruitment for the other four IMPACT trials is ongoing with recruitment of all IMPACT trials expected to end in Spring 2025, this will be followed by analysis and publication of results, to be completed by December 2026.

### **Adjunctive research studies**

The IMPACT initiative was primarily developed to address the need to improve outcomes for SCT. Improving outcomes also relies on the development and validation of safer, more effective transplant protocols, approaches and technologies. The IMPACT initiative also offered the opportunity, through the provision of biological samples with matching clinical data, to drive basic scientific research in areas such as predictive biomarkers, genomic mechanisms of resistance to therapy and drug discovery. Throughout the duration of the initiative biological samples from the recruited patients have been utilised in eight different research studies.



IMPACT Trial- Sept 2021 data	Patients recruited
<b>COVID-19 BMT</b> - Chief Investigator: <b>Dr Giovanna Lucchini</b> To evaluate the role of immune and inflammatory response in recipients of allogeneic stem cell transplantation affected by severe COVID-19 infection.	100 - now complete
<b>Pro-DLI</b> - Chief Investigator: <b>Dr Victoria Potter</b> The primary objective of this study is to determine whether prophylactic donor lymphocyte infusions (DLI) will improve disease-free survival of patients with AML or MDS.	150 - now complete
<b>MoTD</b> - Chief Investigator: <b>Prof. Ronjon Chakraverty</b> Compare novel graft-versus-host disease (GVHD) prophylaxis regimens to a current standard-of-care.	14
<b>IPANEMA</b> - Chief Investigator: <b>Dr Christopher Parrish</b> A trial of Daratumumab to remove myeloma cells from blood stem cells before transplant for patients with multiple myeloma.	Discontinued
<b>AMADEUS</b> - Chief Investigator: <b>Prof. Charles Craddock</b> The primary objective is to compare relapse free survival of patients with AML or high-risk MDS treated with maintenance therapy of oral azacitidine versus placebo post stem cell transplant.	167
<b>ALL-RIC</b> - Chief Investigator: <b>Prof. David Marks</b> A comparison of reduced dose total body irradiation (TBI) and reduced intensity conditioning regimen in adults with acute lymphoblastic leukaemia (ALL) in complete remission.	76
<b>COSI</b> - Chief Investigator: <b>Prof. Charles Craddock</b> A comparison of new therapies with the potential to improve outcomes in adults with AML and High Risk-MDS who have received a stem cell transplant.	177
<b>RATinG</b> - Chief Investigator: <b>Dr Adrian Bloor</b> Study of the use of Lenzulimab compared to placebo in patients with acute GvHD following stem cell transplant.	In set up phase

## The Mind and Body Project

In 2019, Leukaemia UK awarded funding to King's College London to support the launch of the Mind and Body project, an innovative 'whole-person' approach to integrating mental and physical healthcare in haematology. A two-year pilot project with the ultimate aim to introduce a holistic approach as the standard of care for all blood cancer patients across the UK.

The pilot project sought to evaluate a universal tool to screen blood cancer patients for mental health issues, to highlight needs and address the psychological impact of a blood cancer diagnosis and treatments – both for those living with blood cancer and their families. Initially in 2019, screenings took place in person during routine clinic appointments and for those who were receiving inpatient treatment. However, the Mind and Body team needed to adapt swiftly during the COVID-19 crisis as most haematology clinics were conducted remotely.

A new mental health screening system called eIMPARTS was developed which enabled patients to complete the screening process remotely in the comfort of their homes. In October 2020, eIMPARTS was made available to patients in the myeloma clinic and was in place for 12 months until the pilot project completed in October 2021. During the 12 months, 405 patients participated, covering 694 clinic encounters. Of these patients, 159 completed the e-IMPARTS measures on multiple occasions, providing longitudinal data for analysis.

After review, an adjustment was made to eIMPARTS for myeloma and patients were asked to complete the full set of measures every three months, and two short numerical rating scales for pain and fatigue at every appointment. The new rating scales were designed to highlight both the degree of pain and fatigue, and whether the symptoms were worsening. Since these two measures were introduced, 177 patients have completed them with 24 reporting worsening pain, and 26 worsening fatigue.

Screening highlighted many psychosocial issues which included: 27 patients who had clinically significant symptoms of depression and anxiety, 26% (185 patients) who felt dissatisfied with their quality of life, 15% (98 patients) who reported pain that prevented activities that they needed to do, 17% (171 patients) who described not having sufficient energy for everyday life and 26% (165 patients) who reported poor sleep. Identifying the symptoms through eIMPARTs prompted supportive conversations which aimed to address the mental health issues and positively impact quality of life and improve overall outcomes for patients.

The pilot project ended in October 2021 and concluded that eIMPARTS was an effective means of screening for psychosocial and physical wellbeing needs in myeloma patients. Patient concerns identified by IMPARTS across haematology, support the need for mental health-specific interventions and social work input for a significant proportion of patients, and highlight the importance of access to multidisciplinary care for a range of psychological and physical health needs. The Mind and Body programme continues and is now being funded by King's College London/Hospital.

*"With Leukaemia UK's support, we have been able to increase awareness of the psychosocial difficulties patients experience within and outside our department. Our department-wide approach to Mind and Body holistic care represents a culture change that is evident through new appointments and is incorporated within new programmes of care and research protocols as an essential part of treatment. This best practice in care for those with haemato-oncological conditions is already making a difference to the lives of people."*

**Mind and Body Team, 2021 Final Report**

## Helping Hand Fund

Leukaemia UK recognises that the effects of a blood cancer diagnosis may go beyond physical health problems and is committed to supporting those living with a blood cancer and their families through difficult times. We appreciate that a diagnosis can have a detrimental impact on family finances and that worrying about money is an extra concern when dealing with a new blood cancer diagnosis or helping a loved one cope with treatment.

In 2021, we demonstrated our commitment to supporting patients and their families by once again offering our Helping Hand Fund to help ease financial stress. In recognition of yearly increased living costs, we increased the award per family to £200 (from £150). We forged a working relationship with the charity CLIC Sargent (now Young Lives versus Cancer), who support children and young people with cancer and their families, to further expand our reach.

We approved 165 awards of £200 in 2021 to applicants where a blood cancer diagnosis had resulted in financial difficulty and awarded a total of £33,000. All applications were supported by a health care professional and/or a social worker. The applications received were for a wide range of uses but and were awarded based upon need not purpose. However, 41% of the applications were requested in support of travel costs, which included parking charges. 33% of the applications were considered to cover 'general expenses' many of which also included travel costs together with heating and other household expenses. The geographic spread of the applicants was UK wide.

# Policy and Advocacy— Our commitment those affected by a leukaemia diagnosis

## The Blood Cancer Alliance

Leukaemia UK is a member of the Blood Cancer Alliance (BCA), which is made up of 15 UK blood cancer charities, whose activities and secretariat (Atlas Partners) are funded by donations from a number of pharmaceutical companies. The remit of the Alliance is to come together to tackle the key issues faced by blood cancer patients to improve the experience and outcomes of all those living with blood cancer in the UK.

The BCA worked across a number of policy areas throughout 2021 and COVID-19 was never far from our thoughts and activities.

## Unmet needs research

In 2021, the Blood Cancer Alliance commissioned research into the unmet needs of blood cancer patients. The project aim was to provide evidence for patient needs that are currently not addressed. The final report was completed in 2021 and a campaign to address the unmet needs named the “Forgotten Fifth” was planned for early 2022.

Many of the decisions/information made by the NHS are centred around the so-called ‘big four’ cancers - breast, prostate, lung and bowel. Whilst blood cancer is the 3rd biggest killer, it is rarely included. The prime reason is that blood cancer is usually considered as a number of different diseases and the BCA seeks to bring about change. The main campaign calls are:

- To give blood cancer patients fair treatment and ensure cancer policy takes account of their specific and complex needs. This will not only improve experiences and outcomes for patients but will also help the NHS and Government to reach diagnosis targets and treatment roll-out time.
- NHS England must add blood cancer data to its Cancer Data Dashboard and consider that data, to give a better picture of the needs to blood cancer patients and inform policymaking
- A new ICD-10 summary code for blood cancers should be put in place to allow to consideration of blood cancers collectively by all health administrations.
- New cancer policies and tactics should be tested in more complex cancers like blood cancers, to make sure they will work for all cancer patients, as well as common solid tumour cancers.
- NHS England, Public Health England and devolved health administrations should work with blood cancer charities to improve public awareness of leukaemia, including on public awareness campaigns

## COVID-19 Impact Inquiry on Blood Cancer Services

The APPG (All-Party Parliamentary Group) on Blood Cancer and the APPG on Stem Cell Transplantation held a joint inquiry, looking into what is required for blood cancer services to enable recover from the issues caused or exacerbated by COVID-19.

