


Annual Report 2022



Research has
the power to
change lives

Our vision:

To stop leukaemia devastating lives

Our values:

We are curious

We explore new possibilities,
restless for progress.



We are collaborative

We bring people together, galvanising and
inspiring them to change the future.



We are bold

We push boundaries and
go further than ever before



Contents

Foreword	4
About Leukaemia UK	7
The life-changing power of research	8
Leukaemia – a forgotten cancer	8
Leukaemia in numbers	10
Becoming Leukaemia UK	11
Our strategy 2022-2027	12
2022 in review	15
Our achievements	16
Spotlight on – the John Goldman Fellowship: Investing in the future of leukaemia research	18
The year in detail	20
Putting everyone affected by leukaemia at the heart of what we do	20
Investing in research to accelerate progress	22
Building our profile, engagement and influence	28
Investing strategically to grow sustainable net income	29
Making Leukaemia UK a great charity to work for and with	34
Our passionate team	34
Our finances	38
Ethics	40
Our risks	42
Our plans for 2023	44
Statement of Trustees' Responsibilities	46
Accounts 2022	48
Independent Auditor's report	50
Statement of financial activities	53
Balance sheet	54
Statement of cash flows	55
Notes to the financial statements	56
References	70
Thank yous	71
Legal and administrative details	72

Foreword

A landmark year for leukaemia research

Foreword from Fiona Hazell, Chief Executive

2022 was a landmark year for Leukaemia UK, with the launch of our ambitious new strategy, a bold new brand and a number of key breakthroughs that will help stop leukaemia devastating lives.



Thanks to previous investment in world-class research, last year saw 30 new research publications – each one building our understanding of blood cancer and taking us a step closer towards saving and improving more lives.

Thanks to our incredible supporters we have been able to increase our funding of research, advocacy and awareness in 2022 to £1.9m, our highest charitable spend to date. This includes awarding four new John Goldman Fellowships and our first John Goldman Follow-up Fund Award. As part of our aim to invest in the future leaders in leukaemia research and specifically aimed at previous John Goldman Fellows, this award enables a recipient to take their research ideas another step further, advancing both their careers as well as vital progress in leukaemia diagnosis, treatment and care.

This year research funded by Leukaemia UK provided the Proof of Principle evidence for a new clinical trial. Discoveries made by Dr Kostas Tzelepis, a 2020 John Goldman Fellow, into potential leukaemia treatments formed the basis for the development of a clinical trial in the USA. With the first patient recruited in November 2022, it seeks to recruit 40-60 patients with solid tumours throughout 2023 and has the potential to unlock new treatment options for AML. With just 15% of those diagnosed surviving longer than five years, this cannot come soon enough, and we will be keeping close tabs on the trial as it progresses. At a time of unprecedented financial hardship for some leukaemia patients, we are also proud to have been able to put £47,000 into a 'cost-of-living with leukaemia fund', offering support for families in financial hardship following a diagnosis.

With the effects of the pandemic still keenly felt and the emergence of a cost-of-living crisis, 2022 was another challenging year economically. Despite this, thanks to our bold and dedicated supporters, we were able to grow our fundraised income by an impressive 40%. WIn addition, we were fortunate to receive a grant for our early careers research from BEIS, boosting our total income to £2.9m. This enabled us to invest more than ever before into our research, awareness and advocacy.

From running to baking, Zumba to skydiving, our fundraisers continue to amaze us, and we are so grateful for all they have raised this year. After being cancelled by lockdowns in 2020 and 2021, our flagship Who's Cooking Dinner event wasn't without a hiccup this year, with Her Majesty Queen Elizabeth's funeral forcing a last-minute date change. The team and our supporters were undeterred and managed to make the event happen just a few weeks later, quickly securing a host of new chefs and raising over £260,000.

It is only through investment in world-class research, increasing awareness of leukaemia, and advocating on behalf of those affected that we will be able to accelerate the progress needed to save and improve more lives. And this is only possible with the help of our supporters, whose generosity and belief in our cause mean that we can find better ways to diagnose, treat and care for those affected by leukaemia.

From all the team at Leukaemia UK, thank you!

A handwritten signature in black ink, reading 'Fiona Hazell'.

Fiona Hazell, Chief Executive

Foreword

A bold new direction to accelerate progress in diagnosis, treatment and care

Foreword from Ian McCafferty CBE, Chair

As I take over as Chair of Leukaemia UK in January 2023, I couldn't be prouder of our achievements over the past year and beyond.



Through the efforts of our staff, volunteers, supporters, researchers and the leukaemia community as a whole, the difference our 'small and mighty' charity has made in accelerating progress through research into this devastating disease will be life-changing for so many people.

As I take up this role, I would like to extend my heartfelt thanks to everyone who has enabled us to get to where we are today, including the three trustees who have stepped down this year – Jonathan Neal, Professor David Lynch and Oliver Sparks. We thank you for your time, expertise, hard work and passion for the cause. In particular I would like to thank Chris Corbin OBE, who as Chair since 2013 has helped steer the organisation through a period of change which has seen it go from strength to strength, and who has been fundamental in shaping the incredibly impressive Leukaemia UK I take over from him in 2023.

Finally, as a Board, we have sought to evaluate and evolve our skills and experiences to ensure we can support the charity under its new strategy. As a result, I have had the pleasure of welcoming five new Trustees to the Board at the end of 2022 – Ellen Broomé, Professor Alejandro Madrigal, Jo Reynolds, Karen Cracknell and Miriam Jordan Keane. All bring a diverse set of skills and connection to the cause as we continue to put all those affected at the heart of all we do.

Leukaemia affects 10,000 families every year. That's families up and down the country having their lives turned upside down because of a diagnosis. Yet

despite this, awareness of the disease and its signs and symptoms remains low, and survival rates lag behind many common cancers – blood cancer is the fifth most common cancer, but the third biggest killer.

As someone whose life has been personally touched by blood cancer, I was motivated to join Leukaemia UK to change this by supporting the charity's vital work investing in pioneering research, advocating for progress and improving awareness of the disease. In particular I am looking forward to continuing the progress made over 2022 in awareness and advocacy. In 2023 we will be building on the success of our 2022 Spot Leukaemia campaign, co-run with Leukaemia Care and with a little help from Henry the parrot, to help raise awareness of the signs and symptoms of the disease. We will also be continuing to build our Patient Experience Advisory Panel, to bring the voices of those who have experienced leukaemia to UK decision-makers, and to inform our insight into what matters most to those affected.

We must never lose sight of who we are here for – the thousands of people every year newly diagnosed, living with leukaemia, or who have lost their own life or that of a loved one. We are determined to focus on the research that will make the biggest difference to those affected by the disease, and raise as much money as we can to accelerate progress.

Together we can stop leukaemia devastating lives.

A handwritten signature in black ink, reading 'I.A. McCafferty'.

Ian McCafferty CBE, Chair



About Leukaemia UK

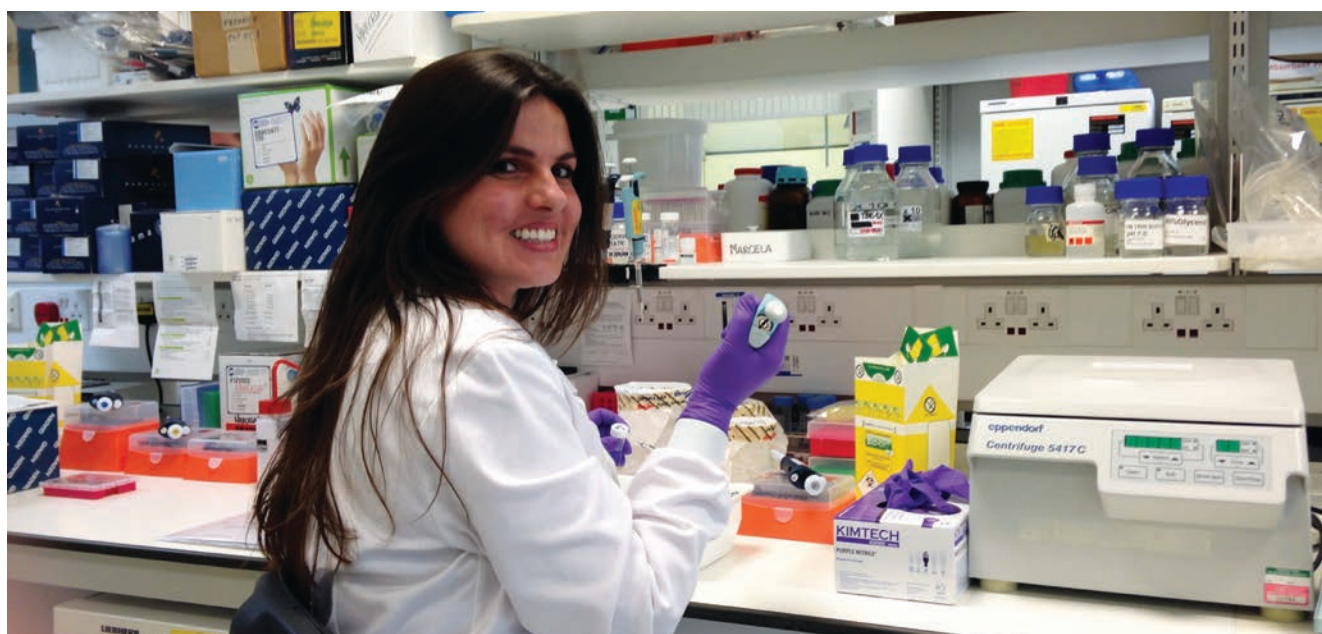


The life-changing power of research

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

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

By understanding what matters most to people affected by leukaemia, we will accelerate progress by funding ground-breaking research that has the potential to revolutionise the diagnosis, treatment and care of this devastating disease.



Leukaemia — a forgotten cancer

Blood cancer is the fifth most common type of cancer in the UK and the third biggest cause of cancer deaths. Leukaemia is a type of blood cancer.

Because of its wide-ranging symptoms, leukaemia is one of the hardest cancers to spot, and is often discovered too late. It has one of the lowest survival rates of blood cancers, and sadly almost 5,000 lives are lost to leukaemia each year in the UK.

Devastatingly, it is the most common type of childhood cancer, accounting for around a third of all cancers in the under 15s.

For those who receive a leukaemia diagnosis, the often-gruelling treatment takes over not only their lives, but also the lives of those closest to them, and has a profound impact on anyone going through it.

In memory of Ash Firth



Rebecca and her Mum, Jo, have been raising money for Leukaemia UK since Rebecca's father passed away four years ago. Amazingly, they have now raised over £12,000 to help accelerate progress in diagnosis, treatment and care for those with leukaemia. It is their hope that through their efforts, they can help raise awareness of leukaemia and its symptoms and prevent other families from suffering the loss that they have.

When Ash Firth collapsed at home on the morning of January 26th 2018, he had no idea he was suffering from leukaemia. Tragically it was too late to give him any treatment and Ash, who was 72, died later that day in hospital. He had suffered a massive bleed on the brain as a result of undiagnosed acute myeloid leukaemia (AML).

"We had never really heard of or thought much about leukaemia before," said daughter Rebecca, age 48, from Pudsey near Leeds. "We had no idea it was AML until the A&E doctors told us. It was quite advanced. The doctors said his blood results were off the chart, and he must've been very strong."

"Looking back over Christmas, Dad had been very tired and he'd looked grey. We had a lovely Christmas together but he was sleeping a lot. We put it down to him being worn out from work. He and my Mum ran a lacemaking and needlecraft supply business and they'd gone flat out before Christmas doing lots of shows and events. Their aim was to give it one last big push then retire the following year. Then two weeks before he died he got a really sore throat. The doctor didn't like the look of it and referred him to a consultant but he died before the appointment."

Since his death, Ash's family have set about dedicating themselves to fundraising for Leukaemia UK, in the hopes the charity will fund research that will discover more effective and kind treatments that will stop other families being devastated in the same way. They set up an 'in memory' page on Leukaemia UK's website for Ash's funeral. Since then their endeavours have included appealing for second hand lace-making equipment and selling it to raise money for Leukaemia UK, raffles, and even a sponsored head shave by Ash's sister Auntie Deb. So far the family have raised over £12,000.



