BREAST CANCER NOW

England & Wales · Charity number 1160558

Details

Other names	BREAST CANCER CAMPAIGN AND BREAKTHROUGH BREAST CANCER, BREAST CANCER CARE AND BREAST CANCER NOW, BREAST CANCER CARE AND BREAST CANTER NOW, BREAST CANCER CARE AND BREAST CARE NOW, BREAST CANCER NOW, PROJECT BEACON
Status	Registered
Legal form	Charitable company
Company number	09347608
Registered	2015-02-18
Register	View on the Charity Commission register

Contact

Address	6th Floor The White Chapel Building 10 Whitechapel High Street London E1 8QS
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Activities

Objects: 4.1 THE CHARITY'S OBJECTS ARE RESTRICTED SPECIFICALLY, IN EACH CASE ONLY FOR THE PUBLIC BENEFIT, TO:4.1.1 ADVANCE HEALTH, INCLUDING THE HEALTH OF INDIVIDUALS SUFFERING FROM CANCER, PATIENTS RECEIVING TREATMENT, THOSE CONVALESCING FOLLOWING TREATMENT BY:4.1.1.1 PROMOTING ACTIVITIES WHICH WILL ASSIST WITH AWARENESS, IDENTIFICATION AND PREVENTION OF CANCER;4.1.1.2 ASSISTING THOSE INDIVIDUALS WHO ARE DISABLED, INFIRM OR IN NEED OF ASSISTANCE;4.1.2 ADVANCE THE HEALTH OF INDIVIDUALS BY UNDERTAKING RESEARCH INTO THE CAUSES AND TREATMENT OF CANCER ON TERMS THAT THE RESULTS OF SUCH RESEARCH ARE PUBLISHED;4.1.3 ADVANCE PUBLIC EDUCATION IN AND UNDERSTANDING OF THE NATURE OF CANCER AND ITS TREATMENTS PARTICULARLY (WITHOUT PREJUDICE TO THAT GENERALITY) AMONG SUFFERERS OF CANCER AND THE FAMILIES, FRIENDS AND CARERS OF SUCH PERSONS; AND4.1.4 PROMOTE SUCH CHARITABLE OBJECTS CONCERNED WITH MEDICAL RESEARCH OR THE RELIEF OF SICKNESS AS THE DIRECTORS SHALL IN THEIR ABSOLUTE DISCRETION DETERMINE.

Activities: We're Breast Cancer Now, the UK's largest breast cancer charity and we're dedicated to funding research into this devastating disease. We're bringing together all those affected by the disease to improve the way we prevent, detect, treat and stop the disease. We believe that if we all act now, by 2050 everyone who develops breast cancer will live.

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives, Disability
- **Who:** Other Charities Or Voluntary Bodies, Other Defined Groups, The General Public/mankind

Geography

- Northern Ireland
- Scotland
- United States
- Throughout England And Wales

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Finances

Period end	Income	Expenditure	Assets	Employees
2025-07-31	£59,270,000	£66,843,000	£40,471,000	397
2024-07-31	£57,459,000	£56,287,000	£48,265,000	360
2023-07-31	£49,579,000	£53,429,000	£45,090,000	330
2022-07-31	£66,884,000	£43,991,000	£49,205,000	294
2021-07-31	£43,022,000	£34,501,000	£26,434,000	269

Trustees

Name	Role	Appointed
Claire Ryan		2022-09-29
Dr Andreas Makris		2022-05-05
Dr Nisha Sharma		2021-07-28
Emma Woods		2026-02-19
Gail Louise Tucker		2023-11-29
Gail Russell		2025-11-26
Georgette Ulia Mogbonjubola Oni		2022-05-05
Helen Gorman		2025-02-11
KEITH DAVID FELTON		2023-09-27
Professor Ingunn Holen		2021-07-28
Professor Mitch Dowsett		2021-07-28
Richard Henry Meddings		2026-04-30
William James Patrick Richards		2024-02-20

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BREAST CANCER NOW

England & Wales - Charity number 1160558

Accounts

ANNUAL REPORT AND ACCOUNTS 2024/25

BREAST CANCER NOW
The research & support charity



ANNUAL REPORT AND ACCOUNTS 2024/25

CONTENTS

4 A MESSAGE FROM OUR CHIEF EXECUTIVE AND CHAIR
6 THE PROBLEM OF BREAST CANCER
8 OUR YEAR IN NUMBERS
10 OUR 5 STRATEGIC OBJECTIVES
12 OUR IMPACT AND PROGRESS IN 2024/25
46 FINANCIAL REVIEW
66 INDEPENDENT AUDITOR'S REPORT
74 FINANCIAL ACCOUNTS AND NOTES
98 LEGAL AND ADMINISTRATIVE DETAILS
99 THANK YOU

Unless noted otherwise, the facts and statistics stated in this report relate to the period 1 August 2024 to 31 July 2025.

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200).

Registered Office:
Breast Cancer Now, 6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS

INVESTING IN A BOLD NEW FUTURE



Claire Rowney
Chief executive



Jill Thompson
Chair of trustees

It's been a great year at Breast Cancer Now – one full of progress, big decisions and lots of hope and determination as we look towards a new chapter in our history. It's also been a significant year for both of us – with one of us completing our first as Chief Executive and the other completing the final year of a rewarding and impactful tenure as Chair of Trustees.

But it's also been a year in which we've delivered real progress. As we reflect back on the year, we're extremely proud of the strides we've made for people affected by breast cancer.

In 2024/25 we were here for more people than ever before, with our support services, helpline and Here for You service being there for more people when they needed it. And our Touch Look Check and secondary signs and symptoms campaigns have spread awareness to millions, giving people the knowledge they need and empowering them to use it.

We also celebrated some significant research milestones. It's an incredible 25 years since the founding of the Breast Cancer Now Toby Robins Research Centre – the UK's first dedicated breast cancer research centre.

And we're halfway through our landmark Breast Cancer Now Generations Study – the largest study of its kind anywhere in the world. Both have made really significant findings already, and will continue to shape our understanding of breast cancer long into the future.

We've made bold investments in new research projects, tackling major challenges like dormancy, recurrence and hard-to-treat breast cancers. And we've seen some exciting findings from our previous investment, including vital research on aggressive cancers and the genetic variances among cancers in different ethnic groups.

Our campaigning has made waves too. The ***#NoTimeToWaste*** campaign helped bring about a national screening awareness campaign from NHS England, and we helped secure access to treatments for those who need them most. However, we were devastated by the decision not to approve Enhertu for people with HER2-low secondary breast cancer, and what this means for the women who could benefit from it. But we're not giving up, and we're continuing to fight for change through our More Time To Live campaign.

WE'RE COMMITTING TO AMPLIFYING WHAT WE DO WELL, FOSTERING INNOVATION AND CONCENTRATING ON OUR 5 GAME CHANGERS THAT WILL REALLY SHIFT THE DIAL FOR PEOPLE LIVING WITH THE DISEASE.

We've done so much this year, but we know we can do even more. That's why we launched our new strategy, Change Happens Now, which sets out how we'll go further and faster over the next 5 years. We're committing to amplifying what we do well, fostering innovation and concentrating on our 5 game-changers that will really shift the dial for people living with the disease.

But importantly, we're not just talking the talk. We're aiming to raise £100 million a year by the end of the strategy – fuelling breakthroughs, expanding our reach and driving desperately needed change.

To build this bold future, we're investing heavily in growing our awareness, our fundraising and our capacity and capabilities to do more and achieve our ambitious goals. Thankfully, we're starting this chapter from a strong position.

In 2024/25, we began an investment programme to raise fundraising income to support our new strategy and to make up for the drop in annual royalty income that's coming in 2027/28. For the year, this investment was £7 million and we've also increased how much we invested in transformative research, bringing our total across research, support and campaigns to an impressive £34.6 million. While we planned for a budget deficit of £12 million – fully supported by our reserves – our actual income surged to a record £59.3 million, allowing us to close the year with a deficit of just under £7.8 million.

We've never raised more or spent more on our work. We've never had a bigger impact or been as widely known among the public. Since 2019/20, our income has grown from £40m to £59m – an increase of 48%. And in that time, our spending across research, support and campaigns has risen from £22.6m to £34.6m. And we go into the next 5 years with a new strategy full of ambitious goals, we have solid foundations to start from, and the determination to make them a reality.

We're also delighted that Richard Meddings CBE will be joining us as Chair of Trustees to guide us through this exciting time. He'll join in April this year, with a wealth of experience across the health and finance sectors, and will be able to harness this experience to help us make our bold new strategy a reality.

To everyone who has made the achievements in this report possible – our supporters, partners, donors, volunteers and staff – a huge and heartfelt thank you. We hope you enjoy reading about the progress your support has made possible. And we hope you'll stay behind us over the next five years. Because together, we can – and will – make meaningful change happen for people affected by breast cancer.

THE PROBLEM OF BREAST CANCER

BREAST CANCER IS FAR FROM A DONE DEAL

1 IN 7
WOMEN WILL GET IT IN THEIR LIFETIME.

1 IN 3
Breast cancer is the most common cancer in women in the UK.
Almost **1 in 3** new cancers diagnosed in women will be breast cancer.

A woman is diagnosed with breast cancer every **9 MINUTES** **and a man every day.**

55,000
That's over **55,000 women** and **400 men** each year.

70,000
And by 2038-40, nearly **70,000 women will be diagnosed each year.**

If nothing changes, by 2040, a woman will be diagnosed **every 8 minutes.**

SECONDARY BREAST CANCER –
when breast cancer cells spread to other parts of the body – **is currently incurable.** It's also referred to as metastatic, advanced or stage 4 breast cancer.

When breast cancer is picked up early, at stage 1, 98% of people survive for 5 years or more. **But when it's picked up at stage 4, that drops to only 27%.**

11,500
90
Each year in the UK, around 11,500 women and 90 men die from breast cancer.

45
This means someone dies from breast cancer every **45 minutes.**

OUR YEAR IN NUMBERS

5,263 ↗
1,063 ↗

THROUGH OUR TAILORED SUPPORT SERVICES, WE SUPPORTED **5,263 PEOPLE** WITH PRIMARY BREAST CANCER AND **1,063 PEOPLE** WITH SECONDARY BREAST CANCER (15% ↗ AND 27% ↗)

325*

325 OF THE WORLD'S BRIGHTEST MINDS IN BREAST CANCER RESEARCH SUPPORTED, JUST **OVER 250** OF WHOM WE DIRECTLY FUND (MEANING WE PAY THEIR SALARIES IN PART OF FULL) (7.1% ↘ AND 7.4% ↘)

9

9 NEW RESEARCH PROJECTS ACROSS ALL 5 STRATEGIC OBJECTIVES

800+

800+ VOLUNTEERS GAVE MORE THAN **14,000 HOURS** OF THEIR TIME

ANNUAL REPORT AND ACCOUNTS 2024/25

*All comparisons to last year's figures, where we have them

2,811,937

2,811,937 VIEWS OF OUR HEALTH INFORMATION WEBPAGES,AND **1,264,833 PUBLICATIONS**

3,933

3,933 SUPPORTERS EMAILED THEIR MP AS PART OF OUR MORE TIME TO LIVE CAMPAIGN AND 117 OF THESE MPS TOLD US THEY THEN WROTE TO THE HEALTH SECRETARY

12,240

12,240 HELPLINE CALLS AND **3,905 MESSAGES** ANSWERED

£16m ↗

£16 MILLION COMMITTED TO RESEARCH (6.7% ↗)

OUR 5 STRATEGIC OBJECTIVES

#1

To work to improve treatments, care, and services for those affected by secondary breast cancer.

#2

To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer.

#3

To develop kinder, smarter treatments for people with breast cancer and to improve access to them for all who could benefit.

#4

To improve detection and diagnosis of breast cancer.

#5

To further our understanding of why breast cancer occurs and spreads.

ANNUAL REPORT AND ACCOUNTS 2024/25

ACCELERATING OUR IMPACT

We can't meet our objectives alone — we need to influence, empower and inspire others to act alongside us. And we do that through our 4 accelerators:

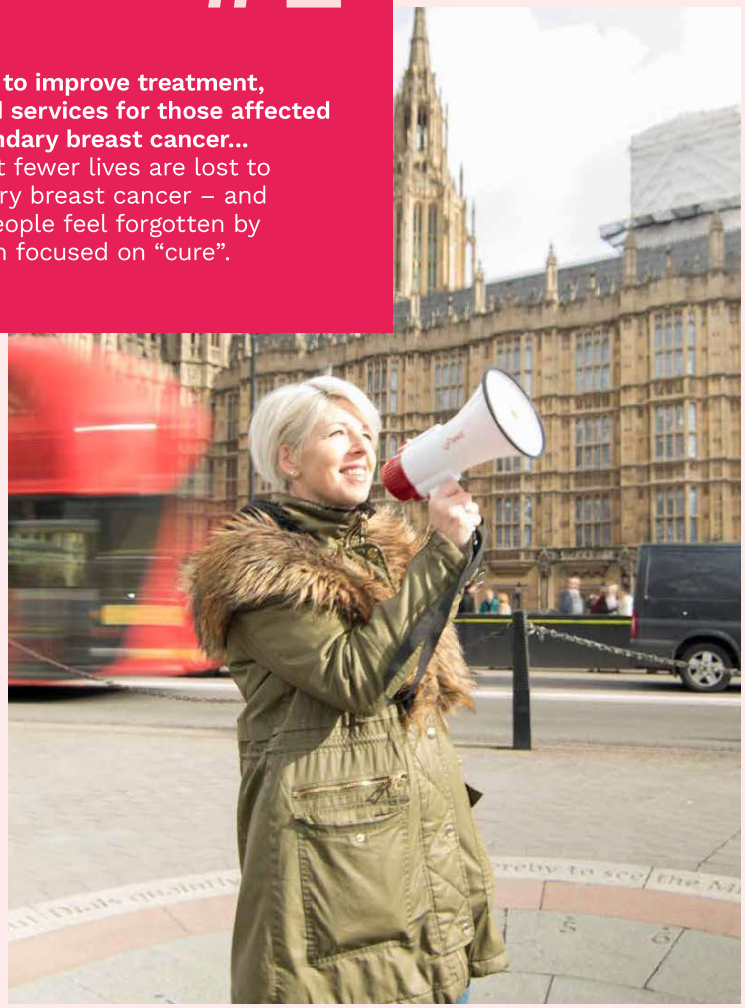
1. **AMPLIFYING THE VOICE OF EXPERIENCE**
2. **UNLOCKING THE POWER OF OUR COMMUNITY**
3. **EVOLVING AND ADAPTING OUR PRACTICES**
4. **GENERATING FURTHER FUNDING**

OUR IMPACT & PROGRESS IN 2024/25



#1

To work to improve treatment, care and services for those affected by secondary breast cancer...
...so that fewer lives are lost to secondary breast cancer – and fewer people feel forgotten by a system focused on "cure".



SHIFTING THE DIAL ON SECONDARY BREAST CANCER AWARENESS

Spotting secondary breast cancer early can give more people more time and have a better quality of life. That means more moments with the people they love, more memories to cherish.

But right now, too many people are getting diagnosed late, even after multiple visits to their GP. This needs to change.

Not enough people know the signs and symptoms of secondary breast cancer. Too many people finish treatment for primary breast cancer without ever being told it could happen. They don't know the risks. They don't know the signs. And they're not prepared for the possibility. And even if they do notices changes, their GP might not recognise it as a possible sign of secondary breast cancer.

That's why we raise awareness of the signs and symptoms of secondary breast cancer. With both healthcare professionals and patients.

We ran a marketing campaign including everything from posters and leaflets in breast care units and hospitals, to screens in GP surgeries and across multiple digital channels. And we sent information packs to over 2,000 GPs in surgeries across the UK so they can have the information they need at their fingertips.

And the results? We reached **3.4 million patients and healthcare professionals** through our digital activity. Giving them the knowledge they need and the confidence to act on it.

And 65% of healthcare professionals we spoke to told us they had a better understanding of the signs and symptoms of secondary breast cancer than in previous years (54% and 51%).

EXPANDING OUR REACH ONLINE

This year, our web page detailing the signs and symptoms of secondary breast cancer had over 170,000 views – an increase of around 80,000 views compared to last year. This information gives people the knowledge to advocate for themselves and visit a GP as soon as they notice symptoms that could be secondary breast cancer.



CREATING LIFE-CHANGING CONNECTIONS

There's currently no cure for secondary breast cancer. We can use treatments that hold it at bay for a while, but we can't stop it. And ultimately, treatments stop working. Time runs out.

Being diagnosed with secondary breast cancer is devastating. It leaves people worrying about what the future holds. Unsure what it means for their friends and family. Feeling isolated and invisible. And the only people who really understand are people going through the same thing.

We're one of the biggest providers of support for people living with secondary breast cancer in the UK. Our Living with Secondary Breast Cancer groups and events bring people together. In person and online. In safe, supportive environments. To share their experiences and hear from experts.

And we run groups and events for younger women with secondary breast cancer. Because they can face unique challenges. Like talking to young children about their diagnosis. Or around menopause and fertility.

One of these women is **Charli.** She was first diagnosed with primary breast cancer in 2016, when she was 32, and was successfully treated.

But in 2022, she started experiencing pain in her arm. It gradually got worse and started to affect her neck and back. Despite going to her GP multiple times, it took until 2024 for her to be told that the cancer had come back – and spread to her lungs, liver, lymph nodes and bones.



"So, there I was, 39, happily married and mother to the most wonderful 10-year-old daughter, and I'd just been told the most incomprehensible news. You can be surrounded by the best people in the world, but there's no place lonelier than a terminal diagnosis.

"The emotions are too overwhelming to face alone, but there are so many things I didn't want to say to my loved ones. I knew there would be help out there. That I wasn't the only one facing this. I came across Breast Cancer Now and, as luck would have it, they had a weekend planned for people under 45 with secondary breast cancer.

"I travelled to Bristol, worried it was going to be a weekend full of tears and talking about things I was trying not to even think about. I'd been right about the tears – there were lots – but somehow, I found shared tears more manageable. It was a relief to talk to women who had the same worries, the same fears, and to not feel the need to censor what I said.

"There were a variety of group talks arranged, where we could discuss topics that are too difficult to broach alone, such as talking with children about your diagnosis. They also organised some much-needed relief with a laughter workshop which was great fun, but also one of the strangest things I've ever done!

"For 2 days I was surrounded by such a warm, friendly, fun-loving group who were facing the same situation as I was. Over 30 of us joined a WhatsApp group and have been there for each other since we met.

"The weekend has so many positive memories and I feel so fortunate that I was able to attend. I don't know how much strength and positivity can really affect the amount of time we have left, but that weekend in Bristol has given me much more of both."

This year, we supported 1,063 people like Charli living with secondary breast cancer, an increase of 27% on last year. And we added 15 new in-person groups in places like Hull, Birmingham, Plymouth and Cambridge.

HOW OUR SUPPORT MAKES A DIFFERENCE

In a survey of our secondary support groups:

81% **agreed they felt more connected to others with secondary breast cancer**

82% **felt reassured that how they felt was normal**

90% **agreed they'd benefitted from gaining greater knowledge and understanding of secondary breast cancer**



NEWS IN BRIEF:

TAKING A GLOBAL STAND

Right now, we don't know exactly how many people are living with secondary breast cancer in the UK.

People living with the disease are essentially missing from the data. Not counted in the statistics. Not planned for as part of the healthcare system. And this isn't just a problem in the UK.

So in July, **we worked with Breast Cancer Network Australia and Rethink Breast Cancer in Canada to develop a global advocacy pledge** to improve data collection for secondary breast cancer.

It calls for urgent action from governments across the world to prioritise the collection and use of secondary breast cancer data. Because people with secondary breast cancer deserve to be counted.

NEWS IN BRIEF:

NEW RESEARCH PROJECTS INTO SECONDARY BREAST CANCER

Most breast cancers don't come back. But sometimes, cancer cells remain in the body. They lie dormant, sometimes for years. Then, they 'wake up' again.

We still don't know enough about why this happens. It's one of the last big challenges in breast cancer research. So we're tackling it head on.

Thanks to the Patricia Swannell dormancy and late recurrence research funding programme, this year we dedicated nearly £500,000 to fund Professor Penelope Ottwell's research at the University of Sheffield.

Penelope's investigating a new approach targeting dormant breast cancer cells in the bone. She wants to stop them reawakening. Which could stop the cancer coming back and spreading around the body.

We're also funding other research to understand what happens when breast cancer spreads to the bones. This year, in collaboration with Prostate Cancer Research, we've awarded 3 projects worth £300,000. These projects aim to find ways to prevent and treat secondary cancer in the bone and help improve quality of life for people living with it.



STRATEGIC OBJECTIVE #2

To improve support for the physical and mental health and the emotional wellbeing of people affected by breast cancer...
...so that no one has to face breast cancer alone and unsupported.



EMPOWERING PEOPLE THROUGH OUR HELPLINE

Our expert nurses are here for everyone affected by breast cancer. For those questions you didn't think to ask. Those worries that linger in the back of your mind. Or just when you need to talk to someone about how you're feeling.

Our free helpline has been supporting people for decades. People like **Melissa,** who first called when her treatment for ER+ primary breast cancer became more complicated than she expected.

> "After every call or appointment with my treatment team, I found myself with lots more questions, and the nurses on the Breast Cancer Now helpline were so patient and generous with their advice. Speaking to them helped me process each bit of bad news and work out what information I needed from the clinical team to make decisions about next steps.
>
> "One of the biggest shocks for me came at my first appointment with the oncologist, where they talked me through the hormone therapy regime that I would follow for the next 10 years. One element of that was monthly injections to suppress my ovaries. The idea of having to attend a hospital or surgery every 4 weeks made me feel as though I was always going to be a 'patient' and posed a big practical obstacle.
>
> "A few months before my diagnosis, I had given up my full-time job with the aim of working more flexibly, allowing more time for travel and ultimately retraining and working abroad. In that one oncology appointment, I felt like all my plans and dreams had disappeared.
>
> "I also felt very guilty about my reaction – I know people encounter much more significant obstacles as a result of cancer treatment. Once again, the helpline [nurses] were fantastic and actually talked me through some alternatives that I might want to discuss with my team. The information that I had from Breast Cancer Now empowered me to have those conversations, and I am now starting to explore those alternatives."

Our nurses are here at the end of the phone for people affected by breast cancer like Melissa, whatever their situation. And for people who aren't able to talk over the phone, the nurses are available to message too, through our Ask our Nurse service.

The number of calls and messages continues to grow every year. This year, we took **12,240 helpline calls** (an increase of 4.9% on last year) and responded to **3,905 messages** (an increase of 17%).

With increasing pressures in the NHS, more people are turning to us for information and support. Almost half of callers said they would have gone to their breast care team if our helpline hadn't been there. And 1 in 5 said they wouldn't have known what to do without it.



HERE FOR EVERYONE, WHEN THEY DON'T KNOW WHERE TO TURN

People diagnosed with breast cancer can feel overwhelmed and confused. Not knowing what happens next. Not knowing where to turn for support. Feeling isolated and alone.

Our **Personalised Referral Route (PRR)** is our solution. It helps healthcare professionals refer their patients directly to us through one simple referral form.

Then we take it from there, offering the patients 3 calls over a period of time from a member of our referrals team. The team member will talk through what we can offer, so they can find the right support, at the right time.

This year, we reached more people than ever. We signed up 12 new NHS trusts and 1 private hospital in England to the PRR, bringing us to a total of 75 hospitals across the country.



1,700 patients were referred to us (an increase of 29% on last year) and our referral team made a total of 4,190 calls. That's **846 hours and 20 minutes** of making sure people get the support they need – from speaking to a volunteer through our Someone Like Me service to getting post-treatment support at a Moving Forward course.

Since January 2025, the PRR and Little Lifts have been working together to establish a **self-referral route** for patients. Little Lifts give gift boxes to people having breast cancer treatment. With our lived experience project group and Little Lifts, we created information postcards to be added to the hospital gift boxes – using these postcards people can self-refer to our services. We started adding our postcards in boxes in Colchester, Ipswich and Addenbrookes hospitals, and in June we added Norfolk and Norwich University Hospital to the list too.

To make sure everyone gets the right support, we're making the PRR more accessible for people whose first language isn't English. This year, we made calls in **31 different languages,** with the most requested languages being Polish, Urdu, Portuguese and Turkish.

ANNUAL REPORT AND ACCOUNTS 2024/25

AND WE KNOW WE'RE MAKING A DIFFERENCE:

90% **of people said the calls helped them feel less alone**

80% **said they felt less overwhelmed by their diagnosis**

98% **said they felt their needs were understood by the team member they spoke to**

95% **said they felt more confident about accessing information and support when they needed it**

> "The team member was absolutely brilliant. She was helpful caring, kind and listened to me chatting for ages and not once did she hurry me. I am so grateful for what she told me and when I came off the phone, I felt a little better about everything. Thank you to everyone involved. I cannot tell you how much this means to me."
>
> - PRR user



NEWS IN BRIEF:

PASSING THE 5 MILLION MARK ON FACEBOOK LIVE

This year we hit the 5 million view mark with our Facebook Live sessions, which we started in 2018.

In these sessions, our nurses talk to experts to give information about different breast cancer topics. And people can ask them questions which are answered right there and then.

They're are an easy way for anyone to get information, reassurance and confidence about a wide range of topics. And this year alone, we racked up nearly 1 million views.

> "Thank you so much for doing this. It's such a scary thing to go through, but being able to access this is such a reassuring thing."

NEWS IN BRIEF:

WORKING TOGETHER TO IMPROVE CARE

We want everyone to be able to get the very best treatment and care. The Service Pledge is how we're making it happen.

We help hospitals gather feedback from patients and staff on their breast care services. Then, we help them turn this feedback into meaningful improvements and better services.

We recently expanded the scheme in Northern Ireland, working with 4 trusts to develop their own Service Pledge. Across the trusts, 335 primary breast cancer patients and 191 secondary breast cancer patients gave their feedback. We then worked with staff to make vital improvements, including:

- Plans to recruit more clinical nurse specialists
- Reintroducing telephone calls to recently diagnosed patients to offer support
- Setting up a post-surgery telephone clinic
- Leading education sessions for GPs on the signs and symptoms of primary and secondary breast cancer

93% of staff agreed that taking part in the pledge has given the wider team a better understanding of their patients' perspectives – and a greater appreciation of the importance of hearing their views.

Breast Cancer Now's Service Pledge 2023/2024 has been sponsored by Novartis Pharmaceuticals UK Limited. Novartis have not had any control or involvement in this programme.

ANNUAL REPORT AND ACCOUNTS 2024/25



STRATEGIC OBJECTIVE #3

To develop kinder, smarter treatments for people with breast cancer and improve access to treatments for those affected...
...so that people with breast cancer can benefit from more effective treatments that don't rob them of their quality of life.



CELEBRATING 25 YEARS OF GROUNDBREAKING DISCOVERIES

This year we celebrated 25 years of the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research, in London.

Housed in the Mary-Jean Mitchell Green building, the UK's first dedicated breast cancer research centre is home to almost 100 scientists across 14 research teams. All working towards a single goal – that everyone with breast cancer lives, and lives well. And over the past 25 years, they've been behind some of the biggest discoveries in breast cancer.

Throughout the year, we've been shining a light on the incredible work happening at the centre. Work like **Professor Nick Turner's research into liquid biopsies.**

A liquid biopsy is a non-invasive test that looks for tiny traces of cancer in a sample of body fluid – usually blood. Nick and his team developed a type of liquid biopsy that looks for DNA from breast cancer cells circulating in the blood. They've already showed that these blood tests can detect the breast cancer coming back after treatment months, and even years, earlier than regular hospital scans. And now they've used it in a clinical trial to detect when breast cancer is becoming resistant to treatment.

The clinical trial, co-led by Nick, used the blood test to study secondary breast cancer and treatment resistance in women. The trial, called SERENA-6, showed that using a liquid biopsy can spot cancer cells becoming resistant to treatment before they start to grow and make the patient unwell. And this was the first study in the world to show that using the blood tests Nick developed can help to make treatment decisions.

The trial also found that the new drug camizestrant in combination with CDK4/6 inhibitors cut the risk of the disease getting worse by 56% for people with advanced hormone receptor (HR) positive, HER2-negative breast cancer.

This is a pivotal moment. We now know that liquid biopsies can change how breast cancer is treated in the future.

Another researcher at the centre is **Dr Rachael Natrajan,** who lost her mother to secondary breast cancer while studying at university. Losing her mum spurred her on to pursue a career in cancer research. And after her studies, Rachael joined the centre as a post-doctoral research fellow.

> "My mum inspired my career choices and was why I was so excited to work here. The fact that we're all working towards the same goal – to help every person diagnosed with breast cancer – makes it very motivating. The range of knowledge and expertise within the centre means we're always learning from one another, which makes it a fun and very interactive place to work."

Rachael has gone on to become a team leader and set up her own lab at the centre. Her team focuses on developing new targeted treatments for breast cancer that doesn't respond to standard treatments – like the aggressive cancer her mum had.

> "We hope to find new breast cancer treatments by understanding how changes within individual cancer cells drive aggressive tumours. We also hope to develop tests that can predict who will and who won't benefit from specific treatments. This will spare people experiencing unnecessary side effects if the treatment isn't right for them."

And we're also looking ahead to the next 25 years of research. Because its only by investing in the next generation of researchers and exploring new developments and technologies that we'll achieve our vision. That by 2050, everyone diagnosed with breast cancer will live, and be supported to live well.

FIGHTING FOR ACCESS TO NEW TREATMENTS

It isn't enough for researchers to develop new treatments for breast cancer. We also need to make sure these drugs are making it to the people who need them.

That's why we're involved in the process whenever a breast cancer drug is being assessed for use on the NHS. Making sure the voices of people affected by breast cancer are heard. Loud and clear.

And this year, we've helped make a number of drugs available.

Ribociclib is a CDK 4/6 inhibitor that can be used in combination with an aromatase inhibitor as a treatment for hormone-receptor positive, HER2-negative primary breast cancer at high risk of recurrence. It's been shown to reduce people's risk of recurrence by almost 1/3.



In April, NICE approved it for use on the NHS in England, but only for some of the people who could benefit. With the help of patient voices, we worked with NICE and the pharmaceutical company to challenge this. And in July, the use of ribociclib was extended to everyone who could benefit. That means it'll be available in England, Wales and Northern Ireland. And the Scottish Medicines Consortium (SMC) will consider making this treatment available soon.

Capivasertib is a targeted treatment used in combination with the drug fulvestrant. It's used to treat HR-positive, HER2-negative secondary/ metastatic breast cancer with specific genetic alterations.

This treatment could benefit as many as 3,000 women a year. But it was provisionally rejected by NICE in January 2025. As well as contributing to the draft guidance consultation, we released a media statement raising our concerns and urging NICE and AstraZeneca to reach a solution.

Then in April, we received good news – the drug had finally been approved. Again, Wales and Northern Ireland adopt NICE decisions, and the SMC will consider this treatment soon.

We were also instrumental in the approval this year of ***elacsetrant*** for treating oestrogen receptor-positive, HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment in England, and ***olaparib*** for treating HER2-negative secondary breast cancer with germline BRCA1/2-mutations in across the UK.

But 2024 also saw the devastating rejection of the drug **Enhertu** (trastuzumab deruxtecan) for use on the NHS in England – a decision that also affects Wales and Northern Ireland.

Enhertu is a drug can extend the lives of people living with HER2-low secondary breast cancer, but NICE rejected it because it wasn't considered cost-effective enough.

We launched our **#EnhertuEmergency** campaign in response. It called on NICE, NHS England and the pharmaceutical companies Daiichi Sankyo and AstraZeneca to find a solution to make the drug available to the people who desperately need it.

It was one of our biggest ever campaigns, with over 300,000 signatures on our petition. And we even got the support of the health secretary, Wes Streeting. But despite this, the decision wasn't reversed.

But we're not giving up.

We're turning our attention to trying to fix the problems that led to Enhertu being rejected in the first place.

In July we launched our report **– 'Setting the bar too high: How the NICE severity modifier is blocking access to life-extending treatments' –** to set out exactly what's wrong with the current drug approval system and what urgently needs to change.

We launched the event in parliament attended by 75 MPs, 2 Peers and a group of supporters who are living with secondary breast cancer. And we asked our supporters to email their MPs, urging them to call on the health secretary to change the system. In just over 4 weeks, 3,933 people had done just that.

People with secondary breast cancer need access to the drugs that can give them more time to live. And we won't stop fighting for them.



NEWS IN BRIEF:

BRINGING OUR RESEARCHERS TOGETHER

On 20 March, we held our research award holders conference – bringing together 100 researchers we fund for the first time since before the pandemic.



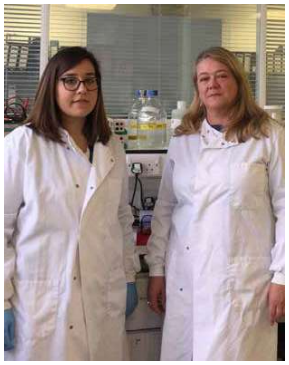
The event gave our scientists – from early career researchers to professors – the chance to network, share and collaborate. Because by sharing ideas and learning from each other's work, researchers can develop new ideas and collaborations that can help us go further, faster.

> "It was a fantastic day. There was a real buzz and sense of excitement among the attendees."

NEWS IN BRIEF:

STOPPING AGGRESSIVE BREAST CANCERS IN THEIR TRACKS

In February, our researchers revealed that targeting a protein called OTUD6B could be key in preventing aggressive breast cancer cells from continuing to grow and form tumours. This could open the door to more effective treatments for difficult-to-treat cancers like triple negative breast cancer.



We help hospitals gather
The project was carried out by Professor Judy Coulson and her PhD student, Valeria Marotta, at the University of Liverpool. We're very grateful to Art for Cure who helped to fund this work.

> "Cancer research is so important, and I really want to play a role in helping to stop women dying from breast cancer."
>
> Valeria Marotta



STRATEGIC OBJECTIVE #4

To improve detection and diagnosis of breast cancer...
...so that everyone with breast cancer has the very best chance of survival.



UNPICKING THE INEQUALITIES THAT AFFECT AFRICAN AND SOUTH ASIAN WOMEN

Breast cancer can affect anyone. But it doesn't affect everyone equally.

Black and South Asian women are less likely to survive breast cancer than white women. This is because they're more likely to be diagnosed later. When their cancer is at a later stage. When there are fewer treatment options. When there's a higher chance of recurrence.

But why are they diagnosed later? One factor is deprivation. Women living in more deprived areas are at greater risk of being diagnosed late. And more women from ethnic minority communities live in deprived areas. There can also be different levels of awareness around breast cancer and breast screening.

But this isn't the whole story. There are also differences in early diagnosis rates between different ethnic groups living within the same areas. So, we need to find out what else is causing this inequity.

This year, **our researchers at Queen Mary University of London discovered that there are important genetic differences** in the cancers of women of African and South Asian ancestry, which could impact their outcomes.

Professor Claude Chelala and her team looked at clinical and genetic data from over 7,000 women with breast cancer of African, South Asian and European ancestry. They used data from 4 major research initiatives in the UK and US, including the Breast Cancer Now Biobank.

Compared with women of European ancestry, they found that **women from South Asian backgrounds were diagnosed nearly 7 years earlier and died around 13 years younger.** They also found that **women of African ancestry were diagnosed around 5 years earlier and died nearly 9 years younger.**

They also found **differences in how often the different groups had altered genes linked to breast cancer,** including the BRCA genes. Some women had genetic alterations that made their cancer resistant to some treatments. But this wasn't factored into their care. If doctors had known this, they could have given them more effective treatments.

These are important findings – especially because we know that people of European ancestry make up nearly 80% of participants in genetic cancer studies, despite making up only 16% of the global population. This imbalance means that most of our knowledge about breast cancer risk, prevention and treatment is based on European populations.



Research like this highlights how underrepresented African and South Asian people are in cancer studies. And it emphasises the urgent need to break down barriers that stop everyone from benefiting from research equally.

Claude and her team plan to expand their research to study other cancer types and other populations, including people of Middle Eastern and North African heritage. They'll also explore how we can overcome barriers to seeking care and participating in research that different groups face.

SAVING LIVES THROUGH EARLY DETECTION

Breast screening saves lives. It picks up most cancers at an early stage – when treatments are more effective and survival rates are highest. But every year, thousands of people don't take up their invitation to breast screening.

Through our *#NoTimetoWaste* campaign, we called on the UK government to invest in the future of breast screening and make sure more people take up their invite.

After 2 years of being the only charity to campaign on this issue – and with 55,000 petition signatures – change finally happened. In February, following our calls, **NHS England launched the first ever national breast screening awareness campaign.**

In just the first week of the campaign, there were 32,432 visits to NHS breast screening advice pages. And there was a 97% increase in clicks to the breast screening service finder.



This is a significant step forward for screening awareness – and ultimately could save thousands of lives. The success is in no small part because of our passionate and dedicated volunteers. People like **Balwinder Nanray**.

Bal's life was turned upside down when she was diagnosed with stage 3 cancer that had spread to her lymph nodes. She had no symptoms before her screening, but required immediate surgery and extensive treatment.

Bal's resilience and determination led to her becoming instrumental in the #NoTimeToWaste campaign. Through her advocacy, Bal shared her personal story, highlighting the importance of timely breast screening, especially among underrepresented communities. She participated in photo shoots, attended events and met with MPs to raise awareness and drive change.

> "I'm so happy about this amazing achievement. It makes me so proud after supporting Breast Cancer Now's calls for a national breast screening awareness campaign.

> "I'm proof of why it's so important that women are screened on time. Because the earlier breast cancer is caught, the easier it is to treat, and the better the outcomes.

> "It's vital that the unique challenges and experiences faced by underrepresented communities are addressed and that we understand and change the narrative around stereotypes, stigma and taboos that can still exist about breast screening."

In June, we chose Bal as the winner of our ***Tracey Williams outstanding volunteer award.*** We give the award every year in recognition of a volunteer who's made an outstanding contribution to our work.

> "We're so pleased that Bal has been chosen as this year's Tracey Williams award winner. It's incredibly well deserved, and a fitting way to recognise her contribution, not just to our policy and campaigning work, but for everything else she does for the charity." – Breast Cancer Now campaigns team

Bal's story is a reminder of the importance of breast cancer screening and the impact that dedicated volunteers like her can have. We'd like to say a huge thank you to Bal for everything she's done to make a lasting difference in the lives of people affected by breast cancer.



NEWS IN BRIEF:

REACHING MILLIONS WITH OUR TOUCH LOOK CHECK CAMPAIGN

Breast checking is crucial for helping detect breast cancer. But in July, our regular YouGov survey found that 45% of women in the UK don't check their breasts regularly. And 11% have never checked at all.

We need to shift the dial. Make breast checking a national priority. And get everyone checking their breasts regularly.

Through our Touch Look Check (TLC) campaign, we share potentially life-saving information. On social media. Through radio ads, posters and leaflets. In GP surgeries and pharmacies. And even on gym and health club screens.

This year, we reached at least 29 million people through our TLC campaign. And we had over 200,000 views on our TLC web page across the year.

NEWS IN BRIEF:

TACKLING TABOOS IN DIVERSE COMMUNITIES

We know that levels of breast awareness and breast-checking are lower in South Asian and Black women than in white women. Common misconceptions, fears, taboos – they can all lead to stigma in some communities which can stop people from checking.



To tackle this, we work with communities to raise vital awareness around breast health and cancer. This year, our amazing public health volunteers gave 119 breast awareness talks across the UK to 5,668 people – 1,650 more than last year.

This year we had talks at places like the Birmingham Asian Resource Centre, the Northeast African Women Community Group and Brixton Seventh Day Adventist Church. And 95% of both Asian/Asian British and Black audience members said they were more likely to seek advice if they noticed any new or unusual changes after the talks.



STRATEGIC OBJECTIVE #5

To further our understanding of why breast cancer occurs and spreads, and use our knowledge to help prevent breast cancer developing...
...so that fewer people develop breast cancer in the first place.



TACKLING ONE OF THE BIGGEST CHALLENGES IN BREAST CANCER RESEARCH

When breast cancer comes back, it's harder to treat. It's a fear that lingers in the backs of people's minds long after their treatment finishes. One that keeps them up at night.

Right now, we don't know enough about it. Why does breast cancer lie dormant in the body, only to come back years later? Why does it spread to other parts of the body, where it becomes incurable? Why can't we predict when this will happen? How can we stop it?

These are some of the most important questions in breast cancer the research. The last big challenge when it comes to saving lives. If we can nail it, we'll open the door to new ways of preventing it and new treatments to stop it. In short, to game-changing improvements in survival.

This is where Dr Frances Turrell's research comes in. Awarded nearly £500,000 from the Patricia Swannell dormancy and late recurrence research funding programme in December, **Frances' research is looking into how breast cancer cells can remain inactive in the body, years after initial treatment.**

Certain types of cancer, like ER-positive breast cancer, can return many years (and sometimes even decades) after treatment finishes.

This can be because of dormant breast cancer cells. Frances' team want to find out how the cells hibernate, and what triggers them to reawaken.

Frances' previous work showed that in an aged or damaged lung, areas of the lung can trigger the reawakening of the dormant cancer cells. Now she's interested in finding out how the dormant cells communicate with a type of immune cell called a macrophage in these areas of the lung.

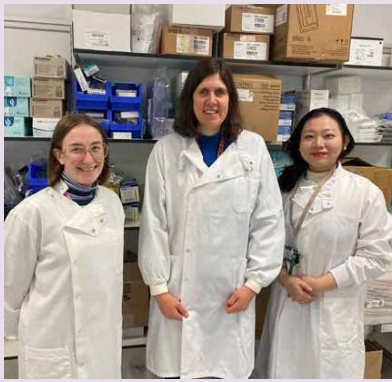
Usually, researchers use young mice to understand how cancer develops. But most of the time, breast cancer occurs in older women. Frances' team want to know if the macrophages found in older mice are different in the areas of the lung where dormant cancer cells reawaken. The team wants to understand why these macrophages interact with dormant cancer cells, and find out if this communication is what keeps dormant cells alive and reawakens them.

The team will also test the blood of older mice who have secondary breast cancer and see if they can notice changes in the immune system that are linked with the dormant cells reawakening.

"I have focused my research on identifying changes in the immune system and how these affect breast cancer dormancy and late recurrence. If we can identify any of these changes in the blood, blood tests will be an easy and non-invasive way to monitor patients and identify people that are at risk of their breast cancer coming back. This will help us identify which patients require continued treatment."

Dr Frances Turrell

This research is vital in helping understand how breast cancer spreads and could pave the way for truly groundbreaking changes in secondary breast cancer treatments – giving hope to thousands.



FOR THE GENERATIONS OF TOMORROW

2024 marked the halfway point of one of our biggest research projects – the Breast Cancer Now Generations Study. Set up in 2004, this landmark study is following over 110,000 women for 40 years to understand why breast cancer develops.

It's also helping us understand the risks of getting breast cancer and some ways to prevent it in the future. Giving us invaluable insights into the complex web of factors affect a person's chance of developing the disease.

The women in the study all donated blood samples and completed detailed questionnaires about their diet, alcohol intake, physical activity and even the kinds of jobs they do.

This, combined with follow-up questionnaires and blood samples, has allowed our researchers to gather enough data to uncover as many factors linked to breast cancer as possible.

And at this halfway point, **there have been over 90 research discoveries using this data.** This includes contributing to the discovery of over 300 genetic changes that are linked to breast cancer risk. As well as a better understanding of how things like lifestyle, reproductive and environmental factors all have a role in breast cancer risk.



Some of the main findings include connections – or lack of connections – between breast cancer and:

Exercise – women who do lots of physical activity before the menopause are 10% less likely to develop breast cancer than those who don't

Cigarettes – smoking increase a woman's chance of developing breast cancer, especially if she started as an adolescent or has a family history of the disease

Childhood growth and puberty – women who experienced puberty-related development at a younger age are more at risk of developing breast cancer

Stress – although a common misconception, stress associated with major life events – like bereavement or divorce – is not linked to breast cancer risk

Light exposure and shift work – there's no difference in breast cancer risk between women sleeping in bright or dark bedrooms, nor do disturbances to the body clock caused by shift-based working patterns increase the risk of breast cancer'

With another 20 years to go of the Generations Study, our researchers are hoping to make many more discoveries like these. Discoveries that could ultimately prevent breast cancer from taking lives.

None of this would be possible without the 110,000 women who decided to take part in the study. One of them is ***Amanda.***

Amanda joined the Generations Study in 2004 after her daughter, Becs, died from breast cancer at the age of 32.

"Our lives shattered when my beloved daughter, Becs, rang me to say she had found a lump in her breast and was going to see a doctor. She was immediately admitted to hospital and began treatment, but the cancer continued to spread and after just a matter of months there was nothing more that could be done.

"After her death, and facing a life without her, I knew I wanted to do whatever I could to make things different for future generations, both in terms of research and its outcomes.

"When I learnt about the Generations Study, I signed up at once, along with my daughter Camilla, and my daughter-in-law Joanna.

"It's wonderful to contribute towards the advancements and progress made in breast cancer research, both in memory of our lovely Becs and in celebration of all those who will be saved from the disease thanks to the findings of the Generations Study."



NEWS IN BRIEF:

EMPOWERING HEALTHCARE PROFESSIONALS TO SUPPORT PATIENTS WITH FAMILY HISTORY OF BREAST CANCER

Some people have an increased risk of developing breast cancer due to their family history and genetics.

As well as producing health information for people at increased risk, we also work with healthcare professionals – helping them to improve their knowledge in this area to better support their patients.

This year, our Family History & Genetics Champions Group grew to nearly 100 members. We also hosted our first in-person meeting of the group, bringing together nurses from across the UK.

There were presentations from Professor Andrew Tutt about PARP inhibitors for people with a BRCA alteration, and Josh Forman from Jnetics about the NHS Jewish BRCA Testing programme.

> "Having access to more supporting information and materials will be helpful, and I will use these when delivering patient education and information".
>
> Group member

NEWS IN BRIEF:

UNDERSTANDING THE ROLE OF THE IMMUNE SYSTEM IN TRIPLE NEGATIVE BREAST CANCER

8,000 people are diagnosed with triple negative breast cancer in the UK every year. It can be more aggressive and harder to treat than other types of breast cancer. And it's more likely to both come back and spread in the first few years after treatment. So we urgently need to find new treatments.

This year, **we gave nearly £400,000 to Professor Seth Coffelt at the University of Glasgow,** who's investigating immune cells in secondary triple negative breast cancer. With our funding, Seth and his team have previously found that immune cells called Ly6C gamma delta T cells were able to kill triple negative cancer cells in the lab. And in mice, they slowed the growth of the cancer and prevented secondary tumours developing in the lungs. Now they want to understand where these cells are located in the lung and how they find and kill breast cancer cells moving there.

> "We hope this will pave the way for better targeted treatments for people with this type of breast cancer."
>
> Professor Seth Coffelt

We'd like to thank Secondary1st for generously pledging their support to this project.

ANNUAL REPORT AND ACCOUNTS 2024/25



THANK YOU

This year we're celebrating a huge milestone. Since 2018, players of the People's Postcode Lottery have raised a phenomenal £15 million for us and our legacy charity Breast Cancer Care.

They've powered our helpline, expanded our support services and provided health information that people can trust. From our postcode to yours, thank you players! The funds are awarded to Breast Cancer Now by the Postcode Care Trust.

Secondary1st fund research into the prevention, diagnosis and causes of secondary breast cancer and the development of more effective treatments. The charity was set up in memory of Rosie Choueka, who died of secondary breast cancer in 2015.

We're hugely thankful for Secondary1st's funding of a £252,000 project by Simak Ali at Imperial College to better understand the oestrogen receptor gene and find the best ways to treat secondary breast cancer.

We'd like to thank the Trustees and everyone involved in making Secondary1st's support of our research possible.

This was our 29th year in partnership with Asda Tickled Pink, who raised an incredible £6 million in 2024/25.

This money funds 12 pioneering researchers at Kings College London, 2 breast care nurses on our helpline and has helped over 1,700 people through our in-person Moving Forward courses. These courses help people connect with others who've also finished treatment for primary breast cancer – and give them the tools to move forward with their lives.

Through the Access Fund, they helped 122 people attend our services - including one person who used it fly to a support group from the Outer Hebrides.

And Asda Tickled Pink are doing incredible work to raise awareness of breast cancer. During Breast Cancer Awareness Month 2024, they turned over 180 products pink, many with potentially life-saving checking reminders. This resulted in 52% of Asda's female customers reporting to regularly checking their breasts.

Asda were also instrumental in our #NoTimeToWaste campaign, posting on social media and talking to local MPs. And this year, there were around 20 breast screening vans throughout Asda carparks across the UK, providing a convenient way to get screened.

From colleagues on the shop floor to head office, customers from Devon to Dundee, and suppliers across the UK – thank you, Asda, for everything you do for us.

Patricia Swannell appeal

The Patricia Swannell Appeal was established by the late Patricia Swannell with the loving support of her family in 2022. This year, the appeal funded 2 world-class projects into cell dormancy – one of the biggest challenges in secondary breast cancer. The appeal has also continued to support the pioneering work of Professor Nick Turner.

We'd like to thank everyone who has supported the Patricia Swannell appeal – this essential research is only possible because of their generosity.

Since we launched our partnership with Everyone Active in August 2024, they've raised over £140,000 – far exceeding the initial £25,000 target.

From creative fundraising activities to widespread promotion of our Touch Look Check campaign in gyms nationwide, their commitment to breast cancer awareness is making a real impact.

Everyone Active also supported the NHS breast screening campaign, displaying co-branded materials in centres to encourage women to book their mammograms when invited.

Their enthusiasm and dedication have made this a truly standout first year – raising 5 times their partnership target in their first year, and we're excited for what's to come.

Our partnership with Primark raised an incredible £826,000 over the past year. This included a generous donation from Primark's global breast cancer campaign, which fully funds our Someone Like Me service – a lifeline for people affected by breast cancer.

Over the last year, Someone Like Me arranged 2,267 volunteer matches and delivered more than 2,899 hours of one-to-one support calls, helping individuals feel heard, understood, and less alone during some of the most challenging times in their lives.

Primark customers and colleagues also came together throughout October with inspiring fundraising activities that continue to grow each year. Beyond fundraising, the partnership hosted 9 in-store health information pop-ups, where Breast Cancer Now staff engaged with shoppers and shared our Know Your Breasts guides. These pop-ups were placed in areas with lower breast screening uptake, helping to raise awareness and encourage early detection where it's needed most.

This year ghd raised an incredible £120,000 for us through their global Pink 24 campaign and limited-edition pink hair tool collection.

The Pink 24 campaign took a deeply personal approach, featuring ghd employees from around the world affected by breast cancer.

Following the campaign, we supported ghd's HR team with internal resources, including guidance on supporting colleagues affected by breast cancer. ghd continues to be a powerful partner in raising awareness of breast cancer and importance of early detection.

This year, we proudly marked the halfway point of the Generations Study, a landmark research project that M&S has supported from the very beginning. We're incredibly grateful to M&S for their unwavering support over the years. Thanks to funding from the sales of their post-surgery lingerie range, and generous customer donations through their SPARKS programme, this groundbreaking research continues to thrive.

This year, they raised around £300,000 to support our work. And together, we're helping to uncover the causes of breast cancer and give hope to the generations of tomorrow.

The Show is our annual fashion show that celebrates people living with or beyond breast cancer and highlights the work we do. This year, 23 people affected by breast cancer took to the runway as our fantastic models.

The event in May was attended by 500 supporters from across the organisation including many corporate partners and social media influencers. We also hosted a successful Facebook livestream which over 45,000 views over 30 days and launched a TikTok livestream which had 550 views and 11,200 likes. The event successfully showcased the range of experiences people with breast cancer go through and how our services can support them.

The Show would not be possible without the support of many amazing brands and corporate partners. These include Ann Summers, Asda, Estee Lauder, George, ghd, Karen Millen, M&S, Pom Pom London and Primark, who all generously provided products and services to help the models feel fantastic on the runway.

FINANCIAL REVIEW

THIS REPORT COVERS THE PERIOD FROM 1 AUGUST 2024 TO 31 JULY 2025.

INCOME

During the year, total income grew by £1.8 million from £57.5 million to £59.3 million. This increase of 3% was mainly due to an increase in donations and legacies.

Our main sources of income continued to be individual giving, corporate partnerships, philanthropic giving, community and events and royalty income. Income from charitable activities encompasses royalties generated from Breast Cancer Now-funded research activities and as expected, has reduced this year. Below are some key highlights of our financial performance in our fundraising areas.

Individual giving

Our supporters' generosity continued to grow this year:

- 204,309 people chose to support us through our weekly lottery or with a regular direct debit gift
- 36,083 people supported us through fundraising appeals and raffles
- We always appreciate the kindness of people who choose to leave us a gift in their will, and this year we raised £5.1 million from legacy gifts

Corporate partnerships

We continued to receive incredible support from our partners this year, which included:

- Asda raising over £6 million
- Primark raising over £825,000
- M&S raising around £300,000
- Everyone Active raising over £140,000
- ghd raising over £120,000
- MBNA raising over £100,000
- Ann Summers raising over £40,000
- Estee Lauder and Cosmetic Company Stores raising over £35,000
- Eden Tyres raising over £25,000

Events and community fundraising

The support of our amazing fundraisers continued to grow this year with people, groups and local companies organising their own fundraising or participating in organised runs, swims, cycles and other events. Together they raised over £10m.

- 3,715 people joined us for our Pink Ribbon Walks, generating £1,111,984 across 4 locations. The first time it has exceeded £1m since 2015
- Over 13,000 people took on a virtual event for us and raised an amazing £2,024,398
- The support from kind individuals donating in memory of a loved one continued to grow to over £600k

Philanthropy and special events

We held multiple fundraising special events throughout the year, where we engaged with new and existing supporters. These included our annual Pink Ribbon Ball, which raised over £100,000

The Patricia Swannell Appeal has raised over £300k this year bringing the total to £1,460,243. This funding has supported the Patricia Swannell dormancy and late recurrence research funding programme which has awarded £1m in funding to two world-class projects led by Professor Penelope Ottwell in Sheffield and Dr Frances Turrell in Manchester.

Mass participation events

An amazing 15,840 individuals, schools and workplaces signed up to take part in wear it pink 2024, raising over £2.4 million

A record 12,476 cake lovers held a Breast Cancer Now Afternoon Tea, raising a combined total of £1.8 million

Gift Aid

We claimed £3.3 million in Gift Aid (2024: £2.7 million)

FUNDRAISING EXPENDITURE

Expenditure increased by £7.0 million from £25.4 million to £32.2 million, an increase of 27%. This includes investment this financial year which will provide income and financial sustainability for the future. This is in line with our new growth plan to offset the known reduction in royalty income and to deliver future income to support our 2025-30 strategy which is funded in part by the proceeds from the sale of investments.

CHARITABLE EXPENDITURE

Charitable expenditure includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information. This year, our expenditure increased by £3.6 million from £30.9 million to £34.5 million – an increase of 12%. These costs include the planned fundraising, communications and engagement directorate restructure that took place in the year to support the future income growth plans.

RESERVES

The net movement in funds was a decrease of £7.8 million to £40.4 million (2024: £48.3 million) and reflects the planned investment in fundraising income. This includes an unrealised investment loss of £0.2 million (2024: £2.0 million unrealised gain). The 2025/26 budget and longer-term financial plans have been set to make sure that the charity operates within the reserves policy set out below.

The charity holds reserves to provide funding for long-term financial commitments and a contingency against unforeseen operational cost pressures or reduction in income. Each year, the trustees review reserves levels in light of the year ahead, to ensure there are adequate funds to support the organisation. Reserves are held in 3 types:

Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted reserves stood at £0.8 million at the year-end.

Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £5.8 million at the year-end.

Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees to ensure an appropriate minimum level of reserves to reflect the organisation's risk, planned future purpose and to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £33.7 million at the year-end.

The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the trustees considered that a sufficient level of reserves for the organisation would be £8.9 million and the current reserves position is in line with this policy. Total funds at the year-end were £40.5 million.

FINANCIAL STATEMENTS

The charity's consolidated financial statements are set out on pages 70-97, including the results of the charity's subsidiaries. The financial results of the charity's regional groups are included within the consolidated results, as they operate within the same charity registration and are governed by the charity's regional group constitution.

SUBSIDIARY TRADING COMPANIES

The charity had 6 subsidiaries that are detailed in note 25 of the financial statements, along with their results for the year. The companies are all wholly owned subsidiaries. These subsidiaries carry out activities such as sub-licensing the charity's logo and the Fashion Targets Breast Cancer logo to commercial partners and delivering certain charitable partnerships. BCN Research Ltd delivers the Breast Cancer Now Catalyst Programme.

ANNUAL REPORT AND ACCOUNTS 2024/25

The trading subsidiaries transfer any profits to the charity under the Gift Aid scheme and their financial statements are consolidated into those of the charity.

GOING CONCERN

The board has reviewed the charity's activities and financial position together with factors likely to affect future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost-of-living crisis and a review of a range of scenarios assessing the potential impact on income projections have confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It's therefore reasonable to expect the charity to have adequate resources to continue in operation for a period of at least 12 months from when the financial statements are authorised for issue.

During 2024/25, income out-performed our 2024/25 budget and with continued resilience of the income streams from individual donors and corporate partners. This was further supported by the returns from additional investment within individual giving.

GRANTS

The charity funds research of the highest quality. We support the scientific community across the UK and at a small number of sites in Europe through multiple funding mechanisms, through our Biobank, and by supporting conferences. Some of our funding supports centres of excellence, as we have taken a strategic decision to build a critical mass of research in a small number of locations. These are based in higher education institutions and close to hospitals and breast units, working under one roof in integrated, multidisciplinary programmes of research.

INVESTMENTS

The charity holds investments in accordance with the Investment Strategy approved by the trustees. The finance and investment committee reviews this Investment Strategy on an annual basis.

The charity's investment objective is to maximise the return on its investments in a manner consistent with the charity's overall strategy and values while meeting 2 requirements:

1. **Investing to cover certain short-term spending with adequate liquidity and a shorter-term risk-averse profile**

2. **Investing longer-term reserves consistent with their use for longer-term commitments or as contingency assets**

The finance and investment committee consider which are the most appropriate investment managers and as part of this, they consider their mandates, targets for performance and their ability to provide the appropriate support, diversification and performance required to achieve the investment strategy. The investments are held with CCLA.

GOVERNANCE, STRUCTURE AND MANAGEMENT

STATUS

Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The trustees listed on page 51 are also the charity's directors and have overall responsibility for the strategic direction and effective governance of the charity. The trustees met regularly during the year.

The legal and administrative details are listed on page 98.

OBJECTS

The charity's objects are to:

- Advance health, including the health of individuals suffering from cancer, patients receiving treatment, those convalescing following treatment by:
  - Promoting activities which will assist with awareness, identification and prevention of cancer
  - Assisting those individuals who are disabled, infirm or in need of assistance
- Advance the health of individuals by undertaking research into the causes and treatment of cancer on terms that the results of such research are published
- Advance public education in and understanding of the nature of cancer and its treatments, particularly (without prejudice to that generality) among sufferers of cancer and the families, friends and carers of such persons
- Promote such charitable objects concerned with medical research or the relief of sickness as the directors shall in their absolute discretion determine

TRUSTEE RECRUITMENT, APPOINTMENT, INDUCTION AND TRAINING

Trustees are appointed, by the board, for an initial period of 3 years that can be extended for a further 3-year term. A further 1, 2 or 3-year term can be agreed between the individual and the chairperson, or 3 other directors if deemed to be in the charity's best interest.

Trustees contribute their services voluntarily. Before their appointment as a trustee, they are appointed as a trustee designate – an honorary position in accordance with the charity's governing documents – for a period of around 6 months. This is so that potential trustees and the charity can evaluate if the role is right for them. It includes a formal induction programme and attendance at board and committee meetings where they can contribute but not formally vote.

We periodically carry out a skills audit of the board, to make sure there is an appropriate range of skills and expertise. This includes areas of clinical and scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The board supports the principles of good governance set out in the Charity Governance Code and uses the code to review the charity's governance framework.

ANNUAL REPORT AND ACCOUNTS 2024/25

BOARD OF TRUSTEES

Members of the board during the year were:

Jill Thompson +
Chair

Pascale Alvanitakis-Guely ₸ ¥
(resigned 25 September 2024)

Barbara Brown +
(resigned 29 April 2025)

Professor Mitch Dowsett *

Keith Felton ₸ ¥

Sonia Gayle ₸ ¥
(resigned 29 April 2024)

Professor Ingunn Holen ¥ *

Professor Andreas Makris ₸ *

Andrew Moore ₸ ¥
(resigned 29 April 2024)

Dr Georgette Oni + *

William Richards +

Claire Ryan *

Dr Nisha Sharma + *

Gail Tucker ₸ ¥

Helen Gorman ¥
(appointed 11 February 2025)

The trustees have the benefit of a qualifying third-party indemnity provision as defined by section 234 Companies Act 2006. The charity purchase and maintain throughout the year trustees' and officers liability insurance in respect of itself and its trustees.

₸ member of the finance and investment committee
¥ member of the risk and governance committee
+ member of the people and culture committee
* member of the science strategy committee

SENIOR LEADERSHIP TEAM (AT 31 JULY 2025)

Claire Rowney
Chief executive officer

Rachael Franklin
Chief engagement officer

Dr Simon Vincent
Chief scientific officer

Chay Champness
Chief operating officer

Helen Dickens
Chief support officer
(appointed 2 June 2025)

During the year, the senior leadership team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were £642,999 (2024: £576,065).

In 2024/25, the chief executive, the highest paid member of staff, received remuneration of £160,417 (2024: £144,242).

STAFF EMPLOYEE REWARD

From August 2024 to July 2025, Breast Cancer Now employed an average of 397 (2023/24: 360) staff across the year. Our colleagues are fundamental to the work we do. We rely on them, our supporters, volunteers and trustees, and the commitment, dedication and support they give to the charity.

Our people and culture committee monitors Breast Cancer Now's people plan – our organisational and cultural development and reward strategy. This includes our pay and benefits policies, our pay structure and annual pay review process, all of which determine how pay levels are decided. We're committed to equality in our pay and benefits policy. And we aim to make sure that our levels of pay and range of benefits reflect the knowledge, skills, experience and competencies of our staff.

We aim to pay salaries at the median level of the voluntary sector. We regularly use salary survey data to check that our pay remains in line with the market we operate in. The committee approves the annual pay review process, which is determined partly by average pay awards across the sector, and partly by the charity's financial performance and the affordability of funding an annual cost of living increase.

Executive pay is governed by the same rules and review processes as for all other staff, and we offer the same level of benefits to the executive team as to the rest of our staff. Jobs are evaluated and graded into a framework with pay bands that are transparent and published to all staff.

Our trustees freely give their time and don't receive payment for the work they do, other than travel expenses.

EQUITY, DIVERSITY AND INCLUSION

We know that everyone is unique, with individual skills, knowledge and life experiences. And everyone can make a valuable and positive contribution to the aims, values and strategic goals of the charity.

We recognise the benefits of employing and engaging with people from all backgrounds and community groups. To build a workforce and business where creativity and valuing difference in others thrives.

We're committed to making sure all current and potential staff members and volunteers are offered the same opportunities – regardless of their sex, sexual orientation, age, disability, gender status (in cases of gender re-assignment), pregnancy and maternity status, marital status, race and religion and belief (protected characteristics) and membership of or activities as part of a trade union, or social or economic status.

Our equity, diversity and inclusion (EDI) strategy and policy are guiding our practice to ensure EDI is embedded across our organisation's culture and operations.

This year, we continue to focus on the 3 EDI strategic priority areas, which are aligned with our organisational strategy:

Area 1: Gathering clear EDI data to guide us

After building a robust EDI data baseline and gap analysis, we focused on translating data into actionable interventions by strengthening our commitment priorities through an EDI action plan across 5 workstreams. This makes sure we identify the right interventions with our stakeholders and stay accountable through implementation, progress and measurement.

The 5 workstreams are:

1. **Resource**
2. **Data collection and policy development**
3. **Learning and development**
4. **Recruitment**
5. **Engagement and senior leadership commitment**

As part of our commitment to measurable progress and accountability, we undertook the Inclusive Employers accreditation process and achieved Silver status. We were among the 20% of our cohort across different industries who received silver accreditation, which is a rare accomplishment from first submission. We were assessed across 6 pillars and benchmarked significantly above the charity sector average.

The accreditation highlighted the following strengths in our EDI approach:

- We have a well-established foundation for gathering both quantitative and qualitative data through various methods, regularly reviewing it, and leveraging it effectively to shape programmes and employee communications.
- We have a clear understanding of our gaps and how to improve them.
- We're transparent and committed to understanding and acting on the results of staff and pulse surveys.
- Our high data disclosure rates indicate a strong level of trust within our workforce.
- Inclusion and diversity are integrated into our organisational strategy, with strong alignment to our EDI strategy.
- Our people policies are of the highest standard.

The latest staff satisfaction survey in May 2024 clearly shows that our progress on EDI is well-recognised. The commitment from staff to provide high quality, detailed comments indicate that EDI is an essential part of the employee value proposition, and employee voice is essential in shaping the organisation's culture. There is a clear sense of optimism and recognition of the charity's efforts when it comes to EDI and whilst there is still much work to do, good progress has been made.

To continue to build trust and accountability, we're committed to being driven by clear data. We worked on collecting demographic data that we didn't collect before, including ethnicity and disability data. This helps us produce data driven reporting that provides a clear picture of where disparities exist in the organisation. Then we can understand the root causes of the gaps, identify specific areas of attention and inform our decision making and initiatives.

This year, we produced ethnicity and disability pay gap reports in addition to the mandatory gender pay gap report. The median ethnicity pay gap was 0%, meaning the average pay of ethnic minority colleagues was the same as that of white colleagues.

We also increased our ethnicity diversity by 3% from last year. This year, 84% (304) of our colleagues were white and 16% (58) were from ethnic minorities, compared to 2023 when it was 87% (277) and 13% (41) respectively.

We also produced a disability pay gap report for the first time and will use the results as a baseline to monitor and report moving forward. We're committed to conducting gender, ethnicity and disability pay gap reports annually to help measure progress and to create a transparent and more equitable workplace.

Area 2: Building our collective confidence around EDI

- We continue to encourage colleagues to share their lived experiences and celebrate key EDI events across the year. This is an important way for us to build our collective confidence and understanding.
- The EDI hub on our intranet provides a one stop shop for all things EDI and it is regularly used to share updates and development resources.
- We've integrated and leveraged internal and external EDI educational sources across inductions, awaydays and leadership discussions.

- We run a simple, safe and confidential tool designed to help raise any concerns about our working environment. This is one of our listening channels and contributes to creating a psychologically safe environment which fosters accountability and trust.

- We ran a live event to keep volunteers updated about our engagement with key groups and look for ways to increase our reach and understand the learning needs of our volunteers.

Area 3: Strengthening the networks that are vital to driving our EDI progress

We've grown our employee resource and support groups by 40% compared to last year, including a new neurodiversity now group and LGBTQ+ network. Other groups include our peer-to-peer learning groups, long-term health conditions group, parenting group, carers group race and ethnicity group, Jewish community group and menopause/ perimenopause group. We continue to encourage, enable and train new groups and their chairs to play a vital role in raising awareness, promoting and influencing organisational inclusion.

We also have a staff forum and several social and wellbeing groups including mental health first aiders, a social committee, netball team, a swim group and a craft group.

Externally, we continue to develop our approach to EDI and reach underserved communities. For example:

- We've continued to award grants to researchers, through our inequality, public health and wellbeing funding round.

- We've spoken externally in public and on community radio stations about the barriers and health inequalities that exist for different communities affected by breast cancer, and what we're doing as an organise to address these.

- We've continued to deliver public health talks in person and online, including to places of worship, some of which have been bi-lingual. This is so communities have access to the right information in a sensitive and accessible way. This also includes a version being developed for people with learning disabilities.

- We've worked in collaboration with healthcare professionals from underrepresented groups on communicating awareness of the signs and symptoms and risk factors to underserved groups as part of public health campaigns.

- We've expanded our presence at community engagement events so that more people know what we do and where to go for support.

We recognise that we're learning. Where we make mistakes, we'll take ownership and reflect, learn and adapt our practices to move forward. Some of our recent EDI progress has come from not getting things right straight away.

APPROACH TO FUNDRAISING

We aim to build strong, meaningful, and long-lasting relationships with the people who donate, fundraise and volunteer for us. We rely on the generosity of individuals and partners to help us reach our ambitious 2050 vision, and we take great pride in how we raise funds towards achieving that. Our supporters are essential to what we do. We'll always strive to give exciting opportunities, accompanied by an excellent experience and high standards of service, that we're continuously improving.

Our fundraising portfolio is diverse, including supporter-led fundraising, individual giving through lottery, direct debit, gifts in wills major gifts, corporate partnership and trusts and foundations income.

To meet the expectations of our supporters, we continue to have a cross-organisational focus on working in a way which is compliant with the law and regulations governing charity fundraising. This includes being registered with the Fundraising Regulator and adhering to the GDPR. This focus helps us adapt to any changes in the law or in best practice and continuously consider what's important to our supporters with regards to their privacy and data.

FUNDRAISING ON OUR BEHALF

Engaging with new and existing supporters is a privilege and an important part of our fundraising effort. We work with carefully selected professional fundraising agencies to conduct face-to-face activity and outbound calling as well as to manage our lottery, raffle and gift administration. We closely monitor those who work on our behalf through mystery shopping, call monitoring, training and regular account management to make sure they adhere to our high standards and those of the Fundraising Code of Practice.

SAFEGUARDING AND VULNERABLE SUPPORTERS

We recognise our responsibility to safeguard our supporters, beneficiaries and members of the public across all areas of our fundraising and services. Our safeguarding policy and annual safeguarding report is reviewed each year by the risk and governance committee, and all our staff are required to undertake our safeguarding training module which is ratified by safeguarding experts. The training module is reviewed on an ongoing basis in line with any changes to the policy, and our own safeguarding experience and learning staff are required to undertake refreshers every 2 years. Additional training and support is provided to staff in roles delivering direct services to our beneficiaries.

COMPLAINT HANDLING

From August 2024 to July 2025, we received and responded to 532 complaints (up from 372 in 2023/24). While the number of complaints we received is small compared to our overall reach, we take all negative feedback seriously. Each complaint has been thoroughly investigated and resolved with corrective action taken, where appropriate, to improve the work we do.

We have had no external complaints escalated to the Fundraising Regulator between August 2024 and July 2025.

OUR FUNDRAISING PROMISE

We rely on the generosity of our supporters, partners, and volunteers to make what we do possible. Through donations and fundraised income, we can work towards our vision that by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

We're committed to showing the individuals, companies, and organisations who support us how much we value them and the difference their support makes. The following principles guide our ways of working:

Honesty and accountability

- We ask for and listen to feedback and complaints and make improvements based on this feedback

- We closely monitor agencies working on our behalf and make sure they keep to our high standards

- We work in way that is compliant with relevant statutory bodies and the Fundraising Code of Practice

Kindness and respect

- We inspire people to give or raise money for Breast Cancer Now without making them feel pressured

- We have a procedure for working with people in vulnerable circumstances, including children

- We only communicate with people in the ways they prefer and always with a friendly and approachable manner
- We treat all donors and the members of the public fairly and with respect
- We value and acknowledge our supporters' contributions and thank them accordingly

Trust and transparency

- We keep supporter data secure and do not sell or share it for marketing purposes
- We use donations wisely and always with an unrelenting focus on our beneficiaries
- We do what we say we'll do with the donations we receive

Learning and developing

- We listen, learn and always strive to improve the experience of being a Breast Cancer Now supporter
- We constantly monitor how fundraising activities are received and perform to understand how our supporters experience them
- We invest time and energy in developing our own skills and knowledge so we can deliver effective fundraising and supporter experiences

ADVISORY BOARDS AND COMMITTEES

Finance and investment committee
The finance and investment committee are responsible for advising the board on short and long-term financial planning, including reviewing and overseeing the charity's financial performance against the budget, financial plans and proposals. The committee plays a governance role in the review of financial policies, processes and controls and advises on the appointment of external auditor. The committee is also responsible for appointing the charity's investment managers, setting and recommending the investment strategy to the board for approval and overseeing the management and performance of investments. The finance and investment committee met 4 times during the year.

Risk and governance committee
The risk and governance committee oversees the charity's risk management framework. It makes sure that strategic risks are identified, reported to the board and, where necessary, highlighted to other committees (such as the finance and investment committee). They also make sure that risk priorities and relevant actions are highlighted to the senior leadership team for further action by their directorates.

The committee also oversees changes to any material internal controls. The committee recommends the charity's risk management appetite and policy to the board for approval and reviews other policies which may result in significant reputational risk.

The committee oversees the charity's internal audit programme, including approval of the internal audit plan and monitoring the results and implementation of any findings. The risk and governance committee met twice during the year.

People and culture committee
The people and culture committee has delegated responsibility from the board for the remuneration and reward framework across the organisation. They also oversee the appointment of trustees and senior leadership, including the chief executive. The committee also has strategic oversight of the charity's people plan. The people and culture committee met 3 times during the year.

Science strategy committee
The science strategy committee is responsible for overseeing our research portfolio and making recommendations to the board regarding distributing our research funding. The committee plays a key role in making sure that our research supports our strategic aims and met twice during the year.

Chairs' committee
The chairs' committee is able to make decisions between board meetings where they are of sufficient urgency that it would be detrimental to wait until the next board meeting. The chairs' committee did not meet during the year.

RISK

Risk is inherent within all our activities and therefore must be understood and managed. Accepting a certain level of risk allows us to innovate and strive to achieve more for people affected by breast cancer. But it's important to balance risk across the organisation to make sure that it remains within our current level of appetite and tolerance.

We operate a process of risk identification and management that's embedded into the governance of the organisation. Central to this are our operational and principal risk registers, which are regularly reviewed and updated by the senior leadership and operational management team. Our principal risk register is also considered by the risk and governance committee and the trustees twice a year.

We regularly adapt the content to make sure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are living documents that continue to change over time in response to internal and external stimuli.

Risks are scored in terms of likelihood and impact. This allows us to quickly identify the most pressing risks and any changes in their profile. For each risk, the registers set out the possible causes, current controls in place to manage it and any actions ongoing to provide further mitigation. These actions are assigned an owner, and progress is tracked by the senior leadership team and the trustees.

Risk is considered by Internal Audit in proposing the annual audit programme which is approved by the Risk & Governance committee.

The trustees reviewed Breast Cancer Now's principal risks and are satisfied that risk management has been undertaken appropriately and that adequate systems were in place to manage risk. The senior leadership team are responsible for the day-to-day risk management and ensuring that each directorate is aware of, and appropriately manages, their risks.

We've considered the key risks facing the charity in the year ahead. Our key risks and mitigations to manage them are:

Risk	Mitigation
A high-profile incident results in a loss of reputational integrity, influence and support	1. Reputation management and crisis communication processes in place 2. Dedicated resource and expertise on reputation management 3. Robust governance framework and processes in place, including whistleblowing, conflicts of interest and fraud policies.
Loss or lack of growth in income	1. Agile fundraising strategy with quarterly reviews around performance to date and future pipeline 2. Regular reviews of investment performance and active use of money markets to deliver best available return on cash 3. 25/26 budget includes risk stratification of income streams and potential mitigations 4. The greater focus of our new strategy demonstrates the value and impact of giving to supporters and partners
Cyber security incident or loss of major IT infrastructure	1. IT policies and procedures including, Cyber Essentials Plus certification, vulnerability scanning, penetration testing and anti-virus software 2. Data is either held in the cloud or regularly backed up to the cloud 3. Robust third-party web hosting in place to ensure website continuity and access

ANNUAL REPORT AND ACCOUNTS 2024/25

Risk	Mitigation
Our operational model does not enable delivery of our strategic objectives	1. Organisational culture and values framework in place 2. Our operational structure enables strategic and cross organisational focus on growth and innovation 3. Use of technology and development of our infrastructure to create efficiencies which enable scalable growth in our service provision 4. Maintaining strong relationships with key partners who are essential to delivering our strategic objectives
Failure to comply with legal or regulatory requirements	1. Regular monitoring of regulatory changes with policies and practices adjusted as appropriate 2. Dedicated fundraising compliance senior officer, data privacy manager and governance manager 3. Regular mandatory training for staff in key areas such as data protection and safeguarding

S172(1) STATEMENT

The trustees are required to outline how they have met the requirements of S172(1) of the Companies Act 2006 in acting to promote the success of the charity to achieve its charitable purposes. This includes having regard to the interests of its stakeholders, volunteers, employees and the wider community.

The charity recognises it cannot achieve its mission on its own. Collaboration and working in partnership with its stakeholders are essential in making sure that by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

Our supporters, including members of the public, donors, trusts and corporate partners, help us raise funds we need to fund research and provide support services. We work closely with our suppliers and our dedicated colleagues, who are vital in us progressing towards our goal. We set out below how the charity engages with its different stakeholders and listens to their views to better achieve its charitable objectives.

Employees
Our success is underpinned by the wellbeing and performance of our colleagues, who are fundamental to everything we achieve. We engage with our colleagues in many ways:

- Our staff forum hosts regular online drop-ins for colleagues to raise questions, and for forum representatives to gather feedback and hear concerns
- Our monthly organisational updates give colleagues information on the charity's ongoing work, impact and progress. They also give colleagues the opportunity to ask questions and give feedback to the senior leadership team
- Our monthly directorate meetings give an opportunity for senior leaders to speak to their directorate and share updates across teams. The meetings are also an open forum for colleagues to update their peers, ask questions or flag concerns
- Our organisational management team meet monthly and cascade organisational information from those meetings
- Our weekly internal newsletter features updates from across the organisation, including operational news, campaigns and blogs
- Our intranet offers a space for colleagues to find and post information, and is an integral hub for connecting colleagues, wherever they're working from
- We host around 30 Now Sessions every year. These are informal, peer-to-peer sessions led by teams across the organisation to share knowledge, learnings and success stories
- We've developed an online learning and development platform to enhance learning opportunities and meet the diverse training needs of colleagues and
- We use staff surveys to get the views of colleagues, which helps us to become a more equitable, diverse and inclusive organisation
- Our EDI working group helps to help steer our development, implementation and monitoring of our organisational approach to EDI
- Our annual performance review process focuses on the performance and development of our colleagues, and we have a career progression framework to support our colleagues in their career development and career progression
- Our annual learning at work event took place in May with the theme 'Get Connected' and focussed on the social aspect of lifelong learning at work
- We host a staff conference and annual awards ceremony to celebrate the achievements of colleagues and the organisation. Colleagues contribute to the content and vote for their award nominations

ANNUAL REPORT AND ACCOUNTS 2024/25

- We have an environmental group and several social and wellbeing groups including mental health first aiders, a social committee, netball team and a craft group. Other support groups include our peer-to-peer learning groups, long-term health conditions group, LGBTQ+ network, parenting group, carers group, race and ethnicity group, Jewish community group, menopause/ perimenopause group and neurodiversity now group

VOLUNTEERING

Volunteers are central to the successful delivery of our vision and mission. This past year, volunteers gave us more than 12,000 hours of their time to help us improve the lives of people living with and beyond breast cancer. We are proud that so many of our volunteers choose to keep volunteering with us for many years with over 10% of volunteers having been with us for more than 6 years.

Volunteering is embedded within every directorate of the charity, where volunteers shape, resource, and support our activities.
The Volunteer Hub is responsible for providing infrastructure and support to staff teams who involve volunteers, championing new roles, and delivering some central programmes in line with strategic priorities.

VOLUNTEER SATISFACTION

We aim to deliver a meaningful volunteer experience to all who give us their time. This year the number of managed volunteers (people who support us through formal, longer-term roles) grew by 4% to 777 people. Our managed volunteers report high levels of satisfaction with their experience or volunteering at Breast Cancer Now. 88% of volunteers say that they feel valued by the charity and 94% of volunteers would recommend Breast Cancer Now as a place to volunteer.

> "I have other charities that I volunteer my time for, and a very busy full-time career and I can honestly say that helping people in person at Moving Forward workshops and remotely over the phone for Someone Like Me and online for the Health Information reviews is the most rewarding thing that I do. It is so meaningful to me as someone who has experienced Breast Cancer and now leads a healthy life. Staff are so supportive and make us feel appreciative."
>
> (Volunteer Experience Survey Respondent – July 2025)

VOLUNTEER MANAGEMENT SYSTEM

This year the volunteer service introduced a new volunteer management system.
The aim of the new system is to centralise all the key components of the volunteer journey, delivering an efficient, seamless and quality experience of volunteering at the charity.

Since launching the new system in January 2025, we have received over 300 applications from people interested in volunteering for Breast Cancer Now and we have successfully recruited more than 100 volunteers across 30 different roles.

Donors, trusts and corporate partners
Our partnerships with our donors, trusts and corporate partners are fundamental to our charitable work. Here's how we engage with them:

- We collaborate regularly with our corporate partners through online and face-to-face meetings, and co-create campaigns and activations
- We regularly review our partnerships to understand the levels of performance, impact and satisfaction
- We share major events and milestones with our donors and supporters. We report on the impact we're making thanks to their support through impact reports, email communications and our annual report and accounts

- We give opportunities for our supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists
- We host cultivation events, such as our annual carol service, to give our donors, trusts and corporate partners an opportunity to meet key members of our staff, trustees and each other
- We host donor-specific thank you events for our events, community, philanthropic, and legacy supporters to show them the impact of their support
- We have a clear thanking process for all supporters based on the type and level of support and their relationship with us
- Our Fundraising Promise guarantees donors of all types what they can expect from their relationship with us
- We have a clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with us

Partners and suppliers

Our ability to fund research and provide support to people affected by breast cancer relies on good relationships with our partners and suppliers. Some of the ways we do that include:

- Having a dedicated research team giving administrative support to make sure we collaborate effectively with institutions undertaking research on our behalf
- Building close working relationships with the hosts of our 4 long-term research activities: the Institute of Cancer Research (The Toby Robins Breast Cancer Research Centre and the Breast Cancer Now Generations Study), Kings College London (the Breast Cancer Now Research Unit) and the Barts Cancer Institute at Queen Mary University of London (the Breast Cancer Now Biobank)
- Developing links with external scientists through the science strategy committee and various conferences, including taking a leading role in the UK Interdisciplinary Breast Cancer Symposium
- Supporting the UK Breast Cancer Clinical Studies Group which facilitates the development and delivery of new clinical trials
- Working with organisations and coalitions that bring us together with others in the sector to amplify our voice, including the Association of Medical Research Charities, the Richmond Group, One Cancer Voice, the Scottish Cancer Coalition, Wales Cancer Alliance and Northern Ireland Cancer Charities Coalition
- Inviting healthcare professionals, such as oncologists, surgeons, physiotherapists and dietitians, to share their expertise and knowledge with service users through our face-to-face and online support services
- Employing sessional therapists, facilitators and nurses to co-deliver and support services to people affected by breast cancer, so we can reach more people across the UK
- Using a range of convenient, accessible and welcoming venues across the UK to host our services
- Creating a safe and comfortable environment for people to meet each other, share experiences and gain mutual support
- Developing our relationships with nurses and allied healthcare professionals in practice, supporting their continuous professional development, facilitating the sharing of best practice, and involving them with the development of our health information and support offer
- Working closely with our print suppliers to manage the distribution of our Patient Information Forum accredited publications
- Working closely with our virtual call centre supplier, allowing deliver of a nurse-led telephone helpline providing information and support
- Using a political monitoring service and other specialist suppliers to help us to take our influencing and campaigning work to elected representatives and campaigners
- Working with policy experts and other organisations in the sector to give us additional capacity to research and develop policy

ENERGY AND EMISSIONS

The following figures make up the baseline reporting for Breast Cancer Now. Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2024 and 2025 reporting year. For 2024 (1 August 2024 to 31 December 2025) used Database 2024, Version 1.1. For 2025 (1 January 2025 to 31 July 2025) used Database 2025, Version 1.0.

Note: figures include use of both Ibex House and White Chapel August 2024 to January 2025 so we should expect a reduction in year 2025/26.

Scope 2 emissions

	2024/25	2023/24
Grid supplied electricity – kWh	144,000	125,348
Associated greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	27	26
Intensity ratio emissions per headcount, based on average staff numbers of 376	0.07	0.06

SUSTAINABILITY

As a charity, we are committed to reducing the environmental impact we make on the environment resulting from the delivery of our activities. We are committed to sustainable development and reducing our carbon footprint by improving management of resources; increasing knowledge, aligning and amplifying individual team practice; and developing sustainable cultures with all our stakeholders.

- We have an active Environmental Working Group which is developing an action plan to improve sustainability with a focus on:
- supporting cultural change through increased organisational knowledge of sustainability issues
- waste and Recycling – using less scarce resources and recycling
- water – using less, reducing leaks, reducing bills
- travel – reducing unnecessary trips, incorporating sustainable alternatives
- procurement – environmental considerations within the supply chain where practicable

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of Breast Cancer Now for the purposes of company law) are responsible for preparing the trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company 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 the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015)
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards, comprising FRS 102, 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

In the case of each trustee in office at the date the Trustees' Report is approved:

A. So far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and

B. They have taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Jill Thompson
Trustee
26 November 2025



INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS AND THE TRUSTEES OF BREAST CANCER NOW

OPINION

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2025 which comprise Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets and Consolidated Cash Flow Statement 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2025 and of the group's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group 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 trustee's 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 charitable company's or the group'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 trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

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

- adequate and proper accounting records have not been kept or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees' responsibilities statement set out on pages 64, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

EXTENT TO WHICH THE AUDIT WAS CONSIDERED CAPABLE OF DETECTING IRREGULARITIES, INCLUDING FRAUD

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements, including financial reporting legislation and the Charities SORP (FRS 102), and tax regulations. We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be necessary to the charitable group's ability to operate or to avoid a material penalty. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We also considered the opportunities and incentives that may exist within the charitable group for fraud. We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of legacy income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, internal audit, and the Finance and Investment Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

USE OF OUR REPORT

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Nicola May
Senior Statutory Auditor

For and on behalf of
Crowe U.K. LLP
Statutory Auditor
London

[Date]

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES
INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 JULY 2025

	Note	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2025 £000	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2024 £000
Income from:									
Donations and legacies	2	33,125	-	5,678	38,803	31,242	-	5,146	36,388
Charitable activities		7,968	-	-	7,968	10,445	-	-	10,445
Other trading activities	3	10,952	-	372	11,324	9,305	-	205	9,510
Investments		1,175	-	-	1,175	1,116	-	-	1,116
Total income		**53,220**	**-**	**6,050**	**59,270**	**52,108**	**-**	**5,351**	**57,459**
Expenditure on raising funds	4	32,286	-	-	32,286	25,379	-	-	25,379
Expenditure on charitable activities	5	27,522	-	7,035	34,557	26,109	-	4,799	30,908
Total expenditure		59,808	-	7,035	66,843	51,488	-	4,799	56,287
Net unrealised investment (loss)/gain	11	(221)	-	-	(221)	2,003	-	-	2,003
Total net investment (loss)/gain		(221)	-	-	(221)	2,003	-	-	2,003
Net income/ (expenditure)		(6,809)	-	(985)	(7,794)	2,623	-	552	3,175
Transfers between funds	20	5,646	(5,646)	-	-	(5,348)	5,222	126	-
Net movement in funds		(1,163)	(5,646)	(985)	(7,794)	(2,725)	5,222	678	3,175
Funds brought forward	20	7,011	39,422	1,832	48,265	9,736	34,200	1,154	45,090
Funds carried forward	20	5,848	33,776	847	40,471	7,011	39,422	1,832	48,265

The Consolidated Statement of Financial Activities is for the Group as a whole.
Total income for the year for the parent charity was £59,259,000 (2024: £56,963,000).

All amounts relate to continuing operations. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. There are no material differences between the net income for the financial year and the historical cost equivalents.

ANNUAL REPORT AND ACCOUNTS 2024/25

BALANCE SHEETS AS AT 31 JULY 2025

	Note	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Fixed assets					
Intangible assets	9	2,613	2,311	2,613	2,311
Tangible assets	10	1,864	507	1,864	507
Investments	11	8,975	19,196	8,975	19,196
		13,452	**22,014**	**13,452**	**22,014**
Long term debtors	15	9,431	11,107	9,431	11,107
Current assets					
Debtors	14	14,746	16,717	21,909	22,206
Cash at bank and in hand		21,092	17,574	11,931	9,658
		35,838	34,291	**33,840**	31,864
Creditors: amounts falling due within one year	16	(13,523)	(12,901)	(11,582)	(10,920)
Net current assets		**22,315**	**21,390**	**22,258**	**20,944**
Total assets less current liabilities		45,198	54,511	45,141	54,065
Creditors: amounts falling due after more than one year	17	(4,410)	(5,798)	(4,360)	(5,359)
Provisions for liabilities	19	(317)	(448)	(317)	(444)
Net assets		40,471	48,265	40,464	48,262
Unrestricted Funds	21	5,848	7,011	5,841	7,009
Designated Funds	21	33,776	39,422	33,776	39,422
Restricted Funds	21	847	1,832	847	1,831
Total Funds		**40,471**	**48,265**	**40,464**	**48,262**

The notes on pages 74–97 form part of these financial statements.

The Charity's net movement in funds for the year was a decrease of £(7.8)m, (2024: increase of £3.2m)

The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 26th November 2025 and were signed on its behalf.