It is recognised that blood cancer patients are one of the groups most affected by the COVID-19 pandemic. Having blood cancer is a similar risk to being over 80, and vaccines are much less likely to be effective, meaning that the blood cancer community had been shielding for over a year, potentially to their physical and psychological detriment.

COVID-19 has also impacted blood cancer treatment, emotional support, and diagnosis itself. The long-term impact of this crisis on the blood cancer community, therefore, is yet to be uncovered. Whilst the inquiry would be blood cancer specific, it would also consider evidence about the general impact of COVID-19 on cancer services, in order to understand the wider context and how this relates to blood cancer.

The inquiry held two meetings in 2021 whereby oral evidence was provided. Written evidence was requested from clinicians, researchers, NHS, Government, patient organisations and professional bodies. The BCA submitted a combined written response on behalf of all its members. The findings of the inquiry were due in Spring 2022.

## One Cancer Voice

In 2021, Leukaemia UK became a member of One Cancer Voice, a charity coalition of 46 cancer charities aimed at improving the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. Early in 2021, the coalition put forward a proposal to formalise the process of collaborative working. A Steering Group has been established together with an Action Group to facilitate all collaborative activities.

During 2021 One Cancer Voice worked on responses to the Health and Social Care Bill and the upcoming Comprehensive Spending Review (CSR). Cancer Research UK recently requested LUK support for a letter to the Secretary of State for Health and Social Care and the Chancellor as a follow up from the recent Spending Review. Leukaemia UK supported the letter together with 49 other charities. The letter called for clarity on workforce funding announced in the Spending Review and assurance that the announcement: “The government will provide hundreds of millions of pounds in additional funding over the SR21 period to ensure a bigger and better trained NHS workforce” will meet the needs of people affected by cancer enabling the Government to deliver on its commitments on cancer diagnosis, survival and care.



## Spot Leukaemia

In 2021, we agreed our first awareness collaboration as a new charity: working with Leukaemia Care on the signs and symptoms of leukaemia, through the Spot Leukaemia campaign. Leukaemia Care shared their campaign assets and we collaborated throughout Blood Cancer Awareness Month in September. We promoted the campaign with the aim of increasing the reach of the campaign messages to men and women over 50 in the UK. The campaign was predominantly digital, with a month-long content plan to ensure effective co-ordination to maximise reach and engagement.

## Association of Medical Research

Leukaemia UK became a member of the Association of Medical Research Charities (AMRC) in March 2016. Membership offers the opportunity to support and be supported by other member charities.

In 2021 we received the outcome of our first AMRC Peer Review Audit and we were delighted to pass the audit. This accreditation is critical to our credibility as a research funder and allows us to demonstrate to our stakeholders, including government, researchers, funders and donors, our commitment to the highest standards of accountability and probity in the allocation of grants and awards for research. We can now display an award logo on the website and received a certificate for 'Best practice in medical and health research peer review'.

In June 2021, the AMRC reported on a "new" £20 million fund to support early career research (£15m, subject to business case approval) to support the lifesaving work of medical research charities by helping develop the pipeline of early careers researchers working in related fields. The Department of Business, Energy and Industrial Strategy (BEIS) requested that the UK Research and Innovation (UKRI) to deliver this programme.

In September 2021, we applied via the AMRC for a share of UK Research and Innovation's (UKRI) £20 million fund. As part of the application process, we provided details of our financial support for ten John Goldman Fellowships. The AMRC announced that over 80 charities nominated more than 500 early career researchers for support from the £20m fund. We were informed that the UKRI would assess all the applications and a decision was expected late December 21/January 22.



# Fundraising activities

We are extremely grateful to our incredibly generous and committed community of supporters up and down the UK who are united in wanting to drive progress in diagnosis, treatment and care, and help the next person who receives a leukaemia diagnosis to have a better experience than the last.

In 2021, their unwavering support helped us to grow our fundraised income to £1,531,237. It is because of this continued help from our amazing and committed supporters that we can continue to fund the cutting-edge research that will stop leukaemia devastating lives.

## Our wonderful supporters



Throughout 2021, our generous supporters continued to make one-off donations when they could, managing to raise a fantastic £779,092. Around 496 people donated a regular gift to us, raising £54,262 from regular donations. We also saw more than 400 people create fundraisers for Leukaemia UK using Facebook Charitable Giving Tools, raising over £87,000. We would like to say a huge and heartfelt thank you to all our supporters who made the effort to fundraise for us during a difficult year.

## Trusts and Foundations

We would like to thank all the trusts that were kind enough to fund our work this year. The pandemic greatly impacted cancer research funding in 2021 and the funding we received from trusts, many of whom have supported Leukaemia UK for many years, was vital for us to progress our work and our longer-term research goals.

In 2021, we received a total of 43 grant payments totalling £71,814.

We want to say a huge thank you to **The Robert Luff Foundation Ltd** for their generous funding of £40,000 that went towards the salary of the Research Fellow integrated into the Mind and Body programme. This role



has been critical for this project. It provides the lead on the research and data collection, ensuring we gather a strong evidence base on the impact of providing psychological support to people living with blood cancer and their families.

We also want to give special thanks to **Rosetrees Trust**, who agreed to co-fund an exceptional project being progressed by one of our John Goldman Fellows, **Dr Pramila Krishnamurthy**. **Dr Krishnamurthy** will be using the fellowship to better understand why some leukaemia patients relapse following a stem cell transplant, and how donor lymphocyte infusion can help prevent this.

The Trustees of the **Mike Ockrent Charitable Trust** gave a generous grant of £7,500 to Leukaemia UK in 2021 towards the work of another of our John Goldman Fellows, **Dr Bettina Wingelhofer**. The project they supported is focused acute myeloid leukaemia (AML) and understanding gene activation to find novel therapeutic targets.

**Ben Ockrent, Trustee of the Mike Ockrent Charitable Trust**, said: "We know that AML is an area of leukaemia research that is in urgent need of investment. Despite research progress creating significant improvements, treatment options are limited and there is a desperate need to improve survival rates, which are among the lowest of all cancers. As such we were delighted that we were able to support Leukaemia UK and Dr Wingelhofer with this vital work."

## Legacies

All of our ground-breaking research is funded thanks to the generosity and support of fundraisers and donors. During 2021 we were privileged to receive ten new legacy gifts, as well as five notifications of new gifts. We would like to take a moment to thank every person who decided to leave a legacy to Leukaemia UK.

Thank you for placing your trust in us to use your generous gift wisely to improve and save the lives of those living with leukaemia. Gifts in Wills enable us to increase our investment in research and fund larger-scale research projects, driving forward progress in the understanding and treatment of leukaemia.

In 2021 we received a total of £75,288 from legacies gifts to Leukaemia UK.

## 'In memory' giving

We are extremely grateful to our supporters who donate in memory of a loved one. Donating in memory is an extraordinary way to honour and remember friends, family, neighbours, colleagues and loved ones.

In 2021 we received an incredible £429,851 towards life-saving leukaemia research from those who chose to donate in memory, helping to drive progress so that the next person diagnosed has a better experience of diagnosis, treatment and care than the last.

We want to thank **Paul Brett** and **Christopher Neal** for their incredibly generous donations to Leukaemia UK in 2021, in memory of Rowena Howse, Christopher's sister, who he tragically lost to acute myeloid leukaemia (AML). Their combined donations will go towards funding further research into kinder and more effective treatments for AML. Our thanks also to **Mike Howse, Rowena's husband**, and his family, for their continued support of Leukaemia UK and commitment to progressing leukaemia research.



## Individual giving and challenge events

An amazing 246 supporters took place in a challenge event to fundraise for Leukaemia UK's ongoing work to accelerate progress in leukaemia research.

This included a fantastic 104 people taking place in running events, including 22 people who ran the London Marathon for us and raised £48,700, 5 people who ran the Great North Run raising £5,080 and 15 people running both the London Landmarks Half Marathon or the Royal Parks Half Marathon, raising £25,242 and £14,435 respectively.



Other great challenge events that took place over 2021 included our 28-day Lunge Challenge, which had 141 people taking part to raise £7,050, our 250,000 Steps Challenge, during which 161 people raised £2,025 and the launch of a new event for 2021 – Leukaemia UK's Run This City: London event – which we hope will become a flagship fundraising event for us in future.

We also launched our Great Easter Bake Off Challenge in 2021, judged by Michelin-starred celebrity chef Tom Kerridge.