"We also want to support Leukaemia UK's campaigning work – particularly in terms of raising awareness about leukaemia symptoms," said Rebecca. "I think my Dad felt ill for a while and he was stubborn and wouldn't go to the doctor. I would urge people to just listen to your own body and you know if something isn't right and go get it checked out. Don't struggle through. Between us we lost our husband, soulmate, Dad, business partner and best friend. Life will never be the same again. You learn to live with the loss, you never get over it."

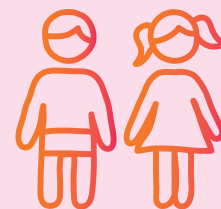
Leukaemia in numbers

- 27 people diagnosed with leukaemia each day in the UK
(almost 10,000 every year)



- 50,000 people in the UK are currently living with leukaemia
- Nearly 5,000 lives are lost as a result of leukaemia in the UK every year

- Leukaemia accounts for 31% of all cancers in the under 15s
(the most common childhood cancer)



- Over 530 children are diagnosed with leukaemia every year in the UK

- 56% of British adults can't recognise the common signs of leukaemia



- 37% of all leukaemia cases are diagnosed in emergency settings
45% of people diagnosed in this way, live less than a year after diagnosis
- Highest emergency presentation rate for any cancer type is acute lymphoblastic leukaemia – 66%

- 38% of leukaemia cases occur in the over 75s



- Overall five year survival for leukaemia stands at just over 53%

Becoming Leukaemia UK

In 1977, after his wife Isobel was diagnosed with chronic myeloid leukaemia, charity pioneer Derek Mitchell founded the Elimination of Leukaemia Fund, later known as Leukaemia UK. 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 to become a greater force for change for those whose lives are impacted by a leukaemia diagnosis – becoming the Leukaemia UK you know today.

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, with research breakthroughs bringing about advancements in diagnosis and treatment such as immunophenotype analysis, stem cell transplants and CAR T-cell therapy.

Along the way significant milestones have been reached in leukaemia research and care, but there is still a long way to go.

Brogan Hough

Running the London Marathon for Leukaemia UK was a fitting achievement for Brogan Hough – because she did it 20 years after she went into remission for leukaemia. Brogan, 28, who comes from South Yorkshire but now lives in London, was diagnosed with Acute Lymphoblastic Leukaemia (ALL) when she was five years old.

Brogan's Mum had spotted lots of bruises on her in unusual places and noticed she was getting tired more quickly than usual. She booked her in for a standard check-up with her local GP, assuming she had some sort of mild iron or vitamin deficiency.

"I remember everything about my cancer journey, from the way I felt emotionally and the tantrums I would have after bouts of chemo and steroids, to the pain in my back from weekly lumbar punctures," said Brogan.

After agreeing to be part of a new treatment trial, Brogan was given two intense blocks of chemotherapy in hospital with longer term chemo across a two year period. There were daily hospital visits and she spent a lot of time in the hospital school room listening to stories.

"My mum and dad used to refer to our regular family hospital stays as our 'adventures' but I know not everyone is as lucky as me to have access to

the treatment and support I had, and that is why want Leukemia UK to continue their work," said Brogan.

Although she went into remission shortly after the two year chemo plan, her family didn't really feel the change until she had managed to maintain it for five years and was told she didn't need to visit the hospital again for 12 months. The moment they got to book their first family holiday abroad was the moment Brogan's parents really felt like they got their life back.

Brogan started running in 2018 and couldn't do more than 2km without having to catch her breath. She completed the London Marathon in 2022 in five hours, despite getting a stress fracture a few weeks before the big day, and has raised over £3,000 for Leukaemia UK.

"This disease devastates families as I know only too well, and the support and hope that Leukaemia UK's work gives is so important. I want more children and families to have the happy ending that I have had."



Our Strategy 2022–2027

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 and 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

Following the merger of Leuka and Leukaemia UK in 2019, this strategy signalled a new dawn for Leukaemia UK and was accompanied by a bold new brand. Focussing on putting the needs of everyone affected by leukaemia at the heart of what we do, our five year strategy outlines Leukaemia UK's ruthless determination to improve more lives through research, awareness and advocacy.

With our supporters' help we want to double our investment in life-changing initiatives and research over the next five years.

Accelerating progress through pioneering research

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

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 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.

In November 2022, the first patient was given STC-15 as part of the US-based trial. Between 40 and 60 patients with solid tumours are due to be enrolled into the trial, which will focus primarily on the drug's safety. Data from this study will inform future clinical trials which may include studies in AML.

Around 3,100 people each year are diagnosed with AML in the UK and current treatments continue to be incredibly harsh. Dr Tzelepis' research brings hope that patients diagnosed with AML, and other cancers, 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 ultimately clinical practice in the future.

We are building a research programme based on evidence, and our insight from patients and from the scientific and healthcare 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 bring about the biggest impact.

Putting people affected by leukaemia at the heart of all we do

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.

In 2022 we established a Patient Experience Advisory Panel, to bring the voices of those who have been through 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.

Increasing awareness to improve survival

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 other blood cancer charities 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 the best avenues to improve early diagnosis. This will include further policy research and 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.

In 2022 with our first major campaign, we joined forces with Leukaemia Care for Spot Leukaemia, to raise awareness of the signs and symptoms of the disease. This provided a strong foundation that we will continue to build upon, educating both members of the public and the medical community to lead to life-saving earlier diagnoses.



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

"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 a viral infection 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."



2022 in review



Our achievements



New discoveries led to
**30 successful
scientific publications**
from Leukaemia UK funded researchers

Leukaemia^{UK}

We launched our new
strategy and brand
outlining our ambitious plans to accelerate
progress in leukaemia research over the
next five years



We increased our charitable funding to
£1.9m worth
of research, advocacy
and awareness initiatives,
including a total of 25 active research awards



We began the vital work to
**raise awareness of
the signs and symptoms
of leukaemia**
through our Spot Leukaemia campaign in
partnership with Leukaemia Care



We established our inaugural
**John Goldman Fellowship
Follow-up Award**

awarded to Dr Konstantinos Tzelepis from
the University of Cambridge to investigate
new and improved treatments for AML



We laid the foundations for our advocacy work
**recruiting 11 people to
our Patient Experience
Advisory Panel**

to bring the voices of those who have
experienced leukaemia to UK decision-makers.

We funded
**four innovative new
research projects**

from exceptional early career scientists through
our flagship John Goldman Fellowships

Despite the emerging
cost of living crisis, we
**increased our
fundraised income
by 40%**

We awarded funding to Professor David
Vetrie at the University of Glasgow for a

**ground-breaking
research project**

looking at how to stop chronic myeloid
leukaemia (CML) coming back after treatment

We put

**£47,000 into the
Cost-of-Living with
leukaemia fund**

offering support for families in financial
hardship following a diagnosis



Spotlight on – the John Goldman Fellowship:

Investing in the future of leukaemia research

Leukaemia UK's John Goldman Fellowship programme is our flagship funding stream, created in honour of Professor John Goldman (1938 – 2013). Professor Goldman was a renowned haematologist and pioneer in the treatment of leukaemia. His joy in scientific discovery served as an inspiration to future generations and he mentored scores of scientists and clinicians during his distinguished career.



At Leukaemia UK we endorse **Professor Goldman's** ethos - that progress only comes through innovation and new ideas. So we have created a funding programme specifically aimed at supporting the very brightest junior researchers in the UK, giving them the space to think outside the box when it comes to developing new treatments for leukaemia.

Each year we award our prestigious fellowships to early career researchers working in UK universities, research

institutions and hospitals. All our Fellows have a desire to make advances in our knowledge of leukaemia and turn scientific advances into clinical practice. Each award is a maximum of £150,000 and all must demonstrate to a prestigious panel that they are the potential scientific or clinical leaders of the future.

To date we have funded 36 John Goldman Fellows across the UK, many of whom have gone on to become leaders in blood cancer research.

Detecting blood cancer at the earliest opportunity

Leukaemia UK John Goldman Fellow

Dr Kristina Kirschner, and a team of researchers based at the University of Glasgow, University of Edinburgh and the Cancer Research UK Beatson Institute, identified a set of genetic mutations that could help detect leukaemia in older people.

The research, published in the prestigious medical journal *Nature Medicine* in July 2022, explored changes to blood stem cells over a 12 year period in a group of adults aged 70 and over. These cells can sometimes carry mutations that cause blood cancer. If lots of these cells with mutations develop, the risk of cancer grows. The chances of these groups of mutated cells developing into cancer increases with age.

Exploring the mutations in more detail meant the researchers could better identify gene changes that were likely to go on to cause diseases such as leukaemia. If we know people have these mutations, they can be more closely monitored to diagnose and treat disease earlier.



Dr Kristina Kirschner said:

“This method will help pave the way towards early detection of transformation to leukaemia in the elderly population, reducing treatment costs to the NHS and improving outcomes for patients.”



Dr William Grey said:

“We hope that this work will open new avenues of investigation into the protein dynamics of stem cells, and give us a better understanding of how stem cells work in our bodies and how they go wrong during disease. In doing so we hope that we can reveal new and more effective treatment targets that haven't yet been discovered during the genetic revolution that has been ongoing for the past two decades.”

A stepping stone to improving survival from AML

In June 2022, a scientific paper published in *Science Translational Medicine* announced a breakthrough by Leukaemia UK John Goldman Fellow, **Dr William Grey**, that could lead to a vital new treatment option for patients with acute myeloid leukaemia (AML).

Dr Grey, now based at the University of York, and his research team, discovered that they could target leukaemic stem cells over healthy stem cells by blocking the action of a protein called CKS1. This makes it an excellent treatment target.

The aim of Dr Grey's work was to find ways to treat AML patients with the worst overall prognosis. This is a patient group who would usually have less than a 1 in 5 chance of surviving up to five years from initial diagnosis. Interestingly, Dr Grey's findings suggest that by reducing the side effects of traditional chemotherapy, there may be an opportunity to bring back elderly and clinically unfit patients into a selection criteria for intensive therapy. The team are now exploring the possibility of initiating a clinical trial to progress the work further.

The year in detail



Putting everyone affected by leukaemia at the heart of what we do

Bringing the patient voice to decision makers

In 2022, we developed the Leukaemia UK Patient Experience Advisory Panel (PEAP), inviting people with lived experience of the impact of leukaemia and related disorders to engage with us and share their reality and learning. We currently have 11 members of our PEAP, who take part in six-monthly meetings, and we thank them for their contribution during 2022. We can now bring the patient voice to UK decision-makers and strengthen our insight into what matters most to those affected.

Advocating in collaboration to improve patients' experience

Leukaemia UK has an important policy and advocacy function, predominately to monitor the health policy environment and act as a patient advocate to ensure leukaemia and other blood cancer patients receive accurate and prompt diagnosis, followed by the best available treatments and care. Through our policy and advocacy work we are committed to demanding the very best for those affected by leukaemia and related conditions – no matter who or where they are in the UK. Our ultimate aim is to ensure that the next person diagnosed with leukaemia, or a related disorder, has a better experience than the last.

We are committed to placing the needs of everyone affected by leukaemia at the heart of everything we do. Patient experiences and opinions guide us in all our activities. Key to achieving our aims is listening to patients and their families, to identify and fully understand the needs and challenges of those who have received a leukaemia diagnosis and the journey thereafter. In 2022 our policy and advocacy work included collaborative campaigns and support for Government initiatives to raise awareness, as well as exploring what the best avenues can be to improve leukaemia awareness and early diagnosis.

Our relationship with NHS England (NHSE) and other charities continued to be strengthened in 2022. Following an alert from contacts at NHSE, we co-signed an NHSE public letter emphasising the importance of COVID-19 vaccination for people with a weakened immune system and encouraging anyone in this group due a vaccine to make an appointment to get vaccinated.

Earlier in 2022 we submitted responses to the Government's consultation on its 10-Year Cancer Plan. We were involved in three separate submissions through coalitions One Cancer Voice (OCV), Cancer 52 and the Blood Cancer Alliance (BCA). To further inform development of the plan, we attended meetings with officials in the Department of Health and Social Care along with a selection of like-minded charities. The meetings provided the opportunity to reinforce some of the main messages in our written responses.

2022 was a tumultuous year in politics, and the cost-of-living crisis also caused concerns for many. In collaboration with Leukaemia Care we wrote to the Chancellor, Jeremy Hunt, prior to his Autumn Statement, highlighting evidence on the hidden costs of leukaemia and the importance of using the budget to a) increase benefits in line with inflation and b) increase investment in health and care services alongside investment in and budgeting for a health and care workforce that is able to meet demand.