Jill Thompson
Trustee

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED 31 JULY 2025

	Note	£000	Group 2025 £000	£000	Group 2024 £000
Cash flows from operating activities:					
Net cash generated in operating activities	a		**(4,824)**		**(577)**
Cash flows from investing activities					
Dividends, interest and rents from investments		1,121		1,001	
Purchase of tangible fixed assets	10	(1,697)		(364)	
Purchase of intangible fixed assets	9	(1,082)		(803)	
Proceeds from the sale of investments		10,000		2,500	
Net cash generated investing activities			**8,342**		**2,334**
Change in cash in the reporting period			3,518		1,757
Cash at the beginning of the reporting period			17,574		15,817
Cash at the end of the reporting period	b		**21,092**		**17,574**

(a) reconciliation of net incoming resources to net cash flow from operating activities		Group 2025 £000	Group 2024 £000
Net income for the reporting period (as per the Statement of Financial Activities)		(7,794)	3,175
Depreciation and amortisation	9,10	1,113	800
Loss on disposal of fixed assets		7	4
(Decrease) in provisions		(131)	(7)
Unrealised loss/(gain) on investments	11	221	(2,003)
Dividends, interest and rents from investments		(1,175)	(1,116)
Investment fees deducted from portfolio	11	54	115
(Increase)/decrease in debtors		3,647	(806)
Decrease in creditors		(766)	(739)
Net cash generated from operating activities		**(4,824)**	**(577)**

(b) Analysis of cash and cash equivalents	Group 2025 £000	Group 2024 £000
Cash in hand	21,092	17,574
Total cash and cash equivalents	**21,092**	**17,574**



FINANCIAL ACCOUNTS AND NOTES

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 JULY 2025.

1. ACCOUNTING POLICIES

Charity information
Breast Cancer Now ("the Charity") is a Public Benefit Entity which was incorporated on 9 December 2014, and is registered in England and Wales (company number 09347608) and in the Isle of Man (company number 6021F). It was registered as a charity on 18 February 2015 with the Charity Commission in England and Wales (charity number 1160558), in Scotland (charity number SC045584) and the Isle of Man (charity number 1200). The Charity was established following the merger of Breakthrough Breast Cancer and Breast Cancer Campaign on 1 April 2015. On 29 April 2019 the Charity, following approval by the Trustees, acquired Breast Cancer Care.

On 30 April 2020 the Charity became the sole Corporate Trustee of Second Hope (Registered Charity No:1163205) a charity committed to supporting research in secondary breast cancer. Second Hope has been consolidated in the financial statements as a subsidiary.

Basis of preparation
These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at fair value and in accordance with Financial Reporting Standard 102 ('FRS 102') 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' and with the Statement of Recommended Practice 'Accounting and Reporting by Charities' FRS 102 as revised in 2019 ('the SORP 2019'), together with the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The functional currency of the Group and Charity is considered to be GBP because that is the currency of the primary economic environment in which the Charity operates.

Going concern
The Board has reviewed the Charity's activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost of living crisis and a review of a range of scenarios assessing the potential impact on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It is therefore reasonable to expect the Charity to have adequate resources to continue in operation for a period of at least 12 months from when the financial statements are authorised for issue.

During 2024/25, income out-performed at levels achieved in the previous year. We had continued resilience of the income streams from individual donors and corporate partners.

Consolidation
The financial statements consolidate the Charity and its trading subsidiaries ("Group"). The income and expenditure from the date of acquisition has been incorporated in these financial statements.

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

Exemptions
The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual Statement of Financial Activities.

Business combinations
Business combinations are accounted for by applying the purchase method. The cost of a business combination is the fair value of the consideration given, liabilities incurred or assumed and of equity instruments issued plus the costs directly attributable to the business combination. For combinations at nil or nominal consideration which are in substance a gift, any excess of the fair value of the assets received over the fair value of the liabilities assumed is recognised as a gain in the Statement of Financial Activities ("SOFA"). On acquisition, the fair values are attributed to the identifiable assets, liabilities and contingent assets.

Since the Charity is a charitable company, it is subject to the restriction in the Companies Act Accounts Regulations that prohibits the recognition of unrealised gains in the profit and loss account. In circumstances where the fair value of the assets received exceeds the fair value of the liabilities assumed, only the element of the gain which relates to the realised profits is recognised as "Other income" in the SOFA. The element of the gain which relates to unrealised profits is recognised as "Other recognised gains" in the SOFA.

Funds
The following funds are held by the Charity:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted reserves stood at £0.8 million at the yearend.
- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £5.8 million at the year-end.
- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £33.8 million at the year-end.

The Charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations, the trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the trustees in line with the reserves policy as described in the trustees report (page 76).

Income
Income is accounted for and included in the SOFA when the Group is entitled to the income, receipt can be quantified and receipt is probable. Income is deferred when it relates to future accounting periods.

Donations
Donations are recognised upon receipt along with any related gift aid. Donations which have been collected by a third party but not yet passed to the Charity are accrued based on the date of collection.

Legacies
Legacies are recognised when capable of financial measurement, receipt is probable and where there are no conditions that still need to be fulfilled. Pecuniary legacies are recognised once notification has been received and probate has been granted. Residuary legacies are recognised once notification has been received, probate has been granted and they can be reliably measured, usually on receipt of estate accounts. Legacies which include a life interest held by another party are recognised on notification of the death of the party benefiting from the life interest.

CORPORATE SPONSORSHIP AND PRODUCTS

Income from corporate sponsorship and products is measured at the fair value of consideration received or receivable and represents the amounts receivable, net of value added taxes. The Group recognises revenue when it has an entitlement to the revenue, it is probable that it will be received and the amount can be reliably measured. Revenue from corporate sponsorship is recognised over the period of the sponsorship arrangement. Revenue for the sale of goods is recognised at the point of sale.

Lotteries
Income received in respect of lotteries is recognised when the draw is made. Income received in advance for future lottery draws is deferred until the draw takes place.

Donated goods and services
Donated goods and services are recognised in the accounts when the benefit to the Charity is reasonably quantifiable and measurable. The value is the price the Charity estimates it would pay should it purchase equivalent goods or services.

Investment income
Investment income is recognised on a receivable basis.

Regional groups
The income of regional fundraising groups includes all transactions cleared on the regional group bank statements up to the year-end.

Fundraising events
The company recognises revenue for events at the date of event. Where revenue is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued.

Grants
Grant income is recognised when the funding offer is communicated in writing to the Charity or when performance related conditions are met.

Expenditure
Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA. Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

Expenditure on charitable activities includes direct staff costs and expenditure relating to charitable activities provision of services, clinical support, health information and policy and campaign costs. and research grant expenditure.

Research grants in furtherance of the Charity's objectives are the total amounts granted to external bodies for charitable work. The grants made by the trustees are recognised in the SOFA in the year the grant is awarded and notified to the recipient, provided a legal or constructive commitment exists and any conditions attaching to the grant have been fulfilled by the recipient. The liability is measured as the total of expected payments for the period to the next scientific review.

Costs relating to the sale of goods include the direct costs of purchasing and distributing goods for sale.

Communication and support costs are reviewed and any costs directly relating to our charitable activities have been allocated to the appropriate strategic charitable priority with the remainder being apportioned to charitable activities and raising funds based on a combination of headcount and staff time.

Governance costs are the costs incurred to manage the Charity in compliance with constitutional and statutory requirements and are included in support costs.

Operating leases
Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

Taxation
Breast Cancer Now has charitable status and therefore any income and gains are exempt from corporation tax under Section 202 of the Corporation Act 2010 to the extent that they are applied for their charitable objects.

Value Added Tax is only partially recoverable by the Charity and therefore the nonrecoverable element is included with the expenditure on which the VAT was charged in the SOFA.

The Charity's subsidiaries do not generally pay UK Corporation Tax because their policy is to pay taxable profits to the Charity as gift aid.

Pensions
Employees are entitled to join the pension scheme provided by Aviva. These are defined contribution schemes administered by an independent scheme administrator. Scheme funds are independent to the Charity and invested with Aviva. The Charity contributes by matching employee contributions to their personal pension to a maximum of 8% of salary. The cost of providing this pension scheme is charged to the SOFA when it is incurred.

Investments
Fixed asset investments are stated at fair value at the balance sheet date. Any realised or unrealised gains and losses are shown in the SOFA. Gains and losses are calculated with reference to market values as at the beginning of the year or cost if purchased during the year.

Current investments are shown at cost less any provision for expected losses.

Financial instruments
Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost with the exception of investments which are held at fair value.

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors excluding prepayments. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital.

Financial liabilities held at amortised cost comprise all creditors excluding deferred income, social security and other taxes and provisions.

Assets and liabilities held in foreign currency are translated to GBP at the balance sheet date at an appropriate year end exchange rate.

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial. Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date the Group held financial instruments at fair value of £8,975k (2024: £19,196k).

TANGIBLE ASSETS

Tangible fixed assets are stated at cost, less depreciation. Assets of under £1,000 in value are not capitalised but are taken fully as expenditure in the year of purchase.

Disposed assets are removed from the fixed asset register on the date of their sale or disposal. Any gain or loss on disposal is included within the SOFA. Depreciation is provided by the straight-line method, calculated to write off assets over their estimated useful lives at the following rates:

Fixtures and fittings: over 4 years

Leasehold improvements: over lease period

IT hardware: over 4 years

Tangible assets are subject to an annual impairment review, and any impairment identified is recognised in the SOFA in the year of the review.

Intangible assets
Intangible assets are stated at cost less accumulated amortisation. Intangible assets of under £1,000 in value are not capitalised but are expensed fully in the year of purchase.

Amortisation is calculated using the straight-line method at the following rate, calculated to write off assets over their estimated useful lives at the following rate:

IT software and website: 4-7 years

Critical accounting judgements and key sources of estimation uncertainty
In the application of the Group's accounting policies, trustees are required to make

judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

Critical accounting estimates:
* Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.

In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

Critical accounting judgements:
* Donated goods and services are not recognised where the incremental benefit to the charity cannot be reliably measured. This will primarily relate to services which are gifted on a pro-bono basis and there is no comparable expenditure incurred by the Charity. Please see note 2.

ANNUAL REPORT AND ACCOUNTS 2024/25

2. DONATIONS AND LEGACIES

	Unrestricted £000	Restricted £000	2025 £000	Unrestricted £000	Restricted £000	2024 £000
Trusts and appeals	2,660	170	2,830	2,717	391	3,108
Donations and legacies from individuals	26,255	5,054	31,309	25,348	1,084	26,432
Corporate donations	4,210	454	4,664	3,177	3,671	6,848
Total	**33,125**	**5,678**	**38,803**	**31,242**	**5,146**	**36,388**

The Charity benefits from the services of unpaid volunteers.
The value of this has not been recognised in the financial statements.

Donations and legacies from individuals includes £72,009 (2024: £91,798) of donated goods for auction prizes and has been recognised in the SOFA.

Legal advice was provided on a pro-bono basis the value of which totalled £58,082 (2024: £72,256) and has been recognised in the SOFA.

During the year the Charity was donated credits for ads by Google and Meta.
The value of which was £323,951 (2024: £323,951) which has also been recognised in the SOFA.

The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2025, but which are classed as a contingent asset total £25,000 (2024: £25,000).

3. OTHER TRADING ACTIVITIES

	Unrestricted £000	Restricted £000	2025 £000	Unrestricted £000	Restricted £000	2024 £000
Events	1,350	-	1,350	891	-	891
Corporate products and sponsorship	3,138	372	3,510	2,431	205	2,636
Lottery income	6,464	-	6,464	5,983	-	5,983
Total	10,952	372	11,324	9,305	205	9,510

4. EXPENDITURE ON RAISING FUNDS

	Direct costs £000	Support costs £000	2025 £000	Direct costs £000	Support costs £000	Total 2024 £000
Cost of raising funds from donations and legacies	29,181	2,545	31,726	22,899	2,024	24,923
Cost of other trading activities	464	42	506	312	29	341
Cost of managing investments	54	-	54	115	-	115
	29,699	2,587	32,286	23,326	2,053	25,379

5. EXPENDITURE ON CHARITABLE ACTIVITIES

5a. Charitable activities	Grants £000	Direct costs £000	Support costs £000	Total 2025 £000	Grants £000	Direct costs £000	Support costs £000
Research	15,893	3,689	1,464	21,046	14,297	3,588	1,197
Clinical	-	1,566	456	2,022	-	1,335	372
Services	-	5,024	1,100	6,124	-	4,158	899
Health Information & Policy	-	4,521	843	5,364	-	4,372	690
	15,893	14,800	3,863	34,557	14,297	13,453	3,158

5b. Grants
Grants were made to the following institutions during the year:

	2025 £000	2024 £000
Institute of Cancer Research	11,566	10,775
Queen Mary University of London	542	698
Kings College London	661	1,070
Queen's University Belfast	315	-
University of Edinburgh*	240	(3)
University of Southampton	-	249
University of Cambridge*	(8)	133
University of Bradford*	(1)	(2)
University of Oxford*	-	(22)
University of Exeter*	15	-
Imperial College London*	(10)	324
University of Sheffield	1,366	202
Royal College of Surgeons	60	-
Royal College of Surgeons in Ireland*	-	(8)
University of Manchester*	9	(35)
University of Birmingham	-	242
University of Cardiff	-	250
Prostate Cancer Research	-	300
Quadram Institute Bioscience*	1	249
University of Hull	101	-
Francis Crick Institute	302	-
Professor David French	125	-
University of Glasgow	400	-
Other Institutions*	209	(125)
	15,893	**14,297**

* These are grants that have been adjusted or have returned funds

ANNUAL REPORT AND ACCOUNTS 2024/25

6. SUPPORT COSTS

	2025 £000	2024 £000
IT, Finance & HR	2,670	2,149
Office	2,150	1,595
Management	361	356
Governance	1,268	1,110
	6,449	**5,210**

Total support costs of £6,449,000 (2024: £5,210,000) comprise of charitable support costs of £3,863,000 (2024: £3,158,00) and expenditure on raising funds of £2,586,000 (2024: £2,052,000). All support costs have been allocated entirely on a headcount basis.

7. NET EXPENDITURE FOR THE YEAR

This is stated after charging:	2025 £000	2024 £000
Depreciation and amortisation	1,113	800
Auditors' remuneration:		
Audit work	67	64
Operating leases rentals		
Property	1,195	1,127
	16	13

8. EMPLOYEES

	2025 £000	2024 £000
Wages and salaries	15,836	13,630
Social security costs	1,723	1,369
Pension costs	1,103	934
Other employee benefits	108	91
	18,770	16,024

Termination payments during the year totalled £187,498 (2024: £16,108).
Termination payments are recognised on an accruals basis and are included within staff costs.

The average number of employees during the year were:	2025 no.	2024 no.
Charitable activities	202	180
Fundraising	140	127
Support Services and governance	55	53
	397	360

The number of employees receiving remuneration over £60,000 (excluding employer pension contributions but including termination payments) during the year was as follows:

	2025 Total no.	2024 Total no.
£60,001 – £70,000*	14	4
£70,001 – £80,000*	12	14
£80,001 – £90,000	5	1
£100,001 – £110,000	-	2
£110,001 – £120,000	2	1
£120,001 – £130,000*	1	-
£130,001 – £140,000	1	-
£140,001 – £150,000	-	1
£160,001 – £170,000	1	-
	36	23

Pension costs for these higher paid employees amounted to £238,235 (2024: £164,052).

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, Chief Engagement Officer, Chief Scientific Officer and Chief Support Officer. The total earnings, including pension contributions, received by the key management personnel of the Charity during the year were £642,199 (2024: £576,065). In 2024/25 the Chief Executive was the highest paid member of staff and received remuneration of £160,417.

* includes termination payments

Trustees have not received remuneration (2024 £Nil).

ANNUAL REPORT AND ACCOUNTS 2024/25

9. INTANGIBLE ASSETS (GROUP AND CHARITY)

	IT Software & Website £000
Cost	
At 1 August 2024	3,685
Additions	1,108
Disposals	-
Transfers	(26)
At 31 July 2025	4,767
Accumulated amortisation	
At 1 August 2024	1,374
Charge for the year	780
Disposals	-
Transfers	0-
At 31 July 2025	2,154
Net book value	
Carried forward at 31 July 2024	2,311
Carried forward at 31 July 2025	2,613

10. TANGIBLE ASSETS (GROUP AND CHARITY)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £'000	Total £000
Cost				
At 1 August 2024	1,328	440	625	2,393
Additions	1,451	0	246	1,697
Disposals	(1,196)	(181)	(82)	(1,459)
Transfers	0-	0-	0-	0-
At 31 July 2025	1,583	259	789	2,631
Accumulated Depreciation				
At 1 August 2024	1,137	432	317	1,886
Charge for the year	192	3	138	333
Disposals	(1,196)	(181)	(75)	(1,452)
Transfers	0-	0-	0-	0-
At 31 July 2025	133	254	380	767
Net book value				
Carried forward at 31 July 2024	191	8	308	507
Carried forward at 31 July 2025	1,450	5	409	1,864

There were no assets held under finance leases in either year.

11. INVESTMENTS (GROUP AND CHARITY)

	2025 £000	2024 £000
Market value at 1 August	19,196	19,693
Unrealised (losses)/gains	(221)	2,003
Income reinvested	54	115
Investment fees	(54)	(115)
Withdrawals	(10,000)	(2,500)
Market value at 31 July	8,975	19,196

All investment assets are held in the UK and are unrestricted. The total historic cost of these investments is £12,843,000. The holdings by fund on a market value basis are as follows:

Fund	Asset class	Fund manager	2025 £000	2024 £000
CCLA	Equities, fixed interest and cash	CCLA	8,975	19,196
Total market value			8,975	19,196

12. CURRENT INVESTMENTS (GROUP AND CHARITY)

	2025 £000	2024 £000
Balance as at 1 August	-	-
Write back of provision	-	-
Transfer to cash at bank and in hand	-	-
Balance as at 31 July	-	-

An assessment of the provision is set out in the critical accounting estimates in note 1.

ANNUAL REPORT AND ACCOUNTS 2024/25

13. SUBSIDIARY UNDERTAKINGS

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884) and BCN Research Ltd (05047652). The Charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the Charity at 31 July 2025 was £245 (2024: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	2025 Total £000	2024 Total £000
Turnover	-	-	-	3,700	3,700	2,814
Cost of sales	-	-	(16)	-	(16)	-
Interest receivable	-	-	90	-	90	154
Administrative expenses	-	-	(7)	(561)	(568)	(551)
Profit before gift aid and taxation	-	-	67	3,139	3,206	2,417
Gift Aid payable to the Charity	-	-	(67)	(3,139)	(3,206)	(2,417)
Profit before taxation	-	-	-	-	-	-
Tax expense	-		-	-	-	-
Profit after taxation	-	-	-	-	-	-
Assets	-	-	2,087	7,719	9,806	8,697
Liabilities	-	-	(2,087)	(7,711)	(9,798)	(8,689)
Net Assets	-	-	-	8	8	8

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982). Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737) were dissolved during the year. The Charity is the Sole Trustee of Second Hope a registered charity (No:1163205).

The taxable profit from the subsidiaries each year is transferred to the parent Charity as a Gift Aid payment. For 2024/25 a total payable of £3,207,000 to the parent Charity has been recognised.

For a full listing of the subsidiary undertakings please see note 25.

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Trade debtors	1,410	5,134	1,033	4,386
Amount owed by subsidiary undertakings	-	-	7,808	6,267
Other debtors	620	190	620	190
Prepayments & accrued income	10,459	9,136	10,191	9,106
Other accrued income	2,257	2,257	2,257	2,257
	14,746	16,717	21,909	22,206

Trade debtors includes £Nil (2024 £Nil) falling due after more than one year.

Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

15. DEBTORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Other accrued income	9,431	11,107	9,431	11,107

16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Trade creditors	1,972	2,446	1,972	2,447
Grants payable	7,638	8,642	6,629	7,171
Taxes and social security	749	457	749	457
Accruals and deferred income	2,230	1,072	1,298	568
Other creditors	934	284	934	277
	13,523	12,901	11,582	10,920

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2025/26, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Balance as at 1 August	867	921	376	430
Amount released to income	(867)	(921)	(376)	(430)
Amount deferred in year	1,503	867	584	376
Balance as at 31 July	1,503	867	584	376

17. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2025 £000	Group 2024 £000	Charity 2025 £000	Charity 2024 £000
Grants payable	4,409	5,798	4,360	5,359

18. GRANTS PAYABLE

	2025 £000	2024 £000
At 1 August	14,440	15,419
Awarded during the year	16,182	14,606
Paid during the year	(17,996)	(15,270)
Adjustments during the year	(578)	(315)
As at 31 July	12,048	14,440
Due within one year (note 16)	7,638	8,642
Due after one year (note 17)	4,410	5,798
As at 31 July	12,048	14,440

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £15,728,000 (2024: £14,463,000) and adjustments during the year of a credit of £579,000 (2024: credit of £315,000), totalling £15,149 (2024: £14,418,000).

At 31 July 2025 the Charity had unrecognised commitments of £24m (2024: £24m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2025/26. These commitments will be funded from income in the relevant period.

ANNUAL REPORT AND ACCOUNTS 2024/25

19. PROVISIONS FOR LIABILITIES (GROUP AND CHARITY)

	Onerous lease 2025 £000	Dilapidations 2025 £000	Total 2025 £000	Onerous lease 2024 £000	Dilapidations 2024 £000	Total 2024 £000
Balance as at 1 August	-	444	444	-	455	455
Additional provision	-	214	214	-	-	-
Released	-	(341)	(341)	-	(11)	(11)
Balance as at 31 July	-	317	317	-	444	444

20. RECONCILIATION OF FUNDS

	Balance at 1 August 2024 £000	Transfers £000	Income £000	Expenditure £000	Investment Loss £000	Balance at 31 July 2025 £000
Unrestricted funds	7,011	5,646	53,220	(59,808)	(221)	5,848
Designated funds	39,422	(5,646)	-	-	-	33,776
Restricted						
General Research (1)	1,129	-	3,489	(3,771)	-	847
Prevention Research (2)	-	-	297	(297)	-	-
Secondary Research (3)	703	-	35	(738)	-	-
Support Services (4)	-	-	1,512	(1,512)	-	-
Other restricted funds (5)	-	-	717	(717)	-	-
Total restricted funds	1,832	-	6,050	(7,035)	-	847
Total Group funds	48,265	-	59,270	(66,843)	(221)	40,471
Unrestricted Charity funds	7,009	5,642	53,188	(59,777)	(221)	5,841
Designated Charity funds	39,422	(5,646)	-	-	-	33,776
Restricted Charity funds	1,832	-	6,050	(7,035)	-	847
Total Charity funds	48,263	(4)	59,238	(66,812)	(221)	40,464

Notes

(1) Donations specifically given to fund general research

(2) Donations specifically given to fund the research area of prevention

(3) Donations specifically to support the research area of secondary breast cancer

(4) Donations specifically to support our services

(5) This includes a variety of funds, where donations are restricted to specific areas of research and other charitable activity.

ANNUAL REPORT AND ACCOUNTS 2024/25

Designated Funds

The Charity's commitment to fund research is on a long-term objective which has been funded through annual net fundraising income which is subject to fluctuations.

Total funds at the year-end were £40 million (2024: £48 million) and are £34m more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

The prior year reconciliation of funds is shown below

	Balance at 1 August 2023 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	Balance at 31 July 2024 £000
Unrestricted funds	9,736	(5,348)	52,108	(51,488)	2,003	7,011
Designated funds	34,200	5,222	-	-	-	39,422
Restricted						
General Research (1)	651	100	2,853	(2,475)	-	1,129
Prevention Research (2)	-	-	459	(459)	-	-
Secondary Research (3)	-	329	374	-	-	703
Support Services (4)	-	200	1,005	(1,205)	-	-
Other restricted funds (5)	503	(503)	660	(660)	-	-
Total restricted funds	1,154	126	5,351	(4,799)	-	1,832
Total Group funds	45,090	-	57,459	(56,287)	2,003	48,265
Unrestricted Charity funds	9,729	(6,718)	53,468	(51,472)	2,003	7,009
Designated Charity funds	34,200	5,222	-	-	-	39,422
Restricted Charity funds	1,154	126	5,351	(4,799)	-	1,832
Total Charity funds	45,083	(1,370)	58,819	(56,271)	2,003	48,262

21. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Group	Group	Group	Group	Group	Group	Group	Group
	Unrestricted	Designated	Restricted	**Total**	Unrestricted	Designated	Restricted	Total
	2025	2025	2025	**2025**	2024	2024	2024	2024
	£000	£000	£000	**£000**	£000	£000	£000	£000
Tangible & Intangible assets	**-**	4,477	**-**	**4,477**	**-**	2,818	**-**	2,818
Investments	**-**	8,975	**-**	**8,975**	**-**	19,196	**-**	19,196
Net current assets	10,575	10,893	847	**22,315**	13,257	6,301	1,832	21,390
Long term assets	**-**	9,431	**-**	**9,431**	**-**	11,107	**-**	11,107
Long term liabilities	(4,727)	-	-	**(4,727)**	(6,246)	-	-	(6,246)
Total net assets	5,848	33,776	847	**40,471**	7,011	39,422	1,832	48,265

	Charity	Charity	Charity	Charity	Charity	Charity	Charity	Charity
	Unrestricted	Designated	Restricted	**Total**	Unrestricted	Designated	Restricted	Total
	2025	2025	2025	**2025**	2024	2024	2024	2024
	£000	£000	£000	**£000**	£000	£000	£000	£000
Tangible & Intangible assets	**-**	4,477	**-**	**4,477**	**-**	2,818	**-**	2,818
Investments	**-**	8,975	**-**	**8,975**	**-**	19,196	**-**	19,196
Net current assets	10,518	10,893	847	**22,258**	12,812	6,301	1,831	20,944
Long term assets	**-**	9,431	**-**	**9,431**	**-**	11,107	**-**	11,107
Long term liabilities	(4,677)	-	-	**(4,677)**	(5,803)	-	-	(5,803)
Total net assets	5,841	33,776	847	**40,464**	7,009	39,422	1,831	48,262

22. FINANCIAL AND OTHER COMMITMENTS

Operating lease commitments
The Group and Charity have the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2025 £000	Related 2024 £000
Property leases expiring:		
Within one year	547	681
Within two to five years	2,566	3,114
Equipment leases expiring:		
Within one year	3	1
Within two to five years	1	**-**

Lease payments expensed in the year are disclosed in note 7.

23. TRUSTEE EXPENSES

The Trustees received no remuneration in the year. Three Trustees received reimbursement expenses totalling £2,109 during the year (2024: 3 Trustees, £1,651).

The Charity has in place insurance to indemnify the Trustees for actions brought against them for wrongful acts committed. A Trustee indemnity insurance policy was held during the year as follows:

From 1 April 2025 to 31 March 2026 - AXA (sourced through PIB). Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covered trustee indemnity, employment practices liability and entity legal liability.

From 1 April 2024 to 31 March 2025 - AXA (sourced through PIB). Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covered trustee indemnity, employment practices liability and entity legal liability.

24. RELATED PARTY DISCLOSURES

During the year the Charity awarded grants of £1,366,222 and grant adjustments of £nil (2024:£249,575 and £nil respectively) to the University of Sheffield. There was an outstanding creditor of £1,621,854 (2024:£361,067) at year end. The Charity made a payment of £105,436 (2024: £3,122) during the year. Trustee Ingunn Holen is an employee (tenured) of the University of Sheffield.

During the year the Charity made a grant adjustment of £nil (2024:£nil) to Maidstone & Tunbridge Wells NHS Trust. There was an outstanding creditor of £58,137 (2024: £65,447) at year end. The Charity made a payment of £7,310 (2024: £15,903) during the year. Trustee Claire Ryan is a Macmillan Consultant Nurse Metastatic Breast Cancer at the Trust.

The Charity paid a levy to the Fundraising Regulator of £15,000 (2024: £12,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2024: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

The Charity paid a sponsorship fee of £2,000 to LTA BWBC Ltd (2024: £2,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2024: £Nil). A Trustee, Georgette Oni, holds the position of Director, Consultant Oncoplastic Breast Surgeon at LTA BWBC Ltd.

The Charity received a grant from the National Cancer Research Institute (NCRI) of £25,000. A Director, Simon Vincent is a Trustee of the NCRI. This grant relates to activities planned in future financial years 2025/26 and 2026/27.

During the year, the Charity had the following transactions with its subsidiary companies:

- Payable under Gift Aid from BCN Trading Ltd of £3,139,000 (2024: £2,270,000) and management charge of £533,642(2024: £537,123).
- Payable under Gift Aid from BCN Research Ltd of £67,640 (2024: £147,181).

25. SUBSIDIARY ENTITIES

Name	%	Registration	Registered Office	Status
BCN Trading Limited	100	England & Wales	6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS	Trading
BCN Research Limited	100	England & Wales	6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS	Trading
Breast Cancer Care Trading Limited	100	England & Wales	6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS	Non-trading
Breast Cancer Campaign	100	England & Wales	6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS	Dormant
Breakthrough Breast Cancer	100	England & Wales	6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS	Dormant

Charitable Incorporated Organisation	Ownership	Regulator	Registered Office	
Second Hope	Sole Trustee	Charity Commission	6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS	Active

LEGAL AND ADMINISTRATIVE DETAILS

Independent Auditors
Crowe U.K. LLP
55 Ludgate Hill,
London EC4M 7JW

Bankers
Barclays Bank plc
1 Churchill Place,
London E14 5HP

Solicitors
Russell Cooke
2 Putney Hill,
London SW15 6AB

Investment Managers
CCLA
1 Angel Lane,
London EC4R 3AB

Registered Office
6th Floor, The White Chapel Building,
10 Whitechapel High Street
London E1 8QS

Glasgow
Robertson House, 3rd Floor,
152 Bath Street,
Glasgow G2 4TB

Sheffield
St James House, Vicar Lane,
Sheffield S1 2EX

Cardiff
Tudor House, 4th Floor,
16 Cathedral Road,
Cardiff CF11 9LJ

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breastcancernow.org

THANK YOU

We'd like to thank everyone who supported us this year. Special thanks go to:

Research committees:

- The Grants Committee
- The Improving Public Health, Equity and Wellbeing Committee
- The Science Strategy Committee
- The Biobank Advisory Council
- The Biobank Access Committee

The expert reviewers from all over the world who helped us evaluate research grant applications.

The staff and scientists working on our research grants who have supported us in promoting the world-class research we fund.

The patients who have generously donated tissue and blood samples to the Breast Cancer Now Biobank.

Everyone who has supported our More Time To Live campaign, especially those who have shared their experiences or attended the parliamentary launch of the campaign and the Setting the bar too high report, including:

- Laura Price
- Kathryn Hulland
- Lee Daniel
- Alison Jones
- Viv Smith
- Helen Crawford
- Madeleine Meynell
- Jennifer Misak

We'd like to give a special mention to 2 of our campaigners who have sadly died:

- Miranda Ashitey – Miranda was a tireless campaigner and advocate for people living with secondary breast cancer. She championed our work and supported us with so much, from appearing in The Show to being an active member of our Breast Cancer Now Voices network
- Tracy Pratt – Tracey was one of the incredible patient advocates we worked closely with during our Enhertu Emergency campaign. From sharing her experiences with the Health Secretary and in the media, to helping us take the campaign to parliament, she did so much to support the campaign

Everyone who has shared their experience with us to help shape our input into NICE and SMC appraisals for new treatments.

The experts and leading clinicians who attended our roundtable on improving family history and genetic services in England for those at increased risk of breast cancer, including:

- Sacha Howell
- Juliet Usher-Smith
- Charlotte Coles
- Ramsey Cutress
- Katie Snape
- Judith Hayward
- Kirtida Patel
- Suzanna Fitzgerald
- Jodie Moffat
- Fiona Taylor

All the women who took part in focus groups and interviews to share their experiences of being at an increased risk and navigating the services available to them. Their insights have been instrumental in shaping our policy work on family history and genetics.

Sarah Hamilton, Zosia Miedzybrodzka, Alex Murray, Gareth Irwin, along with BRCA Chats and BRCA Link NI's support in gathering insight on family history services across the UK.

Everyone who supported and helped launch Count Us In: an advocacy pledge to advance the visibility of secondary breast cancer, especially to those who shared their experiences and insights on the panel:

- Ashley Dalton MP
- Claire Myerson
- Vicki Durston
- MJ Coteau
- Lisa Rankin
- Professor Charlotte Coles

The people with secondary breast cancer across the UK who have shared their experience and expertise in the importance of improved data collection and access to treatments, including:

- Alison Tate
- Jen Hardy
- Charlotte Astley
- Ann McBrien

All our amazing volunteers, with particular thanks to the volunteers recognised for their contributions as nominees for the Tracey William's Outstanding Volunteer Award 2025:

- Jane Stoddart
- Jill Strickland
- Claire Griffiths (runner up)
- Karen Turvey
- Pamela Penfold
- Fiona Smirnoff-Anderson
- Lorraine Hathorn
- Coral Rose
- Caroline Robson
- Sarah Hepworth
- Anne James
- Tabby Duff
- Pat Leiper
- Michelle Parker
- Hannah Gardner
- Bal Nanray (winner)
- Sophie Blake
- Caroline Roe

Fundraising committees and societies:

The Pink Ribbon Ball Committee

Charitable trusts and foundations:

- Art for Cure
- Boltini Trust
- Boundary Outlet
- Doris Field Charitable Trust
- Edith Murphy Foundation
- Eric Wright Charitable Trust
- Fairfax & Favor
- Isle of Man Anti Cancer Association
- The Manny Cohen Foundation
- PayPal Giving Fund
- Pom Pom London
- Postcode Care Trust funded by players of People's Postcode Lottery
- Secondary1st
- Simon Gibson Charitable Trust
- ShareGift
- The Syncona Foundation

ANNUAL REPORT AND ACCOUNTS 2024/25

Major donors:

- Rab and Pat Harley
- Claire and Mark Urquhart
- Rosemary Walker
- Jo and Helen Wetz
- Charles Wilson and Rowena Olegario
- Special thanks to Robert Swannell and to everyone who has supported The Patricia Swannell Appeal.

Individuals, groups and business who supported our fundraising:

- Alice Maguire and It Matters Foundation
- Andreas Michaelides, Glenn Cashmore and Handsworth Golf Club
- Angela Ratcliffe
- Batley Bulldogs RLFC
- Bishopbriggs Golf Club
- Boobs & Brass
- Burgess Hill Breast Cancer Now Group
- Catherine Bennett
- Charity Heroes
- Chantele and Phil Rashbrook and the Clifftop Challenge
- Claire Seedhouse and Linda Donovan
- Damart
- Dawn Dale
- David Booker
- Diana Johnston
- Dream Challenges
- Elaine Mitchell
- Eleanor Moffat
- Emma-Jane Wright and the National Association of Tangent Clubs
- Emma West and Joanne Whelan
- Freshdental Institute
- Gerard McStay and St Patricks High School
- Gina Gray
- Gourock Golf Club
- Graham and Lorraine Burns
- HiQ
- Huw Williams and SheUltra
- Isle of Man Breast Cancer Now Group
- Isle of Wight Breast Cancer Now Group
- Jan Hulme
- Jane Brooks
- Jason and Aimee Guy
- Jeanette and Carol Horlock
- Jody Marton
- Kate Miles
- Kathy Caldwell and Jean Davies
- Keri Hill
- Kerry Banks
- Ladies in Pink, Scarborough
- Lee Rembridge and family
- Linda Lee
- Linda Robertson
- Liz Mackay and Riny Wondergem
- London Landmarks Half Marathon organisers
- Lorraine Hathorn
- Lucy Pattullo
- Music Magpie
- Notre Dame High School
- Oldmeldrum Breast Cancer Now Group
- Pamela and David Penfold
- Pink on the Tyne Fundraising Group
- Perth Racecourse
- Rebecca and Sam Alexander
- Rebecca Walker and Lloyds Bank, Grimsby

- Robert Cuthbertson
- Salisbury Breast Cancer Now Group
- Sam Robinson and Gareth Williams
- Sheila Wilson
- Shindi Panesar
- Shropshire Fundraising Group
- Somerset Breast Cancer Now Group
- Trisha Davidson
- Turnhouse Golf Club
- Uphall Golf Club
- Val McGavin
- West Lancashire Fundraising Group
- Williamwood Golf Club
- Women in Estate Agency

Our community, corporate and pharmaceutical partners who donated more than £10,000:

- Ann Summers
- Asda
- Eden Tyres
- Eli Lilly
- Estee Lauder
- Everyone Active
- GeneSys Bio
- George at Asda
- Ghd
- Gilead
- Karen Millen
- M&S
- MBNA
- Next
- Novartis
- Pentel
- Pfizer
- Primark
- Roche
- Tombola
- Zoggs

And the many individuals who have shared their personal stories and given their time to support our work with corporate partners this year.

The Breast Cancer Now Development Board for their support and commitment.

Asda suppliers who supported our Tickled Pink partnership:

- PZ Cussons
- P&G
- Unilever
- Premier Foods
- International Procurement & Logistics (IPL Group)
- RB UK Hygiene Home Commercial Ltd
- Procter & Gamble UK
- General Mills
- Lucozade Ribena Suntory
- Kingsmill
- Essity UK Ltd
- AG Barr
- Fox's Burton's Companies UK Ltd
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- Müller
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- McCain Foods GB Ltd
- Britvic
- Grupo Bimbo UK
- Baxters Foods Limited
- Pukka Pies
- Mowi CP UK
- Proper Snacks (Catapult Enterprises)
- Finsbury Food Group
- Reckitt Benckiser
- Scotts Bakery

ANNUAL REPORT AND ACCOUNTS 2024/25

BREAST CANCER NOW The research & support charity

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200).

Registered Office:
Breast Cancer Now, 6th Floor, The White Chapel Building,
10 Whitechapel High Street, London, E1 8QS

BREAST CANCER NOW

England & Wales - Charity number 1160558

Accounts

ANNUAL REPORT AND ACCOUNTS

2023/24

BREAST CANCER NOW

The research & support charity


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INSIDE THIS REPORT

4 A message from our chief executive and chair

6 Our 5 strategic objectives

45 Accelerating our progress

58 Financial review

62 Governance, structure and management

75 Statement of trustees' responsibilities

76 Independent auditor's report

83 Financial accounts and notes

106 Legal and administrative details

107 Thank you

Unless noted otherwise, the facts and statistics stated in this report relate to the period 1 August 2023 to 31 July 2024.

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200).

Registered Office:
Breast Cancer Now, Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY

TURNING THE PAGE AND LOOKING TO THE FUTURE

A message from our chief executive, Claire Rowney, and our chair of trustees, Jill Thompson



Claire Rowney
Chief executive,
Breast Cancer Now



Jill Thompson
Chair of trustees
Breast Cancer Now

This year, we've made meaningful progress towards our vision that by 2050, everyone diagnosed with breast cancer will live, and be supported to live well. And we couldn't have done it without you – our supporters, volunteers, campaigners, partners, donors and more. So however you've been involved in our work this year, we want to say a huge thank you.

It's been a year in which we've made significant strides forward, said goodbye to an incredible champion for our cause, and begun to look to the future.

Our research has delivered some exciting findings. For instance, how cancer cells can 'hijack' healthy cell competition processes to grow and spread at the expense of healthy cells. Or how whether a tumour follows a 24-hour biological clock can affect a person's chances of survival. Both of these shed a light on important biological processes that point the way to better treatments.

And we continue to invest in the areas where we think we can make the biggest difference. This year, we launched the Patricia Swannell dormancy and late recurrence funding programme. This will help us answer one of the most pressing questions in secondary breast cancer – how cancer cells lie dormant in the body for so long before being reactivated. We've also invested over £7m looking at how to develop new and kinder treatments – including looking at an exciting new type of immunotherapy and trying to understand how some triple negative breast cancers resist chemotherapy.

We've also improved our support offering, so we can be here for more people affected by the disease. We've expanded our reach, from opening up our Speakers Live sessions to more people, to running 6 new Living with Secondary Breast Cancer groups. And we've seen many of our services go from strength to strength, with Someone Like Me, our peer support service, having its best year ever.

On the campaigning front, we reached 27 million people with our Touch Look Check campaign that raises awareness of the signs and symptoms to look out for. We helped secure greater access to 3 new cancer drugs. And we've been contributing to a national audit of the numbers of people living with secondary breast cancer.

We brought together all of our evidence and insight into one place for the first time, creating Breast Cancer in the UK 2024: A Compendium. And we continue to work to better understand and counter inequalities in breast cancer. From funding research projects to find out how different groups understand breast cancer, to reaching underserved groups with our information and campaigns, and calling for the screening programme to be more inclusive.

In March, we held our Gallery of Hope exhibition at the Saatchi gallery in London. A striking and emotive reminder of the power of research, it combined photography and AI to show the future moments that 10 people affected by secondary hope to see, if they had more time.

And of course, this year we said goodbye to Baroness Delyth Morgan, our chief executive for over 20 years. Her contribution to our mission and our cause simply can't be overstated. A tireless advocate for the needs of people affected by breast cancer, and someone whose drive and determination has been behind so much of the progress we've made in that time. Thank you Delyth, for all your hard work and all you achieved.

THIS YEAR WE SAID GOODBYE TO BARONESS DELYTH MORGAN, OUR CHIEF EXECUTIVE FOR OVER 20 YEARS. HER CONTRIBUTION TO OUR MISSION AND OUR CAUSE SIMPLY CAN'T BE OVERSTATED.



It's fair to say it's been a busy year, full of new developments. But we also know that the situation for people affected by breast cancer is continually changing and we can't stand still. We need to keep adapting and evolving if we want to succeed – addressing new challenges and seizing new opportunities.

As we approach the end of our current strategy, much of our time will be spent understanding what we need to do going forward and creating our new strategy. Because for all the progress we've made, we have much further to go.

We're confident that we have the people, energy and commitment we need to do this. And with your continued support, we know we can make our vision a reality.

Jill Thompson
Chair of trustees



Claire Rowney
Chief executive



OUR 5 STRATEGIC OBJECTIVES



To work to improve treatments, care, and services for those affected by secondary breast cancer.

So that fewer lives are lost to secondary breast cancer – and fewer people feel forgotten by a system focused on “cure”.



To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer.

So that no one has to face breast cancer alone and unsupported.



To develop kinder, smarter treatments for people with breast cancer and to improve access to them for all who could benefit.

So that people with breast cancer can benefit from more effective treatments that don’t rob them of their quality of life.



To improve detection and diagnosis of breast cancer.

So that everyone with breast cancer has the very best chance of survival.



To further our understanding of why breast cancer occurs and spreads.

So that fewer people develop breast cancer in the first place.

Our commitment to equality, diversity and inclusion

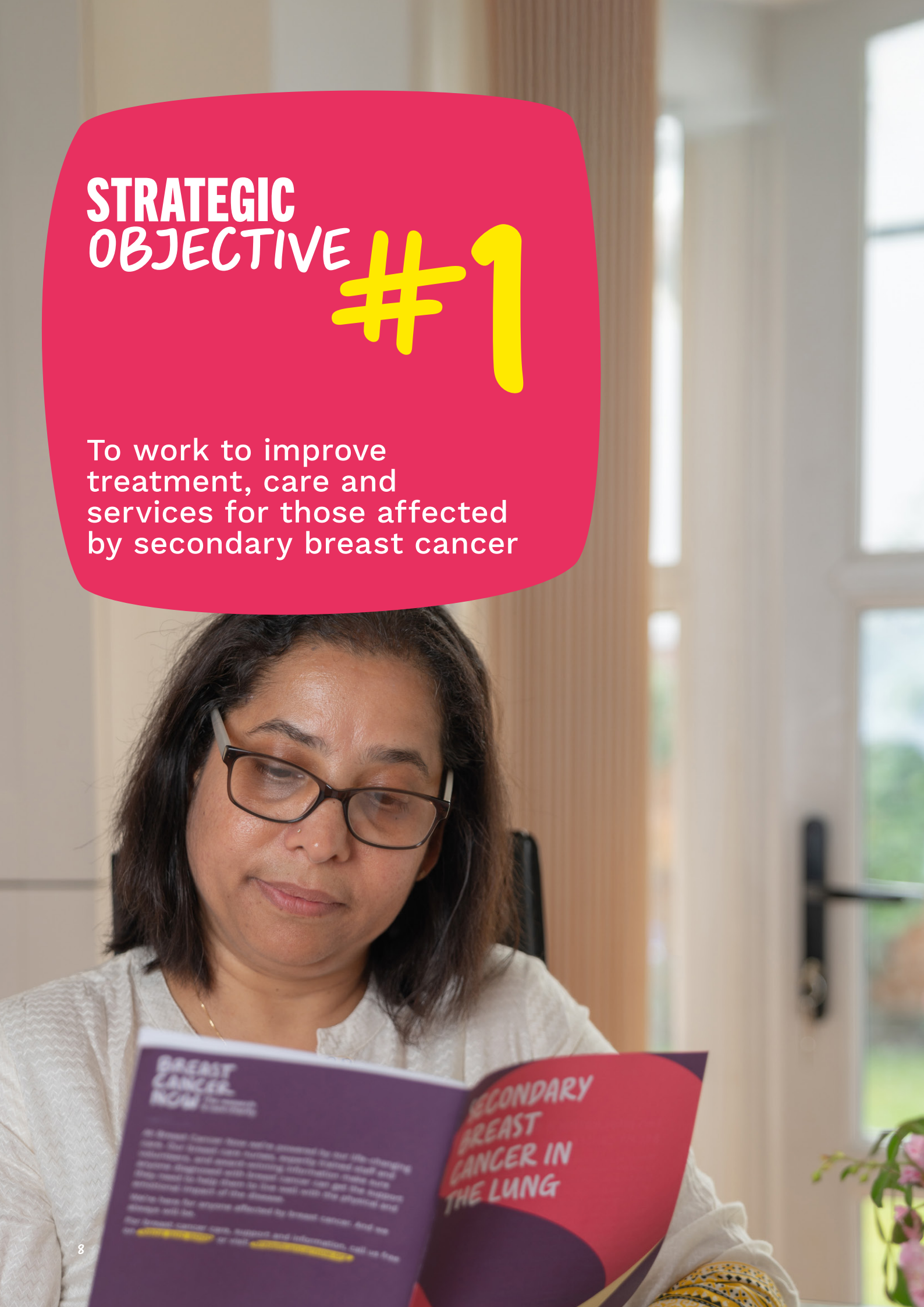
We're here for everyone affected by breast cancer. So, it's vital that we do everything we can to be an inclusive organisation that truly reflects the needs of the people we support.

Our ambitions will include:

- Increasing inclusivity in the ways we deliver our charitable work
- Reaching more diverse communities with our health messages, support services and research
- Reducing and removing the differences in breast cancer survival outcomes based on ethnicity, geography and socioeconomic group
- Making sure that our support services and NHS care are accessible to and used by all
- Reducing the differences in screening attendance and awareness between ethnic and socioeconomic groups
- Understanding the reasons for variation in incidence between different groups and working to reduce these where we can

STRATEGIC OBJECTIVE #1

To work to improve treatment, care and services for those affected by secondary breast cancer



2023/24 highlights

- Supporting 836 people living with secondary breast cancer through our services, an increase of 7% from last year
- Reaching 174,000 people through our secondary breast cancer Facebook Live sessions
- Funding £1.1 million worth of research into improving outcomes for people living with secondary breast cancer (compared to £900,000 last year)
- Working with 7 hospital trusts and 2 Cancer Alliances to identify 94 improvement goals relating to secondary breast cancer care

In the UK, 11,500 people die each year from breast cancer. Most of them will have secondary breast cancer, which happens when breast cancer cells spread to other parts of the body. The most common areas breast cancer can spread to are the bones, lungs, liver and brain.

We estimate that there are around 61,000 people currently living with secondary breast cancer in the UK. And while it can be treated, it currently can't be cured.

We're committed to supporting people with secondary breast cancer to live well for as long as possible. By raising awareness of the signs and symptoms, so that more people can be diagnosed earlier. By funding groundbreaking research projects, so that new treatments can be found. By campaigning for better care and access to drugs, so that people can have more time. And by expanding our services for people with secondary breast cancer, so that they can get support and meet others who understand what they're going through.

Here are some of the ways that we've been working to make this objective a reality...

Raising awareness of secondary breast cancer

...by highlighting the signs and symptoms

The earlier secondary breast cancer is diagnosed, the sooner people can start treatment – to control the cancer, relieve symptoms, and maintain their health, wellbeing and a good quality of life for as long as possible.

Too often, the signs and symptoms of secondary breast cancer can be missed or overlooked. Throughout the year, we've taken action to make sure more people know the signs and symptoms to look out for.

Our Secondary Signs and Symptoms awareness campaign reached an incredible 3.2 million patients and healthcare professionals. The campaign also led to 90,482 views of our secondary signs and symptoms health information page on our website.

By raising vital awareness of the signs and symptoms of secondary breast cancer, we're giving patients and healthcare professionals the knowledge and information they need to diagnose it earlier. Our health information has also empowered people to raise concerns with their GP and helped reassure people that their concerns are normal and valid.

A second webpage specifically highlighting the symptoms of secondary breast cancer was viewed by over 67,000 people this year.

> "Made me feel that I am normal for worrying about new changes in my body. It is reassuring to feel that I am not overreacting."

One of our support services, Moving Forward, also highlights the signs and symptoms of secondary breast cancer to people who've recently finished treatment for primary breast cancer. An evaluation found that 4 weeks after the course had finished:

94% knew how to keep breast aware after treatment

85% knew which signs and symptoms of secondary breast cancer

82% had the confidence to report signs and symptoms to their treatment team

...by showing what it's like to live with secondary breast cancer

In September, we launched our brand marketing campaign 'If I had more time'.

The campaign explored how research allows people with secondary breast cancer to live their lives as fully as they can, and what the gift of more time would mean to them. We worked with 9 people with secondary breast cancer from across England for the campaign. They were kind enough to let us into their homes to film them while they shared, in their own words, their experiences of living with secondary breast cancer – and what they would do if they had more time.

Running in September and October across TV, radio and digital marketing, the campaign was seen or heard 80.5 million times (surpassing our target by 24%) and drove 26,395 visits to the website landing page.

We launched a re-run of the campaign in April and May, which was seen 81.3 million times (6% over our target) and drove 35,356 visits to the landing page.

...by celebrating people living with secondary breast cancer through art

In March, we held the Gallery of Hope at the Saatchi Gallery in London. The gallery was a groundbreaking exhibition combining photography and AI, made in collaboration with 10 people living with secondary breast cancer.

Each photograph was a snapshot of future moments – moments the 10 people living with the disease hoped they'd be able to see. The exhibition highlighted how important research is in giving people with secondary breast cancer more time to live, and brought awareness of the disease to a wider audience. Overall, the campaign featured in 17 media pieces and was seen 85 million times.

Improving care for patients

...by improving healthcare professionals' knowledge and skills

Through our Secondary Breast Cancer Nursing Group, we bring together clinical nurse specialists, advanced nurse practitioners, research nurses and palliative care nurses who work with people diagnosed with secondary breast cancer.

Together, we help them develop skills, share best practice and improve the service their hospital trust provides – driving change and helping to improve standards of care for their patients. As there are only a small number of secondary breast cancer CNSs, the group gives them vital opportunities to network and learn from each other.

The group has 202 members and meets 3 times a year. This year, there were 126 attendances over the 3 meetings.

Topics covered in the meetings included advanced care planning, giving information to new patients in group appointments, immunotherapy, reviewing treatments for secondary breast cancer and managing worrying thoughts, workload and difficult conversations.

In an evaluation:

100% of attendees agreed that the meetings had an impact on their professional and clinical practice.

They mentioned they appreciated the peer support and the opportunity to learn, share and develop their practice.

Actions the attendees planned to take after the meetings included sharing the session on managing worries with colleagues, planning a holistic needs assessment (HNA) group for new patients and putting into practice the tips about managing patient anxiety.

Another way we share information with healthcare professionals is through our webinars. This year, 38 healthcare professionals attended our **Talking to children and young people** webinar.

When someone has secondary breast cancer, it can be difficult for them to talk to their families – especially if they have to explain their diagnosis to children or younger people.

The webinar focused on pre-bereavement support for families facing the death of a parent, and will help healthcare professionals support their patients in navigating these conversations.

The session showed attendees ways they can help their patients discuss their diagnosis with younger people and tackle difficult questions that may come up.

...by working with hospitals to improve their services

This year marked 20 years of the Service Pledge – our programme dedicated to improving breast cancer services across multiple NHS trusts.

Through this programme, we help hospitals gather patient and staff feedback on their breast care services, and then help them use this feedback to find practical ways of making meaningful improvements. In 2023, we worked with 2 Cancer Alliances and a total of 7 hospital trusts.

Of the 140 improvement goals identified, 94 (62%) were relevant to secondary breast cancer treatment, care and support. These included increased emotional support, having better access to a secondary breast clinical nurse specialist, being able to meet others with a secondary diagnosis, and support and information on planning for the future.

In 2024, we're continuing to work with a further 2 Cancer Alliances to review the service they provide to their patients.

Through listening and learning from each other, patients with secondary breast cancer and healthcare professionals work in partnership to create real change.

Supporting people living with secondary breast cancer

...by improving our helpline support

We support thousands of people each year on our free, confidential helpline. This year, we commissioned a study looking at how the helpline could better meet the needs of people affected by breast cancer, including people with secondary breast cancer.

Through working with an online community of people with or affected by secondary breast cancer, we learned they wanted more support with:

- Gaining new knowledge and information
- Feeling less alone
- Getting things off their chest
- Feeling more able to support someone they knew who had been impacted by secondary breast cancer

As a result of this, we're now looking into having dedicated times on our helpline when one of our secondary clinical nurse specialists will offer pre-arranged callbacks.

...by providing information that people can trust

When it comes to secondary breast cancer, there can be a lot of unanswered questions. It can be difficult to know where to get information, and to know what information to trust.

We provide expert information in a variety of ways, empowering people living with secondary breast cancer with knowledge and answers to their questions.

In our Facebook and Instagram Live videos, our clinical experts have open discussions with people affected by breast cancer. This year, we reached over 174,000 people with our Facebook Live sessions specific to secondary breast cancer – that's over 50,000 more than last year.

One of these sessions focused on palliative care, a conversation that's particularly relevant to people with secondary breast cancer. The session reached almost 23,000 people and was shared on the national Marie Curie Facebook page to their 566,000 followers.

In September, we launched new health information pages on our website focused on secondary breast cancer. Since the new pages launched, they've had 245,453 views. Created by our team of clinical experts and reviewed by lay readers and healthcare professionals, they're a reliable source of information that people can trust.

> "My experience in reading this information was outstanding. I understand where we are at now and I understand what is to come. I appreciate this article because my Sister-in-law has this secondary cancer. I have more understanding of what is coming at us. Thank you!"

We also provide information through our Speakers Live sessions. The sessions take place live over Zoom and are an accessible way for people to learn from experts on a range of topics relating to secondary breast cancer.

This year, we increased the range of the sessions and covered a greater variety of topics, including those related to secondary breast cancer.

In January, we held a session on travelling, travel insurance and secondary breast cancer, which proved to be our most successful Speakers Live session to date. 76 people watched live, and a further 46 watched the recording.

We developed the session after noticing that many people from our online support groups had unanswered questions about this topic. Our expert speaker for the session was living with secondary breast cancer herself, which was really appreciated by the people who attended.

> "It was very helpful to hear about her experiences of working in the travel industry and her experiences of breast cancer. She answered all the questions very well, even the toughest."

This year, we also started evaluating our Speakers Live sessions for people living with secondary breast cancer, and found that:

93% of attendees said they understood more about the topic covered in the session

80% said they felt more confident to set intentions and plan actions to help them live well

80% agreed they felt reassured that their feelings were a normal part of living with secondary breast cancer

...by expanding our secondary support groups

Coming to terms with a secondary breast cancer diagnosis can be incredibly difficult, as can dealing with the emotional and physical challenges it brings.

We know our services are bringing positive benefits to people with secondary breast cancer and helping them address these challenges. So, we want as many people as possible to be able to access our services and get the help they need.

With that in mind, this year we increased investment in our secondary services. We've increased the size of the team that deliver the services and expanded our online offering through more virtual groups and courses.

We started 6 new Living with Secondary Breast Cancer support groups in Doncaster, Derry/Londonderry, Norwich, Buckinghamshire, Harrogate and Reading.

Through our services we supported 836 people with secondary breast cancer this year – an increase of 7% from last year.

In an evaluation of our Living with Secondary Breast Cancer support groups, we found that:

85% agreed they'd gained information and tips to help them cope with living with secondary breast cancer

84% agreed they were reassured how they feel is normal

83% agreed they felt more connected to other people with secondary breast cancer

"I didn't realise or acknowledge how lonely and isolated about my cancer I was feeling until I joined the support group."

People tell us that they gain significant positive benefits from having time together, learning from and supporting each other.

We also continue to offer invaluable support to younger women living with secondary breast cancer through our Younger Women with Secondaries Together event. We heard from women who attended the service in Manchester this year how useful it had been – helping them gain new knowledge and feel less alone.

"I feel seen, validated and less alone on this journey."

We had a bigger positive impact this year than last year in most of the aspects of wellbeing, confidence and knowledge that we measure.

Gathering insight and influencing policy

...by campaigning for better data on secondary breast cancer in the UK

We campaigned for years, alongside our supporters, for an audit to take place to address the lack of data on secondary breast cancer. And in 2021, a national audit was announced by NHS England and the Welsh government.

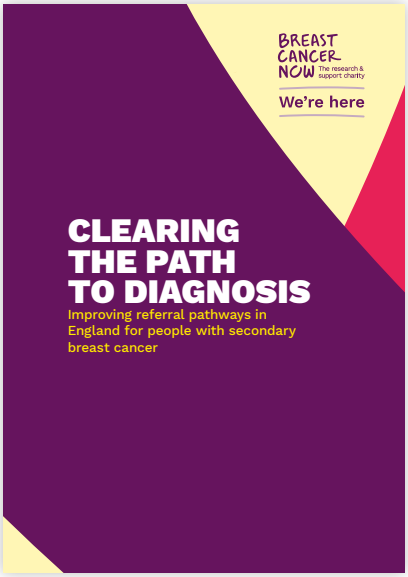
This year, we've continued to shape the audit through our role on the advisory committee. We supported the recruitment of patients to the panel to make sure the voices of people affected by breast cancer are included throughout. As a result, accessible patient versions of all audit outputs will now be available, highlighting issues that patients will be interested in.

The audit is now starting to give us some insights into the care provided to people with secondary breast cancer in NHS hospitals across England and Wales, which can be used by NHS organisations to review their performance.

However, improvements are urgently needed in data completeness across the NHS to ensure the audit can provide the nationwide picture that is so desperately needed. We'll continue to engage with the audit advisory committee over the next year and to highlight the urgent need for this data.

We were also concerned about the lack of quarterly data on patients in Wales, given that this is key to providing the most up-to-date insight. Following engagement with the Welsh government, we successfully secured confirmation from them to begin quarterly reporting in 2026.

And in Scotland, we've continued to engage with the Scottish government to make sure it delivers on its commitment to improve secondary breast cancer data collection. Subsequently, they published a data roadmap setting out how Public Health Scotland is waiting from guidance from the European Network of Cancer Registries on recurrence data. They'll then look to implement the commitment by 2026.



...by finding out what secondary CNSs need to improve their support

We want to better understand what kind of support people with secondary breast cancer receive from a clinical nurse specialist (CNS), and how this can be improved.

This year, we carried out a focus group with secondary breast cancer CNSs in England, to try and understand the issues they're facing in supporting their patients.

Common themes that came up included capacity, morale and the impact of wider support roles. We'll continue this work next year with a focus group of people living with secondary breast cancer across the UK, and engagement with secondary CNSs in the devolved nations.

The critical insight we gain from these projects will increase our understanding of the issues CNSs face and help us shape future influencing activities – ultimately improving the care that patients receive.

...by calling for clearer guidance for healthcare professionals on diagnosing secondary breast cancer

We know there's a problem when it comes to diagnosing secondary breast cancer quickly. People often tell us they've had to visit their GP several times before being diagnosed, or that their symptoms and worries haven't been taken seriously enough.

Recognising possible cases of secondary breast cancer can be challenging for GPs, and referral routes can be tricky to navigate. Also, patients don't always know the signs and symptoms to look out for because they're not given enough information.

In October, we published our 'Clearing the path to diagnosis – Improving referral pathways in England for people with secondary breast cancer' briefing. It calls for clearer guidance for healthcare professionals, so that patients completing their treatment for primary breast cancer know the symptoms of secondary breast cancer and who to report them to.

We've also contributed to the development of breast cancer pathways in the devolved nations, including the clinical management pathway for breast cancer in Scotland and the metastatic breast cancer pathway in Wales. The pathways will provide support to healthcare professionals and guide service delivery, making sure breast cancer patients receive treatment and care that meets their needs.

RESEARCHING NEW WAYS TO TREAT SECONDARY BREAST CANCER

As well as improving the lives of people living with secondary breast cancer, we're also working hard to understand more about the disease and how it can be treated or even prevented.

This year, we spent £1.1 million on research into improving outcomes for people living with secondary breast cancer. This includes supporting 13 active research projects.

Here are some of the highlights of our research this year.



Identifying a new target for treating secondary breast cancer in the brain

Walk the Walk Fellow Dr Damir Varešlija and Professor Leonie Young at the Royal College of Surgeons in Ireland have identified a key factor behind secondary breast cancer in the brain.

We already know that a protein called RET plays a role in the spread of ER-positive breast cancer to the brain. Damir and Leonie's study found that RET helps cancer cells stick to brain tissue and grow, and that it works together with another protein called EGFR to help these cancer cells spread.

The team hope that this finding will lead to clinical trials testing RET inhibitors in people with secondary breast cancer in the brain. As treatment options are currently limited, better treatments could extend lives and improve the quality of life for people living with this type of breast cancer.

Finding a way to overcome treatment resistance

Professor Nicholas Turner at the Breast Cancer Now Toby Robins Research Centre is looking into how breast cancer cells become resistant to hormone therapy.

Fulvestrant is a widely used type of hormone therapy, usually for ER-positive secondary breast cancer. But breast cancer cells become resistant to this treatment over time, and Nicholas and his team want to find out why.

In this study, they looked at how people with changes in a gene called ESR1 responded to fulvestrant. They found that 4% of breast cancers developed new changes to the ESR1 gene when treated with fulvestrant, on top of existing changes. They also found that the combination of these gene changes made the cancer resistant to fulvestrant.

Nicholas and his team then tested a series of hormone therapies currently in clinical development on fulvestrant-resistant cancer cells. They found that these cancer cells were sensitive to all 4 therapies tested in the lab.

This study could lead to new therapies to treat people with secondary ER-positive breast cancers.

Understanding the oestrogen receptor gene to better treat secondary breast cancer

Professor Simak Ali is investigating how changes in the oestrogen receptor (ER) gene contribute to hormone therapy resistance. He hopes this will lead to more effective treatments for secondary ER-positive breast cancer.

Up to 80% of breast cancer diagnoses are ER-positive. Many of these can be successfully treated with hormone therapy. But some ER-positive tumours don't respond to this treatment or stop responding over time. They can come back, grow and spread and become incurable.

The ER gene is altered in up to 40% of secondary ER-positive breast cancers that are resistant to hormone therapy. Simak and his team found that not all changes in the ER gene affect breast tumour cells in the same way.

They'll use breast cancer cells grown in the lab and cutting-edge gene analysis techniques to study the consequences of different ER gene alterations and what other genes are affected. They hope this will reveal new and more effective ways to treat ER-positive secondary breast cancers that don't respond to hormone therapy.



Funding new research into breast cancer dormancy and late recurrence

In January, we launched a new programme to support research addressing dormancy and late recurrence of breast cancer – The Patricia Swannell dormancy and late recurrence research funding programme.

This programme has been created thanks to the Patricia Swannell Appeal for Secondary Breast Cancer and the incredible generosity of everyone who has supported the appeal.

With the loving support of her family, The Patricia Swannell Appeal for Secondary Breast Cancer was set up in 2022 to:

- Raise awareness of the signs and symptoms of secondary breast cancer
- Support healthcare professionals with education and training
- Develop better testing, diagnosis and treatment through funding research to tackle the challenge of dormancy

Applications to the programme closed in June, and we'll award the funding in December 2024.



IN JANUARY, WE LAUNCHED A NEW PROGRAMME TO SUPPORT RESEARCH ADDRESSING DORMANCY AND LATE RECURRENCE OF BREAST CANCER – THE PATRICIA SWANNELL DORMANCY AND LATE RECURRENCE RESEARCH FUNDING PROGRAMME.

STRATEGIC OBJECTIVE #2

To improve support for the physical and mental health and the emotional wellbeing of people affected by breast cancer



2023/24 highlights

- Supporting over 4,500 people with primary breast cancer through our services, an increase of 30% from last year
- Supporting thousands of people with breast health concerns by responding to 11,663 helpline calls and 3,339 messages through our Ask Our Nurse service (compared to 11,155 calls and 2,839 messages in 2022/23)
- Spending over £12,000 through our access fund on expenses like travel and childcare costs to make sure our services are accessible to everyone who needs them
- Sharing our knowledge with 908 healthcare professionals across the country through our expert webinars

We know that the impact of a breast cancer diagnosis and the treatment that follows can be very challenging.

That's why we're here for everyone affected by breast cancer, with a range of support services to help people cope at every stage – from initial diagnosis through to living with and beyond breast cancer.

We also work closely with healthcare professionals, offering education, support and information so they can better support their patients and signpost them to our services.

We also campaign for better support, and fund new ways to support the physical and mental health of people affected by breast cancer.

Here are some of the ways that we've been working to make this objective a reality...

Helping more people to access our services

...by making sure the people who need to, know about them

We want to be here for as many people as possible affected by breast cancer through our support services. But if people don't know about them, they can't use them. It's vital that we advertise our services far and wide, so that more people can get the support they need.

This year, we ran a campaign to promote our support services, including Moving Forward, Living with Secondary Breast Cancer, Someone Like Me, Younger Women Together and Younger Women with Secondaries Together. For the first time, we also started advertising Ask Our Nurses.

Thanks to this campaign, which used the message "Whatever breast cancer brings, we're here", we reached 12 million people through paid social media. We reached 4.5 million patients through our marketing in and around hospitals, and the campaign was seen 94,000 times by healthcare professionals. Thanks to all of this, registrations for our services went up by 67% overall.

...by providing a single referral service

Here For You is our personalised referral route aimed at healthcare professionals. It connects people with primary or secondary breast cancer to our support services through one simple referral from a healthcare professional. Once referred, patients are offered calls at 3 points in time from one of our trained volunteers. The volunteer will talk through the services we have available, making sure the patient gets access to the support they need at the right time.

This year, 1,311 people were referred to us through the service. And this led to 1,436 extra registrations for our services. That's over 60% more people being referred to us, and 95% more registrations than last year, each of which means someone being able to access support and information that's right for them.

We want to make sure that Here For You is available to as many people as possible, so we also offer an interpreter service. This year, 92 calls were interpreted in 21 languages – that's about 2 and a half more times than last year.

Of the people who used the service:

94% felt more confident about accessing information and support when needed as a result of speaking to a volunteer

90% felt less alone by speaking to a volunteer

90% felt more supported

83% felt less overwhelmed about their diagnosis

80% felt more in control

"The feeling of calmness throughout the call and that someone was listening was a relief. I didn't once feel information overload and really appreciated the guidance given about the different support available to me."

...by improving access to our support services

Even though all our services are free, there's sometimes a cost involved in attending – like travelling to and from a course. To make sure our services are accessible to as many people as possible, we set up our access fund. Funded by Asda, it helps people attend services they otherwise wouldn't be able to by covering the financial cost.

Recently, we worked closely with a woman who wanted to attend one of our services. As an asylum seeker living alone with a newborn baby in a government-funded hotel, childcare was an issue.

We organised and paid for childcare and worked with our staff and the venue so that she was able to access the support she needed.

As a result, she felt less isolated while coping with her diagnosis.

"I'm so happy to be part of this event. Thank you so much for having me. No words can explain for me how I'm feeling. Meeting all these beautiful and kind women and sharing this hard time and journey gives me hope that there is life after all this all. Really, from my heart thank you everyone who's involved in this event."

This year, we received 107 requests and spent a total of £12,413.56 on helping people attend our services. The majority of the requests are for help with travel costs. We also organise and pay for accommodation for people who need it because they're coming from further away. We have 11 regular users who we help attend their Living with Secondary Breast Cancer monthly group.

Making sure everyone gets the information they need

...by being on hand to answer questions

Breast cancer can be hard to make sense of. But our expert nurses are on hand to answer any questions people have, or simply listen and support them with what they're going through. This year, we received 11,663 calls to our helpline and 3,401 messages through our Ask Our Nurses service.

We know that what people want from our helpline includes getting the knowledge and information they need to help them manage their situation, to feel less alone and more confident. When we asked users of our helpline how it had helped them:

99% of people said they felt less alone

97% felt more confident to make informed decisions about their treatment, care and support, and ask questions of their treatment team

95% felt more reassured their feelings were normal

88% felt more in control

"I intend to ask more questions of health professionals at my appointment this afternoon."

...by promoting physical activity

We know that being physically active during and after breast cancer treatment can bring many benefits. It helps people's mental wellbeing, reduces some side effects of treatment and improves their long-term health.

We're helping to improve people's physical health through the "We Are Undefeatable" campaign. It aims to change the way we talk about physical activity for people living with long-term health conditions and help them incorporate physical activity into their lives. It was developed in collaboration with The Richmond Group of Charities (a collaboration of 15 leading health and social care charities).

This year, we promoted the campaign across our channels, and it was seen over 200,000 times on social media. It also reached over 1,000 people through our services and over 4,000 people through our public health talks. From a recent survey, 26% of people with breast cancer who remembered seeing the campaign took an action because of it – anything from trying a new type of physical activity to discussing it with friends, family or a healthcare professional.

...through our community of Vita readers

Vita is our magazine full of real-life stories and articles about health and wellbeing for people living with or beyond breast cancer. It helps people feel supported and connected, whatever they might be going through.

This year, we published 2 issues of Vita. And we ran a survey of our readers, which showed that thanks to the magazine:

97% feel more connected to other people who've had breast cancer

90% feel more supported

84% feel more positive about living with breast cancer

80% feel better able to cope with their condition

Now, we're using these results to tailor the content according to what readers most want to see more of – breast cancer research, diet, coping with side effects, secondary breast cancer and breast cancer support. And we're also adding an extra issue a year from 2024/25.

"It's like a warming lifeline and reminds me I'm not alone"
Vita survey respondent

...by creating new information

This year, we updated our popular **Exercises after breast cancer surgery** leaflet and created brand new video content to go alongside it. We worked with an exercise specialist to create 9 short videos demonstrating how to do the different exercises. They're a helpful and accessible addition to our existing information on physical activity and exercise.

...by offering Live advice and information

We offer information and support through our Facebook and Instagram Live sessions. This year, these sessions were viewed more than 1 million times, a 13% increase on the previous year. And we had 5,197 comments and questions from people watching. In our most recent survey of our Facebook and Instagram live sessions:

92% of people said they had a greater understanding of the topic

91% felt more reassured that their feelings were normal

83% felt more confident to do things that would help them live well during or after breast cancer

"It was really good to hear from someone in the same position as me, but who is also a breast cancer doctor - the session was clear, honest and informative. I'll definitely watch more, presented by really friendly people"
Quote from someone who watched the diet and nutrition session.

And our Speakers Live webinars were previously only open to younger women, but as many of the topics were also relevant to a wider audience, we decided to open them out to more people.

We piloted extending the reach of the events to anyone with a diagnosis of primary breast cancer between February and April 2024. And the feedback has been very positive.

Of the people who responded:

91% said they had a greater understanding of the topic covered and 81% felt more prepared for the future

"This was my first live speakers' session and I found it so helpful. The speakers were knowledgeable and have really helped me understand things clearer. It was also so informative regarding post chemo which was so helpful. I can't thank you enough, I definitely feel more empowered and confident."

Speakers Live has now become part of our service offer for anyone with a primary diagnosis. Registrations have continued to increase and there are plans to increase the number of events by 50% next year.

Being here for everyone affected by breast cancer

This year, we supported over 4,500 people through our services for people with primary breast cancer – that's 30% more than last year.

Our Someone Like Me service celebrated its 50th birthday in December 2023. Through Someone Like Me, we match people affected by primary breast cancer with volunteers who've had a similar experience to them. Through phone calls or emails, the volunteer can answer questions, offer support or just listen.

We've seen consistent growth year on year and the last year was no exception. In the last 12 months, we've matched 1,951 people with a volunteer. This is 65% more people than we were able to support 5 years ago, and nearly twice as many compared to 10 years ago. This includes 213 matches in July 2024 alone – our biggest month ever!

96% of people who responded to our survey said that they had gained confidence from hearing about someone else's experience

97% said that they felt more reassured that how they were feeling was normal

90% said they felt less alone thanks to the service

"My volunteer has been so important to my healing journey. Her impact on me has been invaluable. She was realistic with me, hopeful and built my confidence. I will be forever grateful to her."

Our Moving Forward course, which helps people to adjust to life beyond primary breast cancer, is now operating in 21 new areas. Our evaluation of the course shows it has positive impact so we're working to make sure more people know about it.

Of those who attended our Moving Forward courses this year:

94% agreed that their feelings were a normal part of a breast cancer diagnosis after the course, compared to 65% at the beginning

89% knew more about ways of managing their own emotional wellbeing, up from 38%

92% knew where to go with any concerns, up from 60%

"It helped me to process the last 16 months which I maybe hadn't dealt with. I'm no longing trying to prove I can be the same, I'm living in the here and now and starting to really move forward."

As well as our online and in-person day events, we've also re-established a 2-day residential Young Women Together course. These courses bring together women with primary breast cancer who are aged 45 and under so they can meet other women who understand what they're going through and get tailored information on topics that are unique to them.

We ran 3 of these in Bristol, Glasgow and Leeds, supporting 133 women under 45 diagnosed within the last 3 years.

91% of women we asked said they felt less alone after attended the residential

"The residential has been life changing for me. It helped me to come to terms with my diagnosis. I'd never laughed or cried so much in 2 days, and that was really good for me."

Improving how we offer support

...by harnessing the power of lived experience

We want to make sure that we're meeting the needs of the people we support. A key way to do this is involving people with lived experience of breast cancer and letting their views shape our work.

In November 2023, the Here for You team established our first lived experience project group to support how we design and deliver the service. The 5 members, who are from different ethnic backgrounds, bring many skills and new ideas and are able to challenge the way things are done.

Michaela, who manages our Here for You service, described how a project group member had helped recruit a staff member and what value that had brought.

"They helped us write the job description and interview questions and were part of the selection process and on the interview panel. It really helped us see it from a different perspective and choose the right person."

And Coral, one of the group members, reflected on her involvement.

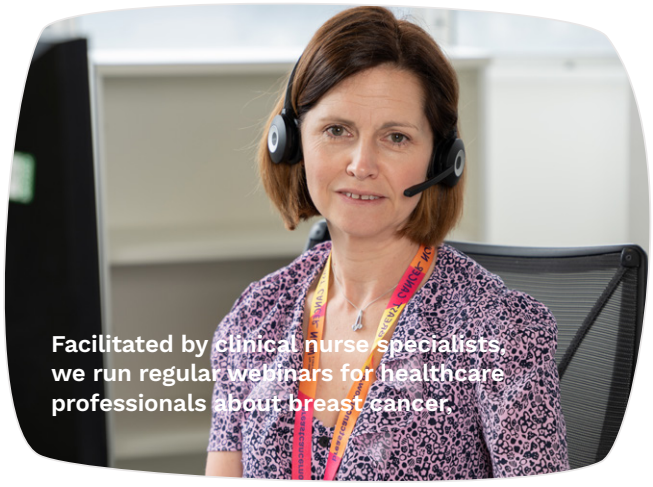
> "It has been a privilege to be part of the Here for You project group. I very much feel involved in the development of Here for You and can see where my input has had an influence. Rather than just providing the view of someone with lived experience, I can bring my whole self and add value with my professional skill set. I feel a valued member of the team."

...by better understanding the needs of underserved groups

By better understanding the experience of different groups of people, we can make sure our services are set up to give them the support they need.

That's why we set up an EDI for services project, taking a deep dive into the experiences of 60 people from 50 different underserved groups who have not heard about us or our services. These include black and South Asian people, people over 70 and people from socio-economically disadvantaged backgrounds. As part of this, we built relationships with community organisations across the UK to help us collaborate more in future.

We've also added EDI questions to our Service Pledge programme, so we can better understand how people from different groups experience hospital care, and what specific support needs they have.



Facilitated by clinical nurse specialists, we run regular webinars for healthcare professionals about breast cancer.

Working with others to have a bigger impact

...by educating health professionals

Facilitated by clinical nurse specialists, we run regular webinars for healthcare professionals about breast cancer, including topics on treatments, side effect management and new developments, with the aim of improving knowledge and practice to ultimately improve patients' experience of treatment.

This year, 908 healthcare professionals registered for our webinar series. Of those who responded to our survey:

94% felt better able to support their patients

94% said they'd increased their understanding on the topic

One of the webinars was on the psychological impact of cancer. Some of the actions which those attending were going to take away included working with a psychologist to see if they could offer training to staff, and applying the skills they had learned when talking to patients who are struggling with their diagnosis.



...by partnering with patients and healthcare professionals to drive change

The Service Pledge, part-funded by Novartis, is our programme dedicated to improving breast cancer services across multiple NHS trusts.

Through this programme, we help hospitals gather patient and staff feedback on their breast care services, and then help them use this feedback to find practical ways of making meaningful improvements. In our work with 2 Cancer Alliances, patients said that they:

- Felt unsupported while waiting to go for surgery
- Found it difficult to access emotional and psychological support
- Felt anxious once their treatment had ended

Working with the trusts involved, we helped them come up with improvement goals to address these concerns. These include:

- Making sure staff are trained on surgical wards to support patients
- Telling patients what emotional support is available to them
- Offering patient-led follow-up sessions at the end of treatment

Some patients also wanted more support with changes to their body after surgery and wanted more opportunities to see images of surgery outcomes. They felt they'd benefit from talking to someone who'd had a reconstruction before they decided which path to take. As a result, some services are reviewing their imagery so patients can see the different outcomes of surgery and can make an informed choice.

Roche provided a grant to fund an independent evaluation of the Service Pledge, the Scoping Project, to identify how this award-winning programme can be further improved. Novartis part-sponsored the 2023/24 Service Pledge.

...by working with our corporate partners

This year, we worked with corporate partners to help improve people's physical, mental and emotional wellbeing.

Ann Summers continued to sell My Viv, a unique product range designed to support the sexual wellbeing of woman affected by breast cancer. The products are created with women with breast cancer, and 10% of the net profits from the sale of certain products sold are given to us.

We also worked with M&S to evolve their post-surgery product range. We carried out trials with a diverse group of women across the UK, along with feedback from our Voices community, to make sure women with breast cancer are considered throughout the design process.

FUNDING RESEARCH TO HELP IMPROVE PEOPLE'S PHYSICAL WELLBEING

This year, we spent £120,000 on research into improving support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer. This includes supporting 4 active research projects. Here are some of the highlights of our research this year.

Understanding black women's experiences of hormone therapy

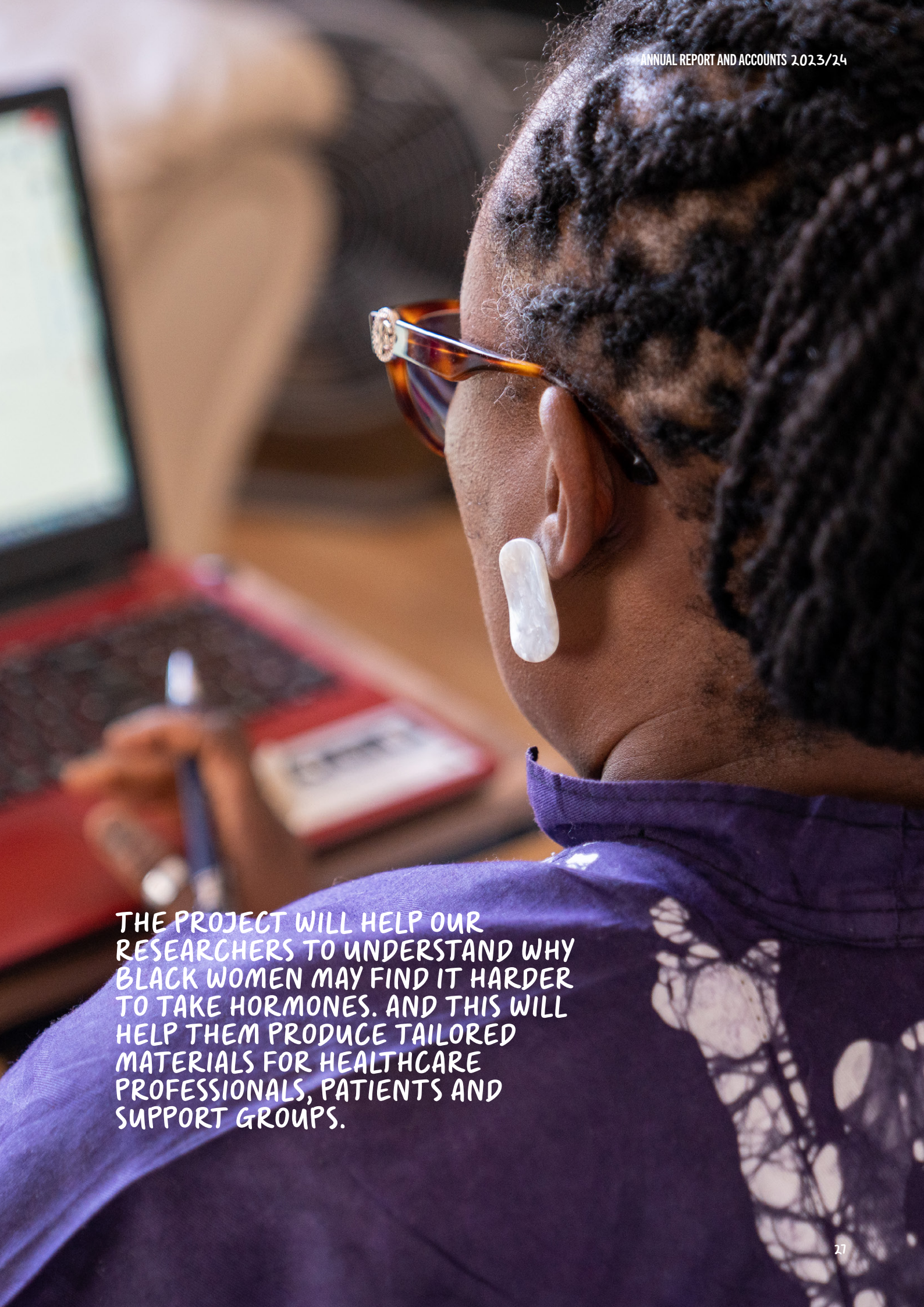
Women from black African and Caribbean backgrounds are less likely than white women to develop breast cancer. But when they do, they have lower survival rates.

They're more likely to be diagnosed with advanced breast cancers. And to get breast cancers that are more difficult to treat, like triple negative breast cancer. But these reasons aren't enough to explain why they're more likely to die from the disease. So, it's important we understand why this is the case.

One possibility is to do with hormone therapy. Many women find it difficult to take hormones because of the side effects. We know that around 40% of people forget about it, and around 10% deliberately miss, skip, or change doses. But this percentage tends to be higher in black women. And if you have oestrogen receptor positive (ER+) breast cancer, you might need to take them for 10 years or more.

Dr Lyndsay Hughes and her team at Kings College want to know when black women take their medication and how weekends, holidays and other events may impact this. They're also looking to understand how their culture influences their experiences and expectations of hormone therapy.

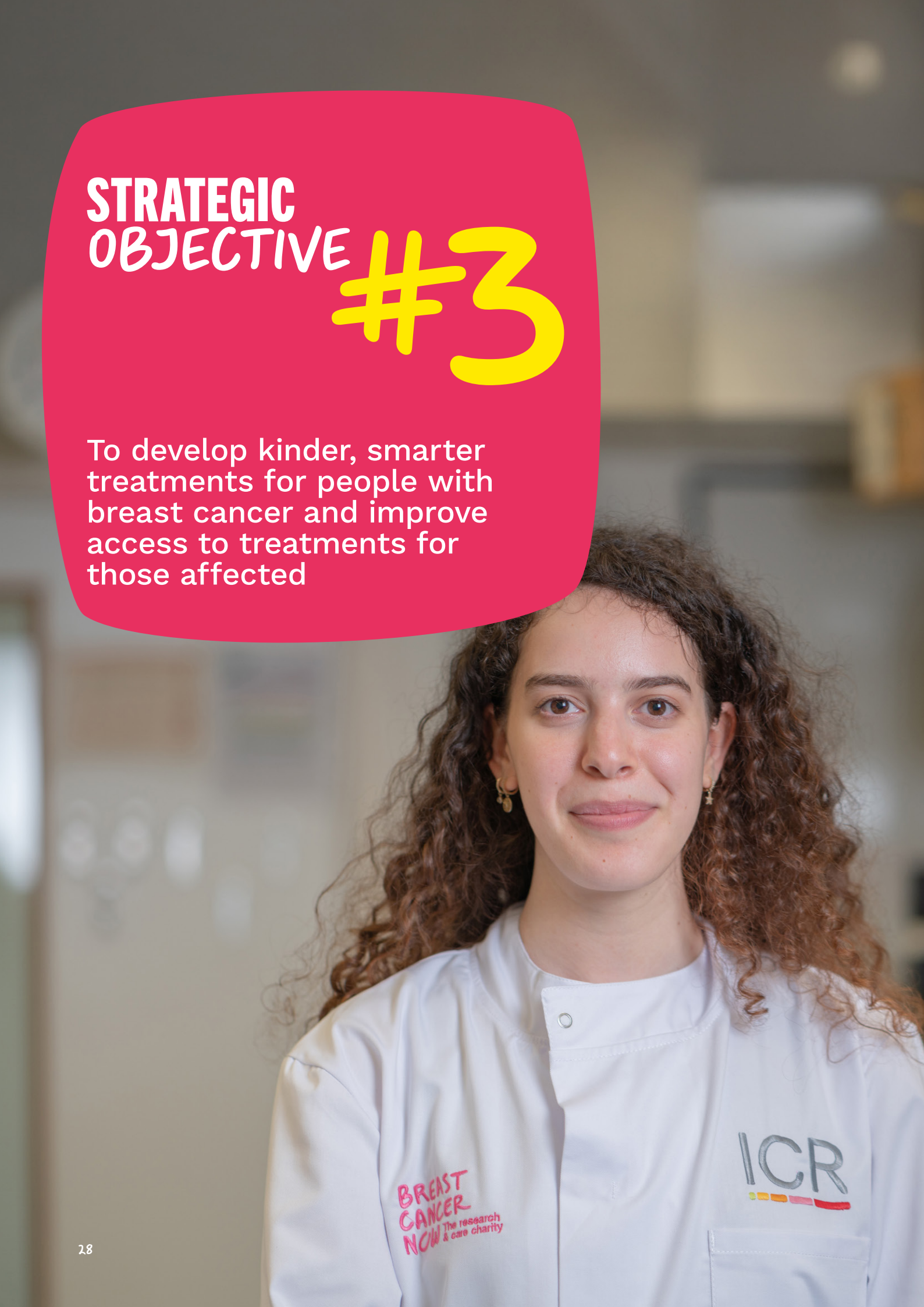
The project will help our researchers to understand why black women may find it harder to take hormones. And this will help them produce tailored materials for healthcare professionals, patients and support groups.



THE PROJECT WILL HELP OUR RESEARCHERS TO UNDERSTAND WHY BLACK WOMEN MAY FIND IT HARDER TO TAKE HORMONES. AND THIS WILL HELP THEM PRODUCE TAILORED MATERIALS FOR HEALTHCARE PROFESSIONALS, PATIENTS AND SUPPORT GROUPS.

STRATEGIC OBJECTIVE #3

To develop kinder, smarter treatments for people with breast cancer and improve access to treatments for those affected



2023/24 highlights

- Spending £7 million on research into developing kinder, smarter treatments for people with breast cancer and improving access to them (compared to £1.1 million last year)
- Helping to improve breast reconstruction services by funding training, helping reduce waiting times and removing financial barriers to surgery
- Helping to make sure that important new drugs for both primary and secondary breast cancer are available on the NHS

In recent years, research and technological advancements have accelerated the development of innovative therapies to treat breast cancer. And while that's great news, it's not always guaranteed that the people who could benefit from these treatments will have access to them.

Life-changing drugs can be rejected for use on the NHS by medical bodies due to their cost, despite being made available in some parts of the country. This means that people are missing out on treatments that could make a huge difference to their lives, or even save them. That's why we're dedicated to fighting for fair and equal access to treatments, and we won't stop – even when faced with devastating decisions from medical bodies and drug companies.

And we know that lots of the treatments that are available right now leave people with difficult side effects. That's why we're working to make treatments kinder and more targeted, so people have fewer side effects and can live well alongside their treatment.

Here are some of the ways that we've been working to make this objective a reality...

Campaigning for access to life-changing treatments

...by not giving up the fight for Enhertu

Enhertu, also known as trastuzumab deruxtecan, is a drug that can help extend the life of certain people with incurable HER2-low secondary breast cancer.

In September 2023, Enhertu was provisionally rejected by the National Institute for Health and Care Excellence (NICE) for use on the NHS in England.

We met with NICE, NHS England and the drug companies Daiichi Sankyo and AztraZeneca on multiple occasions, urging them to work together to make this life-extending treatment available on the NHS.

Enhertu was approved by the Scottish Medicines Consortium (SMC) for use on the NHS in Scotland in 2023. But devastatingly, in March 2024, NICE issued their final draft guidance for Enhertu – rejecting it for treatment for use on the NHS in England on cost-effectiveness grounds.

Wales and Northern Ireland usually follow drug decisions made in England, so NICE's decision means that people living there will miss out on this treatment too.

In response to this, we launched our #EnhertuEmergency petition – calling for all parties to get

back round the table and find a solution. Reaching over 300,000 signatures, it's been our biggest petition to date.