## Who's Cooking Dinner?

Due to the pandemic, we were unable to hold Who's Cooking Dinner? in 2021. Nevertheless, the team managed to successfully co-ordinate almost all of the outstanding Who's Cooking Dinner? 2020 private dinners and collect any outstanding donations from the 2020 event.

Who's Cooking Dinner? will be back for 2022 and will take place in September to coincide with Blood Cancer Awareness Month. Due to the significant impact of the pandemic on the hospitality sector, this year we will be partnering with Hospitality Action, to work with us and share proceeds from the event. Their contacts across the hospitality and corporate sectors will add value to what is already an incredibly successful event. Once again, The Dorchester, Park Lane have kindly agreed to be our venue for the event and we have had an encouraging start to table sales.



# Our finances



This report covers the period 1st January 2021 to the 31st December 2021.

## Income

Total income for 2021 came to £1,617,587, including £83,642 of investment income.

The main sources of income came from grants, legacies and donations, including donated goods and services, totalling £1,531,237.

## Fundraising expenditure

Fundraised income during 2021 was achieved with an increase in expenditure from £471,594 in 2020 to £544,490. The increased expenditure was largely due to growing the staff team in order to build a successful organisation which can sustain and grow our world-class research programme to deliver long-term progress in leukaemia treatment, diagnosis and care.

## Charitable expenditure

Expenditure on charitable activities during 2021 was £1,174,912 - a slight reduction from £1,195,408 in 2020.

## Grants

A total of £898,184 was committed as new grants in the year.

## Surplus

We ended the year with a surplus of £204,557 compared to £101,397 in the prior year, as shown in the Statement of Financial Activities on page 47.

## Reserves

This result reflects a recognition by the Trustees that the reserves accumulated over the past few years should be released over the next few years, but also reflects a desire to ensure that only research and care projects that meet the stringent requirements of the charity are funded. In addition, during this unparalleled time of global change and economic uncertainty, we must have enough reserves to ensure the charity is resilient and can sustain its commitments to research and care.

At the end of 2021, the total funds of the charity were £3,513,892 up from £3,309,335 at the end of 2020.

## Funds held on 31 December 2021 were:

Unrestricted £3,513,892, restricted £0, (2020 - unrestricted £3,301,658, restricted £7,677).

As a result, free reserves totalled £3,430,400 (2020 - £2,967,684).

In conjunction with the development of our new strategy, The Trustees reviewed and agreed a new

Reserves Policy. The new policy aims to maximise funds to deliver our vision to stop leukaemia devastating lives by finding and funding life changing research, awareness and advocacy.

The updated policy requires six months operating costs with a 25% uplift plus close down liabilities.

The current level of unrestricted reserves of £3,513,892 is significantly above this. However, our new strategy and funding model developed in 2021, sets out a plan to spend some of these funds to accelerate progress towards our vision and mission over the next five years.

The new policy will be reviewed every two years, or sooner if required.

## Financial statements

The charity's financial statements are set out on pages 43 to 63.

## Going concern

Like every charity that raises money through events, Leukaemia UK has been impacted financially by the pandemic, and has had to find new ways to raise money to replace events fundraising income. For example, due to the continued impact of the pandemic and the UK lockdowns, our flagship event – Who's Cooking Dinner? – was unable to take place in 2021. Despite this, thanks to the incredible generosity of our supporters and the hard work and dedication of our team, and being able to sustain our income from legacies and one-off donations, the impact of this has been mitigated and we were able to raise a total of £1,531,237 in fundraised income.

Our plan and budget for 2022 see us: continuing to draw on our reserves to invest in growing the charity post-merger as we embark on a new strategy; and diversifying our fundraising portfolio, to minimise over-reliance on any one income stream, in particular, special events. Whilst we have sustained and, in some cases, increased our investment in existing programmes and projects, we have also been waiting to commit to any new large, long-term research commitments until our new strategy launches in the spring of 2022.

As part of our strategy development, we have reviewed our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. We are creating a more sustainable fundraising model and charity, which can sustain world-class leukaemia research to deliver long-term progress in leukaemia treatment, diagnosis and care.

It is therefore reasonable to expect that the charity has adequate resources to continue in operation for the foreseeable future, representing a period of at least 12 months from authorisation of the financial statements. Given this, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities.

## Investments

The Trustees take a cautious and prudent approach to investment of the charity's funds. To ensure that investments are appropriately diversified, they have agreed for funds to be split between:

- Short and medium-term bank money market deposits.
- A portfolio of investments managed by the firm of stockbrokers, Investec.

This split of resources is designed to balance potential returns with appropriate risk, as well as ensuring enough liquidity to meet cash flow requirements. The long-term investment portfolio is managed by investment managers in order to: ensure a cash income source through dividends and interest which is withdrawn from the portfolio on a quarterly basis; and to achieve capital growth by reinvesting funds from disposed of investments.

The only restriction placed on the investment portfolio is an instruction that the firms must not invest charity funds in tobacco companies. All long-term investments are managed by Investec, which provides regular updates to Board meetings throughout the year. Investec is invited annually to present to the Finance & Audit Sub-Committee.





# Our passionate team

Leukaemia UK has a small but dedicated team who are determined to be a positive force for change for all those affected by leukaemia. We are excited to be embarking on an ambitious new strategy to stop leukaemia devastating lives and to help the next person diagnosed with leukaemia to have a better experience than the last.

During 2021 we were able to grow our staff team, laying the groundwork for future plans and recruiting further expertise in communications, policy and fundraising. We introduced a new Team Structure and a set of Terms & Conditions for all employees post-merger, introduced new consistent pension arrangements, and developed a new suite of HR policies and a Staff Handbook, to provide essential support and guidance for all employees.

With big hearts, expertise, passion and drive, our team works throughout the year to fund and deliver world-class research to advance progress in diagnosis, treatment and care.



## Leadership team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Leadership Team consisting of a Head of Research, Policy and Information and a Head of Fundraising and Communications.

## Staff

At the start of 2021, the charity had a small but expert and dedicated team of 8 permanent staff, which increased to 11 by the end of the year.

Together they raised £1,531,237 and delivered £1,174,912 worth of funding towards research to accelerate progress in diagnosis, treatment and care.

## Volunteers

We are nothing without our volunteers across the UK who generously give their time and expertise to support us. This includes the voluntary expert panels who help deliver our work. We are incredibly grateful to all our volunteers for everything they do to help the charity, people with a diagnosis of blood cancer, and their friends and families.



## Status

Leukaemia UK operates as a Charitable Incorporated Organisation (CIO) and is governed in line with its constitution dated 3 December 2013. Our objectives are to relieve sickness and preserve and protect health, in particular by:

- Promoting research into leukaemia and/or related disorders
- Providing support directly or indirectly to people affected by leukaemia and/or related disorders, including the maintenance of specialist treatment units.

## Public benefit

Trustees can confirm that they are informed by the Charity Commission's guidance on public benefit and that they have complied with Section 17 of the Charities Act 2011 to have due regard to this area. Any research that we fund must be available to everyone regardless of race, religion, gender, sexual orientation or age, amongst other factors.

## Board of Trustees

Trustees contribute their services to the Board on a voluntary basis and are responsible for the governance of the charity, ensuring it meets its statutory responsibilities as well as determining overall strategy, policies and direction, with the expert guidance of the Leadership Team.

We believe it is critical that most of our Board members have a lived experience of leukaemia so they can walk in the shoes of those we are here to help.

During the year under review, the Leukaemia UK Board of Trustees consisted of:

- **Chris Corbin (Chair)**
- **Amanda Stewart (Vice-Chair)**
- **Oliver Sparks (Treasurer)**
- **Alastair Adam**
- **Luke Cripps**
- **Caroline Evans**
- **James Fairclough**
- **David Linch**
- **Jonathan Neal**
- **Tony Pagliuca**
- **Ray Kelly - Resigned 1st June 2021**
- **David Krapp - Resigned 12th February 2021**
- **Liz Pepper - Resigned 26th January 2021**
- **John Macey - Resigned 27th May 2021**

The constitution states there must be a minimum of three Board members. All Trustees have a term length of three or four years but are eligible for one reappointment. Any new Trustees are invited by agreement of the existing Trustees, having due regard to the skills, knowledge and experience required for the effective administration of the charity.

## Scientific and Medical Panel

Independent peer review is an integral part of the decision-making process when awarding funding. All grant applications are assessed by world-class researchers and experts, whose views and opinions inform our decision-making.

Grant applications are reviewed by at least three experts from our Independent Scientific Panel and two external reviewers, in accordance with our Peer Review Policy. The reviewers assess applications for their relevance, quality and feasibility to make recommendations for funding.

Leukaemia UK implements a policy on Conflicts of Interest, whereby all panel members and reviewers are asked to declare any conflicts they may have with the application or applicant/s, in order that these are properly managed, in line with impartiality standards.