With over 100 other organisations we also co-signed and promoted a letter to the Chancellor calling for a timeline for a promised 'workforce strategy' to be published, including numbers of how many staff will be needed to keep pace with demand. The Chancellor committed to raising Benefits in line with inflation and publishing a comprehensive workforce plan in 2023, including independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in five, 10 and 15 years time.

Blood Cancer Alliance

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

COVID-19 continued to be a concern for blood cancer patients and the BCA published a consensus statement on the lifting of COVID-19 restrictions without a plan for the Clinically Extremely Vulnerable. Evidence gathering continued to highlight challenges with vulnerable people being able to access COVID-19 treatments, such as Evusheld. UK regulators approved the drug last year, but the Government appeared to be lagging behind other countries when it came to distributing the treatment effectively.

In February 2022, the Government launched a call for evidence to inform its 10-Year Cancer Plan in England. We worked in coalition on three different responses

to the call for evidence. We ensured Leukaemia UK policy priorities featured strongly in all three responses – particularly our key aims of improving awareness, early diagnosis, access to treatment, and research.

In April 2022, the Scottish Government opened a consultation to inform its Cancer Strategy. The consultation intended to highlight key areas for action related to cancer management, care, and prevention in Scotland. Leukaemia UK worked with the Blood Cancer Alliance and submitted a response.

One Cancer Voice

Leukaemia UK is a member of One Cancer Voice, a charity coalition of over 50 cancer charities which aims to improve the lives of all cancer patients by highlighting issues related to cancer treatment, care, and support. The coalition acts through two groups, a Steering Group and an Action Group, to facilitate all collaborative activities, and we remain actively involved. During 2022 we contributed to the response for the Government's 10-Year Cancer Plan.

Cancer 52

Cancer 52 is an alliance of over 100 organisations working to provide a common voice to address inequality and improve outcomes for patients with rare or less common cancers. Leukaemia UK became a member of the alliance in 2022.

In memory of Henry Brett

"Henry went through so much in his short life, but he never acted like he was sick. He always had a cheeky look on his face. In hospital, he'd run up and down the ward in his little walker and give himself a little clap when he took his medication. He was just a 'loving life' kind of toddler."

In December 2020, Callan Brett was excited to bring her son Henry home from hospital for Christmas. At just 14 months old, Henry had already been battling acute myeloid leukaemia (AML) for almost half of his life, enduring numerous rounds of chemotherapy and spending many months in hospital. Henry was delighted to be home, running around and playing and being as cheeky as usual.

Tragically, Henry then went on to suffer infection after infection whilst in remission. In May 2021, whilst the country was in lockdown, Henry passed away.

"What my husband, James, and I want now is for children like Henry to not just survive their cancer treatment but to be less ill when in remission. And of course, for them to pull through so that their families can stay together. But this will not happen without the research breakthroughs that Leukaemia UK-funded scientists are striving for in labs up and down the country."

Spot Leukaemia

We continued our collaboration with Leukaemia Care on the Spot Leukaemia campaign which ran during Blood Cancer Awareness Month (September) to raise awareness of the signs and symptoms of leukaemia. Our approach was dual focussed, with both policy and public communications strands.

In 2022 the Spot campaign had a strong policy element predominately aimed at addressing the challenges surrounding diagnostic blood tests in primary care. As part of this work, we published two policy reports which were circulated to a wide range of stakeholders including MPs, Royal Colleges, and NHSE leaders. We also held a policy roundtable to discuss the evidence and recommendations covered in our reports. Attendees included a patient representative from Leukaemia UK's PEAP (who opened the roundtable with a presentation on her experience of diagnosis), relevant healthcare professionals, multiple MPs and devolved nations equivalents, high profile stakeholders from the NHS, and representatives from other charities, royal colleges, and societies.



"I firmly believe that something good must come from Henry's death. We cannot have lost him for no reason, and we cannot stand by knowing that more research and better care could spare another family from his type of heartbreak."

Investing in research to accelerate progress

Leukaemia UK's five-year strategy demonstrates our ambition to go further than ever before to stop leukaemia devastating lives. Bold, curious and collaborative are values exemplified by our commitment to funding only the very best innovative research projects and exceptional researchers. We know that research holds the key and will provide the best opportunity to accelerate the discovery of more effective and kinder treatments for leukaemia and related disorders. The research that Leukaemia UK funds can ultimately save and improve more lives.

Who and what we fund is the result of collaborative effort. We optimise the use of our limited funds, thanks to help from the dedicated members of our Scientific and Medical Panel who take part in assessing all funding applications through Leukaemia UK's transparent and robust peer review process. Curiosity and boldness are key factors when selecting what projects are approved for funding. Projects must demonstrate they have potential to uncover previously unknown facts, to expand our understanding of the disease, and to provide previously elusive answers. Whilst achievability is important, the bolder the ambition, the better!

In recent years Leukaemia UK has championed the importance of funding early careers researchers, with our flagship John Goldman Fellowships, MRC joint-funded Clinical Training Research Fellowships, and International Scholarships in collaboration with the European School of Haematology. Our rationale was twofold – the continuation of John Goldman's ethos that young minds frequently have the brightest innovative ideas, and the knowledge that investing in young talent today will safeguard the innovations of the future and the new professors that will discover them.

In 2022, we were delighted to expand our funding portfolio and offer our inaugural John Goldman Fellowship Follow-up Award, a project grant specifically for someone who has previously been awarded a Fellowship. The award enables a recipient to take their bold research ideas one step further to expand their curiosity, and to truly secure their future career.

Looking to the future: supporting early careers researchers

Leukaemia UK became a member of the Association of Medical Research Charities (AMRC) in March 2016. The AMRC is a UK membership organisation of leading medical and health research charities and offers input from the AMRC itself and the opportunity to offer help to and also be supported by other member charities. Leukaemia UK's membership of the AMRC is an endorsement of the quality of our research funding. Our membership gives reassurance to donors that all funding requests are subject to a stringent and transparent review process.

In 2021, the AMRC highlighted the availability of a £20 million fund offered by The Department of Business, Energy and Industrial Strategy (BEIS) to be delivered by UK Research and Innovation (UKRI). The fund was created in response to financial uncertainties due to the COVID-19 pandemic, and to support the lifesaving work of medical research charities by helping develop the skills and experience of early careers researchers (ECRs) working in health-related research.

We thank the AMRC for coordinating the application process and their support. Leukaemia UK applied for a share of the UKRI £20 million fund and were delighted to receive £629,290 in February 2022. At Leukaemia UK we remain committed to supporting ECRs and the funding has provided security and certainty for our existing John Goldman Fellowship programme and the confidence to provide a John Goldman Fellowship Follow-up Fund.

During 2022, Leukaemia UK funded 25 active research projects which comprised of 18 John Goldman Fellowships, four project grants and three Clinical Research Training Fellowships, jointly funded with the AMRC. In addition, we funded six International Scholarships in collaboration with the European School of Haematology.

Research impact and outputs

It is only through investment in world class research, increasing awareness of leukaemia, and advocating on behalf of those affected, that we will be able to accelerate the progress needed to move the dial on these numbers.

Leukaemia UK is very proud of its research funding portfolio and since 2015 has invested more than £7.6 million into research projects. Our portfolio is deliberately broad with regards blood cancer-related research topics, and whilst early career researchers are important, we also fund senior established scientists. The ultimate impact for all our funded projects is to be instrumental in bringing about improved survival, more effective treatments and better quality of life for all those affected by leukaemia and related disorders.

2022 was another successful year for Leukaemia UK's funded research as indicated by the data collected through an annual submission in Researchfish, an online reporting system used by funders to collect information on the outcomes and impact of the research they fund. Quantifying research outputs and impact can be difficult, but one measure is the successful publication of research findings. Publication is an important means to communicate research results to the wider scientific community. 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-seven of our awardees, whose awards were made in 2017-2022, took part in the annual submission. The submission, which included several researchers whose funding has only recently started, reported 30 successful new publications in 2022. Combining the past two annual submissions, 75% of the researchers reported at least one publication, with a mean number of publications at almost four per researcher which could be attributed to their Leukaemia UK funding.

Each of these 30 publications represents a new discovery and progress in our understanding of blood cancer, ultimately bringing us closer to finding the better, kinder treatments needed to improve outcomes.

The journey to professorship

Professor Vignir Helgason was awarded a John Goldman Fellowship in 2015 for his research into chronic myeloid leukaemia (CML). Since then, he has shown continued contribution to the field of blood cancer research and in 2022, was awarded a professorship.

Professor Helgason's career progression showcases the significant impact a prestigious John Goldman Fellowship can have for an early career researcher, acting as a springboard to support the blood cancer research leaders of tomorrow.



Professor Vignir Helgason said:

"Over the years, I've made progress in my own academic career and my research team has also expanded. The John Goldman Fellowship, amongst other grants and awards, was an integral part of the journey to get to this point."

Stephen Young



"The diagnosis was traumatic not just for me but also for my wife and our children," said Stephen Young. "We have been on an emotional roller coaster ever since."

Stephen had been having unexplained symptoms for several weeks. These included nose bleeds, a rash on his face, mouth ulcers, shortness of breath and fatigue. After his symptoms worsened Stephen was taken to A&E and diagnosed with acute myeloid leukaemia.

"After the initial shock and trauma of the diagnosis it was crystal clear to my wife and I that I had been displaying classic leukaemia symptoms for several weeks, but these had not been linked as being symptomatic of a bigger health issue."

The disease was so advanced that he was told that he had just two weeks to live unless treatment started immediately. Within hours he was transferred to the Bexley Wing of St James Hospital, Leeds.

"The transfer took place at 2am in the morning on 2 July 2022. By 4 am the team had started my first round of chemo. It was touch and go whether I would pull through."

"Miraculously, I was discharged from hospital just five weeks later on 5 August in remission! I have now completed an additional three rounds of chemo as an outpatient – driving myself back and forth to hospital every day."

"I cannot speak highly enough about the care and treatment I received – professional, empathetic, gentle, encouraging. It's thanks to them that I am now in a position to be given a stem cell transplant and the hope of a cure."

"I want to share my story so that others might learn from my experience and secure an early diagnosis. I want to urge people not to be discouraged by those who do not know what you are experiencing or have the ability to delay you getting a prompt medical assessment – blood tests are the only sure way of identifying leukaemia – do whatever it takes to make them happen for you."

2022 John Goldman Fellowships

In 2022, we continued our investment and funding for early career scientists and clinicians seeking to advance our understanding of and ability to treat blood cancer. We awarded our prestigious John Goldman Fellowships to four outstanding researchers.



Dr Mirjana Efremova, Queen Mary University of London

Can we stop B-cell lymphoma cells evading treatment?

Dr Mirjana Efremova is using specialised genomic technology to investigate ways to prevent treatment resistance in B-cell lymphoma to help direct future treatment strategies. B-cell lymphoma affects around 11,000 people every year in the UK. Although treatment options are available, resistance to these treatments – when treatment stops working – is common.

Dr Mirjana Efremova said:

“In this project, I will investigate how cancer cells are reprogrammed into potentially reversible drug resistant states. A better understanding of the intrinsic and extrinsic signals driving resistant cell state transitions in progression and relapse in different B-cell lymphomas can guide novel therapeutic strategies to impair tumour progression and emergence of resistance.”

Dr Simon Richardson said:

“B-cell acute lymphoblastic leukaemia (B-ALL) is the commonest cancer in children, and treatment outcomes in adults remain very poor. During my John Goldman Fellowship, I will use recently developed functional genomics and computational techniques to identify novel treatment options for B-ALL patients and work out how best to combine these to reduce the incidence of relapse, improve survival, and minimise treatment-related toxicity.”



Dr Simon Richardson, University of Cambridge

In pursuit of new treatment combinations for B-ALL

B-cell acute lymphoblastic leukaemia (B-ALL) is one of the most common cancers in children, but the disease can affect people of any age. Dr Simon Richardson will use a genomic screening technique to identify promising new B-ALL drug combinations to take forward to pre-clinical testing. The most immediate benefit will be in patients at highest risk, such as infants and older people unfit for current treatment.



“ ”

Dr Victor Llombart, University College London
Let's find the off switch for leukaemia

T-cell acute lymphoblastic leukaemia (T-ALL) is a fast-growing type of leukaemia that can get worse quickly without treatment. It is the most common form of leukaemia in children.