We worked with the Chair of the All-Party Parliamentary Group on Breast Cancer to convene senior representatives from NICE, NHS England, Daiichi Sankyo and AstraZeneca, along with clinicians and women impacted by the decision. NICE, NHS England and the pharmaceutical companies then agreed to further negotiations. Although final negative guidance was published in July, meaning the decision remained the same, we're unwilling to give up. We'll keep fighting for access to Enhertu, so that the people who could benefit from it can have more time to live.

THIS YEAR, WE'VE HELPED MAKE SURE THAT A NUMBER OF IMPORTANT NEW DRUGS FOR BOTH PRIMARY AND SECONDARY BREAST CANCER ARE NOW AVAILABLE ON THE NHS, POTENTIALLY SAVING AND EXTENDING HUNDREDS OF LIVES.

Making sure more treatments are available to people who need them

...by improving access to 3 new cancer drugs

We've continued to work alongside patient experts to improve access to new breast cancer drugs. We've done this by inputting at every step of all assessments by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC).

This year, we've helped make sure that a number of important new drugs for both primary and secondary breast cancer are now available on the NHS, potentially saving and extending hundreds of lives. These drugs include:

- Olaparib (Lynparza) for adjuvant treatment of HER2-negative high risk early breast cancer with germline BRCA1/2-mutations after chemotherapy
- In Scotland - Trastuzumab deruxtecan (Enhertu) for unresectable or metastatic HER2-low breast cancer after chemotherapy
- Talazoparib (Talzenna) for HER2-negative advanced breast cancer with germline BRCA mutations

Calling for more choice around treatment options

...by helping people access the right type of breast reconstruction for them

For people who choose it, breast reconstruction is a vital part of treatment and recovery from breast cancer. It's not a superficial or aesthetic choice – it's reconstructing a woman's body and identity after they've been unravelled by treatment and surgery.

Women must be able to access and choose the right type of reconstruction for them, at the right time for them. But all too often, this access and choice is being denied.

Some women aren't getting the support they need to make an informed decision about the right type of surgery for them. Others are aware of the options that are suitable for them but are experiencing difficulties in accessing a type of reconstruction called free flap. As a result, some women may be opting for surgeries they wouldn't otherwise have chosen, while others are having to put up with significant delays.

In 2022, we published a report called 'Delivering real choice: the future of breast reconstruction in England'. In the report, we put forward several recommendations to address these failings and put breast reconstruction on a much sounder footing.



Since then, we've set up a task and finish group, along with the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) and the Association of Breast Surgery (ABS).

The group aims to draw expertise from across the system to find solutions to the pressures faced by breast reconstruction services. Throughout the year, we've worked together to develop solutions to some of the issues outlined in the report and influence NHS England to implement them.

- In July, we provided funding to the BAPRAS to fund a 6-month microsurgical fellowship for UK plastic surgical trainees
- Influenced by us, NHS England included breast reconstruction in the February 2024 update of the 18-week 'Referral to Treat' target guidance – helping legitimise reconstruction as a core part of breast cancer treatment and reduce waiting times
- There was a significant improvement to the national tariff set for breast reconstruction – meaning trusts are awarded a greater sum for performing reconstruction surgeries

FINDING KINDER TREATMENTS FOR BREAST CANCER

This year, we spent £7 million on research into developing kinder, smarter treatments for people with breast cancer and improving access to them. This includes supporting 43 active research projects. Here are some of the highlights of our research this year.

Discovering a new targeted immunotherapy approach

Professor Clare Isacke and Dr Frances Turrell at the Breast Cancer Now Toby Robins Research Centre are studying a new type of immunotherapy called CAR-T therapy.

Immunotherapy is a type of cancer treatment that helps the body's immune system recognise and kill cancer cells. CAR-T therapy involves modifying a sample of healthy immune cells to make them attack specific targets. It's already being used to treat some blood cancers, and Clare and her team are trying to find a way to make it effective for breast cancer too.

Their research has indicated that because the treatment is more targeted, it could potentially have fewer side effects. These findings were covered across a range of national media outlets including the Mail Online, The Independent, Daily Express and the i.

The team are developing the treatment further so that it can be tested in clinical trials. They hope this discovery could lead to better treatments for people with breast cancer in the future.

Improving the effectiveness of chemotherapy for triple negative breast cancer

Professor Greg Hannon and Dr Kirsty Sawicka at the University of Cambridge are looking into ways to treat triple negative breast cancer cells that can resist standard chemotherapy.

There are limited treatment options for triple negative breast cancer. One of the main ways to treat this type of cancer is chemotherapy, but often cancer cells can become resistant to it.

Greg and his team have discovered that these cells have increased activity of a protein called NRF2, and it's this that makes them resistant to chemotherapy. But it also increases the cancer cells' need for substances called non-essential amino acids. There could be an opportunity to target this need, and therefore improve the effectiveness of chemo.

Using mice, the team will test whether limiting the amount of non-essential amino acids could make the cells more vulnerable to chemo. They'll do this through both diet and using different drugs.

This project could help us develop new treatments that improve the effectiveness of existing chemotherapies for triple negative breast cancer. And by boosting the effectiveness of chemo, it could lead to lower doses, naturally reducing side effects.



Understanding how specific breast cancer cells resist chemotherapy

Dr Clare Davies of the University of Birmingham and her team are trying to understand what role a protein called PRMT5 plays in triple negative breast cancer.

They recently discovered that PRMT5 helps breast cancer stem cells to repair their DNA. This means that the cells can resist the DNA-damaging chemotherapy that's used to treat triple negative breast cancer.

As part of the project, Clare's team are measuring the effect of a drug that turns off PRMT5, to see if this then leads to changes that increase cancer's sensitivity to chemotherapy.

The team are also looking into a cutting-edge technology called antisense oligonucleotides (ASOs). ASOs can target specific genes that help breast cancer stem cells to repair their DNA. Clare wants to know if this treatment can be combined with drugs that turn off PRMT5, and if this then makes cancer more responsive to chemotherapies.

This project could improve treatment outcomes in triple negative breast cancer, making a big difference to people with this hard-to-treat type of cancer.

STRATEGIC OBJECTIVE #4

To improve detection and diagnosis of breast cancer



2023/24 highlights

- Reaching 27 million people with our Touch Look Check awareness campaign
- Reaching over 4,000 people with our public health talks raising awareness of breast checking and seeing a GP about any unusual changes (compared to 2,738 people last year)
- Calling on the government and NHS England to deliver a national screening campaign
- Collaborating with others to make the breast screening programme more accessible and equitable

The sooner breast cancer is diagnosed, the better the chance of a person's treatment being successful. That's why it's vital we do more to make sure more cancers are picked up at the earliest possible stage.

That means raising awareness of the signs and symptoms of primary and secondary breast cancer, so more people know when to seek help. It also means calling for significant improvements to the breast screening programme, which has been chronically underfunded and overstretched for years.

And it means addressing the significant health inequalities in early breast cancer diagnosis rates. Because women who live in highly deprived areas, and from certain minority ethnic backgrounds, are at much greater risk of late diagnosis.

Here are some of the ways that we're working to make this objective a reality...

Raising awareness of the signs and symptoms of breast cancer

...by Touching, Looking and Checking

We run our Touch Look Check campaign throughout the year. It helps people know the signs and symptoms of breast cancer, understand what is normal for them and encourage them to regularly check themselves.

This year, our campaign reached 27 million people, driving almost a quarter of a million (236,125) people to find out more about the campaign on our website. That's 4% more than the previous year.

The campaign also generated significant media coverage throughout the year. In Breast Cancer Awareness Month, we issued our annual YouGov breast checking research, resulting in widespread national coverage including 191 articles and 19 broadcast mentions.

TLC information was also included in a broadcast across 24 regional Heart radio stations and was a significant focus of our feature on ITV's Loose Women.

...by partnering with other organisations

We worked with a number of different organisations this year to spread breast health and breast checking information.

In their 2023 campaign, **Primark** shared vital breast checking content with their customers and colleagues. This included signs and symptoms posters

across stores, breast health talks to their staff, and a social media video showing the signs and symptoms that was shared with their 10 million followers.

In 2023, **ghd** launched their latest breast cancer campaign, Take Control Now. They created a moving 'discovery to recovery' film with Becksy, whose real-life experience with breast cancer was told through the campaign to raise awareness of breast cancer and give women the confidence to check their breasts. This campaign was shared with over 1 million of ghd's followers and raised £188,800 for our work.

In 2023, the annual **Asda** Tickled Pink 'Real Self Check Out' campaign was centred around looking at breast cancer differently. Their in-store and online comms focused on myth busting, to educate colleagues and customers about the signs and symptoms of breast cancer, and that anyone can be affected regardless of gender, age or ethnicity.

This campaign gave us access to Asda's 14 million weekly shoppers and 150,000 employees. It also secured 35 pieces of PR media coverage, including 8 national pieces.

In November 2023, Asda's annual Great British Check In survey estimated that as a result of the campaign:

2 IN 5 customers said they'll breast check more regularly for both symptoms and what's normal for them

...by giving answers about breast health

Our nurses respond to questions about breast health through our helpline and Ask Our Nurses messaging service. Overall, 88% of people who talked to our nurses about these issues said that they felt more confident to report signs and symptoms of breast cancer to a healthcare professional.

We also give trusted information about breast health through our website. Our signs and symptoms of breast cancer web page had 135,000 views this year. And our pages on screening, tests and scans had over 57,000 views.

...by giving public health talks

We give free public health talks in workplaces, community groups, universities, local authorities and NHS trusts. The talks are delivered by our trained volunteers and raise awareness of breast cancer, give people the confidence to check themselves and recognise that any new and unusual changes should be checked by a GP.

This year we delivered 115 talks (over 25 more than in 22/23) and through these we reached 4,018 people (over 1,000 more than 22/23 and over 2,000 more than in 21/22).

Of the people we asked afterwards:

90% said they were more aware of the signs and symptoms of breast cancer, felt more confident about checking their breasts and were more likely to get checked by a GP if they noticed any new or unusual changes

> "Really great and informative talk that's made me aware of issues and given me the confidence that if I do find any signs/symptoms or ever get a diagnosis, I'm not alone."

Men who attended the talks also found the information useful, both in terms of checking themselves (98% said they were more aware of the signs and symptoms of breast cancer) and supporting their partners.

> "As a man, I found this very informative as this comes up in conversations with my wife. I was also really interested to see information in the presentation about my gender and how I can look out for it in myself."

Campaigning for changes to screening and diagnosis

...by calling for a breast screening awareness programme in England

When breast cancer is detected through the NHS breast screening programme, it's normally found at an early stage, meaning it's easier to treat. But not enough people are attending breast screening, and the NHS target for how many women should be screened has been missed for the 4th year in a row.

To try and tackle this, as part of our #NoTimeToWaste campaign, we called on the government and NHS England to deliver a national breast screening awareness campaign to encourage everyone who is invited to attend their appointment.

We launched an online call to action, and with the help of widespread national and regional media coverage, we were able to secure over 55,000 signatures. And we took #NoTimeToWaste back to parliament, where over 50 MPs came to meet us to find out about breast screening in their area and what they could do to help. Thanks to this, we secured a backbench business debate on screening.

Parliament was dissolved for the UK general election before this was able to take place. But we're determined to continue to make our calls to the new government.

...by securing a screening uptake improvement plan in England

Our calls for change led NHS England to develop a national uptake improvement plan and agree to publish it. The plan contains specific actions to make screening more convenient for people. And it gives screening services more tools and data to help them effectively target people who do not current engage with the programme.

NHS England has also moved to prioritise screening uptake in other parts of the healthcare system. This includes by enabling NHS leaders at the local level, who are not directly responsible for screening, to still include breast screening uptake as an area of focus within their plans. We hope this will result in more people taking up their invite.

...by pushing for improvements in Scotland and Wales

We continue to make sure the breast screening programmes in Scotland and Wales are focused on improving uptake and are ready for the future. We sit on Scotland's Breast Screening Programme Board and play an active role in the Scotland's Breast Screening Modernisation Board. This year, we also became a member of the Breast Test Wales Breast Screening Programme Board and its uptake group. This will enable us to play a greater role in pushing for much needed improvements to uptake in Wales.

Tackling inequalities in detection and diagnosis

...by raising awareness among underrepresented communities

In 2023, Estee Lauder's breast cancer campaign focussed on supporting underrepresented groups and increasing education of breast health within these communities. We supported them to create a signs and symptoms leaflet using statistics and information about breast cancer that was distributed to Estee Lauder customers during Breast Cancer Awareness Month.

...by calling for equitable and inclusive screening

This year, we brought together a range of organisations, including Black Women Rising, Race Equity Foundation and Mencap, to agree and publish a consensus statement on health inequalities within breast screening in England. This sets out the steps needed to build a truly equitable and inclusive breast screening programme.

Since its publication, we've heard from screening leads and commissioners that the statement has been used to develop plans to improve screening accessibility. It's also allowed us to develop good working relationships with these other groups and coordinate on other projects.

...by making sure our talks and materials are accessible to everyone

We know how important it is to raise awareness of signs and symptoms, and the importance of screening, among the people where this is lowest.

Women from the largest minority ethnic groups in the UK tend to have lower survival rates, often because they are diagnosed later. To address this, we've been testing a 'place-based' approach in London, in which we work with local groups to help us reach these communities with our public health talks.

We commissioned an accessible evaluation feedback form, and an accessible presentation, which can be delivered to audiences with learning disabilities. And we've started delivering talks to groups in their own languages.

"Loved the fact the talk was in Urdu and Bangla - women only session - very relaxed warm, friendly."

...by supporting Ethnic Minority Cancer Awareness Month (EMCAM)

This national campaign, developed by Cancer Equality, aims to empower ethnic communities by raising awareness of cancer as well as highlight inequities in cancer care and health outcomes.

In July 2024, we hosted our first panel event targeted at South Asian women, "From awareness to action in the South Asian community: a conversation on breast cancer".

This event was targeted at the South Asian community, where breast screening uptake and awareness of breast cancer is particularly low, with many cultural barriers and factors to overcome. The panel were a mix of women with lived experience of breast cancer with different perspectives to bring.

The attendees ranged from 26 to 75 years old and were from Indian, Pakistani and Bangladeshi backgrounds. The event was also recorded and released on social media, and in just over a week, 140 people had watched it.

Thanks to our partners Fenjal and Pentel who kindly donated items for the 40 goody bags at the event.

"Excellent event. Wonderful panellists. Normalising conversations is super important and events like today help to do that."

...by better understanding how different groups think about breast cancer

From January 2024, through our quarterly YouGov public health survey, we've been putting questions specifically to South Asian and black adult women in the UK.

When asked what words came to mind when thinking about cancer, the women surveyed associated 'pain' and 'death'. This suggests that within these communities, cancer is seen as a 'death sentence', whereas in reality, 9 in 10 women will survive breast cancer for 5 or more years.

We also saw that between January and July 2024, there was a 10% decrease in the number of respondents correctly identifying 5 or more signs and symptoms of primary breast cancer. This shows that more work needs to be done to raise awareness of the signs and symptoms of breast cancer.



...by funding research into detection and diagnosis

This year, we spent £450,221 on research into improving detection and diagnosis of breast cancer. This includes supporting 6 active research projects.

One of these is Dr Mel Cooper's work at the University of Bradford, who's investigating why fewer black African women attend screening compared to white or black Caribbean women. They're not only looking at whether these women know about breast health and breast screening, but also at how their environment affects their likelihood of going to screening appointments.

She hopes that by understanding this, her team can work with these women to develop a program that could increase attendance, and then test and improve this program.

There are around 160,000 black African women of screening age (50 to 70) in England and Wales. By helping more of them attend screening, it could give many a better chance of surviving the disease.



STRATEGIC OBJECTIVE #5

To further our understanding of why breast cancer occurs and spreads, and use our knowledge to help prevent breast cancer developing

2023/24 highlights

- Spending £2.8 million on research into furthering our understanding of why breast cancer occurs and spreads (compared to almost £850,000 last year)
- Helping to make anastrozole available on the NHS as a risk reducing treatment –this could benefit 289,000 post-menopausal women at risk of developing breast cancer
- Setting up a family history champion group for healthcare professionals, so they can give better support to people with an increased risk of breast cancer
- Bringing family history nurses and genetic counsellors together to learn the best way to support people who have an increased risk of breast cancer

Around 23% of breast cancers in the UK could be prevented through lifestyle changes, including drinking less alcohol, maintaining a healthy weight, being active and not smoking. And we know that between 5-10% of breast cancers are caused by an inherited gene alternation.

We're working all the time to learn more about the different factors that influence someone's chances of developing breast cancer and understand who is at an increased risk. And we're working to find out which interventions are most effective, so we can reduce the number of people developing the disease.

Here are some of the ways that we're working to make this objective a reality...

"This has helped to discuss risk and subsequent treatment options, as well as exploring understanding and emotion in greater detail."

Making sure more people understand the role of family history and genetics

...by sharing information with the public

It's important for people to know if their family history could impact their chances of developing breast cancer. And if someone's recently been diagnosed, they may want to know what it means for their family members.

Our web page on breast cancer and family history had 88,474 views this year. And we sent out 13,359 publications on the topic to people who want to better understand their risk of breast cancer.

...by supporting peer-to-peer learning for health professionals

This year, our new healthcare professional family history champion group met twice. They explored breast cancer genetics, how to communicate genetic risk, psychological support for people at increased risk and the role of HRT and risk.

Members of the group found it extremely valuable, with one saying, "HRT is a daily question and I feel much better equipped to answer in more detail from a family history perspective."

We also run webinars for healthcare professionals on risk, genetics and family history. This year we ran one about communicating risk to patients.

...by sharing best practice

This year, we established our Family History Expert Working Group. This brings together family history nurses and genetic counsellors from all the devolved nations in the UK to share their insights and help shape our organisation's policy position on supporting people at an increased risk of breast cancer.

The group will provide a key source of insights and feedback as we develop new policy on risk management and prevention for those at an increased risk of breast cancer – making sure our work aligns with and supports the needs of the people delivering these services.

Calling for better access to preventative interventions

Anastrazole is a type of hormone therapy that was originally licensed for treating breast cancer. But researchers found that taking it for 5 years also reduced the incidence of the disease by nearly 50% in post-menopausal women at increased risk of breast cancer.

This year, we were delighted that anastrozole was licensed as a risk reducing treatment for these women. An estimated 289,000 post-menopausal women with a moderate or high risk of breast cancer could be eligible to use anastrozole as a preventive treatment thanks to this decision.

It's the first drug to have its licence extended through NHS England's Medicines Repurposing Programme. We sit on the steering group for this programme, representing the Association of Medical Research Charities. And we chaired NHS England's anastrozole working group which oversaw work on the licence extension.



SHINING A LIGHT ON THE BIOLOGICAL MECHANISMS OF BREAST CANCER

This year, we spent £2.8 million on research into furthering our understanding of why breast cancer occurs and spreads. This includes supporting 17 active research projects. Here are some of the highlights of our research this year.

Investigating how the bacteria in our gut could help us against breast cancer

Dr Stephen Robinson at Quadram Institute Biosciences is researching what role gut bacteria play in breast cancer, and how we can use them against the disease.

Multiple studies have shown that there's a connection between healthier gut bacteria and better overall outcomes for cancer patients. Stephen's team want to understand how gut bacteria change during the course of the disease – to do this they're analysing and comparing bacteria found in samples at diagnosis, during and after treatment.

They also want to understand how gut bacteria influence the immune system, as one of the ways that breast cancer can spread is by manipulating this system. The team will test gut bacteria in mice that have been linked with both better treatment outcomes and worse outcomes.

The project could help us develop new treatment strategies that use gut bacteria to activate the immune system – improving the body's ability to prevent breast cancer from spreading.

Learning how cancer 'hijacks' our biological mechanisms

Cell competition acts as a quality control mechanism in the body, by removing substandard or potentially dangerous cells. The 'loser cells' donate their nutrients to the fitter 'winner cells' surrounding them, helping healthy tissue to grow.

Professor Pascal Meier and his team at the Breast Cancer Now Toby Robins Research Centre found that cancer cells can hijack this process by forcing their neighbouring healthy cells to donate their nutrients. This allows the cancer cells to grow and spread.

In addition, when cell competition takes place between cancer cells, it can lead to some cancer cells developing resistance to chemo or other targeted therapies. These resistant cells survive and multiply, making treatment less effective.

The researchers hope that by better understanding cell competition and how cancer hijacks it, they can ultimately design new ways to treat cancer and stop it becoming resistant to treatment.

Understanding how our biological clock influences tumours

Our internal biological clock allows cells in the body to time important processes, such as growth and repair, to a 24-hour day. In some cancer cells, this inner clock can be disrupted. So, Professor Qing-Jun Meng from the University of Manchester set out to explore the way the biological clock influences the progression of breast cancer.

Studying the biological clock in breast cancer can be difficult. That's because it isn't safe or practical to take repeated biopsies and multiple samples over time. To overcome this, Qing-Jun and his team used artificial intelligence (AI) and a small number of time-stamped samples to analyse data from hundreds of people.

They found different genes that were timed to the biological clock, including genes related to cell spread. The researchers also discovered that different subtypes of breast cancer responded differently to the biological clock.

ER-positive, HER2-negative breast cancer cells generally maintained a 24-hour rhythm, but with significant variance between people. Looking into it further, they found that of these people, those whose tumours strongly adhered to a biological clock had lower survival rates. And they found that ER-positive HER2-negative breast cancer cells were less aggressive when their biological clock was disrupted.

The team hope that these findings could be the foundation for new and better ways to treat breast cancer.

Quantifying the benefits of exercise

Dr Michael Jones and his team at the Institute for Cancer Research have analysed data from over 540,000 women from 19 studies, including the Breast Cancer Now Generations Study. They found that women who were in the top 10% of most active participants were 10% less likely to develop breast cancer before the menopause than the bottom 10%.

Their analysis took into account other breast cancer risk factors and lifestyle behaviours. This included things like BMI, family history, and smoking. Michael and his team also found that there wasn't a specific amount of physical activity that women needed to do to see benefits. But the more time they spent doing physical activity outside of work, the lower their chances of getting breast cancer.

Trying to predict when triple negative will develop into secondary

Dr Anita Grigoriadis and her team at the Breast Cancer Now Research Unit at King's College London developed an AI model to predict risk of someone's triple negative breast cancer becoming an incurable secondary breast cancer. The model even predicts this before the disease has spread to the lymph nodes.

WOMEN WHO WERE IN THE TOP 10% OF MOST ACTIVE PARTICIPANTS WERE 10% LESS LIKELY TO DEVELOP BREAST CANCER BEFORE THE MENOPAUSE THAN THE BOTTOM 10%.



ACCELERATING OUR PROGRESS IN 2023/24

To meet our objectives, we must continue to grow our impact. And not only through what we do ourselves but in how we influence, empower and inspire others to act alongside us. Our 4 accelerators help us to do just that:



Amplifying the voice of experience



Unlocking the power of our community



Evolving and adapting our practices



Generating further funding

ACCELERATOR 1: AMPLIFYING THE VOICE OF EXPERIENCE



Raising our profile so that everyone affected by breast cancer knows how we can support them – and how they can support us in driving the change we want to see

...by increasing our brand awareness

Across the year, our national brand awareness increased by 2 percentage points, from 28% in 2022/23 to 30% in 2023/24. Increasing our brand awareness is vital for our success. It means more people know who we are, how they can support us and – most importantly – how we can support them.

During our Gallery of Hope campaign in April 2024, we saw our highest monthly average brand awareness score of the last 3 years – peaking at 33%. The campaign got national, regional and broadcast media coverage, reaching millions of people and driving awareness of ourselves and our work.

This was supported by 2 brand campaigns – in September and October 2023 around BCAM, and during April and May 2024. These campaigns, featuring people living with breast cancer, were seen 161.8 million times.

...by holding a fashion show like no other

The Show is an annual fashion event that celebrates people living with or beyond breast cancer and highlights the work we do. Every one of the 24 models that take to the runway has been affected by breast cancer. This year's event in April was attended by 500 supporters from across the organisation including many online influencers. We also hosted an incredibly successful online livestream with 56,613 views.

We shared model stories on social media and secured press coverage, showcasing the range of experiences people with breast cancer go through and how our services can support them.

...by advising on a storyline for Emmerdale

Our nursing team provided expert guidance for a storyline featuring a character who discovered she had an altered BRCA gene following a breast cancer diagnosis.

We made sure the character's experiences were accurate, while at the same time raising awareness of family history of breast cancer and the information and support available. The storyline reached millions of Emmerdale fans and was accompanied by widespread media coverage.

Identifying and championing the issues that matter most to people affected by breast cancer

...by listening to the voice of lived experience

Breast Cancer Voices is made up of people whose lives have been changed by breast cancer. They use their diverse experiences to shape our work and create change – so we can keep accelerating research and providing vital support, in every way we can.

We've grown our Voices community by 34% in the last year, going from 982 to 1,319 members. Our 'louder Voices', who take on more regular opportunities, make up 62% of the network and have grown from 610 to 820. We've opened up 116 opportunities for the Voices community to feed into, including 55 internal projects spanning 18 teams from across the organisation.

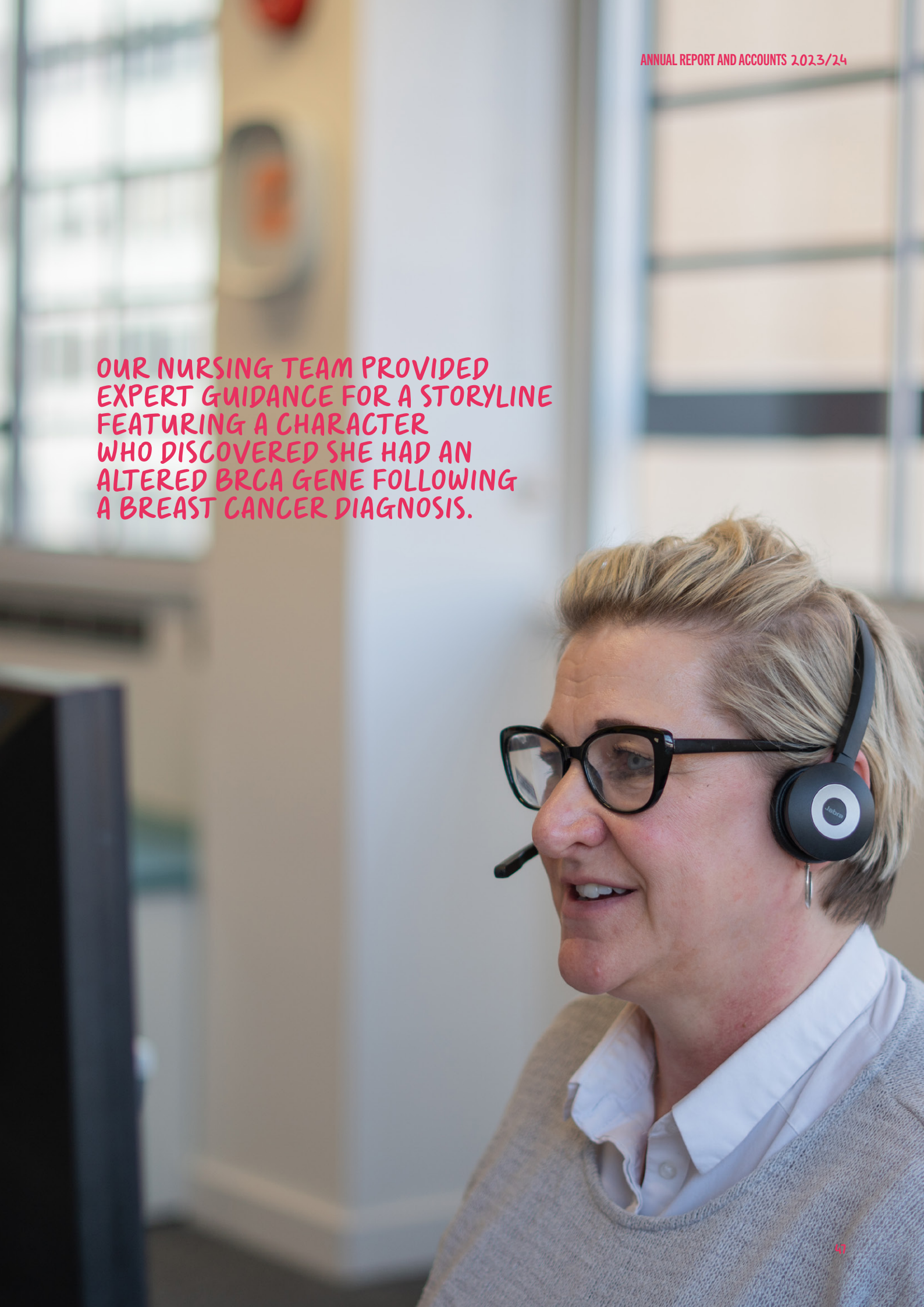
In a recent survey:

88% of Voices felt that they made a positive difference to our work

94% of project leads felt that involving Voices in their project added value to their work and

100% of project leads would recommend using Breast Cancer Voices

OUR NURSING TEAM PROVIDED EXPERT GUIDANCE FOR A STORYLINE FEATURING A CHARACTER WHO DISCOVERED SHE HAD AN ALTERED BRCA GENE FOLLOWING A BREAST CANCER DIAGNOSIS.



"We really can't overstate how important it was to receive comments/feedback from people with lived experience of breast cancer as it allowed us to focus in on the right messaging, and steer away from the wrong thing."

Breast Cancer Now staff member

This year, our Service Pledge programme also received recognition as an example of patient involvement. It was highly commended at the Innovate Awards in Excellence in Patient and Public Involvement in Transformation and Innovation category. And we were a finalist in the Using Insight for Improvement category in the 2023 Patient Experience Network National Awards.

...by making our community more inclusive and accessible

We know that certain groups are underrepresented in our Voices community compared to the breast cancer population, and we're working to improve this.

This year, we've been putting more focused efforts into making our Voices community accessible and inclusive, taking positive actions such as developing our involvement EDI plan. The plan outlines actions for us to take over the next year so we can move towards making involvement across the organisation accessible and equitable.

Leading conversations with governments and other policymakers, the NHS and fellow health charities to boldly challenge and push for change

...by turning parliament pink

Wear it pink is one of our biggest fundraising events. It's a day when thousands of people wear pink and raise money for our world-class research and life-changing support services.

This October, we were delighted to have brought wear it pink back to Westminster for the first time since 2019. Over 100 MPs got involved, making it our biggest parliamentary event since the pandemic. We were able to talk to them about key priorities like our #NoTimeToWaste campaign.

Alongside a photocall, we also held a research and support fair to allow MPs and peers to drop in to meet some of the scientists that we fund. It was also an opportunity to learn more about our research and services.

We wanted to raise awareness about what we do as a charity to decision-makers and highlight specific research happening in their area. We were joined by world-class researchers from 7 different universities and research centres from across England, Scotland and Wales, who came to highlight the different areas of research we're currently funding.

We also worked with members of the Senedd, Scottish Parliament and Stormont to encourage their networks and communities to wear it pink.

...by being part of powerful coalitions

We continue to be an active member of the One Cancer Voice coalition of over 60 cancer charities. This year we took part in a day of action on social media to urge all political parties ahead of the UK general election to commit to develop a cancer strategy.

We continue to be active members of the Wales Cancer Alliance and the Scottish Cancer Coalition. These coalitions influence the delivery of each governments' commitments within their national cancer plans.

This year, we also became members of the newly formed Northern Ireland Cancer Charities Coalition, which was launched in Stormont in May. This provides cancer charities across Northern Ireland with a forum to collaborate to improve services and outcomes for cancer patients in Northern Ireland.

The event gave charities the opportunity to showcase their work to the executive and members of the legislative assembly.

Extending our reach through our own activity in bold and innovative ways with our trusted partners

...by joining forces with Primark

We worked with Primark for their 'Day in the life' campaign during Breast Cancer Awareness Month in October. The campaign shared the real stories of 4 women who had breast cancer, giving them a platform to share the advice they would give to others. The campaign received national coverage, with the women's stories reaching a wide audience.

Primark also continued to support women at all stages of breast cancer treatment and recovery through their post-surgery and loungewear range. A focus group fed back on the design of these post-surgery products, providing vital insight to help shape the range.

> "Absolutely brilliant, thank you for this and for showing how to check yourself properly."
>
> Comment from social media shared by Primark during BCAM

...by collaborating with a national magazine

This year, we started a new partnership with My Weekly magazine. Through the magazine, we'll publish monthly articles sharing the personal stories of people affected by breast cancer and signpost to our services and research. My Weekly has a circulation figure of around 60,000.

...by Show-casing our partners

The Show was supported through gifts in kind by some of our generous corporate partners. Fenjal and Karen Millen joined ghd and Estee Lauder in donating much-loved items from their collections for the 500 goody bags for guests and models during the event. And ghd and Estee Lauder also provided make-up and hair styling backstage. Primark, M&S and Karen Millen kindly contributed clothing for the models to wear on the runway.



THIS YEAR, WE STARTED A NEW PARTNERSHIP WITH MY WEEKLY MAGAZINE. THROUGH THE MAGAZINE, WE'LL PUBLISH MONTHLY ARTICLES SHARING THE PERSONAL STORIES OF PEOPLE AFFECTED BY BREAST CANCER



ACCELERATOR 2: UNLOCKING THE POWER OF OUR COMMUNITY



Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners, and using our collective voices, experiences, time, skills and networks to accelerate positive change

...by bringing nurses together to network and learn

June saw us hold our first ever nursing conference, which was attended by over 150 nurses as well as charity and pharmaceutical partners.

It aimed to give nurses working with breast cancer patients the opportunity to hear about some of the most exciting clinical developments in primary and secondary breast cancer. It was also our chance to show our support and thanks to the nursing members of our healthcare professional hub.

After attending the conference:

87% of the nurses said they're going to change what they do in their day-to-day work because of what they'd learned

The conference was sponsored by Novartis, Lilly UK, Exact Sciences, MSD and Stemline Therapeutics.

Thanks also to our partners Fenjal and Pentel who kindly donated items for the 250 goody bags on offer at the conference.

...by growing our volunteer community

Over the year, volunteers have given us an incredible 13,987 hours of their time. 753 managed volunteers have supported us through formal, longer-term roles – an increase from just under 700 in 2022/23. And we've recruited 307 new volunteers in roles across the charity.

In June, we held a Volunteers' Week event. It took place online and featured 2 of our amazing volunteers, Stuart and Val. They shared their stories and presented the 2024 Tracey Williams Outstanding Volunteer Award.

The event was a success, and we had many responses from volunteers on how much they'd enjoyed it.

> "There was huge warmth and enthusiasm, and a real connection amongst all participants! Thank you for including me! It was lovely to join in and start to be part of the BCN volunteer community"
>
> Volunteer feedback

...by reaching more communities through our corporate partnerships

In October 2023, a number of Breast Cancer Now volunteers worked across 9 Primark stores as part of a pilot health information initiative to reach more communities with breast health messaging. We included stores that were in areas of the UK that have lower screening rates, such as Coventry, Nottingham and 2 London stores.

Volunteers successfully interacted with customers and shared information about breast cancer, and we're looking forward to growing the initiative over the next year.

> "I engaged a steady footfall of Primark customers and staff in conversation about self-checking, encouraging them to take up invitations for screening, listening to personal stories and signposting to medical professionals."
>
> Val, volunteer

Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us

...by implementing a series of new initiatives for colleagues

This year we continued our work towards creating a high-performance culture and to be a great place to work through a series of initiatives. These included:

- A programme of leadership development training to create an environment that prioritises transparency, trust and mutual respect
- The roll-out of the c-me behaviour profiling tool to increase our understanding of the impact of our communication and behaviour
- Offering coaching and mentoring support to help colleagues navigate their career pathways

We have further initiatives in the pipeline for 2024/25 as we develop our new strategy, culture and ways of working.

Outstanding Volunteer of the Year Award 2024 winner

Lauren Colchester

Lauren is a patient advocate volunteer for the Service Pledge. She's been supporting the Service Pledge since 2021 and has supported 3 hospital trusts to develop SMART, patient-centered improvements to their breast care service.

Lauren has worked alongside healthcare professionals, Cancer Alliances and Breast Cancer Now staff, and her involvement has made a huge impact. During 2021 and 2022, Lauren helped to shape over 30 improvements at 2 hospitals. This will benefit over 650 people diagnosed with breast cancer every year at these hospitals. Lauren is also supporting the team with a strategic project looking at how impact can be increased through the Service Pledge.



ACCELERATOR 3: EVOLVING AND ADAPTING OUR PRACTICES

#3

Putting our supporters at the heart of how we communicate so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships

...by better targeting our email comms

This year, we took a new approach to emailing our supporters. We decided to send fewer emails and focus on making sure people only heard about things that are relevant to them. Overall, we sent 39% fewer mass emails. But despite this, we actually increased the total number of times people clicked on links by 10,000. This shows that by being smarter and more targeted, we can reduce cost, be more environmentally friendly and give supporters a better experience.

...by designing a new supporter experience strategy, based on what our supporters are saying

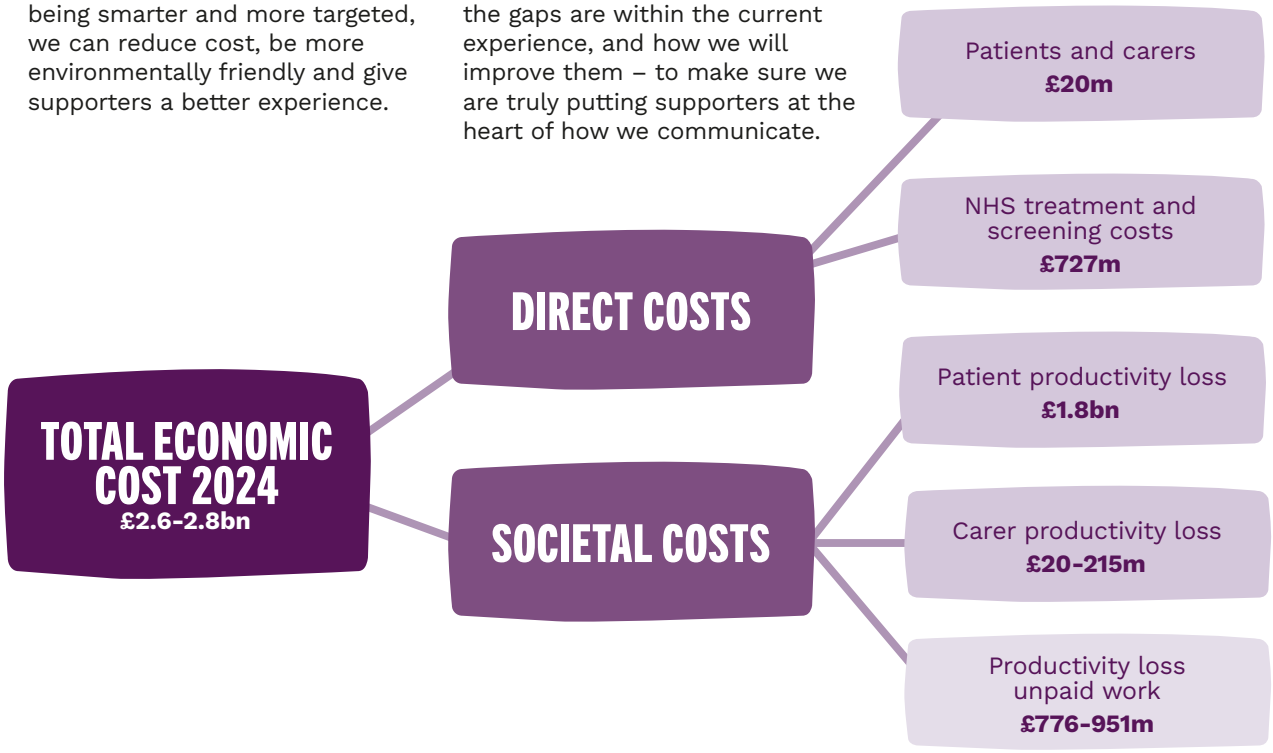
We want to make sure that all supporters – whether they give their time, money or voice – have a great experience supporting us. This year, we combined lots of insight for the first time, including in depth interviews with supporters, quantitative supporter surveys and behavioural information from the database. This helped us to understand where supporters think we're hitting the mark, and where they're not getting the experience we want them to.

We've used this to produce a strategy which lays out where the gaps are within the current experience, and how we will improve them – to make sure we are truly putting supporters at the heart of how we communicate.

Bringing transformational insight to our decision-making and actions through improved use of data

...by quantifying the economic impact of breast cancer

Working with Demos, Britain's leading cross-party think tank, we produced a report on the cost of breast cancer to the UK economy. This includes the costs to the NHS in terms of diagnosis and treatment. But it also includes the cost to society in terms of lost productivity and the individual costs that people bear, like the loss of income from work.



...by publishing our first ever Breast Cancer in the UK report
This year, we published Breast Cancer in the UK 2024: A compendium. This sets out the situation with breast cancer in the UK today in numbers – from how many people are developing the disease, to inequalities, NHS waiting times and wellbeing. This document, the first of its kind we've produced, will help us, our partners and anyone working in breast cancer understand the state of play today. Because it's only by having all the evidence to hand that we can make the right decisions about what needs to change and how.

Having the courage to change course and adapt to evolving circumstances

...by getting better at recruiting volunteers
We've made improvements to how we bring volunteers onboard, by making sure we're giving everyone a consistent volunteer experience, across the whole organisation. We've also started to use a 'drivetime mailout' process to recruit new volunteers. And we reviewed all our volunteer recruitment materials to make sure they're in our tone of voice and are as engaging as possible.

...by improving how we do Gift Aid
This year, we finished a review of our Gift Aid processes. We carried out a mock Gift Aid audit to highlight any areas we could improve. And we've now put a plan in place to update our database, improve staff training and maximise Gift Aid income in future. We also recruited 9 volunteers who supported us to claim £27,678 worth of sponsorship Gift Aid and established a process to claim this more regularly going forwards. And this year, we raised £2.7 million in Gift Aid (up from £2.5 million in 2022/23).



Identifying and implementing new technologies to support and enhance team working, inclusion, creativity and innovation

...by prioritising data projects
In February 2024, we launched our Data Project Register and prioritisation process. This will help us to prioritise important data work and help stakeholders to understand when their work will be started. We've had 70 projects start the process so far, of which we've completed 8.

ACCELERATOR 4: GENERATING FURTHER FUNDING

Testing to find the most successful new routes for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us

...by investing on our fundraising

This year, we invested over £3.3 million in face-to-face fundraising, to help us generate a significant income. That means that our fantastic fundraisers have been out and about in even more shopping centres, events, supermarkets and town centres. Thanks to this, we recruited over 55,000 new supporters in 2023/24.

We also continued to invest in our mass participation products. This year we spent an extra £100,000 on marketing Afternoon Tea. By reaching more people and encouraging them to sign up and take part in the events, the campaign made over £550,000 more than the previous year, making it our most successful event yet! And by adapting and improving our marketing and through media coverage, we were able to grow our wear it pink campaign by £600,000.

...by adapting our approach

This year, we created a single community fundraising team, to help us give our supporters the best possible experience and put us in the strongest position to grow. We also set up a fundraising products team to lead on our virtual events, as well as developing new products across community fundraising. Thanks to working with an external innovation agency, the team are now familiar with how to develop new products and have a shortlist of exciting audience-led ideas they plan to launch in 2024/25.



Initiating, connecting and growing our network by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care

...by fundraising in communities around the country

This year, we raised over £3 million from new and existing supporters, including individuals, volunteers, groups, clubs, societies and local companies. This is all thanks to supporters up and down the country doing some incredible things.

This year was the 10th year of Chantele Rashbrook's Clifftop Challenge, in which she runs various distances from 5 miles to an ultra-marathon along the Kent coastline. This year, she raised an amazing £39,000. A longstanding fundraising group in the Isle of Man raised nearly £70,000. And Trisha Davidson from Scotland raised over £26,000 across 3 events including a sponsored 15-mile walk to mark 15 years of her amazing support for the charity.

We also saw many generous supporters take part in a number of third-party events this year, including the Great North Run, London Landmarks Half Marathon and the Ultra Challenge Series. Most significantly, we raised almost £1.2 million through the TCS London Marathon. This total includes the £229,449 that was raised by 2 of our incredible fundraisers, Chris Deville and James Lammas.

The Pink Ribbon Walks have also continued their strong return to live events. In 2023/24, we ran events at Hampton Court Palace, Blenheim Palace and Bakewell Showground which raised over £667,000. We created a bespoke experience for the Breast Cancer Now Development Board for the first of our Pink Ribbon Walks. The team recruited 200 participants to join us on the day and raised over £79,000.

We secured widespread regional media coverage of the event, amplifying the voice of experience of people affected by breast cancer.

...by competing with colleagues

The year also saw incredible support from local companies. We ran our first corporate golf event, sponsored by Simpson Thatcher and PwC. It was also another successful year for Tour de Law, our static bike challenge for the legal sector. And thanks to incredible supporter Wayne Barnes, the Rugby World Cup referees also took part from Paris.

...by bringing on board new partners

This year we welcomed new partnerships with Zoggs, Karen Millen and Fenjal. Zoggs are committed to highlighting the benefits of exercise for people affected by breast cancer and the importance of early detection. Karen Millen are supporting us through customer promotional campaigns.

...by harnessing the power of volunteering

This year, we recruited 3 volunteers to support the Afternoon Tea team with making thanking calls and writing cards to fundraisers. Thanking activities are proven to increase supporter loyalty and improve future fundraising. We also sent 18 volunteers to the Perth Ladies Day fundraising event, which enjoyed its highest total funds raised in 10 years.

...by throwing a fantastic range of events throughout the year

In November 2023, we welcomed supporters to the Pink Ribbon Ball, where guests enjoyed a fun night of fizz, food and fundraising. Hosted by Jacquie Beltrao and Dame Denise Lewis, guests heard from Delyth Morgan and Nina Lopes, who shared her experience of living with secondary breast cancer. Guests enjoyed entertainment from multiple acts, including Emeli Sandé, and took part in multiple fundraising activities raising over £188,000 for our work.

Our Christmas Carols event in December 2023 welcomed supporters from across the organisation to an evening of festive joy and fundraising. Guests enjoyed celebrity readings, choir performances and festive carolling, while raising money to help fund out vital work.

We also hosted private dinners to highlight our research and held our first annual dinner for top supporters from across the organisation. And the Society of Woman Artists hosted a private viewing of their annual exhibition at The Mall Galleries, where we invited supporters from across the organisation to enjoy an evening of art and thank them for their continued support.

Building on our success and commitment to innovation in digital to spark curiosity, fire ambition and find new routes for driving income, engagement and community action

This year, our virtual events continued to perform well, with gross income levels being maintained year-on-year. Thousands of participants walked, ran and swam to support our work, and raised over £1.1 million.

THANK YOU

We're incredibly proud of our longest running partnership with Asda. Their Tickled Pink campaign has been supporting us and other breast cancer charities for an amazing 28 years.

This year, they raised over £5 million to support our work – from early diagnosis, increasing access to support and funding research to find the right treatments for everyone. Fundraising highlights include over £1 million raised from suppliers turning their products pink for Breast Cancer Awareness Month and over £840,000 raised from the generosity of guests at the annual Tickled Pink Ball. And Asda's stores continue to go above and beyond, with their Coatbridge store topping the charts by raising over £10,700.

At the 2024 Business Charity Awards, our one-of-a-kind partnership was awarded the Retail and Fashion Partnership Award and the prestigious Business of the Year Award.

In October 2023, we were delighted to be the chosen as the charity partner for the Omaze Million Pound House Draw, for their first ever house in Scotland. The draw raised an incredible £1.8 million, which will help us continue to provide our life-changing support and life-saving research.

We'd like to thank Nick Payne, Emma Young and Sarah Boyd who bravely shared their stories helping us to secure and promote our partnership with Omaze. Nick shared his late wife Dawn's story, determined to continue her legacy. Emma and Sarah also spoke passionately about their own personal experiences. Emma sadly died from secondary breast cancer in 2022. We'd like to extend our heartfelt thanks to all of them and their families for the part they played. We also want to thank the local volunteers from Scotland who joined us for the reveal, celebrating the remarkable total with us.

We couldn't have done this without all of their kind support.

Our partnership with Primark raised over £780,000 this year. This included a generous donation from their global breast cancer campaign, which fully funded our Someone Like Me service. In the last year Someone Like Me arranged 1,950 volunteer matches and provided over 2,200 hours of calls to people affected by breast cancer.

That's on top of some incredible fundraising by their customers and colleagues fundraising throughout October. We were also given all the proceeds from the sale of Rita Ora's Primark dress that she wore to the Fashion Awards in London in December 2023.

Our MBNA partnership raised over £90,000 this year, bringing their total support to over £1.83 million.

This was through their branded Breakthrough Breast Cancer Credit Card, which was originally launched back in 2003.

WE COULDN'T HAVE DONE THIS WITHOUT ALL OF THEIR KIND SUPPORT.

M&S

M&S are one of our longest standing partners. This year, they raised over £400,000, bringing their total to over £34 million.

This was raised through the sale of post-surgery bras and supporting products, Sparks loyalty card donations and M&S Bank Change4Change foreign currency donations. They're the biggest funder of the Breast Cancer Now Generations Study, a landmark study taking place over 40 years to understand what causes breast cancer.

THE PATRICIA SWANNELL APPEAL

We would like to extend our deepest gratitude to Robert Swannell and his family for their continued support of the Patricia Swannell Appeal for secondary breast cancer, which has raised over £1.1 million. Patrica passed away in September 2023 and Robert's unwavering dedication to Breast Cancer Now and Patricia's legacy continues to make an impact.

Working closely with Robert and his family, we've driven awareness of the appeal and of Patricia's life-changing legacy through coverage in The Daily Mail, The Irish Daily Mail, the Mail Online and The Times.

Garfield Weston FOUNDATION

We're extremely grateful for the Garfield Weston Foundation's continued support of our work. They've donated over £2 million to our world-leading research and are currently supporting the Breast Cancer Now Biobank.

The Biobank is providing scientists at the forefront of breast cancer research with access to high-quality tissue, cell and blood samples for use in research. Their £200,000 grant over 2 years will help the Biobank continue supporting global breast cancer research and drive progress for people affected by the disease.

Secondary1st

Set up in memory of Rosie Choueka, who died of secondary breast cancer in 2015, Secondary1st fund research into the prevention, diagnosis and causes of secondary breast cancer and the development of more effective treatments.

This year, they generously funded a £252,000 project by Simak Ali at Imperial College to better understand the oestrogen receptor gene to find the best ways to treat secondary breast cancer. This brings their total support since 2017 to over £500,000.

PEOPLE'S POSTCODE LOTTERY

Between 2018 and 2023, People's Postcode Lottery players have raised over a phenomenal £11 million to support our work.

This truly transformational funding, donated through Postcode Care Trust, is ensuring we're there to support the thousands of people who are affected by breast cancer every year – from our life-changing support to our accurate and trustworthy health information. We're especially appreciative for the flexible nature of the funding from players, which allows us to focus on what matters most for people living with breast cancer.

Pentel

Our Pentel partnership raised over £44,000 this year, bringing their total support through sales of their pink pen to £1.5 million.

FINANCIAL REVIEW

This report covers the period from 1 August 2023 to 31 July 2024.



Income

During the year, total income grew by £7.9 million from £49.6 million to £57.5 million. This increase of 16% was mainly due to an increase in donations, legacies and charitable activity.

Our main sources of income continued to be individual giving, corporate partnerships, philanthropic giving, community and events and royalty income. Income from charitable activities encompasses royalties generated from Breast Cancer Now-funded research activities. Below are some key highlights of our financial performance in those, and other, fundraising areas.

Individual giving

Our supporters' generosity continued to grow this year:

- 169,856 people chose to support us through our weekly lottery or with a regular direct debit gift
- 46,443 people supported us through fundraising appeals and raffles
- We always appreciate the kindness of people who choose to leave us a gift in their will, and this year we raised £4.7 million from legacy gifts

Corporate partnerships

We continued to receive incredible support from our partners this year, which included:

- Asda raising over £5 million
- Omaze raising over £1.8 million
- Primark raising over £780,000
- M&S raising over £400,000
- ghd raising over £180,000
- MBNA raising over £90,000
- Ann Summers raising over £50,000
- Pentel raising over £40,000
- Estee Lauder and Cosmetic Company Stores raising over £25,000

Events and community fundraising

- Thousands of people took part in organised runs, swims, cycles and other events to raise an amazing £3.3 million
- Pink Ribbon Walks generated over £691,000 across 3 locations, including returning to Hampton Court Palace for the first time in 10 years

Philanthropy and special events

- We held multiple fundraising special events throughout the year, where we engaged with new and existing supporters. These included our annual Pink Ribbon Ball, which raised over £188,000

Mass participation events

- An amazing 16,289 individuals, schools and workplaces signed up to take part in wear it pink 2023, raising over £2.27 million
- A record 11,378 cake lovers held a Breast Cancer Now Afternoon Tea, raising a combined total of £1.42 million

Gift Aid

- We raised £2.7 million in gift aid (2023: £2.5 million)

Fundraising expenditure

Expenditure increased by £2.3 million from £23.1 million to £25.4 million, an increase of 10%. This includes investment this financial year which will provide income and financial sustainability for the future. This is in line with our new growth plan to deliver future income to support our 2025 strategy.

Charitable expenditure

Charitable expenditure includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information. This year, our expenditure increased by £0.6 million from £30.3 million to £30.9 million – an increase of 2%.

Reserves

The net movement in funds was an increase of £3.2 million to £48.3 million (2023: £45.1 million). This includes an unrealised investment gain of £2.0 million (2023: £0.26 million unrealised loss). The 2024/25 budget has been set to make sure that the charity is within the reserves policy set out below.

The charity holds reserves to provide funding for long-term financial commitments and a contingency against unforeseen operational cost pressures or reduction in income. Each year, the trustees review reserves levels in light of the year ahead, to ensure there are adequate funds to support the organisation. Reserves are held in 3 types:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted reserves stood at £1.8 million at the year-end.

- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £7.0 million at the year-end.

- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £39.4 million at the year-end.

- The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the trustees considered that a sufficient level of reserves for the organisation would be £7 million and the current reserves position is in line with this policy. Total funds at the year-end were £48.3 million.

Financial statements

The charity's consolidated financial statements are set out on pages 80-105, including the results of the charity's subsidiaries. The financial results of the charity's regional groups are included within the consolidated results, as they operate within the same charity registration and are governed by the charity's regional group constitution.

Subsidiary trading companies

The charity had 6 subsidiaries that are detailed in note 25 of the financial statements, along with their results for the year. The companies are all wholly owned subsidiaries. These subsidiaries carry out activities such as sub-licensing the charity's logo and the Fashion Targets Breast Cancer logo to commercial partners and delivering certain charitable partnerships. BCN Research Ltd delivers the Breast Cancer Now Catalyst Programme.

The trading subsidiaries transfer any profits to the charity under the Gift Aid scheme and their financial statements are consolidated into those of the charity.

Going concern

The board has reviewed the charity's activities and financial position together with factors likely to affect future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost-of-living crisis and a review of a range of scenarios assessing the potential impact on income projections have confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It's therefore reasonable to expect the charity to have adequate resources to continue in operation for a period of at least 12 months from when the financial statements are authorised for issue.

During 2023/24, income out-performed our 2023/24 budget and with continued resilience of the income streams from individual donors and corporate partners. This was further supported by the returns from additional investment within individual giving.

Grants

The charity funds research of the highest quality. We support the scientific community across the UK and Europe through multiple funding mechanisms, through our Tissue Bank, and by supporting conferences. Some of our funding supports centres of excellence, as we have taken a strategic decision to build a critical mass of research in a small number of locations. These are based in higher education institutions and close to hospitals and breast units, working under one roof in integrated, multidisciplinary programmes of research.

Investments

The charity holds investments in accordance with the Investment Strategy approved by the trustees. The finance and investment committee reviews this Investment Strategy on an annual basis.

The charity's investment objective is to maximise the return on its investments in a manner consistent with the charity's overall strategy and values while meeting 2 requirements:

1. **Investing to cover certain short-term spending with adequate liquidity and a shorter-term risk-averse profile**

2. **Investing longer-term reserves consistent with their use for longer-term commitments or as contingency assets**

The finance and investment committee consider which are the most appropriate investment managers and as part of this, they consider their mandates, targets for performance and their ability to provide the appropriate support, diversification and performance required to achieve the investment strategy. The investments are held with CCLA.

GOVERNANCE, STRUCTURE AND MANAGEMENT

The annual report and accounts comply with the Companies Act 2006, Breast Cancer Now's governing document the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Status

Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The trustees listed on page 63 are also the charity's directors and have overall responsibility for the strategic direction and effective governance of the charity. The trustees met regularly during the year.

The legal and administrative details are listed on page 106.

Objects

The charity's objects are to:

- Advance health, including the health of individuals suffering from cancer, patients receiving treatment, those convalescing following treatment by:
    - Promoting activities which will assist with awareness, identification and prevention of cancer
    - Assisting those individuals who are disabled, infirm or in need of assistance
- Advance the health of individuals by undertaking research into the causes and treatment of cancer on terms that the results of such research are published
- Advance public education in and understanding of the nature of cancer and its treatments, particularly (without prejudice to that generality) among sufferers of cancer and the families, friends and carers of such persons
- Promote such charitable objects concerned with medical research or the relief of sickness as the directors shall in their absolute discretion determine

Trustee recruitment, appointment, induction and training

Trustees are appointed, by the board, for an initial period of 3 years that can be extended for a further 3-year term. A further 1, 2 or 3-year term can be agreed between the individual and the chairperson, or 3 other directors if deemed to be in the charity's best interest.

Trustees contribute their services voluntarily. Before their appointment as a trustee, they are appointed as a trustee designate – an honorary position in accordance with the charity's governing documents – for a period of around 6 months. This is so that potential trustees and the charity can evaluate if the role is right for them. It includes a formal induction programme and attendance at board and committee meetings where they can contribute but not formally vote.

We periodically carry out a skills audit of the board, to make sure there is an appropriate range of skills and expertise. This includes areas of clinical and scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The board supports the principles of good governance set out in the Charity Governance Code, and uses the code to review the charity's governance framework on an annual basis.

Board of trustees

Members of the board during the year were:

Jill Thompson ₮ +
chair

Pascale Alvanitakis-Guely ₮ ¥
(resigned 25 September 2024)

Mark Astaire ¥
(resigned 30 April 2024)

Barbara Brown +

Professor Mitch Dowsett *

Keith Felton ₮ ¥
(appointed 27 September 2023)

Sonia Gayle ₮ ¥

Professor Ingunn Holen ₮

Professor Andreas Makris ₮ *

Andrew Moore ₮ ¥
vice chair

Dr Georgette Oni + *

William Richards +
(appointed 20 February 2024)

Claire Ryan *

Dr Nisha Sharma + *

Gail Tucker ¥ ₮
(appointed 29 November 2023)

The trustees have the benefit of a qualifying third-party indemnity provision as defined by section 234 Companies Act 2006. The charity purchase and maintain throughout the year trustees' and officers liability insurance in respect of itself and its trustees.

Senior leadership team (at 31 July 2024)

Delyth Morgan
Chief executive
(retired 28 June 2024)

Rachael Franklin
Interim chief executive/director of fundraising, communications and engagement

Dr Simon Vincent
Director of research, support and influencing

Chay Champness
Chief operating officer

During the year, the senior leadership team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were £576,065 (2022/23: £547,589).

In 2023/24, the chief executive, the highest paid member of staff, received remuneration of £147,999 (2022/23: £144,242).

Staff employee reward

From August 2023 to July 2024, Breast Cancer Now employed an average of 360 (2023: 330) staff across the year. Our colleagues are fundamental to the work we do. We rely on them, our supporters, volunteers and trustees, and the commitment, dedication and support they give to the charity.

Our people and culture committee monitors Breast Cancer Now's people plan – our organisational and cultural development and reward strategy. This includes our pay and benefits policies, our pay structure and annual pay review process, all of which determine how pay levels are decided. We're committed to equality in our pay and benefits policy. And we aim to make sure that our levels of pay and range of benefits reflect the knowledge, skills, experience and competencies of our staff.

We aim to pay salaries at the median level of the voluntary sector. We regularly use salary survey data to check that our pay remains in line with the market we operate in. The committee approves the annual pay review process, which is determined partly by average pay awards across the sector, and partly by the charity's financial performance and the affordability of funding an annual cost of living increase.

₮ member of the finance and investment committee
¥ member of the risk and governance committee
+ member of the people and culture committee
* member of the science strategy committee

Executive pay is governed by the same rules and review processes as for all other staff, and we offer the same level of benefits to the executive team as to the rest of our staff. Jobs are evaluated and graded into a framework with pay bands that are transparent and published to all staff.

Our trustees freely give their time and don't receive payment for the work they do, other than travel expenses.

Equity, diversity and inclusion

Breast Cancer Now acknowledges that everyone is unique with individual skills, knowledge and life experiences. Everyone can make a valuable and positive contribution to the aims, values and strategic goals of the charity. We recognise the benefits of employing and engaging with individuals from all backgrounds and community groups – this helps build a workforce and business where creativity and valuing difference in others thrives.

We're committed to a policy that ensures all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status (in cases of gender re-assignment), pregnancy and maternity status, marital status, race and religion and belief (protected characteristics) and membership of or activities as part of a trade union, or social or economic status.

Our equity, diversity and inclusion (EDI) working group continues to meet with representatives from across directorates and a range of teams across the charity.

The group is using management information, external expertise and insight from lived experiences to help us work towards our strategic objectives. It makes sure we're listening to diverse voices, fostering an inclusive environment for all colleagues and reaching and supporting diverse beneficiaries through our charitable work. Since the group was formed in 2020, we've been laying the foundation for real change.

This year, we continue to focus on the 3 EDI strategic priority areas, which are aligned with our organisational strategy:

Area 1: Gathering clear EDI data to guide us

In March 2022, we appointed the Equality Works Group (EWG) to undertake an internal EDI audit. This was to help us understand in more detail the demographics and culture of our workforce. It also aimed to identify factors that will help us build on our work to create a diverse and inclusive organisation.

The audit was completed in July 2022 and highlighted many strengths. A number of recommendations were made, and an action plan was developed in November to deliver these recommendations in 2022/23, including appointing an EDI manager. The priorities were then translated into an EDI action plan across 5 workstreams. This makes sure we identify the right interventions with our stakeholders and stay accountable through implementation, progress and measurement.

The 5 workstreams are:

1. **Resource**
2. **Data collection and policy development**
3. **Learning and development**
4. **Recruitment**
5. **Engagement and senior leadership commitment**

The latest staff satisfaction survey in May 2024 clearly shows that the EDI progress and efforts are well-recognised. The commitment from staff to provide high quality, detailed comments indicate that EDI is an essential part of the employee value proposition, and employee voice is essential in shaping the organisation's culture. There is a clear sense of optimism and recognition of the charity's efforts when it comes to EDI. While there is still much work to do, the charity is on the right path and making steady progress.

To build trust and accountability, we're committed to being driven by clear data. We worked on collecting demographic data that we didn't collect before, including ethnicity and disability

data. This helps us produce data driven reporting that provides a clear picture of where disparities exist in the organisation. Then we can understand the root causes of the gaps, identify specific areas of attention and inform our decision making and initiatives.

While not mandatory yet, this year we produced an ethnicity pay gap report in addition to the gender pay gap report. The ethnicity pay gap report was in favour of ethnic minorities with median of -1.76%. We're committed to continue conducting an ethnicity pay gap report annually to help measure progress and to create a transparent and more equitable workplace.

Area 2: Building our collective confidence around EDI

- We continue to encourage colleagues to share their lived experiences and to celebrate key EDI events across the year. Sharing lived experiences continues to be an important way for us to build our collective confidence and understanding
- Our EDI hub on our intranet provides a one stop shop for all things EDI and it is regularly used to share latest EDI updates and key learning and development resources
- We ran 4 sessions, reaching 25 people, on unconscious bias for staff during learning and development week
- We've integrated EDI education across inductions, awaydays and leadership discussions
- We've introduced a simple, safe and confidential tool designed to help raise any concerns about our working environment. The tool is one of our listening channels and contributes to creating a psychologically safe environment which fosters accountability and trust
- We ran a live event to keep volunteers updated about our engagement with key groups and look for ways to increase our reach and understand the learning needs of our volunteers

Area 3: Strengthening the networks that are vital to driving our EDI progress

Externally, we continue to develop our approach to EDI and reach underserved communities. For example:

- We've continued to deliver public health talks in person and online including to places of worship, some of which have been bi-lingual, to make sure communities have access to the right information in a sensitive and accessible way
- We've developed easy read information on the signs and symptoms of breast cancer, risk factors and the NHS breast screening programme
- We hosted our first panel event for and by South Asian women, as we know breast screening uptake is particularly low in this community and there are many cultural barriers to overcome
- We delivered a Facebook live session 'Engaging with diverse and underrepresented communities' that had views of almost 46,000 and over 97,000 replays

We recognise that we're learning. Where we make mistakes, we'll take ownership and reflect, learn and adapt our practices to move forward. Some of our recent EDI progress has come from not getting things right straight away.

Approach to fundraising

We aim to build strong, meaningful, and long-lasting relationships with the people who donate, fundraise and volunteer for us. We rely on the generosity of individuals and partners to help us reach our ambitious 2050 vision, and we take great pride in how we raise funds towards achieving that. Our supporters are essential to what we do. We'll always strive to give exciting opportunities, accompanied by an excellent experience and high standards of service, that we're continuously improving.

Our fundraising portfolio is diverse, including volunteer-led fundraising, individual giving through lottery, direct debit, gifts in wills, and major gifts, corporate partnership and trusts and foundations income, gifts in wills, TV advertising and more.

To meet the expectations of our supporters, we continue to have a cross-organisational focus on working in a way which is compliant with the law and regulations governing charity fundraising. This includes being registered with the Fundraising Regulator and adhering to the GDPR. This focus helps us adapt to any changes in the law or in best practice, and continuously consider what's important to our supporters with regards to their privacy and data.

Fundraising on our behalf

Engaging with new and existing supporters is a privilege and an important part of our fundraising effort. We work with carefully selected professional fundraising agencies to conduct face-to-face activity and outbound calling as well as to manage our lottery, raffle and gift administration. We closely monitor those who work on our behalf through mystery shopping, call monitoring, training and regular account management to make sure they adhere to our high standards and those of the Fundraising Code of Practice.

Safeguarding and vulnerable supporters

We recognise our responsibility to safeguard our supporters and members of the public across all areas of our fundraising and services. Our safeguarding policy and annual safeguarding report is reviewed each year by the risk and governance committee, and we've developed a safeguarding training module ratified by safeguarding experts that all our staff are required to undertake. The training module is reviewed on an ongoing basis in line with any changes to the policy, and our own safeguarding experience and learning staff are required to undertake refreshers every 2 years.

Complaint handling

From August 2023 to July 2024, we received and responded to 372 complaints. While the number of complaints we received is small compared to our overall reach, we take all negative feedback seriously. Each complaint has been thoroughly investigated and resolved with corrective action taken, where appropriate, to improve the work we do.

In May 2024, the Fundraising Regulator published findings relating to a complaint we had previously received concerning our door-to-door fundraising. Overall, the Fundraising Regulator was satisfied with the policies and procedures we have in place as well as how we monitor and train our fundraising agencies and respond to complaints. They determined that there were no systemic issues but that we are ultimately responsible for the actions of our agencies. We have applied the recommendations suggested by the Fundraising Regulator and are committed to reviewing our policies and procedures on a regular basis to make sure they are robust and serve our supporters in the best way possible.

We have had no complaints escalated to the fundraising regulator between August 2023 and July 2024.

Our fundraising promise

We rely on the generosity of our supporters, partners, and volunteers to make what we do possible. Through donations and fundraised income, we can work towards our vision that by 2050, everyone diagnosed with breast cancer will live, and be supported to live well.

We're committed to showing the individuals, companies, and organisations who support us how much we value them and the difference their support makes. The following principles guide our ways of working:

Honesty and accountability

- We ask for and listen to feedback and complaints and make improvements based on this feedback
- We closely monitor agencies working on our behalf and make sure they keep to our high standards
- We work in way that is compliant with relevant statutory bodies and the Fundraising Code of Practice

Kindness and respect

- We inspire people to give or raise money for Breast Cancer Now without making them feel pressured

- We have a procedure for working with people in vulnerable circumstances, including children
- We only communicate with people in the ways they prefer and always with a friendly and approachable manner
- We treat all donors and the members of the public fairly and with respect
- We value and acknowledge our supporters' contributions and thank them accordingly

Trust and transparency

- We keep supporter data secure and do not sell or share it for marketing purposes
- We use donations wisely and always with an unrelenting focus on our beneficiaries
- We do what we say we'll do with the donations we receive

Learning and developing

- We listen, learn and always strive to improve the experience of being a Breast Cancer Now supporter
- We constantly monitor how fundraising activities are received and perform to understand how our supporters experience them
- We invest time and energy in developing our own skills and knowledge so we can deliver effective fundraising and supporter experiences

Advisory boards and committees

Finance and investment committee

The finance and investment committee is responsible for advising the board on short and long-term financial planning, including reviewing financial plans, budgets and proposals. The committee plays a governance role in the review of financial policies, processes and controls and advises on the appointment of external auditor. The committee is also responsible for appointing the charity's investment managers, setting and recommending the investment strategy to the board for approval and overseeing the management and performance of investments. The finance and investment committee met 4 times during the year.

Risk and governance committee

The risk and governance committee oversees the charity's risk management framework. They make sure that strategic risks are identified, reported to the board and, where necessary, highlighted to other committees (such as the finance and investment committee). They also make sure that risk priorities and relevant actions are highlighted to the senior leadership team for further action by their directorates. The committee also oversees changes to any material internal controls. The committee recommends the charity's risk management appetite and policy to the board for approval and reviews other policies which may result in significant reputational risk. The committee oversees the charity's internal audit programme, including approval of the internal audit plan and monitoring the results and implementation of any findings. The risk and governance committee met twice during the year.

People and culture committee

The people and culture committee has delegated responsibility from the board for the remuneration and reward framework across the organisation. They also oversee the appointment of trustees and senior leadership, including the chief executive. The committee also has strategic oversight of the charity's people plan. The people and culture committee met 3 times during the year.

Science strategy committee

The science strategy committee is responsible for overseeing our research portfolio and making recommendations to the board regarding distributing our research funding. The committee plays a key role in making sure that our research supports our strategic aims and met twice during the year.

Chairs' committee

The chairs' committee is able to make decisions between board meetings where they are of sufficient urgency that it would be detrimental to wait until the next board meeting. The chairs' committee met once during the year.

Risk

Risk is inherent within all our activities and therefore must be understood and managed. Accepting a certain level of risk allows us to innovate and strive to achieve more for people affected by breast cancer. But it's important to balance risk across the organisation to make sure that it remains within our current level of appetite and tolerance.

We operate a process of risk identification and management that's embedded into the governance of the organisation. Central to this are our risk registers, which are regularly reviewed and updated by the senior leadership and operational management team Our strategic risk register is also considered by the risk and governance committee and the trustees twice a year.

We regularly adapt the content to make sure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are living documents that continue to change over time in response to internal and external stimuli.

Risks are scored in terms of likelihood and impact. This allows us to quickly identify the most pressing risks and any changes in their profile. For each risk, the registers set out the possible causes, current controls in place to manage it and any actions ongoing to provide further mitigation. These actions are assigned an owner, and progress is tracked by the senior leadership team and the trustees.

Risk is considered by Internal Audit in proposing the annual audit programme which is approved by the Risk & Governance committee.

The trustees reviewed Breast Cancer Now's key risks and are satisfied that risk management has been undertaken appropriately and that adequate systems were in place to manage risk. The senior leadership team are responsible for the day-to-day risk management and ensuring that each directorate is aware of, and appropriately manages, their risks.

We've considered the key risks facing the charity in the year ahead. Some examples of these strategic risks and mitigations to manage them are:

Risk	Mitigation
Legal and regulatory compliance	
Risks of non-compliance: 1. Serious data security breach (from a cyber-attack or non-compliance with GDPR) 2. Lack of compliance with regulations in relation to our fundraising practices 3. Failure to comply with legal or regulatory requirements	1. IT policies and procedures including, Cyber Essentials Plus certification, vulnerability scanning, penetration testing and anti-virus software 2. Dedicated fundraising compliance senior officer; data privacy manager and governance manager 3. Regular training for staff 4. External peer review of research grant applications
Loss of reputation	
A high-profile incident results in a loss of reputational integrity, influence and support	1. Anti-fraud policy and fraud monitoring in place, as well as mandatory fraud training for all staff 2. Reputation management and crisis communication processes in place 3. Conflicts of interest policy and processes in place 4. Whistleblowing policy in place outlining a clear process for staff to disclose any incidences of serious malpractice or wrongdoing 5. External governance review in 2022/23 confirmed strong governance framework in place
Financial sustainability	
Failure to effectively manage our financial resources to ensure we can continue to support those affected by breast cancer	1. Prudent 2024/25 budget and reserves policy 2. Senior and operational leadership teams review monthly management accounts alongside regular cashflow forecasting throughout the year 3. Agile fundraising strategy with quarterly reviews around performance to date and future pipeline 4. Regular reviews of investment performance and active use of money markets to deliver best available return on cash

Risk	Mitigation
Unforeseen disruptions	
Inability to deliver our mission to those affected by breast cancer due to serious business disruption	1. Agile governance arrangement, enabling quick and effective decision making 2. IT infrastructure and services are subject to regular external scrutiny, including Cyber Essentials Plus certification, vulnerability scanning, penetration testing and anti-virus software 3. Motivated and engaged staff and volunteers
Marketing	
Low brand awareness	1. Brand based on insight from, and tested on and with, beneficiaries, supporters and other key stakeholders including key fundraising contacts 2. Investment in sustained brand marketing
Services and research	
Not reaching enough service users with loss of reach and impact due to drop-out rates on courses and pressure on the NHS	1. Monitoring of reasons for dropout rates 2. Rolling programme of communications and marketing 3. Ongoing investment to increase our reach
Inability to maintain our commitments to our long-term research activities or to fund future research, because of lower levels of income	1. Close communication with those researchers to whom we provide long-term support, to discuss ways of mitigating the impact of any reductions in budgets 2. Establishment of designated fund to support long term research commitments
Inability of existing research to continue due to disruption at research host institutions or loss of key researchers	1. Close communication with researchers and senior administrative staff at key host institutions to monitor their ability to support the research we fund 2. Long-term commitment to key strategic research activities to ensure stability for research staff and support for research training
Staff and volunteers	
Failure to address the health and wellbeing of employees and volunteers and support their ability to perform their roles	1. EDI programme across organisation 2. Enhanced performance management programme for staff 3. High-quality volunteering programme 4. Annual staff engagement survey enables staff to give feedback in this area

S172(1) Statement

The trustees are required to outline how they have met the requirements of S172(1) of the Companies Act 2006 in acting to promote the success of the charity to achieve its charitable purposes. This includes having regard to the interests of its stakeholders, volunteers, employees and the wider community.

The charity recognises it cannot achieve its mission on its own. Collaboration and working in partnership with its stakeholders are essential in making sure that by 2050, everyone diagnosed with breast cancer will live, and be supported to live well.

Our supporters, including members of the public, donors, trusts and corporate partners, help us raise funds we need to fund research and provide support services. We work closely with our suppliers and our dedicated colleagues, who are vital in us progressing towards our goal. We set out below how the charity engages with its different stakeholders and listens to their views to better achieve its charitable objectives.

Employees

Our success is underpinned by the wellbeing and performance of our colleagues, who are fundamental to everything we achieve. We engage with our colleagues in many ways:

- Our staff forum hosts regular online drop-ins for colleagues to raise questions, and for forum representatives to gather feedback and hear concerns
- Our monthly organisational updates give colleagues information on the charity's ongoing work, impact and progress. They also give colleagues the opportunity to ask questions and give feedback to the senior leadership team
- Our monthly directorate meetings give an opportunity for senior leaders to speak to their directorate and share updates across teams. The meetings are also an open forum for colleagues to update their peers, ask questions or flag concerns
- Our organisational management team meet monthly and cascade organisational information and raise concerns from colleagues
- Our weekly internal newsletter features updates from across the organisation, including operational news, campaigns and blogs
- Our intranet offers a space for colleagues to find and post information, and is an integral hub for connecting colleagues, wherever they're working from
- We host around 30 Now Sessions every year. These are informal, peer-to-peer sessions led by teams across the organisation to share knowledge, learnings and success stories
- We've developed an online learning and development platform to enhance learning opportunities and meet the diverse training needs of colleagues
- We use staff surveys to get the views of colleagues, which helps us to become a more equitable, diverse and inclusive organisation
- Our EDI group helps to help steer our development, implementation and monitoring of our organisational approach to EDI
- Our annual performance review process focuses on the performance and development of our colleagues
- We host a staff conference and annual awards ceremony to celebrate the achievements of colleagues and the organisation. Colleagues contribute to the content and vote for their award nominations
- We have an environmental group and several social and wellbeing groups including mental health first aiders, a social committee, netball team and a craft group. Other support groups include our peer-to-peer learning groups, long-term health conditions group, LGBTQ+ network, parenting group and carers group

Volunteers

Our volunteers are incredible, and we couldn't deliver our vision and mission without them. This year our volunteers gave us 13,987 hours of their time – that's almost one and a half years. We're proud that so many of our service users become volunteers with us – choosing to support others in the way that they were supported through their own breast cancer experience.

As we enter the final year of our 5-year volunteering plan, we're reflective about what the next few years will look like for volunteering at Breast Cancer Now. We remain focused in our efforts to open access to volunteering opportunities for people from diverse backgrounds. We know how important it is for those with lived experience to be able to shape the development of the opportunities we offer.

Help and support

Volunteers are involved in all areas of our charity, from the board of trustees to our peer support services and in the hospitals we work with. The volunteer hub is responsible for providing expertise, training and support to staff who involve volunteers in their work. This helps continually improve the volunteer experience while also championing the development of new volunteer programmes and opportunities.

Growing our programmes

The number of managed volunteers (people who support us through formal, longer-term roles) grew by 9% to over 750 this year. Alongside this, one-off opportunities to volunteer at our fundraising events have been very popular. 367 volunteers were recruited for a variety of opportunities including cheer points, refreshment stands at Pink Ribbon Walks and welcoming guests at The Show and our Christmas carols service.

Developing our approach to equity, diversity and inclusion

We've made progress in our equity, diversity and inclusion (EDI) action plan specific to volunteering this year. In Ethnic Minority Cancer Awareness Month, we held a 'Let's talk about breast cancer in diverse communities' event which provided space for volunteers to talk about their confidence and concerns connected equity, diversity and inclusion. The event was attended by 20 volunteers and received great feedback from those who attended. We will be working with volunteers from our EDI Volunteering Action Group to review the event and identify opportunities for further development.

Volunteer engagement

- We've reached out to the volunteering and Breast Cancer Voices communities to match 46 local representative volunteers with supporter events in their local communities
- We continued to act on feedback from volunteers to deliver an ongoing series of online drop-in and in-person meet up events, with 310 volunteers attending
- We also delivered the annual Outstanding Volunteer of the Year Award in memory of Tracey Williams. This is now our fourth year of running the award and it's a great opportunity to recognise volunteers and demonstrate the impact that they have

Donors, trusts and corporate partners

Our partnerships with our donors, trusts and corporate partners are fundamental to our charitable work. Here's how we engage with them:

- We collaborate regularly with our corporate partners through online and face-to-face meetings, and co-create campaigns and activations
- We regularly review our partnerships to understand the levels of performance, impact and satisfaction

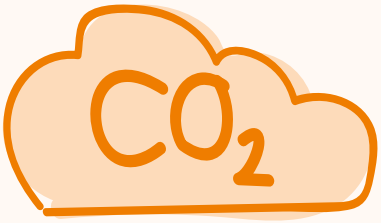
- We share major events and milestones with our donors and supporters. We report on the impact we're making thanks to their support through impact reports, email communications and our annual report and accounts
- We give opportunities for our supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists
- We host cultivation events, such as our annual carol service, to give our donors, trusts and corporate partners an opportunity to meet key members of our staff, trustees and each other
- We host donor-specific thank you events for our events, community, philanthropic, and legacy supporters to show them the impact of their support
- We have a clear thanking process for all supporters based on the type and level of support and their relationship with us
- Our Fundraising Promise guarantees donors of all types what they can expect from their relationship with us
- We have a clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with us

Partners and suppliers

Our ability to fund research and provide support to people affected by breast cancer relies on good relationships with our partners and suppliers. Some of the ways we do that include:

- Having a dedicated research team giving administrative support to make sure we collaborate effectively with institutions undertaking research on our behalf
- Building close working relationships with the hosts of our 4 long-term research activities: the Institute of Cancer Research (The Toby Robins Breast Cancer Research Centre and the Breast Cancer Now Generations Study), Kings College London (the Breast Cancer Now Research Unit) and the Barts Cancer Institute at Queen Mary University of London (the Breast Cancer Now Biobank)
- Developing links with external scientists through the science strategy committee and various conferences, including taking a leading role in the UK Interdisciplinary Breast Cancer Symposium
- Working with organisations and coalitions that bring us together with others in the sector to amplify our voice, including the Association of Medical Research Charities, the Richmond Group, One Cancer Voice the Scottish Cancer Coalition, Wales Cancer Alliance and Northern Ireland Cancer Charities Coalition Working with the Richmond Group of Charities to combine our influence and speak as a collective voice so that we can improve the support and care for people with long-term conditions
- Inviting healthcare professionals, such as oncologists, surgeons, physiotherapists and dietitians, to share their expertise and knowledge with service users through our face-to-face and online support services
- Employing sessional therapists, facilitators and nurses to co-deliver and support services to people affected by breast cancer, so we can reach more people across the UK
- Using a range of convenient, accessible and welcoming venues across the UK to host our services
- Creating a safe and comfortable environment for people to meet each other, share experiences and gain mutual support
- Developing our relationships with nurses and allied healthcare professionals in practice, supporting their continuous education and involving them with the development of nursing and health information services
- Working closely with our print suppliers to manage the distribution of our award-winning publications

- Working closely with our virtual call centre supplier, allowing deliver of a nurse-led telephone helpline providing information and support
- Using a political monitoring service and other specialist suppliers to help us to take our influencing and campaigning work to elected representatives and campaigners
- Working with policy experts in other organisations in the sector to give us additional capacity to develop policies



Energy and emissions

The following figures make up the baseline reporting for Breast Cancer Now. Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2023 and 2024 reporting year. For 2023 (1 January 2023 to 31 July 2024) used Database 2022, Version 1.0. For 2023 (1 January 2024 to 31 July 2024) used Database 2024, Version 1.0.

	2023/24	2022/23
Scope 2 emissions		
Grid supplied electricity – kWh	125,348	130,521
Associated Greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	26	26
Intensity ratio Emissions per headcount, based on average staff numbers of 355	0.06	0.08

Sustainability

As a charity, we are committed to reducing the environmental impact we make on the environment resulting from the delivery of our activities. We are committed to sustainable development and reducing our carbon footprint by improving management of resources; increasing knowledge, aligning and amplifying individual team practice; and developing sustainable cultures with all our stakeholders.

We have an active Environmental Working Group which is developing an action plan to improve sustainability with a focus on:

- supporting cultural change through increased organisational knowledge of sustainability issues
- waste and Recycling – using less scarce resources and recycling;
- water – using less, reducing leaks, reducing bills;
- travel – reducing unnecessary trips, incorporating sustainable alternatives;
- procurement - environmental considerations within the supply chain where practicable

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of Breast Cancer Now for the purposes of company law) are responsible for preparing the trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company 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 the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015)
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards, comprising FRS 102, 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

In the case of each trustee in office at the date the Trustees' Report is approved:

A. So far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and

B. They have taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Jill Thompson, trustee
26th November 2024

INDEPENDENT AUDITOR'S *REPORT*

To the members and the trustees of Breast Cancer Now



Opinion

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2024 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2024 and of the group's income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company / group 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 charitable company's or the group's ability to continue as a going concern for a period of at least 12 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 trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

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

- Adequate and proper accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on pages 81-82, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and noncompliance with laws and regulations are set out below. A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities.

This description forms part of our auditor's report

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation, employment legislation and health and safety legislation.

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

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finance and Investment Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Nicola May
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor, London
6 December 2024

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(incorporating an income and expenditure account)
For the year ended 31 July 2024

	Note	Unrestricted funds £000	Designated funds £000	Restricted funds £000	**Total 2024 £000**	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2023 £000
Income from:									
Donations and legacies	2	31,242	-	5,146	**36,388**	26,844	-	5,362	32,206
Charitable activities		10,445		-	**10,445**	7,654	-	-	7,654
Other trading activities	3	9,305	-	205	**9,510**	8,306	-	681	8,987
Investments		1,116	-	-	**1,116**	732	-	-	732
Total income		52,108	-	5,351	**57,459**	43,536	-	6,043	49,579
Expenditure on raising funds	4	25,379	-	-	**25,379**	23,112	-	-	23,112
Expenditure on charitable activities	5	26,109	-	4,799	**30,908**	24,695	-	5,622	30,317
Total expenditure		51,488	-	4,799	**56,287**	47,807	-	5,622	53,429
Net realised investment gain	11	-	-	-	-	-	-	-	-
Net unrealised investment (loss)/gain	11	2,003	-	-	2,003	(265)	-	-	(265)
Other gains/ (losses)		-	-	-	-		-	-	-
Total net investment (loss)/gain		2,003	-	-	**2,003**	(265)	-	-	(265)
Net income/ (expenditure)		2,623	-	552	**3,175**	(4,536)	-	421	(4,115)
Transfers between funds	20	(5,348)	5,222	126	**-**	2,887	(2,955)	68	-
Net movement in funds		(2,725)	5,222	678	**3,175**	(1,649)	(2,955)	489	(4,115)
Funds brought forward	20	9,736	34,200	1,154	45,090	11,385	37,155	665	49,205
Funds carried forward	**20**	**7,011**	**39,422**	**1,832**	**48,265**	**9,736**	**34,200**	**1,154**	**45,090**

The Consolidated Statement of Financial Activities is for the Group as a whole. Total income for the year for the parent charity was £56,963,000 (2023: £49,001,000).

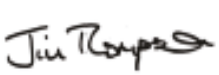
All amounts relate to continuing operations. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. There are no material differences between the net income for the financial year and the historical cost equivalents.

BALANCE SHEETS

As at 31 July 2024

	Note	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Fixed assets					
Intangible assets	9	2,311	2,066	2,311	2,066
Tangible assets	10	507	389	507	389
Investments	11	19,196	19,693	19,196	19,693
		22,014	22,148	**22,014**	22,148
Long term debtors	15	11,107	12,732	11,107	12,732
Current assets					
Current investments	12	-	-	-	-
Debtors		16,717	14,286	22,206	18,608
Cash at bank and in hand		17,574	15,817	9,658	8,197
		34,291	30,103	**31,864**	26,805
Creditors: amounts falling due within one year	16	(12,901)	(14,333)	(10,920)	(12,141)
Net current assets		**21,390**	15,770	**20,944**	14,664
Total assets less current liabilities		**54,511**	50,650	**54,065**	49,544
Creditors: amounts falling due after more than one year	17	(5,798)	(5,105)	(5,359)	(4,006)
Provisions for liabilities	19	(448)	(455)	(444)	(455)
Net assets		**48,265**	45,090	**48,262**	45,083
Unrestricted Funds	20	7,011	9,736	7,009	9,729
Designated Funds	20	39,422	34,200	39,422	34,200
Restricted Funds	20	1,832	1,154	1,831	1,154
Total Funds		**48,265**	45,090	**48,262**	45,083

The notes on pages 83-105 form part of these financial statements.
The Charity's net movement in funds for the year was an increase of £3.2m (2023: decrease of £(4.1m)
The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 26th November 2024 and were signed on its behalf.



Jill Thompson **Trustee**

CONSOLIDATED CASH FLOW STATEMENT

For the year ended 31 July 2024

	Note	£000	Group 2024 £000	£000	Group 2023 £000
Cash flows from operating activities:					
Net cash generated in operating activities	a		**(577)**		**(2,859)**
Cash flows from investing activities					
Dividends, interest and rents from investments		1,001		614	
Purchase of tangible fixed assets	10	(364)		(59)	
Purchase of intangible fixed assets	9	(803)		(1,340)	
Withdrawal		2,500			
Proceeds from sale of investments	11	-		-	
Net cash generated investing activities			**2,334**		**(785)**
Change in cash in the reporting period			1,757		(3,644)
Cash at the beginning of the reporting period			15,817		19,461
Cash at the end of the reporting period	b		**17,574**		**15,817**

(a) reconciliation of net incoming resources to net cash flow from operating activities		**Group 2024 £000**	**Group 2023 £000**
Net income for the reporting period (as per the Statement of Financial Activities)		3,175	(4,115)
Depreciation and amortisation	9,10	800	525
Loss on disposal of fixed assets		4	5
(Decrease) in provisions		(7)	114
Realised gain on investments	11	-	-
Unrealised loss/(gain) on investments	11	(2,003)	265
Dividends, interest and rents from investments		(1,116)	(732)
Investment fees deducted from portfolio	11	115	118
Decrease in stock		-	-
Increase in debtors		(806)	1,588
Decrease in creditors		(739)	(627)
Net cash generated from operating activities		**(577)**	**(2,859)**

(b) Analysis of cash and cash equivalents	**Group 2024 £000**	**Group 2023 £000**
Cash in hand	17,574	11,317
Notice deposits (less than 3 months)	-	4,500
Total cash and cash equivalents	**17,574**	**15,817**

FINANCIAL ACCOUNTS AND NOTES

Breast Cancer Now
Notes to the financial statements for the year ended 31 July 2024.