Leukaemia UK's Scientific and Medical Panel members make their recommendations to Leukaemia UK's Board of Trustees who make the final decisions on which applications will be approved for funding.

In the year under review, this panel consists of:

- **Prof. Nick Cross**, Faculty of Medicine, University of Southampton (Chair)
- **Prof. Francesco Dazzi**, King's College London (Vice Chair)
- **Prof. Dominique Bonnet**, Francis Crick Institute, London
- **Prof. Jackie Boulton**, University of Oxford
- **Prof. Richard Clark**, University of Liverpool
- **Dr Steve Devine MD, CIBMTR**, Minneapolis, USA
- **Prof. Tariq Enver**, Cancer Institute Director, University College London
- **Prof. Maria Figueroa**, University of Miami Miller School of Medicine, Miami, USA
- **Prof. John Gribben**, Queen Mary University of London
- **Prof. Olaf Heidenreich**, Newcastle University
- **Dr Vignir Helgason**, University of Glasgow
- **Prof. Robert Hills**, Cardiff University
- **Prof. Anastasios Karadimitris**, Imperial College London
- **Dr Karen Keeshan**, University of Glasgow
- **Prof. Nicolaus Kröger**, University Medical Centre, Hamburg, Germany
- **Prof. David Marin**, MD Anderson Cancer Centre, Houston, USA
- **Prof. Mary Francis McMullin**, Queen's University Belfast

- **Dr Sharon McKenna**, University College Cork, Ireland
- **Dr Alison Michie**, University of Glasgow
- **Prof. Ken Mills**, Queen's University Belfast
- **Prof. Emma Morris**, University College Hospital, London
- **Dr Kim Orchard**, University Hospital Southampton NHS Foundation Trust
- **Prof. Chris Pepper**, University of Sussex, Brighton and Sussex Medical School
- **Prof. Uwe Platzbecker**, Technical University Dresden, Germany
- **Prof. Katy Rezvani**, MD Anderson Cancer Centre, Houston, USA
- **Prof. Simon Rule**, University of Plymouth
- **Dr Lisa Russell**, Newcastle University
- **Dr Satyajit Sahu**, University Hospital Lewisham, London
- **Dr Bipin Savani MD**, Vanderbilt University Medical Center, USA
- **Dr Bronwen Shaw MD**, Medical College of Wisconsin, USA
- **Prof. John A Snowden**, Sheffield Teaching Hospitals NHS Foundation Trust
- **Prof. Alex Tonks**, Cardiff University
- **Prof. Owen Williams**, University College London, Great Ormond Street Institute of Child Health

## IMPACT Oversight Committee

IMPACT is a partnership of organisations committed to improving the outcomes of stem cell transplantation through cutting-edge research. It is jointly funded by Anthony Nolan, Leukaemia UK and NHS Blood and Transplant.

The IMPACT Oversight Committee consisted of the following people:

- **Henny Braund** - Chair and Chief Executive, Anthony Nolan
- **Fiona Hazell** - Deputy Chair and Chief Executive, Leukaemia UK
- **Prof. Charles Craddock** - IMPACT Hub Clinical Lead
- **Prof. Ronjon Chakraverty** - IMPACT Medical Director
- **Prof. Paresh Vyas** - Chair - IMPACT Scientific Advisory Group
- **Dr James Griffin** - Medical Director Clinical Services, NHSBT
- **Prof. Kim Orchard** - BSBMT President

## Finance & Audit Sub-Committee

The Committee usually meets four times a year and is made up of three Trustees: Oliver Sparks, Jonathan Neal and Alastair Adam. It is responsible for advising the Board on operational and strategic financial planning, including reviewing plans, budgets management accounts and reforecasts. It reviews matters of financial governance including financial policies, processes and controls, and advises on the appointment of external auditors. The Committee also sets and recommends the Investment Strategy to the Board for approval and oversees the management and performance of investments.

## Remuneration Sub-Committee

The Committee usually meets twice a year and is made up of two Trustees: Chris Corbin (Chair) and Caroline Evans, along with Beth Evans from Barrow & Parker HR Consultancy (John Macey stepped down in May 2021). It sets and reviews the people and organisational policies and processes for the charity, including the pay policy, which uses sector benchmarking to set pay levels. The Committee reviews pay on an annual basis. Each year a pay award is considered but not guaranteed, with any agreed uplift applicable from 1 January and only available to staff who have completed their probationary period. When new roles are considered, the charity benchmarks them against similar roles in medical charities of a similar size.

## Strategy Group

In 2021, we began work on a new strategy for Leukaemia UK for 2022 and beyond. A Strategy Group met throughout the year and consisted of Chris Corbin, Amanda Stewart, Caroline Evans, Antonio Pagliuca, Luke Cripps, James Fairclough, working alongside members of the Leukaemia UK team.

# Ethics

## Equality, diversity & inclusion

Leukaemia UK recognises the critical importance of working with individuals from all backgrounds and community groups affected by and interested in leukaemia, as this helps build a charity that values knowledge, understanding, innovation and difference in others.

We are committed to ensuring all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status, maternity status, marital status, race, religion, social status or economic status.

We listen to those who have received a leukaemia diagnosis and want to make sure that their experiences and opinions are being heard. By focusing on what matters most to those whose lives are impacted by leukaemia, we will do everything we can to make sure that the next person diagnosed has a better experience than the last. We aim to listen, learn and collaborate with others to increase equality, diversity and accessibility across all we do.

In 2021 we developed an Equality, Diversity & Inclusion Policy and planned learning and development workshops for staff and Trustees to take place in early 2022. We began to improve our offer to employees and introduce new recruitment processes to improve and broaden our appeal and reach to potential candidates and limit bias.

In 2022 we will look to recruit a new set of talented and diverse Trustees to join our Board, and a new patient panel, who better represent and reflect the diverse experiences of our community across the UK.

## Use of animals in research

Animal research has played a vital part in many medical discoveries. Some of the biggest breakthroughs in our understanding of blood cancers and the development of new treatments would not have been possible without the use of animals. Most biomedical research is carried out using non-animal methods, but sometimes these methods simply cannot replace the use of animals.

Leukaemia UK supports the view, together with the majority of academics and every major UK charity that conducts medical research, that using animals in research is sometimes necessary to develop new treatments for human diseases.

Leukaemia UK will fund proposals that include research with animals only where there is no alternative, and where the proposals fully comply with the Animals (Scientific Procedures) Act 1986. All animal research carried out in the UK must be approved and licensed by the Home Office.

Leukaemia UK is a member of the Association of Medical Research Charities (AMRC). All AMRC members support the AMRC position statement on the use of animals in research.

We support the guiding principles of the 3Rs (replace, refine and reduce) that underpin the humane use of animals in scientific research. Any proposed research using animals is therefore required to consider how to:

1. 'Replace' animals with alternatives wherever possible.
2. 'Refine' experimental techniques, to ensure best practices for animal welfare.
3. 'Reduce' the number of animals used to a minimum, to obtain information from fewer animals or more information from the same number of animals.

## Fundraising ethics

Leukaemia UK voluntarily subscribes to the Fundraising Regulator and its Code of Fundraising Practice. The Fundraising Regulator investigates and takes appropriate action on cases of public concern. We are also signed up to the Fundraising Preference Service which enables individuals to opt out from receiving fundraising communications from us. We continue to work closely with the Fundraising Regulator and with the Institute of Fundraising to help improve standards and ways of working across the charity sector.

## Complaints handling

Complaints and supporter feedback provide important sources of information about the impact that our work has on our supporters and members of the public, giving us insights and lessons for future fundraising activities. We are committed to delivering the highest possible standard of service and supporter care.

As part of our complaints policy, we promise:

- To provide a fair complaints procedure that is clear and easy to use.
- To publicise our complaints procedure so that people know how to make a complaint.
- To make sure that all complaints are investigated in a timely way.
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired.
- To gather information that helps us to improve what we do.

During 2021 we received one complaint from a supporter, regarding a fundraising event that they organised. Our fundraising team dealt with the complaint promptly and resolved it to the supporter's satisfaction.



# Our risks

We have a stringent approach to risk management, with the risk register and processes reviewed on a regular basis by the Finance, Audit and Risk Committee and annually by the full Board of Trustees. The Trustees actively review the major strategic, business and operational risks that the charity faces and confirm that they have established systems to manage significant risks.