Dr Victor Llombart will focus his efforts on a key protein called MYC, a hot contender for cancer drug development research. The research hopes to lay the foundation for new T-ALL treatment. As MYC is involved in many different cancer types, the findings have potential to make ground-breaking steps forward for patients with blood cancer and beyond.

Dr Victor Llombart said:

"I hope that our results will provide the basis to develop new treatments for MYC-dependent leukaemias in the future and potentially for other cancers."



Dr Eman Khatib-Massalha said:

"The type of blood cancer I will be researching during my John Goldman Fellowship currently has no consistently reliable curative treatment. During my Fellowship, I aim to develop and test a promising target for MPN immunotherapy that aims to block specific signals on mutant cells, restoring normal clearance of these cells, preventing MPN progression, and reducing the risk of AML. I hope that this could develop into a new treatment option for patients with this type of blood cancer in the future."

Dr Eman Khatib-Massalha, University of Cambridge

The road to new immunotherapy for MPN patients. Defective clearance of innate immune neutrophils as a potential cause and therapeutic target in myeloproliferative neoplasms with high risk of leukaemic transformation

Myeloproliferative neoplasms (MPNs) are a rare type of blood cancer which can develop into leukaemia. Each year, over 4000 people in the UK are diagnosed with MPNs. Bone marrow transplant is the only curative treatment for MPNs, but it is only recommended for a small number of patients due to severe side effects. Dr Eman Khatib-Massalha is testing a promising new immunotherapy target that aims to treat MPNs and prevent the development of acute myeloid leukaemia (AML).

Olive Boles Award - Dr Khatib-Massalha was also chosen to receive the Olive Boles Innovation Award. This accolade combined with the John Goldman Fellowship is in recognition of an innovative higher-risk idea that could contribute significantly to our understanding of leukaemia and other blood cancers.

MRC joint-funded fellowships

Leukaemia UK is committed to investing in the next generation of scientific and clinical researchers to ensure they developed into future scientific leaders. Whilst our John Goldman Fellowships are available to clinicians, they often wish to combine research with clinical duties and therefore our Fellowships are not always ideal. 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 awards are available to clinically-active medical doctors within the UK to enable them to undertake a higher research degree.

In 2022, Leukaemia UK had three actively-funded MRC joint funded clinical fellows: Dr Asger Jakobsen (University of Oxford) - Molecular and cellular basis of clonal dominance in myeloid malignancy; Dr Sonia Wolf (Imperial College London) - Identification of early and later transformation events in adult T-cell leukaemia/lymphoma; and Dr Jennifer O'Sullivan (University of Oxford) - Unravelling signatures of clonal response, resistance and evolution of high-risk essential thrombocythemia at single-cell resolution.

Cost-of-Living with Leukaemia Fund

At Leukaemia UK we are committed to putting people at the heart of everything we do. We recognise that the effects of a blood cancer diagnosis will go beyond physical health problems. We understand that worrying about money is the last thing people need when dealing with a diagnosis and treatment, or supporting a loved one through leukaemia. A leukaemia diagnosis can have a devastating effect on someone's financial situation, on top of the emotional and physical challenges.

In response to the cost-of-living crisis in the UK, Leukaemia UK is now collaborating with the charity Leukaemia Care to continue to offer financial support to leukaemia patients and their families. The Fund provides support for those living with leukaemia, myelodysplastic syndrome (MDS) or myeloproliferative neoplasms (MPNs) and their families. The aim of the Fund is to help make life more manageable. In 2022, Leukaemia UK provided £47,000 which would have supported more than 250 families.

European School of Haematology International Scholarships

We understand that conference attendance is an important part of a researcher's career, providing the opportunity to keep up to date with the latest findings and to network in order to forge new collaborations. Attendance may also provide the opportunity to present one's own research and discuss this with peers on a one-to-one basis.

In 2022, Leukaemia UK provided scholarships for six junior, early careers researchers in collaboration with the European School of Haematology (ESH). Researchers

came from all over the world to attend the 24th Annual John Goldman Conference on Chronic Myeloid Leukaemia in France, including from Malaysia, Germany, the UK, The Netherlands, Brazil and Canada.

Project grant

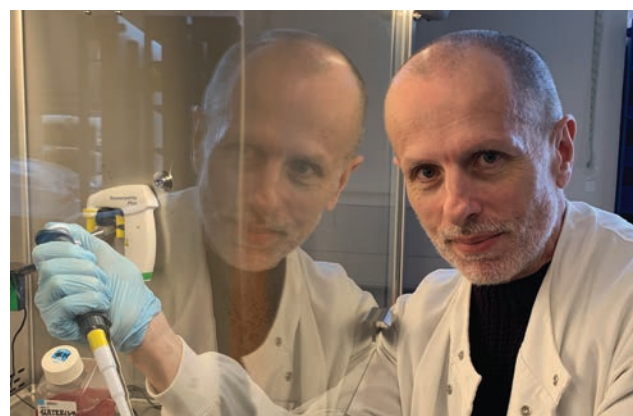
Professor David Vetrie

Institution: University of Glasgow

Redefining what we know about leukaemic stem cells in chronic myeloid leukaemia (CML)

Project grants are the cornerstone of health research funding and have the potential to expand our understanding of leukaemia and related diseases and ultimately lead to the discovery and development of new treatments to improve outcomes for all those diagnosed. In 2022, Leukaemia UK was delighted to award a project grant to Professor David Vetrie at the University of Glasgow.

Professor Vetrie's research focuses on chronic myeloid leukaemia (CML). Although there are now very effective treatments for this type of leukaemia, these drugs don't kill the faulty stem cells that cause the disease to come back if treatment is stopped. This research will investigate the different types of faulty stem cells to understand their influence on how well a patient responds to treatment and which types of faulty cell can cause the disease to come back. It's hoped that this will help the researchers to identify new CML treatments in the future.



Professor Vetrie said:

"Leukaemia stem cells trigger and sustain chronic myeloid leukaemia (CML). For many years, we believed these cells were all similar, but we now know they exist as a variety of types in the bone marrow of every CML patient. Our research will uncover which types are critical for maintaining the disease and determining how well a patient responds to tyrosine kinase inhibitors such as imatinib. This work could be a game-changer for optimising patient care."

John Goldman Fellowship Follow-up Fund

Dr Konstantinos Tzelepis

Institution: University of Cambridge

Can exploiting AML's weaknesses lead to new treatment?

In 2022, Leukaemia UK awarded its first John Goldman Fellowship Follow-up Fund award. The grant was awarded to Dr Konstantinos Tzelepis from the University of Cambridge. The Follow-up Fund is a commitment to continue our investment in those researchers who have previously been awarded a prestigious John Goldman Fellowship, who we consider to be the UK's future research leaders in leukaemia and related disorders. We are delighted to offer Fellowship Follow-up Funding to enable our Fellows to develop their research groups and further establish their careers.



Dr Tzelepis will embark on an exploration of a potential vulnerability of acute myeloid leukaemia (AML) - a protein called CTU2, which is involved in making modifications to RNA (a vital molecule for many of the processes that happen inside cells).

It's predicted that CTU2 could play an important role in AML and this research aims to bring that to light. It's hoped the study will improve understanding of the role of CTU2 in AML and therefore ultimately help develop new and improved treatments for the disease in the future.

Dr Tzelepis' previous research has shown strong proof of concept that proteins responsible for making changes to RNA can make good targets for cancer treatment. In November 2022, a drug that was found to block another RNA-modifying protein called METTL3 entered clinical trials in the US. Data from this study will inform future trials, which may include patients with AML.

Worldwide Cancer Research collaboration

Professor Katrin Ottersbach

Institution: University of Edinburgh

Identifying new treatments for infant leukaemia



Leukaemia UK and Worldwide Cancer Research (a charity which funds pioneering discovery research around the world) are co-funding a research project investigating infant leukaemia, led by Professor Katrin Ottersbach at the University of Edinburgh. Leukaemia UK will contribute 50% of the total grant.

The research aims to better understand how two genes – SGMS1 and ELOVL1 – are involved in the development of acute lymphoblastic leukaemia (ALL), a type of leukaemia that affects around 800 people in the UK each year. These genes are involved in regulating the fat content of cells, suggesting that infant leukaemia cells have specific fat requirements that are important to keep them alive.

Professor Ottersbach and her research team want to understand how SGMS1 and ELOVL1 influence cancer development. They have an exciting new technique to study several biological pathways at the same time and work out which are involved. They then plan to test any potential drugs that take advantage of these pathways so that they can find the treatments most likely to work best for infant leukaemia.

Science Seminar 2022

In 2022, we invited our Research Fellows, Trustees and members of the Scientific and Patient Experience Advisory Panels to our annual Scientific Seminar, 'A Celebration of Life-Changing Research'. The event was an opportunity to celebrate how far leukaemia research has already come, whilst looking to the future and how we can continue to accelerate much-needed progress in diagnosis, treatment and care. The keynote speaker for the event was Professor John Gribben, Dr Konstantinos Tzelepis gave the Rowena Howse Lecture, and Leukaemia UK Patient Experience Advisory Panel Member, Tracey Palmer-Hole, talked about her own personal experience of leukaemia. Many of our amazing John Goldman Fellows also provided research updates via oral and poster presentations.

Building our profile, engagement and influence



2022 was a big year for Leukaemia UK with the launch of our new brand and strategy. Saturday May 28th marked World Blood Cancer Day, which saw the global blood cancer community come together to raise awareness of the disease and champion the need for greater progress for patients. We chose this day to unveil our new strategy, which was the culmination of a huge amount of work from the Leukaemia UK team, focusing our announcement on ensuring our stakeholders and existing supporters were well informed about and on board with our ambitious plans for the future. Working with video production company Dreaming Fish, we gathered researchers, patients and staff for a filming and photography day at The Crick Institute to produce a new Leukaemia UK video to bring our strategy to life.

Following on from the strategy launch, August saw the launch of our new brand, bringing together our vision, mission and values with a bold new visual identity to help us communicate our strategy in a compelling way for all those who work with us. As part of the rebrand we also launched a new website, and a fresh look and feel across all our digital channels. So far the brand has been very well received and gives us the cut-through we need to be able to deliver on our ambitious goals.



The new website has performed well since launch, maintaining consistent user numbers and driving online donations, particularly for the Christmas and Blood Cancer Awareness Month appeals. Optimising our paid search activity has helped more people to find relevant information about types of leukaemia, signs and symptoms, and our research on Leukaemia UK's website.

To support us to grow our brand awareness and digital presence, we carried out a SEO audit in 2022 with agency Search Seven. This provided insight into the search behaviour of our audiences, and recommendations for how to target keywords and tailor our content, as well as advising on technical SEO improvements. Work to optimise our website is ongoing as part of Leukaemia UK's wider digital strategy.

2022 saw us launch our most ambitious Spot Leukaemia campaign to date, delivered in partnership with Leukaemia Care. This centred around a video featuring a parrot called Henry, produced by agency Sanguine, who created an original rap to make the symptoms of leukaemia more memorable. Viewers were urged to vocalise their symptoms to their GP and ask for a blood test, and to visit the website to find out more. The campaign specifically targeted 65 to 75-year-olds as leukaemia incidence rates increase sharply at this age. To support the video we carried out a survey which showed that less than 1% of Britons know all the four symptoms featured in the film. The campaign was rolled out through a wide range of channels, generating extensive media coverage, and strong digital and social media reach and engagement.

We have had great success this year in building up our media profile across a whole different range of areas of the charity's work. We have been working to raise the visibility of our research programme, for example through ramping up our communications around our John Goldman Fellowship (JGF) programme and developing new video content to run alongside each of our JGFs.

We have been able to maximise opportunities around new discoveries, including from funded researchers Dr Bill Grey and Dr Kristina Kirschner, to generate media coverage of these successes and highlight our progress in blood cancer research. We have recruited a Research Communications Manager to continue to build this area in future. Similarly we have been pushing media activity around our policy work, for example through our rapid response to a report on UK cancer services from the Health and Social Care Committee which we used to put forward our position on the Government's 10-Year Cancer Plan consultation.

One of our main areas of focus has been in telling the stories of people affected by leukaemia. Through sharing their experiences, we are able to increase awareness of the disease and its impacts, signs and symptoms, and showcase the work we are doing to find kinder and more effective treatments to help people like them in the future. We have recruited a part-time freelancer to work with us to support people sharing their stories, which has had a big impact on our success in this area.