1. Accounting policies

Charity information

Breast Cancer Now ("the Charity") is a Public Benefit Entity which was incorporated on 9 December 2014, and is registered in England and Wales (company number 09347608) and in the Isle of Man (company number 6021F). It was registered as a charity on 18 February 2015 with the Charity Commission in England and Wales (charity number 1160558), in Scotland (charity number SC045584) and the Isle of Man (charity number 1200). The Charity was established following the merger of Breakthrough Breast Cancer and Breast Cancer Campaign on 1 April 2015. On 29 April 2019 the Charity, following approval by the Trustees, acquired Breast Cancer Care.

On 30 April 2020 the Charity became the sole Corporate Trustee of Second Hope (Registered Charity No:1163205) a charity committed to supporting research in secondary breast cancer. Second Hope has been consolidated in the financial statements as a subsidiary.

Basis of preparation

These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at fair value and in accordance with Financial Reporting Standard 102 ('FRS 102') 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' and with the Statement of Recommended Practice 'Accounting and Reporting by Charities' FRS 102 as revised in 2019 ('the SORP 2019'), together with the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The functional currency of the Group and Charity is considered to be GBP because that is the currency of the primary economic environment in which the Charity operates.

Going concern

The Board has reviewed the Charity's activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost of living crisis and a review of a range of scenarios assessing the potential impact on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It is therefore reasonable to expect the Charity to have adequate resources to continue in operation for a period of at least 12 months from when the financial statements are authorised for issue.

During 2023/24, income out-performed at levels achieved in the previous year. We had continued resilience of the income streams from individual donors and corporate partners.

Consolidation

The financial statements consolidate the Charity and its trading subsidiaries ("Group"). The income and expenditure from the date of acquisition has been incorporated in these financial statements.

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

Exemptions

The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual Statement of Financial Activities.

Business combinations

Business combinations are accounted for by applying the purchase method. The cost of a business combination is the fair value of the consideration given, liabilities incurred or assumed and of equity instruments issued plus the costs directly attributable to the business combination. For combinations at nil or nominal consideration which are in substance a gift, any excess of the fair value of the assets received over the fair value of the liabilities assumed is recognised as a gain in the Statement of Financial Activities ("SOFA"). On acquisition, the fair values are attributed to the identifiable assets, liabilities and contingent assets.

Since the Charity is a charitable company, it is subject to the restriction in the Companies Act Accounts Regulations that prohibits the recognition of unrealised gains in the profit and loss account. In circumstances where the fair value of the assets received exceeds the fair value of the liabilities assumed, only the element of the gain which relates to the realised profits is recognised as "Other income" in the SOFA. The element of the gain which relates to unrealised profits is recognised as "Other recognised gains" in the SOFA.

Funds
The following funds are held by the Charity:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that mayfall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted reserves stood at £1.8 million at the yearend.

- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £7.0 million at the year-end.

Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £39.4 million at the year-end.

The Charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations, the trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the trustees in line with the reserves policy as described in the trustees report (page 60).

Income
Income is accounted for and included in the SOFA when the Group is entitled to the income, receipt can be quantified and receipt is probable. Income is deferred when it relates to future accounting periods.

Donations
Donations are recognised upon receipt along with any related gift aid. Donations which have been collected by a third party but not yet passed to the Charity are accrued based on the date of collection.

Legacies
Legacies are recognised when capable of financial measurement, receipt is probable and where there are no conditions that still need to be fulfilled. Pecuniary legacies are recognised once notification has been received and probate has been granted. Residuary legacies are recognised once notification has been received, probate has been granted and they can be reliably measured, usually on receipt of estate accounts.

Corporate sponsorship and products
Income from corporate sponsorship and products is measured at the fair value of consideration received or receivable and represents the amounts receivable, net of value added taxes. The Group recognises revenue when it has an entitlement to the revenue, it is probable that it will be received and the amount can be reliably measured. Revenue from corporate sponsorship is recognised over the period of the sponsorship arrangement. Revenue for the sale of goods is recognised at the point of sale.

Lotteries
Income received in respect of lotteries is recognised when the draw is made. Income received in advance for future lottery draws is deferred until the draw takes place.

Donated goods and services
Donated goods and services are recognised in the accounts when the benefit to the Charity is reasonably quantifiable and measurable. The value is the price the Charity estimates it would pay should it purchase equivalent goods or services.

Investment income
Investment income is recognised on a receivable basis.

Regional groups
The income of regional fundraising groups includes all transactions cleared on the regional group bank statements up to the year-end.

Fundraising events
The company recognises revenue for events at the date of event. Where revenue is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued.

Grants
Grant income is recognised when the funding offer is communicated in writing to the Charity or when performance related conditions are met.

Expenditure
Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA. Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

Expenditure on charitable activities includes direct staff costs and expenditure relating to charitable activities provision of services, clinical support, health information and policy and campaign costs. and research grant expenditure.

Research grants in furtherance of the Charity's objectives are the total amounts granted to external bodies for charitable work. The grants made by the trustees are recognised in the SOFA in the year the grant is awarded and notified to the recipient, provided a legal or constructive commitment exists and any conditions attaching to the grant have been fulfilled by the recipient. The liability is measured as the total of expected payments for the period to the next scientific review.

Costs relating to the sale of goods include the direct costs of purchasing and distributing goods for sale.

Communication and support costs are reviewed and any costs directly relating to our charitable activities have been allocated to the appropriate strategic charitable priority with the remainder being apportioned to charitable activities and raising funds based on a combination of headcount and staff time.

Governance costs are the costs incurred to manage the Charity in compliance with

constitutional and statutory requirements and are included in support costs.

Operating leases
Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

Taxation
Breast Cancer Now has charitable status and therefore any income and gains are exempt from corporation tax under Section 202 of the Corporation Act 2010 to the extent that they are applied for their charitable objects.

Value Added Tax is only partially recoverable by the Charity and therefore the nonrecoverable element is included with the expenditure on which the VAT was charged in the SOFA.

The Charity's subsidiaries do not generally pay UK Corporation Tax because their policy is to pay taxable profits to the Charity as gift aid.

Pensions
Employees are entitled to join the pension scheme provided by Aviva. These are defined contribution schemes administered by an independent scheme administrator. Scheme funds are independent to the Charity and invested with Aviva. The Charity contributes by matching employee contributions to their personal pension to a maximum of 8% of salary. The cost of providing this pension scheme is charged to the SOFA when it is incurred.

Investments
Fixed asset investments are stated at fair value at the balance sheet date. Any realised or unrealised gains and losses are shown in the SOFA. Gains and losses are calculated with reference to market values as at the beginning of the year or cost if purchased during the year.

Current investments are shown at cost less any provision for expected losses.

Financial instruments
Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost with the exception of investments which are held at fair value.

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors excluding prepayments. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital.

Financial liabilities held at amortised cost comprise all creditors excluding deferred income, social security and other taxes and provisions.

Assets and liabilities held in foreign currency are translated to GBP at the balance sheet date at an appropriate year end exchange rate.

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial. Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date the Group held financial instruments at fair value of £19,196k (2023: £19,693k).

Tangible assets
Tangible fixed assets are stated at cost, less depreciation. Assets of under £1,000 in value are not capitalised but are taken fully as expenditure in the year of purchase.

Disposed assets are removed from the fixed asset register on the date of their sale or disposal. Any gain or loss on disposal is included within the SOFA. Depreciation is provided by the straight-line method, calculated to write off assets over their estimated useful lives at the following rates:

- Fixtures and fittings: over 4 years
- Leasehold improvements: over lease period
- IT hardware: over 4 years

Tangible assets are subject to an annual impairment review, and any impairment identified is recognised in the SOFA in the year of the review.

Intangible assets
Intangible assets are stated at cost less accumulated amortisation. Intangible assets of under £1,000 in value are not capitalised but are expensed fully in the year of purchase.

Amortisation is calculated using the straight-line method at the following rate, calculated to write off assets over their estimated useful lives at the following rate:

- IT software and website: 4-7 years

Critical accounting judgements and key sources of estimation uncertainty

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

Critical accounting estimates:

- *Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.
- In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result
- in a material adjustment to their carrying amounts in the next financial year.

Critical accounting judgements:

- * Donated goods and services are not recognised where the incremental benefit to the
- charity cannot be reliably measured. This will primarily relate to services which are
- gifted on a pro-bono basis and there is no comparable expenditure incurred by the
- Charity. Please see note 2.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 July 2024

2. Donations and legacies

	Unrestricted £000	Restricted £000	**2024 £000**	Unrestricted £000	Restricted £000	2023 £000
Trusts and appeals	2,717	391	3,108	2,969	192	3,161
Donations and legacies from individuals	25,348	1,084	26,432	23,123	1,887	25,010
Corporate donations	3,177	3,671	6,848	749	3,283	4,032
Other income	-	-	-	3	-	3
Total	**31,242**	**5,146**	**36,388**	**26,844**	**5,362**	**32,206**

The Charity benefits from the services of unpaid volunteers. The value of this has not been recognised in the financial statements.

Donations and legacies from individuals includes £91,798 (2023: £109,580) of donated goods for auction prizes and has been recognised in the SOFA.

Legal advice was provided on a pro-bono basis the value of which totalled £72,256 (2023: £65,897) and has been recognised in the SOFA.

During the year the Charity was donated credits for ads by Google and Meta. The value of which was £323,951 (2023: £347,307) which has also been recognised in the SOFA.

The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2024, but which are classed as a contingent asset total £25,000 (2023: £25,000).

3. Other trading activities

	Unrestricted £000	Restricted £000	**2024 £000**	Unrestricted £000	Restricted £000	2023 £000
Events	891	-	891	1,054	-	1,054
Corporate products and sponsorship	2,431	205	2,636	1,654	681	2,335
Lottery income	5,983	-	5,983	5,598	-	5,598
Other income	–	–	–	–	–	–
Total	**9,305**	**205**	**9,510**	8,306	681	8,987

4. Expenditure on raising funds

	Direct costs £000	Support costs £000	**Total 2024 £000**	Direct costs £000	Support costs £000	Total 2023 £000
Cost of raising funds from donations and legacies	22,899	2,024	24,923	20,330	1,877	22,207
Cost of other trading activities	312	29	341	719	68	787
Cost of managing investments	115	-	115	118	-	118
	23,326	**2,053**	**25,379**	21,167	1,945	23,112

5. Expenditure on charitable activities

5a. Charitable activities

	Grants £000	Direct costs £000	Support costs £000	**Total 2024 £000**	Grants £000	Direct costs £000	Support costs £000	Total 2023 £000
Research	14,297	3,588	1,197	19,082	15,553	3,617	1,069	20,239
Clinical	-	1,335	372	1,707	-	1,083	333	1,416
Services	-	4,158	899	5,057	-	3,907	803	4,710
Health Information & Policy	-	4,372	690	5,062	-	3,336	616	3,952
	14,297	**13,453**	**3,158**	**30,908**	15,553	11,943	2,821	30,317

5b. Grants

Grants were made to the following Institutions during the year:

	2024 £000	2023 £000
Institute of Cancer Research	10,775	10,335
Queen Mary University of London	698	(123)
Kings College London	1,070	1,773
Queen Mary University Belfast	-	142
Barts	-	(93)
University of Edinburgh	(3)	(9)
University of Southampton	249	(29)
University of Cambridge	133	1,027
University of Bradford	(2)	116
University of Oxford	(22)	626
University of Exeter	-	173
Imperial College London	324	253
University of Sheffield	202	138
University of Surrey	-	150
Royal College of Surgeons in Ireland	(8)	-
Newcastle University	-	250
University of Manchester	(35)	262
University of Birmingham	242	249
University of Cardiff	250	231
University of Leeds	-	44
Prostate Cancer Research	300	-
Quadram Institute Bioscience	249	-
Other Institutions	(125)	38
	14,297	15,553

6. Support costs

	2024 £000	2023 £000
IT, Finance & HR	2,149	2,183
Office	1,595	1,798
Management	356	332
Governance	1,110	455
	5,210	4,768

Total support costs of £5,210,000 (2023:£4,768,000) comprise of charitable support costs of £3,158,000 (2023: £2,821,000) and expenditure on raising funds of £2,052,000 (2023: £1,947,000). All support costs have been allocated entirely on a headcount basis.

7. Net expenditure for the year

This is stated after charging:

	2024 £000	2023 £000
Depreciation and amortisation	800	526
Loss on disposal of fixed assets	-	-
Auditors' remuneration:		
Audit work	64	60
Audit work relating to prior year	-	-
Other services - taxation	-	-
Operating leases rentals		
Property	1,127	956
Equipment	13	20

8. Employees

	2024 £000	2023 £000
Wages and salaries	13,630	11,791
Social security costs	1,369	1,206
Pension costs	934	850
Other employee benefits	91	84
	16,024	13,931

Termination payments during the year totalled £16,108 (2023: £0). Termination payments are recognised on an accruals basis and are included within staff costs.

The average number of employees during the year were:

	2024 no.	2023 no.
Charitable activities	180	160
Fundraising	127	121
Support Services and governance	53	49
	360	330

The number of employees receiving remuneration over £60,000 (excluding employer pension contributions) during the year was as follows:

	2024 Total no.	2023 Total no.
£60,001 - £70,000	4	5
£70,001 - £80,000	14	8
£80,001 - £90,000	1	-
£90,001 - £100,000	-	-
£100,001 - £110,000	2	3
£110,001 - £120,000	1	-
£120,001 - £130,000	-	-
£130,001 - £140,000	-	-
£140,001 - £150,000	1	1
	23	17

Pension costs for these higher paid employees amounted to £164,052 (2023: £125,523).

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, the Director of Fundraising, Communication & Engagement and the Director of Research, Influencing & Services. The total earnings, including pension contributions, received by the key management personnel of the Charity during the year were £576,065 (2023: £547,589). In 2023/24 the Chief Executive was the highest paid member of staff and received remuneration of £147,999

Trustees have not received remuneration (2023 £Nil).

9. Intangible assets (Group and Charity)

	IT Software & Website £000
Cost	
At 1 August 2023	2,903
Additions	827
Disposals	(21)
Transfers	(24)
At 31 July 2024	**3,685**
Accumulated amortisation	
At 1 August 2023	837
Charge for the year	555
Disposals	(18)
Transfers	-
At 31 July 2024	**1,374**
Net book value	
Carried forward at 31 July 2023	2,066
Carried forward at 31 July 2024	**2,311**

10. Tangible assets (Group and Charity)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £'000	**Total £000**
Cost				
At 1 August 2023	1,229	433	376	2,038
Additions	99	7	258	364
Disposals			(9)	(9)
Transfers				-
At 31 July 2024	**1,328**	**440**	**625**	**2,393**
Accumulated Depreciation				
At 1 August 2023	959	431	259	1,649
Charge for the year	178	1	66	245
Disposals			(8)	(8)
Transfers				-
At 31 July 2024	**1,137**	**432**	**317**	**1,886**
Net book value				
Carried forward at 31 July 2023	270	2	116	388
Carried forward at 31 July 2024	**191**	**8**	**308**	**507**

There were no assets held under finance leases in either year.

11. Investments (Group and Charity)

	2024 £000	2023 £000
Market value at 1 August	**19,693**	19,958
Realised gains	-	-
Unrealised (losses)/gains	2,003	(265)
Income reinvested	115	118
Investment fees	(115)	(118)
Withdrawals	(2,500)	-
Market value at 31 July	**19,196**	19,693

All investment assets are held in the UK and are unrestricted. The total historic cost of these investments is £12,843,000. The holdings by fund on a market value basis are as follows:

Fund	2024 £000	2023 £000
CCLA	19,196	19,693
Total market value	**19,196**	19,693

12. Current investments (Group and Charity)

	2024 £000	2023 £000
Balance as at 1 August	-	-
Write back of provision	-	-
Transfer to cash at bank and in hand	-	-
Balance as at 31 July	-	-

An assessment of the provision is set out in the critical accounting estimates in note 1.

13. Subsidiary undertakings

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884) and BCN Research Ltd (05047652). The Charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the Charity at 31 July 2024 was £245 (2023: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	**2024 Total £000**	2023 Total £000
Turnover	-	-	-	2,814	2,814	2,335
Cost of sales	-	-	-	-	-	(43)
Interest receivable	-	-	154	-	154	153
Administrative expenses	-	-	(7)	(544)	(551)	(577)
Profit before gift aid and taxation	-	-	147	2,270	2,417	1,868
Gift Aid payable to the Charity	-	-	(147)	(2,270)	(2,417)	(1,868)
Profit before taxation	**-**	**-**	-	**-**	**-**	-
Tax expense	-		-	-	-	-
Profit after taxation	**-**	**-**	-	**-**	**-**	-
Assets	-	-	2,728	5,969	8,697	8,614
Liabilities	-	-	(2,728)	(5,961)	(8,689)	(8,421)
Net Assets	-	-	-	8	8	193

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982). Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737) were dissolved during the year. The Charity is the Sole Trustee of Second Hope a registered charity (No:1163205).

The taxable profit from the subsidiaries each year is transferred to the parent Charity as a Gift Aid payment. For 2023/24 a total payable of £2,417,000 to the parent Charity has been recognised.

For a full listing of the subsidiary undertakings please see note 25.

14. Debtors: amounts falling due within one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade debtors	5,134	3,639	4,386	2,914
Amount owed by subsidiary undertakings	-	-	6,267	5,131
Other debtors	190	1,139	190	1,139
Prepayments & accrued income	9,136	7,196	9,106	7,112
Other accrued income	2,257	2,312	2,257	2,312
	16,717	14,286	22,206	18,608

Trade debtors includes £Nil (2023 £Nil) falling due after more than one year.

Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

15. Debtors: amounts falling due after more than one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Other accrued income	11,107	12,732	11,107	12,732

16. Creditors: amounts falling due within one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade creditors	2,446	1,435	2,447	1,435
Grants payable	8,642	10,314	7,171	8,629
Taxes and social security	457	729	457	729
Accruals and deferred income	1,072	1,451	568	946
Other creditors	284	404	277	402
	12,901	14,333	**10,920**	12,141

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2024/25, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Balance as at 1 August	921	751	430	260
Amount released to income	(921)	(751)	(430)	(260)
Amount deferred in year	867	921	376	430
Balance as at 31 July	**867**	921	**376**	430

17. Creditors: amounts falling due after more than one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Grants payable	5,798	5,105	5,359	4,006

18. Grants payable

	2024 £000	2023 £000
At 1 August	15,419	14,994
Awarded during the year	14,606	15,951
Paid during the year	(15,270)	(15,126)
Adjustments during the year	(315)	(400)
As at 31 July	**14,440**	15,419
Due within one year (note 16)	8,642	10,314
Due after one year (note 17)	5,798	5,105
As at 31 July	**14,440**	15,419

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £14,463,000 (2023: £15,951,000) and adjustments during the year of a credit of £315,000 (2023: credit of £400,000), totalling £14,148 (2023: £15,551,000).

At 31 July 2024 the Charity had a unrecognised commitments of £24m (2023: £24m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2025/26. These commitments will be funded from income in the relevant period.

19. Provisions for liabilities (Group and Charity)

	Onerous lease 2024 £000	Dilapidations 2024 £000	Other 2024 £000	Total 2024 £000	Onerous lease 2023 £000	Dilapidations 2023 £000	Total 2023 £000
Balance as at 1 August	-	455	-	**455**	-	341	341
Additional provision	-	-	-	**-**	-	114	114
Utilised	-	-	-	**-**	-	-	-
Released	-	(11)	-	**(11)**	-	-	-
Balance as at 31 July	-	444	-	**444**	-	455	455

The dilapidations provision is expected to be utilised by January 2025.

20. Reconciliation of funds

	Balance at 1 August 2023 £000	Transfers £000	Income £000	Expenditure £000	Investment Gains £000	**Balance at 31 July 2024 £000**
Unrestricted funds	**9,736**	**(5,348)**	**52,108**	**(51,488)**	**2,003**	**7,011**
Designated funds	34,200	5,222	-	-	-	**39,422**
Restricted						
General Research (1)	651	100	2,853	(2,475)	-	1,129
Prevention Research (2)	-	-	459	(459)	-	-
Secondary Research (3)	-	329	374	-	-	703
Support Services (4)	-	200	1,005	(1,205)	-	-
Other restricted funds (5)	503	(503)	660	(660)	-	-
Total restricted funds	**1,154**	**126**	**5,351**	**(4,799)**	**-**	**1,832**
Total Group funds	**45,090**	**-**	**57,459**	**(56,287)**	**2,003**	**48,265**
Unrestricted Charity funds	**9,729**	**(6,718)**	**53,468**	**(51,472)**	**2,003**	**7,009**
Designated Charity funds	**34,200**	**5,222**	**-**	**-**	**-**	**39,422**
Restricted Charity funds	**1,154**	**126**	**5,351**	**(4,799)**	**-**	**1,831**
Total Charity funds	**45,083**	**(1,370)**	**58,819**	**(56,271)**	**2,003**	**48,262**

Notes

(1) Donations specifically given to fund general research

(2) Donations specifically given to fund the research area of prevention

(3) Donations specifically to support the research area of secondary breast cancer

(4) Donations specifically to support our services

(5) This includes a variety of funds, where donations are restricted to specific areas of research and other charitable activity.

Designated Funds

The Charity's commitment to fund research is on a long-term objective which has been funded through annual net fundraising income which is subject to fluctuations.

Total funds at the year-end were £45 million (2022: £49.2 million) and are £35.2m more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

The prior year reconciliation of funds is shown below

	Balance at 1 August 2022 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	**Balance at 31 July 2023 £000**
Unrestricted funds	**11,385**	**2,887**	**43,536**	**(47,807)**	**(265)**	**9,736**
Designated funds	37,155	(2,955)	-	-	-	**34,200**
Restricted						
Tissue Bank	-	-	196	(196)	-	-
Prevention Research	-	-	672	(672)	-	-
Kings College London	-	-	865	(865)	-	-
Secondary Research	(1)	-	2,278	(1,774)	-	503
Other restricted funds	665	68	2,032	(2,115)	-	650
Total restricted funds	**664**	**68**	**6,043**	**(5,622)**	**-**	**1,154**
Total Group funds	**49,205**	**-**	**49,579**	**(53,429)**	**(265)**	**45,090**
Unrestricted Charity funds	**11,372**	**2,105**	**43,481**	**(46,965)**	**(265)**	**9,729**
Designated Charity funds	**37,155**	**(2,955)**	**-**	**-**	**-**	**34,200**
Restricted Charity funds	**665**	**68**	**6,043**	**(5,622)**	**-**	**1,154**
Total Charity funds	**49,192**	**(782)**	**49,524**	**(52,587)**	**(265)**	**45,083**

21. Analysis of net assets between funds

	Group Unrestricted 2024 £000	Group Designated 2024 £000	Group Restricted 2024 £000	**Group Total 2024 £000**	Group Unrestricted 2023 £000	Group Designated 2023 £000	Group Restricted 2023 £000	Group Total 2023 £000
Tangible & Intangible assets	-	2,818	-	**2,818**	2,456	-	-	2,456
Investments	-	19,196	-	**19,196**	6,193	13,500	-	19,693
Net current assets	13,257	6,301	1,832	**21,390**	6,649	7,968	1,154	15,770
Long term assets		11,107		**11,107**	-	12,732	-	12,732
Long term liabilities	(6,246)	-	-	**(6,246)**	(5,562)	-	-	(5,562)
Total net assets	7,011	39,422	1,832	**48,265**	9,736	34,200	1,154	45,090

	Charity Unrestricted 2024 £000	Charity Designated 2024 £000	Charity Restricted 2024 £000	**Charity Total 2024 £000**	Charity Unrestricted 2023 £000	Charity Designated 2023 £000	Charity Restricted 2023 £000	**Charity** Total 2023 £000
Tangible & Intangible assets	-	2,818	-	**2,818**	2,455	-	-	2,455
Investments	-	19,196	-	**19,196**	6,193	13,500	-	19,693
Net current assets	12,812	6,301	1,831	**20,944**	5,542	7,968	1,154	14,664
Long term assets	-	11,107	-	**11,107**	-	12,732	-	12,732
Long term liabilities	(5,803)	-	-	**(5,803)**	(4,461)	-	-	(4,461)
Total net assets	7,009	39,422	1,831	**48,262**	9,729	34,200	1,154	45,083

22. Financial and other commitments

Operating lease commitments

The Group and Charity have the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2024 £000	2023 £000
Property leases expiring:		
Within one year	635	989
Within two to five years	6,280	416
In over five years	7,670	-
Equipment leases expiring:		
Within one year	1	8
Within two to five years	-	1
In over five years	-	-

Lease payments expensed in the year are disclosed in note 7.

23. Trustee expenses

The Trustees received no remuneration in the year. Three Trustees received reimbursement expenses totalling £1,651 during the year (2023: 4 Trustees, £1,727).

The Charity has in place insurance to indemnify the Trustees for actions brought against them for wrongful acts committed. A Trustee indemnity insurance policy was held during the year as follows:

From 1 April 2024 to 31 March 2025 - AXA (sourced through PIB). Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covered trustee indemnity, employment practices liability and entity legal liability.

From 1 April 2023 to 31 March 2024 - PIB Insurance Brokers. Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covered trustee indemnity, employment practices liability and entity legal liability.

24. Related party disclosures

During the year the Charity awarded grants of £nil (2023: £nil) and grant adjustments of £2,711 (2023: £8,615) to the University of Edinburgh and had an outstanding creditor of £423,113 at year end (2023: £445,384). The Charity made payments of £19,599 during the year (2022: £95,622). Trustee Mark Astaire is a member of the International Advisory Board of the University of Edinburgh.

During the year the Charity awarded grants of £249,575 and grant adjustments of £nil (2022:£142,889 and £782 respectively) to the University of Sheffield. There was an outstanding creditor of £361,067 (2023:£142,000) at year end. The Charity made a payment of £3,122 (2023: £4,064) during the year. Trustee Ingunn Holen is an employee (tenured) of the University of Sheffield.

During the year the Charity made a grant adjustment of £nil (2023:£4,863) to the University of Nottingham. There was no outstanding creditor at year end. The Charity made a payment of £nil (2023: £10,676) during the year. Trustee Georgette Oni is a Consultant Oncoplastic Breast Surgeon at the University of Nottingham.

During the year the Charity made a grant adjustment of £nil (2023:£1,766) to Maidstone & Tunbridge Wells NHS Trust. There was an outstanding creditor of £65,447 (2023: £81,350) at year end. The Charity made a payment of £65,447 (2023: £44,878) during the year. Trustee Claire Ryan is a Macmillan Consultant Nurse Metastatic Breast Cancer at the Trust.

The Charity paid a levy to the Fundraising Regulator of £12,000 (2023: £8,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2023: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

The Charity paid a sponsorship fee of £2,000 to LTA BWBC Ltd (2023: £1,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2022: £Nil). A Trustee, Georgette Oni, holds the position of Director, Consultant Oncoplastic Breast Surgeon at LTA BWBC Ltd.

The Charity received a corporate donation of £42,315 from AstraZeneca to support the Helpline and Ask Our Nurses (2023: £42,315). There was an outstanding debtor of £nil at year-end. A Trustee, Professor Mitch Dowsett provides ad-hoc advice to AstraZeneca.

The Charity received a corporate donation of £199,982 from Novartis. This supported work into ethinic inequalities, the servic epledge and nursing conference. The Charity also received £20,000 from Roche and £18,000 from Eli Lilly to support the nursing conference. There was an outstanding debtor of £nil at year-end. A Trustee, Claire Ryan holds a Honorarium for Chair of the National Nurse Education Meeting (The Elevate Series) and Honorarium for Nursing Education Sharing Best Practice respectively.

The Charity received a corporate donation of £15,194 from Exact Sciences International to support the Helpline and Ask Our Nurses (2023: £15,194). There was an outstanding debtor of £nil at year-end. A Trustee, Barbara Brown was engaged to provide a 6 month coaching programme for the Business Lead for Scotland and Northern Ireland.

During the year, the Charity had the following transactions with its subsidiary companies:

- • Payable under Gift Aid from BCN Trading Ltd of £2,270,000 (2023: £1,764,000) and management charge of £537,123 (2023: £563,886).
- • Payable under Gift Aid from BCN Research Ltd of £147,181 (2023: £104,600).

25. Subsidiary entities

Name	%	Registration	Registered Office	Status
BCN Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
BCN Research Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
Breast Cancer Care Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Non-trading
Breast Cancer Campaign	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant
Breakthrough Breast Cancer	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant

Charitable Incorporated Organisation	Ownership	Regulator	Registered Office	
Second Hope	Sole Trustee	Charity Commission	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Active

LEGAL AND ADMINISTRATIVE DETAILS

Independent Auditors
Crowe U.K. LLP
55 Ludgate Hill, London EC4M 7JW

Bankers
Barclays Bank plc
1 Churchill Place, London E14 5HP

Solicitors
Russell Cooke
2 Putney Hill, London SW15 6AB

Investment Managers
CCLA
1 Angel Lane, London EC4R 3AB

Registered Office
5th Floor Ibex House, 42-47
Minories, London EC3N 1DY

Glasgow
Robertson House, 3rd Floor,
152 Bath Street, Glasgow G2 4TB

Sheffield
St James House,
Vicar Lane, Sheffield S1 2EX

Cardiff
Tudor House, 4th Floor,
16 Cathedral Road,
Cardiff CF11 9LJ

hello@breastcancernow.org
breastcancernow.org

THANK YOU

We'd like to thank everyone who supported us during 2023/24. Special thanks go to:

Our research committees:

- The Dame Vera Lynn Translational Fellowships Review Committee
- The Inequalities Funding Committee
- The Grants Committee
- The Science Strategy Committee
- The Biobank Advisory Council
- The Tissue Access Committee
- The expert peer reviewers from all over the globe who helped us evaluate research grant applications.

The staff and scientists in the laboratories we fund who have supported us in promoting the world-class research we're funding.

Our Voices network, who supported 18 of our teams with 61 projects over the past year. They have played a vital role in ensuring our work is shaped by lived experience.

All the patients who have generously donated tissue and blood samples to the Breast Cancer Now Biobank.

All of our partners in the NHS across the 4 nations of the UK.

All the organisations who offer rooms free of charge for our support service events.

Everyone who has supported our #NoTimeToWaste campaign – whether through sharing their experience, using their platforms or adding their name to our call to action, including:

- Bal Nanray
- Debbie Pitfield
- Sally Lane
- Tracey Thomson
- Claire Spragg

The organisations who helped us develop a consensus statement on health inequalities in breast screening. After a roundtable discussion, we drafted a joint statement to express our collective view of how breast cancer screening can become a truly inclusive and accessible service. This was co-developed with the following organisations:

- Black Women Rising
- Friends, Families and Travellers
- OUTpatients
- Pathway UK
- Queen's Nursing Institute
- Disability Rights UK
- Race Equality Foundation
- South Asian Health Foundation
- Mencap
- Caribbean & African Health Network

The over 300,000 people who added their name to our petition calling for Enhertu to be made available on the NHS in England for people with HER2-low secondary breast cancer. Thank you to everyone who shared their experience, and especially to the group of patient advocates we have worked so closely with during the campaign, including:

- Jeannie Ambrose
- Helen Addis
- Joanna Bingham
- Christina Black
- Sophie Blake
- Hannah Gardner
- Sharon Grimwood
- Kathryn Hulland
- Alison Jones
- Valerie Paragon
- Tracy Pratt
- Laura Price
- Nadia Sawalha
- Helen Skelton
- Kat Southwell
- Kirsten Spencer
- Viv Smith
- Mandie Stevenson
- Tracie Townsend-Mills
- Kate Wills Berger

We'd also liked to thank METUPUK, who we have worked closely with during the campaign.

All of our public health volunteers, and the individuals and organisations that donated their time and expertise towards the public health, inclusion and awareness team's work this year, including:

- Aqua Clinical-Jay Tatla
- South Asian Health Foundation-Dr Sarah Ali
- Sakoon through cancer-Samina Hussain
- South Asian Supernovas-Kreena Dhiman and Toral Shah
- Madiha Sajid
- Donna Fraser OBE
- Naman Julka-Anderson
- Sarah Adomah
- Dr Aziza Sesay
- Dr Nigat Arif
- Nipa Patel
- Richmond Group of Charities
- Her Spirit

Everyone who shared their time and experience to help us deliver change for people affected by secondary breast cancer:

- Jen Hardy and Alison Tait
- Claire Myerson
- Ann McBrien
- All those who contributed to the development of our briefing 'Clearing the path to diagnosis – Improving referral pathways in England

for people with secondary breast cancer', including cancer alliances, policy makers and healthcare professionals
- The patients who took the time to speak to us – in our focus groups, user-testing and over email – about their experiences of access to a CNS
- The nurses who took part in our CNS focus group and interviews, who were so generous in sharing their experiences with us

Everyone who has been involved in collaborative efforts to improve access to breast reconstruction across England:

- Reconstruction Task & Finish Group
- Tracey Irvine
- Joanna Skillman
- Rieka Taghizadeh
- Ruth Waters
- Georgette Oni
- Diana Harcourt
- Chris Holcombe
- Pamela Golton
- Leena Chagla
- Douglas Ferguson
- Reconstruction Supporters Group
- Alison Monte
- Helen Neill
- Suzanne Duffy
- Carlie-Ann Hare
- Heather Myatt
- Michelle Farrell
- Tracey Barnes

Everyone who shared their experience and views with us to help us make the strongest case possible about the importance of a number of new treatments being assessed for use on the NHS.

All the amazing people diagnosed with breast cancer this year who we've worked with to develop our marketing campaigns. Whether sharing their experience of breast cancer to help to shape our campaigns and exhibitions, or bravely sharing their stories in the campaigns themselves, we couldn't have done it without them.

All our amazing volunteers, with particular thanks to the volunteers recognised for their contributions as nominees for the Tracey William's Outstanding Volunteer Award 2024:

- Amanda Jones
- Cathy Ramsden
- Charlotte Hirst
- David Baker
- Eileen Callow
- Emma Davis
- Kelly Almond-Lundy
- Lauren Colchester (winner)
- Louise Porter
- Neil Burrows
- Pam Dunn
- Pamela Penfold
- Sue Lidbetter
- Valerie Paragon (runner up)

Our community, corporate and pharma partners who donated more than £10,000:

- Ann Summers
- Asda
- BFT Mastclimbing Ltd
- Estee Lauder
- Exact Sciences
- Fairfax And Favor
- Fenjal
- George at Asda
- ghd
- Gilead
- Karen Millen
- Lilly UK
- Liv Cycling
- M&S
- MBNA
- Meadowhall
- MSD
- Novartis
- Omaze
- Pentel
- Pom Pom London
- Primark
- Roche
- Seagen
- Stemline Therapeutics
- Zoggs

And the many individuals who have shared their personal stories and given their time to support our work with corporate partners this year.

The Breast Cancer Now Development Board for their support and commitment

Asda suppliers who supported our Tickled Pink partnership:

- AG Barr
- Arla Foods
- Asda Own Brand
- Birds Eye Ltd
- Coca cola Europacific Partners
- Danone UK
- Energizer Holdings
- Essity UK Ltd
- Fox's Burton's Companies UK Ltd
- Froneri
- General Mills
- George at Asda
- INEOS Hygienics Ltd
- International Procurement Ltd
- Kimberly Clark Ltd
- Kingsmill
- Kraft Heinz
- Lindt & Sprungli
- Lucozade Ribena Suntory
- Lynns Country Food
- Mars Wrigley UK
- McCain Foods GB Ltd

- Mission Foods
- Mondelez
- Muller
- Nestle
- New York Bagel
- Penguin Random House
- Pepsico
- Pladis Global
- Premier Foods
- Proctor & Gamble
- RB UK Hygiene Home Commercial Limited
- Unilever
- Warburtons Ltd

Fundraising committees and societies:

- The Pink Ribbon Ball Committee
- The Society of Women Artists

Charitable trusts and foundations:

- Art for Cure
- Boltini Trust
- Doris Field Charitable Trust
- East Kent Unit for Breast Screening
- Eric Wright Charitable Trust
- Garfield Weston Foundation
- Isle of Man Anti-Cancer Association
- Philip Oppenheimer Foundation
- Postcode Care Trust funded by players of People's Postcode Lottery
- Secondary1st
- The Syncona Foundation
- Walk the Walk

Major donors:

- Rab and Pat Harley
- Claire and Mark Urquhart
- Rosemary Walker
- Jo and Helen Wetz

Special thanks to Robert Swannell and to everyone who has supported The Patricia Swannell Appeal

The following individuals, groups and businesses who supported our fundraising this year:

- 11 Kings Bench Walk LLP
- Agincourt
- Alexandra Lloyd
- Alex Staines
- Alison Wilson
- Amanda Jones
- Amgen
- Amy Langmead
- Andreas Michaelides and Handsworth Golf Club
- Andrew MacKenzie
- Andy and Ellen Cullen
- Angela Ratcliffe
- Anne White
- APEX Consulting Engineers
- Ashurst LLP
- Batley Bulldogs RLFC
- Beccles Breast Cancer Now Group
- Ben Alldis
- Ben Hood
- Bex Turley and Sarah Dowling-Wilkinson
- Bishopbriggs Golf Club
- Boundary Outlet
- Boobs and Brass
- Bosom Buddies
- Breast Foot Forward
- Bromley Breast Cancer Now Group
- Burgess Hill Breast Cancer Now Group
- Carol Kelly
- Catherine Bennett
- Chantele Rashbrook and the Clifftop Challengers
- Chatham Financial
- Cheshire Breast Cancer Now Group
- Chris Deville
- City Building Glasgow
- Claire Seedhouse and Linda Donovan
- Clare Carpenter
- Clare Storey
- Clifford Chance LLP
- Cooley LLP
- Cotswold Breast Cancer Now Group
- David Baker
- David Chappell & Boston Park Farm
- David Cobbin
- Dream Challenges
- Earl Edwards
- Eleanor Moffat BEM
- Emma-Jayne & National Association of Tangent Clubs
- Enstar
- Falmouth Fundraising Group – Pink Wig Events
- Fighting Breast Cancer Committee
- Fine Bedding Co
- Grieg Menderson
- Herts Fighting Breast Cancer Now Group
- FITISM Ltd
- Fluxx
- Forest of Dean Rugby Club
- Gerard McStay and St Patricks High School
- Gourock Golf Club
- Graham & Lorraine Burns
- Greenberg Traurig
- Henderson Connellan
- HiQ
- INEEDACANIHAVE LTD
- Ineos Grenadiers
- Isle of Man Breast Cancer Now Group
- Isle of Wight Breast Cancer Now Group
- Jackie Scully
- James and Mike Lammas
- Jan Hulme
- Jane Brooks
- Janet Lane
- Jason Guy

- Jeanette and Carol Horlock
- Jo Gazzard
- Jones Day LLP
- Judy and David Totterdell
- Kennedys LLP
- Keri Hill
- Kerry Banks
- Keystone Law LLP
- King & Spalding LLP
- Latham & Watkins London LLP
- Lawrence and Dani Bond, and everyone at BondMoran Recruitment
- Leanne Hainsby
- Lee Rembridge
- Lilac Joss
- Linda Robertson
- Liz Mackay and Riny Wondergem
- Lorraine Harwood
- Louise Porter
- Maltin PR
- Mel and Holly from Her Spirit
- Michael Lovelidge
- Michaela Franklin and Sue Facey
- Michelle Mills
- Mike Phillips
- Morrison Foerster LLP
- Music Magpie
- Natalie Johnson
- Neath fundraising group
- Nelsons LLP
- New Law Solicitors
- Network Rail
- Nick Payne and family
- Nicola Ridgway
- Notre Dame High School
- Oldmeldrum Fundraising Group
- Olswang LLPCAF
- Otter House
- Outer Temple Chambers
- Pamela & David Penfold
- P&L
- Paul and Judith Kippax
- Paula & Steve Routledge and The Strawberry Tea Bike Ride Team
- Perth Racecourse
- Pink Hygiene
- Pink on the Tyne Fundraising Group
- Plexus LLP
- PwC
- Raishma
- Rebecca Cochrane
- Rebecca Walker and Lloyds
- Redlibbets Golf Club
- Reed Smith LLP
- RM Contractors Ltd
- Robert Cuthbertson
- Ropes & Gray LLP
- Rosy and Harry Oliphant
- Salisbury and New Forest Breast Cancer Now Group
- Shangri-La
- Sheila McNicol
- Sheila Wilson
- Shelley Dobson
- Shropshire Breast Cancer Now Group
- Simpson Thacher Bartlett LLP
- Slaughter & May LLP
- Somerset Breast Cancer Now Group
- Sonia Hood
- Sophie Van Galen
- Squire Patton Boggs LLP
- Starwood Capital
- Sue and Mike Brown
- Sue and Steve Mattock
- Surrey Breast Cancer Now Group
- Sweet Causes
- Taylor Wessing LLP
- Team Barbra
- Team CLC 2024!
- Team Hill House
- Technip FMC
- The golden girls
- The Walt Disney Company
- Thermo Fisher Scientific
- Tom Lloyd
- Tracey Pullen
- Trisha Davidson
- Turnhouse Golf Club
- Uphall Golf Club
- UK Charity Allstars
- Valerie McGavin
- Valerie Paragon
- Vicky's Vixens
- Wales Fundraising Committee
- Wayne & Polly Barnes
- West Lancashire Fundraising Group
- Wilkie Farr & Gallagher LLP
- Wikborg Rein LLP

WE'RE HERE

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

The brightest minds in breast cancer research are here, making life-saving research happen in labs across the UK and Ireland. Support services, trustworthy breast cancer information and specialist nurses are here, ready to support you whenever you need it. Dedicated campaigners are here, fighting for the best possible treatment, services and care for anyone affected by breast cancer.

Why? Because our vision is that by 2050, everyone diagnosed with breast cancer will live and be supported to live well. But to make that vision a reality, we need to act now.

BREAST CANCER NOW The research & support charity

BREAST CANCER NOW
The research & support charity

Breast Cancer Now is a company limited by guarantee registered in England (9347608)
and a charity registered in England and Wales (1160558), Scotland (SC045584)
and Isle of Man (1200).
Registered Office: Breast Cancer Now,
Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY

BREAST CANCER NOW

England & Wales - Charity number 1160558

Accounts

TRANSFORMING OUR IMPACT

Our annual report and accounts for 2022 – 2023

BREAST CANCER NOW The research & support charity

We're here



The Pink Ribbonwalk at Blenheim Palace

INSIDE THIS REPORT

4 A message from our chief executive and chair

6 Our 5 strategic objectives

39 Our impact and progress in 2022-23

50 Financial review

68 Independent auditor's report

72 Financial accounts and notes

99 Legal and administrative details

100 Thank yous

Unless noted otherwise, the facts and statistics stated in this report relate to the period 1 August 2022 to 31 July 2023.

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Registered Office:
Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY.

NAVIGATING CHALLENGES AND CELEBRATING *SUCCESSES...*

A message from our chief executive, Delyth Morgan and chair of trustees, Jill Thompson



Baroness Delyth Morgan
Chief executive,
Breast Cancer Now



Jill Thompson
Chair of trustees
Breast Cancer Now

First of all, a heartfelt thank you to all of you who have so generously given your time, your energy, your voices and your donations. So that we can turn the tide on breast cancer together.

We're enormously grateful to everyone who's dedicated to helping us achieve our vision. That by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

It's been a busy year. But it feels as though we're now in a strong position following the challenges of COVID-19.

We've pivoted to cope with the changes brought about by the pandemic and drawn on everything we learned during that time. We're now able to reach more people who need our support. We've expanded all of our face-to-face and online services, including those for younger women with breast cancer, for people with incurable secondary breast cancer and for those adjusting to life after treatment.

This year we've focused on groups that have been underserved in the past, particularly black women, South Asian women and those from more deprived areas. By reaching more people, we can transform not just the support they get, but their experience of living with breast cancer.

As part of this activity, we've developed animations and translated our public health videos into 13 different languages. And created 4 short films about breast screening that feature women from black and South Asian backgrounds.

We've strengthened our support for healthcare professionals, who are a vital link to the people and communities who need our services.

We've set up a new strategic team to focus on our insight and impact evaluation. So we can concentrate on the areas that matter most to people affected by breast cancer, making sure we're totally in step with what they want and need.

Meanwhile, our research continues to deliver extraordinary results. To highlight just one of this year's outstanding discoveries, our researchers have developed an AI model to predict the risk of secondary triple negative breast cancer. One day, it could help doctors plan more tailored treatment based on the likelihood of breast cancer spreading. It could save lives, and reduce stress and worry.

By funding world-class research like this, led by some of the brightest minds in the field, every day we're working towards new breakthroughs that could save more lives. And this financial year we're delighted that we've been able to commit almost £16 million to funding vital research.

Turning to our campaigning work, we're delighted that olaparib – a potentially life-saving treatment for primary breast cancer – was approved for use on the NHS in England in April 2023. Thank you to each of the 70,651 people who signed our petition and proved just what we can achieve together.

This year we also launched a new phase of our #NoTimeToWaste campaign, calling for more government investment in breast screening. And we continued to call for more ambitious targets for diagnosis. Shorter waiting times and earlier detection are essential to helping save lives, so we're determined to hold those in power accountable.

When we look back at this year, we can see just how much we've achieved. But there's still so much more to do.

The number of people diagnosed with breast cancer has risen by about 17% over the last decade and looks set to carry on rising. Our absolute priority is to make sure we're here for everyone.

IT'S BEEN A BUSY YEAR. BUT IT FEELS AS THOUGH WE'RE NOW IN A STRONG POSITION FOLLOWING THE CHALLENGES OF COVID-19.



The environment is challenging, but we know what we need to do to achieve our 2050 vision. We also know that it's impossible for us to do it alone. That's why we need you, our supporters, by our side as we step into the future and make the changes that will turn the tide on breast cancer.

Together, we can do it.
Let's make it happen.

With huge appreciation,

Delyth Morgan
Chief executive

Jill Thompson
Chair of trustees

OUR 5 STRATEGIC OBJECTIVES



To work to improve treatments, care, and services for those affected by secondary breast cancer.

So that fewer lives are lost to secondary breast cancer – and fewer people feel forgotten by a system focused on “cure”.



To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer.

So that no one has to face breast cancer alone and unsupported.



To develop kinder, smarter treatments for people with breast cancer and to improve access to them for all who could benefit.

So that people with breast cancer can benefit from more effective treatments that don’t rob them of their quality of life.



To improve detection and diagnosis of breast cancer.

So that everyone with breast cancer has the very best chance of survival.



To further our understanding of why breast cancer occurs and spreads.

So that fewer people develop breast cancer in the first place.

Our commitment to equality, diversity and inclusion

We're here for everyone affected by breast cancer. So it's vital that we do everything we can to be an inclusive organisation that truly reflects the needs of the people we support.

Our ambitions will include:

- Increasing inclusivity in the ways we deliver our charitable work
- Reaching more diverse communities with our health messages, support services and research
- Reducing and removing the differences in breast cancer survival outcomes based on ethnicity, geography and socioeconomic group
- Making sure that our support services and NHS care is accessible to and used by all
- Reducing the differences in screening attendance and awareness between ethnic and socioeconomic groups
- Understanding the reasons for variation in incidence between different groups, and working to reduce these where we can.

STRATEGIC OBJECTIVE #1

To work to improve treatment, care and services for those affected by secondary breast cancer



2022-23 highlights

- Expanding our secondary breast cancer services, reaching 483 people face-to-face and 295 online (compared to 334 people face-to-face and 417 online in 2021-22)
- Supporting younger women with secondary breast cancer, reaching 58 people in face-to-face events and 38 people through online courses (compared to 41 people face-to-face and 33 online in 2021-22)
- Funding researchers who have developed an AI model to predict the risk of secondary breast cancer
- Investing in 4 new research projects worth almost £900,000 that could find new treatments for secondary breast cancer

Of the 11,500 people who die each year from breast cancer, the vast majority have secondary breast cancer.

Secondary breast cancer occurs when breast cancer cells spread from the first (or primary) cancer in the breast to other parts of the body, through the lymphatic or blood system. The most common areas breast cancer can spread to are the bones, the lungs, the liver and the brain.

Secondary breast cancer can be treated, but it can't be cured. So it's vital to support people with secondary breast cancer to live well for as long as possible.

We currently estimate that over 61,000 people are currently living with secondary breast cancer in the UK. This figure represents a vast number of people who are living with a disease that's frequently misunderstood and overlooked.

A diagnosis of secondary breast cancer often comes as a huge shock and can leave people feeling very isolated. It can weigh heavily, both on the person with secondary breast cancer, as well as on their friends and family.

And many people with incurable secondary breast cancer experience delays in diagnosis, struggle to access the support of a specialist nurse and fear they won't be able to get the treatment they need in the future.

That's why we're campaigning for faster diagnosis, better treatments and support from professionals who understand the impact of secondary breast cancer.

Here are some of the ways that we're working to bring about change...

Reaching more people with secondary breast cancer

... by understanding what people want

After listening to the views of hundreds of people living with secondary breast cancer, we identified gaps in support. This gave valuable insights that will help us plan and grow our services in the future.

... by improving digital access

We've significantly improved the way people can get information about secondary breast cancer on our website by making it more accessible and easier to navigate.

... by strengthening our team

This financial year, we increased the size of our team that provides dedicated services for people living with secondary breast cancer. This includes 7 new therapist facilitators to help expand our Living with Secondary Breast Cancer service.

... by bringing people together for support

We've reached out to people across the UK and set up new monthly face-to-face groups in Bedfordshire, Edinburgh, Oxford, Wrexham and central London.

Altogether, 30 groups are now up and running. So far, this service has supported 483 people who are living with secondary breast cancer (compared to 334 people in 2021-22). Adding up to 4,219 hours of support.

Meanwhile, our online services enable people to access support wherever they are. As we transition back to more in-person support following COVID-19, this year, 209 people have attended 81 monthly online groups (compared to 284 people in 2021-22), totalling 822 hours of support. Expert speakers have also shared their knowledge. We ran the first triple negative breast cancer Speakers Live event in September 2022 and now have a rich programme of specialist talks.

Group members told us:

"I will be forever grateful for the information, friendship, positivity and laughs."

"There is always one of us that has been through side effects or problems and we can share our fears, worries, side effects and help each other try to resolve issues."

"I can't express how much the online group improved my confidence to ask for better treatment from my medical team."

In a survey of group members:

- **73%** felt they had gained skills and techniques that help them cope with day-to-day living with secondary breast cancer
- **66%** felt more confident to talk to their treatment team and ask about their treatment and care
- **69%** felt they were better able to manage the emotional and psychological effects of secondary breast cancer

... by supporting younger women with secondary breast cancer

Finding out you have secondary breast cancer at a younger age can be especially isolating. This year we supported 75 younger women, totalling more than 450 hours of support, and helping them to feel less alone (compared to 41 women in 2021-22).

We also held monthly virtual sessions specifically designed to meet the needs of younger women living with secondary breast cancer. In total, 28 women attended our online gatherings, totalling 69 hours of support (compared to 21 women in 2021-22).

"It was good to meet women with secondary cancer. It was lovely to be around women in a similar situation. We may not be in exactly the same boats, but we are in the same sea."

"In real life, we so often choose to – or have to – carry on and put a brave face on. Being surrounded by women in the same position who automatically have that understanding is such a relief."

"The conference was extremely professional. The Breast Cancer Now people made everything absolutely seamless and helped me feel cared for every single time I asked a question or made a comment."

... by raising awareness of symptoms with healthcare professionals and women with a primary breast cancer diagnosis

If we want to improve the speed of diagnosis, it's vital that people know how to spot secondary breast cancer. This year, we worked with Synergy Healthcare Research to conduct an online survey with 204 GPs and 51 practice nurses to discover how much they know about the most common signs and symptoms of secondary breast cancer.

We made the stark discovery that a third of GPs don't feel they have a good understanding of the main symptoms.

As a result, we ran 2 marketing campaigns in autumn 2022 and summer 2023 to raise awareness of the signs and symptoms of secondary breast cancer, funded by The Patricia Swannell Appeal. We aimed the campaigns at 2 key audiences: healthcare professionals and women with a primary breast cancer diagnosis.

In these campaigns:

- **7,000** information packs were distributed to GPs
- **90,000** leaflets were delivered to 3,000 surgeries
- Our webpage was viewed over **50,000** times

Carrying out life-changing research

We're funding exciting new research that has the potential to predict and treat secondary breast cancer.

Research progress: new AI model predicts breast cancer

At the Breast Cancer Now Research Unit at King's College London, Professor Anita Grigoriadis has developed an AI model that can predict if triple negative breast cancer is likely to spread and become secondary breast cancer. The researchers hope that this AI model will be tested in clinical trials and that it could one day assist doctors in planning treatment.

New research in the pipeline

Over the next few years, we're looking forward to seeing the results of 4 new research projects we're funding into detecting and treating secondary breast cancer.

Personalised therapies

Professor Elinor Sawyer from King's College London is looking for new ways to tell which people whose lobular breast cancer has returned may benefit from personalised therapies. This project could help us better identify which patients should receive more intense treatment.

New drug combination

Professor Penelope Ottewell from the University of Sheffield is testing a new combination of drugs to treat secondary breast cancer that's spread to the bone. She's investigating whether radium-223 can be combined with other drugs to make it more effective. This could lead to new treatments for secondary breast cancer in the bone.

Targeting oestrogen receptors

Professor Simak Ali from Imperial College London is working to better understand the oestrogen receptor (ER) gene. Understanding how changes in this gene contribute to cancer's resistance to hormone therapy could lead to better treatments for people with secondary ER-positive breast cancer.

Understanding triple negative breast cancers

Dr Sankari Nagarajan from the University of Manchester is investigating whether specific drugs can stop triple negative breast cancers from spreading around the body. Her work could eventually lead to new treatments for some triple negative breast cancers.

Gaining industry funding

During 2022-23, we received over £125,000 from the pharmaceutical industry towards our face-to-face and online secondary breast cancer support services, such as Living with Secondary Breast Cancer.

Additionally, Eli Lilly and Company Limited and Roche Products Ltd jointly sponsored our Service Pledge, a programme dedicated to improving breast cancer services.

This funding has allowed us to continue providing direct high-quality support to people living with secondary breast cancer, as well as working closely with national Cancer Alliances, many of whom have identified ways to improve their information and support for secondary breast cancer patients.

Lilly UK and Roche have not had any control or input into the programme.

Accelerating change through philanthropic support

... by researching early detection

In this financial year, The Patricia Swannell Appeal has supported research into the early detection of secondary breast cancer and into discovering more effective treatments. This research is led by Professor Nick Turner and his team at the Breast Cancer Now Toby Robins Research Centre at the Institute of Cancer Research.

Professor Turner's team is aiming to develop more sensitive and accurate blood tests to detect the presence of tiny amounts of cancer cells left after treatment. This research has already shown that signs of secondary breast cancer can be detected in the blood nearly 11 months before secondary tumours show up on scans.

The team hopes this could allow treatments for emerging secondary breast cancer to start earlier, which could lead to better outcomes.

... by finding better ways to treat the disease

Professor Turner is also working to better understand what causes certain treatments to stop working in patients with secondary breast cancer, and to find better ways to treat the disease.

An element of this work involves identifying the best way to select patients for the most appropriate treatment so that everyone can benefit from truly personalised medicine.

Gathering evidence and influencing policy

... by helping to shape audits on breast cancer

Since our last report, work has progressed on the 2 new national breast cancer audits (for primary and secondary breast cancer) that will cover England and Wales.

These audits will produce information on the diagnosis, treatment and care of people with primary and secondary breast cancer which will enable improvements to be made. This is especially important for those with secondary breast cancer, where data has not been collected.

At the beginning of 2023, we were involved with scoping surveys run by the National Audit of Metastatic Breast Cancer and the National Audit of Primary Breast Cancer. These audits on the issues affecting treatment and care for people with breast cancer are 2 of 6 new national cancer audits to be delivered by the National Cancer Audit Collaborating Centre.

The surveys generated a fantastic response and the results will help shape future work from the audits, to improve the quality of care for those living with primary and secondary breast cancer. We look forward to carrying on working with the audits, and to the first reports in 2024.

...by campaigning for better data collection

We continued to campaign for a secondary breast cancer audit in Scotland by engaging with politicians, clinicians and patients. We were delighted to secure a commitment for improved data collection for secondary breast cancer within the new Scottish Cancer Strategy.

...by gathering insights to improve early diagnosis

This year, we continued to focus on improving rapid diagnosis for secondary breast cancer.

Our research indicated that GPs wanted information on the most common signs and symptoms. As a result, we worked with GatewayC to support the roll-out of their breast recurrence course in England. We're pleased that this is now available to healthcare professionals in Wales and will also be rolled out in Scotland.

From a patient perspective, many people who've had primary breast cancer tell us they weren't given enough information about the potential symptoms of secondary breast cancer. We were therefore concerned by NICE's proposal to remove the recommendation from its clinical guideline on follow-up. Following our letter to NICE, it was confirmed that this recommendation would be retained in the guideline.

THE PATRICIA SWANNELL APPEAL FOR SECONDARY BREAST CANCER

Patricia Swannell was diagnosed with primary breast cancer in 2007. After a mastectomy, chemotherapy and radiotherapy she went on to celebrate her 5-year all-clear anniversary. And continued her medication for another 9 years.

In 2019, Patricia started to experience pain in her hips and joints. She was told it was a side effect of the medication she was taking but in September 2021, Patricia was diagnosed with secondary (metastatic) breast cancer.

Patricia wasn't aware of the risk of cancer returning or the symptoms of secondary breast cancer. And felt that had she known more about the symptoms, she would have been able to self-advocate more effectively.

Driven by a selfless passion and determination to make a difference for those who come after her, Patricia devoted the last 18 precious months of her life to driving change for people affected by secondary breast cancer.

With the loving support of her family, The Patricia Swannell Appeal for Secondary Breast Cancer was set up in 2022. Its aims are to fund critical work in:

- Raising awareness of the signs and symptoms of secondary breast cancer
- Supporting healthcare professionals with education and training
- Developing better testing, diagnosis and treatment through funding research to tackle the challenge of dormancy. So that we can understand why some breast cancer cells lay inactive, undetected and unaffected by treatments for many years before reawakening and leading to secondary breast cancer



PATRICIA DEVOTED THE LAST 18 PRECIOUS MONTHS OF HER LIFE TO DRIVING CHANGE FOR PEOPLE AFFECTED BY SECONDARY BREAST CANCER.

Patricia's strength and stoicism inspired so many people. Her unwavering commitment to raising awareness of secondary breast cancer and bringing about change for people affected by it will live on through her appeal for years to come.

We're incredibly grateful to Patricia, her husband Robert and her family. And to everyone who has supported The Patricia Swannell Appeal which has raised over £1 million for Breast Cancer Now.

STRATEGIC OBJECTIVE #2

To improve support for the physical and mental health, and emotional wellbeing of people affected by breast cancer



2022-23 highlights

- Supporting 14,125 people affected by breast cancer or with breast health concerns through our helpline and Ask Our Nurses service (compared to 13,809 people in 2021-22)
- 806 people were referred to us for support by their healthcare professional through our Here for You service (compared to 463 referrals in 2021-22)
- Connecting 1,693 people with breast cancer with trained volunteers through our Someone Like Me service (compared to 1,533 matches in 2021-22)
- Growing our Moving Forward service and helping 2,213 people to adjust to life after treatment (compared to 1,283 people in 2021-22)
- Investing over £670,000 in 4 new research projects exploring how to support women and address inequalities

It can be devastating to receive a diagnosis of breast cancer. When people first get the news, they oft en go through a whole range of emotions, from fear, shock and anger to disbelief, sadness and numbness.

In many cases, people also need to share the news with friends and family, and then face the reactions of their loved ones.

The days and weeks immediately after a diagnosis can be particularly overwhelming.

That's why we've put in place a network of support that helps people cope with breast cancer at every stage, from the initial diagnosis through to post-treatment care.

We know it can make all the difference to talk to people who've had similar experiences. So we've set up services that bring people together to share those experiences and support each other.

We also work closely with healthcare professionals to make sure that they're equipped with the latest information and can put people in touch with our support services.

WE'VE PUT IN PLACE A NETWORK OF SUPPORT THAT HELPS PEOPLE COPE WITH BREAST CANCER AT EVERY STAGE

At the same time, we're leading campaigns to raise awareness. And funding research that explores new ways to support the physical and mental health of people affected by breast cancer.

"I was in a state of shock when I was diagnosed with breast cancer. I felt scared and worried and did not know what to expect from the treatment.

Talking to the volunteers helped me to understand more about the surgery and the treatment plan. It helped me to put my mind at ease and I also got practical tips from them."

Support service user

Here's a round-up of some of our latest work in this area over the last financial year...

Identifying what people need and want

...by listening to women with breast cancer

We've carried out research with DJS Research to look into the needs of people with breast cancer who've been diagnosed since 2019. This involved 50 qualitative interviews and a survey which was completed by 530 people.

The findings encouraged us to focus more resources on:

- Supporting people with secondary breast cancer
- Providing more support services in more locations
- Reaching more people from more diverse backgrounds
- Demonstrating the impact of our services more effectively

We've recently recruited an equity, diversity and inclusion lead to make sure that our services reach more people from currently under-represented groups.

...by asking for feedback from hospital staff and patients

We've liaised with a wide range of patients and hospital staff to discover how to improve breast cancer care and support. We already work across 2 Cancer Alliances in West Midlands and Lancashire and South Cumbria to deliver the Service Pledge. The Service Pledge works with hospitals to introduce improvements in breast cancer care, based on patient, carer and staff feedback.

We worked with 7 hospitals in these Cancer Alliances and sent surveys and focus group invitations to 3,449 people diagnosed with breast cancer and 421 hospital staff. We asked for feedback on primary and secondary breast cancer pathways, which will help us identify which areas of breast care services are working well and which need improvement.

We also held discussions with patients and hospital staff across 5 hospitals in the South Yorkshire Cancer Alliance. This exercise identified over 90 improvement goals, nearly half of which have now been implemented. The goals included increasing the number of Holistic Needs Assessments carried out for patients and improving information and signposting to support services.

Offering the right support at the right time

...by providing a free, confidential helpline

Our helpline continues to provide vital information and support to anyone affected by breast cancer or with a breast health concern. We also offer an Ask Our Nurses email service, which has increased its reach by 13% from 2021-2022.

Last year our helpline and Ask Our Nurses supported 14,125 people affected by breast cancer:

- We spoke to 11,155 people on our helpline and called a further 131 people following a referral from the Here for You team
- 2,839 people received a requested, written response via Ask Our Nurses

In a survey of people who contacted the helpline, 92% reported feeling less alone after calling and 95% said they were better informed. Of those living with breast cancer, 76% said they now felt better able to manage the symptoms or side effects they were experiencing.

"I can't recommend using the helpline enough. Both times I've needed to speak to someone I've been able to.

I felt supported and given the time I needed to talk, with helpful advice and reassurance. Thank you so much for being there."

Helpline caller

In the last year, the top 5 reasons for calling the helpline were to talk about:

- Treatment and side effects
- Emotional support
- Symptoms
- Screening
- Moving on after treatment

...by sharing printed information
In the last year, we distributed 1,160,678 printed booklets and leaflets containing vital information about breast cancer (compared to over 992,000 in 2021-22).

Our most popular leaflets were:

- Know your breasts: a quick guide
- Breast pain
- Exercises after breast cancer surgery
- Family history of breast cancer
- Breast cysts

We also published 2 issues of Vita, our magazine for people living with or beyond breast cancer.



IN THE LAST YEAR, WE DISTRIBUTED 1,160,678 PRINTED BOOKLETS AND LEAFLETS CONTAINING VITAL INFORMATION ABOUT BREAST CANCER

...by sharing information digitally
This year, we had 2,895,732 unique views of our online information and support pages.

The most visited pages included:

- Signs and symptoms of breast cancer
- Secondary breast cancer symptoms
- Side effects of anastrozole
- Side effects of radiotherapy
- Fibroadenoma
- Touch Look Check campaign page

Our award-winning free app, Becca, continued to support users through their primary breast cancer diagnosis, by featuring inspiring stories, hints and tips, and information.

Meanwhile, we've also updated our forum. We've migrated over 1.3 million posts and 20,000 users to a modern platform that is easier to use and navigate. Following the launch of the new forum in August, we're already seeing improved user engagement, with rates increasing from 76% to 83%, and the average engagement time rising from 5 minutes to over 8 minutes.

...by sharing information in hospitals and in the community
We provide information points. Most of them are in hospital breast clinics. Our information point volunteers work with hospital staff to make sure their information points are stocked with information that's up to date, relevant and tailored for the local area.

This year we rebranded 142 information points and extended our reach with a further 14, including our first ever information point in Northern Ireland and our first stand in a community setting.

...by providing support after a recent diagnosis
Here For You continues to flourish. Making sure people who've recently found out they have primary or secondary breast cancer get the support they need.

The service works through referral. Once people are diagnosed, a healthcare professional refers them to Here For You. Then one of our trained volunteers will get in touch, offering information, support, empathy and guidance. Recently, 16 new NHS Trusts in England have signed up to Here for You, meaning that healthcare professionals will be able to refer their patients to the service.

In the last year:

- Healthcare professionals referred 806 people to the service.
- 1,518 calls were made to people diagnosed with breast cancer
- 82.8% of service users said they would recommend their healthcare professional referring other patients to Here for You

The referral route has reached a diverse group of NHS patients, with 17% of people referred coming from minority ethnic groups.

Here for You is one of several of our initiatives made possible thanks to funding raised by players of People's Postcode Lottery and awarded to us by Postcode Care Trust.

People who were referred to Here for You told us:

"It was so lovely to spend 10 minutes talking about my journey so far without false platitudes or comments about being a battler etc. This is a fabulous service."

"The volunteer was a lovely lady. I thought I was OK, but realised I could do with some help, especially talking to people in the same boat."

"I felt as though I have a safety net available to me whenever I might need it! The volunteer I spoke to was so easy to talk to - it felt like speaking to an old friend. Thank you for a great service."

...by connecting people with a similar experience

Someone Like Me celebrates its 50th year on Christmas Eve 2023. The service gives people a chance to talk to a trained volunteer who's had a similar experience to them. This person can answer questions, offer support or simply listen.

This financial year, Someone Like Me matched 1,693 people (1,493 by phone and 200 via email) with our trained volunteers.

The service now has 242 volunteers, including 31 volunteers who speak languages other than English. We offer 20 different languages, with the latest addition being Farsi. We also use the LanguageLine interpreting service to make our support available to as many people as possible.

"My volunteer was just what I needed after diagnosis. It's so easy to fall into the trap of thinking that cancer is the end of life as you know it.

She helped me see that there could be a life afterwards. She taught me the importance of advocating for myself and always pushing my doctors for clear answers. She also made me laugh at a time when there wasn't much else to laugh at!"
Someone Like Me user

...by helping people to adjust after treatment

Over the last year, our Moving Forward service has continued to grow and reach more people.

Moving Forward gives people the tools to adjust to life beyond primary breast cancer. It connects them with other people who understand that you don't always feel "back to normal" when you finish hospital treatment.

Last year, we delivered 185 face-to-face and 54 online Moving Forward events to 2,213 people – a rise of 930 compared to the previous year. In total, Moving Forward provided 15,238 hours of support.

In the 2022 evaluation of Moving Forward, participants reported experiencing improvements in their knowledge, confidence and emotional wellbeing. 91% said they'd recommend the service to other people affected by breast cancer.

"The period from ending my treatment left me feeling isolated and quite alone. This course was the most welcome experience. I now feel I can finally 'move forward' from my treatment and diagnosis and manage my emotions."
Moving Forward user

"The course helped me connect to other women who have been through the same cancer treatment journey. I don't feel so alone now and I feel lucky to have a group of people I know I can turn to."
Moving Forward user

...by helping younger women to help each other

Most women diagnosed with breast cancer are over 50. This means that younger women with breast cancer can feel particularly isolated, as well as facing additional issues relevant to their stage in life, like work or fertility.

Younger Women Together gives people aged 20 to 45 the chance to meet other women their age who understand what they're going through. In the last year, we held 9 Younger Women Together one-day events, supporting 141 women in total.

Before the events, 59% of service users knew about the ongoing physical and emotional effects of breast cancer treatment. This rose to 94% after the event. Similarly, before the events, only 33% knew how to manage the physical and emotional effects of breast cancer. After the event, 94% were confident they now had that information.

We also ran our Younger Women Together online course 3 times during the year. These 4-week courses gave 66 women access to support and enabled them to share their experiences and learn from expert speakers.

In addition, 117 people accessed online Speakers Live events where they could ask experts questions on a range of relevant topics.

"Meeting like-minded people who have been through a similar experience is really important. It's so nice to not have to over-explain. Sometimes that connection of a shared experience is a game changer – you realise you're not on an island alone." **Younger Women Together user**

"It really helped me to keep things in perspective and manage my emotions more effectively." **Younger Women Together user**

"I finally met some people similar to my own age who have the same issues, worries, concerns and anxieties as I do." **Younger Women Together user**

Getting our message out there

...by promoting our services to patients and professionals

This year, we promoted the following services to people with a breast cancer diagnosis and healthcare professionals:

- Younger Women Together
- Someone Like Me
- Moving Forward
- Living with Secondary Breast Cancer

Our goals were to increase awareness and understanding of these services and to encourage people to sign up for them.

The campaign drove 38,883 landing page views among our patient audience and 6,439 landing page views from healthcare professionals, and successfully achieved an increase in registrations to our services.

...by running online sessions

This year, we delivered 38 live sessions across our social media channels that achieved a combined 931,000 views. They featured topics ranging from breast reconstruction to support for LGBTQ+ people, financial help and clinical trials.

We worked with organisations such as Live Through This and Macmillan Cancer Support, as well as hosting conversations with our funded researchers to make their work more accessible to our supporters.

During the sessions, we received almost 4,000 comments, showing a high level of engagement.

The majority of people who participated in our follow-up survey reported feeling more informed about the subject, more supported, and more confident to ask questions and explore different areas of support.

Importantly, 86% of people in our survey said that as a result of watching the live session, they would take further action such as:

- Registering for another one of our services
- Accessing health information on our website
- Speaking to their breast care team, oncologist or GP about their breast cancer concerns

"I find the live sessions as comforting now as I did whilst going through treatment. Always so informative and relatable. Makes you feel less alone – there is someone to turn to after active treatment is finished." **Live session viewer**

"Taken the advice given during the interview on managing fatigue by giving myself permission to power nap and not feeling guilty afterwards."
Live session viewer

"Thank you for making this live session so accessible. I was able to sit outside on my patio this evening just being comfortable and learning all the while"
Live session viewer

Working with trusted partners

This year, we carried on finding innovative ways to support people living with breast cancer through joint events and initiatives with our trusted corporate partners.

Navigating work and cancer

In May, we held our second panel event on navigating work and breast cancer. It was hosted by Sophie Blake, who is living with stage 4 breast cancer.

We curated a diverse group of women for the panel, all of whom have lived experience of breast cancer. This enabled an honest and in-depth discussion of the impact of breast cancer on a woman's job, career and role in the workplace.

Our partners played an important role in the event. Jo Warner, Asda's senior director of corporate affairs, featured as a guest on the panel. Jo openly shared her own experience of navigating work and breast cancer and how having a supportive employer was key to being able to manage her treatment and work.

Attendees included members of the breast cancer community, as well as a selection of companies and existing partners who wanted to learn more about the support they can offer employees who are going through breast cancer.

Post-surgery bras at Marks & Spencer

We've continued to work with M&S to evolve their post-surgery product range by combining their knowledge of bra design, our insights and the lived experience of women with breast cancer.

We've also worked closely with M&S to develop new post-surgery bra fit training. So all M&S bra fitters feel informed about breast cancer and equipped to support the emotional wellbeing of people looking for a post-surgery bra.

Asda hosts Moving Forward events

Asda has hosted 3 of our Moving Forward events at its Cardiff Bay store in a newly refurbished community room. Asda provided this space and refreshments free of charge so that women who had recently finished treatment for primary breast cancer could meet up and get support in adjusting to life post-treatment.

Encouraging best practice

...by engaging and informing healthcare professionals

This year, we continued to work closely with healthcare professionals to make sure that people living with breast cancer get the best possible support for their physical health and emotional wellbeing.

2,213 healthcare professionals have signed up to receive our monthly email bulletin.

We're also delighted that there are now 1,726 people in our Nursing Network, which is designed for nurses in current clinical practice who work with – or have an interest in – breast care.

Within the network, we have nurse champion groups, such as the secondary breast cancer nursing group, younger women and breast cancer group, and family history and genetics group.

Members shared their views:

"As always, good to network and share best practice." (Secondary breast cancer group)

"Wonderful to see everyone - I always leave feeling more positive about the job in general and grateful to know we share common experiences, good and bad!" (Secondary breast cancer group)

"I learnt a lot about services I wasn't aware of. Here For You is a great service – it will be fantastic for our patients." **Live session viewer**

This year, we developed a new healthcare professional hub for educational material. It brings together useful information on events, resources and revalidation support for nurses, as well as links to resources for patients.

We also continued putting on webinars for healthcare professionals. These covered a variety of subjects from supporting nurses, lymphoedema and exercise and lifestyle.

Funding research into care and treatments

Our research programmes are looking into innovative ways to improve support for the physical and mental health, and emotional wellbeing of people affected by breast cancer.

Reducing fatigue

Dr Sam Orange from Newcastle University is looking at ways to better support women with diet and exercise after breast cancer treatment. The hope is that this will help with the long-lasting low mood or extreme tiredness that people can experience after treatment. It may also help reduce the risk of a second breast cancer diagnosis.

Health inequalities

Mental health problems, remote living, socio-economic status and other inequalities can all have an impact on breast cancer diagnosis and treatment. Professor Chris Cardwell from Queen's University Belfast is investigating their impact in Northern Ireland. By understanding which women experience the greatest health inequalities, researchers will be able to find the best ways to address these issues.

Black women and breast cancer care

Professor Robert Horne and Dr Zoe Moon at University College London are investigating what black women think about their breast cancer treatment and care in the UK. There is a particular focus on hormone therapy. This research could help improve the quality of care for black women who have breast cancer, as well as identifying unmet needs in treatment and support.

Black women and hormone therapy

Hormone therapy often lasts for several years and can have challenging side effects. Dr Lyndsay Hughes from King's College London is investigating when black women take their medication and how their culture influences their experiences and expectations. This will help the researchers to produce educational materials for healthcare professionals, patients and support groups, so they can tailor their support for black women.

Campaigning to influence people and policy

...by working with other charities

We continue to be a member of the Richmond Group of Charities, a collaboration of 15 leading health and social care charities. The group works as a collective voice to influence health and care policy, with the aim of improving the care and support of the 15 million people living with long-term conditions.

Our public health inclusion and awareness team sits on the Movement for All group, part of the Richmond Group's portfolio. This group oversees improving physical activity within the culture and output of member organisations.

...by being part of We Are Undefeatable

We Are Undefeatable is a campaign developed through Movement for All and funded by Sport England. It aims to change the way we talk about physical activity for people living with long-term health conditions and help them incorporate physical activity into their lives.

Results so far show that 45% of people surveyed felt inspired by the campaign. As 1 respondent said: "When I watched the advert I thought, I can do that, I can do some of that, I'm going to give it a go, and it's working."

We supported the campaign over 2022-23, both digitally and through our services, and:

- **5,466** impressions were gained via Twitter
- **117** women were reached via our services
- **680** volunteers got information about the campaign and resources in our volunteer newsletter

We also shared the campaign website with a total of 301 women from underserved communities, through our Empowering Women group, Islamic Reflections, Information and Events group, and Sales, Swaps, Freebies and Events group.

We've committed to supporting We Are Undefeatable again in 2023-24.

...by working to improve access to breast reconstruction

We published our report Delivering Real Choice during Breast Cancer Awareness Month 2022. This sets out the issues related to access to breast reconstruction in England, which have been worsened by the pandemic, and makes recommendations for improvements.

The report was based on a patient survey, Freedom of Information requests and a landmark summit event for clinicians.

To make sure the recommendations in the report are implemented swiftly, we formed 2 groups. One group is made up of clinicians and academics, including:

- Members of the Association of Breast Surgery
- Members of the British Association of Plastic Reconstructive and Aesthetic Surgeons
- The creators of the PEGASUS decision-making tool (which we funded)

The other group includes people who had been affected by the issues covered in the report.

The groups are working together, focusing on 4 objectives: clearing patient backlog, improving access to free flap services, sharing best practice, and enhancing patient choice.

STRATEGIC OBJECTIVE #3

To develop kinder, smarter treatments for people with breast cancer and improve access to treatments for those affected



2022-23 highlights

- Successfully campaigning for ground-breaking treatment olaparib to be approved for NHS use
- Making sure several other new breast cancer drugs are also now available on the NHS
- Funding world-class research projects worth over £1.1 million that are developing kinder, smarter treatments for breast cancer
- Raising our concerns with all UK governments about the continued pressures facing the breast cancer workforce
- Tackling inequalities in tumour profiling tests

Advances in science and technology have led to many exciting new treatments for breast cancer. However, current treatments have wide-ranging side effects that can be extremely debilitating.

Pain and extreme tiredness are among the most commonly reported side effects of breast cancer treatment. However, the hidden effects – such as menopausal symptoms, loss of fertility, anxiety and depression – can affect people's quality of life, day after day after day.

Side effects can be traumatic, painful and emotionally upsetting, not just for the person who's having the treatment, but for their friends and family too. That's why we're so determined to deliver kinder, smarter treatments for people with breast cancer and to improve access to treatments for those who are affected.

Here are some of the ways that we're working to achieve this goal...

Campaigning for better access to life-changing treatments

...by calling on NHS England to act

Getting fast access to the drugs they need can be life-changing for people with breast cancer. Since 2017, nearly 20 new breast cancer drugs have been approved for use on the NHS in England, with 7 approved in 2022 alone.

The significant increase in treatment options available, including for patients with secondary breast cancer, is fantastic. But we need to make sure breast cancer services are supported and resourced to deliver them quickly and safely.

That's why we've been supporting breast oncologists and surgeons from across the majority of Cancer Alliances to shine a spotlight on this important issue and call on NHS England to act.

Our actions encouraged NHS England to set up a Task and Finish Group to look at the capacity and pressures facing services delivering cancer drugs, initially through the lens of breast cancer. We were invited to join the group to make sure the needs of patients were reflected. We'll be continuing this work so that the safe and timely delivery of breast cancer drugs is not put at risk.

...by championing a groundbreaking treatment

This year saw the success of our Olaparib Now campaign, with the groundbreaking and potentially life-saving treatment finally approved for use on the NHS in England.

This treatment could reduce the risk of cancer returning or progressing to incurable secondary breast cancer for certain patients with primary breast cancer who have an altered BRCA gene. Hundreds of patients may be eligible in England each year.

Olaparib was provisionally rejected for this use on the NHS in November 2022. But thanks to our campaign, in April 2023, that decision was reversed.

We couldn't have achieved this success without the help of thousands of supporters who backed our campaign. Over 70,000 people added their name to our petition while other people with experience of the drug shared their stories, explaining why it was so important for other people to access this drug.

Olaparib is also now available in Northern Ireland and Wales and a decision on its use in Scotland is expected in October 2023.

It's thanks to our researchers and their colleagues that olaparib has become a breast cancer treatment. Back in 2005, our researchers discovered that drugs like olaparib work really well in the lab against cancer cells with changes in the BRCA1 and BRCA2 genes.

"This breakthrough is testament to the outstanding work, over the last 20 years, of world-class researchers - including many UK researchers funded by Breast Cancer Now - who uncovered weaknesses in breast cancer cells and laid the foundations for olaparib becoming available,"

Says Dr Simon Vincent, Breast Cancer Now director of research, support and influencing.

Ensuring new breast cancer drugs are approved for NHS use

The approval of olaparib is an example of our dedication to fighting for fair and equal access to treatments.

In the last year, we've continued our work alongside patient experts to improve access to new breast cancer drugs by inputting at every step of all assessments undertaken by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC).

Wales and Northern Ireland normally follow NICE decisions. This has helped to make sure that a number of important new drugs for primary and secondary breast cancer are now available on the NHS across the UK.

These include:

Pembrolizumab (Keytruda) NICE has approved drug this treatment when it's used:

- With chemotherapy before surgery and then on its own after surgery
- For people with triple negative primary breast cancer at high risk of recurrence or locally advanced breast cancer

For too long, patients with triple negative breast cancer have faced limited treatment options. This is an important step forward as it significantly reduces the risk of the cancer returning. Up to 1,600 patients may now be eligible for this treatment each year in England, and 89 patients in Scotland.

Trastuzumab deruxtecan (Enhertu)

This has now been approved for a wider group of patients with HER2-positive secondary breast cancer on the Cancer Drugs Fund in England, and for use in Scotland. About 600 people a year will be eligible to access this treatment in England, and around 32 people in Scotland.

Trastuzumab
The National Cancer Medicines Advisory Group in Scotland approved a reduced treatment duration of 6 months, or 9 cycles, for patients categorised as lower risk with HER2-positive primary breast cancer.

Palbociclib (Ibrance) with fulvestrant
Following re-assessment by NICE, this has now been approved for routine use for certain people with secondary breast cancer. This secured its future on the NHS and it's estimated that 2,400 women will be eligible each year in England.

Abemaciclib (Verzenios)
This drug was approved by the SMC for certain patients with hormone receptor positive and HER2-negative primary breast cancer.

Making vital discoveries

In the last year, we've continued to invest in funding to develop kinder, smarter treatments for people living with breast cancer. Here are some details of what these projects have achieved.

...finding out how early breast cancer can become invasive

Professor Louise Jones and her team at Queen Mary University of London have carried out research into an early form of breast cancer, Ductal Carcinoma in Situ (DCIS). They've discovered a new indication that DCIS may progress to become invasive breast cancer. In the future, this might help avoid unnecessary treatment for some women with DCIS that we know won't cause them any harm.

IN THE LAST YEAR, WE'VE CONTINUED TO INVEST IN FUNDING TO DEVELOP KINDER, SMARTER TREATMENTS FOR PEOPLE LIVING WITH BREAST CANCER.

...preventing early breast cancer from returning

Professor Ian Kunkler at the University of Edinburgh and his colleagues have found that an extra radiotherapy boost could reduce the chances of higher risk DCIS coming back in the same breast. This work is continuing so we further understand the role the radiotherapy boost can play in helping to reduce the risk of cancer returning over a longer period.

...testing existing drugs that could benefit thousands

Dr Rachael Natrajan and her team at the Breast Cancer Now Toby Robins Research Centre tested 80 drugs to find which may be effective against cancers with an altered SF3B1 gene. The drugs they tested are all currently used in cancer treatment or are in late-stage development.

The researchers found that PARP inhibitors were effective at destroying these cancer cells. In the future, this means that existing PARP inhibitor drugs could potentially help thousands more people, including those with ER-positive breast cancer that tend to have changes in this gene.

...developing treatments for breast cancers that don't respond to chemotherapy

Dr Sheeba Irshad of King's College London investigated the features of tumours and blood samples of early breast cancer patients whose cancer didn't respond to chemotherapy given to them before surgery. This new research

provides important information about the immune system in and around these tumours.

While chemotherapy doesn't work well to treat these cancers, immunotherapy, a type of treatment that helps the immune system to recognise and destroy cancer cells, may provide a benefit. These findings could help to develop new immunotherapy treatments for people whose breast cancer isn't responding well to chemo.

...discovering a new way to improve breast cancer treatment
Dr Ahmet Ucar at the University of Manchester has discovered that a protein called RAC1B plays an important role in breast cancer. It can help breast cancer to become resistant to treatment, spread and come back. The researchers also found that in mice, having no RAC1B didn't cause any harmful effects. The hope is that targeting RAC1B could lead to a way to improve the effectiveness of breast cancer treatment.

...improving the effectiveness of immunotherapy
Professor Seth Coffelt and his team at the University of Glasgow have discovered that a type of immunotherapy, called a checkpoint inhibitor, could be more effective if an immune cell that prevents it from working is targeted at the same time. Findings like this could boost the power of existing immunotherapies and improve the likelihood of success for new ones.

This project has been made possible thanks to the very generous support of fundraisers and donors of Secondary1st.

Building a pipeline of new research projects

In the past financial year, we've invested in 5 new research projects, worth over £1,125,000, that offer the potential for developing better treatments for breast cancer.

Investigating drug resistance
Professor Kristijan Ramadan from the University of Oxford is investigating how triple negative breast cancer can become resistant to PARP inhibitors. This research could help us find ways to make breast cancer sensitive to PARP inhibitors again.

Finding weaknesses in tumours
Professor Nicholas Lakin from the University of Oxford wants to find new weaknesses in tumours that are resistant to PARP inhibitors. This project may potentially find new ways to treat breast cancers that don't respond to these drugs.

Overcoming chemo resistance
Professor Richard Clarkson from Cardiff University is looking for ways to make triple negative breast cancer more sensitive to chemotherapy. He believes that a protein called cFLIP helps cancer cells resist chemotherapy. By learning more about how cFLIP is involved, we may be able to overcome resistance to chemotherapy.

Boosting the immune system
Dr Christian Zierhut from the Institute of Cancer Research is investigating how we could boost the immune system during treatment with PARP inhibitors and whether it could make the treatment more effective. This project could lead to a new, more effective treatment combination.

Exploring new treatments
Dr Clare Davies from the University of Birmingham wants to understand what role a protein called PRMT5 has in helping triple negative breast cancer resist chemotherapy. This project may lead to new ways to combine treatments for triple negative breast cancer patients to make them more effective.

Ensuring a sustainable breast cancer workforce

...by raising our concerns at government level

We've continued to raise our concerns with all UK governments about the continued pressures facing the breast cancer workforce and the impact this could have on the timely diagnosis and treatment of breast cancer patients.

In June 2023, the Long-Term Workforce Plan for which we've campaigned for many years was published in England. While it's an important step forward, we now need to understand what this means for important parts of the breast cancer workforce, including radiologists and oncologists.

Similarly, in February 2023 Wales published its National Workforce Implementation Plan. However, we're waiting to see how its implementation will support the delivery of the Cancer Implementation Plan.

The Scottish Cancer Strategy's first 3-year action plan commits to a workforce review of key professions and consideration of increasing oncology training places. But it includes little on how workforce challenges in the short-term will be addressed.

Tackling inequalities in tumour profiling tests

...by urging NICE to review its guidance

A gap in national guidance in England has resulted in unequal access to tumour profiling tests in patients with node positive, hormone receptor positive, HER2-negative breast cancer. While tests are already recommended for eligible patients with node negative disease, there's evidence they could help even more people safely avoid chemotherapy. And they would reduce pressure on over-stretched clinics.

We've been working with healthcare professionals to bring urgent attention to this and as a result NICE is now reviewing the evidence. We expect a decision in January 2024.

We've also contributed to the Scottish Health Technologies Group evaluation of tumour profiling tests for guiding chemotherapy decisions for people with early-stage breast cancer. Their recommendation is expected to be published in October 2023.

STRATEGIC OBJECTIVE #4

To improve detection and diagnosis of breast cancer



2022-23 highlights

- Sharing potentially life-saving information through our Touch Look Check campaign
- Raising awareness of breast cancer symptoms among ethnic minority groups
- Translating our breast cancer information video into 13 different languages
- Investing in 3 new research projects worth over £437,000 that tackle inequalities
- Calling for more government investment in breast screening with our #NoTimeToWaste campaign

Breast screening performance data for 2021-22 reveals that the percentage of women taking up their invitation for breast screening in England is still worryingly below pre-COVID-19 levels. Over 1 million women missed out on breast cancer screening in that time.

This is deeply concerning, as screening is a vital tool for detecting breast cancer early. The sooner breast cancer is diagnosed, the better the chance of treatment being successful.

The breast screening programme is now chronically underfunded and overstretched. The government needs to take decisive action to guarantee women's right to accessible, equitable and effective breast screening.

It's also important to address significant health inequalities in early breast cancer diagnosis rates. Women who live in highly deprived areas, and from certain minority ethnic backgrounds, are at much greater risk of late diagnosis.

As well as reaching women from under-represented groups, we also need to raise awareness of the signs and symptoms of primary and secondary breast cancer more widely.

At the same time, we're supporting healthcare professionals, ensuring that they're equipped with the skills and information they need to support people with breast cancer and help them get the right treatment.

"Sadly, there is still a lack of understanding and a real stigma around breast cancer in under-represented communities.

A lot of women feel ashamed and embarrassed at the thought of getting a diagnosis, but they shouldn't be.

We need to increase awareness of the importance of screenings, so everyone gets the chance to be treated early."

Balwinder Nanray, who was diagnosed with an aggressive form of breast cancer following a routine mammogram

Here's some of the work we're doing to help improve the rates of detection and diagnosis of breast cancer...

Sharing potentially life-saving information

...by encouraging people to check their breasts

In the last year, we've increased investment in our breast health awareness activity and our Touch Look Check campaign. This promotes the signs and symptoms of primary breast cancer and encourages people to get to know what's normal for them through regular breast checking.

We developed a new creative approach and delivered a multi-channel campaign, which ran almost all year round. All of our activity targeted our key audience of women aged 45+, with a focus on reaching women from under-represented groups.

We promoted our campaign in a range of settings, including gyms, pharmacies and shopping centres across the UK. As well as GP surgeries serving under-represented groups and in areas of multiple deprivation.

Throughout the year, while the campaign was live, the Touch Look Check landing page was the most visited page on our website. We achieved 247,478 landing page views – an increase from 97,404 in 2021-22.

...by delivering talks on early detection and prevention

Last year, we continued to raise awareness of breast cancer through our public health talks programme. Our team of 45 trained public health volunteers regularly deliver talks, helping us spread our key messages on early detection and prevention in communities across the UK.

Our volunteers deliver talks online and in person. They speak to private, public and voluntary organisations including workplaces, local community groups, religious groups, universities and professional networks.

Due to the easing of COVID-19 restrictions and increased promotion of the talks, 2022-23 was our most successful year to date. We delivered 89 talks, more than double compared to 2021-22. As a result, we reached over 2,738 people with our early detection and prevention messaging. That's over 1,000 more people than the year before.