The risk management process takes account of several factors when identifying risks, including internal factors such as staff expertise, cash and donation levels, and current commitments, as well as external factors including reputational risk, trends within the sector and changes in legislation. Each risk is then given a rating based on the level of impact it might have on the operations of the charity against the likelihood of any negative impact occurring. The major risks identified by the management team at the end of the reporting period are outlined here:

Risk	Mitigating activities
<b>Lack of brand awareness limits the charity's growth.</b>	<ul style="list-style-type: none"> <li>• Communications strategy to set out a long-term approach to brand building with key audiences.</li> <li>• New bold brand &amp; website developed to improve standout and engagement.</li> <li>• A dedicated expert Marketing Communications team.</li> </ul>
<b>Decline in income due to external environment.</b>	<ul style="list-style-type: none"> <li>• New bold brand, strategy and 5-year funding model developed to grow sustainable net income and profile, reach &amp; engagement.</li> <li>• Investment in expert Income Generation team and activities to build and diversify sustainable income streams.</li> </ul>
<b>High level of reserves limits growth.</b>	<ul style="list-style-type: none"> <li>• New reserves policy developed.</li> <li>• 5-year funding model in place to invest in income and impact to reduce level of reserves in line with policy.</li> </ul>
<b>Our work fails to have an impact on those affected.</b>	<ul style="list-style-type: none"> <li>• Strategy developed based on beneficiary and supporter insight, focussing on two key goals: to save more lives and to improve more lives.</li> <li>• Patient Panel established to ensure those affected are at the heart of all we do, along with regular engagement with the leukaemia community to understand unmet needs and help find solutions.</li> <li>• All grants research peer-reviewed by expert panel to ensure only high quality, innovative projects are funded.</li> <li>• Charitable funding into advocacy and awareness to help drive progress for those affected.</li> <li>• Dedicated and expert research &amp; advocacy team established to manage research portfolio, track impact and advocate for change.</li> </ul>
<b>Risk of non-compliance with the law or regulatory rules or best practice; failure to prevent harm to beneficiaries, staff, volunteers or supporters.</b>	<ul style="list-style-type: none"> <li>• Core training, policies and processes established to include Safeguarding, Health &amp; Safety, Equality, Diversity &amp; Inclusion, Volunteering.</li> <li>• Expert HR, IT, Financial, Data Protection and Legal support in place. Insurance Policy includes Professional Indemnity.</li> <li>• Integrated CRM system in place and training provided.</li> <li>• GDPR training, policies and processes established and reviewed regularly.</li> <li>• Risk assessments in place for all events.</li> </ul>

# Our plans for 2022

In 2021 we developed a new strategy for Leukaemia UK for 2022 and beyond. We embarked on this new approach because we felt strongly that leukaemia is still devastating the lives of far too many people, and that by accelerating the progress through research, awareness and advocacy we can help bring about the positive change that is urgently needed.

**In 2022, our five over-arching objectives are to:**

## 1. Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress.

- Ensure all our activities are guided by patients and their families' needs including the development of a patient panel.
- Commission, disseminate and action insights from all those affected across all we do.
- Ensure LUK's Governance represents lived experience of all those affected by leukaemia and the leukaemia community across the UK.
- Develop and deliver a policy and advocacy function.
- Carry out evidence-based policy research.
- Develop a policy on early diagnosis in leukaemia and deliver a signs & symptoms intervention in collaboration with others.

## 2. Invest £1.4m in research to accelerate progress in diagnosis, treatment, and care.

- Deliver a new expanded research funding programme worth £1.375 million.
- Manage 30 existing grants and grant holders - current funding value £2.5 million.
- Support the scientific and haematology community including delivering an annual research symposium for our community.

## 3. Build our profile, engagement, and influence to build support and impact.

- Communicate the potential and impact of Leukaemia UK's research funding portfolio and promote our events and fundraising initiatives.
- Develop our digital strategy to grow our online reach and engagement.
- Deliver the new Leukaemia UK strategy, brand and website.
- Deliver awareness-raising campaigns in collaboration with other charities, including for Blood Cancer Awareness Month.
- Grow a network of ambassadors.

## 4. Invest strategically to grow sustainable net income.

- Identify and capitalise on new opportunities to attract high value individual support, corporate support, support from trusts and special event opportunities.
- Develop meaningful relationships with new supporters whilst maintaining strong relationships with existing supporters.
- Develop and improve on internal policies and practices to ensure effective and accurate fundraising.
- Champion sustainable fundraising and investments in line with ESG criteria that consider the environment and wellbeing of others, as well as the financial risks and benefits.

## 5. Make Leukaemia UK a great charity to work for and with.

- Develop a high performing team which continually learn, deliver and enjoy what they do.
- Recruit and onboard new team members to grow the diversity, expertise and capacity across the charity to lay the foundations to accelerate growth.
- Diversify, deliver, and improve Good Governance.
- Ensure that we build a caring, inclusive culture where colleagues feel they can bring their whole selves to work, and where different perspectives are welcomed and valued.
- Extend this approach to our work with partners, where we will work in an open and generous way to achieve the greatest impact for people affected by leukaemia.

# Statement of trustees' responsibilities

The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2021. The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Charity law requires the Trustees to prepare financial statements for each financial year. Under that law, they are required to prepare the financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. Under charity law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and any excess of expenditure over income for that year.

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

- Select suitable accounting policies and then apply them consistently.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 4 to 41 of this document meet the requirements of the Trustees' Annual Report under charity law. They also confirm that the financial statements have been prepared in accordance with the accounting policies set out in the notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Each person who is a Trustee at the date of approval of this report confirms that:

- So far as the Trustee is aware, there is no relevant audit information of which the charity's auditors are unaware.
- The Trustee has taken all the steps he/she ought to have taken as a Trustee to make himself/herself aware of any relevant audit information and to establish that the charity's auditors are aware of that information.

This report was approved and authorised for issue by the Board of Trustees on 21 July 2022 and signed on its behalf.



**Chris Corbin OBE, Chair**





# Accounts

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# 2021

# Independent auditor's report to the trustees of Leukaemia UK

## Opinion

We have audited the financial statements of Leukaemia UK for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the 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 charity's affairs as at 30 December 2021, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

## Basis for opinion

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

## Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

## Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, 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 there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.



## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we required for our audit.

## Responsibilities of the trustees

As explained more fully in the trustees' responsibilities statement set out on page 41, the trustees 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 determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

## Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

## Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

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

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

## Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.



Luke Holt (Senior Statutory Auditor)  
For and on behalf of Moore Kingston Smith LLP,  
Statutory auditor

8 September 2022

9 Appold Street  
London  
EC2A 2AP

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

# Statement of financial activities

For the year ended 31 December 2021

	Notes	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £	Total Funds 2020 £
<b>Income from</b>					
Donations and legacies	3	1,406,296	124,941	<b>1,531,237</b>	1,418,342
Other trading activities	4	2,708	-	<b>2,708</b>	299,220
Investments	5	83,642	-	<b>83,642</b>	84,636
<b>Total income</b>		<b>1,492,646</b>	<b>124,941</b>	<b>1,617,587</b>	<b>1,802,198</b>
<b>Expenditure on</b>					
Raising funds	6 & 7	544,490	-	<b>544,490</b>	471,594
Charitable activities	6 & 8	1,149,794	25,118	<b>1,174,912</b>	1,195,408
<b>Total expenditure</b>		<b>1,694,284</b>	<b>25,118</b>	<b>1,719,402</b>	<b>1,667,002</b>
Net gains/(losses) on investments	12	306,372	-	<b>306,372</b>	(33,799)
Net income/(expenditure)		104,734	99,823	<b>204,557</b>	101,397
Transfer between funds		107,500	(107,500)	-	-
Net movement in funds		212,234	(7,677)	<b>204,557</b>	101,397
<b>Reconciliation of funds</b>					
Total funds brought forward	16 & 17	3,301,658	7,677	<b>3,309,335</b>	3,207,938
<b>Total funds carried forward</b>	16 & 17	<b>3,513,892</b>	<b>-</b>	<b>3,513,892</b>	<b>3,309,335</b>

The notes on pages 50 to 63 form part of the financial statements.

All the above results arise from continuing activities.

There were no other recognised gains or losses other than those stated above.