We have also been growing the profile of our key fundraising activities, such as Who's Cooking Dinner? and our winter appeal, as well as promoting the charity as a great place to work, to ensure that we are engaging supporters and staff, current and future, in the fantastic programme of work running across the organisation.

Investing strategically to grow sustainable income

We are extremely grateful to our incredibly generous and committed community of supporters up and down the UK who are united in our aim to find better, kinder treatments for leukaemia, and help the next person who receives a leukaemia diagnosis to have a better experience than the last.

Our fundraised income in 2022 grew to £2.1m thanks to our dedicated community of supporters. It is because of this that we can continue to fund the cutting-edge research that will stop leukaemia devastating lives.

Our dedicated supporters

Donations from individuals raised nearly £240,000 in 2022. Over £70,000 of this was from regular supporters, including Direct Debits, standing orders and payroll giving. This is an extremely important form of donating as it provides us with a predictable and sustainable income stream. We are very grateful to the approximately 500 people who support us in this way.

A further £168,043 was generously donated as one-off donations, either unsolicited or in response to our appeals including Blood Cancer Awareness Month and Christmas. Over 12,000 people also expressed support for our work through Facebook and registered to receive our email updates. We are delighted they are interested in our work to find kinder and more effective treatments for leukaemia, and look forward to engaging with them in a variety of ways in 2023 and beyond.

Trusts and Foundations

We would like to thank all the Trusts and Foundations who supported our work this year. It is a privilege to collaborate with such a wide range of funders who share our bold vision that research has the power to save lives.

In 2022, thanks to dedicated grants from 35 trusts, we doubled our income from the previous year, and this incredible funding is integral to the development of Leukaemia UK's work. Not only are Trusts and Foundations enabling our talented researchers to gain a better knowledge and understanding of leukaemia, but they have also been crucial in helping them to use this learning to leverage our next stage funding to begin to accelerate the development of smarter, kinder therapies for the disease.

This year saw the progression of our partnership with Rosetrees Trust, which enabled us to co-fund a John Goldman Fellowship for Dr Pramila Krishnamurthy of King's College Hospital and King's College London. Rosetrees Trust funding is also contributing towards a new John Goldman Fellowship for Dr Simon Richardson at the University of Cambridge. We are really thankful to be able to work with Rosetrees Trust in this collaborative way, and for their generous support.

We also want to say a thank you to the continued support of The Robert Luff Foundation Ltd. Their generous funding contributed to our John Goldman Fellowship Programme, ensuring that we were able to fund four novel research projects in 2022.

Our collaborations with Trusts and Foundations are an important part of our vision and journey. In 2023, we are again expanding our research programme including investing further in the leukaemia research leaders of today and tomorrow and applied research, to ensure breakthroughs reach patients sooner. We are actively looking to collaborate with other Trusts and Foundations to support research awards in 2023 and beyond.



"At Rosetrees Trust, we have been supporting cutting edge medical research for more than 30 years and have a mission to help brilliant minds discover healthcare solutions. With this in mind, we are delighted to be working in partnership with Leukaemia UK to co-fund Dr Krishnamurthy's John Goldman Fellowship and join her on her research journey whilst she uses the co-funded fellowship to better understand why some leukaemia patients relapse following a stem cell transplant, and how donor lymphocyte infusion can help prevent this. We are also delighted to be able to support the work of Dr Simon Richardson through the John Goldman Fellowship Programme as he progresses a genomic screening technique to identify promising new B-ALL drug combinations to take forward to pre-clinical testing."

Dr Vineeth Rajkumar,
Head of Research at Rosetrees Trust

In memory of Carl Hewson

Keen sportsman, Carl Hewson, was 26 when he was diagnosed with acute myeloid leukaemia (AML) in the summer of 2015. A popular man, who made many friends while at school and at Oxford University, Carl worked for the structural engineering firm Arup.



As a teenager he ran cross-country for Kent and was a regular player for Coney Hall Churches United (CHCU) football team. He was also a talented artist, accomplished French horn player and, according to his friends, irritatingly good at board games. Most of all, he valued being a good friend – a quality driven by wanting to live out his strong Christian faith.

Carl's treatment for leukaemia took place at King's College Hospital in London where he received a bone marrow transplant from his sister Liana, who was a 100% match.

Unfortunately, a year later and more than 80 days after Carl's bone marrow transplant, his leukaemia cells increased and despite his medical team's best efforts, Carl died on November 15, 2016.

Since 2016, Carl's family and friends have raised over £35,000 in memory of Carl.

High Value

With the arrival of our High Value Fundraising Manager in September, we have ambitious plans to develop lasting relationships with our new and existing High Value Donors.

The Pittalis family have generously supported Leukaemia UK previously, in memory of a much-loved family member who sadly passed away from leukaemia. We are grateful for their continued support in 2022.

"Helping Leukaemia sufferers is close to our hearts. We appreciate all the support and developments Leukaemia UK continue to deliver."

Eleni Pittalis, the Pittalis family.

Corporate

March 2022 saw investment in corporate partnerships for Leukaemia UK through the recruitment of a full time Corporate Partnerships Manager. In just nine months, £107,844 worth of gifts in kind were secured for 2022's Who's Cooking Dinner?, which was an incredible achievement, as well as an income of £16,034.

In line with Leukaemia UK's overall five-year strategy, we are putting plans in place to continue to grow this newly established area.

Legacies

Leukaemia UK is grateful to report that we received a total of £673,333 from gifts in wills over the past year, this is thanks to the generosity of 15 legacy gifts. These donations will enable us to continue our vital work in supporting those affected by leukaemia and funding important research into the causes and treatment of the disease. We would like to extend our

heartfelt thanks to all those who have chosen to leave a gift in their will to our charity. Your legacy will live on through the positive change that we are able to bring about in research.

In memory

We received an incredible sum of £230,827 in donations in memory over the past year from individuals who chose to honour their loved ones who are no longer here.

This generosity and compassion will help us make a real difference in the lives of those affected by this devastating disease through our research.

Community and Challenge Events

We are extremely touched and humbled to have such a wonderful and committed community of fundraisers who continue to support us around the UK. Whether they have taken on a challenge event, or have chosen to do something more local, our supporters have the passion and drive to make a difference to those living with a leukaemia or blood cancer diagnosis.

Challenge Events

An incredible 318 supporters took part in a challenge event to fundraise for Leukaemia UK's ongoing work to accelerate progress in leukaemia research. Events included 5 and 10k runs, half and full marathons, cycle rides, long distance walking and skydives. Our biggest and most profitable event was the London Marathon, which raised over £120,000 and was our biggest team to date with an impressive 47 runners. The London Landmarks Half Marathon and the Royal Parks Half Marathon raised a staggering £48,500 collectively, with 35 runners choosing us as their charity to support.

Community Events

Our loyal and dedicated community fundraised for us, with an amazing 191 fundraisers in total in 2022. These fundraisers raised over £120,000 by organising tea and cake sales, charity football matches, golf (and other sports events), and lots of other exciting activities. We were pleased to be selected as one of the charities of the year for the Mentmore Arts Festival which raised £5,000 for us, as well as being the chosen charity for a local Zumba class who decided to do a Zumbathon.



Gill Winsor



Gill had always been exceptionally fit and being diagnosed with leukaemia came as a huge and unexpected shock to her. She regularly exercised but during lockdown in 2020 noticed something had changed.

"My daughter, who is a personal trainer, had set up a circuit in the garden. I noticed I was getting out of breath but put it down to my fitness waning a bit."

"Then a lump appeared in my groin. I contacted the doctor who gave me antibiotics but after a couple of weeks the lump was still there. A scan showed enlarged lymph nodes so I was sent for a blood test. The next day I was told to go straight to my nearest A&E as I was severely anaemic."

Gill was kept in hospital for two nights for tests and then sent home. The next day she received a call from the hospital to go in for results and they told her she had acute myeloid leukaemia (AML).

Gill was admitted into St Bartholomews Hospital for chemotherapy and stayed in hospital for a month so her reaction to the treatment could be monitored. After further rounds of chemotherapy she was able to have a stem cell transplant in February 2021.

Since then Gill has made a spectacular recovery, running the London Marathon in 2022 on the second anniversary of being told she was in remission and raising over £3,000 for Leukaemia UK.

"To anyone who has been recently diagnosed I would say keep positive. There are new treatments being found all the time. I am now thinking of taking part in the London Marathon again for my five year anniversary – I'll be 66 then! If I want to do something I do it now as you never know what is round the corner."

Who's Cooking Dinner? 2022

After a two-year hiatus, during which both charity and hospitality sectors were devastated by global events, we felt the time was right for Who's Cooking Dinner? to return.



Nokx Majozi of The Pie Room

In recognition of the role our friends within the hospitality industry have played in making Who's Cooking Dinner? the first and foremost culinary charity dinner, we approached Hospitality Action – a support charity for hospitality personnel – to collaborate with us, incorporating two causes very close to all our hearts. All funds raised on the night were split 80/20 between us and Hospitality Action.

Held once again at The Dorchester, the event saw an impressive list of chefs and both regular and new supporters buying tables. However, it wasn't all plain sailing. The original date was set for September 19th, but with Her Majesty the Queen sadly passing away on the 8th, as we got closer to the day, it became clear her funeral would be held on the same date as Who's Cooking Dinner? The decision to postpone was unanimous, and as The Dorchester had an opening only a few weeks later, we immediately started to communicate the new date of 10th of October to all those involved. Incredibly, many of our table hosts and their guests were still able to attend, but

the short notice for the chefs meant we had a 50% dropout rate. Despite the huge challenge that faced us and with such little time, we immediately pulled out the stops to secure new chefs. We had a hugely inspiring response, which led to some fantastic new restaurants and chefs taking part, including Nokx Majozi of The Pie Room, Patrick Powell of Allegra and Ivan Tisdall-Downes of Native, all of whom are making waves within the hospitality industry.

The change of date also meant our Grand Chef's Auction had fewer participants than usual, some of whom had put themselves up for auction for the original date but were unable to attend in person on the re-arranged day. Nevertheless, our guests, both in the room and those who got involved online via the silent auction/donations, raised over £260,000. The enthusiasm with which guests, chefs/restaurant teams, sponsors and suppliers greeted the comeback of the event, and the sheer grit and determination of our Philanthropy Team, ensured it was a massive success, and we are already in planning for 2023.

"Fabulous evening, I salute the hard work and dedication it has taken to pull this off. My guests enjoyed themselves hugely and we had lovely food and a great time! The BEST goody bag ever and ANOTHER Who's Cooking Dinner? apron - what more could a girl ask? Well done and thank you for inviting me back."

Table host, who was returning after a number of years away, pre-pandemic



Leukaemia UK
ambassador
Francesco Mazzei



Dr Kostas Tzelepis

"We were incredibly grateful to have had the opportunity to be included in the 'Who's Cooking Dinner?' event in October 2022. It was astonishing to see so many of the hospitality industry's big hitters under one roof, led by the magnanimous Chris Corbin himself, and all working side by side to provide what must have been an incredible experience for the guests. The Dorchester provided a fitting backdrop to a great evening, which was all coordinated under the diligent and watchful eye of the team at Leukaemia UK. From our perspective, the exposure we received as a brand was second to none. More importantly, however, the guests managed to raise an astonishing amount of money for what is an incredibly worthwhile and important cause – a great effort from all involved. I told the team in Germany I think it was the best event we sponsored this year and we certainly hope to be included again next year."

Partnerships Manager, Noam Beer



Who's Cooking Dinner 2022 chefs

All photos by: Anna Horne

Making Leukaemia UK a great charity to work for and with

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. During the course of 2022 our numbers grew in order to give us the right level of resource to manage our existing operation and deliver our ambitious new strategy.

As the team has expanded, we have been focused on making sure we have the right policies, processes, training and support in place so that staff feel valued and clear on their roles in enabling our strategy. We have carried out a pay and benefits review to attract and retain the talent we need, which has led to a more attractive benefits offering and the establishment of job families and a pay review framework to deliver transparency, fairness and progression. In addition, this year we provided an extra cost-of-living allowance payment to all staff in recognition of the impact of the tough economic climate on the team. Wider policies such as maternity leave have also been reviewed, and our staff handbook updated.