Audience feedback shows our talks help raise awareness of breast cancer, give people the confidence to check themselves regularly and recognise any new and unusual changes that should be checked by a GP.

Reaching under-represented communities through the talks is an important part of our work. Last year, this included presenting to groups such as the Royal Association for Deaf People, NHS England's staff network and the Birmingham Asian Resource Centre.

> "I have a huge fear of potentially discovering something and so I wrongly never check my breasts.
>
> After the input, I feel much more reassured and know that early detection is key."

Raising awareness of breast cancer symptoms among ethnic minority groups

...by taking part in Ethnic Minority Cancer Awareness Month

Breast cancer doesn't discriminate. It affects people from all social and ethnic backgrounds.

And while the incidence of breast cancer is lower among the largest minority ethnic groups in the UK, women from these backgrounds tend to have lower survival rates, often due to late diagnosis of the disease.

As part of our commitment to equity, diversity and inclusion, we took part in Ethnic Minority Cancer Awareness Month (EMCAM) again this year. This national campaign, developed by Cancer Equality, takes place in July and aims to empower ethnic communities by raising awareness of cancer and helping to reduce risk.

Based on recommendations we've identified in recent years, we developed a more bespoke campaign for July 2023. It targeted women from the black and South Asian communities who were identified as having lower awareness of signs and symptoms and lower attendance at breast screening appointments when compared to white British women.

...by filming the co-founder of the South Asian Supernovas

To kick off EMCAM, we filmed a personal interview with Kreena, a co-founder of the South Asian Supernovas, a not-for-profit organisation that aims to improve outcomes for South Asian women facing breast cancer.

In the film, Kreena shared her experience of diagnosis, having children and being a woman from the South Asian community. Across social media (Instagram, Twitter, LinkedIn and Facebook) we saw a total of 38,991 impressions.

Kreena's story resonated with many of our followers. On Instagram, one person commented, "I totally relate to you as I have been through [the] same being a South Asian."

...by creating 4 short films about breast screening

The campaign saw the development of 4 short films covering the importance of breast screening. Our aim was to dispel fears about mammograms.

The films featured women from both black and South Asian backgrounds who shared their lived experiences. In addition, we created a film showing what to expect at an NHS breast screening appointment in collaboration with the Charing Cross breast screening unit.

- One Instagram follower commented, "[It's] 2 mins of maybe feeling uncomfortable but it saves your life...it did mine."

...by updating our ethnic communities hub

As part of the EMCAM campaign, we updated our ethnic communities hub with new content in order to reach as many people in different communities as possible. Between 1 July and 14 August 2023, the hub saw 3,750 active users, many of whom chose to watch our informational videos and download materials.

We translated our breast cancer information video into 13 different languages, including Polish, Romanian, British Sign Language (BSL), Chinese, Gujarati, Bengali and Hindi.

The reaction to these videos has been exceptional, from both members of these communities and health professionals.

- A community group member on the ethnic communities hub commented: "I feel women from different backgrounds will pay more attention and look at the information provided as they will feel it's targeted specifically for their ethnic group."

- At a primary care conference, a delegate said: "There's still a lot of stigma in the Nigerian community. Really pleased to know that you'll have audio resources on this as not everyone can read leaflets."

Meanwhile, our public health, inclusion and awareness team have been contacted by several clinicians from breast screening units who are using the videos in their practice.

Campaigning for shorter waiting times and earlier detection

...by calling for more government investment in breast screening

In February 2023, we launched the next phase of our #NoTimeToWaste campaign, with a petition calling for investment in the breast screening programme in England, underpinned by our blueprint to transform breast screening.

This landmark policy paper maps out what breast screening needs to thrive in the coming 5 years. The petition was championed by our vice-patron Baroness Joan Bakewell and the presenter Julia Bradbury, with further support from ambassador Amanda Mealing.

Over 84,000 supporters added their names to our petition, backing our call for government action to address the issues faced by the programme now and make it fit for the future.

In March we held an event in parliament to launch our blueprint. Over 1,500 supporters emailed their MPs to ask them to attend. Many also shared their stories of what the breast screening programme meant to them. The event was attended by almost 100 MPs and had the backing of the women's health ambassador and the chair of the Health and Social Care Select Committee. These events are key to raising awareness with MPs and other stakeholders.

...by demanding more ambitious targets for diagnosis

This year, we continued to raise our concerns with NHS England and ministers at the Department for Health and Social Care over NHS England's target that 75% of people referred with possible symptoms of breast cancer should be diagnosed with cancer or have it ruled out within 28 days. We believe this target simply isn't ambitious enough for breast cancer and have called for it to be raised.

NHS England has now said it will raise the target to 80% in 2025-26, and that it expects 90% or more of people referred with possible symptoms of breast cancer to get a diagnosis or be told they don't have cancer within 28 days.

We'll continue to call for the target to be raised further, and for the percentage of those diagnosed with breast cancer in 28 days to increase to close the gap with those who have it ruled out.

Pioneering new ways to speed up diagnosis

...by investing in research that tackles inequalities

- **Earlier diagnosis for black African women**
  Dr Melanie Cooper from the University of Bradford is investigating ways to encourage black African women to go to their NHS breast screening appointments. Working together with black African communities, this research could lead to earlier diagnoses and more chance of black African women surviving the disease.

- **Better support for people with autism**
  Professor Manuela Barreto and Dr Char Goodwin from the University of Exeter are studying the experiences of people with autism who've had breast cancer, including the challenges they face through diagnosis and treatment. They'll provide a set of guidelines for healthcare professionals to better support people with autism from breast screening to breast cancer treatment.

- **Investigating inequalities in diagnosis times**
  Dr Robert Kerrison from the University of Surrey is investigating inequalities in the way people are diagnosed, and how long they have to wait for their diagnosis and treatment. He wants to understand whether these inequalities have got worse since the COVID-19 pandemic. His research will allow researchers, clinicians and policy makers to address these inequalities and tailor programmes and interventions towards people who need them **most.**

Working with corporate partners

...by raising awareness of breast cancer screening with Asda

This year, we were pleased to announce a cross-sector collaboration with NHS England and Asda. It'll provide new, alternative locations for mobile breast screening units for the NHS breast screening programme.

Asda has made car parks available in specific regions in a bid to increase the convenience and visibility of vital breast screening services in England.

To date, Asda has hosted 6 mobile breast screening vans in England, 2 in Scotland and 1 in Wales. Identification of further locations will be based on an assessment by local breast screening services with local community needs in mind. This initiative will contribute towards wider efforts to increase awareness of breast screening and to encourage more women to take up screening appointments.

...by encouraging younger women to take control with ghd

With its Pink 22 Take Control Now campaign, ghd raised money for breast cancer charities while empowering and encouraging younger women to check their breasts regularly.

The campaign raised just over £235,000 through the sale of a collection of pink products embossed with the tagline "Take Control Now", keeping the message front of mind whenever people use their hair styling products.

...by promoting breast awareness with Asda Tickled Pink

Asda's The Real Self-Checkout campaign for Breast Cancer Awareness Month 2022 encouraged all their shoppers to become breast aware. A post-campaign survey of Asda customers indicated that more than 600,000 people checked their chests after seeing the campaign. We're so thankful to our wonderful case studies, Dave, Cassie, Esther, Kemi and Mikki who took part in the campaign and shared their breast cancer experiences. The campaign was awarded the Business Charity Awards Marketing Partnership of the Year, 2023.



STRATEGIC OBJECTIVE #5

To further our understanding of why breast cancer occurs and spreads, and use our knowledge to prevent breast cancer developing

2022-23 highlights

- Investing almost £850,000 in 3 new research projects
- Discovering a potential way to prevent secondary breast cancer in the lung
- Researching how changes in the BRCA1 gene may make breast cancer more likely
- Investigating a possible link with triple negative breast cancer
- Looking into breast cancers that don't respond to pre-surgery chemo

We're gathering valuable insights all the time into the different factors that influence someone's chances of developing breast cancer.

For some people, breast cancer can be prevented. We're working hard to understand more about who has an increased risk of breast cancer and who's most likely to develop secondary cancer.

We want to know more about why cancer develops and spreads, and to discover which interventions are most effective. That might be lifestyle changes such as diet and physical activity or risk-reducing surgery or drugs. And we want to share our knowledge as widely as possible, so we can help everyone to reduce the likelihood of developing the disease.

Here's how we're working to help prevent breast cancer from developing...

Advancing our understanding of how breast cancer develops

...by discovering a potential way to prevent secondary breast cancer in the lung

Research progress: Preventing secondary breast cancer

At the Breast Cancer Now Toby Robins Research Centre, Professor Clare Isacke and her team have discovered a new way to help prevent secondary breast cancer in the lung.

They've found that breast cancer cells can be triggered to form secondary tumours in the lungs. A protein called PDGF-C plays an important role in "waking up" inactive breast cancer cells that have spread there.

In the future, the researchers hope they can target this process with existing or new drugs, to prevent secondary tumours.

...by carrying out world-class research

Understanding the impact of changes in the BRCA1 gene
Professor Ross Chapman from the University of Oxford wants to better understand how changes in the BRCA1 gene make breast cancer more likely and to unpick why some breast cancer cells develop resistance to PARP inhibitor drugs.

This research will increase our understanding of how changes in the BRCA1 gene can lead to the disease. It could also lead to better treatments for breast cancers caused by an altered BRCA1 gene.

Investigating a link with triple negative breast cancer
Professor Tyson Valentine Sharp from Queen Mary University of London is working to better understand how a protein called CoAsy is linked to triple negative breast cancer. This project could lead to new targeted treatments for this breast cancer type and could help us work out who's most at risk of developing more aggressive breast cancer.

Looking into breast cancers that don't respond to pre-surgery chemo
Dr Amy Llewellyn from King's College Hospital is investigating more aggressive oestrogen receptor negative (triple negative and some HER2-positive) breast cancers that don't respond to chemotherapy given before surgery. Her work could help us find features in the lymph nodes that show which tumours are more likely to spread to other parts of the body or resist treatment.

OUR IMPACT AND PROGRESS IN 2022-23

To meet our objectives, we must continue to grow our impact. And not only through what we do ourselves but in how we influence, empower and inspire others to act alongside us. Our 4 “accelerators” help us to do just that:



Amplifying
the voice of experience



Unlocking
the power of our community



Evolving and adapting
our practices



Generating
further funding

ACCELERATOR 1: AMPLIFYING THE VOICE OF EXPERIENCE



Our aims in this area are:

- Raising our profile so that everyone affected by breast cancer knows both how we can support them – and how they can support us in driving the change we want to see
- Doris Field Charitable Trust Identifying and championing the issues that matter most to people affected by breast cancer
- Fearlessly leading conversations with governments and other policymakers, the NHS, and fellow health charities to boldly challenge and push for change
- Extending our reach through our own activity and in bold and innovative ways with our trusted partners
- Here's how we've been delivering against these aims in this report year.

Here's how we've been delivering against these aims in this report year.

Raising our profile

...by running advertising campaigns to show we're here for people affected by breast cancer

We created 2 advertising campaigns showing the impact of breast cancer on people living with the disease, their families and friends. And raising awareness of us as the place to turn to for anyone affected by the disease.

Real Talk

Real Talk encouraged people to talk more openly about breast cancer. It featured a woman who is navigating life with breast cancer. Running across media channels including TV, radio, print, and social media, we saw the woman during her diagnosis, through to treatment and beyond. She's unable to share her real feelings with friends and loved ones. It's only at a Breast Cancer Now support group that she feels she can share her true feelings out loud.

The Chat

We developed the UK's first group messaging drama series, The Chat. Featuring an award-winning cast, this series encouraged us to question how we speak about breast cancer. It was inspired by real breast cancer experiences.

We secured significant PR for the campaign. It was featured on the ITV lunchtime news, Woman's Hour and Good Morning Britain.

...by giving guidance on a secondary breast cancer storyline for Emmerdale

Our nursing team gave expert guidance for an Emmerdale storyline about secondary breast cancer. This gave us an incredibly important opportunity to make sure the character's diagnosis and experience would reflect the experience of the thousands of people living with the disease in the UK.

The storyline provided a crucial media moment for us to shine a light on secondary breast cancer and we hope that it raised awareness of the disease among millions of Emmerdale fans.

...by joining new social media platforms

This year, we launched on 2 new social media platforms – TikTok and Threads – in order to build more digital communities and engage with different audiences.

...by improving our website

We made changes to our website this year to help people engage with information and find relevant services and support more easily.

These changes included:

- Adding 124 personal stories and blog articles to our website
- Sharing quotes from people about their real-life experiences
- Reorganising our website content so that it's quicker and simpler for people to find information

Identifying and championing the issues that matter most

...by listening to the voices of lived experience

We created Breast Cancer Voices to make sure that people could use their diverse experiences to shape and improve our work. Our Voices community now has over 1,000 members. 615 people are also in our Louder Voices group, signing up for more frequent involvement.

People in our Voices community have contributed to over 100 requests for insight, involvement and lived experience during the year. This integral resource is now officially part of our new transformation, insight, innovation and strategy team, ensuring the voices of those with lived experience inform our decision-making at a strategic level.

...by "passing the mic" to people with breast cancer

During the last year, we hosted a number of social media takeovers. This allowed people affected by breast cancer to post their stories and perspectives unfiltered to our followers.

People who took part included Phil, a man who was diagnosed with breast cancer in 2016, Brogan, a 34 year old woman diagnosed with secondary breast cancer, and Suzanne, who uses a wheelchair and has breast cancer.

...by sharing Adobea's experience of secondary breast cancer with Ann Summers

Adobea, who's now 35, sought medical help 3 times before receiving a diagnosis of incurable breast cancer at the age of 31. As part of our year-round commercial campaign with Ann Summers, we highlighted Adobea's experience of living with secondary breast cancer on the brand's Pleasure Positivity Project blog.

Adobea's post helped us to reach more people as she promoted the My Viv Breast Cancer Now range through her own social channels. It also enabled her to highlight the importance of accessible sex and intimacy products and techniques to use during and post treatment.

Fearlessly leading conversations

...by contributing to new cancer strategies

We engaged in the development of the new Cancer Improvement Plan in Wales and the Cancer Strategy in Scotland, seeking commitments to make sure that breast cancer patients receive the best possible care, at the best possible time.

We primarily spoke up for earlier diagnosis, retaining and growing the workforce that delivers breast cancer care, and better treatment and care of those with secondary breast cancer. We'll continue to influence these plans and hold governments and NHS systems to account on the delivery of their commitments.

...by supporting a petition for ambitious action on cancer

We were disappointed that the UK government decided not to develop a new 10-year cancer strategy for England, opting instead to produce a 5-year major conditions strategy that will cover cancer.

We worked with the One Cancer Voice coalition of over 60 cancer charities to deliver a petition with over 76,000 signatures to the Prime Minister. The petition called for fully funded long-term ambitious action on cancer in England. We also fed into the development of the major conditions strategy.

...by sharing the voices of patients with NICE

This year, NICE started a review of 2 breast cancer guidelines, on early and locally advanced breast cancer, and on advanced breast cancer. We're feeding into this process to make sure that the guidelines include the latest evidence and reflect what matters to breast cancer patients.

Extending our reach

...by recruiting new volunteers with personal experience of cancer

This year we recruited 54 Moving Forward volunteers with a personal experience of primary breast cancer, including a genetic diagnosis, breast cancer recurrence and experience as a younger or older woman. We now have 57 Moving Forward facilitators in total, many of whom have had their own diagnosis of breast cancer.

ACCELERATOR 2: UNLOCKING THE POWER OF OUR COMMUNITY



Our aims in this area are:

- Improving how we engage, listen and learn from people affected by breast cancer, including previously unheard groups and individuals, whose perspectives are vital
- Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners, and using our collective voices, experiences, time, skills and networks to accelerate positive change
- Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us
- Building a diverse workforce of people committed to delivering and advancing those goals

Here's how we've been delivering against these aims in this report year...

Improving how we engage, listen and learn

...by tailoring our Moving Forward course to participants

Men have attended Moving Forward in the past, but this year, we welcomed our first man to the new style course in York. And our oldest attendee this year was 87. Our new format means that each course reflects the experience of those in the room, with a tailored Q&A session and resources hosted on our online information hub.

We've also set up a Services Access Fund, so that finances don't need to be a barrier to accessing our support. We've funded 19 people to attend our services in person.

...by listening to healthcare professionals

We've held interviews and carried out surveys with over 500 healthcare professionals, including oncologists, breast surgeons, nurses and GPs. The insights we've gathered will inform the development of our training and support offer for healthcare professionals across the UK.

...by asking for feedback on our new forum update

We worked with our community champions, carrying out user surveys and interviews to gather insight and guide a new update of our forum. We also ran training sessions with users to help support the change.

Collaborating creatively with our wider network

...by asking influencers to celebrate Barbie and support us with wear it pink

Capitalising on the popularity of the new Barbie film, we asked fashion influencers to share their favourite pink outfits and ask people to sign up for our flagship event wear it pink. It's allowed us to build our wear it pink community and encouraged sign-ups from a wider group of people.

...by working with baking influencer, Cynthia Taiwo, on Afternoon Tea

In August, we worked with baking influencer, Cynthia Taiwo, to promote our Afternoon Tea event, where people come together to drink tea, sell cakes and raise money for our work.

Cynthia's follower demographic is 90% young black women, so her posts allowed us to reach and engage with an important community.

...by engaging with supporters at our fashion show

Trinny London joined ghd and Estee Lauder this year in giving much-valued gift in kind support at The Show, our fashion show featuring models who are all living with or beyond breast cancer.

The companies donated items from their collections for 500 goodie bags on offer to guests and models during the event. Estee Lauder and ghd also provided make-up and hair styling backstage.

Model Anna commented: "The hair stylist put me at ease and sorted my post chemo hair out which made me feel really confident."

> "I was so happy there were makeup artists and hair stylists who had experience with Afro hair and make up for dark skin, as this was a bit of a concern for me in the beginning,"
>
> **Said Adobea, who also took part in The Show.**

...by working with adidas on an exclusive collection

For Breast Cancer Awareness Month 2022, we teamed up with adidas to create the Strength in Nature collection. The collection focused on the message that nature is for all. And that nature can benefit overall health, regardless of someone's physical ability or stage of life.

The limited-edition product range included an exclusive print designed by adidas athlete Veronique Sandler, who took inspiration from her own conversations with the breast cancer community.

We worked with our Louder Voices group on the campaign messaging, taking their lead on what resonated, and stress-tested the designs with them. We also recruited a diverse range of women who had differing experiences of breast cancer to appear in the hero campaign film and other marketing materials.

...by joining with Lounge for their #FeelYourBreast campaign

We were thrilled to join underwear brand Lounge as a partner for their #FeelYourBreast campaign. In its 5th year, the campaign promotes self-checking through social media and the innovative "Boob Box". This pop-up mobile stall tours university campuses, giving away free pink underwear while sharing vital breast health information and asking for donations.

Customers could also purchase lingerie sets for a reduced price of £10, with £5 going to charities including Breast Cancer Now. They could also make a donation at the check-out. Lounge's campaign raised an incredible £59,809 for us.

ACCELERATOR 3: EVOLVING AND ADAPTING OUR PRACTICES



Our aims in this area are:

- Putting our supporters at the heart of how we communicate so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships
- Bringing transformational insight to our decision-making and actions through improved use of data
- Having the courage to change course and adapt to evolving circumstances, drawing on valuable experience gained during the COVID-19 crisis and with an unfaltering commitment to always doing what's best for people affected by breast cancer
- Identifying and implementing new technologies to support and enhance team working, inclusion, creativity and innovation

Here's how we've been delivering against these aims in this report year.

Putting our supporters at the heart of how we communicate

...by making more of an impact for people with breast cancer

Thanks to support from the players of People's Postcode Lottery, we've developed a programme of transformational growth activities that will be delivered over the next 3 years. This will help us accelerate the impact we make for people affected by breast cancer.

Bringing transformational insight to our decision-making and actions through improved use of data

...by gathering more robust data on breast awareness trends

As of July 2023, we now have a very robust set of results tracking breast awareness trends since October 2021. This gives us information on the number of women who are checking their breasts regularly. It also sheds light on how the rise in the cost of living is impacting people's wider health. We'll use this information to tailor and adapt our future campaigns.

...by listening to the voices of people living with breast cancer

We've dramatically increased our ability to gain actionable insights from breast cancer conversations happening online. Through our social listening, we can feed these insights into campaign planning, to make sure that the voices of people with breast cancer are heard in everything we do.

Having the courage to change course and adapt

...by updating and enhancing our services

We relaunched our Moving Forward online course this year. It's now supported by a new hub that includes information on topics including wellbeing, benefits, financial advice and sleep.

We've worked hard to enhance the experience of our service users, so that people feel supported from the moment they first get in touch.

Meanwhile, in response to people's needs, Here for You has opened up referrals to include primary and secondary breast cancer patients.

Identifying and implementing new technologies

...by setting up more collaborative social media systems

We've implemented a social media management tool to help us respond to supporters' queries more efficiently. And to empower teams across our charity to engage directly with supporters.

...by completing the first phase of our digital unification project

We've completed Phase 1 of our digital unification project. This has enabled us to evolve our ways of working, by building a modern technical framework which will be easy to adapt in the future. It's included adopting agile, user-led practices for digital product development.

This project has been made possible thanks to generous funding from players of People's Postcode Lottery.



ACCELERATOR 4: GENERATING FURTHER FUNDING



Our aims in this area are:

- Testing to find the most successful new routes for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us
- Initiating, connecting and growing our network by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care
- Building on our success and commitment to innovation in digital to spark curiosity, fire ambition and find new routes for driving income, engagement and community action

Here's how we've been delivering against these aims in this report year.

Initiating, connecting and growing our fundraising network

...by nurturing valuable relationships with our partners

Asda

We've now had a partnership with Asda since 1996. This year, Asda's Tickled Pink campaign set a target to reach £100 million for breast cancer charities by 2026, to celebrate our partnership's 30th anniversary. This year, the campaign raised more than £4 million for us. Fundraising highlights included Asda bakery suppliers taking on the Yorkshire Three Peaks challenge, which raised over £40,000 and our first Together for Ramadan campaign, which raised £35,000.

Stores continue to go above and beyond to fundraise creatively for Asda Tickled Pink. Asda Coatbridge was named the top fundraising store, raising over £11,000 in 2022.

Estee Lauder

As well as providing gift in kind support for The Show, Estee Lauder Companies generously committed to supporting us through 2 partnerships. They were:

- A cause-related marketing campaign with the Cosmetics Company Stores, selling the world-renowned Advanced Night Repair Serum
- The continuation of our £100,000 fundraising challenge with Estee Lauder's beauty advisors across the UK.

Marks & Spencer

This year, M&S raised over £700,000 through the sale of post-surgery bras and supporting products, Sparks loyalty card scheme donations, M&S employee fundraising and M&S Bank Change4Change foreign currency donations.

Monsoon

Monsoon raised £33,000 in Breast Cancer Awareness Month 2022 by donating 15% of all online global sales on wear it pink day (21 October 2022). The Monsoon logo also got a temporary update on the day to help promote the campaign.

Primark
In 2022 we entered a new partnership with Primark, becoming a charity that benefits from their annual breast cancer campaign. The campaign aims to raise awareness of the importance of checking for breast cancer symptoms, while supporting women at all stages of breast cancer through their post-surgery and loungewear range.

Primark donated £100,000 from the campaign, and staff and customers raised an additional £96,000 through employee fundraising and till donations. We're looking forward to our next campaign together in October 2023.



Building on our success in digital fundraising

...by finding new ways to connect with supporters

Traditionally, the websites for our flagship fundraising events, Afternoon Tea and wear it pink, have been separate from our main website.

To make our supporters' experience more intuitive and to link the events more closely with our brand, both events now sit within our main website. As a result, the number of people going on to complete a sign-up form for the events has been high – including a 53% increase in sign-ups to Afternoon Tea.

THANKS A MILLION

We're incredibly grateful to the loyal companies, foundations and individuals that consistently go above and beyond to support us.

They've already raised millions of pounds and every year they continue to give more and find new and innovative ways to extend their support. Support that's vital to us making more progress and achieving our goals faster for people affected by breast cancer.

ASDA

Asda is our longest-running partner. Through their Tickled Pink campaign, they've been supporting us and other breast cancer charities for 27 years. And have raised a phenomenal £82 million in that time.

Impactful and disruptive campaigns inspire Asda colleagues and customers nationwide to become more breast aware. As a long-term, innovative and committed funder, the partnership has been at the heart of our progress – driving ground-breaking research and developing pioneering support services for people affected by breast cancer.

THANKS A MILLION, ASDA

ghd good hair day

Together with ghd we've been encouraging their customers to take control and understand the importance of regularly checking for signs of breast cancer. Over the past 20 years, our work together has raised over £11 million for Breast Cancer Now.

THANKS A MILLION, GHD

Garfield Weston
FOUNDATION

We're incredibly grateful for the continued support of the Garfield Weston Foundation. To date, they've donated over £2 million to our work, generously supporting our Tissue Bank and The Patricia Swannell Appeal.

Our Tissue Bank is a unique resource, giving scientists at the forefront of breast cancer research access to tissue, cell and blood samples. The Foundation's £200,000 grant over 2 years will fund the vital work of the bank, underpinning cutting-edge research and accelerating progress towards faster diagnosis and kinder, smarter treatments.

THANKS A MILLION, GARFIELD WESTON FOUNDATION

Mary-Jean Mitchell Green Foundation

The Mary-Jean Mitchell Green Foundation has been supporting groundbreaking breast cancer research for over 30 years. And their long-standing generosity has been truly transformational.

We're now in the final year of the Foundation's current 3-year funding pledge to Professor Nicholas Turner and the Molecular Oncology team. This world-leading research could revolutionise the way breast cancer is detected and treated. It could not only increase people's quality of life but ultimately save lives. The continued investment from the Mary-Jean Mitchell Green Foundation is helping to drive vital progress in this research and for everyone affected by this devastating disease.

THANKS A MILLION, MARY-JEAN MITCHELL GREEN FOUNDATION

Supported by players of PEOPLE'S POSTCODE LOTTERY
Awarded funds from POSTCODE CARE TRUST

Between 2018-2022, the phenomenal players of People's Postcode Lottery have raised over £9 million to support our work.

The incredible support of players, donated through Postcode Care Trust, is helping us to find new ways to be there for more people affected by breast cancer. From harnessing the power of digital to help people with breast cancer know they're not alone to driving innovations that make sure we reach people sooner with our specialist support.

THANKS A MILLION, PEOPLE'S POSTCODE LOTTERY

M&S

M&S is another of our longest-standing partners. Since our partnership began in 2001, we've raised over £33 million together.

M&S is the biggest contributor in the UK to breast cancer prevention research. Through their generous donations, they've enabled more than 70 world-class scientific discoveries about the causes of breast cancer.

THANKS A MILLION, M&S

Pentel

Since our partnership began 17 years ago, Pentel has raised over £1.6 million. This impressive sum has been reached by selling over 7 million of their pink refillable Energel pens.

THANKS A MILLION, PENTEL



FINANCIAL REVIEW

This report covers the period from 1 August 2022 to 31 July 2023.



Income

During the year, total income fell by £17.3 million from £66.9 million to £49.5 million. This reduction of 26% was mainly due to a decrease in charitable activities income and reflects the one-off royalty income settlement received in 2021-22. Income excluding royalties remained broadly the same at £49.5m (2021-22: £49.7m).

Our main sources of income continued to be individual giving, corporate partnerships, philanthropic giving, community and events and royalty income. Income from charitable activities encompasses royalties generated from Breast Cancer Now-funded research activities, which has decreased as highlighted above. Below are some key highlights of our financial performance in those, and other, fundraising areas.

Individual giving

Our supporters continued to be generous during these difficult times:

- Over 150,000 people chose to support us through our weekly lottery or with a regular direct debit gift
- More than 45,000 people supported us through fundraising appeals and raffles
- We always appreciate the kindness of people who choose to leave us a gift in their will, and this year we raised £3.6 million from legacy gifts

Corporate partnerships

We continued to receive incredible support from our partners this year, which included:

- Asda raising over £4 million
- M&S raising over £700,000
- ghd raising over £235,000
- Primark raising over £190,000
- Ann Summers raising over £77,000
- Adidas raising over £75,000
- Lounge raising over £59,000
- Pentel raising over £54,000
- Estee Lauder & Cosmetic Company Stores raising over £50,000

Events and community fundraising

- Our community fundraising volunteers enjoyed a successful year, raising just under £430,000. In all, 32 groups and 51 individuals across the UK fundraise tirelessly in their community every year. And the Isle of Man group is our longest serving at an incredible 30 years.
- We saw strong performance in Facebook fundraising for walking, running and swimming events in 2022-23, which generated £1,163,183 this financial year.
- We also piloted new virtual challenges on Facebook, including partnering with Meta to test new functionality on their platforms. Featuring events such as Munro bagging, festive fitness and yoga, these activities generated more than £100,000 in income.
- We delivered 2 Pink Ribbon Walks this year and led a virtual Pink Ribbon Walk to engage a broader audience. These activities generated £669,908, more than £30,000 above target for the financial year.
- DIY fundraising continues to bounce back following the pandemic, generating £1,595,516 of income, more than £120,000 above target. Supporters have baked, walked and golfed across the country. One supporter, Angela Ratcliffe, first started wearing wigs on the school run to make losing her hair due to treatment less scary to her children and recently organised a Wig Walk, raising over £11,000.
- The London Marathon took place in October 2022 and April 2023, and to date has surpassed its target by £382,000. We also saw targets exceeded by supporters taking on their own running challenges and grew income in this area by 42%. This is a strong indication of a resurgence of in-person events following the pandemic.

Philanthropy and special events

- In November, the Pink Ribbon Ball came back with a bang. We welcomed 285 guests to The Londoner for a fun night of entertainment that raised vital funds for us. Guests

heard about some of our key achievements and the event exceeded fundraising targets by raising an incredible £350,000. Our thanks to the Pink Ribbon Ball committee for organising a fantastic event.

- Over 400 supporters attended our Christmas Carols. We also offered the option for supporters to watch the event recording from home. Guests celebrated the festive season by enjoying readings from celebrities, songs from the choir and the chance to win some incredible prizes. The event raised an amazing £17,000

- The Society of Woman Artists generously offered a private viewing of their exhibition at The Mall Galleries. We welcomed supporters to the gallery to enjoy the exhibition and thank them for their support

- In April, 24 inspiring models, all living with or beyond breast cancer, took to the runway at The Show by Breast Cancer Now. We welcomed 500 guests to Illuminate at the Science Museum, including new and existing supporters, celebrities and models' friends and families. The event was also live streamed on Facebook. This played a key role in securing support from corporate partners, including Estee Lauder as the make-up artists, ghd as the hair stylists and multiple retailers who provided clothing for the fashion show

Mass participation events

- An amazing 15,034 individuals, schools and workplaces signed up to take part in wear it pink 2022, raising over £1.5 million

- And 8,383 sandwich and scone lovers held a Breast Cancer Now Afternoon Tea, raising a combined total of £856,231

Fundraising expenditure

Expenditure increased by £1.3 million from £21.7 million to £23.8 million, an increase of 6%. This reflected our growth plan in investing in fundraising in order to deliver future income to support our 2025 strategy.

Charitable expenditure

Charitable expenditure includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information. This year, our expenditure increased by £8.1 million from £22.2 million to £30.3 million – an increase of 36%. This increase includes additional research grant funding of £3.4 million.

Reserves

The net movement in funds was a decrease of £4.1 million to £45 million (2022: £49.2 million). This includes an unrealised investment loss of £0.26 million (2022: £0.1 million unrealised loss). The 2023-24 budget has been set to make sure that the charity is within the reserves policy set out below.

The charity holds reserves to provide funding for long-term financial commitments and a contingency against unforeseen operational cost pressures or reduction in income. Each year, the trustees review reserves levels in light of the year ahead, to ensure there are adequate funds to support the organisation. Reserves are held in 3 types:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £1.2 million at the year-end.

- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £9.7 million at the year-end.

- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £34.2 million at the year-end.

The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the trustees considered that a sufficient level of reserves for the organisation would be £7.2 million and the current reserves position is in line with this policy. Total funds at the year-end were £45.1 million.

Financial statements

The charity's consolidated financial statements are set out on pages 72-98, including the results of the charity's subsidiaries. The financial results of the charity's regional groups are included within the consolidated results, as they operate within the same charity registration and are governed by the charity's regional group constitution.

Subsidiary trading companies

The charity had 6 subsidiaries that are detailed in note 25 of the financial statements, along with their results for the year. The companies are all wholly-owned subsidiaries. These subsidiaries carry out activities such as sub-licensing the charity's logo and the Fashion Targets Breast Cancer logo to commercial partners and delivering certain charitable partnerships. BCN Research Ltd delivers the Breast Cancer Now Catalyst Programme.

The trading subsidiaries transfer any profits to the charity under the Gift Aid scheme and their financial statements are consolidated into those of the charity.

Going concern

The board has reviewed the charity's activities and financial position together with factors likely to affect future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost of living crisis and a review of a range of scenarios assessing the potential impact on income projections have confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It's therefore reasonable to expect the charity to have adequate resources to continue in operation in the foreseeable future.

During 2022-23, income performed at levels in line with our 2022-23 budget and with continued resilience of the income streams from individual donors and corporate partners. This was further supported by the returns from additional investment within individual giving.

Grants

The charity funds research of the highest quality. We support the scientific community across the UK and Europe through multiple funding mechanisms, through our Tissue Bank, and by supporting conferences. Some of our funding supports centres of excellence, as we have taken a strategic decision to build a critical mass of research in a small number of locations. These are based in higher education institutions and close to hospitals and breast units, working under one roof in integrated, multidisciplinary programmes of research.

Investments

The charity holds investments in accordance with the Investment Strategy approved by the trustees. The finance and investment committee reviews this Investment Strategy on an annual basis.

The charity's investment objective is to maximise the return on its investments in a manner consistent with the charity's overall strategy and values while meeting 2 requirements:

1. **Investing to cover certain short-term spending with adequate liquidity and a shorter-term risk-averse profile**

2. **Investing longer-term reserves consistent with their use for longer-term commitments or as contingency assets**

The finance and investment committee consider which are the most appropriate investment managers and as part of this, they consider their mandates, targets for performance and their ability to provide the appropriate support, diversification and performance required to achieve the investment strategy. The investments are held with CCLA.

GOVERNANCE, STRUCTURE AND MANAGEMENT

The board of trustees of Breast Cancer Now presents its annual report and accounts for the year ended 31 July 2023.

These comply with the Companies Act 2006, Breast Cancer Now's governing document the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Status

Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The trustees listed on page 55 are also the charity's directors and have overall responsibility for the strategic direction and effective governance of the charity. The trustees met regularly during the year.

The legal and administrative details are listed on page 99.

Objects

The charity's objects are to:

- Advance health, including the health of individuals suffering from cancer, patients receiving treatment, those convalescing following treatment by:
    - Promoting activities which will assist with awareness, identification and prevention of cancer
    - Assisting those individuals who are disabled, infirm or in need of assistance
- Advance the health of individuals by undertaking research into the causes and treatment of cancer on terms that the results of such research are published
- Advance public education in and understanding of the nature of cancer and its treatments, particularly (without prejudice to that generality) among sufferers of cancer and the families, friends and carers of such persons
- Promote such charitable objects concerned with medical research or the relief of sickness as the directors shall in their absolute discretion determine

Trustee recruitment, appointment, induction and training

Trustees are appointed, by the board, for an initial period of 3 years that can be extended for a further 3-year term. A further 1, 2 or 3-year term can be agreed between the individual and the chairperson, or 3 other directors if deemed to be in the charity's best interest.

Trustees contribute their services voluntarily. Prior to their appointment as a trustee, they are appointed as a trustee designate, an honorary position in accordance with the charity's governing documents, for a period of 6 months. This is designed to enable potential trustees and the charity to evaluate if the role is right for them. It includes a formal induction programme and attendance at board and committee meetings where they can contribute but not formally vote.

We periodically carry out a skills audit of the board, to ensure the appropriate range of skills and expertise, including in areas of clinical and scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The board supports the principles of good governance set out in the Charity Governance Code and uses the code to review governance on an annual basis. During the year an external review of governance was undertaken and confirmed that a good governance framework is in place.

Board of trustees

Members of the board during the year were:

Jill Thompson ▯ +
chair

Pascale Alvanitakis-Guely ▯ ¥

Mark Astaire ¥

Barbara Brown +

Christopher Copeland
(resigned 31 March 2023)

Professor Mitch Dowsett ¥ *

Sonia Gayle ▯ ¥

Professor Ingunn Holen ▯

Professor Andreas Makris ▯ *

Andrew Moore ▯ ¥
vice chair

Dr Georgette Oni + *

Ann Pickering +
(resigned 29 June 2023)

Claire Ryan
(appointed 29 September 2022)

Dr Nisha Sharma + *

The trustees have the benefit of a qualifying third-party indemnity provision as defined by section 234 Companies Act 2006. The charity purchase and maintain throughout the year trustees' and officers liability insurance in respect of itself and its trustees.

Senior leadership team
(at 31 July 2023)

Delyth Morgan
Chief executive

Rachael Franklin
Director of fundraising, communications and engagement

Dr Simon Vincent
Director of research, support and influencing

Chay Champness
Chief operating officer

During the year, the senior leadership team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were £547,589 (2021-22: £529,636).

In 2022-23, the chief executive, the highest paid member of staff, received remuneration of £144,242 (2021-22: £139,444).

Staff employee reward

From August 2022 to July 2023, Breast Cancer Now employed an average of 330 (2022: 293) staff across the year. Our colleagues are fundamental to the work we do. We rely on them, our supporters, volunteers and trustees, and their amazing commitment, dedication and support they give to the charity.

Our people and culture committee monitors Breast Cancer Now's people plan, our organisational and cultural development and reward strategy. This includes our pay and benefits policies, our pay structure and annual pay review process, all of which determine how pay levels are decided. We're committed to equality in our pay and benefits policy. And we aim to ensure that our levels of pay and range of benefits reflect the knowledge, skills, experience and competencies of our staff.

We aim to pay salaries at the median level of the voluntary sector, and we regularly use salary survey data to check that our pay remains in line with the market we operate in. The committee approves the annual pay review process, which is determined partly by average pay awards across the sector, and partly by the charity's financial performance and affordability to fund an annual cost of living increase.

▯ member of the finance and investment committee
¥ member of the risk and governance committee
+ member of the people and culture committee
* member of the science strategy committee

Executive pay is governed by the same rules and review processes as for all other staff, and we offer the same level of benefits to the executive team as to the rest of our staff. Jobs are evaluated and graded into a framework with pay bands that are transparent and published to all staff.

Our trustees freely give their time and don't receive payment for the work they do, other than travel expenses.

Equity, diversity and inclusion

Breast Cancer Now acknowledges that everyone is unique with individual skills, knowledge and life experiences. Everyone can make a valuable and positive contribution to the aims, values and strategic goals of the charity. We recognise the benefits of employing and engaging with individuals from all backgrounds and community groups as this helps build a workforce and business where creativity and valuing difference in others thrives.

We're committed to a policy that ensures all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status (in cases of gender re-assignment), pregnancy and maternity status, marital status, race and religion and belief (protected characteristics) and membership of or activities as part of a trade union, or social or economic status.

Our equity, diversity and inclusion (EDI) working group continues to meet with representatives from across directorates and a range of teams across the charity. The group steers the development, implementation and monitoring of an organisation-wide approach to EDI, which enables us to better reach and meet the needs of both internal and external stakeholders.

The group is using management information, external expertise and insight from lived experiences, to enable us to work towards our strategic objectives. It ensures diverse voices are listened to, fosters an inclusive environment for all colleagues and ensures we are reaching and supporting diverse beneficiaries through our charitable work. Since the group was formed in 2020, we have been laying the foundation for real change.

This year, we have started to focus on the 3 EDI strategic priority areas, which are aligned with our organisational strategy:

1. **Gathering clear EDI data to guide us**
   In March 2022, we appointed the Equality Works Group (EWG) to undertake an internal EDI audit. This was to help us understand in more detail the demographics and culture of our workforce. It also aimed to identify factors that will help us build on our work to create a diverse and inclusive organisation.

   The audit was completed in July 2022 and highlighted many strengths. A number of recommendations were made to continue to deliver internal EDI progress, and an action plan was developed in November to deliver these recommendations in 2022-23 including appointing an EDI Manager. The priorities were then translated into an EDI action plan across 5 workstreams to ensure we're identifying the right interventions with our stakeholders and stay accountable through implementation, progress and measurement.

   1. Resource
   2. Data Collection / Policy Development
   3. Learning & Development
   4. Recruitment
   5. Engagement / Senior Leadership Commitment

2. **Building our collective confidence around EDI**
   We continue to encourage colleagues to share their lived experiences and to celebrate key EDI events across the year. Sharing lived experiences continues to be an important way for us to build our collective confidence and understanding. Our EDI hub on our intranet is regularly used to share key learning and development resources.

3. **Strengthening the networks that are vital to driving our EDI progress**
Externally, we continue to develop our approach to EDI and reach underserved communities. For example:

- In our public health, inclusion and awareness work we've delivered public health talks in person and online, some of which have been bi-lingual, to make sure communities have access to the right information in a sensitive and accessible way.

- We've developed audio animations on the signs and symptoms of breast cancer, risk factors and the NHS breast screening programme in 13 different languages. These are Romanian, French, Polish, Welsh, Hausa (Nigerian), Arabic, Chinese, Hindi, Punjabi, Urdu (Pakistani), Gujarati, Bengal and British Sign Language (BSL). We'll continue to add to these in the coming year.

- In partnership with the Charing Cross breast screening unit, we developed 2 screening films – 1 for women from the black community and 1 for women from the South Asian community who are lower attenders of breast screening. The films take them through what to expect at an NHS breast screening appointment, following up on the insight we carried out with these ethnic groups the previous year.

- Through our Asda partnership we worked on a bespoke campaign for Ramadan this year, aimed at the Muslim community.

We recognise that we're learning. Where we make mistakes, we'll take ownership and reflect, learn and adapt our practices to move forward. Some of our recent EDI progress has come from not getting things right straight away.

Approach to fundraising

We aim to build strong, meaningful, and long-lasting relationships with those who donate, fundraise and volunteer for us. We rely on the generosity of individuals and partners to help us reach our ambitious 2050 vision, and we take great pride in how we raise funds towards achieving that. Our supporters are essential to what we do. We'll always strive to give exciting opportunities, accompanied by an excellent experience and high standards of service, that we're continuously improving.

Our fundraising portfolio is diverse, ranging from volunteer-led fundraising, to lottery, to corporate, to gifts in wills, TV advertising and more.

To meet the expectations of our supporters, we continue to have a cross-organisational focus on ensuring that we're working in a way which is compliant with law and regulations governing charity fundraising. This includes being registered with the Fundraising Regulator and adhering to the GDPR. This focus enables us to adapt to any changes in the law or in best practice, and continuously consider what's important to our supporters with regards to their privacy and data.

Fundraising on our behalf

Engaging with new and existing supporters is a privilege and an important part of our fundraising effort. We work with carefully selected professional fundraising agencies to conduct face-to-face activity and outbound calling as well as to manage our lottery, raffle and gift administration. We closely monitor those who work on our behalf through mystery shopping, call monitoring, training, and regular account management to make sure they adhere to our high standards and those of the Fundraising Code of Practice.

Safeguarding and vulnerable supporters

We recognise our responsibility to safeguard our supporters and members of the public across all areas of our fundraising and services. Our safeguarding policy and annual safeguarding report is reviewed each year by the risk and governance committee, and we've developed a safeguarding training module ratified by safeguarding experts that all our staff are required to undertake.

Complaint handling

From August 2022 to July 2023, we received and responded to 328 complaints. While the number of complaints we received is small compared to our overall reach, we take all negative feedback seriously. Each complaint has been thoroughly investigated and resolved with corrective action taken, where appropriate, to improve the work we do.

We currently have 1 complaint which is being investigated by the Fundraising Regulator. We've been working closely with the regulator to comply with all the information requests they have to complete their investigation. We're pending an outcome of this investigation and are committed to putting into action any recommendations made by the regulator to make sure we're fully compliant with the Fundraising Code.

All feedback is valuable for the continuous improvement of the experience of our supporters and beneficiaries. We continue to review our policies and procedures on a regular basis to ensure they are robust and serve our supporters in the best way possible.

Our fundraising promise

We rely on the generosity of our supporters, partners, and volunteers to make what we do possible. Through donations and fundraised income, we can work towards our vision that by 2050 everyone diagnosed with breast cancer will live and be supported to live well.

We're committed to showing the individuals, companies, and organisations who support us how much they are valued and the difference their support makes. The following principles guide our ways of working:

Honesty and accountability

- We ask for and listen to your feedback and complaints and make improvements based on what you say
- We closely monitor agencies working on our behalf and ensure they keep to our high standards
- We work in way that is compliant with relevant statutory bodies and the Fundraising Code of Practice

Kindness and respect

- We inspire people to give or raise money for Breast Cancer Now, without making them feel pressured to give
- We have a procedure for working with people in vulnerable circumstances, including children
- We only communicate with you in the ways that you prefer and always with a friendly and approachable manner
- We treat all donors and the members of the public fairly and with respect
- We value and acknowledge the contributions made by our supporters and thank accordingly

Trust and transparency

- We keep supporter data secure and do not sell or share it for marketing purposes
- We use donations wisely and always with an unrelating focus on our beneficiaries and we do what we say we will do with the donations we receive

Learning and developing

- We listen and learn and always strive to improve the experience of being a supporter of Breast Cancer Now
- We constantly monitor how fundraising activities are received and perform to understand how they are experienced by our supporters
- We invest time and energy in developing our own skills and knowledge so we can deliver effective fundraising and supporter experience

Advisory boards and committees

Finance and investment committee

The finance and investment committee is responsible for advising the board on short and long-term financial planning, including reviewing financial plans, budgets and proposals. As well as playing a governance role in the review of financial policies, processes and controls, and advising on the appointment of external auditors. The committee is also responsible for appointing the charity's investment managers, setting and recommending the investment strategy to the board for approval and overseeing the management and performance of investments. The finance and investment committee met 4 times during the year.

Risk and governance committee

The risk and governance committee set the risk management process. They make sure that strategic risks are identified, reported to the board and, where necessary, highlighted to other committees (such as the finance and investment committee).

The committee makes sure that risk priorities and relevant actions are highlighted to the senior leadership team for further action by their directorates. The committee also oversees any material internal controls change programme and ensures recommendations are implemented.

The committee recommends the charity's risk management appetite and policy to the board for approval and reviews policies which may result in significant reputational risk. The risk and governance committee met twice during the year.

People and culture committee

The people and culture committee has delegated responsibility from the board for the remuneration and reward framework across the organisation, and appointment of trustees and senior leadership, including the chief executive. The committee also has strategic oversight of the charity's people plan. The people and culture committee met 3 times during the year.

Science strategy committee

The science strategy committee is responsible for overseeing our research portfolio and making recommendations to the board regarding distributing our research funding. The committee plays a key role in making sure that our research supports our strategic aims and met twice during the year.

Chairs' committee

The chairs' committee enables decisions to be made between board meetings where they are of sufficient urgency that it would be detrimental to wait until the next board meeting. The chairs' committee didn't meet during the year.

Risk

Risk is inherent within all our activities and therefore must be understood and managed. Accepting a certain level of risk allows us to innovate and strive to achieve more for people affected by breast cancer. It's important, however, to balance risk across the organisation to make sure that it remains within our current level of appetite and tolerance.

We operate a process of risk identification and management that's embedded into the governance of the organisation. Central to this are our risk registers, which are regularly reviewed and updated by the senior leadership and operational management teams, the trustees and considered by the risk and governance committee which normally meets twice a year.

We also regularly adapt the content to make sure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are living documents that continue to change over time in response to internal and external stimuli.

Risks are scored in terms of likelihood and impact. This allows us to quickly identify the most pressing risks and any changes in their profile. For each risk, the registers set out the possible causes, current controls in place to manage it and any actions ongoing to provide further mitigation. These actions are assigned an owner, and progress is tracked by the senior leadership team and the trustees.

The trustees reviewed Breast Cancer Now's key risks and are satisfied that risk management has been undertaken appropriately and that adequate systems were in place to manage risk. The senior leadership team are responsible for the day-to-day risk management and ensuring that each directorate is aware of, and appropriately manages, their risks.

We've considered the key risks facing the charity in the year ahead. Some examples of these strategic risks and mitigations to manage them are:

Risk	Mitigation
Legal and regulatory compliance	
Risks of non-compliance: • Serious data security breach (from a cyber-attack or non-compliance with GDPR) • Lack of compliance with regulations in relation to our fundraising practices • Failure to comply with legal or regulatory requirements	• IT policies and procedures including, Cyber Essentials Plus certification, vulnerability scanning. penetration testing and anti-virus software • Dedicated fundraising compliance senior officer; data privacy manager and governance manager • Regular training for staff • External peer review of research
Loss of reputation	
A high-profile incident results in a loss of reputational integrity, influence and support	• Anti-fraud policy and fraud monitoring in place, as well as mandatory fraud training for all staff • Reputation management and crisis communication processes in place • Conflicts of interest policy and processes in place • Whistleblowing policy in place outlining a clear process for staff to disclose any incidences of serious malpractice or wrongdoing • External governance review in 2022-23 confirmed good governance framework in place
Financial sustainability	
Failure to effectively manage our financial resources to ensure we can continue to support those affected by breast cancer	• Prudent 2023-24 budget and reserves policy • Senior and operational leadership teams review monthly management accounts alongside regular cashflow forecasting throughout the year • Agile fundraising strategy with quarterly reviews around performance to date and future pipeline • Regular reviews of investment performance and active use of money markets to deliver best available return on cash
Unforeseen disruptions such as COVID-19	
Inability to deliver our mission to those affected by breast cancer due to serious business disruption	• Agile governance arrangement, enabling quick and effective decision making • IT systems robust, secure and stable due to quality of leadership and decision-making • Motivated and engaged staff and volunteers

Risk	Mitigation
Marketing	
Low brand awareness	• New brand based on insight from, and tested on and with, beneficiaries, supporters and other key stakeholders including key fundraising contacts • Investment in sustained brand marketing
Services and research	
Not reaching enough service users with loss of reach and impact due to drop-out rates on courses and pressure on the NHS	• Monitoring of reasons for dropout rates • Rolling programme of communications and marketing • Our transformational growth plan includes additional investment to increase our reach
Inability to maintain our commitments to our long-term research activities or to fund future research, because of lower levels of income	• Close communication with those researchers to whom we provide long-term support, to discuss ways of mitigating the impact of any reductions in budgets • Establishment of designated fund to support long term research commitments
Inability of existing research to continue due to disruption at research host institutions or loss of key researchers	• Close communication with researchers and senior administrative staff at key host institutions to monitor their ability to support the research we fund • Long-term commitment to key strategic research activities to ensure stability for research staff and support for research training
Staff and volunteers	
Failure to address the health and wellbeing of employees and volunteers and support their ability to perform their roles	• EDI programme across organisation • Enhanced performance management programme for staff • High-quality volunteering programme • Annual staff engagement survey enables staff to give feedback in this area

S172(1) Statement

The trustees are required to outline how they have met the requirements of S172(1) of the Companies Act 2006 in acting to promote the success of the charity to achieve its charitable purposes. This includes having regard to the interests of its stakeholders, volunteers, employees and the wider community.

The charity recognises it cannot achieve its mission on its own. Collaboration and working in partnership with its stakeholders are essential in ensuring that by 2050 everyone diagnosed with breast cancer will live and be supported to live well.

Our supporters, including members of the public, donors, trusts and corporate partners enable us to raise funds we need to fund research and provide support services. We work closely with our suppliers and our dedicated colleagues, who are vital in us progressing towards our goal. We set out below how the charity engages with its different stakeholders and listens to their views to better achieve its charitable objectives.

Employees

Our success is underpinned by the wellbeing and performance of our colleagues, who are fundamental to everything we achieve. We engage with our colleagues in many ways:

- Our staff forum hosts regular online drop-ins for colleagues to raise questions, and for forum representatives to gather feedback and hear concerns
- Our monthly organisational updates give colleagues information on the charity's ongoing work, impact and progress. And are an opportunity for colleagues to ask questions and give feedback to the senior leadership team
- Our monthly directorate meetings give an opportunity for senior leaders to speak to their directorate and share updates across teams. The meetings are also an open forum for colleagues to update their peers, ask questions or flag concerns
- Our organisational management team meet monthly and cascade organisational information and raise concerns from colleagues
- Our weekly internal newsletter features updates from across the organisation, including operational news, campaigns and blogs
- Our intranet offers a space for colleagues to find and post information, and is an integral hub for connecting colleagues, wherever they're working from
- We host around 20 Now Sessions every year. These are informal, peer-to-peer sessions led by teams across the organisation to share knowledge, learnings and success stories
- We've developed an online learning and development platform to enhance learning opportunities, and meet the extensive and diverse training needs of colleagues
- We use staff surveys to get the views of colleagues, which is helping us to become a more equitable, diverse and inclusive organisation
- Our EDI group helps to help steer our development, implementation and monitoring of our organisational approach to EDI
- Our annual performance review process focuses on the performance and development of our colleagues
- We host a staff conference and annual awards ceremony to celebrate the achievements of colleagues and the organisation. Colleagues contribute to the content, and vote for their award nominations
- We've established an environmental group and several social and wellbeing groups including mental health first aiders, a social committee, netball team and a craft group. Other support groups include our peer-to-peer learning groups, long-term health conditions group, parenting group and carers group

Volunteers

We won't achieve our vision with our colleagues and budgets alone. We rely on people's passion and personal connection, alongside their time, skill, voice, and willingness, to create real change. And we're delighted that 97% of our volunteers say they feel valued by Breast Cancer Now (Volunteer Experience Survey 2022).

Our volunteering strategy aims to "open the doors" of volunteering. Our 5-year volunteering plan aims to grow our key programmes in line with our Turning the Tide strategy, welcome new people from diverse backgrounds, and champion ideas to adapt and change.

Help and support

Volunteering is interwoven into every directorate of our charity. The volunteer hub is responsible for providing infrastructure, training and support to staff teams who involve volunteers, while also championing new volunteer programmes.

Growing our programmes

The number of managed volunteers (people who support us through formal, longer-term roles) grew by 13%, to almost 700 this year. Alongside this, one-off opportunities have been very popular, particularly as we opened up our face-to-face events. We've also created more remote and office support roles, with volunteers supporting teams from patient experience to data, legal to digital.

Developing our approach to equity, diversity and inclusion

We developed an equity, diversity and inclusion action plan specific to volunteering. It identifies priorities that will help us to open the doors to volunteering at Breast Cancer Now. We've already delivered on some of the actions identified including:

- Trialling new ways of recruiting volunteers
- Making recruitment more accessible
- Reducing barriers to entry for certain roles
- Promoting opportunities using different media formats

We'll keep opening up new opportunities and reducing barriers to volunteering over the next year.

Volunteer engagement

- We continued to act on feedback from volunteers to deliver an ongoing series of online events and talks, with over 100 volunteers attending
- We adapted our approach to volunteer connection, holding volunteer meetups in 7 different locations, with 50 volunteers attending and 50 more interested in further locations. The events provided an opportunity for volunteers to connect in person and on a local level – a desire expressed in our 2022 volunteer experience survey
- We've continued to give guidance for staff to better recognise volunteers across the organisation. We also delivered the annual Outstanding Volunteer Award in memory of Tracey Williams. The winner of the 2023 year's award was Hedwig Hegtermans, who has volunteered at Moving Forward courses, The Show, Pink Ribbon Walks and lingerie events. Hedwig also holds roles as a Someone Like Me volunteer, information point volunteer and public health volunteer.

"I am shocked to actually have won this wonderful award. Having been nominated was already such a great honour. There are so many worthy volunteers, but once I am over the shock, I will enjoy it. I love volunteering for Breast Cancer Now and it really helped me to move forward from my diagnosis" **Hedwig**

- Volunteer communications include regular "drop in and connect" virtual sessions, email bulletins, and 1-to-1 phone calls with volunteers who haven't heard from us recently or may have paused their volunteering

- Our dedicated volunteer learning platform – Volunteer Now – continues to develop into the focal point for volunteers to access training specific to their role, engage with resources, and find information about the charity. 80% of volunteers have used the platform.

Donors, trusts and corporate partners

Our partnerships with our donors, trusts and corporate partners are fundamental to our charitable work. Here's how we engage with donors, trusts and corporate partners:

- We collaborate regularly with our corporate partners through online and face-to-face meetings, and co-create campaigns and actions
- We regularly review our partnerships to understand the levels of performance, impact and satisfaction
- We share major events and milestones with our donors and supporters. We report on the impact we're making thanks to their support, through impact reports, email communications and our annual report and accounts
- We give opportunities for our supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists
- We host cultivation events, such as our annual carol service, to give our donors, trusts and corporate partners an opportunity to meet key members of our staff, trustees and each other
- We host donor-specific thank you events for our events, community, philanthropic, and legacy supporters, to show them the impact of their support
- We have a clear thanking process for all supporters based on the type and level of support, and their relationship with us
- Our Fundraising Promise guarantees donors of all types what they can expect from their relationship with us
- We have a clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with us

Partners and suppliers

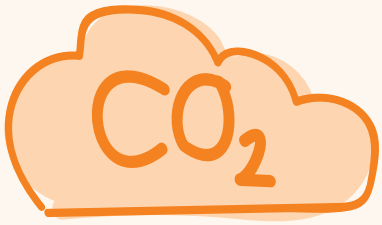
Our ability to fund dedicated research, and to provide the necessary support to anyone affected by breast cancer, relies on good relationships with our partners and suppliers. Some of the ways we do that include:

- Having a dedicated research team to give administrative support to make sure we collaborate effectively with institutions undertaking research on our behalf
- Building close working relationships with the hosts of our 4 long-term research activities: the Institute of Cancer Research (The Toby Robins Breast Cancer Research Centre and the Generations Study), Kings College London (the Breast Cancer Now Research Unit) and the Barts Cancer Institute at Queen Mary University of London (the Breast Cancer Now Tissue Bank)
- Developing links with external scientists through the science strategy committee and various conferences, including taking a leading role in the UK Interdisciplinary Breast Cancer Symposium
- Working with organisations that bring us together with others in the sector to amplify our voice, including the Association of Medical Research Charities, the Richmond Group and the National Cancer Research Institute
- Working with the Richmond Group of Charities to combine our influence and speak as a collective voice so that we can improve the support and care for people with long-term conditions
- Inviting healthcare professionals, such as oncologists, surgeons, physiotherapists and dietitians, to share their expertise and knowledge with service users through our face-to-face and online support services

- Employing sessional therapists, facilitators and nurses to co-deliver and support services to people affected by breast cancer, so we can reach more people across the UK
- Using a range of convenient, accessible and welcoming venues across the UK to host our services, creating a safe and comfortable environment for people to meet each other, share experiences and gain mutual support
- Developing our relationships with nurses in practice, supporting their continuous education and involving them with the development of nursing and health information services
- Working closely with our print suppliers to manage the distribution of our award-winning publications, and with our virtual call centre supplier, allowing delivery of a telephone helpline to provide support
- Using a political monitoring service and other specialist suppliers to help us to take our influencing and campaigning work to elected representatives and campaigners
- Working with policy experts in other organisations in the sector to give us additional capacity to develop policy

Energy and emissions

The following figures make up the baseline reporting for Breast Cancer Now. Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.



	2022-23	2021-22
Scope 2		
Grid supplied electricity – kWh	130,521	67,839
Associated Greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	26	14
Intensity ratio Emissions per headcount, based on average staff numbers of 330	0.08	0.02

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2022 and 2023 reporting year. For 2022 (1 January 2022 to 31 July 2022) used Database 2022, Version 1.0. For 2023 (1 January 2023 to 31 July 2023) used Database 2023, Version 1.0.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of Breast Cancer Now for the purposes of company law) are responsible for preparing the trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company 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 the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015)
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards, comprising FRS 102, 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

In the case of each trustee in office at the date the Trustees' Report is approved:

A. So far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and

B. They have taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Jill Thompson,
trustee
29th November 2023


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INDEPENDENT AUDITOR'S *REPORT*

to the Members and the Trustees of Breast Cancer Now



Opinion

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2023 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2023 and of the group's income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company / group 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 charitable company's or the group's ability to continue as a going concern for a period of at least 12 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 trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

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

- Adequate and proper accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page x, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and noncompliance with laws and regulations are set out below. A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/ auditorsresponsibilities.

This description forms part of our auditor's report.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation, employment legislation and health and safety legislation.

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

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finance and Investment Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Nicola May
Senior Statutory Auditor
For and on behalf of Crowe U.K. LLP
Statutory Auditor
London
17th January 2024

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(incorporating an income and expenditure account)
For the year ended 31 July 2023

	Note	Unrestricted funds £000	Designated funds £000	Restricted funds £000	**Total 2023 £000**	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2022 £000
Income from:									
Donations and legacies	2	26,844	-	5,362	**32,206**	22,734	-	4,676	27,410
Charitable activities		7,654	-	-	**7,654**	27,224	-	-	27,224
Other trading activities	3	8,306	-	681	**8,987**	11,302	-	553	11,855
Investments		732	-	-	**732**	395	-	-	395
Total income		43,536	-	6,043	**49,579**	61,655	-	5,229	66,884
Expenditure on raising funds	4	23,112	-	-	**23,112**	21,774	-	-	21,774
Expenditure on charitable activities	5	24,695	-	5,622	**30,317**	16,816	-	5,401	22,217
Total expenditure		47,807	-	5,622	**53,429**	38,590	-	5,401	43,991
Net realised investment gain	11	-	-	-	**-**	-	-	-	-
Net unrealised investment (loss)/gain	11	(265)	-	-	**(265)**	(122)	-	-	(122)
Total net investment (loss)/gain		(265)	-	-	**(265)**	(122)	-	-	(122)
Net income/ (expenditure)		(4,536)	-	421	**(4,115)**	22,943	-	(172)	22,771
Transfers between funds	20	2,887	(2,955)	68	**-**	(23,767)	23,655	112	-
Net movement in funds		(1,649)	(2,955)	489	**(4,115)**	(824)	23,655	(60)	22,771
Funds brought forward	20	11,385	37,155	665	**49,205**	12,209	13,500	725	26,434
Funds carried forward	**20**	**9,736**	**34,200**	**1,154**	**45,090**	**11,385**	**37,155**	**665**	**49,205**

The Consolidated Statement of Financial Activities is for the Group as a whole. Total income for the year for the parent charity was £49,001,000 (2022: £66,602,000).

All amounts relate to continuing operations. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. There are no material differences between the net income for the financial year and the historical cost equivalents.

BALANCE SHEETS

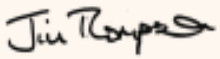
As at 31 July 2023

	Note	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Fixed assets					
Intangible assets	9	2,066	998	2,066	998
Tangible assets	10	389	587	389	587
Investments	11	19,693	19,958	19,693	19,958
		22,148	**21,543**	**22,148**	**21,543**
Long term debtors	15	12,732	15,040	12,732	15,040
Current assets					
Current investments	12	-	-	-	-
Debtors	14	14,286	13,571	18,608	16,875
Cash at bank and in hand		15,817	19,461	8,197	10,989
		30,103	33,032	**26,805**	27,864
Creditors: amounts falling due within one year	16	(14,333)	(16,208)	(12,141)	(12,614)
Net current assets		**15,770**	16,824	**14,664**	15,250
Total assets less current liabilities		**50,650**	53,406	**49,544**	51,832
Creditors: amounts falling due after more than one year	17	(5,105)	(3,860)	(4,006)	(2,299)
Provisions for liabilities	19	(455)	(341)	(455)	(341)
Net assets		**45,090**	49,205	**45,083**	49,192
Unrestricted Funds	20	9,736	11,385	9,729	11,372
Designated Funds	20	34,200	37,155	34,200	37,155
Restricted Funds	20	1,154	665	1,154	665
Total Funds		**45,090**	49,205	**45,083**	49,192

The notes on pages 75 to 97 form part of these financial statements.

The Charity's net movement in funds for the year was a decrease of £(4.1)m (2022: increase of £22.8m)

The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 29th November 2023 and were signed on its behalf.



Jill Thompson **Trustee**

CONSOLIDATED CASH FLOW STATEMENT

For the year ended 31 July 2023

	Note	£000	Group 2023 £000	£000	Group 2022 £000
Cash flows from operating activities:					
Net cash generated in operating activities	a		**(2,859)**		**5,288**
Cash flows from investing activities					
Dividends, interest and rents from investments		614		(9,392)	
Purchase of tangible fixed assets	10	(59)		(356)	
Purchase of intangible fixed assets	9	(1,340)		(150)	
Proceeds from sale of investments	11	-		-	
Net cash generated investing activities			**(785)**		**(9,898)**
Change in cash in the reporting period			(3,644)		(4,610)
Cash at the beginning of the reporting period			19,461		24,071
Cash at the end of the reporting period	b		**15,817**		**19,461**

(a) reconciliation of net incoming resources to net cash flow from operating activities		Group 2023 £000	Group 2022 £000
Net income for the reporting period (as per the Statement of Financial Activities)		(4,115)	22,771
Depreciation and amortisation	9,10	525	663
Loss on disposal of fixed assets		5	-
Increase in provisions		114	(60)
Realised gain on investments	11	-	-
Unrealised loss/(gain) on investments	11	265	122
Dividends, interest and rents from investments		(732)	(395)
Investment fees deducted from portfolio	11	118	120
Decrease in stock		-	-
Increase in debtors		1,588	(16,542)
Decrease in creditors		(627)	(1,391)
Net cash generated from operating activities		**(2,859)**	**5,288**

(b) Analysis of cash and cash equivalents	Group 2023 £000	Group 2022 £000
Cash in hand	11,317	17,415
Notice deposits (less than 3 months)	4,500	2,046
Total cash and cash equivalents	**15,817**	**19,461**

FINANCIAL ACCOUNTS AND NOTES

Breast Cancer Now
Notes to the financial statements for the year ended 31 July 2023

1. Accounting policies

Charity information

Breast Cancer Now ("the Charity") is a Public Benefit Entity which was incorporated on 9 December 2014, and is registered in England and Wales (company number 09347608) and in the Isle of Man (company number 6021F). It was registered as a charity on 18 February 2015 with the Charity Commission in England and Wales (charity number 1160558), in Scotland (charity number SC045584) and the Isle of Man (charity number 1200). The Charity was established following the merger of Breakthrough Breast Cancer and Breast Cancer Campaign on 1 April 2015. On 29 April 2019 the Charity, following approval by the Trustees, acquired Breast Cancer Care.

On 30 April 2020, the Charity became the sole Corporate Trustee of Second Hope (Registered Charity No:1163205) a charity committed to supporting research in secondary breast cancer. Second Hope has been consolidated in the financial statements as a subsidiary.

Basis of preparation

These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at fair value and in accordance with Financial Reporting Standard 102 ('FRS 102') 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' and with the Statement of Recommended Practice 'Accounting and Reporting by Charities' FRS 102 as revised in 2019 ('the SORP 2019'), together with the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The functional currency of the Group and Charity is considered to be GBP because that is the currency of the primary economic environment in which the Charity operates.

Going concern

The board has reviewed the Charity's activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost of living crisis and a review of a range of scenarios assessing the potential impact on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range. It is therefore reasonable to expect the Charity to have adequate resources to continue in operation in the foreseeable future.

During 2022-23, income performed at levels in line with our 2022-23 budget and with continued resilience of the income streams from individual donors and corporate partners.

Consolidation

The financial statements consolidate the Charity and its trading subsidiaries ("Group"). The income and expenditure from the date of acquisition has been incorporated in these financial statements.

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

Exemptions

The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual Statement of Financial Activities.

Business combinations

Business combinations are accounted for by applying the purchase method. The cost of a business combination is the fair value of the consideration given, liabilities incurred or assumed and of equity instruments issued plus the costs directly attributable to the business combination. For combinations at nil or nominal consideration which are in substance a gift, any excess of the fair value of the assets received over the fair value of the liabilities assumed is recognised as a gain in the Statement of Financial Activities ("SOFA"). On acquisition, the fair values are attributed to the identifiable assets, liabilities and contingent assets.

Since the Charity is a charitable company, it is subject to the restriction in the Companies Act Accounts Regulations that prohibits the recognition of unrealised gains in the profit and loss account. In circumstances where the fair value of the assets received exceeds the fair value of the liabilities assumed, only the element of the gain which relates to the realised profits is recognised as "Other income" in the SOFA. The element of the gain which relates to unrealised profits is recognised as "Other recognised gains" in the SOFA.

Funds

The following funds are held by the Charity:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £1.2 million at the year-end.

- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £9.7 million at the year-end.

- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £34.2 million at the year-end.

The Charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations, the trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the trustees in line with the reserves policy as described in the trustees report (page 52).

Income

Income is accounted for and included in the SOFA when the Group is entitled to the income, receipt can be quantified and receipt is probable. Income is deferred when it relates to future accounting periods.

Donations

Donations are recognised upon receipt along with any related gift aid. Donations which have been collected by a third party but not yet passed to the Charity are accrued based on the date of collection.

Legacies

Legacies are recognised when capable of financial measurement, receipt is probable and

where there are no conditions that still need to be fulfilled. Pecuniary legacies are recognised once notification has been received and probate has been granted. Residuary legacies are recognised once notification has been received, probate has been granted and they can be reliably measured, usually on receipt of estate accounts.

Corporate sponsorship and products

Income from corporate sponsorship and products is measured at the fair value of

consideration received or receivable and represents the amounts receivable, net of value added taxes. The Group recognises revenue when it has an entitlement to the revenue, it is probable that it will be received and the amount can be reliably measured. Revenue from corporate sponsorship is recognised over the period of the sponsorship arrangement. Revenue for the sale of goods is recognised at the point of sale.

Lotteries

Income received in respect of lotteries is recognised when the draw is made. Income received in advance for future lottery draws is deferred until the draw takes place.

Donated goods and services
Donated goods and services are recognised in the accounts when the benefit to the Charity is reasonably quantifiable and measurable. The value is the price the Charity estimates it would pay should it purchase equivalent goods or services.

Investment income
Investment income is recognised on a receivable basis.

Regional groups
The income of regional fundraising groups includes all transactions cleared on the regional group bank statements up to the year-end.

Fundraising events
The company recognises revenue for events at the date of event. Where revenue is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued.

Grants
Grant income is recognised when the funding offer is communicated in writing to the Charity or when performance-related conditions are met.

Expenditure
Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA.

Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

Expenditure on charitable activities includes direct staff costs and expenditure relating to charitable activities provision of services, clinical support, health information and policy and campaign costs. and research grant expenditure.

Research grants in furtherance of the Charity's objectives are the total amounts granted to external bodies for charitable work. The grants made by the trustees are recognised in the

SOFA in the year the grant is awarded and notified to the recipient, provided a legal or constructive commitment exists and any conditions attaching to the grant have been fulfilled by the recipient. The liability is measured as the total of expected payments for the period to the next scientific review.

Costs relating to the sale of goods include the direct costs of purchasing and distributing goods for sale.

Communication and support costs are reviewed and any costs directly relating to our charitable activities have been allocated to the appropriate strategic charitable priority with the remainder being apportioned to charitable activities and raising funds based on a combination of headcount and staff time.

Governance costs are the costs incurred to manage the Charity in compliance with

constitutional and statutory requirements and are included in support costs.

Operating leases
Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

Taxation
Breast Cancer Now has charitable status and therefore any income and gains are exempt from corporation tax under Section 202 of the Corporation Act 2010 to the extent that they are applied for their charitable objects.

Value Added Tax is only partially recoverable by the Charity and therefore the nonrecoverable element is included with the expenditure on which the VAT was charged in the SOFA.

The Charity's subsidiaries do not generally pay UK Corporation Tax because their policy is to pay taxable profits to the Charity as gift aid.

Pensions
Employees are entitled to join the pension scheme provided by Aviva. These are defined contribution schemes administered by an independent scheme administrator. Scheme funds are independent to the Charity and invested with Aviva. The Charity contributes by matching employee contributions to their personal pension to a maximum of 8% of salary. The cost of providing this pension scheme is charged to the SOFA when it's incurred.

Investments
Fixed asset investments are stated at fair value at the balance sheet date. Any realised or unrealised gains and losses are shown in the SOFA. Gains and losses are calculated with reference to market values as at the beginning of the year or cost if purchased during the year.

Current investments are shown at cost less any provision for expected losses.

Financial instruments
Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost with the exception of investments which are held at fair value.

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors excluding prepayments. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital.

Financial liabilities held at amortised cost comprise all creditors excluding deferred income, social security and other taxes and provisions.

Assets and liabilities held in foreign currency are translated to GBP at the balance sheet date at an appropriate year end exchange rate.

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial.

Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date the Group held financial at fair value of £19,693k (2022: £19,958k).

Tangible assets
Tangible fixed assets are stated at cost, less depreciation. Assets of under £1,000 in value are not capitalised but are taken fully as expenditure in the year of purchase.

Disposed assets are removed from the fixed asset register on the date of their sale or disposal. Any gain or loss on disposal is included within the SOFA. Depreciation is provided by the straight-line method, calculated to write off assets over their estimated useful lives at the following rates:

- Fixtures and fittings: over 4 years
- Leasehold improvements: over lease period
- IT hardware: over 4 years

Tangible assets are subject to an annual impairment review, and any impairment identified is recognised in the SOFA in the year of the review.

Intangible assets
Intangible assets are stated at cost less accumulated amortisation. Intangible assets of under £1,000 in value are not capitalised but are expensed fully in the year of purchase.

Amortisation is calculated using the straight-line method at the following rate, calculated to write off assets over their estimated useful lives at the following rate:

- IT software and website: 4-7 years

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

Critical accounting estimates:

- Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.

In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

Critical accounting judgements:

- Donated goods and services are not recognised where the incremental benefit to the charity cannot be reliably measured. This will primarily relate to services which are gifted on a pro-bono basis and there is no comparable expenditure incurred by the

Charity. Please see note 2.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 July 2023

2. Donations and legacies

	Unrestricted £000	Restricted £000	**2023 £000**	Unrestricted £000	Restricted £000	2022 £000
Trusts and appeals	2,969	192	3,161	147	660	807
Donations and legacies from individuals	23,123	1,887	25,010	20,784	1,518	22,302
Corporate donations	749	3,283	4,032	1,802	2,498	4,300
Donation from subsidiary	-	-	-	-	-	-
Other income	3	-	3	1	-	1
Total	**26,844**	**5,362**	**32,206**	22,734	4,676	27,410

The Charity benefits from the services of unpaid volunteers. The value of this has not been recognised in the financial statements.

Donations and legacies from individuals includes £109,580 (2022: £20,235 of donated goods for auction prizes and has been recognised in the SOFA.

Legal advice was provided on a pro-bono basis the value of which totalled £65,897 (2022: £17,073) and has been recognised in the SOFA.

During the year the Charity was donated credits for ads by Google and Meta. The value of which was £347,307 (2022 £340,000) which has also been recognised in the SOFA.

The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2023, but which are classed as a contingent asset total £25,000 (2022: £25,000).

3. Other trading activities

	Unrestricted £000	Restricted £000	**2023 £000**	Unrestricted £000	Restricted £000	2022 £000
Events	1,054	-	1,054	618	-	618
Corporate products and sponsorship	1,654	681	2,335	2,484	553	3,037
Lottery income	5,598	-	5,598	8,070	-	8,070
Other income	-	-	-	130	-	130
Total	**8,306**	**681**	**8,987**	11,302	553	11,855

4. Expenditure on raising funds

	Direct costs £000	Support costs £000	**Total 2023 £000**	Direct costs £000	Support costs £000	Total 2022 £000
Cost of raising funds from donations and legacies	20,330	1,877	22,207	19,344	1,840	21,184
Cost of other trading activities	719	68	787	428	42	470
Cost of managing investments	118	-	118	120	-	120
	21,167	**1,945**	**23,112**	19,892	1,882	21,774

5. Expenditure on charitable activities

5a. Charitable activities	Grants £000	Direct costs £000	Support costs £000	**Total 2023 £000**	Grants £000	Direct costs £000	Support costs £000	Total 2022 £000
Research	15,553	3,617	1,069	20,239	12,198	1,862	780	14,840
Clinical	-	1,083	333	1,416	-	882	242	1,124
Services	-	3,907	803	4,710	-	2,986	587	3,573
Health Information & Policy	-	3,336	616	3,952	-	2,230	450	2,680
	15,553	**11,943**	**2,821**	**30,317**	12,198	7,960	2,059	22,217

5b. Grants

Grants were made to the following Institutions during the year:	**2023 £000**	2022 £000
Institute of Cancer Research	10,335	8,863
Queen Mary University of London	(123)	(338)
Kings College London	1,773	694
Queen Mary University Belfast	142	677
Barts	(93)	514
University of Edinburgh	(9)	302
University of Southampton	(29)	221
University of Cambridge	1,027	451
University of Bradford	116	278
University of Oxford	626	-
University of Exeter	173	-
Imperial College London	253	-
University of Sheffield	138	-
University of Surrey	150	-
Royal College of Surgeons in Ireland	-	(32)
Newcastle University	250	-
University of Manchester	262	230
University of Birmingham	249	-
University of Cardiff	231	-
University of Leeds	44	215
Other Institutions	38	123
	15,553	12,198

6. Support costs

	2023 £000	2022 £000
IT, Finance & HR	2,183	1,660
Office	1,798	1,585
Management	332	407
Governance	455	289
	4,768	3,941

Total support costs of £4,767,000 (2022:£3,941,000) comprise of charitable support costs of £2,821,000 (2022: £2,050,000) and expenditure on raising funds of £1,946,000 (2022: £1,892,000). All support costs have been allocated entirely on a headcount basis.

7. Net expenditure for the year

This is stated after charging:	2023 £000	2022 £000
Depreciation and amortisation	526	663
Loss on disposal of fixed assets	-	-
Auditors' remuneration:		
Audit work	60	53
Audit work relating to prior year	-	-
Other services - taxation	-	-
Operating leases rentals		
Property	956	977
Equipment	20	9

8. Employees

	2023 £000	2022 £000
Wages and salaries	11,791	10,582
Social security costs	1,206	1,082
Pension costs	850	774
Other employee benefits	84	89
	13,931	12,527

Termination payments during the year totalled £0 (2022: £71,000). Termination payments are recognised on an accruals basis and are included within staff costs

The average number of employees during the year were:	2023 no.	2022 no.
Charitable activities	160	134
Fundraising	121	121
Support Services and governance	49	39
	330	294

The number of employees receiving remuneration over £60,000 (excluding employer pension contributions) during the year was as follows:

	2023 Total no.	2022 Total no.
£60,001 - £70,000	5	3
£70,001 - £80,000	8	6
£80,001 - £90,000	-	-
£90,001 - £100,000	-	2
£100,001 - £110,000	3	1
£110,001 - £120,000	-	-
£120,001 - £130,000	-	-
£130,001 - £140,000	-	1
£140,001 - £150,000	1	-
	17	13

Pension costs for these higher paid employees amounted to £125,523 (2022: £99,356).

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, the Director of Fundraising, Communication & Engagement and the Director of Research, Influencing & Services. The total earnings, including pension contributions, received by the key management personnel of the Charity during the year were £547,589 (2022: £529,636). In 2022/23 the Chief Executive was the highest paid member of staff and received remuneration of £144,242.

Trustees have not received remuneration (2022 £Nil). Trustees did not incur any expenses which have been reimbursed in undertaking their duties.

9. Intangible assets (Group and Charity)

	IT Software & Website £000
Cost	
At 1 August 2022	1,567
Additions	1,340
Disposals	(4)
Transfers	-
At 31 July 2023	**2,903**
Accumulated amortisation	
At 1 August 2022	569
Charge for the year	269
Disposals	(1)
Transfers	-
At 31 July 2023	**837**
Net book value	
Carried forward at 31 July 2022	998
Carried forward at 31 July 2023	**2,066**

10. Tangible assets (Group and Charity)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £'000	Total £000
Cost				
At 1 August 2022	1,229	433	653	2,315
Additions	-	-	59	59
Disposals	-	-	(336)	(336)
Transfers	-	-	-	-
At 31 July 2023	**1,229**	**433**	**376**	**2,038**
Accumulated Depreciation				
At 1 August 2022	782	422	524	1,728
Charge for the year	177	9	70	256
Disposals	-	-	(335)	(335)
Transfers	-	-	-	-
At 31 July 2023	**959**	**431**	**259**	**1,649**
Net book value				
Carried forward at 31 July 2022	447	12	129	587
Carried forward at 31 July 2023	**270**	**2**	**117**	**389**

There were no assets held under finance leases in either year.

11. Investments (Group and Charity)

	2023 £000	2022 £000
Market value at 1 August	**19,958**	10,413
Realised gains	-	-
Unrealised (losses)/gains	(265)	(122)
Income reinvested	118	9,787
Investment fees	(118)	(120)
Market value at 31 July	**19,693**	19,958

All investment assets are held in the UK and are unrestricted. The total historic cost of these investments is £12,843,000. The holdings by fund on a market value basis are as follows:

Fund	Asset class	Fund manager	2023 £000	2022 £000
CCLA	Equities, fixed interest and cash	CCLA	19,693	19,958
Total market value			**19,693**	19,958

12. Current investments (Group and Charity)

	2023 £000	2022 £000
Balance as at 1 August	-	-
Write back of provision	-	-
Transfer to cash at bank and in hand	-	-
Balance as at 31 July	-	-

An assessment of the provision is set out in the critical accounting estimates in note 1.

13. Subsidiary undertakings

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884) and BCN Research Ltd (05047652). The Charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the Charity at 31 July 2023 was £245 (2022: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	**2023 Total £000**	2022 Total £000
Turnover	-	-	-	2,335	2,335	3,218
Cost of sales	-	-	(43)	-	(43)	22
Interest receivable	-	-	153	-	153	25
Administrative expenses	-	-	(6)	(571)	(577)	(475)
Profit before gift aid and taxation	-	-	104	1,764	1,868	2,790
Gift Aid payable to the Charity	-	-	(104)	(1,764)	(1,868)	(2,790)
Profit before taxation	-	-	-	-	-	-
Tax expense	-	-	-	-	-	-
Profit after taxation	-	-	-	-	-	-
Assets	-	185	4,046	4,383	8,614	10,405
Liabilities	-	-	(4,046)	(4,375)	(8,421)	(10,228)
Net Assets	-	185	-	8	193	177

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982). Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737) were dissolved during the year. The Charity is the Sole Trustee of Second Hope a registered charity (No:1163205).

The taxable profit from the subsidiaries each year is transferred to the parent Charity as a Gift Aid payment. For 2022/23 a total payable of £2,790,000 to the parent Charity has been recognised.

For a full listing of the subsidiary undertakings please see note 25.

14. Debtors: amounts falling due within one year

	Group 2023 £000	Group 2022 £000	**Charity 2023 £000**	Charity 2022 £000
Trade debtors	3,639	4,000	2,914	2,434
Amount owed by subsidiary undertakings	-	-	5,131	5,067
Other debtors	1,139	741	1,139	739
Prepayments & accrued income	7,196	6,700	7,112	6,505
Other accrued income	2,312	2,130	2,312	2,130
	14,286	13,571	18,608	16,875

Trade debtors includes £Nil (2022 £Nil) falling due after more than one year.

Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

15. Debtors: amounts falling due after more than one year

	Group 2023 £000	Group 2022 £000	**Charity 2023 £000**	Charity 2022 £000
Other accrued income	12,732	15,040	12,732	15,040

16. Creditors: amounts falling due within one year

	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Trade creditors	1,435	1,896	1,435	1,896
Grants payable	10,314	11,134	8,629	8,047
Taxes and social security	729	523	729	523
Accruals and deferred income	1,451	1,953	946	1,450
Other creditors	404	702	402	698
	14,333	16,208	**12,141**	12,614

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2023/24, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Balance as at 1 August	751	1,004	260	461
Amount released to income	(751)	(1,004)	(260)	(461)
Amount deferred in year	921	751	430	260
Balance as at 31 July	**921**	751	**430**	260

17. Creditors: amounts falling due after more than one year

	Group 2023 £000	Group 2022 £000	Charity 2023 £000	Charity 2022 £000
Grants payable	5,105	3,860	4,006	2,299

18. Grants payable

	2023 £000	2022 £000
At 1 August	14,994	14,059
Awarded during the year	15,951	13,591
Paid during the year	(15,126)	(11,877)
Adjustments during the year	(400)	(779)
As at 31 July	**15,419**	14,994
Due within one year (note 16)	10,314	11,134
Due after one year (note 17)	5,105	3,860
As at 31 July	**15,419**	14,994

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £15,951,000 (2022: £13,591,000) and adjustments during the year of a credit of £400,000 (2022: credit of £779,000), totalling £15,551,000 (2022: £12,994,000).

At 31 July 2023 the Charity had a unrecognised commitments of £24m (2022: £36.9m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The decrease reflects the impact of the grants awarded in the year. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2024/25. These commitments will be funded from income in the relevant period.

19. Provisions for liabilities (Group and Charity)

	Onerous lease 2023 £000	Dilapidations 2023 £000	Other 2023 £000	Total 2023 £000	Onerous lease 2022 £000	Dilapidations 2022 £000	Total 2022 £000
Balance as at 1 August	-	341	-	341	60	341	401
Additional provision	-	114	-	114	-	-	-
Utilised	-	-	-	-	(60)	-	(60)
Released	-	-	-	-	-	-	-
Balance as at 31 July	-	455	-	**455**	-	341	341

The dilapidations provision is expected to be utilised by January 2025.

20. Reconciliation of funds

	Balance at 1 August 2022 £000	Transfers £000	Income £000	Expenditure £000	Investment loss £000	**Balance at 31 July 2023 £000**
Unrestricted funds	**11,385**	**2,887**	**43,536**	**(47,807)**	**(265)**	**9,736**
Designated funds	37,155	(2,955)	-	-	-	34,200
Restricted						
General Research (1)	353	137	2,460	(2,299)	-	651
Prevention Research (2)	-	-	672	(672)	-	-
Secondary Research (3)	(171)	171	-	-	-	-
Support Services (4)	314	(69)	406	(651)	-	-
Other restricted funds (5)	170	(171)	2,504	(2,000)	-	503
Total restricted funds	**665**	**68**	**6,043**	**(5,622)**	**-**	**1,154**
Total Group funds	**49,205**	**-**	**49,579**	**(53,429)**	**(265)**	**45,090**
Unrestricted Charity funds	**11,372**	**2,105**	**43,481**	**(46,965)**	**(265)**	**9,729**
Designated Charity funds	**37,155**	**(2,955)**	**-**	**-**	**-**	**34,200**
Restricted Charity funds	**665**	**68**	**6,043**	**(5,622)**	**-**	**1,154**
Total Charity funds	**49,192**	**(782)**	**49,524**	**(52,587)**	**(265)**	**45,083**

Notes
(1) Donations specifically given to fund general research
(2) Donations specifically given to fund the research area of prevention
(3) Donations specifically to support the research area of secondary breast cancer
(4) Donations specifically to support our services
(5) This includes a variety of funds, where donations are restricted to specific areas of research and other charitable activity.

Designated Funds
The Charity's commitment to fund research is on a long-term objective which has been funded through annual net fundraising income which is subject to fluctuations.

Total funds at the year-end were £49.2 million (2021: £26.4 million) and are £39.4m more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

The prior year reconciliation of funds is shown below

	Balance at 1 August 2021 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	**Balance at 31 July 2022 £000**
Unrestricted funds	**12,209**	**(23,767)**	**61,655**	**(38,590)**	**(122)**	**11,385**
Designated funds	13,500	23,655	-	-	-	**37,155**
Restricted						
Tissue Bank	-	-	50	(50)	-	-
Prevention Research	-	-	295	(295)	-	-
Kings College London	-	-	20	(20)	-	-
Molecular Cell Biology	-	-	200	(200)	-	-
Gene Function Analysis	-	-	-	-	-	-
Secondary Research	-	170	94	(265)	-	(1)
Other restricted funds	725	(58)	4,569	(4,570)	-	665
Total restricted funds	**725**	**112**	**5,229**	**(5,401)**	**-**	**665**
Total Group funds	**26,434**	**-**	**66,884**	**(43,991)**	**(122)**	**49,205**
Unrestricted Charity funds	**12,196**	**(23,767)**	**61,252**	**(38,186)**	**(122)**	**11,372**
Designated Charity funds	**13,500**	**23,655**	**-**	**-**	**-**	**37,155**
Restricted Charity funds	**725**	**112**	**5,229**	**(5,401)**	**-**	**665**
Total Charity funds	**26,421**	**-**	**66,481**	**(43,587)**	**(122)**	**49,192**

21. Analysis of net assets between funds

	Group Unrestricted 2023 £000	Group Designated 2023 £000	Group Restricted 2023 £000	**Group Total 2023 £000**	Group Unrestricted 2022 £000	Group Designated 2022 £000	Group Restricted 2022 £000	Group Total 2022 £000
Tangible & Intangible assets	2,456	-	-	**2,456**	1,585	-	-	1,585
Investments	6,193	13,500	-	**19,693**	6,458	13,500	-	19,958
Net current assets	6,649	7,968	1,154	**15,770**	7,544	8,615	665	16,824
Long term assets	-	12,732	-	**12,732**	-	15,040	-	15,040
Long term liabilities	(5,562)	-	-	**(5,562)**	(4,202)	-	-	(4,202)
Total net assets	9,736	34,200	1,154	**45,090**	11,385	37,155	665	49,205

	Charity Unrestricted 2023 £000	Charity Designated 2023 £000	Charity Restricted 2023 £000	**Charity Total 2023 £000**	Charity Unrestricted 2022 £000	Charity Designated 2022 £000	Charity Restricted 2022 £000	Charity Total 2022 £000
Tangible & Intangible assets	2,455	-	-	**2,455**	1,585	-	-	1,585
Investments	6,193	13,500	-	**19,693**	6,458	13,500	-	19,958
Net current assets	5,542	7,968	1,154	**14,664**	5,971	8,615	665	15,250
Long term assets	-	12,732	-	**12,732**	-	15,040	-	15,040
Long term liabilities	(4,461)	-	-	**(4,461)**	(2,641)	-	-	(2,641)
Total net assets	9,729	34,200	1,154	**45,083**	11,373	37,155	665	49,192

22. Financial and other commitments

Operating lease commitments

The Group and Charity have the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2023 £000	2022 £000
Property leases expiring:		
Within one year	989	989
Within two to five years	416	1,355
In over five years	-	-
Equipment leases expiring:		
Within one year	8	8
Within two to five years	1	10
In over five years	-	-

Lease payments expensed in the year are disclosed in note 7.