# Balance sheet

As of 31 December 2021

	Notes	Total Funds 2021 £	Total Funds 2020 £
<b>Fixed assets</b>			
Tangible assets	11	16,443	1,617
Investments	12	3,331,478	3,049,136
<b>Total fixed assets</b>		<b>3,347,921</b>	<b>3,050,753</b>
<b>Current assets</b>			
Debtors and prepayments	13	161,574	109,396
Investments		205,297	204,299
Cash at bank and in hand		1,883,428	2,123,396
<b>Total current assets</b>		<b>2,250,299</b>	<b>2,437,091</b>
Creditors - amounts falling due within one year	14	(1,883,776)	(1,634,531)
<b>Net current assets</b>		<b>366,523</b>	<b>802,560</b>
Grants awarded - due in more than one year	15	(200,552)	(543,978)
<b>Total net assets</b>		<b>3,513,892</b>	<b>3,309,335</b>
<b>Funds of the charity</b>			
<b>Restricted</b>	16 & 17	-	7,677
<b>Unrestricted</b>			
Designated	16 & 17	83,492	333,974
General	16 & 17	3,430,400	2,967,684
<b>Total unrestricted</b>		<b>3,513,892</b>	<b>3,301,658</b>
<b>Total funds</b>		<b>3,513,892</b>	<b>3,309,335</b>

The notes on pages 50 to 63 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 21 July 2022 and signed on their behalf by:

*Chris Corbin*

**Chris Corbin OBE**  
Chairman

# Statement of cash flows

For the year ended 31 December 2021

	Total Funds 2021 £	Total Funds 2020 £
<b>Cash flows from operating activities</b>		
Net income/(expenditure) for period (as per SOFA)	204,557	101,397
Adjustments for:		
Depreciation charges	1,710	3,083
(Profit)/loss on disposal of tangible asset	1,002	320
Investment income received	(83,642)	(84,636)
Net gains/(losses) on investments	(306,372)	33,799
(Increase)/decrease in short term investments	(998)	809,463
(Increase)/decrease in trade debtors	34,000	5,000
(Increase)/decrease in accrued gift aid	(36,033)	(36,766)
(Increase)/decrease in other accrued income	(6,120)	3,817
(Increase)/decrease in rent deposit	-	-
(Increase)/decrease in prepayments	(44,025)	(6,196)
(Increase)/decrease in other debtors	-	-
Increase/(decrease) in trade creditors	57,211	(8,557)
Increase/(decrease) in payroll liabilities	5,678	6,054
Increase/(decrease) in grants payable - due in less than a year	182,081	(117,111)
Increase/(decrease) in accruals	4,275	(3,584)
Increase/(decrease) in deferred income	-	(105,000)
Increase/(decrease) in other creditors	-	-
Increase/(decrease) in grants payable - due in more than a year	(343,426)	(279,390)
	(534,659)	220,296
<b>Net cash flows from operating activities</b>	(330,102)	321,693
<b>Cash flows from investing activities</b>		
Investment income received	83,642	84,636
Purchase of tangible fixed assets	(17,538)	(842)
Proceeds from sale of investments	672,420	535,468
Purchase of investments	(586,543)	(485,916)
Decrease/(increase) in cash held in portfolio	(61,847)	(27,237)
	90,134	106,109
<b>Net cash flows from investing activities</b>	(239,968)	427,802
Change in cash and cash equivalents in period	2,123,396	1,695,594
Cash at bank and in hand brought forward	1,883,428	2,123,396
<b>Cash at bank and in hand carried forward</b>		

See note 18 for analysis of changes in net debt.

The notes on pages 50 to 63 form part of the financial statements.

# Notes to the financial statements

## 1. Accounting policies

### Basis of preparation of the financial statements

The financial statements have been prepared in accordance with 'Charities SORP (FRS 102) - 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) second edition (effective 1 January 2019)', the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), including Update Bulletin 2, and relevant charities law.

The effect of any event relating to the year ended 31 December 2021, which occurred before the date of approval of the financial statements by the Board of Trustees has been included in the financial statements to the extent required to show a true and fair view of the state of affairs at 31 December 2021 and the results for the year ended on that date.

The functional currency of the Charity is sterling and amounts in the financial statements are rounded to the nearest pound.

### Legal status

Leukaemia UK is a charitable incorporated organisation registered in England & Wales, and meets the definition of a public benefit entity. The registered office is 52 Portland Place, London, W1B 1NH.

### Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the Charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements.

The Trustees have considered the Charity's forecasts and projections and have taken account of pressures on donation, fundraising and investment income. After making enquiries, the Trustees confirm that the Charity has adequate resources to continue in operational existence for the foreseeable future and that there are no material uncertainties that would impact this assessment. The ongoing COVID-19 pandemic has had no material impact on this assessment. The Charity therefore continues to adopt the going concern basis in preparing its financial statements.

### Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Designated Funds are unrestricted funds which have been designated for a specific purpose by the Trustees. The aim and use of each designated fund is set out in note 16 of the financial statements.

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by donors or that have been raised by the Charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in note 16 of the financial statements.

### Income

All income is included in the Statement of Financial Activities when the Charity has entitlement, there is probability of receipt and the amount is measurable.

For donations and gifts this is when they are received. Gift Aid is recognised on a receivable basis as part of the income to which it relates.

Grants are recognised in full in the year in which they are receivable except in situations where they are related to performance in which case they are accrued as the Charity earns the right through performance.

Fundraising income is accounted for gross, with any associated costs presented as expenditure.

Interest is recorded when it is receivable.

Dividends are accounted for when due, and tax recoverable on such income is accounted for based on the repayment due in the fiscal year ending in that accounting year.

Realised gains or losses are recognised when investments are sold. Unrealised gains or losses are accounted for on revaluation of investments at the period end.

### Expenditure and irrecoverable VAT

Expenditure is accounted for on an accruals basis and liabilities are recognised as expenditure when there is a legal obligation committing the Charity to the expenditure, it is probable that settlement will be made, and the obligation can be measured.



Non-recoverable VAT is included against the expenditure heading to which it relates.

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

Grants payable are payments made to third parties in furtherance of the Charity's objectives.

Unconditional grant offers are accrued in full once the recipient has been advised of the grant award and the payment is probable. Where grant awards are subject to performance conditions that are outside of the control of the Charity these are accrued when the recipients have been notified of the grant award.

Multi-year grants are recognised at their historic cost and thereafter at the best estimate of the amount required to settle the obligation at the reporting date. Where payments are due over more than one year from the date of the award and there are no unfulfilled conditions which are within the control of the Charity and the effect of discounting is immaterial, no adjustment is made to discount the liability to its present value at the reporting date.

### **Taxation**

As a registered charity income and gains are exempt from Corporation Tax to the extent that they are applied to the charitable objectives.

### **Donated goods and services**

Where goods are provided to the Charity as a donation that would normally be purchased from suppliers this contribution is included in the financial statements as an estimated based on the value of the contribution to the Charity.

### **Investments**

Investments are initially measured at their cost and subsequently measured at their fair value at each reporting date, which gives rise to unrealised gains/losses at the end of the financial period which is reflected in the SOFA. Realised gains/losses are calculated as the difference between the sales proceeds and the opening carrying value or the purchase price if acquired during the financial period. Partial disposals are accounted for using the average value. Fair value is based on the quoted price at the balance sheet date without deduction of estimated future selling costs.

### **Tangible fixed assets and depreciation**

Tangible fixed assets are stated at cost less accumulated depreciation and any impairment losses, with individual assets over £500 being capitalised. Depreciation is provided at rates calculated to write off the cost of each asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computers – straight line over 4 years

Fixtures and fittings – straight line over 5 years

### **Cash at bank and in hand**

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

### **Debtors**

Trade and other debtors are recognised at the settlement amount after any trade discount is applied.

### **Creditors**

Creditors 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.

### **Financial instruments**

Basic financial instruments are measured at amortised cost other than investments which are measured at fair value.

### **Critical estimates and judgements**

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. The treatment of tangible fixed assets is sensitive to changes in useful economic lives and residual values of assets. These are reassessed annually.

In the view of the Trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

### **Pensions**

Pension contributions payable under a defined contribution scheme are charged to the SOFA in the accounting period to which they relate.

### **Employee benefits**

The costs of short-term employee benefits are recognised as a liability and an expense.