This year has seen a big focus on training and development, with the rollout of an internal training programme to support good leadership and management, project management and Equality, Diversity and Inclusion. We also established a new appraisal and performance management system, aimed at creating quality, ongoing, and supportive performance conversations, which was rolled out to all staff via training workshops. We have run wellbeing sessions with specialist providers Calm in a Box, and have had two all-staff away days, bringing people together for social wellbeing and inclusivity, as well as for team effectiveness and alignment to strategic aims. Getting together socially has been encouraged throughout the year to support staff wellbeing.

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

Senior Leadership Team

The Trustees delegate day-to-day management of the charity to the Chief Executive, who works with a Senior Leadership Team. This Senior Leadership Team has undergone a restructure and expansion during 2022 to lead the delivery of the new strategy, with the establishment of Director-level roles and the appointment of two new job-share Directors of Communications. The Senior Leadership Team is now made up of the Chief Executive and Directors of Income, Communications, Research & Advocacy, and Finance (currently outsourced).

Staff

Over the course of 2022 our staff numbers increased significantly, with the recruitment of around 10 roles taking our total number of permanent staff to 21 by the end of 2022, with a FTE of 19.9. The restructuring of the Senior Leadership Team was mirrored in changes across the departments, for example through the establishment of manager roles, to support future growth and clear accountability.

During 2022 we found a new home for Leukaemia UK to provide a positive and welcoming office environment for staff in which we can embed our culture and focus on our strategic delivery. Alongside our new premises, we have continued to support staff through our hybrid working policies, which have been reviewed according to staff feedback.



Volunteers

We are nothing without our volunteers who generously give their time and expertise to support us, and this year we have reviewed our volunteering policies and processes to make sure that we can use this valuable resource as effectively as possible.

We are incredibly grateful to the 56 individuals who have given up their time for us this year. This includes the 40 experts that make up our Scientific Panel, the 11 members of our newly established Patient Experience Advisory Panel and the five people who supported us with events and community fundraising. 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

Following the merger we have focussed on diversifying our Board of Trustees, bringing in new skills and backgrounds to support the delivery of the new strategy. This includes appointing Trustees with lived experience of blood cancer, in line with our aim to put those affected at the heart of all we do. We would like to extend our thanks to the Trustees that have moved on in 2022 for their time and dedication to the cause, and welcome those new to the Board.

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 Senior Leadership Team.

During the year under review, Leukaemia UK welcomed a new Chair Elect, as well as five new Trustees, to oversee the delivery of our strategy. The full Board meets four times a year.

The Leukaemia UK Board of Trustees who served during the period and up to the date of this report consists of:

- Chris Corbin OBE (Chair)
- Ian McCafferty CBE (joined 21 July 2022 as Chair Elect – taking over as Chair 1 January 2023)
- Amanda Stewart (Vice-Chair)

- Alastair Adam
- Luke Cripps
- Caroline Evans
- James Fairclough
- Professor Antonio Pagliuca
- Ellen Broomé (joined 8 December 2022)
- Karen Cracknell (joined 27 October 2022)
- Miriam Jordan Keane (joined 27 October 2022)
- Professor Alejandro Madrigal (joined 8 December 2022)
- Jo Reynolds (joined 27 October 2022)
- Professor David Linch (resigned 8 December 2022)
- Jonathan Neal (resigned 8 December 2022)
- Oliver Sparks (resigned 21 July 2022)

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
- Prof. Mark Cragg, University of Southampton
- Dr Steve Devine MD, CIBMTR, Minneapolis, USA
- Dr Amir Enshaei, Newcastle University
- Prof. Tariq Enver, Cancer Institute Director, University College London
- Prof. Maria Figueroa, University of Miami Miller School of Medicine, Miami, USA
- Prof. Francesco Forconi, University of Southampton
- Prof. John Gribben, Queen Mary University of London
- Prof. Olaf Heidenreich, Newcastle University
- Prof. Vignir Helgason, University of Glasgow
- Prof. Robert Hills, Cardiff University
- Prof. Anastasios Karadimitris, Imperial College London
- Dr Karen Keeshan, University of Glasgow
- Prof. Ulf Klein, University of Leeds
- Prof. Nicolaus Kröger, University Medical Centre, Hamburg, Germany
- Prof. Cristina Lo Celso, Imperial College London
- Prof. David Marin, MD Anderson Cancer Centre, Houston, USA
- Prof. Mary Francis McMullin, Queen's University Belfast
- Dr Sharon McKenna, University College Cork, Ireland
- Prof. Alison Michie, University of Glasgow
- Prof. Ken Mills, Queen's University Belfast
- Prof. Emma Morris, University College Hospital, London
- Prof. Katrin Ottersbach, University of Edinburgh
- 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 Claire Seedhouse, University of Nottingham
- 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

Finance & Audit Sub-Committee

The Committee meets four times a year and in the year under review its members were: Oliver Spark, Jonathan Neal, and Alastair Adams. 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 meets at least once a year and in the year under review was made up of two Trustees, Caroline Evans and Chris Corbin, along with Barrow & Parker HR Consultancy. It sets and reviews the pay and benefits policies and processes for the charity, using sector benchmarking. The Committee reviews pay on an annual basis. Each year a pay award is considered but not guaranteed, with any agreed uplift applicable from April.

Strategy Group

In the lead up to the launch of the new strategy and brand in Q3 2022, a Strategy Group consisting of Chris Corbin, Amanda Stewart, Caroline Evans, Antonio Pagliuca, Luke Cripps, and James Fairclough met regularly, working alongside members of the Leukaemia UK team.

Our finances

This report covers the period 1st January 2022 to the 31st December 2022.

Income

Total income for 2022 came to £2,942,217 including £79,211 of investment income.

The main sources of income came from grants, legacies and donations, including donated goods and services, totalling £2,618,936.

Fundraising expenditure

Fundraised income during 2022 was achieved with an increase in expenditure from £544,490 in 2021 to £1,183,250. The increased expenditure was largely due to growing the staff team to manage growth in income post-merger and build a successful income generation model 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 2022 was £1,869,123 - a significant increase from £1,174,912 in 2021.



Grants

A total of £1,214,054 was committed as new grants in the year.

Surplus

We ended the year with a deficit after net gains on investments of £557,771 compared to a surplus of £204,557 in the prior year.

Reserves

This result reflects a recognition by the Trustees that some of the reserves built up 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.

At the end of 2022, the total funds of the charity were £2,956,121 down from £3,513,892 at the end of 2021.

Funds held on 31 December 2022 were:

- Unrestricted £2,785,967, restricted £170,154, (2021 - unrestricted £3,513,892, restricted £0).
- As a result, free reserves totalled £2,758,766 (2021 - £3,430,400).

In conjunction with the development of our new strategy, the Trustees reviewed and agreed a new Reserves Policy at the end of 2021. The policy aims to maximise funds to deliver our vision to stop leukaemia devastating lives by finding and funding life changing research, awareness and advocacy. It requires six months operating costs with a 25% uplift, plus close down liabilities.

The current level of free reserves of £2,758,766 is significantly above this. However, our 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 remainder of the strategy period.

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

Financial statements

The charity's financial statements are set out on pages 50 to 66.

Going concern

Like many charities, Leukaemia UK is planning for the impact of the cost-of-living crisis on charitable donations, aware that as donors feel the squeeze, charitable donations are an area that may have to be cut from people's spending. However so far, thanks to the incredible generosity of our supporters and the hard work and dedication of our team, the impact of this has not yet been significantly felt, and we

were able to raise a total of £2,618,936 in fundraised income in 2022.

Our plan and budget for 2023 see us continuing to draw on our reserves to invest in growing the charity post-merger as we deliver our strategy and continuing to diversify our income streams to improve our financial resilience, focusing particularly on investing in growing our legacy income and building our supporter base.

As part of our strategy development, and as mentioned above, we have reviewed our Reserves Policy so we can invest in our charitable work to deliver greater impact for those affected by leukaemia. 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 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. Investec are committed to integrating environmental, social and governance considerations into their investment processes.

Ethics

Equality, Diversity & Inclusion Policy

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 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 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 took place in 2022. We began to improve our offer to employees and introduced new recruitment processes to improve and broaden our appeal and reach to potential candidates and limit bias. We recruited a job-share partnership to our Director of Communications role in October 2022, joining our Trusts and Foundations Manager job-share partnership. Given our small workforce this highlights our commitment to flexible working and was promoted in charity press. In 2022 we also introduced the Patient Experience Advisory Panel to help us better represent and reflect the diverse experiences of those affected by leukaemia and renewed the membership of our Board of Trustees and Scientific Panel.

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 2022 we received two complaints from supporters. Our fundraising team worked quickly to resolve the issues to the supporters' satisfaction.

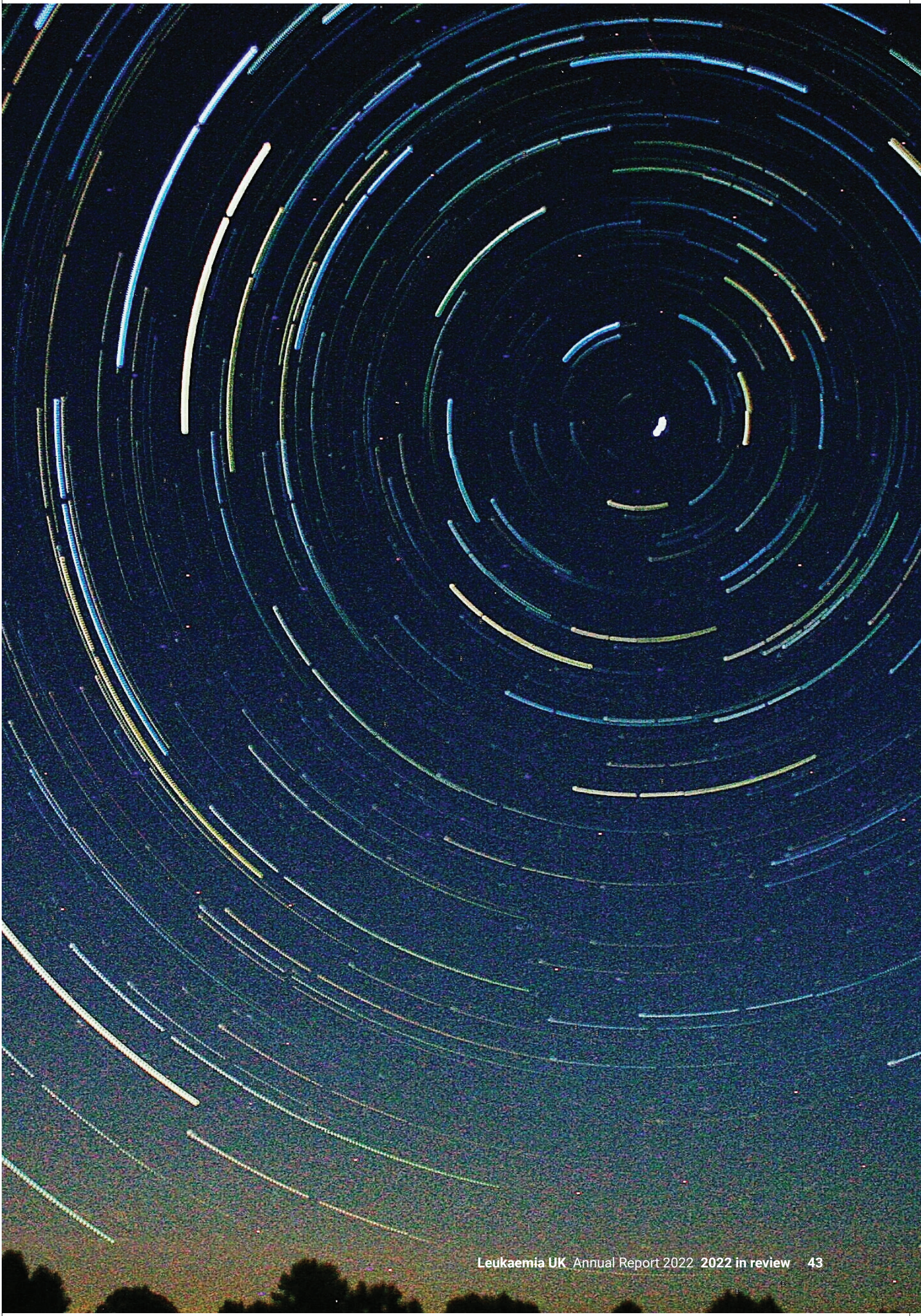


Our risks

We have a stringent approach to risk management, with the risk register and processes reviewed on a regular basis by the Finance & Audit Sub Committee and 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
Income doesn't meet targets due to the external environment we are currently operating in	<ul style="list-style-type: none"> • Finance & Risk Committee meets quarterly to review and discuss financial performance • New Development Committee being set up to oversee fundraising and comms activity specifically • At least two budget reforecasts take place throughout the year to manage income and expenditure in line with actual performance • Focus on growing and diversifying our income streams
We over-commit expenditure too early in the year before income picture fully known	<ul style="list-style-type: none"> • Developing management accounting processes to ensure more real-time information available on income and expenditure • Cash-flow decision making discussed and agreed at SLT so discretionary spend can be paused if income targets are not being reached • Committee oversight and reforecasts as above
Fundraising investment doesn't perform to time or budget	<ul style="list-style-type: none"> • A range of options for fundraising investment have been developed to manage risk – three distinct areas with different targets and approaches • Regular monitoring of progress through Finance & Audit Committee and the establishment of a Development Committee to support strategy and plans. • Agreement at Board level of an element of having freedom to fail – if we want to grow we have to try new things and not all of these will succeed
Struggle to retain team/key individuals as pay levels fail to compete with increasing needs due to cost-of-living	<ul style="list-style-type: none"> • Additional cost-of-living payments have been made to all staff • Annual pay review process taking cost-of-living increases into account • Pay and benefits review carried out to ensure we are competitive • Focus on staff retention through other means e.g. training and development, hybrid and flexible working options
Key projects fail to deliver on time impacting over dependencies.	<ul style="list-style-type: none"> • Regular scrutiny of key projects at fortnightly SLT meetings to ensure these are on track • Reporting to Board and relevant Committees at key project moments • Project management training and tools made available to all staff