23. Trustee expenses

The Trustees received no remuneration in the year. No Trustees received reimbursement expenses totalling during the year (2022: £nil).

The Charity has in place insurance to indemnify the Trustees for actions brought against them for wrongful acts committed. A Trustee indemnity insurance policy was held during the year as follows:

From 1 April 2023 to 31 March 2024 - PIB Insurance Brokers. Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covers trustee indemnity, employment practices liability and entity legal liability.

From 1 April 2022 to 31 March 2023 - Hiscox Ltd. Indemnity cover £1,000,000. The cost of this specific policy is £529.

From 1 April 2021 to 31 March 2022 - Hiscox Ltd. Indemnity cover £2,000,000. The cost of this specific policy is £960.

From 1 April 2019 to 31 March 2021 - Hiscox Ltd. Indemnity cover of £2,000,000. The cost of this specific policy is £1,159

24. Related party disclosures

In accordance with FRS 102, the Charity discloses related party transactions that were recognised in the SOFA. Expenses reimbursed to Trustees are disclosed in Note 22 of the financial statements. Remuneration of key management personnel is disclosed under Note 8 of the financial statements.

However, some Trustees, members of the Charity's Board and directors of its subsidiary undertakings are Trustees or directors of organisations that are in receipt of funds from the Group or enter into commercial transactions with the Group. The following transactions are disclosed as the individuals concerned are regarded as holding a position of influence in both parties to the transactions concerned at the time they were entered into:

During the year the Charity awarded grants of £nil (2022: £302,000) and grant adjustments of £8,615 (2022: £Nil) to the University of Edinburgh and had an outstanding creditor of £445,384 at year end (2022: £549,000). The Charity made payments of £95,622 during the year (2022: £48,000). Trustee Mark Astaire is a member of the International Advisory Board of the University of Edinburgh.

During the year the Charity awarded grants of £142,889 and grant adjustments of £782 (2022: £nil and £2,000 respectively) to the University of Sheffield. There was an outstanding creditor of £142,000 at year end. The Charity made a payment of £4,064 (2022: £3,000) during the year. Trustee Ingunn Holen is an employee (tenured) of the University of Sheffield.

During the year the Charity made a grant adjustment of £4,863 (2022:£nil) to the University of Nottingham. There was no outstanding creditor at year end. The Charity made a payment of £10,676 (2022: £99,349) during the year. Trustee Georgette Oni is a Consultant Oncoplastic Breast Surgeon at the University of Nottingham.

During the year the Charity made a grant adjustment of £1,766 (2022:£nil) to Maidstone & Tunbridge Wells NHS Trust. There was an outstanding creditor of £81,350 at year end. The Charity made a payment of £44,878 (2022: £50,061) during the year. Trustee Claire Ryan is a Macmillan Consultant Nurse Metastatic Breast Cancer at the Trust.

The Charity paid a levy to the Fundraising Regulator of £8,000 (2022: £8,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2022: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

The Charity paid a sponsorship fee of £1,000 to LTA BWBC Ltd (2022: £nil) during the year. The Charity had an outstanding creditor of £Nil at year end (2022: £Nil). A Trustee, Georgette Oni, holds the position of Director, Consultant Oncoplastic Breast Surgeon at LTA BWBC Ltd.

The Charity received a corporate donation of £42,315 from AstraZeneca to support the Helpline and Ask Our Nurses (2022: £nil). There was an outstanding debtor of £nil at year-end. A Trustee, Professor Mitch Dowsett provide ad-hoc advice to AstraZeneca.

The Charity received a corporate donation of £41,196 from Gilead Sciences Ltd and £30,000 from Pfizer Limited to support Living with Secondary Breast Cancer programme (2022: £nil). There was an outstanding debtor of £nil at year-end. A Trustee, Claire Ryan holds a Honorarium for Chair of the National Nurse Education Meeting (The Elevate Series) and Honorarium for Nursing Education Sharing Best Practice respectively.

The Charity received a corporate donation of £15,194 from Exact Sciences International to support the Helpline and Ask Our Nurses (2022: £nil). There was an outstanding debtor of £nil at year-end. A Trustee, Barbara Brown was engaged to provide a 6 month coaching programme for the Business Lead for Scotland and Northern Ireland.

During the year, the Charity had the following transactions with its subsidiary companies:

- Payable under Gift Aid from BCN Trading Ltd of £1,764,000 (2022: £2,696,000) and management charge of £563,886 (2022: £468,955).
- Payable under Gift Aid from BCN Research Ltd of £104,600 (2022: £173,000).

At the year end, the Charity had an outstanding debtor balance due from BCN Trading Limited of £2,947,000 (2022: £3,325,000), an outstanding debtor balance due from BCN Research Limited of £761,000 (2022: £250,000), and an outstanding debtor balance from Breast Cancer Care Trading Limited of £nil (2022: £nil).

25. Subsidiary entities

Name	%	Registration	Registered Office	Status
BCN Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
BCN Research Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
Breast Cancer Care Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Non-trading
Breast Cancer Campaign	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant
Breakthrough Breast Cancer	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant

Charitable Incorporated Organisation	Ownership	Regulator	Registered Office	Status
Second Hope	Sole Trustee	Charity Commission	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Active


BREAST CANCER NOW The research & care charity
BREAST CANCER NOW The research & care charity
I volunteer because I was supported by Tracey.

LEGAL AND ADMINISTRATIVE *DETAILS*

Independent Auditors
Crowe U.K. LLP
55 Ludgate Hill, London EC4M 7JW

Bankers
Barclays Bank plc
1 Churchill Place, London E14 5HP

Solicitors
Russell Cooke
2 Putney Hill, London SW15 6AB

Investment Managers
CCLA
Senator House, 85 Queen Victoria Street, London EC4V 4ET

Registered Office
5th Floor Ibex House, 42-47
Minories, London EC3N 1DY

Glasgow
Robertson House, Ground Floor,
152 Bath Street, Glasgow G2 4TB

Sheffield
St James House, Vicar Lane, Sheffield S1 2EX

Cardiff
1st Floor, 14 Cathedral Road, Cardiff CF11 9LJ

hello@breastcancernow.org

breastcancernow.org

THANK YOU

We would like to thank everyone who supported us during 2022-23. Special thanks go to:

Our research committees:

- The Dame Vera Lynn Translational Fellowships Review Committee
- The Inequalities Funding Committee
- The Grants Committee
- The Science Strategy Committee
- The Tissue Bank Advisory Council
- The Tissue Access Committee
- The expert peer reviewers from all over the globe who helped us evaluate research grant applications.

The staff and scientists in the laboratories we fund who have supported us in promoting the world-class research we're funding.

All the patients who have generously donated tissue and blood samples to the Breast Cancer Now Tissue Bank.

All of our partners in the NHS across the 4 nations of the UK.

All the organisations who offer rooms free of charge for our support service events.

Nipunika Silva and Kousar Tasneem from the West of London Breast Screening Service for allowing us to film at the Charing Cross Hospital breast clinic.

Lorraine Marke, Donna Fraser OBE, and Kaur and Kreena Dhillon for taking part in our Ethnic Minority Cancer Awareness Month campaign and sharing their experiences.

Jen Hardy and Alison Tait, who continue to generously share their time and experience to deliver change for secondary breast cancer patients in Scotland.

Everyone who shared their experience and views with us, including those who want to remain anonymous, to help us make the strongest case possible about the importance of a number of new treatments being assessed for use on the NHS. They include:

- Claire Spragg
- Nicola Gregory
- Nicola Tracey
- Mary Hope

Our vice-patron, Baroness Joan Bakewell, our ambassador, Amanda Mealing and Julia Bradbury for their support of our #NoTimeToWaste campaign. And everyone who used their platforms or shared their experiences of the breast screening programme to support the campaign, including:

- Anjli Khawani
- Balwinder Nalray
- Carol Geeson
- Denise Goldup
- Gerry Walker
- Gillian Dolphin
- Jane Butcher
- Judy Miller
- Kerry Banks
- Kirsty Welsh
- Lesley Claire Fleming
- Lynette Byrne
- Maggi Hassall
- Rosie Drake
- Sandee Osborne
- Tracy Ashby
- Val Paragon

Our pro bono partners:

- AllBright
- Rokabye
- Emma Rehal-Wilde and all the other pro bono lawyers who've supported us at Baker McKenzie
- Sam Omar at CMS
- Simon Hems at McGuireWoods

Our corporate and pharma partners who donated more than £10,000:

- Adidas
- Ann Summers
- Asda
- AstraZeneca
- Beldray
- Cath Kidston
- Damart
- Dorothy Perkins
- Lilly UK
- Estee Lauder Companies
- Estee Lauder Cosmetic Company Stores
- Exact Sciences
- Future Dreams & Lipsy
- Ghd
- Gilead
- Liv Cycling
- Lounge
- M&S
- Monsoon
- Novartis
- Pentel
- Pfizer
- Primark
- River Island
- Roche
- Seagen
- Trinny London

Asda suppliers who supported our Tickled Pink partnership:

- Britvic
- Coca-Cola Europacific Partners
- Dailycer Limited
- George at Asda
- International Procurement and Logistics Limited
- Mondelez UK
- P&G
- Penguin Random House

Our Progress Fund members:

- Belinda Gray and Art for Cure
- Isla and Rod Smith
- Jill and Paul Thompson
- Mark and Liz Astaire
- Pascale Alvanitakis-Guely
- Rosemary Walker
- Ruth and Paul Willmott

Fundraising committees and societies

- The Pink Ribbon Ball Committee
- The Society of Women Artists

Charitable trusts and foundations:

- Art for Cure
- Doris Field Charitable Trust
- Edenbeg Charitable Trust
- Garfield Weston Foundation
- Isle of Man Anti-Cancer Association
- Mary-Jean Mitchell Green Foundation
- Postcode Care Trust
- Secondary 1st
- The Syncona Foundation
- The Schroder Foundation

Major donors:

- Chris and Sarah Busby
- Claire and Mark Urquhart
- Michael and Helen Danson
- Patricia and Robert Swannell
- Rosemary Walker
- ShareGift

Thank you to everyone who has supported The Patrica Swannell Appeal

The following individuals, groups and businesses who supported our fundraising this year:

- 4 Pump Court
- ACCA
- Alexandra Lloyd
- Allan Leighton
- Amanda Jones
- Amgen
- Amy Langmead
- AND Digital
- Anissa Kermiche
- APEX Consulting Engineers
- Avril Gilchrist
- Batley Bulldogs RLFC
- Barclays Bank
- Beccles Breast Cancer Now Group
- Becky Leighton
- Bex Turley
- BFT MastClimbing Ltd
- Bishopbriggs Golf Club
- Bishop's Stortford Breast Cancer Now Group
- Boundary Outlet
- Boobs and Brass
- Bott & Co
- Brendan Gallen
- Bromley Breast Cancer Now Group
- Bruckhaus Deringer
- BT
- Burgess Hill Breast Cancer Now Group
- Callie Tanner
- Catherine Bennett
- Cawder Golf Club
- Chantele Rashbrook and the Clifftop Challengers
- Chatham Financial
- Cheshire Breast Cancer Now Group
- Chesterfield Golf Club
- Chubb Services
- Claire Seedhouse
- Clifford Chance LLP
- CMS
- Cornishware
- Cotswold Breast Cancer Now Group
- Covington & Burling LLP
- Cravath, Swaine & Moore LLP
- David Chappell & Boston Park Farm
- Dawson Group
- Department for Education
- DCW Group
- DHL Air
- DLA Piper
- Dominic James
- DS Smith Group
- East Renfrewshire Golf Club
- Edinburgh Breast Cancer Now Group
- Elaine Mitchell
- Eleanor Moffat BEM
- Emma & Tom Barker
- Enstar
- Essex Fundraising Group
- Europanel
- Eversheds Sutherland LLP
- Fairfax & Favor
- Falmouth Fundraising Group – Pink Wig Events
- Farrer & Co LLP
- Fichtner Consulting Engineers
- Fighting Breast Cancer Committee
- Herts Fighting Breast Cancer Now Group
- Fichtner Consulting Engineers
- FITISM Ltd
- Fluxx
- Forest of Dean Rugby Club
- Fragomen LLP
- Gathurst Golf Club
- Gillian Stewart
- Glasgow Fundraising Group
- Gordons Partnership Law
- Gourock Golf Club

- Hayley Carpenter-Priest
- Hempsons LLP
- Henderson Connellan
- Henton & Chattel
- Howden Group Holdings
- Ian Barraclough
- Ineos Grenadiers
- Isle of Man Breast Cancer Now Group
- Isle of Wight Breast Cancer Now Group
- Jan Hulme
- Jane Brooks
- James Holding
- Jason Guy
- Jeanette Horlock
- Jo Gazzard
- John and Liz Watson
- Jonathan Cordell
- Jones Day LLP
- Katie Somers
- Kennedys LLP
- Kerry Banks
- Kings Chambers
- Kirkland & Ellis LLP
- Latham & Watkins London LLP
- Letham Golf Club
- Lincolnshire Co-op
- Linda Lee
- Linda Robertson
- Liz Mackay/Riny Wondergem
- London Wembley Breast Cancer Now Group
- Mad March Hare
- Maltin PR
- Melissa Fisher
- Michaela Franklin and Sue Facey
- Mike Phillips
- Morrison Foerster LLP
- Natalie Johnson
- Nelsons LLP
- New Law Solicitors
- New Romney Breast Cancer Now Group
- Network Rail
- Nick Payne
- Notre Dame High School
- North Hants Golf Club
- Oldmeldrum Fundraising Group
- Olswang LLPCAF
- Otter House
- Outer Temple Chambers
- Outfly
- Pamela & David Penfold
- Perth Racecourse
- Pink Hygiene
- Pink on the Tyne Fundraising Group
- Plexus LLP
- Potter Clarkson LLP
- Powell Gilbert
- Proskauer Rose London LLP
- Rayleigh Golf Club
- Rebecca Cochrane
- Redlibbets Golf Club
- Reed Smith
- Robert Cuthbertson
- Ropes & Gray LLP
- Rust Bucket Rally
- Saffron Seats
- Salisbury and New Forest Breast Cancer Now Group
- Santander
- Sarah Greene Tribute Fund
- Scot JCB
- Sheila McNicol
- Sheila Wilson
- Shelley Dobson
- Shropshire Breast Cancer Now Group
- Simon Halden
- Simpson Builders
- Simpson Thacher Bartlett LLP
- Sofology
- Somerset Breast Cancer Now Group
- South Herts Breast Cancer Now Group
- South Wales Fire Service
- South Wales Police
- Squire Patton Boggs LLP
- Starwood Capital
- Steph Harrison
- Stewarts Law LLP
- Stowe Family Law
- Surrey Breast Cancer Now Group
- Sweet Causes
- Technip FMC
- Tetbury Lions
- The Walt Disney Company
- Thermo Fisher Scientific
- Tocara
- Tom Plant & Sons
- Transport for Wales
- Trisha Davidson
- Turnhouse Golf Club
- Uphall Golf Club
- UK Charity Allstars
- Valerie McGavin
- Volvo Truck and Bus Centre Scotland
- Wales Fundraising Committee
- Ward Hadaway
- Wayne & Polly Barnes
- Western Power
- West Ham United Womens Football Team
- West Lancashire Fundraising Group
- Wilkie Farr
- William Grant & Sons
- Willmot Dixon
- Willmores
- Women in Property North West
- Women in Property Scotland

WE'RE A CHARITY WITH A SINGLE FOCUS ON BREAST CANCER

We work solely on bringing together research and support to tackle breast cancer more effectively, to reduce the risk and to better support all those affected by the disease, whether directly or indirectly.

We're a force to be reckoned with and every supporter makes us stronger.

This report sets out our progress during the specific period 1 August 2022 to 31 July 2023.

OUR VISION

...is by 2050, everyone diagnosed with breast cancer will live and be supported to live well

OUR MISSION

...is to be recognised as the place to turn for information and support on all aspects of breast cancer and the driving force for breakthroughs in prevention, detection, and treatment of the disease in all its forms

BREAST CANCER NOW The research & support charity

We're here

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200). Registered Office: Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY.

BREAST CANCER NOW

England & Wales - Charity number 1160558

Accounts

BOUNCING BACK, LEAPING FORWARD

Our annual report And accounts For 2021 – 2022

BREAST CANCER NOW The research & support charity


BREAST
CANCER
NOW
The research
& care charity
MAUREEN
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Virgin
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INSIDE THIS REPORT

4 A message from our chief executive and chair

6 Our strategic objectives

38 Our accelerators

48 Financial Review

64 Independent Auditor's Report

70 Consolidated Statement of Financial Activities

72 Balance sheets

73 Consolidated Cash Flow Statement

74 Financial accounts and notes

98 Legal and Administrative details

Unless noted otherwise, the facts and statistics stated in this report relate to the period 1 August 2021 to 31 July 2022.

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200). Registered Office: Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY.

SOME NOTABLE SUCCESSES BUT MORE TO DO... A YEAR OF GATHERING MOMENTUM, THANKS TO OUR SUPPORTERS

A message from our chief executive, Delyth Morgan and our chair of trustees, Jill Thompson



Baroness Delyth Morgan
Chief executive,
Breast Cancer Now



Jill Thompson
Chair of trustees
Breast Cancer Now

We'd like to start this message with a big "thank you" to Breast Cancer Now supporters. And that means everyone who has invested in our work over the past few months, whether by giving their time, their expertise, their experience, their tenacity, or a financial contribution.

This is truly a joint enterprise and together we're making excellent progress.
We're pleased to report that this has been a successful year for Breast Cancer Now. This matters, not for our own sense of achievement, but because success is the engine that drives us forward towards our goals. And as these goals are all about saving lives - and quality of life - for people affected by breast cancer, the more momentum we can build the better.

With your support, we've been able to boost our research budget by £1 million.
Our priority is always to fund the brightest minds and most promising initiatives focused on preventing breast cancer, saving lives, and helping people to live well with the disease. This year, we've invested in areas as diverse as developing a vaccine for triple negative breast cancer, which can be a very aggressive form of the disease (see page 24) and understanding how our internal body clock plays a role in the development of breast cancer (see page 25). We've also witnessed some significant breakthroughs. For example, we've now seen scientific proof that adding the PARP inhibitor olaparib to standard treatment can cut the risk of certain women dying from breast cancer by almost one third (see page 23). And we've made big steps forward in areas such as diagnosing and treating breast cancer that has spread to the brain (see page 13) and in helping cancer patients to avoid unnecessary treatment (see page 23).

We've also been able to invest in new areas that extend our reach.
Thanks to our supporters, Breast Cancer Now was able to build on the virtual and hybrid fundraising techniques we pioneered during the COVID-19 crisis to identify and attract new supporters. Similarly, many of those accessing our growing mix of support services chose to interact with us online as well as face-to-face, so this is a trend we will continue to explore.

We were also able to invest in raising the profile of Breast Cancer Now, so that many more individuals, families and communities are aware that we're here for them, whatever they're going through and whenever they need us.

Thinking ahead, we also chose to embark on a strategic "look forward" known as the Transformational Growth Project. This will enable us to further develop our staff team (whose commitment and focus has been exemplary over recent months) and to amplify our impact in the longer term.



We're also proud of the impact we have made through our campaigning work, alongside people who are living with breast cancer. Notably, after many months of work, there was success at last for our "Time for Trodelvy" campaign (see page 12), which sought to provide certain women living with triple negative secondary breast cancer access to the drug Trodelvy – and the possibility of enjoying priceless extra time with their loved ones.

As we waited for Trodelvy to become available on the NHS, we did everything within our power to ensure that all eligible women who might benefit from the drug could access it free of charge. When NICE provisionally rejected Trodelvy for use in the NHS, we worked with our fantastic patient advocates and with the support of a number of MPs to put pressure on the drug company, NICE, and other stakeholders, always making sure that patient perspectives were heard loud and clear.

Thanks to our tenacious campaigning, Trodelvy was finally approved for routine use on the NHS in July 2022.

Despite these achievements, we're acutely aware that breast cancer is far from "done". Our work remains essential; especially now when pressures on both the NHS and the wider economy are so keenly felt. However, we're confident that we've taken the necessary steps to weather this storm - and we certainly won't allow it to dampen our ambition for the future.

In the months ahead, we shall continue to be buoyed along by the commitment of our staff and our supporters. So, if you share our ambition, please continue to stand with us. Our combined strength will allow us to make an even more positive impact, so that by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

With huge appreciation,

Delyth Morgan
Chief executive

Jill Thompson
Chair of trustees

The trustees are aware of the Charity Commission's guidance on public benefit and confirm that they have complied with the duty in Section 17 of the Charities Act 2011.

OUR 5 STRATEGIC OBJECTIVES ARE:



To work to improve treatments, care, and services for those affected by secondary breast cancer

So that fewer lives are lost to secondary breast cancer – and fewer people feel forgotten by a system focused on “cure”



To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer

So that no one has to face breast cancer alone and unsupported



To develop kinder, smarter treatments for people with breast cancer and to improve access to them for all who could benefit

So that people with breast cancer can benefit from more effective treatments that don’t rob them of their quality of life



To improve detection and diagnosis of breast cancer

So that everyone with breast cancer has the very best chance of survival



To further our understanding of why breast cancer occurs and spreads

So that fewer people develop breast cancer in the first place

Our commitment to equality, diversity and inclusion

We're here for everyone affected by breast cancer. So it's vital that we do everything we can to be an inclusive organisation that truly reflects the needs of the people we support.

Our ambitions will include:

- Increase inclusivity in the ways we deliver our charitable work
- Reach more diverse communities with our health messages, services and research
- Reduce and remove the differences in breast cancer survival outcomes based on ethnicity, geography and socioeconomic group
- Ensure that our services and NHS care is accessible to and used by all
- Reduce the differences in screening attendance and awareness between ethnic and socioeconomic groups
- Understand the reasons for variation in incidence between different groups, and work to reduce these where we can



STRATEGIC OBJECTIVE #1

To work to improve treatments, care, and services for those affected by secondary breast cancer

Secondary breast cancer occurs when breast cancer cells spread from the first (or primary) cancer in the breast to other parts of the body, through the lymphatic or blood system.

It can be treated, but it cannot be cured. This can place a huge psychological burden on the person directly affected, as well as their loved ones, who may also struggle to come to terms with the diagnosis.

Currently, we estimate that around 35,000 people in the UK are living with secondary breast cancer. But we don't know for sure because - until now - the data has not been collected.

No wonder that people diagnosed with secondary breast cancer can often feel lost, isolated, and ignored by a system that is focused on "cure".

"WHILE YOU MIGHT LOOK GREAT ON THE OUTSIDE, INSIDE YOU HAVE A TICKING TIME BOMB, 24/7."

"THIS IS MY LIFE NOW. CONSTANT 'SCANXIETY', ENDLESS HOSPITAL APPOINTMENTS AND THE STRUGGLE WITH DAY-TO-DAY LIVING."

"I AM PERMANENTLY SCARED ABOUT MY FUTURE AND WHAT MY FAMILY WILL HAVE TO DEAL WITH WITHOUT ME."

Contributors to our 2020 ***Until things change*** report, sharing their experiences of living with secondary breast cancer

At Breast Cancer Now, we want every person living with incurable secondary breast cancer to receive good quality care and support, from professionals who understand the symptoms and the impact of living with such a diagnosis. And we want to ensure that the right data is gathered so that we know how many people are affected and what they experience, from the point of diagnosis.

To this end, we have been working hard in the following areas.

Strengthening the secondary breast cancer workforce

...by building stronger networks

Over this report year, we continued to provide a way for nurses and healthcare professionals to build their networks and share best practice, through our ***secondary breast cancer nursing group***.

This group now has 180 members in total, around one third of them clinical nurse specialists in secondary breast cancer.

The group meets twice a year, with 30 to 40 members attending in person for education sessions, member presentations and group discussions. This is complemented by a virtual network, which gives members the chance to share ideas and update one another between meetings.

Members tell us:

"[IT'S] ALWAYS GREAT TO MEET UP WITH COLLEAGUES. ALSO REALLY REASSURING TO SEE A GROWING GROUP."

"I GOT SO MUCH OUT OF IT. A GREAT EXPERIENCE FOR A NEW CLINICAL NURSE SPECIALIST."

Over the course of the year, we also ran 11 ***webinars*** for healthcare professionals, one of which was dedicated solely to secondary breast cancer.

Extending the range of support we offer to people affected by secondary breast cancer

...by bringing people together

We were able to establish and re-establish a total of 25 face-to-face Living with Secondary Breast Cancer support groups. These are now running monthly across the UK. This included our first ***Younger Women with Secondaries*** residential event since 2019, which saw 41 women attend – our highest number ever.

...by enhancing our online support services

We also supplemented our ***Living with Secondary Breast Cancer*** online programme with additional support on Zoom, comprising online groups and 14 expert speaker sessions.

This included 6 UK-wide online groups, each running monthly, and a dedicated pilot group for people in the Highlands to recognise the specific needs of those living in remote locations; a model that worked well and that will now become a regular offering.

We also updated the secondary breast cancer pages on our ***website***, with new information, clearer signposting and service descriptions, and a revised online referral form.

...by providing expert information

Our *Helpline* and *Ask Our Nurses* teams continued to provide support for people with secondary breast cancer that – according to our callers – is lacking elsewhere. Many also tell us how grateful they are and that they don't know how they would have coped without us.

Overall, our Helpline answered ***152 calls*** from people with specific queries about secondary breast cancer in this report period.

...by linking people to the right source of support for them

We were also able to roll out our ***Here for You*** service to people with secondary breast cancer for the first time.

This gives healthcare professionals the opportunity to refer people who've been newly diagnosed with secondary breast cancer to a trained Breast Cancer Now volunteer, who will help them to access the support that's right for them.

This form of personalised support effectively complements clinical care, by empowering people to manage their own condition more effectively. At the same time, it can help to reduce the social isolation, anxiety, and confusion a diagnosis can bring.

Overall, our direct and online support services ***reached 724 people*** with secondary breast cancer in this report year – which is ***32% more*** people than last year.

Improving services for people with secondary breast cancer

...by ensuring patients' voices are heard

We worked across two Cancer Alliances, East of England (South) and South Yorkshire, and the NHS Lothian region in Scotland to deliver the ***Service Pledge***; a programme where Breast Cancer Now works with hospitals to introduce improvements in breast cancer care, based on patient, carer, and staff feedback.

We worked with 11 hospitals in total and consulted over 2,000 people, looking at both primary and secondary breast cancer pathways. We also held discussions with patients and hospital staff across 6 hospitals in East of England (South) and NHS Lothian, and as a result, 97 improvement goals have been identified. These range from increasing the number of Holistic Needs Assessments carried out for patients, to improving information and signposting to support services. The remaining improvement discussions (for South Yorkshire) are underway and the results should be known in early 2023.

The Service Pledge 21/22 is jointly sponsored by Eli Lilly and Company Limited and Pfizer Limited.

...by pushing for a clearer picture of needs, experiences and outcomes

For the past 15 years, we have campaigned for better data collection on secondary breast cancer alongside some very determined patient advocates.

During the period of our last report, NHS England announced that it would fund the first ever ***national metastatic breast cancer audit***. And we were pleased to see that in October 2021 the Welsh Government confirmed that the NHS in Wales would also be participating.

Securing an audit in ***England and Wales*** means we will no longer need to estimate the number of people living with this disease in these countries. We will also gain a greater understanding of the experiences of people with secondary breast cancer and how they differ from place to place, as well as the outcomes of different approaches to care and treatment.

We hope this will drive improvements in treatment and care, and lead to people with incurable secondary breast cancer being better supported, with the right workforce in place to meet their needs.

We've continued to call on ***Scotland and Northern Ireland*** to follow suit.

As part of our response to the Scottish Government's consultation on its new cancer strategy, we called on the Scottish Government to revisit, recommit, and expand on its previous commitments to both improve data on secondary breast cancer and undertake an audit of care and treatment. We also presented the need at the ***Scottish Parliament's Cross Party Group for Cancer***; produced a briefing on secondary breast cancer data in Scotland; and engaged with the ***Scottish Government's Cancer Policy Team***.

Following a motion tabled by Katy Clark MSP highlighting the need for an audit, we wrote to campaigners and asked them to contact their own MSPs to support it. As a result, 195 emails were sent and 25 MSPs each added their name to the motion. In total, 34 names were added, which is over 1 in 4 (26%) of all MSPs. And 4 MSPs wrote directly to the Scottish Government.

In ***Northern Ireland***, we were pleased to see a recommendation in the Department of Health's new ***Cancer Strategy*** for cancer data collection to be improved, with a recognition that metastatic cancers must be included.

To support this work, we also produced a podcast specifically focused on improving data collection and the need to audit the treatment, care, and experiences of patients with secondary breast cancer across the 4 nations of the UK.

...by enabling earlier diagnosis of secondary breast cancer

We know that people with secondary breast cancer often experience delays in diagnosis, so we've been working in a number of ways to improve this.

For example, we worked with Gateway C, a free cancer education platform, to develop a ***new online course*** for GPs and other primary healthcare professionals. This helps them to recognise the signs and symptoms of secondary breast cancer and acts as an aid to their decision-making. We'll now continue to support the roll out of this course.

We also submitted evidence to the ***Health and Social Care Select Committee*** inquiry on the future of general practice to highlight the specific challenges faced by secondary breast cancer patients in having their symptoms recognised and being referred to a specialist. And we commissioned ***research*** to gain further insight into the levels of understanding primary healthcare professionals have on secondary breast cancer and on the barriers which prevent secondary breast cancer patients from receiving prompt referrals from primary care.

This research has now concluded, and we'll use it to identify the changes needed to ensure that GPs and other primary healthcare professionals are supported to identify and refer patients promptly.

Improving access to life-enhancing treatment

...by tirelessly campaigning for change

After many months of work, there was success at last for our *"Time for Trodelvy"* campaign.

Trodelvy (also known as sacituzimab govitecan) is an effective new drug that could give certain women living with incurable triple negative secondary breast cancer more time with their loved ones. However, despite the drug being licensed in September 2021, a decision regarding its use on the NHS was not due until the following spring.

For those with an incurable diagnosis, this type of wait is intolerable. That's why we launched our campaign and petition, calling on the drug company Gilead to provide Trodelvy free of charge for all eligible women while a decision was pending. This petition secured 228,000 signatures and is our most successful petition to date.

We also put pressure on Gilead through our parliamentary activity, including a cross-party letter, which secured 27 signatures, and an Early Day Motion, which – with the help of 1,600 emails sent from our supporters to their MPs – secured 45 signatures.

TRODELVY WAS FINALLY APPROVED BY NICE FOR ROUTINE USE ON THE NHS IN JULY 2022. IT IS ESTIMATED THAT 650 PATIENTS WILL BE ELIGIBLE FOR THE DRUG EACH YEAR IN ENGLAND.

As a result of our sustained campaigning, Gilead introduced a scheme enabling women to access to Trodelvy free of charge. We then worked hard to ensure that this scheme wouldn't be a case of "first come first served" as the drug company first intended.

As we waited for the NHS decision, we submitted evidence to NICE, attending NICE committee meetings and – working with our fantastic patient advocate Nicola, who has direct experience of taking Trodelvy – we were tireless in our efforts to ensure that patient perspectives were heard.

Devastatingly, Trodelvy was provisionally rejected by NICE for routine use on the NHS on the basis of cost. We immediately re-launched our campaign, this time with an open letter calling on Gilead, NICE, and NHS England to urgently find a solution – and for Gilead to price the drug fairly. This open letter received 114,000 signatures.

We responded to the formal NICE consultation on the provisional rejection, sharing the views of 60 patients with experience of Trodelvy, or who could benefit from it.

Trodelvy was finally approved by NICE for routine use on the NHS in July 2022. It is estimated that 650 patients will be eligible for the drug each year in England. The SMC in Scotland also approved the drug, where it's estimated that around 150 patients will be eligible each year. And Wales and Northern Ireland will now be following suit.

We couldn't have achieved this without the hard work and support of our amazing patient advocates who shared their experiences, met with Gilead, wrote to the company's global CEO, informed our submissions to NICE and the SMC, and attended many meetings with us. This includes Beth, Emma, Louise and Philippa, who have all since died. We're hugely grateful for their contribution and the lasting impact they have made.

Advancing understanding of secondary breast cancer and how we can diagnose and treat it

...by making vital research breakthroughs

In the past year, we have seen significant *research discoveries* through projects funded and part-funded by Breast Cancer Now.

Diagnosing secondary breast cancer that has spread to the lining of the brain and spinal cord

Scientists based at the *Breast Cancer Now Toby Robins Research Centre* at The Institute of Cancer Research in London have played a vital role in discovering a new and more accurate way to diagnose and monitor breast cancer that has spread to the tissue surrounding the brain and spinal cord.

The test, known as a "liquid biopsy", measures and analyses the tumour DNA present in spinal fluid to confirm whether or not cancer has spread to this area. Scientists believe that, in the future, this test could help patients receive an earlier diagnosis. And with more research, that it could also be used to help guide treatment by measuring how well a patient is responding.



"THIS TEST SHOWS REAL PROMISE AND IS A STEP TOWARDS A MORE PERSONALISED APPROACH TO TREATING THIS DISEASE, AS IT WILL ALLOW DOCTORS TO PREDICT, AND MORE ACCURATELY MEASURE, HOW WELL A PATIENT WILL RESPOND TO THERAPY."

Professor Clare Isacke

Tackling secondary breast cancer that has spread to the brain

Researchers based at the *Royal College of Surgeons in Ireland* have discovered changes in the way secondary breast cancer tumours in the brain repair their DNA. This could make the disease vulnerable to existing drugs called PARP inhibitors, and also help us to further understand how breast cancer spreads to the brain.

Professor Leonie Young, who led the research, is now testing to see if a PARP inhibitor called talazoparib could be used to treat people with secondary breast cancer in the brain. It's hoped that the results of these investigations will help to inform future clinical trials.

STRATEGIC OBJECTIVE #2

To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer

So that no one has to face breast cancer alone and unsupported



There's no right or wrong way to feel after a diagnosis of breast cancer.

Most people go through many emotions, from shock and anger to disbelief, sadness, and numbness. These emotions may change from day to day or even from hour to hour. And all of this can take a relentless toll on a person's wellbeing and self-esteem.

"BREAST CANCER SMASHES YOUR SELF-ESTEEM IN SO MANY WAYS."

"I BEGAN TO HATE THE WAY I LOOKED WHEN MY HAIR STARTED TO FALL OUT... THERE WAS A POINT WHEN I WAS HAPPY WITH MY BODY, AND THEN I WASN'T - AND THEN I WAS, AND THEN I WASN'T AGAIN. THERE ARE SO MANY CHANGES TO GET USED TO WHEN YOU GO THROUGH TREATMENT; IT FEELS LIKE SUCH A ROLLERCOASTER."

Sukhy, who was diagnosed with ER+ breast cancer in December 2019

Having access to the right support and information is crucial. And for some, connecting with others who are – or have been - in a similar situation can also prove invaluable.

Being able to talk frankly, to cry, to offload, to ask questions and voice all the anxieties you don't want to share with your family and friends can help to reduce feelings of isolation and fear and make people feel better able to cope.

That's why, as well as offering support ourselves, we're constantly looking for new ways for people who've experienced breast cancer to support one another. We're also determined to ensure that healthcare professionals are well-equipped to provide the expert and empathetic support we know they want to give. And we're constantly driving improvements to services, grounded both in world-class research and in patient experience.

To this end, we have been working hard in the following areas.

OUR NURSING NETWORK GREW, WITH 179 NURSES JOINING THIS FINANCIAL YEAR – A 50.4% INCREASE IN NEW MEMBERS OVER THE PREVIOUS FINANCIAL YEAR.

Encouraging best practice

...by engaging, educating, and empowering healthcare professionals

Over the past year we continued to support the breast cancer workforce, through a variety of methods.

Our ***Nursing Network*** grew, with 179 nurses joining this financial year – a 50.4% increase in new members over the previous financial year.

The healthcare professional section of our ***website*** received 12,919 unique visits; up 1.6% on the previous year. Our online ***Healthcare professional bulletin*** also grew in popularity, with a click through rate of up to 46%. Among the most popular content were news stories, webinars and other resources, and new/updated health information and surveys.

We also ran 10 new ***webinars*** for healthcare professionals, making 11 in total, which together received 1,113 views - 898 of which were for the newly developed content. Tellingly, the most viewed were "compassion fatigue" (in relation to supporting our NHS colleagues) and "difficult conversations", as well as "radiotherapy skin care".

We also created a ***Family history and genetics champions group*** to provide a platform for sharing best practice in this important area. This now has 30 members and is a growing forum for peer support, and for promoting education around genetics and risk factors in relation to breast cancer.

The most recent bi-annual meeting included a presentation from Professor Gareth Evans, professor of medical genetics and cancer epidemiology at The University of Manchester.

While currently just for nurses, we plan to extend group membership to other healthcare professionals to further support the provision of high-quality information for patients.

Offering meaningful guidance and support

...by providing access to experts who can help

Our ***Helpline*** and our ***Ask Our Nurses*** email services continued to play an invaluable role in supporting the physical and mental health, and the emotional wellbeing of people affected by breast cancer.

Among the most common topics for questions and concerns were treatment and side effects, finding emotional support, and breast cancer symptoms.

Those we've supported say things like:

"I AM A NURSE AND HAVE HAD THE MOST AMAZING SUPPORT BUT JUST NEEDED TO SPEAK TO SOMEONE WHO DIDN'T KNOW ME. I WANT TO THANK YOUR AMAZING NURSES, THE SUPPORT THEY GAVE ME OVER THE TELEPHONE WAS FANTASTIC."

"YOU WERE MY FIRST CALL TO BREAST CANCER NOW, FOLLOWING MY WIFE'S DIAGNOSIS. LIKE MOST PEOPLE, I HAD FORGOTTEN MOST OF WHAT WE WERE TOLD IN THE CONSULTATION. TALKING TO A NURSE HELPED ME RECALL SOME OF THE KEY POINTS AND CREATE A GREAT LIST OF HELPFUL QUESTIONS FOR OUR NEXT CALL WITH THE SPECIALIST NURSE AT THE HOSPITAL... JUST WHAT I WANTED."

"IT WAS ALL I EVER WANTED – CLEAR AND ACCURATE INFORMATION REGARDING MY STATUS... AND YOU HAVE PROVIDED THAT – SO THANK YOU!"

Our ***Facebook Live*** and ***Instagram Live*** sessions also proved popular.

During the last financial year, our Facebook Live sessions had almost 69,000 views, with on average over 17 questions being answered per session. And our Instagram Live sessions attracted 1,691 views.

These sessions covered a total of 37 topics including ***male breast cancer*** and ***stigma in diverse communities***, reflecting our commitment to catering for the entire breast cancer community. Among the most popular, was a session with Liz O'Riordan, a consultant breast surgeon who was diagnosed with stage 3 breast cancer in 2015.

...by delivering accurate, up-to-date, and relevant information

In this report period, we distributed over 992,000 ***information leaflets***, the most popular being ***Know your breasts: TLC quick guide, Breast pain***, and ***Know your breasts: A guide to breast awareness and screening***. And feedback tells us that people accessing this information find it incredibly useful.

We also reviewed our ***health information*** for 22 new and existing topics, from "Alpelisib" to "Tumour profiling", to ensure that the information we're sharing is as comprehensive, up to date and relevant as possible.

We know that people find the health information on our website invaluable. Here is just a sample of their feedback:

"I GET WORRIED ABOUT BREAST CANCER... AND THIS HELPED SOOTHE MY BRAIN."

"EASY TO READ, CLEAR AND CONCISE AND VERY INFORMATIVE."

"VERY HELPFUL AND REASSURING. VERY POSITIVE BUT HONEST."

"THANK YOU FOR ANSWERING ALL THE QUESTIONS I NEVER WANTED TO ASK."

"THIS SITE IS WONDERFUL... THANK YOU."

After a two-year break due to the pandemic, we were also pleased to relaunch our popular ***Vita magazine*** for people affected by breast cancer and the healthcare professionals who work with them. This was possible thanks to support from players of People's Postcode Lottery.

Featuring positive real-life stories and articles on living well after a breast cancer diagnosis, Vita strikes the ideal balance between an upbeat lifestyle magazine for women and a provider of clear and trustworthy health information. It also provides us with a useful opportunity to tell people about our research, campaigning, and fundraising initiatives as well our support services.

Readers say things like:

"I FOUND THE MAGAZINE TO BE EXTREMELY INFORMATIVE AND USEFUL WHEN I FIRST HAD BREAST CANCER."

"[IT] WAS SO HELPFUL WHEN I WAS GOING THROUGH MY CANCER TREATMENT [AND] THROUGHOUT MY RECOVERY. IT WAS PACKED WITH VITAL INFORMATION."

...by linking people to the right support for them

From November 2021, we began to roll out our ***Here for You*** service, with three Cancer Alliances already signed up.

Although we're making slower progress than we would like, due to the NHS being overwhelmed by COVID-19 backlogs, as well as understaffed and underfunded, referrals were up by well over a half, with our volunteers receiving 463 referrals compared to 211 last year.

This means 252 more people were directed straight to the support and information that is right for them, at a time when they can feel overwhelmed and overloaded.

...by bringing people together to support one another

Our ***Someone Like Me*** service, which matches people with or affected by breast cancer to a trained volunteer with similar experience, made 1,533 matches in this report year (1,385 by phone and 148 via email). This included a match with a Mandarin speaker. The service is now available in over 20 languages, with no need for an interpreter – and it really does make a positive difference.

Participants tell us:

"TALKING TO [THE VOLUNTEER] MADE ME REALISE WHAT I FELT WAS PERFECTLY NORMAL. SHE MADE ME LOOK AT THINGS IN A DIFFERENT LIGHT, TO SEE WHAT POSITIVE STEPS I WAS TAKING... WE LAUGHED ABOUT THE SILLIEST THINGS AND IT ALL JUST FELT SO EASY AND NORMAL."

"I WAS IN A STATE OF SHOCK... IT WAS A DIFFICULT TIME TO ACCEPT THE DIAGNOSIS, I FELT SCARED AND WORRIED AND DID NOT KNOW WHAT TO EXPECT FROM THE TREATMENT. TALKING TO THE VOLUNTEERS... HELPED ME TO PUT MY MIND AT EASE AND I ALSO GOT PRACTICAL TIPS FROM THEM."

While primarily used by women who've been diagnosed with primary breast cancer, during this report period, the service has provided one-to-one support for:

- 3 men diagnosed with breast cancer
- 6 mothers of people diagnosed with breast cancer
- 10 partners of people diagnosed with breast cancer
- 16 people diagnosed with an increased risk of developing breast cancer because of their genetics

We were also pleased to recruit 5 new male volunteers (who have all been diagnosed with breast cancer), which we hope will help us to become even more accessible to men in the future.

After engaging with volunteers, people using Someone Like Me are asked to complete an evaluation survey about their experience of the service and its impact on them. During this report period, 74 people completed a survey and the results were highly encouraging:

- **96%** stated that they would be likely or extremely likely to recommend the service to other people in a similar situation
- **92%** felt more positive since talking to their volunteer
- **83%** felt less isolated
- **82%** felt more reassured about the physical and emotional effects of breast cancer
- **77%** felt more aware of the questions they could ask their hospital team
- **73%** felt their volunteer had helped them make decisions about treatment

Our *Younger Women Together* support service also reached 130 more women than last year, with 319 people aged between 20 and 45 benefiting from the chance to meet others who truly understand what they're going through.

We were pleased to return to providing this service face-to-face, with 1-day events including sessions on fertility, intimacy after breast cancer, and coping with change and uncertainty.

We also introduced new webinars on a variety of topics including breast reconstruction, menopausal symptoms and body image, while continuing with our popular range of expert speaker sessions, covering topics such as exercise, healthy eating and managing work and cancer.

In our post-course evaluation, 93% of women said they would be extremely likely or likely to recommend Younger Women Together to others in a similar situation.

Consistently looking for ways to improve

...by making the support we offer more accessible and dynamic

Our *Moving Forward* courses for people who are either finishing or have just finished their treatment for primary breast cancer reached 206 more people in this report year - despite some challenges caused by referral problems after COVID-19.

This is testament to our persistence, our ability to listen to and work around the problems being experienced by breast teams in the NHS, as well as our willingness to make changes in response to participant feedback. For example, we redesigned the course to make it shorter but with more time to interact and share experiences with others, just as participants requested.

The Moving Forward course is supported by an online video platform providing expert content, which is now all subtitled. Other recent improvements include the launch of a new Moving Forward journal to support participants' learning and reflection, both on their experiences and their future goals. We also redesigned our Moving Forward webpages, to make it easier to self-refer. People can now sign up for a face-to-face or online course via our website, and we produced new patient leaflets with a QR code that takes to people straight to the sign-up page online.

In total, we delivered 50 face-to-face and 44 online courses to 1,283 individuals wanting help with adjusting to life after primary breast cancer.

In addition, we trained all our Moving Forward facilitators and volunteers to deliver the new-style course and provided them with a dedicated learning space – called Facilitators Now - where they can sign up for training, access mandatory modules, and read relevant policies.

The new-style course has been evaluated by a sample of 52 participants, most of whom took part in the face-to-face course. They each completed surveys before and one month after the course and the results were encouraging.

On *managing their wellbeing*, participant feedback told us:

- There was a 49% increase in feeling confident to manage their physical/emotional wellbeing (up from 29% to 78%)
- A 58% increase in feeling confident to set intentions and plan actions (up from 33% to 91%)
- And a 53% increase in knowledge about tools to help manage wellbeing (up from 31% to 84%)
- Overall 81% of participants felt motivated to take action to live well after the course (compared to 54% before)

They said things like:

"I HAVE STARTED RUNNING MORE AND TAKING MORE EFFORT TO KEEP FIT, AND MAKING PLANS FOR THE FUTURE, WANTING TO DO MORE AND MAKING THE MOST OF LIFE."

On *emotional wellbeing*, participant feedback told us:

- There was a 29% increase in believing that their feelings were a normal part of primary breast cancer diagnosis and treatment (up from 54% to 83%)
- A 23% decrease in feeling alone in living with their diagnosis and treatment (down from 41% to 8%)

They said things like:

"...MEETING SUCH LOVELY PEOPLE WHO HAVE ALL GONE THROUGH AND GOING THROUGH THE SAME THING AND EXPRESSING THEIR INNER FEELINGS HAS MADE SUCH A DIFFERENCE."

The overall experience of the Moving Forward course was also extremely positive:

- **93%** said the information and support they received on the course was relevant to their needs and concerns
- **89%** said that hearing from the experiences of others in a similar situation has helped or will help them to move forward from their own breast cancer experience
- **82%** agreed that they would be likely to recommend Moving Forward to others in a similar situation

To complement this participant feedback, we also started using the externally validated Short Warwick Edinburgh Mental Wellbeing Scale to measure changes in wellbeing pre and post course.

This shows that, overall, emotional wellbeing improved for participants who had either a “low” or “moderate” sense of wellbeing pre-course, while the levels for those with a “high” sense of wellbeing remained the same.

	Pre-course	Post-course
Low wellbeing	46%	31%
Moderate wellbeing	50%	65%
High wellbeing	4%	4%

Driving improvements in services for people with breast cancer

...by ensuring patient voices are heard

We worked across two Cancer Alliances, East of England (South) and South Yorkshire, and the NHS Lothian region in Scotland to deliver the ***Service Pledge***, working with 11 hospitals in total, looking at both primary and secondary breast cancer diagnoses.

2,839 patient/carer experience surveys were sent out to people affected by primary breast cancer.

We also held discussions with patients and hospital staff across 6 hospitals in East of England (South) and NHS Lothian, and as a result, 97 improvement goals have been identified. These range from increasing the number of Holistic Needs Assessments carried out for patients, to improving information and signposting to support services. The remaining improvement discussions (for South Yorkshire) are underway and the results should be known in early 2023.

The Service Pledge 21/22 is jointly sponsored by Eli Lilly and Company Limited and Pfizer Limited.

Advancing our understanding of breast cancer landscape

...by funding vital research into the impact of COVID-19

This year, we awarded funding worth £229,126 to Professor Anna Gavin, and her team at ***Queen's University***, Belfast to launch new research focused on understanding the impact of the pandemic on breast cancer services in Northern Ireland.

The researchers hope that by documenting the impact of COVID-19 on breast cancer screening, diagnosis, treatment, and care, that they will be able to identify areas for improvements, support service recovery, and reduce the impact of a return of COVID-19 as well as future pandemics and other large-scale disruptions.

Championing a better quality of life for people affected by breast cancer

...by campaigning to promote the benefits of physical activity

Through Breast Cancer Now's membership of the Richmond Group of 15 leading health and social care charities, our Public Health and Wellbeing team sit on the ***Movement for All*** group, which seeks to get more people at risk of or living with long term conditions (including breast cancer) participating in and enjoying the benefits of physical activity.

During this report period, our support for the Movement for All campaign secured just over 24,000 views on Twitter and 4,500 via Instagram. We hit 3,360 physical activity related page views on our website, along with 859 downloads of our physical activity related publications. We also reached 151 women directly via our services.

In addition, Breast Cancer Now committed to support the ***We Are Undefeatable*** campaign for another 3 years. This is a movement supporting people with a range of long-term health conditions (including breast cancer), developed by 15 leading health and social care charities backed by National Lottery funding from Sport England.

Like Movement for All, its purpose is to support and encourage people to be active in ways that that work with their condition, not against them.

... by working to improve access to breast surgery

The COVID-19 pandemic disrupted access to breast reconstruction and risk-reducing surgery, exacerbating the challenges women face in choosing and receiving a reconstruction that is right for them, at the right time for them.

Building on our previous work in this area, which highlighted local variations in access to breast reconstruction, we hosted a summit with healthcare professionals in April 2022 to explore the barriers that women encounter as well as potential solutions.

We also conducted a survey of patients who had received or were waiting for breast reconstruction or risk-reducing surgery to understand their experiences and the impact this has had on them. And we sent Freedom of Information requests to hospital trusts across England too, asking for updated information on local restrictions – for example on the type of surgery available or the window of time women have to undergo a reconstruction – as well as the impact of the pandemic on breast reconstruction services.

This insight will form the basis for work beginning in autumn 2022.



THE PANDEMIC DISRUPTED ACCESS TO BREAST RECONSTRUCTION AND RISK-REDUCING SURGERY, EXACERBATING THE CHALLENGES WOMEN FACE IN CHOOSING AND RECEIVING A RECONSTRUCTION THAT IS RIGHT FOR THEM, AT THE RIGHT TIME FOR THEM.

STRATEGIC OBJECTIVE #3

To develop kinder, smarter treatments for people with breast cancer and to improve access to them for all who could benefit

So that people with breast cancer can benefit from more effective treatments that don't rob them of their quality of life



While advances in our understanding of breast cancer and how to treat it are encouraging – and life-saving for many – the physical, emotional, and psychological effects of treatment can be difficult to endure.

Of the 8,388 Helpline calls we answered this year, over one third (33.4%) were on treatment and side effects - more than any other breast cancer related issue.

People receiving breast cancer treatment may experience hot flushes, blood clots, nausea, extreme tiredness, or an inability to concentrate, sometimes known as "chemo brain". For some, losing their hair, or having to adjust to a new body after breast surgery can be especially challenging, both to their self-esteem and to their intimate relationships. For others, it's worries about their fertility and whether their treatment will rob them of the chance to start a family.

There is an urgent need to find new and better treatments so that more people can not only survive breast cancer but also live well, both with and beyond the disease. We also need kinder and more effective treatments, and new ways to determine in advance who is most likely to benefit, so that no one has to endure the side-effects of a treatment that will never work for them.

To this end, we have been working hard in the following areas.

Making vital discoveries

In the past year, we have seen significant ***advances in research,*** thanks to projects funded and part-funded by Breast Cancer Now.

...in proving that certain breast cancer drugs can save lives

In March 2022, new findings from the OlympiA phase III trial were presented by Professor Andrew Tutt at a virtual plenary session of the ***European Society of Medical Oncology***, showing that for some women with primary HER2 negative breast cancer, adding the PARP inhibitor olaparib to standard treatment cuts the risk of women dying by almost one third (32%).

This breakthrough is testament to the outstanding work of world-class researchers over the last 20 years - including many UK researchers funded by Breast Cancer Now - who have uncovered weaknesses in breast cancer cells with altered BRCA genes and laid the foundations for this brilliant discovery.

...in finding ways for cancer patients to avoid unnecessary treatment

Building on previous work funded by Breast Cancer Now, a group of ***researchers from across the UK, US and the Netherlands*** have furthered our understanding of the biology of ductal carcinoma in situ (DCIS). DCIS is an early form of breast cancer, where cancer cells have developed within the ducts of the breast. In some cases, DCIS will never develop further than these ducts, or if it does it grows so slowly that it will never cause harm during a person's lifetime. However, in other cases, it will progress, meaning treatment is often recommended to prevent it spreading outside of the ducts and becoming invasive breast cancer.

This new research has revealed that almost 1 in 5 post-DCIS breast cancers are not genetically related to the original DCIS. This information gives us a better understanding of how the disease progresses and, in the future, could help some women to safely skip treatment which provides little benefit but comes with difficult side effects.

"I LOST ALL MY HAIR, AND ALSO SUFFERED WITH SEPSIS AND A BLOOD CLOT."

"THE FERTILITY TREATMENT WAS HORRIBLE, BUT WE MANAGED TO STORE 19 EMBRYOS, SO WORTH IT... [BUT] I WORRIED THAT THERE WAS GOING TO BE A RECURRENCE, OR THAT PAIN IN OTHER PARTS OF MY BODY WERE SYMPTOMS THAT IT HAD SPREAD... I WOULD CONSTANTLY GET PALPITATIONS AND EXPERIENCE A RACING HEARTBEAT. NOW, I REALISE THAT THEY WERE SYMPTOMS OF ANXIETY."

Melissa, who was diagnosed with breast cancer at just 27 and who encountered multiple difficulties during treatment.

Funding world-class research

In the past year, Breast Cancer Now has invested almost £1.9 million in nine new research projects with the strategic objective to develop kinder, smarter treatments for people with breast cancer. Here's what these projects in particular hope to achieve.

...to develop a vaccine treatment for triple negative breast cancer

At ***Queen's University Belfast,*** Dr Niamh Buckley and her team are using a similar technique to that used in the Pfizer and Moderna COVID-19 vaccines to develop a new way to treat triple negative breast cancer.

The treatment works by targeting a protein called p53, which is found in abnormally large amounts in almost 90% of triple negative breast cancers.

Currently, the team is exploring which part of p53 protein the vaccine should target, testing immune response, and looking at the effectiveness of this treatment on its own and in combination with chemotherapy.

This is all happening in the lab, but in the future Niamh hopes that her work could lead to new treatments for people with triple negative breast cancer, enabling them to live longer and have a better quality of life.

...to improve the effectiveness of chemotherapy

At the ***University of Leeds,*** Dr Thomas Hughes and his team are investigating a new treatment combination for breast cancer. This involves adding a new type of drug to chemotherapy treatment to increase its effectiveness.

The team previously discovered that a type of cell found in tumours (called cancer-associated fibroblasts) can help some breast cancers resist chemotherapy treatment. They believe that these cancer-associated fibroblasts aid resistance to chemotherapy by sending signals to breast cancer cells, telling them to increase the activity of proteins called JAKs. So, by blocking JAKs with drugs called JAK inhibitors they hope to break down this resistance and make chemotherapy more effective.

While still at the experimental stage, if it proves successful and safe, this combination could be tested in clinical trials and eventually lead to a new treatment with the potential to save more lives.

...to understand communication between cancer cells and immune cells

At the ***University of Southampton***, Dr Ali Roghanian and his team are seeking to understand how breast cancer becomes resistant to drugs and comes back after treatment - and how we can stop this from happening.

They want to understand how dying breast cancer cells communicate with nearby immune cells, "tricking" them into helping the disease to grow and spread. He has already found that a protein called LILRB3 might be playing a role in this. Now his team are investigating how this protein is involved, with the aim of also testing a new type of drug that may block it and in so doing, improve the effectiveness of chemotherapy.

It's hoped that this new approach could benefit a wide range of patients. And in particular, those with more aggressive and hard-to-treat cancers, such as triple negative breast cancer.

...to prevent ductal carcinoma in situ (DCIS) becoming an invasive breast cancer

At the ***University of Edinburgh***, Professor Ian Kunkler and his team are evaluating whether an extra "boost" dose of radiotherapy can decrease the chance of DCIS returning – and what the wider impacts are for patients who receive it.

The team are following up with UK participants of a large international clinical trial called the BIG 3.07, designed to evaluate the long-term effects of receiving a booster dose of radiotherapy to the area where DCIS has been removed.

Initial results from the trial, announced in 2020, showed that the radiotherapy boost reduced the chances of DCIS returning in the chest, breast, or armpit area. Ian's team now want to see if these benefits are maintained long-term and to also understand

the impact on breast appearance and quality of life for those who've received this booster dose.

In this way, they aim to help doctors to identify the best way to improve the chances of survival for individual patients while also maintaining a good quality of life.

...to explore the role of the inner clock in breast cancer

At the ***University of Manchester,*** Professor Qing-Jun Meng and his team are using artificial intelligence and other lab techniques to study what role our internal biological clock plays in breast cancer.

This "body clock" allows cells in the body to time important processes, such as growth and repair, to a 24-hour day. However, in some cancer cells – notably HER2 positive breast cancer cells - this inner clock can be disrupted.

Qing-Jun and his team want to understand why some cancers, such as oestrogen receptor positive and HER2 negative breast cancers have a normal working inner clock but HER2 positive breast cancers don't. They also want to determine whether interfering with this inner clock might help to treat certain forms of the disease, and whether cancer treatments are more likely to work better at a particular time of the day.

This could help improve existing therapies as well as find new ones that target the inner clock in breast cancer cells.

Fighting for fair and equal access to treatment

...by ensuring that effective new cancer drugs are quickly made available on the NHS

We've worked alongside patient experts to improve access to new breast cancer medicines by inputting at every step of all ***NICE assessments*** and those undertaken by the ***Scottish Medicines Consortium***. This has helped to ensure that a number of important new drugs for primary and secondary breast cancer are now available on the NHS across the 4 home nations.

These include:

- **Tucatinib** (Tukysa) – a targeted drug, used in combination with ***trastuzumab and capecitabine*** to treat HER2 positive, locally advanced or secondary breast cancer.

  This can be used following 2 or more other HER2 targeted treatments, which represents a huge step forward in the treatment options available, especially for eligible patients whose breast cancer has spread to the brain.

  Following a worrying provisional decision by NICE in October 2021, we worked with a patient expert who has lived experience of this treatment, attended meetings and responded to the consultation raising the importance of tucatinib becoming available without delay.

  It's estimated that around 400 people each year in England will now be eligible for this treatment.

- **Pembrolizumab** (Keytruda) – a form of immunotherapy given in combination with chemotherapy that is suitable for certain people who have triple negative, locally advanced or secondary breast cancer that has a higher-than-normal level of a protein called PD-L1.

  This filled an unmet need for patients who may not be eligible for the already-approved immunotherapy atezolizumab.

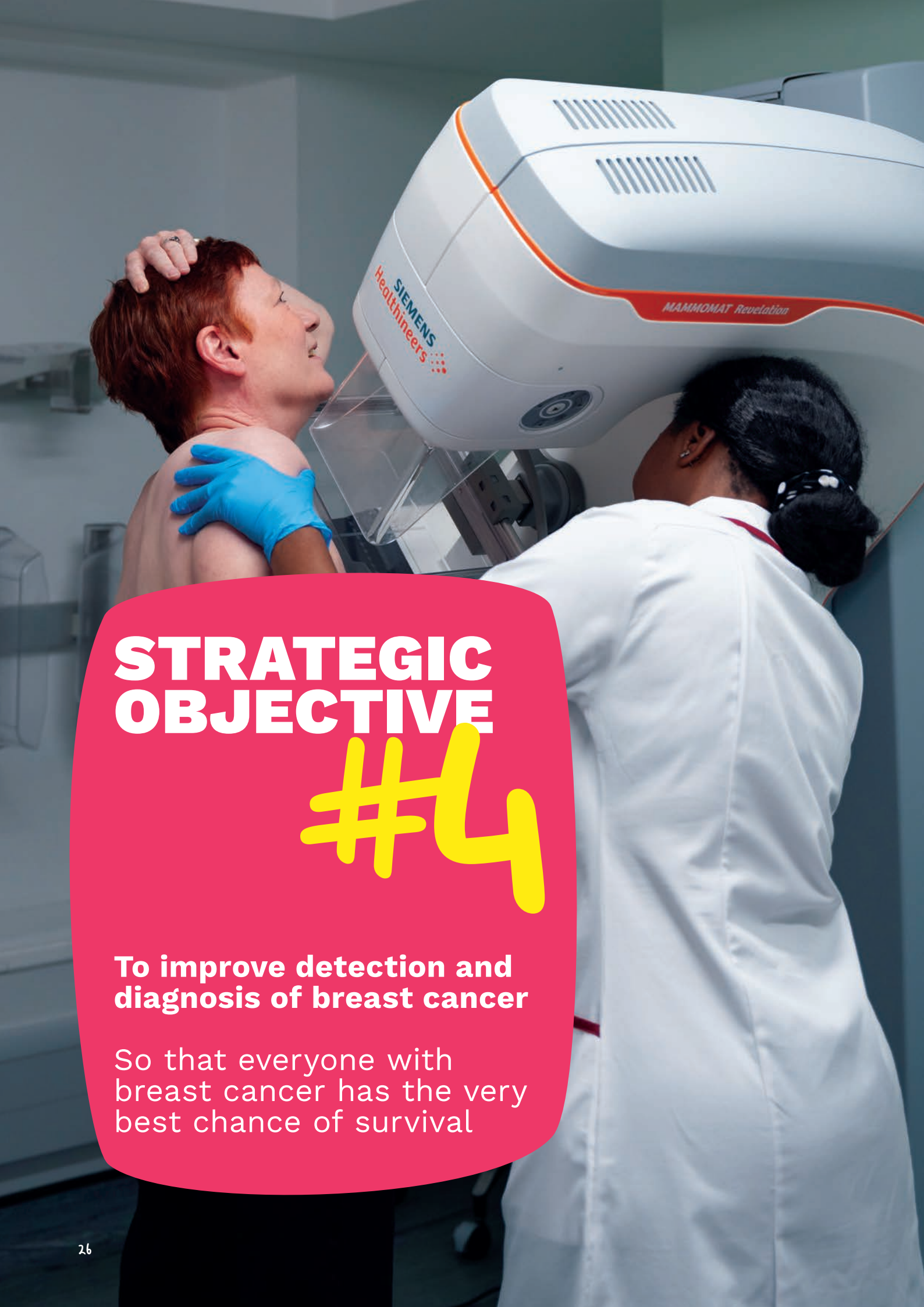
- **Abemaciclib** (Verzenios) – used post-surgery in combination with hormone therapy for certain people with hormone receptor positive, HER2 negative primary breast cancer that is lymph node positive.

  It's estimated that around 4,000 people each year in England will now be eligible for this treatment and it is currently being assessed by the SMC.

- **Alpelisib** (Piqray) – used in combination with fulvestrant; the first targeted treatment for certain patients with a PIK3CA mutation, estimated to be found in around 30-40% of oestrogen receptor positive, HER2 negative breast cancers.

  PIK3CA testing was also introduced into the National Genomic Test Directory in England at the start of 2022.

It's estimated that up to 3,000 people per year in England will be eligible for this treatment combination. This is also being assessed by the SMC.



STRATEGIC OBJECTIVE #4

To improve detection and diagnosis of breast cancer

So that everyone with breast cancer has the very best chance of survival

This year has seen record numbers of urgent referrals for people with possible breast cancer symptoms in England. Yet at the same time, performance against waiting times for breast cancer have reached an all-time low.

Tackling this must be a priority because the sooner people are diagnosed, the more successful treatment is likely to be.

We also need to address the fact that there are inequalities in access to breast screening. For example, evidence suggests that women from ethnic minority backgrounds are less likely to attend breast screening, and more likely to be diagnosed at a later stage and to have poorer survival outcomes. And they may also have more negative experiences of care and treatment.

"WHEN YOU GO TO YOUR GP, YOU WANT TO TRUST THAT THEY'LL GIVE YOU THE RIGHT INFORMATION."

"IF THE GP HAD SEEN WHAT BREAST CANCER SYMPTOMS LOOK LIKE ON DARKER SKIN... PERHAPS HE MAY HAVE BEEN ABLE TO PICK UP ON IT SOONER."

Adobea, who sought medical help 4 times before her breast cancer was detected.

Clearly, as well as understanding more about the information needs of underrepresented communities, we also need to counter a general lack of awareness about the signs and symptoms of breast cancer – especially secondary breast cancer. And this means reaching both primary breast cancer patients and the healthcare professionals who should be able to help people access the treatment they need.

We also need to ensure that the cancer workforce is sustainable and that it includes clinical nurse specialists for secondary breast cancer, as well as those with expertise in areas such as imaging and diagnostics. To this end, we've been working hard in the following areas:

Strengthening the breast cancer workforce

...by equipping them to spot the early signs and symptoms of breast cancer

In October 2021 and then again between April and July 2022, we ran a successful secondary signs and symptoms marketing campaign. As well as targeting information at patients completing their primary treatment, we produced materials specifically for healthcare professionals with the aim of giving them the knowledge and support they need to enable a prompt diagnosis of secondary breast cancer. These included GP information packs, hospital posters and leaflets, advertorials in relevant publications, and adverts on websites targeted at healthcare professionals.

In October 2021, we shared an advertorial in a publication with a professional readership of 24,000, sent emails to 17,000 GPs (with an above industry average open rate of 20%), and distributed 15,000 leaflets in hospitals. This led to a fantastic 20,465 views of our campaign landing page.

Across April through to July 2022, we distributed around 24,000 leaflets to hospitals and delivered around 3,500 information packs to GP surgeries. During this period, the campaign landing page received more than 76,000 views, making it the most visited health information page in July 2022 on our whole site.

During both phases of activity, we also reached out to breast cancer patients via social media ads on our own channels, sharing personal stories and asking people to forward them on to spread awareness.

...by calling for a fully funded workforce plan

Over the past year, we've continued to raise concerns with all UK governments about the severe pressures affecting the breast cancer workforce and the need to ensure that it's sustainable and able to work for the benefit of patients, both now and in the future.

For example, we worked as part of the ***#StrengthInNumbers*** coalition, made up of over 100 organisations calling on the UK Government to improve workforce planning, as part of the Health and Social Care Bill.

We provided briefings to MPs asking them to back an amendment and encouraged our supporters to email their MPs. As a result, 3,703 emails were sent to MPs, with Tonia Antoniazzi MP mentioning us during the debate.

Despite support in the House of Lords, and many MPs speaking in favour of the amendment, it was ultimately voted down and did not make it into the Health and Social Care Act.

As part of the ***#StrengthInNumbers*** coalition, we'll continue to raise the need for better workforce planning in the NHS. Our chief executive, Delyth Morgan, has already spoken with key stakeholders at a roundtable on the breast cancer workforce, hosted by the ***All-Party Parliamentary Group on Breast Cancer***. She highlighted the impact of workforce shortages on breast cancer patients and what needs to change to support the cancer workforce.

We also contributed to a number of reports published by the ***Health and Social Care Select Committee***, including "Workforce: recruitment, training and retention in health and social care". And we contributed to an evaluation of the Government progress towards its commitments on cancer services, published by the committee's expert panel, which concluded that overall progress was "inadequate".

2 of our patient advocates attended a panel session to discuss their experiences of receiving cancer care during the pandemic. And as well as submitting written evidence, our chief executive and a patient advocate also provided oral evidence as witnesses to the committee, further informing its inquiry into why cancer outcomes in England lag behind those of other comparable countries. We also submitted written evidence cited in their report on this enquiry, which highlighted that a lack of "serious effort" in addressing risks to the cancer workforce could *reverse* survival rates.

Ensuring the relevance of current messaging and services

...by gathering insight into real-life breast-checking behaviours

In this report year, we commissioned our ***survey on breast checking behaviours,*** which revealed that over a third (39%) of British women do not check their breasts regularly, for the following given reasons:

- Over half (53%) forget to check their breasts
- One fifth (19%) don't feel confident to check their breasts
- 16% don't know how to check their breasts
- 12% don't know what to look for
- 12% are worried about finding an unusual change

Last year, less than half (47%) of women in the UK were not checking their breasts regularly. So, clearly there is still work to do to raise awareness amongst women about the importance of regularly checking their breasts.

We also need to help people understand the signs and symptoms to look out for, to increase their confidence in checking their breasts, and to make sure they know what to do if they notice a new or unusual change.

As a result of this new insight, we're now promoting our Touch Look Check (TLC) breast awareness message all year round, rather than having a bigger focus on breast checking during Breast Cancer Awareness Month, as in previous years.

Improving access to potentially life-saving information

...by building our own understanding of what's missing and needed

In August 2021, we commissioned *research* to enhance our understanding of underrepresented communities, in particular black and South Asian women, in relation to their perceptions, awareness, and knowledge of breast cancer, the barriers to breast awareness and breast screening, and their specific information needs.

Since November 2021 when the research was completed, we've shared our findings with key working groups and teams at Breast Cancer Now as well as NHS breast screening programme leads. We've also spoken with NHS Digital about the key considerations they should make as they evolve and develop the online breast screening programme.

We'll also be making the full report available on the ethnic communities hub on our website.

...by making equality, diversity and inclusion more central to our own agenda

In July, we participated in *Ethnic Minority Cancer Awareness Month (EMCAM)*. This was developed as a national campaign by Cancer Equality, with the aims of raising awareness of cancer among people from ethnic minority communities and empowering them to reduce their risk.

In particular, we scaled up on our digital EMCAM activity. For example, we developed an *ethnic communities hub* on our website, putting the spotlight on personal stories from our fantastic volunteers and our breast awareness resources, notably our Touch Look Check (TLC) information materials, which now features breast awareness infographics in a variety of different skin tones.

This content performed well, with posts across Facebook, Twitter and Instagram reaching a combined total of **91,179 views**, with almost **2,000** likes, shares and comments.

The landing page for the hub also performed very well in terms of engagement. Below is some feedback:

"THE SITE LOOKS REALLY GOOD. IT IS REALLY INFORMATIVE. I HOPE LOTS OF WOMEN VIEW IT AND GET THE CONVERSATION GOING WITH THEIR FRIENDS AND FAMILY SO THAT OUR OUTCOMES POST-DIAGNOSIS IMPROVE AND THE TABOOS ARE ERADICATED."

"I AM PLEASED TO SEE SOMETHING FOR PEOPLE FROM MINORITY BACKGROUNDS. THANK YOU SO MUCH FOR DOING IT."

...by extending our reach to previously under-served communities

In June and July, staff from our public health and wellbeing team attended the *Minority Ethnic Communities (MEC) Health Fair* in Cardiff and the *Festival of Inspiration* at Neasden Temple to support our work to raise awareness of breast cancer within previously under-served communities.

Across the 2 events, our team delivered 3 public health talks, reaching a total 86 people. This included 1 talk in both Urdu and English, specifically for the Pakistani (South Asian) community.

One attendee commented:

"GLAD YOU ARE HERE TO TELL US IN OUR OWN LANGUAGE WHAT BREAST AWARENESS MEANS, OTHERWISE WE ARE JUST GOING AROUND THE EVENT PICKING UP ENGLISH LEAFLETS WITH NO ONE TO EXPLAIN TO US WHAT THE HEALTH MESSAGE MEANS."

...by strengthening our team of public health volunteers

Between September 2021 and February 2022, we recruited and trained *12 new public health volunteers*, bringing our total to 28.

These volunteers help to deliver our public health talks programme to workplaces and community groups across the UK, both online and in person. These talks cover important information about breast cancer including signs and symptoms, myths and misconceptions, and what people can do to help reduce their risk.

In this report year, our volunteers contributed around **200 hours** of their time to the public health

talks programme. Together with staff from our public health and wellbeing team, they enabled us to deliver **44** talks, reaching **1,563** people.

Attendee feedback tells us that these talks help to raise awareness of breast cancer, and give people the confidence to check themselves regularly and recognise any new or unusual changes that should be checked by a GP. We also know that they share information they have received with their friends and family members.

They say things like:

"A GREAT PRESENTATION BY THE SPEAKER WHO PRESENTED A SOMETIMES-DIFFICULT SUBJECT IN A RELAXED AND INTERESTING WAY."

"VERY INFORMATIVE DISCUSSION, I WILL BE CHECKING MY BREASTS MORE REGULARLY FROM NOW ON AND KNOW WHAT TO LOOK FOR."

"BREAST CANCER ISN'T TALKED ABOUT ENOUGH ON A DAY-TO-DAY BASIS. TO HAVE ACCESS TO THIS TALK WAS REALLY BENEFICIAL."

Supporting the recovery, transformation, and accessibility of screening services

...by monitoring the impact of disruption caused by the pandemic

Over this report year, we continued to monitor the impact of disruption caused by COVID-19, both on breast screening and on the number of people being diagnosed with breast cancer.

In October 2021, we published an updated estimate that across the UK, ***1.5 million fewer women had breast screening*** between March 2020 May 2021, compared to before the pandemic. And **8,000 fewer women were diagnosed** with breast cancer in England, largely as a result of the disruption to screening caused by COVID-19.

... by helping to remove the barriers some women face in accessing screening

We supported an informal inquiry into breast screening by the ***All-Party Parliamentary Group on Breast Cancer.***
At the first meeting in May 2022, the committee considered the impact of the pandemic on screening, including on women who were already less likely to attend, such as those from ethnic minority backgrounds and those from socially deprived areas.

At this session, NHS England committed to developing an inclusive screening recovery plan. We shared our insight work with them, highlighting some of the barriers women from minority communities face in attending screening. And we're pleased to say that our priorities on improving uptake and addressing health inequalities will be part of NHS England's work on breast screening moving forward.

We also supported a ***Ten Minute Rule Bill*** that was introduced to Parliament by Steve Brine MP to raise awareness of the need to improve screening uptake.

Having responded to an earlier call for evidence, we were also pleased to see that the ***Women's Health Strategy for England***, published in July 2022, announced £10 million funding for 25 new ***mobile screening vans*** to be targeted in areas where uptake is most limited.

... by accelerating the restart of breast screening self-referrals in Scotland

We worked with MSPs to accelerate the restart of breast screening self-referrals for women aged 71 and over.

In particular, we raised awareness of the fact that at the end of 2021, Scotland was the only UK nation still to restart these self-referrals, which were temporarily suspended due to COVID-19.
We also wrote to the Minister for Public Health asking her to take action to accelerate the restart of self-referrals.

In response to this pressure, the ***Scottish Government*** announced that self-referrals for women aged 71 and over would restart in autumn 2022.

Campaigning for shorter waiting times and earlier detection

... by launching our #NoTimeToWaste campaign

In June 2022 we launched our *#NoTimeToWaste campaign,* bringing together 2 policy priorities - reducing waiting times and detecting more breast cancers early through screening.

This is a priority as with record numbers of urgent referrals for people with possible breast cancer symptoms in England, performance against waiting time targets has reached an all-time low.

As a result of this campaign, nearly **2,000** campaign supporters emailed their MP ahead of the parliamentary launch event, asking them to attend. **88 MPs** came along, including then Health Ministers Gillian Keegan and Maggie Throup, and Shadow Health Ministers Feryal Clark and Karin Smyth.

#NoTimeToWaste is currently focussed on ensuring that the government's new Faster Diagnosis Standard is sufficiently ambitious for breast cancer. This new standard will replace the previous "2 week wait" to see a specialist following an urgent referral and aims to see all those people diagnosed with breast cancer, or having it ruled out, within 28 days.

In coordination with other cancer charities, we provided a detailed response to these proposed changes, and galvanised our supporters into action.

As of July 2022, just short of 3,000 supporters had emailed their MP asking them to either add their name to the cross-party letter calling on the Health Secretary to raise the target for the Faster Diagnosis Standard, or to write to the Health Secretary directly. 51 MPs and Peers signed, a further 10 supported the campaign by writing their own letters, and over 30 MPs shared #NoTimeToWaste on their social media and with the press.

At the end of July, we wrote to the new Health Secretary Steve Barclay, and the new Cancer Minister James Morris, to introduce them to the #NoTimeToWaste campaign. This was handed in, in October 2022 along with a letter to the then Health Secretary Therese Coffey.

... by working collaboratively on early diagnosis

In this report year, we also sat on a group convened by *NHS England* to produce guidance on how local services can see and diagnose all urgent breast cancer referrals as soon as possible.

This guidance will support services in providing all the information necessary to make a treatment decision quickly, helping to reduce delays in breast cancer patients starting treatment.

"COLLABORATION IS KEY TO RESEARCH BREAKTHROUGHS THAT ENSURE WOMEN WITH BREAST CANCER RECEIVE THE BEST POSSIBLE TREATMENT AND CARE."

Dr Simon Vincent, director of research, support and influencing at Breast Cancer Now

Pioneering significant improvements in diagnosis and treatment

... by setting the bar for outstanding research

The Institute of Cancer Research and Royal Marsden Hospital breast cancer research team, which includes Breast Cancer Now-funded researchers, have recently been recognised by the *American Association for Cancer Research (AACR) Team Science Award;* a prestigious international award that recognises discoveries that have led to significant improvements in diagnosis and treatment of breast cancer.

The team has been recognised for their work in developing and testing a new type of targeted therapy called PARP inhibitors; discoveries that have led to improvements in treating ER+ breast cancer.

"IT'S AN ENDORSEMENT OF OUR STRONG, COLLABORATIVE APPROACH, WHERE LABORATORY SCIENTISTS AND CLINICAL ACADEMICS WORK CLOSELY ACROSS THE ICR AND THE ROYAL MARSDEN TO UNDERSTAND THE NEEDS OF PATIENTS, MAKE DISCOVERIES TO ADDRESS THEM IN THE LAB AND TURN THEM INTO IMPROVEMENTS IN TREATMENT IN THE CLINIC."

Professor Andrew Tutt, director of the Breast Cancer Now Toby Robins Research Centre

STRATEGIC OBJECTIVE #5

To further our understanding of why breast cancer occurs and spreads

So that fewer people develop breast cancer in the first place



Around 55,000 women and 370 men are diagnosed with breast cancer each year in the UK.

We know that at least 1 in 4 of these breast cancer cases could be prevented. But if this is to happen, we need to understand more about the genetic, lifestyle, and environmental factors that increase a person's chances of developing breast cancer, to identify who is most at risk, and to determine which prevention strategies actually work in the real world.

We also need kinder risk-reducing drugs that don't come with life-changing side effects. And we need share our findings about the proactive steps that people can take to reduce their own risk, so that this knowledge reaches and empowers as wide an audience as possible.

To this end, we have been working hard in the following areas.

Empowering people to reduce their risk of breast cancer

...by sharing key learnings on lifestyle interventions

Our public health and wellbeing team were invited to present posters at the Voluntary Health Scotland and NCRI Cancer Conferences, to share key learnings from our involvement in the *ActWELL trial*.

These presentations drew on our experience of finding that it's possible to recruit, train, and deploy volunteer lifestyle coaches to deliver a weight management intervention in a community setting, with the aim of reducing cancer risk.

WE'VE BEEN WORKING WITH THE NHS ENGLAND MEDICINES REPURPOSING PROGRAMME IN A FIRST-OF-ITS KIND INITIATIVE WITH A GENERIC PHARMACEUTICAL COMPANY WITH THE AIM OF GETTING THE DRUG ANASTROZOLE LICENCED AS A PREVENTATIVE THERAPY

Ensuring access to preventative therapies

...by seeking for the drug anastrozole to be repurposed

Like tamoxifen, anastrozole is more commonly known as a treatment for breast cancer, but it can also significantly reduce the risk of breast cancer developing in women at increased risk due to their family history. Unlike tamoxifen however, anastrozole has not yet been licensed as a preventative therapy.

That's why we've been working with the *NHS England Medicines Repurposing Programme* in a first-of-its kind initiative with a generic pharmaceutical company with the aim of getting the drug anastrozole licenced as a preventative therapy. We're also chairing an NHS England working group to improve access to anastrozole more broadly, for example by providing information and support to prescribers.

NHS England estimate that this work on anastrozole could help up to **79,000** people in England to receive the drug for preventative purposes, which would prevent around **2,257** cases of breast cancer and save the NHS **£14.7 million**.

Advancing our understanding of how breast cancer develops

...by funding vital research into the genetic changes that lead to the disease

At *Queen's University Belfast,* Dr Nick Orr and his team are working to understand the role of certain genetic changes in the development of breast cancer in men and women.

Previously, they found a DNA location that, when changed, is linked to higher risk of breast cancer - and it seems to have a larger effect in men than it does in women. As there are no genes in this location, the researchers think that this region is responsible for turning other genes on or off – and that when a certain gene is turned off, breast cancer cells grow and multiply more rapidly.

Now, Nick and his team are investigating exactly what changes in this DNA region influence the activity of the gene in question – and how they might themselves control it. They will also look at what other molecules already known to regulate gene activity are involved in this process.

They hope that understanding how changes in this region of the DNA are linked to an increased risk of breast cancer will help us understand the similarities and differences between breast cancer in men and women, revealing new ways we could both prevent and treat the disease.

Discovering more about the causes and triggers of breast cancer

...by making vital research breakthroughs

In the past year, we have seen 2 significant ***research achievements*** for projects funded by us.

Finding that changes in gut bacteria can influence breast cancer growth

Researchers from the ***Quadram Institute*** and the ***University of East Anglia*** have found a possible link between antibiotic use, gut bacteria, and the speed of breast cancer growth in mice.

In particular, they found that antibiotics disrupted the healthy balance of gut bacteria, which in turn affected the growth of the tumours. They also investigated how to counteract this and found a type of immune cell that could be targeted to reverse this using an existing drug called cromolyn.

Antibiotics have an important role in fighting infections, especially during chemotherapy, and the benefits of taking them almost always outweigh the risks. So, the hope is that this research could refine how antibiotics are used in breast cancer treatment while also helping to uncover ways to counteract the negative effects that certain antibiotics could have.

Breast Cancer Now would like to thank Asda Tickled Pink for funding this project.

"THIS RESEARCH PROVIDES CRUCIAL INSIGHT, AND WE MUST NOW FURTHER INVESTIGATE THE EFFECT OF ANTIBIOTICS IN BREAST CANCER TREATMENT SO THAT WE CAN FIND THE BEST WAY TO STOP TUMOURS FROM GROWING."

Dr Simon Vincent, director of research, support and influencing at Breast Cancer Now

Discovering a new link between infertility and breast cancer in men

Dr Michael Jones and fellow team members at the ***Institute of Cancer Research*** have discovered that men who report issues with fertility may be more likely to develop breast cancer than men who have no issues with fertility. This work is part of the Male Breast Cancer Study, which we launched in 2007 to pinpoint the precise genetic, environmental and lifestyle causes of breast cancer in men.

"THE REASONS BEHIND THIS ASSOCIATION ARE UNCLEAR, AND THERE IS A NEED TO INVESTIGATE THE FUNDAMENTAL ROLE OF MALE FERTILITY HORMONES ON THE RISK OF BREAST CANCER IN MEN. WE HOPE THIS COULD LEAD TO INSIGHTS INTO THE UNDERLYING CAUSES OF MALE, AND POSSIBLY EVEN FEMALE, BREAST CANCER."

Dr Michael Jones, Institute of Cancer Research

The researchers hope that these findings could lead to further work that looks to understand the link between testosterone production and oestrogen exposure for men who develop breast cancer. This could help us understand what causes the disease in men, so that we can find new ways to diagnose and treat the disease – in men and potentially women too.



THE HOPE IS THAT THIS RESEARCH COULD REFINE HOW ANTIBIOTICS ARE USED IN BREAST CANCER TREATMENT WHILE ALSO HELPING TO UNCOVER WAYS TO COUNTERACT THE NEGATIVE EFFECTS THAT CERTAIN ANTIBIOTICS COULD HAVE.

THE ACCELERATORS THAT WILL DRIVE OUR PROGRESS

To meet our objectives as swiftly and as comprehensively as possible, we must continue to grow our impact. And not only through what we do ourselves, but in how we influence, empower, and inspire others to act alongside us.

To that end, we have defined and embraced 4 “accelerators”, namely:



Amplifying
the voice of experience



Unlocking
the power of our community



Evolving
and adapting our practices



Generating
further funding

#1 ACCELERATOR 1: AMPLIFYING THE VOICE OF EXPERIENCE

Our aims in this area are:

- Raising our profile so that everyone affected by breast cancer knows both how we can support them – and how they can support us in driving the change we want to see
- Identifying and championing the issues that matter most to people affected by breast cancer
- Fearlessly leading conversations with governments and other policymakers, the NHS, and fellow health charities to boldly challenge and push for change
- Extending our reach through our own activity and in bold and innovative ways with our trusted partners

Here's how we've been delivering against these aims in this report year.

Raising our profile...

...by investing in our brand

We're committed to making sure that everyone affected by breast cancer knows how we can help them, and how they can support us in driving the change we want to see.

This year, we've refreshed and reinvigorated our brand to help us present ourselves more clearly, more effectively, and with greater purpose. Our new positioning – ***We're here*** – is unequivocal in stating that Breast Cancer Now is *the* place to turn, for anyone affected by breast cancer, whatever their situation and wherever they are in their experience of the disease.

We began to roll-out our new brand story, starting in the southeast of England, in June 2022. Our advertising campaign, which ran across radio, print, digital display and social media, saw a notable and consistent lift in awareness of Breast Cancer Now.

This was an encouraging first step as we strive to grow our brand and extend our marketing into other regions across the UK.

...by making our work more widely known

We also created a new series of **16** podcasts representing our charitable work across our services, research, and campaigns. These also featured real-life stories from people affected by breast cancer.

...by ensuring the voice of experience is heard

In this report year over 100 ***personal stories*** from people affected by breast cancer have been added to the website and shared across our Becca app, social media and podcasts.

Identifying and championing the issues that matter most...

...by helping to shape the UK's new Cancer Plans



In England

In February 2020, the UK Government announced it was developing a new 10-Year Cancer Plan for England and opened a call for evidence inviting patients, professionals and health bodies to respond. We published a blog explaining our key priorities for the Plan, which we shared with our supporters, encouraging them to complete the questionnaire to make their views heard.

Our response focused on early diagnosis, access to drugs, secondary breast cancer, research and workforce, and included patient and healthcare professional insight. Alongside our own comprehensive submission, we also contributed to the One Cancer Voice Cancer Charities' 10-Year Plan consensus statement, which was also shared with our supporters and the government.

The new Cancer Plan was originally due to be published in July 2022, however, as a result of changes to the Government, we're awaiting an update on publication and continue to raise the importance of an ambitious Cancer Plan being published - alongside a long-term workforce plan, accompanied by the necessary funding.



In Scotland
In April 2022, the Scottish Government consulted on its new cancer strategy.

We called for this to address workforce recruitment and training, and waiting times, along with prioritising the treatment, care, and experiences of secondary breast cancer patients. We also called on the government to uphold, progress, and deliver on previous commitments to make improvements for patients with secondary breast cancer, including symptom awareness among the public and health professionals, data collection, access to specialist nursing, and clinical trials.

We're now awaiting the publication of the cancer strategy and will continue to push for progress in these areas. In addition, the Scottish Government has commissioned the new Scottish Cancer Network to develop a Breast Clinical Management Pathway. We sit on the steering group for this project, and we'll be supporting it as it goes forward.



In Northern Ireland
In March, the Department of Health published its new Cancer Strategy for Northern Ireland and its Funding Plan 2022-2032. We were pleased to see recommendations in the strategy on a number of areas in which we had called for action, such as developing a co-ordinated approach to chemoprevention and improving screening uptake, as well as several recommendations that will benefit patients with secondary breast cancer.

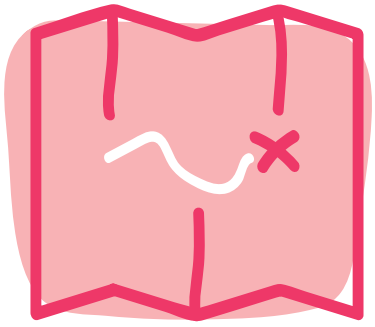
These include improving data collection for secondary cancers, developing new pathways and diagnostic services for people with "vague but concerning symptoms", and ensuring all patients, including those with secondary cancers, have access to a clinical nurse specialist.

We're now keen to see the Northern Ireland Executive commit to funding this strategy.



In Wales
We've worked in partnership with the Wales Cancer Alliance to influence the development and implementation of the Cancer Quality Statements.

...by ensuring the voice of experience is heard
In this report year over 100 personal stories from people affected by breast cancer have been added to the website and shared across our Becca app, social media and podcasts.



Fearlessly leading conversations

...by providing the forum for in-depth discussion

In May 2022, we held our first **panel event** on "the impact of breast cancer on body image", hosted by Dame Jenni Murray. Attendees included members of the breast cancer community, partners, and brands who focus on improving body confidence (such as Dove).

Driven by a YouGov survey, the event included an emotive in-depth discussion exploring the impact breast cancer can have on a woman's relationship with her body.

We've since used this insight to further shape our support services and corporate campaigns.

Extending our reach...