## 2. Comparative statement of financial activities

	Notes	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
<b>Income from</b>				
Donations and legacies	3	1,372,215	46,127	1,418,342
Other trading activities	4	299,220	-	299,220
Investments	5	84,636	-	84,636
<b>Total income</b>		<b>1,756,071</b>	<b>46,127</b>	<b>1,802,198</b>
<b>Expenditure on</b>				
Raising funds	6 & 7	411,594	60,000	471,594
Charitable activities	6 & 8	1,176,958	18,450	1,195,408
<b>Total expenditure</b>		<b>1,588,552</b>	<b>78,450</b>	<b>1,667,002</b>
Net gains/(losses) on investments	12	(33,799)	-	(33,799)
Net income/(expenditure)		133,720	(32,323)	101,397
Transfer between funds		20,000	(20,000)	-
Net movement in funds		153,720	(52,323)	101,397
<b>Reconciliation of funds</b>				
Total funds brought forward	16 & 17	3,147,938	60,000	3,207,938
<b>Total funds carried forward</b>	<b>16 &amp; 17</b>	<b>3,301,658</b>	<b>7,677</b>	<b>3,309,335</b>

### 3. Income from donations & legacies

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Donations	841,525	50,000	891,525
Grants	46,873	24,941	71,814
Legacies and in memorium	455,139	50,000	505,139
Donated goods and services	62,759	-	62,759
<b>Total income from donations &amp; legacies</b>	<b>1,406,296</b>	<b>124,941</b>	<b>1,531,237</b>

	Unrestricted Fund 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Donations	611,694	12,627	624,321
Grants	14,753	32,500	47,253
Legacies and in memorium	593,730	1,000	594,730
Donated goods and services	152,038	-	152,038
<b>Total income from donations &amp; legacies</b>	<b>1,372,215</b>	<b>46,127</b>	<b>1,418,342</b>

Donated goods and services consists of:

	Total Funds 2021 £	Total Funds 2020 £
Office accommodation and related costs	62,759	61,528
Who's Cooking Dinner support	-	90,510
<b>Total donated goods and services</b>	<b>62,759</b>	<b>152,038</b>



## 4. Income from other trading activities

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Ticket sales	1,342	-	1,342
Other	1,366	-	1,366
<b>Total income from other trading activities</b>	<b>2,708</b>	<b>-</b>	<b>2,708</b>

	Unrestricted Fund 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Sale of tables at Who's Cooking Dinner	121,500	-	121,500
Auctions and raffles	177,300	-	177,300
Other	420	-	420
<b>Total income from other trading activities</b>	<b>299,220</b>	<b>-</b>	<b>299,220</b>

## 5. Income from investments

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Dividends and interest on fixed asset investments	82,533	-	82,533
Interest on short term cash deposits	1,109	-	1,109
<b>Total income from investments</b>	<b>83,642</b>	<b>-</b>	<b>83,642</b>

	Unrestricted Fund 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Dividends and interest on fixed asset investments	78,147	-	78,147
Interest on short term cash deposits	6,489	-	6,489
<b>Total income from investments</b>	<b>84,636</b>	<b>-</b>	<b>84,636</b>

## 6. Total expenditure

	Grants to institutions 2021 £	Direct staff 2021 £	Direct other 2021 £	Indirect 2021 £	Total costs 2021 £
<b>Expenditure on</b>					
Raising funds	-	241,167	198,902	104,421	544,490
Charitable activities	898,184	49,450	1,957	225,321	1,174,912
<b>Total expenditure</b>	<b>898,184</b>	<b>290,617</b>	<b>200,859</b>	<b>329,742</b>	<b>1,719,402</b>

	Grants to institutions 2020 £	Direct staff 2020 £	Direct other 2020 £	Indirect 2020 £	Total costs 2020 £
<b>Expenditure on</b>					
Raising funds	-	154,878	185,073	131,643	471,594
Charitable activities	829,805	30,096	1,815	333,692	1,195,408
<b>Total expenditure</b>	<b>829,805</b>	<b>184,974</b>	<b>186,888</b>	<b>465,335</b>	<b>1,667,002</b>

Indirect costs, including governance costs, which cannot be directly attributed to activities, are allocated between activities proportionate to the direct costs incurred in those activities.

A breakdown of expenditure on raising funds between restricted and unrestricted funds can be found in note 7.

A breakdown of charitable expenditure between restricted and unrestricted funds can be found in note 8.

An analysis of staff costs can be found in note 10.

### Indirect costs includes the following items:

	Total costs 2021 £	Total costs 2020 £
Management & operational staff	95,665	227,685
Premises	64,466	63,137
IT, finance & other professional services	106,904	77,306
General admin	38,893	24,914
Governance	23,814	72,293
<b>Total indirect costs</b>	<b>329,742</b>	<b>465,335</b>

### Governance costs includes the following items:

	Total costs 2021 £	Total costs 2020 £
Audit and independent examination costs	13,242	12,330
Legal costs	9,000	58,220
Insurance costs	1,572	488
Other costs	-	1,255
<b>Total governance costs</b>	<b>23,814</b>	<b>72,293</b>

## 7. Expenditure on raising funds

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Direct staff costs	241,167	-	241,167
Other direct costs	198,902	-	198,902
Indirect costs	104,421	-	104,421
<b>Total expenditure on raising funds</b>	<b>544,490</b>	<b>-</b>	<b>544,490</b>

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Direct staff costs	94,878	60,000	154,878
Other direct costs	185,073	-	185,073
Indirect costs	131,643	-	131,643
<b>Total expenditure on raising funds</b>	<b>411,594</b>	<b>60,000</b>	<b>471,594</b>

Included within other direct costs are investment management costs of £24,030 (2020 - £22,314).

## 8. Expenditure on charitable activities

	Unrestricted Funds 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Grants to institutions	873,066	25,118	898,184
Direct staff costs	49,450	-	49,450
Other direct costs	1,957	-	1,957
Indirect costs	225,321	-	225,321
<b>Total expenditure on charitable activities</b>	<b>1,149,794</b>	<b>25,118</b>	<b>1,174,912</b>

	Unrestricted Funds 2020 £	Restricted Funds 2020 £	Total Funds 2020 £
Grants to institutions	819,355	10,450	829,805
Direct staff costs	22,096	8,000	30,096
Other direct costs	1,815	-	1,815
Indirect costs	333,692	-	333,692
<b>Total expenditure on raising funds</b>	<b>1,176,958</b>	<b>18,450</b>	<b>1,195,408</b>



## 9. Analysis of grants awarded in period

	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
European School of Haematology	-	5,000
Kings College London	<b>124,935</b>	-
Queen Mary University of London	-	123,856
University of Birmingham	<b>375,482</b>	239,083
University of Cambridge	-	122,159
University of Edinburgh	<b>124,546</b>	-
University of Manchester	-	125,000
University of Oxford	<b>122,310</b>	124,976
University of Sussex	-	123,522
University of York	<b>117,911</b>	-
Small project/support grants*	<b>33,000</b>	6,450
Release of prior year provision	-	(40,241)
<b>Total grants awarded</b>	<b>898,184</b>	<b>829,805</b>

\*Small project grants consist of a number of small awards which are not listed in their entirety here as they are not individually material to the accounts.

## 10. Staff numbers and costs

	<b>Total costs 2021 £</b>	<b>Total costs 2020 £</b>
Gross salaries	<b>333,222</b>	273,737
Employer's NIC	<b>32,690</b>	31,318
Employer's pension	<b>20,370</b>	14,845
Termination payments	-	92,759
<b>Total staff costs</b>	<b>386,282</b>	<b>412,659</b>

The average headcount during the year was 9 persons (2020 – 8).

One employee received employee benefits including termination payments of between £80,000 - £89,999 (2020 – one employee between £70,000 - £79,999 and one employee between £110,000 - £119,999).

Total remuneration including termination payments to key management personnel in the year was £99,665 (2020 - £231,685).

During the prior period total termination/redundancy payments of £92,759 were made to the two co-CEOs as part of the restructure of the team following the merger of Leuka and Leukaemia UK in 2019. This included ex-gratia payments above standard redundancy payments.

## 11. Tangible fixed assets

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
<b>Cost</b>			
Brought forward on 1 January 2021	15,434	606	<b>16,040</b>
Additions in year	17,538	-	<b>17,538</b>
Disposals in year	(9,075)	-	<b>(9,075)</b>
<b>Cost carried forward on 31 December 2021</b>	<b>23,897</b>	<b>606</b>	<b>24,503</b>
<b>Accumulated depreciation</b>			
Brought forward on 1 January 2021	13,937	486	<b>14,423</b>
Charge in year	1,590	120	<b>1,710</b>
Disposals in year	(8,073)	-	<b>(8,073)</b>
Accumulated depreciation carried forward on 31 December 2021	<b>7,454</b>	<b>606</b>	<b>8,060</b>
<b>Net book value</b>			
Brought forward on 1 January 2021	1,497	120	<b>1,617</b>
<b>Net book value carried forward on 31 December 2021</b>	<b>16,443</b>	<b>-</b>	<b>16,443</b>

## 12. Fixed asset investments

	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Market value brought forward	<b>3,008,230</b>	3,091,581
Additions at cost	<b>586,543</b>	485,916
Proceeds on disposal	<b>(672,420)</b>	(535,468)
Net gains/(losses) in period	<b>306,372</b>	(33,799)
Market value carried forward	<b>3,228,725</b>	3,008,230
Cash held as part of the investment portfolio	<b>102,753</b>	40,906
<b>Total market value of investment portfolio carried forward</b>	<b>3,331,478</b>	<b>3,049,136</b>
<b>Analysis of market value of investments by investment type:</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
UK fixed interest bonds	<b>354,944</b>	471,534
Non UK fixed interest bonds	<b>122,249</b>	62,359
UK equities and funds	<b>1,146,360</b>	1,055,656
Non UK equities and funds	<b>1,114,729</b>	979,919
Other funds including cash	<b>593,196</b>	479,668
<b>Total market value of investment portfolio carried forward</b>	<b>3,331,478</b>	<b>3,049,136</b>