Our plans for 2023





In 2022 we launched our new five-year strategy, setting out our ambitious plans to accelerate progress through research, awareness and advocacy in stopping leukaemia devastating lives. For 2023, our first full year of the new strategy, we plan to lay the strong foundations we will need to reach our goals for 2027.

In 2023, our five overarching objectives are to:

1. Put the needs of everyone affected by leukaemia at the heart of all we do and advocate for progress, expanding the Patient Experience Advisory Panel (PEAP) and making sure all of our charitable activities are guided by the needs of patients and their families. We will also be developing our policy work, building our relationships with key stakeholders and collaborating with relevant coalitions including the Blood Cancer Alliance, Cancer 52 & One Cancer Voice to bring about real change for patients.
2. Maintain investment in research to accelerate progress in diagnosis, treatment, and care, continuing to focus on supporting early career researchers to ensure succession. Over the course of 2023 we aim to award 11 new grants to fund the best and most innovative in leukaemia research, alongside managing our existing research portfolio.
3. Build our profile, engagement, and influence to increase support and impact, building our brand and increasing engagement with our supporters. We will raise public awareness of the signs and symptoms of leukaemia, the impact of leukaemia, and the progress being made in research, both alone and through relevant collaborations and partnerships with the blood cancer community such as Spot Leukaemia with Leukaemia Care and the Blood Cancer Alliance.
4. Invest strategically to grow sustainable net income, developing our fundraising portfolio to deliver increased income. This will include developing a new strategy for our corporate partnerships, rolling out an acquisition campaign to bring new supporters into the charity, developing a legacy giving campaign and increasing the volume of our trust fundraising. We will also build on the success of our annual Who's Cooking Dinner? fundraising event, while rolling out new events for our supporters.
5. Make Leukaemia UK a great charity to work for and with, improving our employee engagement and continuing our focus on staff training, development and wellbeing. In 2023 we plan to focus particularly on our Equality, Diversity & Inclusion strategy, on ensuring we are supporting staff appropriately against the backdrop of the rising cost-of-living, and on improving our governance. We will also be moving Operations in-house and developing new ways of working under new leadership. Finally, next year will see Leukaemia UK move to a new home in Central London in which we can develop our culture.

Statement of Trustees' Responsibilities



The Board of Trustees presents its Annual Report and Accounts for the year ended 31 December 2022. 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.

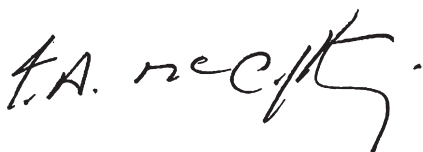
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In addition, the Trustees confirm that they are happy that the content of the annual review in pages 3 to 47 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 29 June 2023 and signed on its behalf.



Ian McCafferty CBE, Chair



Accounts 2022



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 2022 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 31 December 2022, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the 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 43, 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 determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the 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

3 July 2023

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 2022

	Notes	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £	Total Funds 2021 £
Income from					
Donations and legacies	3	1,905,001	713,935	2,618,936	1,531,237
Other trading activities	4	244,070	-	244,070	2,708
Investments	5	79,211	-	79,211	83,642
Total income		2,228,282	713,935	2,942,217	1,617,587
Expenditure on					
Raising funds	6 & 7	1,183,250	-	1,183,250	544,490
Charitable activities	6 & 8	1,827,123	42,000	1,869,123	1,174,912
Total expenditure		3,010,373	42,000	3,052,373	1,719,402
Net gains/(losses) on investments	12	(447,615)	-	(447,615)	306,372
Net income/(expenditure)		(1,229,706)	671,935	(557,771)	204,557
Transfer between funds		501,781	(501,781)	-	-
Net movement in funds		(727,925)	170,154	(557,771)	204,557
Reconciliation of funds					
Total funds brought forward	16 & 17	3,513,892	-	3,513,892	3,309,335
Total funds carried forward	16 & 17	2,785,967	170,154	2,956,121	3,513,892

The notes on pages 56 to 69 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.

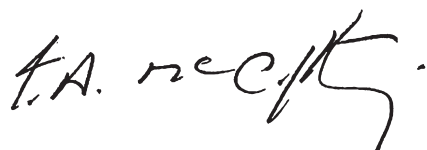
Balance sheet

As of 31 December 2022

	Notes	Total Funds 2022 £	Total Funds 2021 £
Fixed assets			
Tangible assets	11	24,286	16,443
Investments	12	2,860,638	3,331,478
Total fixed assets		2,884,924	3,347,921
Current assets			
Debtors and prepayments	13	561,453	161,574
Investments		207,441	205,297
Cash at bank and in hand		1,697,021	1,883,428
Total current assets		2,465,915	2,250,299
Creditors - amounts falling due within one year	14	(1,687,982)	(1,883,776)
Net current assets		777,933	366,523
Grants awarded - due in more than one year	15	(706,736)	(200,552)
Total net assets		2,956,121	3,513,892
Funds of the charity			
Restricted	16 & 17	170,154	-
Unrestricted			
Designated	16 & 17	27,201	83,492
General	16 & 17	2,758,766	3,430,400
Total unrestricted		2,785,967	3,513,892
Total funds		2,956,121	3,513,892

The notes on pages 56 to 69 form part of the financial statements.

These financial statements were approved and authorised for issue by the Board of Trustees on 29 June 2023 and signed on their behalf by:



Ian McCafferty CBE
Chair

Statement of cash flows

For the year ended 31 December 2022

	Total Funds 2022 £	Total Funds 2021 £
Cash flows from operating activities		
Net income/(expenditure) for period (as per SOFA)	(557,771)	204,557
Adjustments for:		
Depreciation charges	7,014	1,710
(Profit)/loss on disposal of tangible asset	-	1,002
Investment income received	(79,211)	(83,642)
Net gains/(losses) on investments	447,615	(306,372)
(Increase)/decrease in short term investments	(2,144)	(998)
(Increase)/decrease in trade debtors	(24,500)	34,000
(Increase)/decrease in accrued gift aid	(31,543)	(36,033)
(Increase)/decrease in other accrued income	(17,045)	(6,120)
(Increase)/decrease in prepayments	(3,751)	(44,025)
(Increase)/decrease in other debtors	(323,040)	-
Increase/(decrease) in trade creditors	5,635	57,211
Increase/(decrease) in payroll liabilities	21,159	5,678
Increase/(decrease) in grants payable - due in less than a year	(259,316)	182,081
Increase/(decrease) in accruals	36,728	4,275
Increase/(decrease) in grants payable - due in more than a year	506,184	(343,426)
	283,785	(534,659)
Net cash flows from operating activities	(273,986)	(330,102)
Cash flows from investing activities		
Investment income received	79,211	83,642
Purchase of tangible fixed assets	(14,857)	(17,538)
Proceeds from sale of investments	1,038,610	672,420
Purchase of investments	(1,039,686)	(586,543)
Decrease/(increase) in cash held in portfolio	24,301	(61,847)
	87,579	90,134
Net cash flows from investing activities	(186,407)	(239,968)
Change in cash and cash equivalents in period	1,883,428	2,123,396
Cash at bank and in hand brought forward	1,697,021	1,883,428
Cash at bank and in hand carried forward		

The notes on pages 56 to 69 form part of the financial statements.

An analysis of changes in net debt can be found in note 18.

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 2022, 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 2022 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.

Legacies are recognised in the statement of financial activities when there is entitlement, adequate probability and reliability of receipt and their value can be accurately measured. For both pecuniary and residuary legacies this is when probate has been granted and a reasonable estimate calculated for this income.

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

Financial instruments

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

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.

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.

The charity recognises residuary legacies once probate has been granted, which therefore requires an estimation of the amount receivable. This calculation is based on the estate accounts provided by the executor and allows for a proportion of costs incurred in finalising the estate.

Donated goods and services are based on estimate of the value of the contribution to the Charity as per the accounting policy above.

In the view of the Trustees in applying the accounting policies adopted, no other 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 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Income from				
Donations and legacies	3	1,406,296	124,941	1,531,237
Other trading activities	4	2,708	-	2,708
Investments	5	83,642	-	83,642
Total income		1,492,646	124,941	1,617,587
Expenditure on				
Raising funds	6 & 7	544,490	-	544,490
Charitable activities	6 & 8	1,149,794	25,118	1,174,912
Total expenditure		1,694,284	25,118	1,719,402
Net gains/(losses) on investments	12	306,372	-	306,372
Net income/(expenditure)		104,734	99,823	204,557
Transfer between funds		107,500	(107,500)	-
Net movement in funds		212,234	(7,677)	204,557
Reconciliation of funds				
Total funds brought forward	16 & 17	3,301,658	7,677	3,309,335
Total funds carried forward	16 & 17	3,513,892	-	3,513,892

3. Income from donations & legacies

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Donations	776,717	-	776,717
Grants	52,256	713,935	766,191
Legacies and in memorium	904,160	-	904,160
Donated goods and services	171,868	-	171,868
Total income from donations & legacies	1,905,001	713,935	2,618,936

	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
Total income from donations & legacies	1,406,296	124,941	1,531,237

Donated goods and services consists of:

	Total Funds 2022 £	Total Funds 2021 £
Office accommodation and related costs	64,014	62,759
Who's Cooking Dinner support	107,844	-
Total donated goods and services	171,858	62,759

4. Income from other trading activities

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Ticket sales	126,950	-	126,950
Auctions and raffles	116,546	-	116,546
Other	574	-	574
Total income from other trading activities	244,070	-	244,070

	Unrestricted Fund 2021 £	Restricted Funds 2021 £	Total Funds 2021 £
Sale of tables at Who's Cooking Dinner	1,342	-	1,342
Other	1,366	-	1,366
Total income from other trading activities	2,708	-	2,708

5. Income from investments

	Unrestricted Fund 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Dividends and interest on fixed asset investments	75,327	-	75,327
Interest on short term cash deposits	3,884	-	3,884
Total income from investments	79,211	-	79,211

	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
Total income from investments	83,642	-	83,642

6. Total expenditure

	Grants to institutions 2022 £	Direct staff 2022 £	Direct other 2022 £	Indirect 2022 £	Total costs 2022 £
Expenditure on					
Raising funds	-	468,473	502,359	212,418	1,183,250
Charitable activities	1,214,054	244,704	74,819	335,546	1,869,123
Total expenditure	1,214,054	713,177	577,178	547,964	3,052,373

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

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 2022 £	Total costs 2021 £
Management & operational staff	121,617	95,665
Premises	65,333	64,466
IT, finance & other professional services	178,191	106,904
Redesign of website and branding	74,363	-
General admin	57,582	38,893
Governance	50,878	23,814
Total indirect costs	547,964	329,742

Governance costs includes the following items:

	Total costs 2022 £	Total costs 2021 £
Audit and independent examination costs	16,242	13,242
Legal costs	8,818	9,000
Insurance costs	1,731	1,572
Other costs including trustee recruitment	24,087	-
Total governance costs	50,878	23,814

7. Expenditure on raising funds

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Direct staff costs	468,473	-	468,473
Other direct costs	502,359	-	502,359
Indirect costs	212,418	-	212,418
Total expenditure on raising funds	1,183,250	-	1,183,250

	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
Total expenditure on raising funds	544,490	-	544,490

Included within other direct costs are investment management costs of £23,225 (2021 - £24,030).