...by better understanding our audiences

In this report year, we developed an **Audience Framework,** which outlines our current and potential audiences and their needs.

As well as helping to ensure that we're delivering for the people that need us most, this framework brings coherence to how we approach and inspire people to join us and take meaningful action against our strategy.

In this way, we hope to unlock the power of the wider breast cancer community and accelerate progress towards our strategic goals.

...by working more effectively with healthcare professionals

By recruiting a healthcare professional engagement team, we've been able to develop a healthcare professional engagement strategy, which focuses on raising our profile with healthcare professionals across the UK.

We'll achieve this through targeted marketing activity, by attending conferences and events, and through ongoing engagement with professional bodies.

The strategy also includes working to identify key members of the healthcare professional audience - beyond breast care nurses – who we can target to help us achieve our vision.

...by working with trusted partners

In this report year, we worked with a wide range of generous and supportive partners to successfully extend our reach, in store, online, and across the media.

Asda

In 2021, we celebrated 25 years of partnership with Asda and our high-profile Tickled Pink campaign. This report year, the campaign featured in 59 press articles in national and regional media, with a total reach of 15.4 million. Visibility was aided by the support of Breast Cancer Now ambassadors, such as Denise Lewis, Gaby Roslin, and Steve Bland, who joined 13 other famous faces in promoting of the campaign. Thanks to Asda generously providing space with leading UK media company Global, we were able to share a video on how to self-check - as demonstrated by Myleene Klass of Smooth Radio – which was watched 208,000 times. And more than 210,000 people viewed a social media video, fronted by Heart FM presenter Zoe Hardman, as she dispelled some of the myths around breast cancer.



M&S

Over this report year, our teams have continued to work closely with M&S to deliver products with meaningful purpose. In particular, we have combined M&S' knowledge of bra design with our insight, and the lived experience of our supporters who've had breast surgery, to evolve, develop, and test M&S' post-surgery bras.

Fashion Targets Breast Cancer

In May 2022 we launched our **Fashion Targets Breast Cancer campaign**, with long standing partner **River Island** and new collaborator, **Dorothy Perkins**. Building on last year's campaign, we went further into the topic of identity and how a person's sense of who they are can be affected by breast cancer. This year's campaign - "Fashion. Your story" – actively celebrated individuality and showed how breast cancer is just one part of a person's story. It featured 4 inspirational women from different backgrounds, who shared their personal experiences of how breast cancer had impacted their identity, including their approach to clothing and fashion. Overall, Fashion Targets Breast Cancer helped us to secure 28 pieces of media coverage, including the Independent and the Metro, helping us reach a readership over 1.8 million people.

ghd

In July 2022, we worked with ghd to launch their annual "Take Control Now" campaign, which aims to drive behaviour change in younger women, by encouraging them to regularly check their breasts. As part of the campaign, ghd created a self-check video designed to give this audience the confidence to check their breasts. In addition, ghd embossed a hot brush, hairdryer and two hair straighteners with the campaign title "Take Control Now" to help keep the message front of mind whenever people use their products.

Trinny London

Our partnership with Trinny London continues to inspire, support, and empower women affected by breast cancer to feel their best. This year, Trinny London's pro makeup artists received specialist training from our team of clinical nurse specialists on the effects of breast cancer treatment. This training has helped Trinny London to provide one-to-one virtual appointments for those undergoing cancer treatment, with the aim of sharing their best products, tips, and tricks, as their skin adapts to treatment and beyond. Trinny London also continued to raise money through product sales of "Sherin" Lip2Cheek and a range of pink best-sellers, during October.

#2 ACCELERATOR 2: UNLOCKING THE POWER OF OUR COMMUNITY

Our aims in this area are:

- Improving how we engage, listen, and learn from people affected by breast cancer, including previously unheard groups and individuals, whose perspectives are vital
- Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners, and using our collective voices, experiences, time, skills and networks to accelerate positive change
- Building a diverse workforce made up of people committed to delivering and advancing those goals
- Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us

Here's how we've been delivering against these aims in this report year.

Improving how we engage, listen, and learn...

...by creating more tailored support for men

In this report year, we responded to an identified gap in provision with a *new space on our Forum that is just for men*. This was created in collaboration with a group of men with breast cancer. And it will mean those with this uncommon diagnosis can turn to each other for information and support, confident that their specific challenges will truly be understood.

...by ensuring the everyone who needs us can reach us

In 2021/22, our *Facebook page* enjoyed a total reach 33.8 million people, up 49% from the already impressive 22.6 million achieved in 2020/21.

We also had a 42% year on year increase in engagements on social media, such as likes, shares, and comments.

Collaborating creatively with our wider network...

...by providing a platform for their experience

In this report year, we opened up our Instagram account for 6 *Instagram takeovers*, enabling people to share their stories with our followers. This included people with experience of primary and secondary breast cancer, including men, as well as researchers.

Our community also took part in **36 Facebook and Instagram Live sessions, which had 1,022,000 views.** We also partnered with Twitter for the first ever uncensored live breast check to run on social media.

Overall, our Live sessions across all social media channels achieved a combined reach of almost 2 million users.

OUR FACEBOOK PAGE ENJOYED A TOTAL REACH 33.8 MILLION PEOPLE, UP 49% FROM THE ALREADY IMPRESSIVE 22.6 MILLION ACHIEVED IN 2020/21.



...by supporting important multi-disciplinary initiatives

This report year, we have continued to fund important initiatives with 2 partner groups at the National Cancer Research Institute (NCRI) as well as expanding our support for the Royal College of Surgeons' surgical specialty leads programme for breast surgery.

The NCRI ***Clinical and Translational Radiotherapy Research Working Group*** (CTRad) is a multi-disciplinary community of researchers and consumers which shares our aim of maximising quantity and quality of life for people with breast cancer. Their focus is on patients receiving radiotherapy and improving their lives by optimising tumour control and minimising toxicity.

The NCRI ***Cellular and Molecular Pathology Group*** (CM-Path) is also a multi-disciplinary community of researchers and consumers seeking to improve the experience and outcomes of cancer patients. It's dedicated to changing the way pathologists engage with, conduct and are recognised for their work in clinical trials in the UK. The group works closely with clinical research networks, funders, and national and international researchers to develop research to improve outcomes for cancer patients and identify areas of unmet need.

The Royal College of Surgeons' surgical specialty leads programme for breast surgery aims to increase the number of multicentre surgical trials, to develop new surgical researchers, and to improve access to trials, so that people with breast cancer can benefit from improvements in surgery. This year, together with the Association of Breast Surgery we provided funds to establish a second surgical specialty lead post for breast surgery.

...by bringing health, gender, and equity centre stage

In this report year, we provided funding to bring together researchers working on ***The Lancet Breast Cancer Commission*** for a face-to-face meeting.

The commission aims to tackle global health, gender, and equity challenges and ultimately improve the lives of people affected by breast cancer, whoever they are, wherever they live.

It aims to do this by presenting a compelling analysis with the power to influence global policy.

Building a diverse workforce...

...by putting staff voices front and centre

We're committed to creating an environment where all our staff can thrive.

- Our equality, diversity and inclusion (EDI) steering group meet regularly to steer the development and implementation of an organisation-wide EDI strategy. It includes representatives from every directorate, to make sure that a wide range of staff voices are heard. As a newly formed group, this year has focused on laying the groundwork for positive change in the years to come.

- In March 2022, we appointed the Equality Works Group to undertake an internal EDI audit, to help us understand our current workforce, and build a more inclusive organisation. We're now taking these recommendations forward into 2022-23.

- We encourage colleagues to share their experiences and celebrate key EDI events across the year, so we can listen to and learn from each other.

- A new EDI hub on our intranet shares learning and development resources that are open to all staff.



ACCELERATOR 3: EVOLVING AND ADAPTING OUR PRACTICES

Our aims in this area are:

- Putting our supporters at the heart of how we communicate so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships
- Bringing transformational insight to our decision-making and actions through improved use of data
- Having the courage to change course and adapt to evolving circumstances, drawing on valuable experience gained during the COVID-19 crisis and with an unfaltering commitment to always doing what's best for people affected by breast cancer
- Identifying and implementing new technologies to support and enhance team working, inclusion, creativity, and innovation

Here's how we've been delivering against these aims in this report year.

Putting our supporters at the heart of how we communicate...

...by improving supporter journeys

This report year, we introduced a ***Supporter Journeys Framework*** to help us improve how we listen to and learn from our supporters and from the people who use our services, so we can better understand their needs and wants.

This framework outlines how we can use transformational insight to guide our decision-making and actions. It also supports enhanced teamwork by encouraging us to be more collaborative in our approach to improving and optimising our communications.

...by working towards a single seamless point of connection

Flexible funding from players of People's Postcode Lottery and awarded to us by the Postcode Care Trust, has allowed us to invest in the future of our online presence. In September 2021, we embarked on a ***digital unification project*** in partnership with digital transformation experts TPXimpact.

This ambitious project will unify our online platforms into one seamless experience for people affected by breast cancer. Whether they are looking at our health information, signing up for one of our services, posting on our Forum, taking part in a fundraising event, signing a petition - or any other way of engaging with us online - people will feel like they're using a single website, not a collection of different, unconnected sites. And our goal is for this new platform to be as intuitive and personal as possible.

During 2021/22, we worked with TPXimpact to firstly conduct a deep "discovery" phase to fully understand what the digital needs and opportunities are for people affected by breast cancer. We conducted interviews and surveys with people affected by breast cancer to ensure they are feeding directly into what the new platform needs to do, and how they want to feel when they are using it.

Following the discovery phase, we developed a set of "experience principles" that keep users at heart and that are the cornerstone of the project. This was followed by a crucial "define" phase, to bring the discovery findings together and agree the foundations for our new platform.

As we enter 2022/23, we are beginning the design and build phases, and we'll see the new platform launch section by section throughout the year.

Having the courage to change course and adapt...

...by evolving for an age of hybrid working

In this report year, we adapted the ***working environment*** at both our London and Sheffield offices to better meet the needs of hybrid working.

For example, with staff spending less time physically in the office post-pandemic, we have optimised the available space and introduced technology to increase our capacity to hold formal, informal, and "hybrid" (part in-person, part online) meetings.

By empowering our staff to work in a way that suits them best, for example by having the flexibility to work remotely for up to 3 days each week, we also help them to do their best work and to be more productive.

Identifying and implementing new technologies...

...to help us work more efficiently

In this report year, we implemented a new ***network monitoring application***, which acts as an early warning system on many components of our infrastructure.

This will alert us when, for example, certain services have stopped running or if we lose connectivity between different parts of our network. In short, it allows us to monitor and address problems early before the impact has a chance to snowball.

...to better support our staff

We procured and implemented a new ***software application*** to better support staff with dyslexia and visual impairments, as well as those who are neurodiverse.

The main feature of the application is the text to speech converter with dual-colour highlighting, which can help the reader to follow the text visually, making it easier to take in information.

Moving ahead, we'll continue to explore and review our accessibility tools to ensure we are enabling our staff to do their best work with as few challenges as possible.

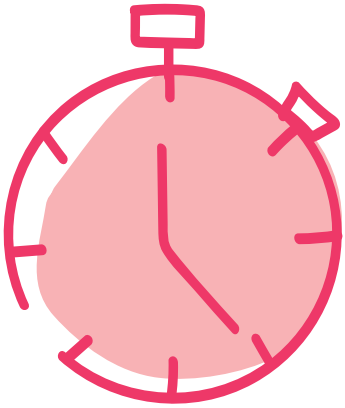
...to improve interaction with our supporters

We also introduced new ***thumbs up and thumbs down buttons*** to supporter emails, so we can learn from them directly about what they do and don't like.

...to gain more insight from our data

We now have the capacity to separate all our ***email reporting data*** to learn more about how each segment engages. Moving forward, this will enable us to better tailor our approach.

BY EMPOWERING OUR STAFF TO WORK IN A WAY THAT SUITS THEM BEST, FOR EXAMPLE BY HAVING THE FLEXIBILITY TO WORK REMOTELY FOR UP TO 3 DAYS EACH WEEK, WE ALSO HELP THEM TO DO THEIR BEST WORK AND TO BE MORE PRODUCTIVE.





ACCELERATOR 4: GENERATING FURTHER FUNDING

Our aims in this area are:

- Testing to find the most successful new routes for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us
- Initiating, connecting and growing our network by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care
- Building on our success and commitment to innovation in digital to spark curiosity, fire ambition and find new routes for driving income, engagement and community action

Here's how we've been delivering against these aims in this report year.

Testing to find the most successful routes for fundraising...

...by bringing new groups together

This year we held our first **Progress Fund dinner**, bringing together women in finance to learn more about our research and how support for early career scientists is helping to change the future of breast cancer.

Initiating, connecting and growing our fundraising network...

...by engaging potential new funders

This year, we further enlivened our fashion event - The Show – with a new format that saw 24 models, each personally impacted by breast cancer, take to the catwalk at Somerset House in London.

Hosted by TV presenter Anna Richardson, the event showcased the models' lived experience of breast cancer while enabling us to welcome 500 guests across 2 events, including new and existing Breast Cancer Now supporters.

A number of our corporate partners supported the event, including Estée Lauder (who provided makeup artists), ghd (who provided hair stylists), and multiple clothing retailers (who provided the models' outfits).

The Show played a key role in securing employee fundraising from Estée Lauder and new brand partnerships for Breast Cancer Awareness Month. It also provided us with a platform for further conversations aimed at securing support from potential corporate partners.

...by forging profitable relationships with our partners

Asda

In this report year, our Asda Tickled Pink partnership celebrated 25 years, in which time it has helped to raise **more than £77m** for breast cancer charities, with **more than £5 million** raised for Breast Cancer Now alone in 2021/22. Along with Asda and fellow breast cancer charity CoppaFeel!, we were delighted to be awarded the Business Charity Award for Long-Term Partnership, which recognises both longevity and our ongoing zeal to innovate. Asda and Breast Cancer Now were also awarded a Better Society Award for Partnership with a Health Charity in 2022, and a Communication and Education Award in 2021.

M&S

This year, M&S has raised **more than £700,000** through a combination of the sale of post-surgery bras and supporting products, Sparks loyalty card scheme donations, M&S employee fundraising, and M&S Bank Change4Change foreign currency donations. M&S remains the biggest funder of our Generations Study, which has helped to generate over 60 world-class scientific discoveries about the causes of breast cancer.



Ann Summers

This year, our partnership with Ann Summers reached the incredible **£200,000** milestone. As well as raising money through product sales and customer donations, the company – a partner since 2019 – continues to raise awareness of the important issues around sex and intimacy after breast cancer.

Dorothy Perkins

As a long-standing partner of 17 years, Dorothy Perkins continues to support us. In February 2022, we launched our first World Cancer Day collaboration with them, alongside Prostate Cancer UK and Dorothy Perkins' brother brand, Burton. Dorothy Perkins and Burton donated 5% of all sales made from 4 to 6 February, raising a fantastic **£15,000** for Breast Cancer Now and £8,000 for Prostate Cancer UK. Dorothy Perkins also shared content across their social media channels, helping to raise awareness of breast cancer signs and symptoms and to tackle myths and misconceptions linked to the disease.

Future Dreams

This year we have joined forces with Future Dreams and Lipsy to continue funding research projects in secondary breast cancer. Lipsy's Wear It with Love Collection, launched during Breast Cancer Awareness Month, donates £3 per item sold to Future Dreams and Breast Cancer Now, raising nearly **£22,000** so far.

Estée Lauder Companies

As well as continuing to generously provide makeup artists and products for our models in The Show, Estée Lauder Companies have further built on their support of Breast Cancer Now, by launching 2 new partnerships within the brand. This includes a cause-related marketing campaign of their Advanced Night Repair Serum Synchronized Multi-Recovery Complex, with £2.50 of each sale being donated to Breast Cancer Now with the Cosmetics Company Stores, in addition to the launch of our **£100,000** fundraising challenge with Estée Lauder's beauty advisors across the UK.

Building on our success in digital fundraising...

...by learning and innovating

In this report year, we raised £3.66 million through ***Facebook fundraising*.**

Having tested and optimised content for better user journeys on our website, we also saw an increase in the average donation conversion rate to 0.32%. This is **a 37.77% increase** from previous year.

FINANCIAL REVIEW

THIS REPORT COVERS THE PERIOD FROM 1 AUGUST 2021 TO 31 JULY 2022.



Income

During the year, total income rose by £23.9 million from £43.0 million to £66.9 million, an increase of 56%. The majority of this increase is from an agreement on 15 December 2021 for settlement of $28.3 million in relation to rights to royalty income.

The main sources of income continued to be individual giving, corporate partnerships, philanthropic giving, and community and events. Income from charitable encompasses royalties generated from Breast Cancer Now-funded research activities.

Below are some key highlights of our financial performance in those, and other, fundraising areas.

Individual giving

Our supporters were very generous during this financial year, despite difficult times.

Thousands of individuals continued to generously support us through our weekly lottery, a regular direct debit, fundraising appeals and raffles.

The continued kindness of people who choose to leave us a gift in their will is always appreciated, and this year we raised £1.9 million from legacy gifts.

Corporate partnerships

We continued to receive incredible support from our long-standing partners this year, which included:

- Our flagship Asda Tickled Pink partnership raising more than £5 million for world-class research, life-changing support and breast awareness education
- M&S colleagues and customers raised an amazing £700,000 through the sale of post-surgery bras, Sparks loyalty card donations, M&S Bank Change4Change foreign currency donations and employee fundraising events
- Our partnership with Ann Summers reaching the £200,000 milestone
- Dorothy Perkins supporting World Cancer Day from 4 to 6 February 2022 by donating 5% of all sales and raising a fantastic £15,000
- Joining forces with Future Dreams and Lipsy. Launched during Breast Cancer Awareness Month 2021, Lipsy's Wear It With Love collection donated £3 per item sold and has raised nearly £22,000 so far
- The launch of a £100,000 fundraising challenge with Estée Lauder's beauty advisors across the UK

Events and community fundraising

While it remains a challenging environment, our events and community fundraising began to return to pre-pandemic levels following the end of the COVID-19 restrictions.

Whether it was at a planned event or in their own time, thousands of people laced up their trainers, hopped on their bikes and popped on their swimming goggles to take on a sporting challenge for Breast Cancer Now, raising a combined total of £5,677,043. Highlights included:

- Despite plans for some large-scale events being disrupted, like the London Marathon and Bath Half Marathon, we saw significant growth in the number of people taking on running, cycling, swimming and triathlon events for Breast Cancer Now. In total, they raised an amazing £2,396,199
- Our Pink Ribbon Walk series returning for the first time since 2019. With walks at Blenheim Palace, Chatsworth House and Chiswick House, supporters stepped out in force to raise more than £590,000
- Nearly 30,000 people taking on our 5 virtual challenges. Despite a crowded marketplace, supporters raised an impressive £2,690,316 and our Run 100k event was featured as one of the top 25 mass participation events of 2021

As communities continued to emerge from COVID-19 restrictions, hundreds of supporters came up with their own inspiring, creative and innovative ways of raising money. From gala balls and golf days to head shaves, tractor runs and high heeled walks, over £1,342,000 was raised – an incredible 45% year-on-year increase.

Further highlights from individuals, fundraising groups and local businesses across the UK this year included:

- One of our long-standing supporters, David Chappell, raising more than £2,600 with his #PloughForLife campaign. David, along with support from his 6 daughters, has been putting his agricultural skills as a farmer to good use, hosting tractor rides and selling chicken feed at his Yorkshire farm for voluntary donations to Breast Cancer Now

- The Isle of Man Fundraising Group got even closer to their £2 million fundraising milestone by raising an impressive £79,000 this year. With a full calendar of events, the group held their annual Pink Bra Dash and Boxing Day Dip. This year also saw the return of the Snaefell Sleepover – where 75 people walked up the island's highest mountain and camped without tents under stars

- A 3-month partnership with Lincolnshire Co-op, which raised more than £135,000. From cake sales and bingo nights, to a fancy dress walk over the Humber Bridge, and Big Pink Weekend across 280 stores, Co-op employees, members and customers got into the fundraising spirit.

Many people also chose to honour and remember a loved one who has died from breast cancer. Funeral collections and tribute funds have raised more than £544,000 this year.

Philanthropy and special events

This year, we warmly welcomed supporters back in-person to Carols by Candlelight. Along with songs by the choir and the chance to win some incredible prizes, guests celebrated the festive season by enjoying readings from our ambassadors Cherie Blair CBE QC, Amanda Mealing, Donna Fraser OBE. There was also a reading by Rosamund Dean, who is living with breast cancer. The evening raised over £27,000.

Our heartfelt thanks to the Mary-Jean Mitchell Green Foundation who continue to generously support the world-leading work of Professor Nick Turner and the Molecular Oncology Team at our Research Centre, this year with a wonderful gift of £100,000.

We'd like to express our immense appreciation for the players of the People's Postcode Lottery for their wonderful continued support this year.

Facebook birthday fundraising

Every year, thousands of people mark their birthday by raising money for Breast Cancer Now, and this year they raised an incredible £3.6 million through Facebook birthday fundraising.

Mass participation events

An amazing 13,879 individuals, schools and workplaces signed-up to take part in wear it pink 2021, raising over £1.6 million in total.

And 7,555 sandwich and scone lovers held a Breast Cancer Now Afternoon Tea, raising a tea-lightful combined total of £686,807.

Fundraising expenditure

Expenditure increased by £6.1 million from £15.7 million to £21.8 million, an increase of 38%. This reflected our growth plan in support of the 2025 Strategy including additional investment of £4.0 million into acquisition.

Charitable expenditure

Charitable expenditure, which includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information, increased by £3.4 million from £18.8 million to £22.2 million, an increase of 18%. This increase includes additional Research Grant funding of £1.3 million.

Reserves

The net movement in funds was a surplus of £22.8 million (2021: £10.3 million), which includes an unrealised investment loss of £0.1 million (2021: £1.0 million unrealised gain). The 2022-23 budget has been set to ensure that the charity is within the reserves policy set out below.

The charity holds reserves to provide funding for long-term financial commitments and a contingency against unforeseen operational cost pressures or reduction in income. Each year, the trustees review reserves levels in light of the year ahead, to ensure there are adequate funds to support the organisation. Reserves are held in 3 types:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years, and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £0.7 million at the year-end (2021: £0.7 million).

- Unrestricted funds arise when no stipulation is made by the donor. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves, including those held in intangible and tangible assets of £1.6 million, stood at £11.4 million (2021: £12.2 million) at the year-end, following the transfer of £23.7 million to designated funds.

- Designated funds arise when no stipulation is made by the donor, but which have been set aside by trustees for an essential spend or future purpose. Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. The charity's commitment to fund research is on a long-term basis but is funded through annual net fundraising income, which is subject to fluctuations. To reflect this and the increased funds in relation to rights to royalty income accounted for in year, designated funds have increased by £23.7 million to £37.2 million.

The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the trustees considered that a sufficient level of reserves for the organisation would be a minimum of £9.8 million. This is included in the unrestricted funds and is in line with the current free reserves position policy. Total funds at the year-end were £49.2 million (2021: £26.4 million) and are £39.4 million more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

Financial Statements

The charity's consolidated financial statements are set out on pages 70 to 97, including the results of the charity's subsidiaries. The financial results of the charity's regional groups are included within the consolidated results, as they operate within the same charity registration and are governed by the charity's regional group constitution.

Subsidiary Trading Companies

The charity had 6 subsidiaries that are detailed in note 25 of the financial statements, along with their results for the year. The companies are all wholly-owned subsidiaries. These subsidiaries carry out activities such as sub-licensing the charity's logo and the Fashion Targets Breast Cancer logo to commercial partners and delivering certain charitable partnerships. BCN Research Ltd delivers the Breast Cancer Now Catalyst Programme.

The trading subsidiaries transfer any profits to the charity under the Gift Aid scheme and their financial statements are consolidated into those of the charity.

Going concern

The future continues to be dominated by the economic outlook from the impact of the war in Ukraine, the cost of living crisis and residual COVID-19 factors.

We continue to monitor these issues on the UK economy and the associated generosity or ability of future fundraising activities and donations. A review of a range of scenarios assessing the key factors on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range and it is reasonable to expect the charity to have adequate resources to continue in operation in the foreseeable future. Accordingly, the trustees consider it appropriate for the financial statements to be prepared on a going concern basis of accounting.

During 2021-22, income exceeded levels achieved in both the previous year and those in our 2021-22 budget, with continued resilience of the income streams from individual donors and corporate partners. This was further supported from the returns from additional investment within individual giving and the additional royalty income accounted for in year.

Given the satisfactory closing position and the budget and financial projections for 2022-23, 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.

Grants

The charity funds research of the highest quality. We support the scientific community across the UK and Europe through multiple funding mechanisms, through our Tissue Bank, and by supporting conferences and training courses. Some of our funding supports centres of excellence, as we have taken a strategic decision to build a critical mass of research in a small number of locations. These are based in higher education institutions and close to hospitals and breast units, working under one roof in integrated, multidisciplinary programmes of research.

Investments

The charity holds investments in accordance with the Investment Strategy approved by the trustees. The Finance and Investment Committee reviews this Investment Strategy on an annual basis.

The charity's investment objective is to maximise the return on its investments in a manner consistent with the charity's overall strategy and values while meeting 2 requirements:

1. Investing to cover certain short-term spending with adequate liquidity and a shorter-term risk averse profile

2. Investing longer-term reserves consistent with their use for longer-term commitments or as contingency assets

The Finance and Investment Committee consider which are the most appropriate investment managers and as part of this, they consider their mandates, targets for performance and their ability to provide the appropriate support, diversification and performance required to achieve the investment strategy. The investments are held with CCLA.

Governance, Structure and Management

The Board of Trustees of Breast Cancer Now presents its Annual Report and Accounts for the year ended 31 July 2022. These comply with the Companies Act 2006, Breast Cancer Now's governing document the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Status

Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The trustees listed on pages 53 are also the charity's directors and have overall responsibility for the strategic direction and effective governance of the charity. The trustees met regularly during the year.

The legal and administrative details are listed on page 98.

Objects

The charity's objects are to:

- Advance health, including the health of individuals suffering from cancer, patients receiving treatment, those convalescing following treatment by:
  - Promoting activities which will assist with awareness, identification and prevention of cancer
  - Assisting those individuals who are disabled, infirm or in need of assistance
- Advance the health of individuals by undertaking research into the causes and treatment of cancer on terms that the results of such research are published
- Advance public education in and understanding of the nature of cancer and its treatments, particularly (without prejudice to that generality) among sufferers of cancer and the families, friends and carers of such persons
- Promote such charitable objects concerned with medical research or the relief of sickness as the directors shall in their absolute discretion determine

Trustee recruitment, appointment, induction and training

Trustees are appointed, by the Board, for an initial period of 3 years that can be extended for a further 3-year term. A further 1, 2 or 3-year term can be agreed between the individual and the chairperson, or 3 other directors if deemed to be in the charity's best interest.

Trustees contribute their services voluntarily. Prior to their appointment as a trustee, they are appointed as a trustee designate, an honorary position in accordance with the charity's governing documents, for a period of 6 months. This is designed to enable potential trustees and the charity to evaluate if the role is right for them, and includes a formal induction programme and attendance at board and committee meetings where they are able to contribute but not formally vote.

A skills audit of the Board is performed periodically to ensure the appropriate range of skills and expertise, including in areas of scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The Board supports the principles of good governance set out in the Charity Governance Code and uses the code to review governance on an annual basis.

Board of Trustees

Members of the Board during the year were:

Jill Thompson[+]
Chair

Pascale Alvanitakis-Guely[¥]

Mark Astaire[¥]

Barbara Brown[+]

Christopher Copeland

Professor Mitch Dowsett[¥*]

Susan Gallone[¥]
(resigned 5 May 2022)

Sonia Gayle[¥]

Professor Adrian L Harris[*]
(resigned 5 May 2022)

Professor Ingunn Holen

Andrew Moore[¥]
Vice Chair

Ann Pickering[+]

Dr Nisha Sharma[+*]

Dr Georgette Oni[+*]
(appointed 5 May 2022)

Dr Andreas Makris[*]
(appointed 5 May 2022)

The trustees have the benefit of a qualifying third-party indemnity provision as defined by section 234 Companies Act 2006. The charity purchase and maintained throughout the year trustees' and officers; liability insurance in respect of itself and its trustees.

member of the finance and investment committee
¥ member of the risk and governance committee
+ member of the people and culture committee
* member of the science strategy committee

Senior leadership team (at 31 July 2022)

Delyth Morgan
Chief executive

Rachael Franklin
Director of fundraising, communications and engagement

Simon Vincent
Director of research, support and influencing

Chay Champness
Chief operating officer

During the year, the senior leadership team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were **£529,636** (2020-21 £548,520).

In 2021-22, the chief executive, the highest paid member of staff, received remuneration of **£139,444** (2020-21 £135,975).

Staff employee reward

From August 2021 to July 2022, Breast Cancer Now employed an average of 294 (2021: 269) staff across the year. Our staff are fundamental to the work we do and we rely on them, our supporters, volunteers and trustees, and their amazing commitment, dedication and support they give to the charity.

Our people and culture committee monitors Breast Cancer Now's people plan, our organisational and cultural development and reward strategy. This includes our pay and benefits policies, our pay structure and annual pay review process, all of which determine how pay levels are decided. We're committed to equality in our pay and benefits policy and aim to ensure that our levels of pay and range of benefits reflect the knowledge, skills, experience and competencies of our staff.

We aim to pay salaries at the median level of the voluntary sector, and we regularly use salary survey data to check that our pay remains in line with the market we operate in. The committee approves the annual pay review process, which is determined partly by average pay awards across the sector, and partly by the charity's financial performance and affordability to fund an annual cost of living increase.

Executive pay is governed by the same rules and review processes as for all other staff, and we offer the same level of benefits to the executive team as to the rest of our staff. Jobs are evaluated and graded into a framework with pay bands that are transparent and published to all staff.

Our trustees freely give their time and do not receive payment for the work they do, other than travel expenses.

Equality, diversity and inclusion

Breast Cancer Now acknowledges that everyone is unique with individual skills, knowledge and life experiences and everyone can make a valuable and positive contribution to the aims, values and strategic goals of the charity. We recognise the benefits of employing and engaging with individuals from all backgrounds and community groups as this helps build a workforce and business where creativity and valuing difference in others thrives.

We are committed to a policy that ensures all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status (in cases of gender re-assignment), pregnancy and maternity status, marital status, race and religion and belief (protected characteristics) and membership of or activities as part of a trade union, or social or economic status.

Our equality, diversity and inclusion (EDI) steering group continues to meet with representatives from across each directorate and a range of teams across the charity. The group steers the development, implementation and monitoring of an organisation-wide approach to EDI, which enables us to better reach and meet the needs of both internal and external stakeholders.

The group is using management information, external expertise and insight from lived experiences, to enable us to work towards our strategic objectives. It ensures diverse voices are listened to, fosters an inclusive environment for all colleagues and ensures we are reaching and supporting diverse beneficiaries through our charitable work. Since the group was formed in 2020, we have been laying the foundation for real change.

This year, we have started to focus on 3 priority areas, which aligns with our organisational strategy:

1. **Gathering clear EDI data to guide us**
   In March 2022, we appointed the Equality Works Group (EWG) to undertake an internal EDI audit. This was to help us understand in more detail the demographics and culture of our workforce. It also aimed to identify factors that will help us build on our work to create a diverse and inclusive organisation.

   The audit was completed in July 2022 and highlighted many strengths. A number of recommendations were made to continue to deliver internal EDI progress, and an action plan is being developed to deliver these recommendations in 2022-23.

2. **Building our collective confidence around EDI**
   We continue to encourage colleagues to share their lived experiences and to celebrate key EDI events across the year. Sharing lived experience continues to be an important way for us to build our collective confidence and understanding. We have also developed an EDI hub on our intranet to share key learning and development resources.

3. **Strengthening the networks that are vital to driving our EDI progress**
   Externally, we continue to develop our approach to EDI and reach underserved communities. For example:

   - In our communications work, we are more clearly identifying the different communities and groups of people we speak to and the issues that matter to them
   - In our fundraising work, we are improving the experience our supporters have with us
   - In our digital work, we are making our website more accessible
   - In our public health work, we are creating information in 13 different languages including British Sign Language

We recognise that we are learning. Where we make mistakes, we will take ownership and reflect, learn and adapt our practices to move forward. Some of our recent EDI progress has come from not getting things right straight away.

Approach to fundraising

We aim to build strong, meaningful, and long-lasting relationships with those who donate, fundraise and volunteer for Breast Cancer Now. We rely on the generosity of individuals and partners to help us reach our ambitious 2050 goal and we take great pride in how we raise funds towards that. Our supporters are essential to what we do and we will always strive to provide exciting opportunities accompanied by excellent experience and high standards of service that are continuously improving.

Our fundraising portfolio is diverse, ranging from volunteer-led fundraising, to lottery, to corporate, to gifts in wills, TV advertising and more.

To meet the expectations of our supporters, Breast Cancer Now continues to have a cross-organisational focus on ensuring that we are working in a way which is compliant with law and regulations governing charity fundraising, including being registered with the Fundraising Regulator and adhering to the GDPR. This focus enables us to adapt to any changes in the law or in best practice and continuously consider what is important to our supporters with regards to their privacy and data.

Fundraising on our behalf

Engaging with new and existing supporters is a privilege and an important part of our fundraising effort. We work with carefully selected professional fundraising agencies to conduct face-to-face activity and outbound calling as well as to manage our lottery, raffle and gift administration. We closely monitor those who work on our behalf through mystery shopping, call monitoring, training, and regular account management to ensure they adhere to our high standards and those of the Fundraising Code of Practice.

Safeguarding and vulnerable supporters

We recognise our responsibility to safeguard our supporters and members of the public across all areas of our fundraising and services. Our safeguarding policy and annual safeguarding report is reviewed each year by the risk and governance committee.

Complaint handling

From August 2021 to July 2022 we received and responded to 219 complaints, which is a 4% increase on the number of complaints compared to last year. While the number of complaints we received is small compared to our overall reach, we take all negative feedback seriously. Each complaint has been thoroughly investigated and resolved with corrective action taken, where appropriate, to improve the work we do. All feedback is valuable for the continuous improvement of the experience of our supporters and beneficiaries. We continue to review our policies and procedures on a regular basis to ensure they are robust and serve our supporters in the best way possible.

Our Fundraising Promise

We rely on the generosity of our supporters, partners, and volunteers to make what we do possible. Through donations and fundraised income, we can work towards our vision that by 2050 people with breast cancer will live and be supported to live well.

We are committed to showing the individuals, companies, and organisations who support us how much they are valued and the difference their support makes. The following principles guide our ways of working:

Honesty and Accountability

- We ask for and listen to your feedback and complaints and make improvements based on what you say
- We closely monitor agencies working on our behalf and ensure they keep to our high standards
- We work in way that is compliant with relevant statutory bodies and the Fundraising Code of Practice

Kindness and Respect

- We inspire people to give or raise money for Breast Cancer Now without making them feel pressured to give
- We have a procedure for working with people in vulnerable circumstances, including children
- We only communicate with you in the ways that you prefer and always with a friendly and approachable manner
- We treat all donors and the members of the public fairly and with respect
- We value and acknowledge the contributions made by our supporters and thank accordingly

Trust and Transparency

- We keep supporter data secure and do not sell or share it for marketing purposes
- We use donations wisely and always with an unrelating focus on our beneficiaries and we do what we say we will do with the donations we receive

Learning and Developing

- We listen and learn and always strive to improve the experience of being a supporter of Breast Cancer Now
- We constantly monitor how fundraising activities are received and perform to understand how they are experienced by our supporters
- We invest time and energy in developing our own skills and knowledge so we can deliver effective fundraising and supporter experience

Advisory boards and committees

Finance and investment committee

The finance and investment committee is responsible for advising the Board on short and long-term financial planning, including review of financial plans, budgets and proposals, as well as playing a governance role with the review of financial policies, processes and controls and advising on the appointment of external auditors. The committee is responsible for appointing the charity's investment managers, and also sets and recommends the investment strategy to the Board for approval and oversees the management and performance of investments. The finance and investment committee met 5 times during the year.

Risk and governance committee

The risk and governance committee set the risk management process and ensure that strategic risks are identified, reported to the Board and, where necessary, highlighted to other committees, such as the finance and investment committee.

The committee ensures that risk priorities and relevant actions are highlighted to the senior leadership team for further action by their directorates. The committee also oversees any material internal controls change programme and ensures recommendations are implemented. The committee recommends the charity's risk management appetite and policy to the Board for approval and reviews policies which may result in significant reputational risk. The risk and governance committee met twice during the year.

People and culture committee

The people and culture committee has delegated responsibility from the Board for the remuneration and reward framework across the organisation and appointment of trustees and senior leadership, including the chief executive. The committee also has strategic oversight of the charity's people plan. The people and culture committee met 3 times during the year.

Science strategy committee

The science strategy committee is responsible for overseeing Breast Cancer Now's research portfolio and making recommendations to the Board as to the distribution of our research funding. The committee plays a key role in ensuring that our research supports our strategic aims and met twice during the year.

Chairs' committee

The chairs' committee enables decisions to be made between Board meetings where they are of sufficient urgency that it would be detrimental to wait until the next Board meeting. The chairs' committee met once during the year.

Risk

Risk is inherent within all of our activities and therefore must be understood and managed. Accepting a certain level of risk allows us to innovate and strive to achieve more for people affected by breast cancer. It is important, however, to balance risk across the organisation to ensure that it remains within our current level of appetite and tolerance.

We operate a process of risk identification and management that is embedded into the governance of the organisation. Central to this are our risk registers, which are regularly reviewed and updated by the senior leadership and operational leadership teams, the trustees and considered by the risk and governance committee which normally meets twice a year.

We also regularly adapt the content to ensure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are a living document that continues to change over time in response to internal and external stimuli.

Risks are scored in terms of likelihood and impact. This allows us to quickly identify the most pressing risks and any changes in their profile. For each risk the registers set out the possible causes, current controls in place to manage it and any actions ongoing to provide further mitigation. These actions are assigned an owner, and progress is tracked by the senior leadership team and the trustees.

The trustees reviewed Breast Cancer Now's key risks and are satisfied that risk management has been undertaken appropriately and that adequate systems were in place to manage risk. The senior leadership team are responsible for the day-to-day risk management and ensuring that each directorate is aware of, and appropriately manages, their risks.

We have considered the key risks facing the charity in the year ahead. Some examples of these strategic risks and mitigations to manage them are detailed on the following pages.

Risk	Mitigation
Legal and regulatory compliance	
Risks of non-compliance: • Serious data security breach (from a cyber-attack or non-compliance with GDPR) • Lack of compliance with regulations in relation to our fundraising practices • Failure to comply with legal or regulatory requirements	• IT policies and procedures including vulnerability scanning and penetration testing and anti-virus software • Dedicated fundraising compliance senior officer; data privacy manager and governance manager • Regular training for staff • External peer review of research
Loss of reputation	
A high-profile incident results in a loss of reputational integrity, influence and support	• Anti-fraud policy and fraud monitoring in place • Reputation management and crisis communication processes in place
Financial sustainability	
Failure to effectively manage our financial resources to ensure we can continue to support those affected by breast cancer	• Prudent 2022-23 budget and reserves policy • Continued enhanced cashflow forecasting throughout the year • Agile fundraising strategy with quarterly reviews around performance to date and future pipeline • Ongoing monthly updates to year end forecast
Unforeseen disruptions such as COVID-19	
Inability to deliver our mission to those affected by breast cancer due to serious business disruption	• Agile governance arrangement, enabling quick and effective decision making • IT systems robust secure and stable due to quality of leadership and decision-making • Motivated and engaged staff and volunteers

Risk	Mitigation
Marketing	
Low brand awareness	• New brand based on insight from, and tested on and with, beneficiaries, supporters and other key stakeholders including key fundraising contacts • Investment in sustained brand marketing
Services and research	
Not reaching enough service users with loss of reach and impact due to drop-out rates on courses and pressure on the NHS	• Analysis of reasons for this post-COVID-19 • Review of and improved communications and marketing
Inability to maintain our commitments to our long-term research activities or to fund future research, because of lower levels of income	• Close communication with those researchers to whom we provide long-term support, to discuss ways of mitigating the impact of reductions in budgets • Establishment of designated fund to support long term research commitments
Inability of existing research to continue due to disruption at research host institutions or loss of key researchers	• Close communication with researchers and senior administrative staff at key host institutions to monitor their ability to support the research we fund • Long-term commitment to key strategic research activities to ensure stability for research staff and support for research training
Staff and volunteers	
Failure to address the health and wellbeing of employees and volunteers and support their ability to perform their roles	• EDI programme across organisation • Enhanced performance management programme for staff • High-quality volunteering programme

S172(1) Statement

The Trustees are required to outline how they have met the requirements of S172(1) of the Companies Act 2006 in acting to promote the success of the charity to achieve its charitable purposes. This includes having regard to the interests of its stakeholders, volunteers, employees and the wider community.

The charity recognises it cannot achieve its mission on its own. Collaboration and working in partnership with its stakeholders are essential in ensuring that by 2050 everyone diagnosed with breast cancer will live and be supported to live well.

Our supporters, including members of the public, donors, trusts and corporate partners enable us to raise funds we need to fund research and provide care services. We work closely with our suppliers and our dedicated staff who are vital in us progressing towards our goal. We set out below how the charity engages with its different stakeholders and listens to their views in order to better achieve its charitable objectives.

Employees

Our success as a charity is underpinned by the wellbeing and performance of staff who are fundamental to everything we achieve. We engage with our staff in a variety of ways through:

- An active staff forum with regular online drop-ins for staff to raise questions, and dedicated representatives to gather staff feedback or field concerns
- Monthly organisational updates to staff providing information around the charity's development, and an opportunity for staff to provide feedback and raise questions to the senior leadership team
- Monthly directorate meetings providing an opportunity for senior leadership to speak to their directorate and share updates across teams, and an open forum for staff members to update their peers, ask questions or flag concerns
- The organisational management team meet monthly and act as both a forum to cascade organisational information and to raise staff concerns
- Weekly newsletters are distributed, which provide staff with updates from across the organisation, including operational news, campaigns and staff blogs
- Our intranet provides a centralised space for staff to find and post information. It is an integral hub for connecting staff whether they are working in one of our offices or working from home
- We have around 20 'Now Sessions' per year, which are voluntary, peer-to-peer informal sessions hosted by teams across the organisation to share knowledge, learnings and success stories
- Development of an online learning and development platform to enhance the face-to-face learning, and to meet the extensive and diverse training needs across the staff group
- Use of staff surveys, particularly around staff engagement and developing our equality, diversity and inclusion (EDI) plans to become a more diverse and inclusive organisation
- An EDI group has been established, which includes staff representatives, to help steer our development, implementation and monitoring of our organisational approach to EDI
- Annual performance review process which focuses on the performance and development of our staff
- We have an annual staff conference and awards ceremony to celebrate the achievements of staff and the organisation, of which staff members contribute to the content, and vote for their award nominations
- We have established an environmental group, a number of social and wellbeing groups including mental health first aiders, a social committee, netball team and a craft group, and other support groups including peer learning groups, long-term health conditions group, Parenting Now and Caring Now

Volunteers

We cannot achieve our charity's vision with a staff team and budget alone. We rely on people's passion and personal connection, alongside their time, skill, voice, and willingness, to create real change. And we're delighted that 97% of our volunteers say they feel valued by Breast Cancer Now (Volunteer Experience Survey 2022).

The overarching intent of our volunteering strategy is to "open the doors" of volunteering. Our 5-year volunteering plan aims to grow our key programmes in line with our Turning the Tide strategy, welcome new people from diverse backgrounds, and champion ideas to adapt and change.

Help and support

Volunteering is interwoven into every directorate of the charity, where volunteers shape, resource, and support our activities. The volunteer hub is responsible for providing infrastructure, training and support to staff teams who involve volunteers, while also championing new volunteer programmes.

Growing our programmes

The number of "managed volunteers" grew to 615 this year: these are people who support through formal, longer-term roles. Alongside this, "one-off" opportunities have been very popular, particularly as we opened up our face-to-face events. We have also created more remote and office support roles, with volunteers supporting teams ranging from patient experience to data, legal to digital. We will continue opening up new opportunities and reducing barriers to volunteering over the next year.

We have trialled new ways of recruiting volunteers, making recruitment more accessible, reducing barriers to entry for certain roles, and promoting opportunities using different media formats.

We took the decision to co-create a new and improved Voices network, discontinuing our legacy charities' networks. The Voices community use their experiences to directly influence our work, as well as get involved in external activity, and the new network has grown by 20% over the year.

Volunteer engagement

- Volunteer surveys used to obtain feedback on training and support provided. Volunteer satisfaction was 93% (Volunteer Experience Survey 2022), a big increase from 2021 survey where this figure was 86%

- Acted on feedback from volunteers to develop an ongoing series of online events and talks. In 2022, topics have included learning more about the research we fund and secondary breast cancer, and we ran the Volunteers' Week thanking event

- Hosted 4 regional volunteer events in April 2022; 100 volunteers attended these, or the online equivalent. The events provided opportunity for volunteers to connect in-person, for the first time since 2019, bringing together volunteers to connect with the charity and inputting their views into volunteer experience. Over 95% of attendees said the events made them feel appreciated and contributed to increased connection to, and trust in, Breast Cancer Now

- We have an annual outstanding volunteer award, as well as providing reward and recognition guidance for staff to better recognise volunteers across the organisation. The winner of this year's award was Christianne Forest, who has volunteered for numerous support and breast awareness volunteers following her diagnosis as a young woman with 4 young children at the time

- Volunteer communications include regular "drop in and connect" virtual sessions, email bulletins, and one-to-one phone calls with volunteers who haven't heard from us recently or may have paused their volunteering

- Developed our dedicated volunteer learning platform - Volunteer Now - providing a single place for volunteers to access training specific to their role, engage with resources and information about the charity, so that they may be ambassadors for the charity, and access opportunities for personal development

Donors, trusts and corporate partners

Our partnerships with our donors, trusts and corporate partners are fundamental to our charitable work. Here's how we engage with donors, trusts and corporate partners:

- Collaborating regularly with our corporate partners through virtual and face-to-face meetings

- Working with our corporate partners to co-create campaigns and actions

- Regularly undertaking partnership reviews to understand levels of performance, impact and satisfaction

- Major events and milestones at Breast Cancer Now are communicated to our donors and supporters

- Reporting on the impact we have as a charity thanks to their support via impact reports, email communications and our Annual Report and Accounts

- Opportunities for supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists

- Cultivation events such as our annual carol service, providing an opportunity to meet key members of Breast Cancer Now staff, trustees and other supporters

- Donor-specific thank you events – such as for events, community, philanthropic, and legator supporters – to show the impact of their support, to meet staff and other supporters and to engage further in our work

- Clear thanking process and plan for all supporters based on the type and level of support and their relationship with Breast Cancer Now

- Our Fundraising Promise, which guarantees what donors of all types can expect from Breast Cancer Now in their relationship with us

- Clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with us

Suppliers

Our ability to fund dedicated research, and to provide the necessary support and care to those impacted by breast cancer, relies on good liaison with suppliers. Some of the ways that we engage with our suppliers include:

- Having a dedicated research team to provide the administrative support to ensure effective collaboration with those institutions undertaking research on behalf of the charity

- Building close working relationships with the hosts of our 4 long-term research activities: the Institute of Cancer Research (The Toby Robins Breast Cancer Research Centre and the Generations Study), Kings College London (the Breast Cancer Now Research Unit) and the Barts Cancer Institute at Queen Mary University of London (the Breast Cancer Now Tissue Bank)

- Developing links with external scientists through the science strategy committee and various conferences, including taking a leading role in the UK Interdisciplinary Breast Cancer Symposium

- Working with organisations that bring us together with others in the sector to amplify our voice, including the Association of Medical Research Charities, the Richmond Group and the National Cancer Research Institute

- Working with the Richmond Group of charities to combine our influence and speak as one collective voice so that we can improve the support and care for

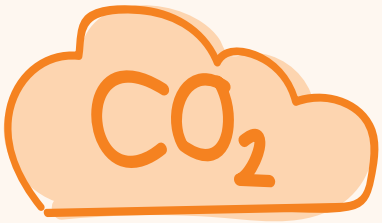
people with long term conditions

- Using expert speakers drawn from the healthcare professions, including oncologists, surgeons, physiotherapists and dietitians, who share their expertise and knowledge with service users through our face-to-face and online support services
- Employing sessional therapists, facilitators and nurses to co-deliver and support services to people affected by breast cancer, enabling us to reach more people across the UK
- Making use of a range of convenient, accessible and welcoming venues across the UK at which we host our services, ensuring a safe and comfortable environment for people to meet each other, share experiences and gain mutual support
- Developing our relationships with nurses in practice, supporting their continuous education and gaining their contribution to the development of nursing and health information services
- Working closely with our print suppliers to manage the distribution of our award-winning publications to those that need them, and with our virtual call centre supplier, allowing delivery of a telephone helpline to provide support
- Using a political monitoring service and other specialist suppliers to enable us to take our influencing and campaigning work to elected representatives and campaigners - for example through campaigner actions and the delivery of events, briefings and reports
- Working with policy experts in other organisations in the sector to give us additional capacity to develop policy

Energy and emissions

The following figures make up the baseline reporting for Breast Cancer Now.

Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.



	2021-22	2020-21
Scope 2		
Grid supplied electricity – kWh	67,839	242,064
Associated Greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	14	53
Intensity ratio Emissions per headcount, based on average staff numbers of 269	0.02	0.09

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2021 and 2022 reporting year. For 2021 (1 January 2021 to 31 July 2021) used Database 2021, Version 1.0. For 2022 (1 January 2022 to 31 July 2022) used Database 2022, Version 1.0.

Statement of trustees' responsibilities

The trustees (who are also directors of Breast Cancer Now for the purposes of company law) are responsible for preparing the trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company 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 the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015)
- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards, comprising FRS 102, 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 charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

In the case of each trustee in office at the date the Trustees' Report is approved:

- So far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and
- They have taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Jill Thompson,
Chair of the board of trustees



WE CANNOT ACHIEVE OUR CHARITY'S VISION WITH A STAFF TEAM AND BUDGET ALONE. WE RELY ON PEOPLE'S PASSION AND PERSONAL CONNECTION, ALONGSIDE THEIR TIME, SKILL, VOICE, AND WILLINGNESS, TO CREATE REAL CHANGE.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS AND THE TRUSTEES OF BREAST CANCER NOW



Opinion

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2022 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2022 and of the group's income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company / group 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 charitable company's or the group's ability to continue as a going concern for a period of at least 12 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 trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

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

- Adequate and proper accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 64, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

www.frc.org.uk/auditorsresponsibilities.

This description forms part of our auditor's report.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation, employment legislation and health and safety legislation.

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

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finance and Investment Committeeabout their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Nicola May
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
London

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(incorporating an income and expenditure account)
For the year ended 31 July 2022

The Consolidated Statement of Financial Activities is for the Group as a whole. Total income for the year for the parent charity was £66,602,000 (2021: £40,684,000).

All amounts relate to continuing operations. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. There are no material differences between the net income for the financial year and the historical cost equivalents.

	Note	Unrestricted funds £000	Designated funds £000	Restricted funds £000	**Total 2022 £000**	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2021 £000
Income from:									
Donations and legacies	2	22,734	-	4,676	**27,410**	22,250	-	4,215	26,465
Charitable activities		27,224		-	**27,224**	6,970	-	-	6,970
Other trading activities	3	11,302	-	553	**11,855**	8,742	-	364	9,106
Investments		395	-	-	**395**	285	-	-	285
Furlough income	25	-	-	-	**-**	196	-	-	196
Total income		61,655	-	5,229	**66,884**	38,443	-	4,579	43,022
Expenditure on raising funds	4	21,774	-	-	**21,774**	15,732	-	-	15,732
Expenditure on charitable activities	5	16,816	-	5,401	**22,217**	12,632	-	6,137	18,769
Total expenditure		38,590	-	5,401	**43,991**	28,364	-	6,137	34,501
Net realised investment gain	11	-	-	-	**-**	804	-	-	804
Net unrealised investment (loss)/gain	11	(122)	-	-	**(122)**	1,009	-	-	1,009
Total net investment (loss)/gain		(122)	-	-	**(122)**	1,813	-	-	1,813
Net income/ (expenditure)		22,943	-	(172)	**22,771**	11,892	-	(1,558)	10,334
Transfers between funds	20	(23,767)	23,655	112	**-**	(13,500)	13,500	-	-
Net movement in funds		(824)	23,655	(60)	**22,771**	(1,608)	13,500	(1,558)	10,334
Funds brought forward	20	12,209	13,500	725	**26,434**	13,817	-	2,283	16,100
Funds carried forward	**20**	**11,385**	**37,155**	**665**	**49,205**	**12,209**	**13,500**	**725**	**26,434**


BREAST CANCER NOW
breastcancernow.org

BALANCE SHEETS

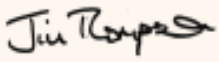
As at 31 July 2022

	Note	**Group 2022 £000**	Group 2021 £000	**Charity 2022 £000**	Charity 2021 £000
Fixed assets					
Intangible assets	9	998	1,117	998	1,117
Tangible assets	10	587	624	587	624
Investments	11	19,958	10,413	19,958	10,413
		21,543	**12,154**	**21,543**	**12,154**
Long term debtors	15	15,040	-	15,040	-
Current assets					
Current investments	12	-	-	-	-
Debtors	14	13,571	12,068	16,875	15,386
Cash at bank and in hand		19,461	24,071	10,989	14,282
		33,032	36,139	**27,864**	29,668
Creditors: amounts falling due within one year	16	(16,208)	(17,466)	(12,614)	(13,243)
Net current assets		**16,824**	18,673	**15,250**	16,425
Total assets less current liabilities		**53,406**	30,827	**51,832**	28,579
Creditors: amounts falling due after more than one year	17	(3,860)	(3,992)	(2,299)	(1,757)
Provisions for liabilities	19	(341)	(401)	(341)	(401)
Net assets		**49,205**	26,434	**49,192**	26,421
Unrestricted Funds	20	11,385	12,209	11,372	12,196
Designated Funds	20	37,155	13,500	37,155	13,500
Restricted Funds	20	665	725	665	725
Total Funds		**49,205**	26,434	**49,192**	26,421

The notes on pages 74 to 97 form part of these financial statements.

The Charity's net movement in funds for the year was an increase of £22.8m (2021:increase of £10.3m)

The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 23rd November 2022 and were signed on its behalf.



Jill Thompson **Trustee**

CONSOLIDATED CASH FLOW STATEMENT

For the year ended 31 July 2022

	Note	£000	Group 2022 £000	£000	Group 2021 £000
Cash flows from operating activities:					
Net cash generated in operating activities	a		**5,288**		**2,438**
Cash flows from investing activities					
Dividends, interest and rents from investments		(9,392)		148	
Purchase of tangible fixed assets	10	(356)		(58)	
Purchase of intangible fixed assets	9	(150)		(543)	
Proceeds from sale of investments	11	-		-	
Net cash generated investing activities			**(9,898)**		**(453)**
Change in cash in the reporting period			(4,610)		1,985
Cash at the beginning of the reporting period			24,071		22,086
Cash at the end of the reporting period	b		**19,461**		**24,071**

(a) reconciliation of net incoming resources to net cash flow from operating activities		Group 2022 £000	Group 2021 £000
Net income for the reporting period (as per the Statement of Financial Activities)		22,771	10,334
Depreciation and amortisation	9,10	663	469
Loss on disposal of fixed assets		-	34
Decrease in provisions		(60)	(116)
Realised gain on investments	11	-	(804)
Unrealised loss/(gain) on investments	11	122	(1,009)
Dividends, interest and rents from investments		(395)	(285)
Investment fees deducted from portfolio	11	120	58
Decrease in stock		-	14
Increase in debtors		(16,542)	(4,756)
Decrease in creditors		(1,391)	(1,501)
Net cash generated from operating activities		**5,288**	**2,438**

(b) Analysis of cash and cash equivalents	Group 2022 £000	Group 2021 £000
Cash in hand	17,415	22,042
Notice deposits (less than 3 months)	2,046	2,029
Total cash and cash equivalents	**19,461**	**24,071**

FINANCIAL ACCOUNTS AND NOTES

Breast Cancer Now
Notes to the financial statements for the year ended 31 July 2022

1. Accounting policies

Charity information

Breast Cancer Now ("the Charity") is a Public Benefit Entity which was incorporated on 9 December 2014, and is registered in England and Wales (company number 09347608) and in the Isle of Man (company number 6021F). It was registered as a charity on 18 February 2015 with the Charity Commission in England and Wales (charity number 1160558), in Scotland (charity number SC045584) and the Isle of Man (charity number 1200). The Charity was established following the merger of Breakthrough Breast Cancer and Breast Cancer Campaign on 1 April 2015. On 29 April 2019 the Charity, following approval by the Trustees, acquired Breast Cancer Care.

On 30 April 2020 the Charity became the sole Corporate Trustee of Second Hope (Registered Charity No:1163205) a charity committed to supporting research in secondary breast cancer. Second Hope has been consolidated in the financial statements as a subsidiary.

Basis of preparation

These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at fair value and in accordance with Financial Reporting Standard 102 ('FRS 102') 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' and with the Statement of Recommended Practice 'Accounting and Reporting by Charities' FRS 102 as revised in 2019 ('the SORP 2019'), together with the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The functional currency of the Group and Charity is considered to be GBP because that is the currency of the primary economic environment in which the Charity operates.

Going concern

The Board has reviewed the Charity's activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income. The financial impact of the cost of living crisis and residual COVID-19 factors were a key element to these assessments. A review of a range of scenarios assessing the potential impact on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range and it is reasonable to expect the Charity to have adequate resources to continue in operation in the foreseeable future.

During 2021-22, income exceeded levels achieved in both the previous year and those in our 2021-22 budget with continued resilience of the income streams from individual donors and corporate partners. This was further supported from the returns from additional investment within Individual Giving and the additional royalty income accounted for in year.

Consolidation

The financial statements consolidate the Charity and its trading subsidiaries ("Group"). The income and expenditure from the date of acquisition has been incorporated in these financial statements.

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

Exemptions

The Charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual Statement of Financial Activities.

Business combinations

Business combinations are accounted for by applying the purchase method. The cost of a business combination is the fair value of the consideration given, liabilities incurred or assumed and of equity instruments issued plus the costs directly attributable to the business combination. For combinations at nil or nominal consideration which are in substance a gift, any excess of the fair value of the assets received over the fair value of the liabilities assumed is recognised as a gain in the Statement of Financial Activities ("SOFA"). On acquisition, the fair values are attributed to

the identifiable assets, liabilities and contingent assets.

Since the Charity is a charitable company, it is subject to the restriction in the Companies Act Accounts Regulations that prohibits the recognition of unrealised gains in the profit and loss account. In circumstances where the fair value of the assets received exceeds the fair value of the liabilities assumed, only the element of the gain which relates to the realised profits is recognised as "Other income" in the SOFA. The element of the gain which relates to unrealised profits is recognised as "Other recognised gains" in the SOFA.

Funds

The following funds are held by the Charity:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £0.7 million at the year-end (2021: £0.7 million).

- Unrestricted funds arise when no stipulation is made by the donor. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves, including those held in intangible and tangible assets of £1.6 million, stood at £11.4 million (2021: £12.2 million) at the year-end following the transfer of £23.7 million to designated funds.

- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for an essential spend or future purpose. Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. The charity's commitment to fund research is on a long-term basis but is funded through annual net fundraising income, which is subject to fluctuations. To reflect this and the increased funds in relation to rights to royalty income accounted for in year, designated funds have increased by £23.7 million to £37.2 million. £15.0 million of this has yet to be received in cash and is shown under long-term debtors.

The Charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations, the trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the trustees in line with the reserves policy as described in the trustees report (page 51).

Income

Income is accounted for and included in the SOFA when the Group is entitled to the income, receipt can be quantified and receipt is probable. Income is deferred when it relates to future accounting periods.

Donations
Donations are recognised upon receipt along with any related gift aid. Donations which have been collected by a third party but not yet passed to the Charity are accrued based on the date of collection.

Legacies
Legacies are recognised when capable of financial measurement, receipt is probable and where there are no conditions that still need to be fulfilled. Pecuniary legacies are recognised once notification has been received and probate has been granted. Residuary legacies are recognised once notification has been received, probate has been granted and they can be reliably measured, usually on receipt of estate accounts.

Corporate sponsorship and products
Income from corporate sponsorship and products is measured at the fair value of consideration received or receivable and represents the amounts receivable, net of value added taxes. The Group recognises revenue when it has an entitlement to the revenue, it is probable that it will be received and the amount can be reliably measured. Revenue from corporate sponsorship is recognised over the period of the sponsorship arrangement. Revenue for the sale of goods is recognised at the point of sale.

Lotteries
Income received in respect of lotteries is recognised when the draw is made. Income received in advance for future lottery draws is deferred until the draw takes place.

Donated goods and services
Donated goods and services are recognised in the accounts when the benefit to the Charity is reasonably quantifiable and measurable. The value is the price the Charity estimates it would pay should it purchase equivalent goods or services.

Investment income
Investment income is recognised on a receivable basis.

Regional groups
The income of regional fundraising groups includes all transactions cleared on the regional group bank statements up to the year-end.

Fundraising events
The company recognises revenue for events at the date of event. Where revenue is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued.

Grants
Grant income is recognised when the funding offer is communicated in writing to the Charity or when performance related conditions are met.

Expenditure
Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA.

Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

Expenditure on charitable activities includes direct staff costs and expenditure relating to charitable activities provision of services, clinical support, health information and policy and campaign costs. and research grant expenditure.

Research grants in furtherance of the Charity's objectives are the total amounts granted to external bodies for charitable work. The grants made by the trustees are recognised in the SOFA in the year the grant is awarded and notified to the recipient, provided a legal or constructive commitment exists and any conditions attaching to the grant have been fulfilled by the recipient. The liability is measured as the total of expected payments for the period to the next scientific review.

Costs relating to the sale of goods include the direct costs of purchasing and distributing goods for sale.

Communication and support costs are reviewed and any costs directly relating to our charitable activities have been allocated to the appropriate strategic charitable priority with the remainder being apportioned to charitable activities and raising funds based on a combination of headcount and staff time.

Governance costs are the costs incurred to manage the Charity in compliance with constitutional and statutory requirements and are included in support costs.

Operating leases
Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

Taxation
Breast Cancer Now has charitable status and therefore any income and gains are exempt from corporation tax under Section 202 of the Corporation Act 2010 to the extent that they are applied for their charitable objects.

Value Added Tax is only partially recoverable by the Charity and therefore the non-recoverable element is included with the expenditure on which the VAT was charged in the SOFA.

The Charity's subsidiaries do not generally pay UK Corporation Tax because their policy is to pay taxable profits to the Charity as gift aid.

Pensions
Employees are entitled to join the pension scheme provided by Aviva. These are defined contribution schemes administered by an independent scheme administrator. Scheme funds are independent to the Charity and invested with Aviva. The Charity contributes by matching employee contributions to their personal pension to a maximum of 8% of salary. The cost of providing this pension scheme is charged to the SOFA when it is incurred.

Investments
Fixed asset investments are stated at fair value at the balance sheet date. Any realised or unrealised gains and losses are shown in the SOFA. Gains and losses are calculated with reference to market values as at the beginning of the year or cost if purchased during the year.

Current investments are shown at cost less any provision for expected losses.

Financial instruments
Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost with the exception of investments which are held at fair value.

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors excluding prepayments. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital.

Financial liabilities held at amortised cost comprise all creditors excluding deferred income, social security and other taxes and provisions.

Assets and liabilities held in foreign currency are translated to GBP at the balance sheet date at an appropriate year end exchange rate.

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial.

Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date the Group held financial at fair value of £19,958k (2021: £10,413k).

Tangible assets
Tangible fixed assets are stated at cost, less depreciation. Assets of under £1,000 in value are not capitalised but are taken fully as expenditure in the year of purchase.

Disposed assets are removed from the fixed asset register on the date of their sale or disposal. Any gain or loss on disposal is included within the SOFA. Depreciation is provided by the straight-line method, calculated to write off assets over their estimated useful lives at the following rates:

- Fixtures and fittings: over 4 years
- Leasehold improvements: over lease period
- IT hardware: over 4 years

Tangible assets are subject to an annual impairment review, and any impairment identified is recognised in the SOFA in the year of the review.

Intangible assets
Intangible assets are stated at cost less accumulated amortisation. Intangible assets of under £1,000 in value are not capitalised but are expensed fully in the year of purchase.

Amortisation is calculated using the straight-line method at the following rate, calculated to write off assets over their estimated useful lives at the following rate:

- IT software and website: over 4 years

Critical accounting judgements and key sources of estimation uncertainty

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

Critical accounting estimates:

- Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.

In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

Critical accounting judgements:

- Donated goods and services are not recognised where the incremental benefit to the charity cannot be reliably measured. This will primarily relate to services which are gifted on a pro-bono basis and there is no comparable expenditure incurred by the Charity. Please see note 2.

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 July 2022

2. Donations and legacies

	Unrestricted £000	Restricted £000	**2022 £000**	Unrestricted £000	Restricted £000	2021 £000
Trusts and appeals	147	660	807	662	422	1,084
Donations and legacies from individuals	20,784	1,518	22,302	18,400	2,810	21,210
Corporate donations	1,802	2,498	4,300	3,169	983	4,152
Other income	1	-	1	19	-	19
Total	**22,734**	**4,676**	**27,410**	22,250	4,215	26,465

The Charity benefits from the services of unpaid volunteers. The value of this has not been recognised in the financial statements.

Donations and legacies from individuals includes £20,235 (2021: £13,195) of donated goods for auction prizes and has been recognised in the SOFA.

Legal advice was provided on a pro-bono basis the value of which totalled £17,073 (2021: £10,000) and has been recognised in the SOFA.

During the year the Charity was donated credits for ads by Google and Meta. The value of which was £340,000 (2021 £0) which has also been recognised in the SOFA.

The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2022, but which are classed as a contingent asset total £25,000 (2021: £25,000).

3. Other trading activities

	Unrestricted £000	Restricted £000	**2022 £000**	Unrestricted £000	Restricted £000	2021 £000
Events	618	-	618	176	-	176
Corporate products and sponsorship	2,484	553	3,037	3,371	364	3,735
Lottery income	8,070	-	8,070	5,166	-	5,166
Other income	130	-	130	29	-	29
Total	**11,302**	**553**	**11,855**	8,742	364	9,106

4. Expenditure on raising funds

	Direct costs £000	Support costs £000	**Total 2022 £000**	Direct costs £000	Support costs £000	Total 2021 £000
Cost of raising funds from donations and legacies	19,344	1,840	21,184	13,249	1,964	15,213
Cost of other trading activities	428	42	470	401	60	461
Cost of managing investments	120	-	120	58	-	58
	19,892	**1,882**	**21,774**	13,708	2,024	15,732

5. Expenditure on charitable activities

5a. Charitable activities	Grants £000	Direct costs £000	Support costs £000	**Total 2022 £000**	Grants £000	Direct costs £000	Support costs £000	Total 2021 £000
Research	12,198	1,862	780	14,840	10,933	1,345	851	13,129
Clinical	-	882	242	1,124	-	754	265	1,019
Services	-	2,986	587	3,573	-	1,687	639	2,326
Health Information & Policy	-	2,230	450	2,680	-	1,805	490	2,295
	12,198	**7,960**	**2,059**	**22,217**	10,933	5,591	2,245	18,769

5b. Grants

Grants were made to the following Institutions during the year:	**2022 £000**	2021 £000
Institute of Cancer Research	8,863	8,317
Queen Mary University of London	(338)	733
King's College London	694	700
Queen Mary University Belfast	677	400
Barts	514	385
University of Edinburgh	302	366
University of Southampton	221	-
University of Cambridge	451	-
University of Bradford	278	-
Royal College of Surgeons in Ireland	(32)	-
University of Manchester	230	-
University of Leeds	215	-
Other Institutions	123	32
	12,198	10,933

6. Support costs

	2022 £000	2021 £000
IT, Finance & HR	1,660	1,983
Office	1,585	1,582
Management	407	235
Governance	289	469
	3,941	4,269

Total support costs of £3,941,000 (2021:£4,269,000) comprise of charitable support costs of £2,050,000 (2021: £2,150,000) and expenditure on raising funds of £1,892,000 (2021: £1,939,000). All support costs have been allocated entirely on a headcount basis.

7. Net expenditure for the year

This is stated after charging:	2022 £000	2021 £000
Depreciation and amortisation	663	469
Loss on disposal of fixed assets	-	34
Auditors' remuneration:		
Audit work	53	53
Audit work relating to prior year	-	34
Other services - taxation	-	4
Operating leases rentals		
Property	977	886
Equipment	9	11

8. Employees

	2022 £000	2021 £000
Wages and salaries	10,582	9,032
Social security costs	1,082	923
Pension costs	774	727
Other employee benefits	89	82
	12,527	10,764

Termination payments during the year totalled £0 (2021: £71,000). Termination payments are recognised on an accruals basis and are included within staff costs.

The average number of employees during the year were:

	2022 no.	2021 no.
Charitable activities	134	124
Fundraising	121	112
Support Services and governance	39	33
	294	269

The number of employees receiving remuneration over £60,000 (excluding employer pension contributions) during the year was as follows:

	2022 Total no.	2021 Total no.
£60,001 - £70,000	3	6
£70,001 - £80,000	6	3
£80,001 - £90,000	-	-
£90,001 - £100,000	2	2
£100,001 - £110,000	1	1
£110,001 - £120,000	-	-
£120,001 - £130,000	-	-
£130,001 - £140,000	1	1
	13	13

Pension costs for these higher paid employees amounted to £99,356 (2021: £95,113).

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, the Director of Fundraising, Communication & Engagement and the Director of Research, Influencing & Services. The total earnings, including pension contributions, received by the key management personnel of the Charity during the year were £529,636 (2021: £548,520). In 2021/22 the Chief Executive was the highest paid member of staff and received remuneration of £139,444.

Trustees have not received remuneration (2021 £Nil). Trustees did not incur any expenses which have been reimbursed in undertaking their duties.

9. Intangible assets (Group and Charity)

	IT Software & Website £000
Cost	
At 1 August 2021	1,641
Additions	150
Disposals	(233)
Transfers	9
At 31 July 2022	**1,567**
Accumulated amortisation	
At 1 August 2021	524
Charge for the year	249
Disposals	(233)
Transfers	29
At 31 July 2022	**569**
Net book value	
Carried forward at 31 July 2021	1,117
Carried forward at 31 July 2022	**998**

10. Tangible assets (Group and Charity)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £'000	Total £000
Cost				
At 1 August 2021	1,041	331	423	1,795
Additions	188	102	66	356
Disposals	-	-	(69)	(69)
Transfers	-	-	233	233
At 31 July 2022	**1,229**	**433**	**653**	**2,315**
Accumulated Depreciation				
At 1 August 2021	577	295	299	1,171
Charge for the year	205	127	82	414
Disposals	-	-	(69)	(69)
Transfers	-	-	212	212
At 31 July 2022	**782**	**422**	**524**	**1,728**
Net book value				
Carried forward at 31 July 2021	464	36	124	624
Carried forward at 31 July 2022	**447**	**12**	**128**	**587**

There were no assets held under finance leases in either year.

11. Investments (Group and Charity)

	2022 £000	2021 £000
Market value at 1 August	**10,413**	8,522
Realised gains	-	804
Unrealised (losses)/gains	(122)	1,009
Income reinvested	9,787	136
Investment fees	(120)	(58)
Market value at 31 July	**19,958**	10,413

All investment assets are held in the UK and are unrestricted. The total historic cost of these investments is £12,843,000. The holdings by fund on a market value basis are as follows:

Fund	Asset class	Fund manager	2022 £000	2021 £000
CCLA	Equities, fixed interest and cash	CCLA	19,958	10,413
Total market value			**19,958**	10,413

12. Current investments (Group and Charity)

	2022 £000	2021 £000
Balance as at 1 August	-	-
Write back of provision	-	10
Transfer to cash at bank and in hand	-	(10)
Balance as at 31 July	-	-

An assessment of the provision is set out in the critical accounting estimates in note 1.

13. Subsidiary undertakings

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884) and BCN Research Ltd (05047652). The Charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the Charity at 31 July 2022 was £245 (2021: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	**2022 Total £000**	2021 Total £000
Turnover	-	-	51	3,167	3,218	5,424
Cost of sales	-	-	22	-	22	(1,579)
Interest receivable	-	-	25	-	25	4
Administrative expenses	-		(4)	(471)	(475)	(493)
Profit before gift aid and taxation	-	-	94	2,696	2,790	3,356
Gift Aid payable to the Charity	-	-	(94)	(2,696)	(2,790)	(3,356)
Profit before taxation	-	-	-	-	-	-
Tax expense	-		-	-	-	-
Profit after taxation	-	-	-	-	-	-
Assets	160	177	5,474	4,594	10,405	12,028
Liabilities	(160)	-	(5,474)	(4,594)	(10,228)	(11,858)
Net Assets	-	177	-	-	177	170

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982).

Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737)

were dissolved during the year. The Charity is the Sole Trustee of Second Hope a registered charity (No:1163205).

The taxable profit from the subsidiaries each year is transferred to the parent Charity as a Gift Aid payment. For 2021/22 a total payable of £2,790,000 to the parent Charity has been recognised.

For a full listing of the subsidiary undertakings please see note 26.

14. Debtors: amounts falling due within one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Trade debtors	4,000	6,106	2,434	4,261
Amount owed by subsidiary undertakings	-	-	5,067	5,394
Other debtors	741	315	739	313
Prepayments & accrued income	6,700	5,647	6,505	5,418
Other accrued income	2,130	-	2,130	-
	13,571	12,068	16,875	15,386

Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

15. Debtors: amounts falling due after more than one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Other accrued income	15,040	-	15,040	-

16. Creditors: amounts falling due within one year

	Group 2022	Group 2021	Charity 2022	Charity 2021
	£000	£000	£000	£000
Trade creditors	1,896	1,708	1,896	1,708
Grants payable	11,134	10,710	8,047	7,051
Taxes and social security	523	1,630	523	1,630
Accruals and deferred income	1,953	1,622	1,450	1,063
Other creditors	702	1,796	698	1,791
	16,208	17,466	**12,614**	13,243

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2022/23, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Balance as at 1 August	1,004	2,442	461	240
Amount released to income	(1,004)	(2,442)	(461)	(240)
Amount deferred in year	751	1,004	260	461
Balance as at 31 July	**751**	1,004	**260**	461

17. Creditors: amounts falling due after more than one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Grants payable	3,860	3,992	2,299	1,757

18. Grants payable

	2022 £000	2021 £000
At 1 August	14,059	17,481
Awarded during the year	13,591	12,545
Paid during the year	(11,877)	(13,917)
Adjustments during the year	(779)	(2,050)
As at 31 July	**14,994**	14,059
Due within one year (note 16)	11,134	10,067
Due after one year (note 17)	3,860	3,992
As at 31 July	**14,994**	14,059

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £13,591,000 (2021: £12,545,000) and adjustments during the year of a credit of £779,000 (2021: credit of £2,050,000), totalling £12,994,000 (2021: £10,299,000). Adjustments during the year of £597,000 (2021: £2,050,000) reflect underspend of research expenditure which has decreased significantly due to the removal of COVID-19 restrictions.

At 31 July 2022 the Charity had a unrecognised commitments of £36.9m (2021: £33.6m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The decrease reflects the impact of the grants awarded in the year. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2024/25. These commitments will be funded from income in the relevant period.

19. Provisions for liabilities (Group and Charity)

	Onerous lease 2022 £000	Dilapidations 2022 £000	Total 2022 £000	Onerous lease 2021 £000	Dilapidations 2021 £000	Total 2021 £000
Balance as at 1 August	60	341	401	176	341	517
Utilised	(60)	-	(60)	(116)	-	(116)
Balance as at 31 July	-	341	**341**	60	341	401

The onerous lease was utilised by October 2021 and the dilapidations provision is expected to be utilised by January 2025.

20. Reconciliation of funds

	Balance at 1 August 2021	Transfers	Income	Expenditure	Investment loss	**Balance at 31 July 2022**
	£000	£000	£000	£000	£000	**£000**
Unrestricted funds	**12,209**	**(23,767)**	**61,655**	**(38,590)**	**(122)**	**11,385**
Designated funds	13,500	23,655		-	-	37,155
Restricted						
General Research (1)	18	112	3,093	(2,870)	-	353
Prevention Research (2)	-	-	295	(295)	-	-
Secondary Research (3)	-	-	94	(265)	-	(171)
Support Services (4)	316	-	704	(706)	-	314
Other restricted funds (5)	391	-	1,043	(1,264)	-	170
Total restricted funds	**725**	**112**	**5,229**	**(5,401)**	**-**	**665**
Total Group funds	**26,434**	**-**	**66,884**	**(43,991)**	**(122)**	**49,205**
Unrestricted Charity funds	**12,196**	**(23,767)**	**61,252**	**(38,186)**	**(122)**	**11,372**
Designated Charity funds	**13,500**	**23,655**	**-**	**-**	**-**	**37,155**
Restricted Charity funds	**725**	**112**	**5,229**	**(5,401)**	**-**	**665**
Total Charity funds	**26,421**	**-**	**66,481**	**(43,587)**	**(122)**	**49,192**

Notes

(1) Donations specifically given to fund general research

(2) Donations specifically given to fund the research area of prevention

(3) Donations specifically to support the research area of secondary breast cancer

(4) Donations specifically to support the research area of secondary breast cancer

(5) This includes a variety of funds, where donations are restricted to specific areas of research and other charitable activity.

Designated Funds

The Charity's commitment to fund research is on a long-term objective which has been funded through annual net fundraising income which is subject to fluctuations.

Total funds at the year-end were £49.2 million (2021: £26.4 million) and are £39.4m more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

The prior year reconciliation of funds is shown below

	Balance at 1 August 2020 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	**Balance at 31 July 2021 £000**
Unrestricted funds	**13,817**	**(13,500)**	**38,443**	**(28,364)**	**1,813**	**12,209**
Designated funds	-	13,500	-	-	-	**13,500**
Restricted						
Tissue Bank	-	-	295	(295)	-	-
Prevention Research	375	-	979	(1,354)	-	-
Kings College London	-	-	0	0	-	-
Molecular Cell Biology	-	-	200	(200)	-	-
Gene Function Analysis	-	-	25	(25)	-	-
Secondary Research	948	-	183	(1,131)	-	-
Other restricted funds	960	-	3,415	(3,650)	-	725
Total restricted funds	**2,283**	**-**	**5,098**	**(6,655)**	**-**	**725**
Total Group funds	**16,100**	**-**	**43,541**	**(35,019)**	**1,813**	**26,434**
Unrestricted Charity funds	**13,804**	**0**	**37,940**	**(41,361)**	**1,813**	**12,196**
Designated Charity funds	**-**	**13,500**	**-**	**-**	**-**	**13,500**
Restricted Charity funds	**2,283**	**-**	**5,098**	**(6,655)**	**-**	**725**
Total Charity funds	**16,087**	**13,500**	**43,038**	**(48,016)**	**1,813**	**26,421**

21. Analysis of net assets between funds

	Group Unrestricted 2022 £000	Group Designated 2022 £000	Group Restricted 2022 £000	**Group Total 2022 £000**	Group Unrestricted 2021 £000	Group Designated 2021 £000	Group Restricted 2021 £000	Group Total 2021 £000
Tangible & Intangible assets	1,585	-	-	**1,585**	1,741	-	-	1,741
Investments	6,458	13,500	-	**19,958**	10,413	-	-	10,413
Net current assets	7,544	8,615	665	**16,824**	4,448	13,500	725	18,673
Long term assets		15,040		**15,040**	-	-	-	-
Long term liabilities	(4,202)	-	-	**(4,202)**	(4,393)	-	-	(4,393)
Total net assets	11,385	37,155	665	**49,205**	12,209	13,500	725	26,434

	Charity Unrestricted 2022 £000	Charity Designated 2022 £000	Charity Restricted 2022 £000	**Charity Total 2022 £000**	Charity Unrestricted 2021 £000	Charity Designated 2021 £000	Charity Restricted 2021 £000	Charity Total 2021 £000
Tangible & Intangible assets	1,585	-	-	**1,585**	1,741	-	-	1,741
Investments	6,458	13,500	-	**19,958**	10,413	-	-	10,413
Net current assets	5,971	8,615	665	**15,250**	2,200	13,500	725	16,425
Long term assets		15,040		**15,040**	-	-	-	-
Long term liabilities	(2,641)	-	-	**(2,641)**	(2,158)	-	-	(2,158)
Total net assets	11,373	37,155	665	**49,192**	12,196	13,500	725	26,421

22. Financial and other commitments

Operating lease commitments

The Group and Charity have the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2022	2021
	£000	£000
Property leases expiring:		
Within one year	989	1,056
Within two to five years	1,355	2,344
In over five years	-	-
Equipment leases expiring:		
Within one year	8	-
Within two to five years	10	-
In over five years	-	-

Lease payments expensed in the year are disclosed in note 7.

23. Trustee expenses

The Trustees received no remuneration in the year. No Trustees received reimbursement expenses totalling during the year (2021: £nil).

The Charity has in place insurance to indemnify the Trustees for actions brought against them for wrongful acts committed. A Trustee indemnity insurance policy was held during the year as follows:

From 1 April 2022 to 31 March 2023 - Hiscox Ltd. Indemnity cover £1,000,000. The cost of this specific policy is £529.

From 1 April 2021 to 31 March 2022 - Hiscox Ltd. Indemnity cover £2,000,000. The cost of this specific policy is £960.

From 1 April 2019 to 31 March 2021 - Hiscox Ltd. Indemnity cover of £2,000,000. The cost of this specific policy is £1,159

24. Related party disclosures

In accordance with FRS 102, the Charity discloses related party transactions that were recognised in the SOFA. Expenses reimbursed to Trustees are disclosed in Note 22 of the financial statements. Remuneration of key management personnel is disclosed under Note 8 of the financial statements.

However, some Trustees, members of the Charity's Board and directors of its subsidiary undertakings are Trustees or directors of organisations that are in receipt of funds from the Group or enter into commercial transactions with the Group. The following transactions are disclosed as the individuals concerned are regarded as holding a position of influence in both parties to the transactions concerned at the time they were entered into:

During the year the Charity awarded grants of £302,000 (2021: £Nil) and grant adjustments of £Nil (2021: £6,000) to the University of Edinburgh and had an outstanding creditor of £549,000 at year end (2021: £295,000). The Charity made a payment of £48,000 during the year (2021: £39,000). Trustee Mark Astaire is a member of the International Advisory Board of the University of Edinburgh.

The Charity paid a levy to the Fundraising Regulator of £8,000 (2021: £8,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2021: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

During the year the Charity awarded grants of £Nil and grant adjustments of £2,000 to the University of Sheffield. There was an outstanding creditor of £9,000 at year end. The Charity made a payment of £3,000 during the year. Trustee Ingunn Holen is an employee (tenured) of the University of Sheffield.

During the year, the Charity had the following transactions with its subsidiary companies:

- Payable under Gift Aid from BCN Trading Ltd of £2,696,000 (2021: £3,262,000) and management charge of £468,955 (2021: £468,100).
- Payable under Gift Aid from BCN Research Ltd of £173,000 (2021: £94,000).

At the year end, the Charity had an outstanding debtor balance due from BCN Trading Limited of £3,325,000 (2021: £3,770,000), an outstanding debtor balance due from BCN Research Limited of £250,000 (2021: £213,000), and an outstanding debtor balance from Breast Cancer Care Trading Limited of £nil (2021: £1,446,000).

25. Furlough income

The furlough scheme ended in September 2021 and the Charity received no funding in the financial year. (2021: £196,000).

26. Subsidiary entities

Name	%	Registration	Registered Office	Status
BCN Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
BCN Research Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
Breast Cancer Care Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Non-trading
Breast Cancer Campaign	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant
Breakthrough Breast Cancer	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant

Charitable Incorporated Organisation	Ownership	Regulator	Registered Office	Status
Second Hope	Sole Trustee	Charity Commission	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Active

27. Peoples Postcode Lottery (PPL) Income

Lottery income includes income from PPL. The Charity received £nil of net proceeds from PPL during the year (2021: £666,228).

	2022	2021
	£000	£000
Ticket value	-	2,082
Prize fund	-	(833)
Management fee	-	(583)
Net proceeds	-	666

LEGAL AND ADMINISTRATIVE DETAILS

Patron
The former Prince of Wales

Independent Auditors
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- Secondary1st and Jeffrey and Maralyn Kalman

Our **Progress Fund dinner** would not have been possible without the support of our senior volunteers and trustees. We would like to thank them and to also recognise the fantastic contribution of Dr Philip Bland, Postdoctoral Researcher in Dr Natrajan's Functional Genomics Lab at the Research Centre, who kindly joined us for the evening. By sharing his story, he has helped inspire many others to support this initiative.

Charitable trusts and foundations:

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- Women in Property North West
- Women in Property Scotland

We would like to thank all of our external contacts that have contributed to our health care professional engagement and education, our webinar series and our Facebook and Instagram Live series.

We thank all the breast cancer patients who have kindly donated tissue and blood samples to the Breast Cancer Now Tissue Bank.

We thank the members of the Dame Vera Lynn Translational Fellowships Review Committee, the Grants Committee, the Science Strategy Committee, Tissue Bank Advisory Council, Tissue Access Committee and expert peer reviewers from all over the globe who helped us evaluate grant applications.

We thank the staff and scientists in the laboratories we fund who have supported us in promoting the world-class research Breast Cancer Now is funding.

- Vicki McGinn

Everyone who shared their experience and views with us to help us make the strongest case possible about the importance of a number of new treatments being assessed for use on the NHS.

- Philippa Hetherington (died)
- Lorna Whiston
- Miranda Johnson
- Jo Ballarin
- Sophie Abbott
- Nicola Tracey
- Mikki Riddell
- Jen Hardy
- Alison Tait
- Jane O'Neil (died)

Our thanks to the patients and healthcare professionals - including Chris Holcombe, the President of the Association of Breast Surgery, and Ruth Waters, the President of the British Association of Plastic, Reconstructive and Aesthetic Surgery - who participated in our breast reconstruction summit or contributed to our survey. Their expertise, insights and stories have shaped and deepened our understanding of the importance of women being able to access breast reconstruction at the right time and the right place for them.

We thank our Breast Cancer Now Ambassadors and the officers and members of the All Party Parliamentary Group on Breast Cancer, especially current Chair Craig Tracey MP.

We thank all the MPs, MSPs and MSs who have supported our work, tabled questions, met with their constituents and continue to help us highlight the issues faced by people affected by breast cancer.

- Meta (partnership support, ad credits, beta tests)
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- Homemade Digital
- Aerian Studios
- Joomkit
- Paul Kent
- Torchbox
- Super Being Labs

BREAST CANCER NOW IS A POWERFUL CHARITY WITH A SINGLE FOCUS ON BREAST CANCER

We work solely on bringing together research and support to tackle breast cancer more effectively, to reduce the risk and to better support all those affected by the disease, whether directly or indirectly.

We're a force to be reckoned with and every supporter makes us stronger.

This report sets out our progress during the specific period 1 August 2021 to 31 July 2022.

OUR VISION IS

...that by 2050, everyone diagnosed with breast cancer will live and be supported to live well

OUR MISSION IS

...to be recognised as the place to turn for information and support on all aspects of breast cancer and the driving force for breakthroughs in prevention, detection, and treatment of the disease in all its forms

BREAST CANCER NOW
The research & support charity

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BREAST CANCER NOW

England & Wales - Charity number 1160558

Accounts

Delivering against the odds

Annual Report and Accounts 2020-21

BREAST CANCER NOW

The research & care charity

‘The hardest time of day is always when the kids go to bed and I’m on my own, or when I’m asked to “cook that dish that mum used to make” but I don’t know the recipe. That’s when I miss her most.’

John lost his wife Julie to incurable secondary breast cancer when she was just 41.

Julie passed away on Mother’s Day, leaving behind a daughter of 10 and a son aged seven. We’re working to ensure that by the time Julie’s children have grown up to have families of their own, everyone who is diagnosed with breast cancer not only lives but is supported to live well.

Our vision is to achieve this by 2050. This report sets out the progress we have made along that pathway in the period from 1 August 2020 to 31 July 2021.



Introduction
4 Message from the Chief Executive and Chair

Strategic report
8 Our strategic objectives
- 10 *To work to improve treatments, care and services for those affected by secondary breast cancer*
- 18 *To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer*
- 24 *To develop kinder, smarter treatments for people with breast cancer and improve access to treatments for those affected*
- 30 *To improve detection and diagnosis of breast cancer*
- 36 *To further our understanding of why breast cancer occurs and spreads and use our knowledge to help prevent breast cancer developing*

40 Our accelerators
- 42 *Amplifying the voice of experience*
- 48 *Unlocking the power of our community*
- 54 *Evolving and adapting our practices*
- 58 *Generating further funding*

Financial Report
62 Financial Review
67 Governance, structure and management
79 Statement of Trustees’ Responsibilities
80 Independent Auditors’ Report
84 Financial statements and notes
107 Legal and administrative details

Other information
108 Thank you

DETERMINED NOT DAUNTED

How we have turned a year of unprecedented challenge into a year of unquestionable progress.

A message from our Chief Executive, Delyth Morgan and our Chair of Trustees, Jill Thompson...



Delyth Morgan,
Chief Executive



Jill Thompson,
Chair of Trustees

Last year, we titled our annual report 'A year of resilience' having recently weathered those first few months of the COVID-19 pandemic, when everything was so uncertain.

Resilience is a quality we've continued to draw on over the past 12 months, but this has also been a year of determination and delivering against the odds. Because for us, not delivering for people with breast cancer is simply not an option.