## 13. Debtors and prepayments

	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Trade debtors	-	34,000
Accrued gift aid	73,064	37,031
Other accrued income	25,791	19,671
Prepayments	62,719	18,694
<b>Total debtors and prepayments</b>	<b>161,574</b>	<b>109,396</b>

## 14. Creditors: amounts falling due within one year

	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>
Trade creditors	62,630	5,419
Payroll liabilities	15,897	10,219
Grants awarded - due in less than a year	1,785,224	1,603,143
Accruals	20,025	15,750
<b>Total creditors - amounts falling due within one year</b>	<b>1,883,776</b>	<b>1,634,531</b>

## 15. Grants payable

	<b>Total funds 2021 £</b>	<b>Total funds 2021 £</b>	<b>Total funds 2020 £</b>	<b>Total funds 2020 £</b>
Brought forward on 1 January 2021		2,147,121		2,543,622
Grants awarded (see note 9)	898,184		870,046	
Release of prior year provision (see note 9)	-		(40,241)	
		898,184		829,805
Grants paid in year		(1,059,529)		(1,226,306)
<b>Total grants payable on 31 December 2021</b>		<b>1,985,776</b>		<b>2,147,121</b>
		<b>Total funds 2021 £</b>		<b>Total funds 2020 £</b>
Payable within one year		1,785,224		1,603,143
Payable within two to five years		200,552		543,978
<b>Total grants payable on 31 December 2021</b>		<b>1,985,776</b>		<b>2,147,121</b>



## 16. Analysis of charity funds

	Funds brought forward 2021 £	Income in year 2021 £	Expenditure in year 2021 £	Net gains/ (losses) on revaluation 2021 £	Transfers between funds 2021 £	Funds carried forward 2021 £
<b>Restricted funds</b>						
Project/support grants	7,677	1,500	(9,177)	-	-	-
John Goldman Fellowships 2020	-	107,500	-	-	(107,500)	-
John Goldman Fellowships 2021	-	8,941	(8,941)	-	-	-
Research grants	-	7,000	(7,000)	-	-	-
<b>Total restricted funds</b>	<b>7,677</b>	<b>124,941</b>	<b>(25,118)</b>	<b>-</b>	<b>(107,500)</b>	<b>-</b>
<b>Designated funds</b>						
IMPACT	333,974	-	(250,482)	-	-	<b>83,492</b>
<b>Total designated funds</b>	<b>333,974</b>	<b>-</b>	<b>(250,482)</b>	<b>-</b>	<b>-</b>	<b>83,492</b>
<b>General funds</b>	<b>2,967,684</b>	<b>1,492,646</b>	<b>(1,443,802)</b>	<b>306,372</b>	<b>107,500</b>	<b>3,430,400</b>
<b>Total funds</b>	<b>3,309,335</b>	<b>1,617,587</b>	<b>(1,719,402)</b>	<b>306,372</b>	<b>-</b>	<b>3,513,892</b>

### Restricted funds – Project/support grants

The Charity received funds from a variety of source to support small project/support grants.

### Restricted funds – John Goldman Fellowships 2020

The Charity received funds from a variety of source to support the annual John Goldman Fellowships in 2020 which are paid out in 2020-2022. As the grant commitments were recognised in full in 2020, the grant funding has been offset against this commitment and therefore shown as a transfer to general funds in the current year.

### Restricted funds – John Goldman Fellowships 2021

The Charity received funds from a variety of source to support the annual John Goldman Fellowships in 2021.

### Restricted funds – Research grants

The Charity received funds from a variety of source to support the Charity's research grants.

### Designated funds – IMPACT

The IMPACT designated fund is to fund the IMPACT clinical trial, a collaborative project with Anthony Nolan, NHSBT, and the University of Birmingham. The agreement was signed early 2017, with funding split over several years originally to 31st December 2021 but now extended. The amount set aside in designated funds is the maximum grant available over the grant term.

	<b>Funds brought forward 2020 £</b>	<b>Income in year 2020 £</b>	<b>Expenditure in year 2020 £</b>	<b>Net gains/ (losses) on revaluation 2020 £</b>	<b>Transfers between funds 2020 £</b>	<b>Funds carried forward 2020 £</b>
Restricted funds						
Head of Fundraising	60,000	-	(60,000)	-	-	-
Project/support grants	-	14,127	(6,450)	-	-	7,677
Mind & body	-	20,000	-	-	(20,000)	-
John Goldman						
Fellowships 2020	-	2,000	(2,000)	-	-	-
Research grants	-	2,000	(2,000)	-	-	-
Research manager	-	8,000	(8,000)	-	-	-
Total restricted funds	60,000	46,127	(78,450)	-	(20,000)	7,677
Designated funds						
IMPACT	573,057	-	(239,083)	-	-	333,974
Total designated funds	573,057	-	(239,083)	-	-	333,974
General funds	2,574,881	1,756,071	(1,349,469)	(33,799)	20,000	2,967,684
Total funds	3,207,938	1,802,198	(1,667,002)	(33,799)	-	3,309,335

#### Restricted funds – Head of Fundraising

The Charity received funds from a corporate partner to support the role of Head of Fundraising and associated costs over two years.

recognised in full in 2018 as an unrestricted, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

#### Restricted funds – Mind & body

The Charity received funds to support the ongoing grant commitment to Kings College London for their mind and body centre. As the grant commitment was

#### Restricted funds – Research Manager

The Charity received funds from an individual to support the role of Research Manager and associated costs for a number of years.

## 17. Analysis of net assets between funds

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Fixed assets	3,347,921	-	3,347,921
Current assets	2,250,299	-	2,250,299
Current liabilities	(1,883,776)	-	(1,883,776)
Non-current liabilities	(200,552)	-	(200,552)
<b>Total net assets</b>	<b>3,513,892</b>	<b>-</b>	<b>3,513,892</b>

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Fixed assets	3,050,753	-	3,050,753
Current assets	2,429,414	7,677	2,437,091
Current liabilities	(1,634,531)	-	(1,634,531)
Non-current liabilities	(543,978)	-	(543,978)
<b>Total net assets</b>	<b>3,301,658</b>	<b>7,677</b>	<b>3,309,335</b>

## 18. Analysis of net debt

	As at 1 Jan 2021 £	Cash flows £	Other movements £	As at 31 Dec 2021 £
<b>Cash and cash equivalents</b>				
Cash at bank	2,123,396	(239,968)	-	1,883,428
	<u>2,123,396</u>	<u>(239,968)</u>	<u>-</u>	<u>1,883,428</u>

	As at 1 Jan 2020 £	Cash flows £	Other movements £	As at 31 Dec 2020 £
<b>Cash and cash equivalents</b>				
Cash at bank	1,695,594	427,802	-	2,123,396
	<u>1,695,594</u>	<u>427,802</u>	<u>-</u>	<u>2,123,396</u>

## 19. Trustee remuneration and donations

During the year, no Trustees received reimbursement of expenses or remuneration (2020 - £NIL).

During the year, the Charity received unrestricted donations totalling £60 (2020: £360) from trustees.

## 20. Related party transactions

During the current year, there were no related party transactions (2020 – £Nil) other than the unrestricted donations noted in note 19 above.

## 21. Guarantees and secured charges

As of 31 December 2021 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2020 - £NIL).

# Thank you

None of Leukaemia UK's work would be possible without our amazing community of supporters, funders, researchers, colleagues and partners. Thank you for your unwavering support and continued enthusiasm throughout 2021. Your commitment to stop leukaemia devastating lives means that together we can continue to accelerate progress in leukaemia diagnosis, treatment and care.



# Legal and administrative details

## **Auditors:**

**Moore Kingston Smith**, 9 Appold Street,  
London, EC2A 2AP

## **Banks:**

**Santander**, 100 Ludgate Hill, 1st Floor,  
London, EC4M 7RE

**CAF Bank Ltd**, 25 Kings Hill Avenue,  
Kings Hill, West Malling, Kent, ME19 4JQ

**Barclays**, 1 Churchill Place, London, E14 5HP

## **Investment Managers**

**Investec**, 30 Gresham Street, London, EC2V 7QN

## **Solicitors**

**BDP Pitman**, 50 The Broadway, London, SW1H 0BL

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**Charity Number:** 1154856