8. Expenditure on charitable activities

	Unrestricted Funds 2022 £	Restricted Funds 2022 £	Total Funds 2022 £
Grants to institutions	1,172,054	42,000	1,214,054
Direct staff costs	244,704	-	244,704
Other direct costs	74,819	-	74,819
Indirect costs	335,546	-	335,546
Total expenditure on charitable activities	1,827,123	42,000	1,869,123

	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
Total expenditure on raising funds	1,149,794	25,118	1,174,912

9. Analysis of grants awarded in period

	Total funds 2022 £	Total funds 2021 £
Kings College London	-	124,935
Queen Mary University of London	149,415	-
University College London	150,000	-
University of Birmingham	56,291	375,482
University of Cambridge	544,879	-
University of Edinburgh	98,096	124,546
University of Glasgow	248,211	-
University of Oxford	-	122,310
University of York	-	117,911
Small project/support grants*	54,000	33,000
Release of prior year provision	(86,838)	-
Total grants awarded	1,214,054	898,184

*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

	Total costs 2022 £	Total costs 2021 £
Gross salaries	708,168	333,222
Employer's NIC	75,431	32,690
Employer's pension	39,700	20,370
Termination payments	11,495	-
Total staff costs	834,794	386,282

The average headcount during the year was 18 persons (2021 – 9).

One employee received employee benefits including termination payments of between £90,000 - £99,999 and one employee between £60,000 - £69,999 (2021 – one employee between £80,000 - £89,999).

Total remuneration to key management personnel in the year was £253,293 (2021 - £99,665).

The increase in year is due to a restructure of the Charity due to the growth in year that saw new roles within the senior leadership team which are now included as part of key management personnel which previously only included the Chief Executive.

During the current period total termination/ redundancy payments of £11,495 were made as a result of a restructuring of the fundraising and communication teams. This included ex-gratia payments above standard redundancy payments.

11. Tangible fixed assets

	Computer equipment £	Fixtures & fittings £	Total tangible fixed assets £
Cost			
Brought forward on 1 January 2022	23,897	606	24,503
Additions in year	14,857	-	14,857
Cost carried forward on 31 December 2022	38,754	606	39,360
Accumulated depreciation			
Brought forward on 1 January 2022	7,454	606	8,060
Charge in year	7,014	-	7,014
Accumulated depreciation carried forward on 31 December 2022	14,468	606	15,074
Net book value			
Brought forward on 1 January 2022	16,443	-	16,443
Net book value carried forward on 31 December 2022	24,286	-	24,286

12. Fixed asset investments

	Total funds 2022 £	Total funds 2021 £
Market value brought forward	3,228,725	3,008,230
Additions at cost	1,039,686	586,543
Proceeds on disposal	(1,038,610)	(672,420)
Net gains/(losses) in period	(447,615)	306,372
Market value carried forward	2,782,186	3,228,725
Cash held as part of the investment portfolio	78,452	102,753
Total market value of investment portfolio carried forward	2,860,638	3,331,478
 Analysis of market value of investments by investment type:	 Total funds 2022 £	 Total funds 2021 £
UK fixed interest bonds	162,332	354,944
Non UK fixed interest bonds	343,946	122,249
UK equities and funds	663,374	1,146,360
Non UK equities and funds	1,075,550	1,114,729
Other funds including cash	615,436	593,196
Total market value of investment portfolio carried forward	2,860,638	3,331,478

13. Debtors and prepayments

	Total funds 2022 £	Total funds 2021 £
Trade debtors	24,500	-
Accrued gift aid	104,607	73,064
Accrued legacy income	323,040	-
Other accrued income	42,836	25,791
Prepayments	66,470	62,719
Total debtors and prepayments	561,453	161,574

14. Creditors: amounts falling due within one year

	Total funds 2022 £	Total funds 2021 £
Trade creditors	68,265	62,630
Payroll liabilities	37,056	15,897
Grants awarded - due in less than a year	1,525,908	1,785,224
Accruals	56,753	20,025
Total creditors - amounts falling due within one year	1,687,982	1,883,776

15. Grants payable

	Total funds 2022 £	Total funds 2022 £	Total funds 2021 £	Total funds 2021 £
Brought forward on 1 January 2022		1,985,776		2,147,121
Grants awarded (see note 9)	1,300,892		898,184	
Release of prior year provision (see note 9)	(86,838)		-	
		1,214,054		898,184
Grants paid in year		(967,186)		(1,059,529)
Total grants payable on 31 December 2022		2,232,644		1,985,776
		Total funds 2022 £		Total funds 2021 £
Payable within one year		1,525,908		1,785,224
Payable within two to five years		706,736		200,552
Total grants payable on 31 December 2022		2,232,644		1,985,776

16. Analysis of charity funds

	Funds brought forward 2022 £	Income in year 2022 £	Expenditure in year 2022 £	Net gains/ (losses) on revaluation 2022 £	Transfers between funds 2022 £	Funds carried forward 2022 £
Restricted funds						
BEIS funding	-	629,290	-	-	(459,136)	170,154
Project/support grants	-	5,000	(5,000)	-	-	-
Mind & body	-	-	-	-	-	-
John Goldman Fellowships 2021	-	42,645	-	-	(42,645)	-
John Goldman Fellowships 2022	-	17,000	(17,000)	-	-	-
Research grants	-	20,000	(20,000)	-	-	-
Total restricted funds	-	713,935	(42,000)	-	(501,781)	170,154
Designated funds						
IMPACT	83,492	-	(56,291)	-	-	27,201
Total designated funds	83,492	-	(56,291)	-	-	27,201
General funds	3,430,400	2,228,282	(2,954,082)	(447,615)	501,781	2,758,766
Total funds	3,513,892	2,942,217	(3,052,373)	(447,615)	-	2,956,121

Restricted funds – BEIS funding

The Charity received funds from BEIS to support the current John Goldman Fellowships which are paid out in 2022-2023. As the grant commitments were recognised in full in previous years, the grant funding has been offset against this commitment and therefore shown as a transfer to unrestricted funds in the current year.

Restricted funds – Project/support grants

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

Restricted funds – John Goldman Fellowships 2021

The Charity received funds from a variety of sources 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 unrestricted funds in the current year.

Restricted funds – John Goldman Fellowships 2022

The Charity received funds from a variety of sources 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.

	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 £
Restricted funds						
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)	-	-	-
Total restricted funds	<u>7,677</u>	<u>124,941</u>	<u>(25,118)</u>	<u>-</u>	<u>(107,500)</u>	<u>-</u>
Designated funds						
IMPACT	333,974	-	(250,482)	-	-	83,492
Total designated funds	<u>333,974</u>	<u>-</u>	<u>(250,482)</u>	<u>-</u>	<u>-</u>	<u>83,492</u>
General funds	<u>2,967,684</u>	<u>1,492,646</u>	<u>(1,443,802)</u>	<u>306,372</u>	<u>107,500</u>	<u>3,430,400</u>
Total funds	<u>3,309,335</u>	<u>1,617,587</u>	<u>(1,719,402)</u>	<u>306,372</u>	<u>-</u>	<u>3,513,892</u>

17. Analysis of net assets between funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Fixed assets	2,884,924	-	2,884,924
Current assets	2,295,761	170,154	2,465,915
Current liabilities	(1,687,982)	-	(1,687,982)
Non-current liabilities	(706,736)	-	(706,736)
Total net assets	2,785,967	170,154	2,956,121

	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)
Total net assets	3,513,892	-	3,513,892

18. Analysis of changes in net debt

	As at 1 Jan 2022 £	Cash flows £	Other movements £	As at 31 Dec 2022 £
Cash and cash equivalents				
Cash at bank	1,883,428	(186,407)	-	1,697,021
	<u>1,883,428</u>	<u>(186,407)</u>	<u>-</u>	<u>1,697,021</u>

	As at 1 Jan 2021 £	Cash flows £	Other movements £	As at 31 Dec 2021 £
Cash and cash equivalents				
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>

19. Trustee remuneration and donations

During the year, no Trustees received reimbursement of expenses or remuneration (2021 - £NIL).

During the year, the Charity received unrestricted donations totalling £360 (2021 - £60) from Trustees.

20. Related party transactions

During the current year, there were no related party transactions (2021 – £Nil) other than the unrestricted donations noted in note 19 above.

21. Guarantees and secured charges

As of 31 December 2022 the Charity did not have any outstanding guarantees to third partners nor any debts secured against assets of the Charity (2021 - £NIL).

References

Page 2

- Blood cancer is the fifth most common cancer
- Blood cancer is the third biggest killer

<https://bloodcancer.org.uk/news/blood-cancer-facts/>

Page 3

- 50,000 people in the UK currently living with leukaemia – HMRN Estimated UK prevalence per 100,000
<https://hmrn.org/statistics/prevalence>
- Nearly 5000 people die from leukaemia each year – CRUK UK deaths (2017-2019)
<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/mortality>

Page 4

- 5000 people die from leukaemia each year - CRUK UK deaths (2017-2019) -
<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/mortality>
- Leukaemia is the most common type of childhood cancer in the under 15s – Public Health England – mean number of newly diagnosed cancers in the UK (1997-2016)
<http://www.ncin.org.uk/view?rid=4272>
- 27 people diagnosed with leukaemia each day in the UK (almost 10,000 every year) – CRUK UK incidence (2016-18) - <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/incidence>
- 50,000 people in the UK are currently living with leukaemia – HMRN prevalence UK estimate -
<https://hmrn.org/statistics/prevalence>
- 56% of British adults can't recognise the common signs of leukaemia - YouGov poll conducted by Blood Cancer UK
- Nearly 5000 lives are lost as a result of leukaemia in the UK every year – CRUK UK mortality (2017-19)
<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/mortality>
- Leukaemia accounts for 31% of all cancers in the under 15s (the most common childhood cancer) – Public Health England – mean number of newly diagnosed cancers in the UK (1997-2016) -
<http://www.ncin.org.uk/view?rid=4272>
- Over 530 children are diagnosed with leukaemia every year in the UK – CRUK Incidence by age (2016-18)
<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/incidence#heading-One>
- 38% of leukaemia cases occur in the over-75s – CRUK incidence by age (2016-18) -
<https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/incidence#heading-One>
- 37% of leukaemia cases are diagnosed in emergency settings. 45% of people diagnosed in this way live less than a year after diagnosis - NCIN, Routes to Diagnosis statistics (2006-2016)
<http://www.ncin.org.uk/view?rid=3814>
- Highest emergency presentation rate for any cancer type is acute lymphoblastic leukaemia - 66% - NCIN, Routes to Diagnosis statistics (2006-2016)
<http://www.ncin.org.uk/view?rid=3814>
- Overall five year survival for leukaemia stands at just over 53% - CRUK five-year age standardised survival in England (2013-2017) - <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/survival#heading-Zero>

Page 5

- Survival rate for cancer overall has doubled over the last 40 years – CRUK five year survival trends over time in England and Wales (1971-2011) <https://www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#heading-One>
- Leukaemia survival rate increased by 39 percentage points since 1970s – CRUK five year survival trends over time for England and Wales (1971-2011) <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/survival#ref-2>
- 5000 lives lost to leukaemia each year in the UK - CRUK UK deaths (2017-2019) <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/leukaemia/mortality>

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 2022. 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

CMS Cameron McKenna Nabarro Olswang LLP,
Cannon Place, 78 Cannon Street, London, EC4N 6AF

Leukaemia^{UK}

26 Great Queen Street, London, WC2B 5BL

Web: www.leukaemiauk.org.uk

Email: info@leukaemiauk.org.uk

Charity Number: 1154856