We're the biggest charity focussing on the biggest cancer in women and creating the biggest impact through our work. Our role is vital. And as you'll see from this report, we've continued to make important progress - despite daunting challenges.

For example, when the pandemic and repeated lockdowns made it difficult for cancer patients to access essential support, we immediately developed new online services to meet their needs, whilst also keeping our phone lines open and upweighting our presence on social media. This swift scaling up couldn't have contrasted more with the experience of our researchers. Many were forced to leave their labs and to put projects on hold through repeated lockdowns. And of course, strict social distancing rules also scuppered many of the fundraising routes we rely on. Earlier this year, we were anticipating a drop in fundraised income of more than one third. However, thanks to the hard work of our colleagues and the fantastic generosity and kindness of our supporters, our fundraised income exceeded our expectations by a considerable margin. For example, our virtual funding reaped impressive real-life results and we raised £6.3 million through Facebook fundraising alone – a huge increase from the £1.4 million we had raised in the previous year.

This meant we could continue to provide a wealth of information to people at all stages of diagnosis and treatment as well as making our printed information available to breast cancer clinics up and down the country.

Overall, we finished the financial year with a surplus of around £10.3 million including investment gains. This is terrific news - and a big step towards the £86 million we plan to invest in Research, Services and Influencing over the next four years.

You'll see more detail on specific funding allocations in the financial review on page 62. Plus our recently launched strategy for 2020 to 2025 - Turning the Tide - sets out our five strategic objectives, which we also

report on here. We know that we must see measurable progress in each of these areas to achieve our overall vision and ensure that by 2050, everyone diagnosed with breast cancer will not only live but be supported to live well.

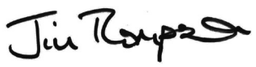
We know what's at stake. And we know that with your continued support, and the commitment of our staff and volunteers, we can make this happen.

'Breast Cancer Now is a fantastic charity. We're great at bringing everyone together; we're funding the most amazing researchers and delivering on what we set out to achieve, which is to be very effective at providing help and support today, while also creating a better and more hopeful future' – Delyth

We're looking forward to another year of hard work and progress. And we very much hope you'll continue with us on this journey.



Delyth Morgan
Chief Executive



Jill Thompson
Chair of Trustees

The Trustees are aware of the Charity Commission's guidance on public benefit and confirm that they have complied with the duty in section 17 of the Charities Act 2011.

We are at a unique point in the history of breast cancer. Survival rates have doubled in the UK in the last forty years, but more people than ever are now being diagnosed with breast cancer.

If we don't want to go backwards and see more lives being lost, we need to push forward and make progress towards fewer cases, better treatments and an improved quality of life for everyone affected by breast cancer.

In this report, you can see how we are beginning to turn that tide and the difference this will make for everyone affected by breast cancer.

HOW WE'RE TURNING THE TIDE ON BREAST CANCER

We're already funding world-class research, providing essential support and care, and campaigning to improve NHS services (and more). But to ensure that by 2050, everyone diagnosed with breast cancer lives and is supported to live well, we need to make more progress against the disease in the next 30 years than at any previous time in our history.

That means making immediate, measurable progress in the areas set out below. Our five strategic objectives are:

- **To work to improve treatments, care and services for those affected by secondary breast cancer**
  So that fewer lives are lost to secondary breast cancer – and fewer people feel forgotten by a system focused on 'cure'. *See how we're doing on page 10.*

- **To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer**
  So that no one has to face breast cancer alone and unsupported. *See how we're doing on page 18.*

- **To develop kinder, smarter treatments for people with breast cancer and to improve access to them for all who could benefit**
  So that people with breast cancer can benefit from more effective treatments that don't rob them of their quality of life. *See how we're doing on page 24.*

- **To improve detection and diagnosis of breast cancer**
  So that everyone with breast cancer has the very best chance of survival. *See how we're doing on page 30.*

- **To further our understanding of why breast cancer occurs and spreads**
  So that fewer people develop breast cancer in the first place. *See how we're doing on page 36.*

Strategic objective

TO WORK TO IMPROVE TREATMENTS, CARE AND SERVICES FOR THOSE AFFECTED BY SECONDARY BREAST CANCER



In the UK, an estimated 35,000 people are living with secondary breast cancer. Whilst it can be controlled, it can't be cured and **every month, around 1,000 more women will run out of options** and die of the disease.

For decades, scientists have been trying to understand why breast cancer spreads to other parts of the body, where it becomes incurable secondary breast cancer.

For those affected, there's often little choice but to commit to a gruelling treatment regime for the rest of their lives. Often, they will experience horrendous side effects, from sickness and difficulty sleeping to streaming eyes and intense nerve pain, as well as the anxiety of constant appointments and scans. And even then, there's no guarantee that the treatment will carry on working.

Also, breast cancer services are typically designed to meet the needs of people with primary breast cancer where the focus is on 'cure'. As a result, many people with secondary breast cancer express how forgotten and alone they feel - and how little their experiences are understood.

We want everyone diagnosed with secondary breast cancer to have the tailored support they need. And we want them to know that new and potentially game-changing treatments and approaches are being actively pursued, so that their hope for the future is firmly grounded.

To this end, we have been working hard in the following areas:



'Most people just don't understand what secondary breast cancer is and that there is no "getting better". The treatment I'm on is the last targeted treatment available on the NHS. My best hope is to live long enough for the science to come up with something else to keep me going... But I am running out of options.'

Claire, who was diagnosed with breast cancer that had spread to her bones in 2015

IN CAMPAIGNING...

...to build understanding and improve access to drugs and other forms of support. We have been:

SECURING FUNDING FOR A NATIONAL SECONDARY BREAST CANCER AUDIT

In May 2021, NHS England announced that it would fund the first ever secondary breast cancer audit, something we and our supporters had long campaigned for.

We need this audit to provide much-needed information about the number of people living with secondary breast cancer, as well as their experiences and outcomes, so we can make targeted and effective improvements.

To achieve this breakthrough, we worked closely with the All-Party Parliamentary Group on Breast Cancer and the Cancer Minister, Jo Churchill, as well as other MPs who came together with clinicians and patient representatives at a roundtable in Parliament to discuss the potential benefits.

We also collaborated with NHS England to develop a detailed proposal setting out what the audit should focus on in order to improve outcomes, and this was championed by clinicians in the field.

We're now working to ensure that the other UK nations follow suit and fund their own audits. Subsequent to the period covered by this report, the Welsh Government has stepped up to make this commitment, which we hope will encourage further take up.

DEVELOPING NEW TOOLS AND RESOURCES TO SUPPORT EARLY DIAGNOSIS

Our work has shown that many people living with secondary breast cancer have experienced avoidable delays in diagnosis, and therefore been prevented from swiftly accessing appropriate treatment and care.

This highlighted a need for new tools and resources for GPs and other primary care professionals to help them recognise cases of secondary breast cancer.

We have therefore been working with GatewayC, a free online cancer education platform, to develop a new course, which supports them in recognising the symptoms as an aid to their decision-making.

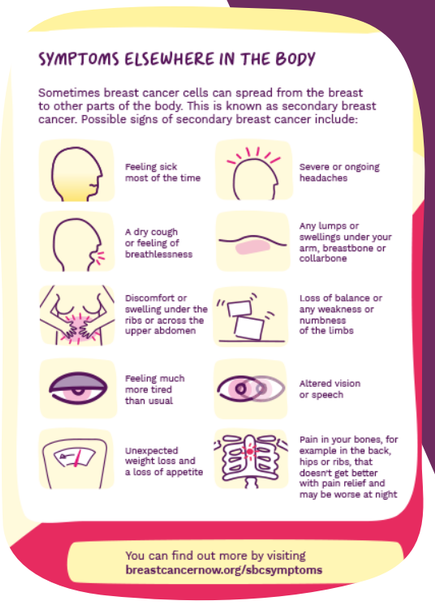
This course is now being rolled out in England, and we are working with GatewayC to promote it and encourage take up by as many GPs as possible. We're also keen to see similar resources available for all GPs across the UK and we will continue to call for this as part of our campaigning.

SHARING THE SIGNS AND SYMPTOMS

To coincide with the start of the new course on the GatewayC platform, we distributed a 'Secondary signs and symptoms' information pack - including a poster, a leaflet detailing the signs and symptoms of recurrence, helpful links to our website, information on our support services and information on the breast cancer recurrence training course offered through GatewayC in England - to 1,000 GP surgeries and 53 hospitals across the UK.

We also produced advertorials discussing how to tackle delays in diagnosing metastatic breast cancer, which featured in key GP and primary care publications such as Pulse and the British Journal of GPs.

And in July 2021, the secondary signs and symptoms information page was among our top ten most visited webpages, while the leaflet was in our top ten for information downloads.



Signs and symptoms of secondary breast cancer sent to GP surgeries across the UK

SECURING NICE AND SMC APPROVAL FOR CANCER DRUGS ON THE NHS

In February 2021, NICE announced it was provisionally unable to approve the drug combination abemaciclib (Verzenios) with fulvestrant (Faslodex) for routine use on the NHS following its time on the Cancer Drugs Fund. This innovative treatment could help people with a certain type of secondary breast cancer to live well for longer (specifically those with hormone receptor positive, HER2 negative secondary breast cancer after prior hormone therapy).

We immediately submitted a consultation response, with over 60 quotes from women who shared their experience of this treatment and why they believed it was so important that it remain an option on the NHS. We were invited to the second NICE committee meeting, where we put forward our case and also met with the drug company to ensure they were doing everything they could, including considering additional discounts.

In addition, we issued a statement to the media calling for NICE, NHS England and the manufacturer Lilly UK to work together to explore all possible solutions to see this decision reversed. Our comment was included in several national newspapers, including the Daily Mail, The Times and Times Scotland, and the Daily Telegraph, as well as Pharma Times and online media. Following our work, NICE has now decided to recommend abemaciclib with fulvestrant for routine use on the NHS.

In April, we also welcomed the fantastic news that the drug trastuzumab deruxtecan (Enhertu) has been approved for use on the NHS in England via the Cancer Drugs Fund. Having worked closely

with one of our supporters to input into the NICE appraisal of this new drug, it marks a huge step forward for hundreds of patients with HER2 positive incurable secondary breast cancer, as this treatment can delay the use of chemotherapy and potentially offer patients more time. We are now working to ensure this treatment is also made available for women in Scotland.

In addition, we helped to secure access to the secondary breast cancer drug ribociclib (Kisqali) with fulvestrant for routine use after its time on the Cancer Drugs Fund. And after we contributed to the SMC appraisal process, the drug combination atezolizumab (Tecentriq) with nab-paclitaxel (Abraxane) was approved by the SMC for use on the NHS in Scotland for certain patients with triple negative secondary breast cancer.

IN PLATFORM BUILDING...

...to ensure people with secondary breast cancer have their voices heard. We have been:

ENSURING OUR CAMPAIGNERS HAVE A SEAT AT THE TABLE

On World Cancer Day (4 February 2021), supporter and patient advocate, Claire Myerson took part in a roundtable hosted by the All-Party Parliamentary Group on Breast Cancer (APPGBC), for which Breast Cancer Now is secretariat. The APPGBC exists to raise the profile of breast cancer issues within parliament, and the discussion focused on the need for and how best to improve data collection on secondary breast cancer. In her final remarks, Claire noted how she was tired of waiting for progress, using Voltaire's famous quote 'Perfect is the enemy of good' and adding 'We just need to start'.

This preceded the announcement in May 2021 that NHS England would now fund the first-ever secondary breast cancer audit.

KEEPING SECONDARY BREAST CANCER ON THE GOVERNMENT'S AGENDA

Following May's elections, we held webinars with newly elected politicians in Scotland and Wales.

In Scotland, the subject was secondary breast cancer. Our campaigners, Ally, Jane, Jen, and Lesley all presented to MSPs, along with our CEO Delyth. They shared their own experiences of diagnosis and talked about the need for an audit in Scotland and the importance of clinical trials and specialist nursing support.
In Wales, the subject was secondary breast cancer and breast reconstruction. Supporters Tassia and Janet shared their experience of diagnosis and the delays women face in trying to access breast reconstruction surgery.

While this work focused directly on informing politicians, we also worked with supporters to create a series of personal stories for our website, which shine a light on the different experiences of people with secondary breast cancer, helping to grow understanding more widely.

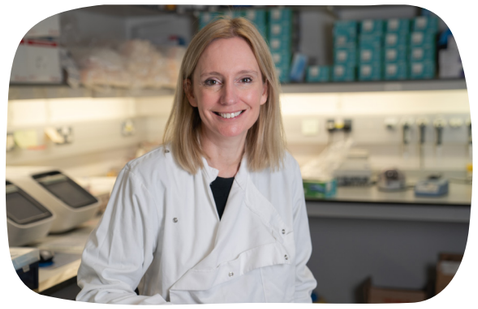
IN RESEARCH...

...to develop more effective treatments and quality of life approaches. We have been:

INVESTIGATING NEW WAYS TO TREAT BREAST CANCER THAT HAS SPREAD TO THE BRAIN

In July 2021, we committed to fund a new research project under the Breast Cancer Now Catalyst Programme, which is testing to see if drugs called PARP inhibitors, such as talazoparib (Talzenna), could be used to treat secondary breast cancers that have spread to the brain.

Professor Leonie Young from the Royal College of Surgeons in Ireland will use tumours and breast cancer cells donated by people with breast cancer to investigate this in a lab.



Professor Leonie Young

The hope is that this work will lead to a clinical trial evaluating the use of talazoparib to treat such cancers. It could also reveal a group of patients who would benefit from PARP inhibitors such as talazoparib, and a new way to select the treatments that would most help this group.

IDENTIFYING POTENTIAL NEW TARGETS FOR BREAST CANCER TREATMENTS

In June 2021, researchers from the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research, London, found that when cells surrounding a tumour can't make a molecule called Endo180, breast cancer's ability to grow and spread to other parts of the body is extremely limited.

The next step is to understand whether Endo180 would be a suitable target for new breast cancer treatments.

An approach like this would block breast cancer's ability to spread and become incurable. It could potentially work for all types of breast cancer as well as other cancers.

IN TAILORED SUPPORT...

...to ensure that people with secondary breast cancer receive the information and services they need. We have been:

IMPROVING THE SUPPORT ON OFFER THROUGH OUR OWN AND OTHER SERVICES

We recorded new video content for our Living with Secondary Breast Cancer Online programme and ran live information sessions with expert speakers. These included a two-part session on creativity for self-care and one on pain management. We also provided UK-wide and regional online group meetings facilitated by therapists.

Overall, 466 people accessed this service with a number attending multiple sessions. One participant observed:

> *'It took me many months to pluck up courage to join the virtual meetings, but they are now so important to me. I have learnt so much, feel so connected to the different women and the support you have given me has really helped me make the most of my life.'*

We also developed our first virtual Younger Women Together with Secondaries event which supported 17 women with incurable secondary breast cancer, all under the age of 45. The programme included a Q&A with oncologists, as well as sessions on dealing with a life-limiting illness and connecting with others. One participant said:

> *'I haven't found any other specific support out there for younger women with secondaries. This group is desperately needed, which is evident by all the women's participation and comments, and how we relate to each other.'*

This event resulted in the development of a monthly online meet-up for this group; a vital point of connection given that some of the women diagnosed during the COVID-19 pandemic had never met another woman of the same age with incurable breast cancer.

In addition, our Patient Experience Team delivered the Breast Cancer Now Service Pledge in partnership with five NHS secondary breast cancer services in the East of England Cancer Alliance. This identified over 40 improvements across their services for both primary and secondary breast cancer patients and could therefore benefit over 3,000 people every year. Improvements include recruitment of dedicated secondary breast cancer nurses and speaking with patients after surgery to identify their support needs.

Gini Melesi, Head of Transformation, East of England (South) Cancer Alliance, said: 'The Breast Cancer Now Service Pledge provided our breast cancer nurses with an opportunity to turn what their patients tell them into direct actions'.

MAKING TAILORED INFORMATION MORE WIDELY AVAILABLE

As well as updating our existing materials, we continued to produce health information on the ever-growing number of treatments now available to patients with secondary breast cancer, including new information on the drug trastuzumab deruxtecan (Enhertu).

In addition, our website continues to be a vital source of information. The pages on secondary breast cancer were viewed over 430,000 times in the period covered by this report and our 'What is secondary breast cancer?' video continues to be the most popular of our health information downloads, with 9,894 views in the same period.

IMPROVING NURSING CARE IN THE NHS

Our Clinical Nurse Specialist for Secondary Breast Cancer has been working with nurses and cancer support workers, via our Secondary Breast Cancer Nursing Group. In May, the group met at a virtual event on the theme of 'Wellbeing', which was attended by 49 people. Sessions addressed topics such as exercise and physical activity and the importance of diet and nutritional care. Crucially, it also covered the practicalities of encouraging patients to not just think about it, but to actually adopt the behaviours that are known to improve wellbeing.



Catherine, our Clinical Nurse Specialist for Secondary Breast Cancer

Strategic objective

TO IMPROVE SUPPORT FOR THE PHYSICAL AND MENTAL HEALTH, AND THE EMOTIONAL WELLBEING OF PEOPLE AFFECTED BY BREAST CANCER



Currently, around **600,000 people in the UK are living with a breast cancer diagnosis.** By 2030, this number is expected to have risen to 1.2 million

When people receive a breast cancer diagnosis, their first thought is often ‘am I going to die?’. Then come wave after wave of concerns, including worries about hair loss, body image, work, finances, relationships, caring responsibilities, fertility… it’s relentless. Many also struggle with anxiety at the end of their treatment. In fact, in our own survey, more than one quarter (26%) of women taking part in our Moving Forward course said having their hospital treatment come to an end was harder than having a breast removed or going through treatment such as chemotherapy or radiotherapy. That’s how alone and lost some people feel.

Having access to the right support alongside people who understand what you’re going through is therefore invaluable.

We want everyone affected by breast cancer to be able to access the support they need and to know what their options are, so that they can feel more in control. And we also want to find new and innovative ways for people who’ve experienced breast cancer to support one another.

To this end, we have been working hard in the following areas:



‘I simply wasn’t prepared to be told I had breast cancer. It was a bombshell in my life… I had so many questions swirling around in my mind about the treatment, what type of cancer I had, whether it would spread and what this would mean for my work… I felt lost.’

Lurline, who was diagnosed with breast cancer aged 54, after a routine mammogram.

IN TAILORED SUPPORT...

...to better meet the needs of breast cancer patients, both on and offline. We have been:

PROVIDING DEDICATED SERVICES FOR YOUNGER WOMEN WITH BREAST CANCER

We continued to develop our Younger Women Together services with live Q&A sessions with specialists delivered via Zoom. During the period of this report, we supported 189 women under the age of 45, covering topics such as triple negative breast cancer in younger women.

ENHANCING SUPPORT FOR PEOPLE WHO ARE COMING TO THE END OF THEIR TREATMENT

When face-to-face services were suspended due to COVID-19, we acted swiftly to add new dimensions to the digital version of our award-winning four-week Moving Forward course, including a live 'meet the facilitator' session to introduce the course to participants and a live Ask Our Nurses session with a member of our nursing team. Courses now start every week and in the period covered by this report, they supported 1,077 people who are coming to the end of their treatment for primary breast cancer.

PROVIDING ONE-TO-ONE SUPPORT FOR PEOPLE DIAGNOSED WITH PRIMARY BREAST CANCER

We've continued to connect people affected by a primary breast cancer diagnosis with a trained volunteer who has been through a similar experience via our peer support service, Someone Like Me. During the period of this report, we succeeded in making 1,389 matches; our highest ever number. This included support for people suffering from anxiety and loneliness during repeated lockdowns; a new area of focus for us that has proved to be highly beneficial.

PRODUCING TARGETED INFORMATION LEAFLETS TO PROMOTE OUR ONLINE SERVICES

In the spring of 2021, 330 breast care units across the UK received key information about our new online support services – Moving Forward Online, Younger Women Together Online and Living with Secondary Breast Cancer Online – as well as our existing life-changing services on offer for their patients.

Through an integrated marketing approach across direct mail, social media and PR we highlighted the impacts of COVID-19 on people living with breast cancer and made it clear and easy to understand what our services offered and the benefits they could bring.

We are now seeing around 1,000 requests every month from breast care units for information about our support services for their patients – and our activity secured 293 new registrations for our three new online support services.

IN IMPROVING ACCESS...

...to make our services and information more widely available. We have been:

MAKING IT EASIER TO ACCESS SUPPORT FROM OUR SPECIALIST NURSES

Between 1 August 2020 and 31 July 2021, we recruited three more Helpline nurses and were able to exceed our target for the number of Ask Our Nurse questions answered from the 2,128 predicted to 2,225. We also exceeded the target answer rate for our busy Helpline.

Our specialist nurses also recorded content for our Moving Forward courses, covering topics such as menopausal symptoms, breast cancer in men, recurrence, family history, and post-surgery lingerie. And the nursing team contributed to the broadcast of 35 live sessions across Facebook and Instagram (up significantly on last year's 26 sessions). These sessions resulted in a combined 686,640 views. Similarly, our specialist nurses featured in several Instagram Reels - delivering important information about breast cancer in yet another format - resulting in a combined 98,100 views.

KEEPING PEOPLE INFORMED AND UP TO DATE VIA OUR WEBSITE

In the year covered by this report, we received almost 200,000 unique visits to the COVID-19 pages of our website and it quickly became the top-ranking content on Google for multiple queries and search terms. Vaccination safety and accessibility has also been a big concern and up to the end of July 2021, a total of 99,784 unique visitors had accessed our Q&A blog with Dr Sheeba Irshad, Clinical Deputy Head of our Research Unit at Kings College London.



Many people affected by breast cancer found information about the COVID-19 vaccination through the Breast Cancer Now website

There were also over 109,000 visits to our Life after breast cancer information pages, which cover a wide range of topics from coping with anxiety and worries about cancer coming back, to diet, exercise, work and finances. We're currently sending out nearly 50,000 copies a year of our popular Exercises after breast cancer surgery leaflet – the most in-demand of our breast cancer titles.

ENHANCING OUR 24/7 DIGITAL SUPPORT

We have vastly improved the new member welcome journey for users of Becca, the breast cancer support app, to make it a safer and more welcoming experience for all users.

The app offers tips and personal stories to help people move forward after a breast cancer diagnosis and treatment. In the period of this report, it was installed 5,500 times and our information 'cards' were opened more than 60,000 times. The top



five cards were blogs, practical issues, concerns, inspiration and body image. Also among the top ten were those on side effects and menopausal symptoms, showing that Becca users are seeking advice and support in many different areas.

We also tightened up security on the Breast Cancer Now Forum to reduce the risk of spam and malicious messages slipping past the moderation team and recruited new volunteer community champions to support Forum members.

PIONEERING A NEW PERSONALISED SERVICE TO SPEED UP REFERRALS

This year, we have pioneered a new personalised referral service - Here for You - to introduce patients to our support services much earlier in their breast cancer experience; something many people tell us would have proved invaluable.

In partnership with healthcare professionals in 20 hospitals, Here for You connects each patient to one of our trained volunteers, who introduces Breast Cancer Now and explains the support we can provide. Onward direct referrals can then be made to services such as our Helpline and our Someone Like Me one-to-one support service. The volunteer then checks in again three and six months later to suggest additional relevant services throughout the treatment pathway, all of which saves our nurses valuable time.

- In this first year, the service received 211 referrals
- 96% of service users surveyed say they strongly agreed or agreed that my 'needs were understood by the Here for You volunteer'
- 100% of service users strongly agreed or agreed that 'as a result of speaking to a Here for You volunteer, I feel reassured that there is support available to help me'

IN SHARING KNOWLEDGE...

...to drive improvements in treatment, care and patient experience. We have been:

WORKING TO GET BREAST CANCER SERVICES BACK ON TRACK

In October 2020, we published our 'Press Play' report for Breast Cancer Awareness Month, setting out the impact of the first wave of the pandemic on diagnosis, treatment and care for breast cancer patients. This was based on a survey of over 2,000 people affected by breast cancer, discussions with a range of healthcare professionals and analysis of published data.

The report drew attention to the dramatic decline in GPs referring patients to see a specialist during the first wave of the pandemic, the fact that almost 1 million women across the UK had missed vital breast screening due to COVID-19 and that around 8,600 of those caught up in this backlog could have been living with undetected breast cancer.

We called on Governments and NHS bodies across the UK to - as a matter of urgency - set out how the anticipated increase in demand for imaging and diagnostics would be met.

We also worked with the Association of Breast Surgery (ABS) and the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) to produce estimates of the number of women who had missed out on reconstruction surgery during the first wave of the pandemic, the impact on emotional wellbeing and the need for a comprehensive plan to clear the backlog.

HIGHLIGHTING THE ISSUES AND SUPPORT NEEDS OF PEOPLE AFFECTED BY BREAST CANCER

We were also part of the NHS England Task Force that fed into and monitored the cancer recovery plan. This enabled us to bring the needs of people affected by breast cancer to the fore so that they could be addressed. We're also a member of the subsequent Task and Finish groups set up by NHS England to evaluate and recommend treatment changes resulting from the pandemic and to look at psychosocial support needs moving forward.

WORKING IN PARTNERSHIP TO IMPROVE PUBLIC HEALTH AND WELLBEING

We are a member of the Richmond Group of Charities, a collaboration of 15 leading health and social care charities that acts as a collective voice to influence health and care policy and improve care and support for people living with longterm conditions. This year, we once again supported the group's We Are Undefeatable campaign, which supports and encourages people with long-term conditions to find ways of being active.

In February 2021, the activity we generated for the campaign on Twitter was displayed 39,430 times. There were also 3,018 website views and 779 physical activity downloads. The campaign resources were also disseminated to 46 women through our Younger Women Together and Living with Secondary Breast Cancer groups.

Additional activity over the summer has so far resulted in the campaign being displayed a further 24,000 on Twitter and over 4,500 times on Instagram. In addition, the We Are Undefeatable 'Home Games' initiative provided us with an excellent opportunity to tie in content around the importance of physical activity and healthy lifestyle to manage breast cancer risk.

We also worked with City University to develop patient-led training for trainee radiographers to help ensure that patients receive appropriate information, care and support before their diagnosis of breast cancer.

Strategic objective

TO DEVELOP KINDER, SMARTER TREATMENTS FOR PEOPLE WITH BREAST CANCER AND IMPROVE ACCESS TO TREATMENTS FOR THOSE AFFECTED



Breast Cancer Now is funding over **£11 million worth of research** which is happening right now to drive forward progress in developing kinder, smarter treatments. In July 2021, the charity committed to funding **four new world-class research projects** into discovering new treatment options.

While advances in science and technology are transforming how we think about breast cancer and bringing the promise of new and better treatments, many of those in current use have wide-ranging side effects. These can take a physical toll on people's bodies and also affecttheir sense of self and their relationships with others.

Women who have a breast removed or who lose their hair can feel that their femininity has been undermined. Sex and intimacy may become difficult, and relationships can suffer terribly. Breast cancer treatment can also bring on an early or extreme menopause and affect fertility in younger women. While men who are diagnosed may feel shocked and embarrassed at having 'a woman's disease' and find their only option is to take a treatment designed around women's hormones. This can be immensely challenging; not just for those who are having the treatment, but for their loved ones too. And it's simply not acceptable that people should have to endure such a gruelling regime and all that comes with it.

We want to unlock the potential of new highly targeted approaches and deliver new treatments that are not only more effective, but also kinder to patients. And we want policy makers to take all actions necessary to ensure that living well with breast cancer becomes a reality, not just an aspiration.

To this end, we have been working hard in the following areas:



'I underwent surgery, chemotherapy, radiotherapy, reconstruction, IV infusions and daily pills for five years. Treatment is traumatic, painful, and emotional. And while I wish I could say that I came out of the other side with the all-clear, four years ago, I was told that my breast cancer had spread - and it's currently incurable.'

Anna, a mum of two, diagnosed with breast cancer in 2012 and secondary breast cancer in 2017

IN FUNDAMENTAL RESEARCH...

...to build understanding of what causes breast cancer and how best to treat it. We have been:

EXPLORING WAYS OF MAKING IMMUNOTHERAPIES MORE EFFECTIVE

In July 2021, we committed to fund a new Translational Research Fellowship (the Dame Vera Lynn Fellowship) based at our Research Centre. The Fellowship was awarded to Dr Crescens Tiu, who is working to develop treatments that can overcome breast cancer's ability to 'hide' from the immune system.

Dr Tiu hopes that this research will help to develop new combination therapies that make breast cancer visible to the immune system and thus make immunotherapies more effective for secondary breast cancer. Success in this area could mean that people with breast cancer are able to live longer and enjoy a better quality of life.

WORKING TO DEVELOP A BETTER TREATMENT FOR TRIPLE NEGATIVE BREAST CANCER

In July 2021, we committed to fund three research projects through the Catalyst programme.

The first of these projects is being run by Dr Helfrid Hochegger at the University of Sussex. He and his team are working to understand if using a new drug together with palbociclib (Ibrance) could help more people with triple negative breast cancer survive.

The hope is that this research could lead to clinical trials and eventually a new treatment to help improve the survival of people with triple negative breast cancer.

FINDING BETTER WAYS TO TREAT PEOPLE WITH OESTROGEN RECEPTOR POSITIVE (ER+) BREAST CANCER

At our Research Centre, Dr Rachael Natrajan is working to understand the role of a protein called SF3B1 in oestrogen receptor positive (ER+) breast cancer. She wants to find better ways to treat people whose breast cancer has changes to this protein.

With our funding, researchers have previously found that ER+ breast cancer cells that have changes to SF3B1 grow more aggressively and are also more likely to become resistant to standard treatments such as hormone therapy.

They will now test whether talazoparib could be an effective treatment for this aggressive type of ER+ breast cancer when used in combination with standard treatments. Ultimately, this could lead to new and better treatments that stop more people from dying from breast cancer.

MAKING BREAKTHROUGHS FOR PEOPLE WITH ELEVATED RISK DUE TO THE BRCA GENES

In June 2021, a team of international researchers, including researchers based at our Research Centre, reported their findings that the drug olaparib can help reduce the risk of breast cancer recurrence for those with changes in the BRCA genes.

Led by Professor Andrew Tutt, the OlympiA trial recruited people aged between 36 and 50 with HER2 negative primary breast cancer, who were born with a change to the BRCA gene that is known to increase the likelihood of developing breast cancer. 1,836 people (including six men) took part and were randomly split into two groups. One group received olaparib, whereas the other group received a placebo, taken twice daily for one year.

Those who received olaparib had a 42% reduction in risk of breast cancer recurrence, with 85.9% of those given olaparib for a year after treatment, seeing no return, relapse, or spread of their breast cancer three years later, compared with 77.1% who were taking a placebo tablet.

This research breakthrough is testament to the tireless efforts of world-class researchers, over the last 20 years - including many in the UK funded by Breast Cancer Now - who have uncovered weaknesses in breast cancer cells and laid the foundations for this exciting discovery.

DISCOVERING NEW WAYS FOR SLOWING DOWN THE GROWTH OF TUMOURS

In March 2021, we announced that a Breast Cancer Now-funded study had discovered that a protein called MCL-1 is critical for breast tumours to grow and survive. This paves the way for scientists to develop new ways of slowing down the growth of tumours by targeting the MCL-1 protein.



Professor Andrew Tutt

IN DRUG DEVELOPMENT...

...to accelerate the delivery of more targeted and personalised treatments. We have been:

LOOKING TO TARGET INDIVIDUAL CANCER CELLS INSIDE TUMOURS

Thanks to funding awarded in July 2021, Professor Greg Hannon and his team at the University of Cambridge will investigate the difference between breast cancer cells that are resistant to certain drugs and those that are not.

Scientists think that the main reason why drugs stop working is the diversity of cancer cells in the tumour. Professor Hannon hopes that this project will pave the way for people with breast cancer to receive a combination of specially selected



Professor Greg Hannon and his team

drugs that will each target different types of cancer cells within their tumours. This could make treatments more effective so that more people with breast cancer can live and live well.

CO-DEVELOPING A NEW CLASS OF CANCER DRUGS

In June 2021, researchers from our Research Centre and pharmaceutical company Artios announced that they have found a new class of cancer drug, called POLQ inhibitors, which work by blocking a protein called POLQ.

These drugs can specifically kill cancer cells with changes to the BRCA genes while leaving healthy cells unharmed. They also show promise in treating some cancers that have become resistant to other drugs called PARP inhibitors.

Clinical trials are now being planned to test the new drug. If they are successful, POLQ inhibitors could be used to treat cancers with changes to the BRCA genes, including breast, ovarian, pancreatic and prostate cancers.

IN CAMPAIGNING...

...to ensure that people can access the most effective treatments. We have been:

HIGHLIGHTING THE NEED FOR GOVERNMENT TO INVEST IN MEDICAL RESEARCH

As a member of the Association of Medical Research Charities (AMRC), we backed their Research at Risk campaign, which drew attention to the impact of the pandemic on charity funding for medical research.

More than 7,000 people wrote to the Prime Minister calling for financial support to help medical research charities continue with their investments. And in response to this campaign, the Government announced £20 million to support charity-funded early career researchers, which will go some way towards upskilling and advancing the next generation of scientists.

FIGHTING FOR PATIENTS TO HAVE SWIFT ACCESS TO THE DRUGS THEY NEED

We've continued to contribute to all breast cancer drug appraisals by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) and helped to ensure that clinically effective drugs continued to reach patients quickly, at a price the NHS could afford – even during the pandemic. In all instances, we made sure that patients' voices were heard loud and clear by decision-makers.

WORKING TO IMPROVE THE PHYSICAL HEALTH OF PEOPLE LIVING WITH BREAST CANCER

In September 2020, Breast Cancer Now joined 17 of Scotland's leading health charities to form a new coalition with the aim of increasing physical activity levels in people living with long term conditions.

Movement for Health

The coalition officially launched in October 2020 under the banner of Movement for Health. It's led by the charity Paths for All and chaired by Dr Emma Lunan. In May 2021, in the lead up to the Scottish elections, the coalition published a call to action, endorsed by the Chief Medical Officer, urging the Scottish Government to improve policy and practice for people living with long term conditions to enable them to become more physically active.

WELCOMING KINDER TREATMENTS WITH FEWER SIDE EFFECTS

The period of this report also saw the introduction of Phesgo, a quicker and kinder treatment method of trastuzumab and pertuzumab, now available on the NHS across the UK for certain patients with HER2 positive breast cancer. This new method reduces the length of hospital stays and frees up precious time for healthcare professionals - and we worked with NHS England and other stakeholders to ensure this news was widely shared.

Strategic objective

TO IMPROVE DETECTION AND DIAGNOSIS OF BREAST CANCER



99% of women diagnosed with Stage 1 breast cancer will survive for five years or more. **At Stage 4, this figure drops to just 27%.**

While prevention strategies are important, they cannot eliminate all cases of breast cancer.

Early detection therefore remains the cornerstone of improving patient outcomes, but many people still face barriers in seeking help. Currently, around 5% of women will find that by the time their breast cancer is diagnosed, it has already spread. And the problem is further compounded by inequalities that result in black women in the UK being almost twice as likely as white women to be diagnosed with advanced (stage 3 or stage 4) breast cancer; an important factor in their chances of survival being significantly worse.

In addition, many people are still reluctant to share their concerns about breast cancer. For example, if they're part of a community where talking freely about breast health is taboo or where social deprivation excludes them from frontline healthcare services. And misapprehensions are also rife, such as 'I'm too young to get breast cancer', or 'my healthy lifestyle will keep me safe'.

However, while being young and fit may minimise a person's risk, breast cancer can happen to anyone, men as well as women.

We want everyone to understand the early signs and symptoms of breast cancer and to feel empowered to come forward with any concerns. And we want healthcare professionals to be able to spot breast cancer in its earliest stages when treatment is most likely to be successful.

To this end, we have been working hard in the following areas:

'I had a healthy diet, exercised, and I just assumed I was too young to be diagnosed... Then I found a lump in my right breast... and when the test results revealed I had breast cancer I couldn't believe it... My first thought was of my three beautiful babies; would I get to see them grow up?'

Amaya, who is now working hard to raise awareness of breast cancer and breast checking among young black women in particular



IN RAISING AWARENESS...

...to ensure that people are empowered to seek help as soon as possible. We have been:

WORKING WITH PARTNERS TO REACH NEW AND WIDER AUDIENCES

Our ‘Keep in touch with your boobs’ initiative with Asda during Breast Cancer Awareness Month coincided with the news that breast cancer referrals had dropped by 57% at the height of the pandemic. We reminded Asda’s 14 million weekly shoppers about the importance of self-checking and offered guidance and signposting to our Helpline. This reminder is also now included on Asda receipts throughout the year.

We also worked with Asda as they collaborated with the website Tyla on creating a video designed to educate 16 to 34-year-olds on the importance of regularly checking their breasts. The video, which featured playdough breasts as a way to share the signs and symptoms, was displayed 5.9 million times across Tyla’s social media channels, with the numbers of people watching the video all the way through 20% higher than Tyla’s average.

During Breast Cancer Awareness Month, we also had the opportunity to partner with Facebook through their women's network. We took part in a panel discussion - viewed over 1.2 million times - about myths and misconceptions and barriers to talking about breast cancer. We also raised awareness of the signs and symptoms to look out for, and what to do in the event of new and unusual changes.

PLACING THE IMPORTANCE OF REGULAR SELF-CHECKING FRONT AND CENTRE STAGE

In October 2020, we launched our 'check them' campaign to promote the importance of regular breast checking as ‘a habit of a lifetime’, to raise awareness of the signs and symptoms of breast cancer and to encourage visits to a GP if changes are noticed. This was in response not only to our YouGov survey (that revealed that 47% of UK women don’t check their breasts regularly for signs of breast cancer) but also to a significant drop in referrals during the pandemic.

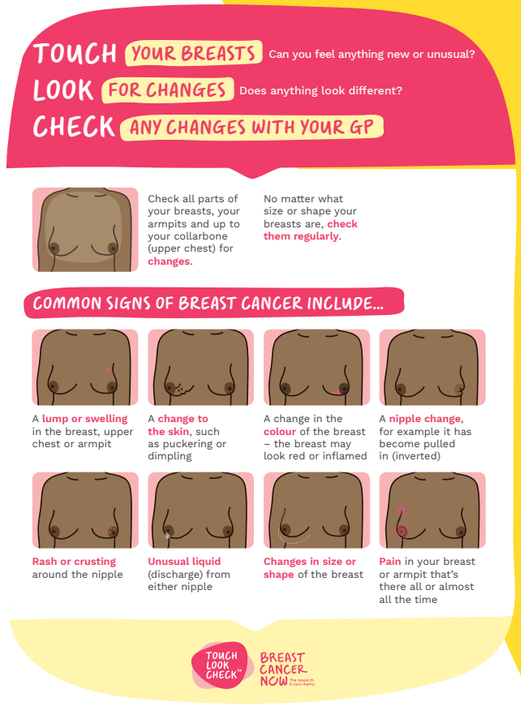
Our ‘check them’ animation explored the varying and unique journeys women take with their breasts throughout their lives. It reached 1/4 million people on social media and also won us award nominations. We also produced a series of stills and GIFs, which reached just under 9 million people on Facebook and Instagram and more than 100,000 people clicked to learn more about our campaign. And we created a series of Spotify ads which reached 314,950 people, with an average ‘full listen’ rate of 91.58%.

FURTHER DRAWING ATTENTION TO THE SIGNS AND SYMPTOMS

For Breast Cancer Awareness Month 2020, we developed new imagery and materials to support our Touch Look Check campaign. This included a wider variety of signs and symptoms infographics, covering a broader range of skin tones. We also created a male-specific version of our Touch Look Check message, to be more inclusive of men. We also distributed:

- 55,413 copies of ‘Know your breasts: A guide to breast awareness and screening’ - with another 747 copies downloaded from our website
- 27,103 copies of ‘Know your breasts: a quick guide’ - with another 534 copies downloaded from our website
- 3,149 copies of ‘Know your breasts: a quick guide’ translated into languages other than English - with another 545 copies downloaded from our website

In the period covered by this report, we also recorded over 200,000 unique visitors to our ‘Signs and symptoms of breast cancer’ webpage.



Breast Cancer Now's Touch Look Check infographic highlights the signs and symptoms of primary breast cancer

IN DISMANTLING BARRIERS...

...to help everyone access appropriate information and support, and timely referrals and treatment. We have been:

EXTENDING THE REACH OF OUR PUBLIC HEALTH VOLUNTEERS

In April 2020, 28 ‘Speaker Volunteers’ joined our Public Health and Wellbeing team, taking on the role of Public Health volunteers. They are responsible for delivering our key public health messages on early detection to workplaces and community groups across the UK.

During the pandemic, we moved swiftly to an online model, ensuring our volunteers had the skills and training they needed to effectively deliver the talks in a virtual setting and that the booking process was appropriately streamlined Between Oct 2020 and July 2021, volunteers and staff delivered 20 online talks reaching 729 people. Feedback from these public health talks has been encouraging, for example:

- ‘Absolutely excellent talk; learned a lot - clear images and descriptions thank you for sharing with us’
- ‘The volunteer speaker was amazing and made me feel confident about signs and symptoms when it comes to breast cancer. She had a passion about raising awareness’
- ‘Fantastic and valuable presentation, thank you for sharing this. Raising awareness in women and men is part of the fight against this terrible disease’

IN RESEARCH...

...to improve the detection and diagnosis of breast cancer at the earliest stage. We have been:

IMPROVING DIAGNOSIS SO THAT PEOPLE NEEDN'T SUFFER UNNECESSARY TREATMENT

In July 21 we committed to fund a new Dame Vera Lynn Translational Research Fellowship, which will use artificial intelligence (AI) to help women with an early form of breast cancer called ductal carcinoma in situ (DCIS) to safely skip unnecessary treatment.

As we don't yet know which cases will progress and which will not, everyone diagnosed with DCIS receives the same treatment designed to prevent it developing into invasive breast cancer. In this project, Dr Sidlauskas is seeking to develop a more accurate method to assess the likelihood of DCIS becoming invasive using AI tools and samples from clinical trials.



Dame Vera Lynn Translational Research Fellow, Dr Sidlauskas

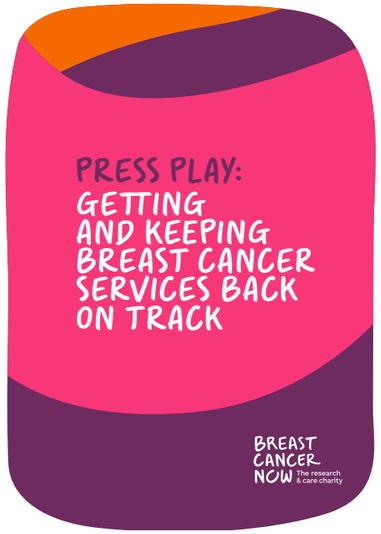
In the future, this approach could be used in clinics to determine who needs immediate treatment to prevent DCIS coming back as invasive breast cancer. And who could safely skip it and be monitored instead.

IN CAMPAIGNING...

...to improve breast cancer screening and promote early detection. We have been:

MAKING SURE OUR CONCERNS ARE WIDELY HEARD

On the same day that our 'Press Play' report revealed the impact of COVID-19 on breast cancer referrals and treatment, we launched an accompanying news story, securing over 200 pieces of coverage in print and online media (both national and regional). This included a first for the charity with three national front-page stories in England and two in Scotland, along with over 600 items of broadcast coverage. In addition, the statistics from this story - notably, that around 8,600 of those caught up in the screening backlog could be living with undiagnosed breast cancer - have continued to be featured in articles around the wider impacts of COVID-19, keeping breast cancer (and Breast Cancer Now) at the heart of this narrative.



Breast Cancer Now's 'Press Play' report

We also worked hard to produce accurate estimates of the number of women who may have been affected by missing out on referrals to specialists as well as screenings between March and December 2020, determining that by the end of 2020, as many as 11,000 women may have been living with undiagnosed breast cancer. We revealed our findings in March 2021, also stating that in the worst cases, people could die as a result.

We launched this news story just before the release of the latest Cancer Waiting Times and the one-year anniversary of the World Health Organisation declaring the COVID-19 outbreak a pandemic, warning of a perfect storm with an already overstretched workforce facing a huge task as women once again started to come forward for screening, to share their concerns, and for referrals and treatment.

Our urgent calls to action reiterated the need for the UK Governments to invest in a long-term strategic approach, to give everyone the best possible chance of early diagnosis. Our story featured voices of women directly impacted, alongside those of our CEO and clinical nurse specialists. And we also used the opportunity to call on women to continue attending their breast screening appointments when invited, and to go to the GP with any new or unusual breast changes.

700 pieces of media coverage were secured across broadcast, print and online media, in national and regional titles and across the spectrum of news, health and consumer interests.

Strategic objective

TO FURTHER OUR UNDERSTANDING OF WHY BREAST CANCER OCCURS AND SPREADS, AND USE OUR KNOWLEDGE TO PREVENT BREAST CANCER DEVELOPING



Breast cancer is the world's most common cancer. And every year in the UK, around 55,000 people are diagnosed with the disease. However, we believe that **23% of UK breast cancer cases could be preventable through lifestyle changes**

While nothing can be done to change the biggest risk factors for breast cancer, namely being a woman and getting older, there are steps that individuals can take to reduce their chances of developing the disease, such as drinking less alcohol, regular exercise, and maintaining a healthy weight.

However 'doing the right thing' isn't always easy. So as well as building understanding of breast cancer and how to prevent it, we also want to know more about which interventions do and don't work for people, so they can help them take effective action to reduce their risk.

We want to understand why breast cancer develops and spreads, who is most at risk, and what we can do to prevent the disease from occurring and spreading. And we want to empower people to take proactive steps to reduce their own risk.

To this end, we have been working hard in the following areas:

'As well as being physically active, I take care in what I eat and my alcohol consumption is minimal, as drinking is known to be associated with breast cancer.
Being proactive goes a long way to dissipating my anxiety of this disease, which took my mother far too soon.'

Sarah, a 58-year-old opera singer living in Cardiff

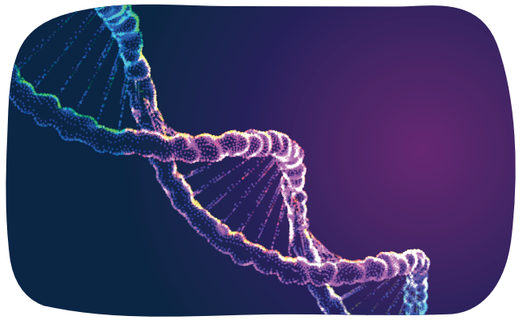


IN RESEARCH...

...to build understanding of the causes of breast cancer and why it spreads. We have been:

MAKING BREAKTHROUGHS IN OUR UNDERSTANDING OF BREAST CANCER RISK IN MEN

In August 2020, scientists from The Institute of Cancer Research, London, and Queen's University Belfast reported that they had found three new common changes in DNA that can increase a man's chance of developing breast cancer by 47%, 45% and 61% respectively.



The research, largely funded by Breast Cancer Now, brings the total number of known common genetic changes linked to male breast cancer to five.

Researchers also observed that the disease has a similar genetic basis in men and women, which means that advances in prevention and treatment for the disease may be of benefit to all patients, irrespective of their gender.

Breast cancer in men is very rare, which makes it difficult to investigate, but around 370 men are diagnosed with the disease every year in the UK, and around 80 men die. In the future, these findings could help identify men who are at higher risk of developing breast cancer and lead to new preventive treatments for both men and women.

IN EMPOWERING PEOPLE...

...to adopt healthier lifestyles and reduce their risk. We have been:

HELPING TO DELIVER BEHAVIOUR CHANGE IN THE AREA OF WEIGHT MANAGEMENT

Having supported researchers at the University of Aberdeen as they carried out the ActWELL trial (a study about lowering breast cancer risk through weight loss and lifestyle changes in women aged 50+), we were keen to make public some significant findings. These included the fact that women taking part lost more weight than those who didn't, that approaching women with information on weight management programmes while they were attending for routine breast screening was viable, and that it's possible for volunteers to successfully deliver interventions in a community setting.

Our Public Health and Wellbeing team then developed a 'How to' resource, called A Guide to delivering behaviour change projects in community settings through volunteers. We also co-delivered three online dissemination events with the ActWELL trial team, attended by 89 trial participants, ActWELL volunteers and other key stakeholders, such as NHS breast screening centre staff and representatives from the Scottish Government. The final results were published in the Journal of Behavioural Nutrition and Physical Activity, which means the learning can be picked up and shared by the most relevant audiences.

ACCELERATORS THAT WILL DRIVE OUR PROGRESS

To achieve the transformation we are striving for, we must continue to increase our impact. And not only through what we do ourselves, but in how we work and how we influence, empower, and inspire others to act alongside us.

To this end, we've considered what we can do to hasten progress and have agreed the following four accelerators:

- **Amplifying the voice of experience**
  See how we're doing on page 42.
- **Unlocking the power of our community**
  See how we're doing on page 48.
- **Evolving and adapting our practices**
  See how we're doing on page 54.
- **Generating further funding**
  See how we're doing on page 58.

AMPLIFYING THE VOICE OF EXPERIENCE

Our aims in this area are:

- Raising our profile so that everyone affected by breast cancer knows both how we can support them, the whole way through – and how they can support us in driving the change they want to see
- Identifying and championing the issues that matter most to people affected by breast cancer
- Fearlessly leading conversations with governments and other policymakers, the NHS, and fellow health charities to boldly challenge and push for change
- Extending our reach through our own activity and in bold and innovative ways with our trusted partners

Here are some examples of how we delivered against these aims in 2020-21:

RAISING AWARENESS BY SHOWING WE ARE THERE TO HELP...

...THROUGH THE DISRUPTION CAUSED BY COVID-19

We have worked with our clinical nurse specialists to provide information and quotes to the media on the impacts of the pandemic and the support we can provide for people with breast cancer. This expert content appeared in consumer magazines such as The People's Friend, in national papers including the Sun on Sunday's Fabulous magazine, the Daily Mirror, and the Daily Express, and in nursing trade publications, including Nursing in Practice.

We also secured exclusive features in the i paper, the Daily Telegraph, the Sun on Sunday, and the Mail on Sunday's You magazine, with interviews from our supporters that highlighted the disruption to breast cancer surgery and treatments that they had experienced due to COVID-19.

These stories allowed us to reiterate the importance of continuing to get any new and unusual breast changes checked out by a GP and to showcase the support the charity can offer during challenging times, with signposts to our Helpline and other life-changing support services.

CHAMPIONING THE ISSUES THAT MATTER MOST TO PEOPLE AFFECTED BY BREAST CANCER...

...ON ACCESS TO DRUGS

In July 2021, we launched our 'It's Time for Trodelvy' campaign with a feature in the Mail on Sunday.

Trodelvy (also known as sacituzumab govitecan) is an exciting new drug that could give women living with triple negative incurable secondary breast cancer the hope of more time. However, despite a licensing announcement being expected in August 2021, a decision on whether the drug would be available routinely on the NHS was not due until 2022. Hence our campaign and petition calling on the drug company, Gilead, to come to an agreement with NHS England to provide the drug free of charge for all eligible women pending this decision.

The Mail on Sunday article featured Breast Cancer Now and METUP UK (a patient advocacy group) and included a comment from our Chief Executive, Delyth Morgan, on the agonising wait many women could have to endure between licensing and the treatment being approved for routine use on the NHS. Delyth was also interviewed on BBC South East Today, and Philippa, one of the women spearheading the campaign shared her personal experience

for MyLondon. And the campaign was also included in the trade publications, Pharmafile and Charity Today.

Over 200,000 people have so far signed this petition and the campaign is ongoing.

...ON THE IMPACTS OF THE PANDEMIC

Over the last year, we have provided expert commentary and first-person accounts of the impacts of the COVID-19 pandemic on breast cancer services and patients, to ensure the issues remain on the health agenda.

For example, we secured almost 80 regional pieces of coverage following our response to the monthly NHS England Cancer Waiting Times announcement. This included a prime-time mention for our charity on BBC News along with a contribution from one of our supporters who spoke about their diagnosis and how it had been disrupted.

The letter was reproduced in over 100 regional newspapers across print and online, reaching over 1.5 million readers. We also secured real life features in magazines, promoting each of our online services, including a double page feature in both Pick Me Up and Chat magazines, reaching a total of over 150,000 readers.

In addition, as a member of the Breast Screening Programme Boards in both England and Scotland, and the Independent Breast Screening Review Group in Scotland, we've been working to raise a number of concerns relating to screening, including the temporary pause to women aged 71+ being able to self-refer for breast screening, and the temporary move to 'open invitations' in England, where women are invited make their own screening appointment, rather than being sent a specific time.

We have also been highlighting the impact of COVID-19 on medical research and raising concerns about the continued severe pressures affecting the breast cancer workforce.

For example, as members of the NHS England and Public Health England Breast Screening Workforce and Education Group, we have been working alongside other charities to highlight the issue of understaffing to politicians, to help ensure that the professionals that people with breast cancer rely on are appropriately resourced and supported. In addition, when the Royal College of Radiologists workforce census revealed worrying gaps, we secured commentary in four national newspapers, calling on all UK Governments to put funding in place to tackle the crisis.

Our Chief Executive Delyth also spoke about impacts of the pandemic on the cancer workforce on a Spectator podcast and a Health Service Journal webinar.

...ON GETTING INTO THE HABIT OF BREAST CHECKING

When our YouGov survey (see page 24) on breast checking revealed that the main reason women give for not checking regularly is that they 'forget', we knew we had to redouble our efforts on the importance of looking for signs and symptoms.

We immediately launched a news story that appeared in nearly all UK national titles, on the front page of The Scotsman, and in publications such as Vogue, HuffPost and The Week (150 pieces of coverage in total).

We further raised the issue of breast checking with broadcast coverage across radio news bulletins. And Sky News conducted a live interview on our story with our Chief Executive, Delyth Morgan. In addition, Dr Mark Porter used his column in The Times to discuss the survey findings, while the Daily Telegraph online used them to explore the latest 'collateral damage' to women's health to emerge from the COVID-19 pandemic.

LEADING CONVERSATIONS THAT PLACE LIVED EXPERIENCE CENTRE STAGE

...RIGHT UP TO GOVERNMENT LEVEL

We've worked closely with people affected by breast cancer across a number of different issues, providing opportunities for them to talk directly with decision makers, to input into drug appraisals, and to share experiences across our channels.

For example, we organised a number of virtual parliamentary events to provide a platform for people with a direct experience of breast cancer to talk to decisionmakers across the UK about the change they want to see. This included a 'roundtable' with the Shadow Health Team as well as webinars with Scottish MSPs and Welsh MSs.

EXTENDING OUR REACH THROUGH PARTNERSHIPS

...WITH ASDA

Our Tickled Pink campaign secured 40 articles in national, consumer and online media, with 72 regional articles, reaching 27% of UK adult population. The coverage started with an engaging piece in the Daily Star on (Gogglebox's) Tom Malone fronting a social media TikTok dance as an interactive way to encourage breast checking.

Tickled Pink products were also included in our Breast Cancer Awareness Month Lookbook for regional press and our Ambassador, Michelle Heaton, fronted the Tickled Pink activewear range. Both the products and Michelle's shoot proved especially popular and led to print and online articles in OK! magazine.

...WITH RIVER ISLAND

In May 2021 we launched our refreshed Fashion Targets Breast Cancer campaign, with long standing partner River Island. This campaign was successful in raising both funds and awareness, through the sale of bespoke products and significant PR coverage.

The campaign featured four inspirational women from a variety of backgrounds, who shared their own experiences of how breast cancer had impacted their identity, including in relation to clothing and fashion. It also involved our first ever remote FaceTime photo shoot, to capture the collection, which featured our wear something important message.

Powerful assets helped us to secure 52 pieces of coverage during the four-week campaign, across national and regional media, for example in Mail Online, Tyla, The Sun Online and Metro. In addition, the products appeared in a wide range of consumer and regional media including Marie Claire, The Manchester Evening News and The Western Mail.

River Island reported that 83% of the product line sold within 10 weeks, compared to 63% during the same period in 2019, showing how strongly the campaign resonated with the target audience.

...WITH GHD

In summer 2021, we also worked with hair brand ghd to launch their Take Control Now initiative, which aimed to drive behaviour change by empowering and encouraging younger women to regularly check their breasts. This powerful initiative focused on the loved ones of younger women with breast cancer sharing their experiences with women who do not self-check.

As part of the campaign, ghd created a bespoke hairdryer and two hair straighteners embossed with the words ‘Take Control Now’ to help keep the message front of mind. As a result of press and influencer virtual launch events, 117 posts appeared on social media with a total reach of 35 million.

FURTHER EXTENDING OUR REACH THROUGH PR

...TO FOREGROUND OUR RESEARCH ACHIEVEMENTS

In May 2021, our Royal Patron, HRH The Prince of Wales, visited the Breast Cancer Now Toby Robins Research Centre at The Institute of Cancer Research, London, to hear about current projects and the advances made since he first opened the Research Centre back in 1999.

His Royal Highness met with researchers who are currently developing a treatment for lobular breast cancer, as well as some of our 2020-21 £1,000 Challenge fundraisers and Christine Sturgess from the Breast Cancer Now Show Committee. This recognised their experiences of cancer, their efforts as fundraisers and the fact that the centre was funded in part by the original group of £1,000 Challengers, some 21 years ago.

We used this visit as an opportunity to highlight the impact of the COVID-19 pandemic on medical research and the need for support to continue progress. Working with the Clarence House PR team, we secured prominent coverage for this message in titles such as the London Evening Standard, the Daily Mail and The Independent, and across over 150 national and regional publications in total. In particular, the Daily Telegraph included a large image of His Royal Highness in a Breast Cancer Now branded lab coat in their coverage.

...TO HIGHLIGHT NEW AND SUCCESSFUL INTERVENTIONS

Having funded research which discovered that cognitive behavioural therapy (CBT) delivered in groups by a breast care nurse can reduce the impact of menopausal side effects caused by treatment, we were eager to share the results.

We secured a broadcast exclusive package with BBC Radio 4 Woman's Hour featuring our Chief Executive Delyth Morgan along with Natalie Richards, a 39-yearold mum-of-two who was diagnosed with triple negative breast cancer in 2019 and experienced intense hot flushes and night sweats during chemotherapy. We also secured national print features in the Daily Telegraph, the i and Good Housekeeping magazine.

All coverage positioned Breast Cancer Now as funders of world-class research while highlighting the benefits of this research to patients.

UNLOCKING THE POWER OF OUR COMMUNITY

Our aims in this area are:

- Improving how we engage, listen, and learn from people affected by breast cancer, including previously unheard groups and individuals, whose perspectives are vital
- Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners and using our collective voices, experiences, time, skills and networks to accelerate positive change
- Building a diverse workforce made up of people committed to delivering and advancing those goals
- Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us

Here are some examples of how we delivered against these aims in 2020-21:

IMPROVING HOW WE ENGAGE WITH ALL PEOPLE AFFECTED BY BREAST CANCER...

...BY LISTENING TO A RANGE OF PERSPECTIVES

Our Public Health and Wellbeing team has a key role to play in tackling health inequalities and this includes raising awareness of the experiences and challenges faced by certain communities when affected by breast cancer.

In July 2021, we supported Ethnic Minority Cancer Awareness Month, setting up working groups with both staff and volunteers who collaborated with us to plan a range of activities – both in-house and across our social media platforms.

The in-house event, 'Time to talk – Breast cancer in diverse communities', was held as a live panel event for our volunteers, staff and supporters. It looked at the experiences of three volunteers from different backgrounds, including challenges, barriers and taboos.

70% found the event 'Excellent' and 30% 'Good' with many requesting more such events.

External activity saw the launch of two blogs and a podcast to highlight the experiences and challenges faced by people from Black and South Asian communities in relation to breast cancer. The total posts across Facebook, Twitter and Instagram had a combined reach of 210,972 with 4,819 reactions (likes), 193 comments, and 138 shares.

...BY WORKING TO BUILD UNDERSTANDING

We have also commissioned research to build our understanding of different communities, the varying perceptions and levels of awareness that exists in regard to breast cancer, and the specific knowledge and information needs we must meet in order to break down barriers. For example, how and where people want to receive information – and who they want to receive it from.

The research will be published in early 2022 and will be invaluable in supporting teams across the organisation in our ongoing drive for equality, diversity and inclusion.

COLLABORATING WITH OUR WIDER NETWORK TO ACCELERATE POSITIVE CHANGE

...WITH HEALTHCARE PROFESSIONALS

During Breast Cancer Awareness Month 2020, we reintroduced our monthly email to our healthcare professional audience and members of our Nursing Network to keep them updated on what we are doing and to highlight relevant opportunities. We have since seen a steady rate of engagement, month on month.

We also undertook work on the Healthcare Professionals area of our website, refreshing both the look and the content. From last year, we have seen a 34% increase in unique views to this area of the site.

...WITH NURSES IN PRACTICE

In April 2021, we were able to reinstate our six-weekly webinars for nurses in practice who have joined the Nursing Network, around 1,600 individuals who spend the majority of their time working with people affected by breast cancer.

These sessions are delivered by experts in practice and have cover topics such as managing menopausal symptoms, family history, sex and intimacy, and Brave Conservations - discussing symptoms of recurrence or metastatic disease.

...WITH SUPPORTERS IN THE COMMUNITY

Supporters with an experience of breast cancer are at the heart of both our Afternoon Tea and wear it pink fundraising campaigns.

Individuals volunteer to tell their story, on our website and through our media, to raise awareness of breast cancer itself and Breast Cancer Now, so that more people know who we are and how they can help us achieve our goals. We then amplify these stories through our campaigns, so they are at the heart of both how we communicate and why we continue to raise money.

In 2020, our wear it pink paid digital marketing achieved a reach of over 5 million, with information on taking part and how it can help to drive change. Our wear it pink homepage was visited over 34,000 times and more than 12,500 people registered. And 331 pieces of national and regional media coverage extended the reach of the campaign to around 47% of all UK adults.

BUILDING UP A DIVERSE AND COMMITTED WORKFORCE

...THROUGH THE MAKE-UP OF OUR BOARD

Having recognised the need for a wider variety of perspectives and experiences to be represented at board level, we succeeded in recruiting six brilliant new trustees to our board - three of whom have already taken up their roles.

We recognise that having a more representative board should allow us to remain and become more relevant to each of the communities and groups that we serve.

...THROUGH OUR AMAZING VOLUNTEERS

The overall number of volunteers is difficult to measure for 2020-21 as many roles were paused as a result of the pandemic and not all of our volunteers were able to be redeployed to online services.

However, we do know that over the period of this report around 1,400 people supported us on a longer-term basis, including our scientific advisors, and those who support our services and public health initiatives. We were able to increase our pool of volunteers to cover a much broader range of life experience. For example, we recruited 45 volunteers to the Someone Like Me service and now have volunteers who have had children since finishing treatment, who have been diagnosed with the CHEK2 genetic mutation, and who speak a variety of languages including French, Spanish, Italian, Punjabi and Hindi.

This is vital as it means can match people who are seeking support to a volunteer who more directly shares their own experience, which helps to break down barriers and fast-track people to the answers they need.

We also began to involve volunteers in our online services, primarily Moving Forward Online and Younger Women Together Online, to assist with facilitation and provide a listening ear for anyone who might need extra support. It is all part of making a virtual or remote service a lot more human.

Our Patient Experience Team also developed a volunteer post to lead on patient involvement, which helps to ensure that people with breast cancer are involved in every aspect of our work. We also introduced a new telephone thanking volunteer role to recognise the amazing support of our event participants and see what we can learn from them to further improve the support we provide.

In 2021, we launched our first ever virtual Volunteer Conference. Nearly 200 people attended and shared their wide-ranging experiences with us, providing us with valuable insights. We are delighted to say that the conference had a 99% satisfaction rate.

We also successfully launched Volunteer Now, an online training portal for volunteers, along with a series of events to introduce the various ways to get involved with the charity. In addition, Claire Myerson received our first ever Tracey Williams Outstanding Volunteer Award for her exceptional contribution to our secondary breast cancer campaign. Claire said:

> *'I was very honoured to receive this award and it felt lovely to be recognised in this way, along with so many amazing fellow nominees. It has really inspired me to keep going – living life, raising awareness and funds, and campaigning for much needed improvements in patient services.'*

Overall, 89% of volunteers in our 2021 volunteer experience survey say their experience has been impactful and that they feel well supported.

CREATING AND EMBEDDING A HIGH-PERFORMANCE CULTURE

...BY KEEPING EVERYONE INFORMED AND INVOLVED

We provide staff with ongoing information and updates on important news, achievements and upcoming events via our intranet, newsletters, team briefings, and informal monthly face-to-face meetings, led by our Chief Executive and Directors.

Over the past year, we have taken time to listen to staff perspectives on our organisation surveys, focus groups and workshops. This has helped us to shape our approach in many areas, such as learning and policy development, and to make Breast Cancer Now a great place to work for all employees.

Employee feedback was instrumental in how we supported staff on furlough and their return to work, as well as in formulating our wider plans for all staff to return to the office after the pandemic. Our Staff Forum group actively seeks the opinions, ideas and experiences of

colleagues and shares them with our Senior Management Team, our Organisational Management Team and our Trustees through the People & Culture Committee. During the last year, we have used the Staff Forum to consult with staff on our HR policy portfolio, our office environment and working at home. Their insight and constructive feedback were invaluable.

We also modified our induction process for new staff members who are initially working remotely to further support our high-performance culture through the specific experience of the pandemic and lockdown, and the increasing move to hybrid working.

...BY PROVIDING RELEVANT COACHING SESSIONS

We have also delivered a series of manager coaching sessions to support line managers at Head, Senior Manager and Manager levels. This was important given the unprecedented pressure of rebuilding teams after our significant organisational change and the more general demands of returning to the workplace post lockdown and furlough.

Around 60 people attended these group sessions. Areas covered included managing remotely, values and behaviours as managers and building resilience.

EVOLVING AND ADAPTING OUR PRACTICES

Our aims in this area are:

- Putting our supporters at the heart of how we communicate so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships
- Bringing transformational insight to our decision-making and actions through improved use of data
- Having the courage to change course and adapt to evolving circumstances, drawing on valuable experience gained during the COVID-19 crisis and with an unfaltering commitment to always doing what's best for people affected by breast cancer
- Identifying and implementing new technologies to support and enhance team working, inclusion, creativity, and innovation

Here are some examples of how we delivered against these aims in 2020-21:

PUTTING OUR SUPPORTERS AT THE HEART OF HOW WE COMMUNICATE...

...BY SHOWING EMPATHY AND UNDERSTANDING

As Christmas can be an especially difficult time for those who have lost someone, we wanted to offer our supporters a meaningful way to honour their loved ones and keep their memories alive, despite social distancing restrictions.

We therefore adapted our annual in memory Christmas campaign to create a 'Remembering our Loved Ones' online dedication wall. Supporters were asked to share a photograph and to leave a dedication as a way of remembering their loved one. It was incredibly poignant to see so many people taking part and to read their dedications.

...BY LISTENING TO THEIR PRIORITIES

This year, we recreated Breast Cancer Voices, by merging Breast Cancer Now and Breast Cancer Care's two insight and involvement networks, made up of people who have been affected by breast cancer, into one united group.

This decision followed three focus groups, a survey with 176 people, and a cocreation workshop with members, which determined how the group should be structured, and how best it might communicate with and involve its members.

This new, united group have various opportunities to shape what we do – across the spectrum from services to research, campaigns to fundraising.

...BY PROVIDING ADDITIONAL SUPPORT WHEN NEEDED

Throughout the year, our Services Support Team has been on hand to guide people through the process of accessing online services. Our moderating team has also been helping users to navigate the programmes and to get the most from them.

We are now planning more in-depth focus groups of service users to highlight any further changes we can make.

USING DATA TO ENHANCE OUR DECISION-MAKING

...TO BETTER SERVE OUR SUPPORTERS

In July 2021, we successfully launched our new 'Unity' database, which merged our two legacy databases to create a single view of our service users and supporters and records all aspects of their relationship with us to aid better decision making.

This was a complex project delivered as planned by a dedicated team with support from colleagues across the charity. The expected benefits of the new integrated database are as follows:

- A better experience for our supporters and deeper understanding for us about who they are so we can serve them better
- Greater efficiencies and smoother processes for fundraising, services, and volunteering activities
- Improved compliance and reporting capabilities and opportunities to deliver transformational insight

...TO BE MORE RESPONSIVE TO IMMEDIATE NEED

During the pandemic, our Health Information and Nursing teams massively stepped up the work they do to collaboratively update content on our website. They also began to collect data on how people were using the site and what questions they were asking.

This allowed us to continually evolve and improve the content to meet user need and ensure it remained relevant. On occasion, information was changed daily to address specific concerns that were being raised either through our Helpline or Ask Our Nurses service or in response to Forum or search queries.

IMPLEMENTING NEW TECHNOLOGIES TO ENHANCE HOW WE WORK

...THROUGH OUR NURSES

We have a new Ask our Nurses email database, which allows us to be more efficient.

And we have been piloting a new platform called Hotjar to help make it easier for people visiting our website to access support from our nurses. This offers visitors our Helpline details, and options such as a call from a nurse or the chance to send a message for more information.

Long-term, this could allow us to reach many more people in need of help.

GENERATING FURTHER FUNDING

Our aims in this area are:

- Testing to find the most successful new routes for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us
- Initiating, connecting and growing our network by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care
- Building on our success and commitment to innovation in digital to spark curiosity, fire ambition and find new routes for driving income, engagement and community action

Here are some examples of how we delivered against these aims in 2020-21:

FINDING NEW ROUTES FOR PEOPLE TO ENGAGE WITH AND SUPPORT US LONGER TERM...

...THAT REFLECT SUPPORTER PRIORITIES

Over the past year, we developed a new giving club initiative, the Progress Fund, which aims to unite 50 philanthropists, who will each donate £20,000 over three years, to support the next generation of breast cancer researchers.

These scientists will build on the discoveries made over the past 40 years, ensuring we maintain momentum and achieve our goals.

...THAT RESPOND TO EXTRAORDINARY CIRCUMSTANCES

With workplaces in lockdown, our annual static bike challenge for law firms - Tour de Law - went from the office to the road, with committed colleagues riding a total of 84,000 miles and raising an amazing £231,936. We also brought together three regional static bike challenges to create one virtual bike ride, which raised an incredible £172,222 from the companies who took part.

During the last year, we also formed new partnerships with two companies from the manufacturing industry, Covex and CMT, to raise vital funds through the sale of hand sanitiser and face masks respectively. Additionally, Covex donated £12,000 worth of hand sanitiser to Breast Cancer Now, allowing us to keep people living with breast cancer and our colleagues safe, as we began to open our offices and resume our face-to-face services.

Our long-standing partner, Dorothy Perkins raised £60,000 for us through the sale of reusable fabric facemasks. We are particularly grateful that they have continued to support us despite turbulent times in the retail industry and their own change in ownership.

...THAT WIDEN OUR REACH AND IMPACT

Our Asda Tickled Pink campaign was awarded the 2020 Business Charity Award: Fashion and Retail partnership and we received a high recommendation at the Third Sector Charity awards.

The vital funds raised through this partnership continue to be channelled into world-class research, life-changing care and breast awareness education. The partnership aim is to make a tangible and long-term difference to early diagnosis rates, and we anticipate that their funding will enable an additional 1.6 million women in the UK to be regularly checking their breasts by 2026, complementing their own innovative breast awareness campaigns.

In October 2020, we celebrated a landmark moment of our partnership with M&S, achieving our joint goal of raising £13 million in five years. Through their generous donations, M&S is the biggest contributor in the UK to breast cancer prevention research, having enabled over 330,000 hours of vital research and contributed towards more than 50 world-class scientific discoveries about the causes of breast cancer – a true accelerator of change.

Additionally, we are delighted that this year, as a result of our strategic and impactful activity, our partnership has been recognised by the prestigious Business Charity Awards, winning the category for best Long-Term Partnership.

In March 2021, we welcomed a new partnership with make-up brand, Trinny London. Together we launched our first International Women's Day campaign to inspire, support and empower women affected by breast cancer to feel their best.

In the latter part of 2020, we also secured a new partnership with Liv Cycling UK, the sister brand of Giant. This partnership will launch during Breast Cancer Awareness Month 2021, to help to raise awareness of the benefits of physical activity in reducing the risk of breast cancer.

Our partner Ann Summers also continues to raise awareness of and shine a spotlight on the issues around sex and intimacy after breast cancer, a topic we know is of vital importance for people living with breast cancer, and to raise money for us through product sales and customer donations.

BUILDING ON OUR SUCCESS AND COMMITMENT TO INNOVATION IN DIGITAL...

...BY DEVELOPING NEW ONLINE EVENTS

In February 2021, we had to make the difficult decision to cancel our Pink Ribbon Walks for the second year running, but we quickly pivoted and launched a portfolio of nine new virtual challenge events – delivered entirely through Facebook. You can read more them on page 62 of this report.

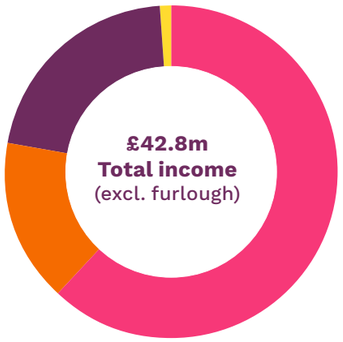
By understanding our participants needs, working collaboratively across the organisation and continually evolving and improving our supporter experience, we were able to recruit over 41,000 Facebook group members across our virtual challenges and went on to raise over £7 million through Facebook in total in the period covered by this report.

In October 2020, 82% of participants in these challenges were new to the organisation, which shows how successful we were in extending our reach.

FINANCIAL REVIEW

This report covers the period from 1 August 2020 to 31 July 2021.

Income
During the year, total income, excluding furlough income rose to £42.8 million from £38.4 million – a 11.5% increase. The increase of £4.4 million was achieved through the significant increase in online giving. The Facebook platform delivered total income for 2020-21 of £7.1 million compared to £1.4 million in 2019-20 and this increase offset the decline in income from live events.



Donations and legacies	£26,465,000
Charitable activities	£6,970,000
Other trading activities	£9,106,000
Investments	£285,000

The main sources of income continued to be individual giving and corporate partnerships. Income from charitable activities increased due to royalties generated from the intellectual property from Breast Cancer Now-funded research activities.

On 15 December 2021, we agreed to receive a settlement of $28.3m in relation to rights to royalty income.

Below are some key highlights of our financial performance in those - and other - fundraising areas.

Individual Giving
Our supporters were very generous during this financial year, despite difficult times. Over 154,000 individuals generously supported Breast Cancer Now through our weekly lottery, a regular direct debit or gave generous support to our fundraising appeals and raffles.

The continued kindness of people who choose to leave us a gift in their Will is always appreciated and this year we raised £1.5 million from legacy gifts.

Corporate partnerships
2021 marks the 25th year of our flagship Asda Tickled Pink partnership, with an incredible £71 million raised to date. The partnership grew fundraising this year, which included a generous corporate donation of £400,000 linked to the Asda Mother's Day campaign and the tremendous support of suppliers making bespoke pink products for sale.

This year, our partnership with pen manufacturers and suppliers, Pentel, reached the amazing £1.5 million milestone. Partners since 2006, they have now sold nearly 7 million pens to date in support of Breast Cancer Now.

You can also find out more about the financial performance of some of our other partnerships with Covex, CMT Group and Dorothy Perkins on page 59.

Events and community fundraising
In 2020-21, our amazing supporters continued to take on challenges, such as running the virtual London Marathon, hiking in their local countryside and jumping out of aeroplanes in support of Breast Cancer Now. Thousands of people also took on one of our new virtual events:

- 5,900 people took on our Walk 400,000 steps or Run 100k challenges in October 2020, raising £930,530
- In January 2021, we challenged people to do 1,000 squats, with 3,764 participants raising a total of £78,083
- In February, we tested how to create a non-sporting virtual event to do in your own home, with 811 people flipping their Pink Pancakes to raise £4,595
- 8,919 runners took on Run 100k and 2,939 riders took on Cycle 300k in March, raising a phenomenal combined total of £2.4 million
- In May, with the cancellation of our Pink Ribbon Walks, 14,000 participants signed up to our Walk 100 Miles virtual challenge and raised £1.34 million
- And 6,000 people signed up to Cycle 300k or Swim 10 Miles in July and raised over £665,000 between them

Despite lockdowns and social distancing restrictions, communities across the UK were full of unstoppable individuals who took on everything from creating their own sponsored walks and fitness challenges to making and selling crafts or holding tabletop sales. Between them they raised over £900,000 for Breast Cancer Now.

Our community fundraising groups raised a total of £196,531 and local companies also showed their generosity and creativity, including:

- Our long-term partners, Fairfax and Favor raised an incredible £125,465 by donating 100% of the sales of their pink boots
- West Ham Women's Football team raised £27,334 by donating 31.5% from the sale of their pink football shirts
- Wild Cosmetics raised £5,000 by selling deodorant and donating 10% of the sale price

Other fundraising, including mass participation events, and major gifts and trusts
In the period covered by this report, we raised an impressive £1.83 million through Facebook birthday fundraising, personally thanking 33,500 Facebook fundraisers.

Over 7,200 amazing individuals took part in wear it pink 2020, raising over £1.3 million in total. Supporters wore pink at work, hosted virtual quizzes and socially distanced gatherings, and even created fantastic pink face masks.

376 supporters went above and beyond to support our Afternoon Tea event in 2020, by creating afternoon tea delivery boxes for family and friends, or by hosting socially distanced events in their garden. Against all odds, they went on to raise over £95,000. So far, over 7,500 supporters have signed up to have an Afternoon Tea in 2021.

In 2020, we also relaunched the £1,000 Challenge, asking new and existing supporters to raise £1,000 for secondary breast cancer research by 31 July 2021. Successful fundraisers will each have the opportunity to nominate a name for the Challengers' Wall at Breast Cancer Now's Toby Robins Research Centre. Despite lockdowns and social distancing restrictions, participants raised over £100,000 in all sorts of inventive ways, from walking challenges and raffles to head shaves. This will help us to fund more breakthroughs and find the answers we need to stop secondary breast cancer in its tracks.

We would like to share our heartfelt thanks with the players of the People's Postcode Lottery for their wonderful support this year, by raising £666,228.

We are enormously grateful to the Garfield Weston Foundation for awarding a generous grant of £200,000 to our vital core costs in this challenging year, in addition to the Foundation's existing three-year grant to the Breast Cancer Now Tissue Bank.

Our sincere thanks to the Mary-Jean Mitchell Green Foundation for their longstanding support and renewed commitment to Professor Nick Turner's world-leading work at our Research Centre.

We are incredibly grateful for the vital grant we received from the Coronavirus Community Support Fund as provided by HM Government and administered by The National Lottery Community Fund.
The Pink Ribbon Ball Committee and The Show London Committee have been tremendously supportive, helping us to produce 'REUNIGHT' - our first ever virtual gala event in November 2020. The evening raised over £127,000, allowing supporters to reconnect with Breast Cancer Now and share who they were most looking forward to reuniting with, after the lockdown. A huge thank you to both committees for their flexibility and dedication.

Thank you to Breast Cancer Now's Board of Trustees for their invaluable advice, which has helped shape our new high value giving club initiative, the Progress Fund. We aim to unite 50 philanthropists, donating £20,000 over 3 years, to support the next generation of breast cancer researchers and change the future for anyone affected by breast cancer. Most of all, thank you to the founding members of the Progress Fund for coming on board and inspiring others to join.

Fundraising expenditure
Expenditure declined from £17.0 million to £15.7 million (7.6%), which reflected the fact that many of the planned challenge events were cancelled or deferred due to COVID-19 restrictions. We were able to switch many of these to virtual events where the cost base is significantly lower.

Charitable expenditure
Charitable expenditure, which includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information, decreased from £22.6 million to £18.1 million (19.9%). This decrease reflects the impact of COVID-19, which resulted in the continued suspension of community (face-to-face) support services and lower research activity.

Reserves
The net movement in funds was a surplus of £10.3 million (2020: £255,000 deficit), which includes realised investment gains of £0.8 million (2020: £8,000) and unrealised investment gains of £1.0 million (2020: 649,000 unrealised loss). The 2021-22 budget has been set to ensure that the charity is within the reserves policy set out below.

The charity holds reserves to provide funding for long-term financial commitments and a contingency against unforeseen operational cost pressures or reduction in income. Each year, the Trustees review reserves levels in light of the year ahead to ensure there are adequate funds to support the organisation. Reserves are held in three types:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £0.7 million at the year-end (2020: £2.3 million).
- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves, excluding those held in intangible and tangible assets of £1.7 million, stood at £10.4 million (2020: £12.2 million) at the year-end following the transfer of £13.5 million to designated funds.
- Designated funds arise when no stipulation is made by the donor but which have been set aside by Trustees for an essential spend or future purpose. Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. The charity's commitment to fund research is on a long-term basis but is funded through annual net fundraising income, which is subject to fluctuations. To mitigate this, in 2020-21 a Designated Fund of £13.5 million has been established to fund future long-term research commitments. It is expected this will be utilised within the next four years.

The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the Trustees considered that a sufficient level of reserves for the organisation would be a minimum of £10.4 million.

The current free reserves position is in line with this policy. Total funds at the year end were £26.4 million.

Financial Statements
The charity's consolidated financial statements are set out on pages 84 to 87, including the results of the charity's subsidiaries. The financial results of the charity's regional groups are included within the consolidated results, as they operate within the same charity registration and are governed by the charity's regional group constitution.

Subsidiary Trading Companies
The charity had six subsidiaries that are detailed in note 25 of the financial statements along with their results for the year. The companies are all wholly-owned subsidiaries. These subsidiaries carry out activities such as sub-licensing the charity's logo and the Fashion Targets Breast Cancer logo to commercial partners and delivering certain charitable partnerships. BCN Research Ltd delivers the Breast Cancer Now Catalyst Programme.

The trading subsidiaries transfer any profits to the charity under the Gift Aid scheme and their financial statements are consolidated into those of the charity.

Going concern
Clearly the future continues to be dominated by the economic impact and repercussions of the COVID-19 pandemic. We continue to monitor the potential wider impact of the pandemic on the UK economy and the associated generosity or ability of future fundraising activities and donations. The financial impact of COVID-19 was a key element to these assessments. A review of a range of scenarios assessing the impact of COVID-19 on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range and it is reasonable to expect the charity to have adequate resources to continue in operation in the foreseeable future. Accordingly, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis of accounting.

During 2020-21, income exceeded levels achieved in both the previous year and those in our 2020-21 budget. The continued resilience of the income streams from individual donors and corporate partners was supplemented with additional income from online giving and virtual events.

Additionally, the cost savings we achieved in the four months to 31 July 2020 ensured that we began 2020-21 with a lower cost base, which helped to deliver a surplus which can be utilised for our beneficiaries in the medium term. Given this very satisfactory closing position and a balanced budget for 2021-22, 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.

Grants
The charity funds research of the highest quality. We support the scientific community across the UK and Europe through multiple funding mechanisms, through our Tissue Bank and by supporting conferences and training courses. Some of our funding supports centres of excellence, as we have taken a strategic decision to build a critical mass of research in a small number of locations. These are based in higher education institutions and close to hospitals and breast units, working under one roof in integrated, multidisciplinary programmes of research.

Investments
The charity holds investments in accordance with the Investment Strategy approved by the Trustees. The Finance and Investment Committee reviews this Investment Strategy on an annual basis. The charity's investment objective is to maximise the return on its investments in a manner consistent with the charity's overall strategy and values while meeting two requirements:

1. Investing to cover certain short-term spending with adequate liquidity and a shorter-term risk averse profile
2. Investing longer-term reserves consistent with their use for longer-term commitments or as contingency assets

The investments, following an investment management tender process during the year is now consolidated with CCLA. In May 2021, the balance of the investment portfolio held at BlackRock was transferred to CCLA. The Finance and Investment Committee consider which are the most appropriate investment managers and as part of this, they consider their mandates, targets for performance and their ability to provide the appropriate support, diversification and performance required to achieve the investment strategy.

GOVERNANCE, STRUCTURE AND MANAGEMENT

The Board of Trustees of Breast Cancer Now presents its Annual Report and Accounts for the year ended 31 July 2021. These comply with the Companies Act 2006, Breast Cancer Now's governing document the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Status
Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The Trustees listed on pages 54-55 are also the Charity's Directors and have overall responsibility for the strategic direction and effective governance of the Charity. The Trustees met regularly during the year. The legal and administrative details are listed on page 107.

Objects
The Charity's objects are to:

- Advance health, including the health of individuals suffering from cancer, patients receiving treatment, those convalescing following treatment by:
  - promoting activities which will assist with awareness, identification and prevention of cancer;
  - assisting those individuals who are disabled, infirm or in need of assistance;
- Advance the health of individuals by undertaking research into the causes and treatment of cancer on terms that the results of such research are published
- Advance public education in and understanding of the nature of cancer and its treatments, particularly (without prejudice to that generality) among sufferers of cancer and the families, friends and carers of such persons
- Promote such charitable objects concerned with medical research or the relief of sickness as the Directors shall in their absolute discretion determine

Trustee recruitment, appointment, induction and training
Trustees are appointed, by the Board, for an initial period of three years that can be extended for a further three-year term. A further one, two or three-year term can be agreed between the individual and the chairperson, or three other directors if deemed to be in the Charity's best interest.

Trustees contribute their services voluntarily. Prior to their appointment as a Trustee, they are appointed as a Trustee Designate, an honorary position in accordance with the charity's governing documents, for a period of six months. This is designed to enable potential Trustees and the Charity to evaluate if the role is right for them and includes a formal induction programme and attendance at Board and Committee meetings where they are able to contribute but not formally vote. This arrangement was introduced in February 2021.

A skills audit of the Board is performed periodically to ensure the appropriate range of skills and expertise, including in areas of scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The Board supports the principles of good governance set out in the Charity Governance Code and uses the Code to review governance on an annual basis. During the year we undertook a comprehensive review of our governance practices in response to changes in the Code and to regulatory alerts. We have reported back to trustees on the findings of those reviews, and identified appropriate follow up actions. We continue to implement those recommendations, some of which are referred to elsewhere in this report, and to report back to trustees on progress.

Board of Trustees
Members of the Board during the year were:

Jill Thompson ₸+~ **Chair**

Professor Trevor J Powles * **Vice Chair**
(resigned 28 July 2021)

Pascale Alvanitakis-Guely ₸¥

Mark Astaire ¥

Barbara Brown +

Christopher Copeland ~

Professor Mitch Dowsett ¥*
(appointed 28 July 2021)

Susan Gallone ₸¥

Sonia Gayle ₸¥

Professor Adrian L Harris *~

Professor Ingunn Holen ₸
(appointed 28 July 2021)

Dr Marion Lewis +*
(resigned 28 July 2021)

Andrew Moore ~₸¥ **Vice Chair**
(from 28 July 2021)

Ann Pickering +

Dr Nisha Sharma +*
(appointed 28 July 2021)

₸member of the finance and investment committee

¥member of the risk and governance committee

+member of the people and culture committee

*member of the science strategy committee

~member of the strategy committee

The Trustees have the benefit of a qualifying third-party indemnity provision as defined by section 234 Companies Act 2006. The Charity purchase and maintained throughout the year Trustees' and Officers; liability insurance in respect of itself and its Trustees.

Senior Leadership Team (at 31 July 2020)
Delyth Morgan (Chief Executive)

Rachael Franklin (Director of Fundraising, Communications and Engagement)

Simon Vincent (Director of Research, Support and Influencing)

Chay Champness (Chief Operating Officer)

Emma Pennery (Clinical Director)
(in office until 31 October 2020)

During the year, the Senior Leadership Team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were £548,520 (2019-20 £979,920). In 2020-21, the Chief Executive, the highest paid member of staff, received remuneration of £136,706.

Staff employee reward
From August 2020 to July 2021, Breast Cancer Now employed an average of 269 (2020: 311) staff across the year. Our staff are fundamental to the work we do and we rely on them, our supporters, volunteers and trustees, and their amazing commitment, dedication and support they give to the charity.

Our People and Culture Committee monitors Breast Cancer Now's people plan, our organisational and cultural development and reward strategy. This includes our pay and benefits policies, our pay structure and annual pay review process, all of which determine how pay levels are decided. We are committed to equality in our pay and benefits policy and aim to ensure that our levels of pay and range of benefits reflect the knowledge, skills, experience and competencies of our staff.

We aim to pay salaries at the median level of the voluntary sector, and we regularly use salary survey data to check that our pay remains in line with the market we operate in. The Committee approves the annual pay review process, which is determined partly by average pay awards across the sector, and partly by the charity's financial performance and affordability to fund an annual cost of living increase.

Executive pay is governed by the same rules and review processes as for all other staff, and we offer the same level of benefits to the executive team as to the rest of our staff. Jobs are evaluated and graded into a framework with pay bands that are transparent and published to all staff. Our Trustees freely give their time and do not receive payment for the work they do, other than travel expenses.

Pension Provider and Bulk Transfer Update
Following Aviva's appointment on 1 February 2020 to provide a Qualifying Workplace Pension Scheme for all Breast Cancer Now employees it was agreed in September 2020 for Aviva to offer a 'bulk transfer' to members of the previous Standard Life and Aegon pension schemes who wished to move their pension funds to Aviva. The 'bulk transfer' process was completed in February 2021 with reasonable 'opt-in' percentages for this type of transfer exercise.

Aviva confirmed that 115 Standard Life pension members were approached of whom 71 applied to transfer (62%). The bulk transfer was completed in one day (normally up to five days) and £2.27 million of funds with monies disinvested by Standard Life on 9 December 2020 and invested with Aviva on 10 December 2020.

Aviva confirmed that 98 Aegon pension members were approached of whom 50 applied to transfer (51%). The bulk transfer was completed in five days and £1.14 million of funds with monies disinvested by Aegon on 15 January 2021 and invested with Aviva on 20 January 2021.

Equality, Diversity & Inclusion
Breast Cancer Now acknowledges that everyone is unique with individual skills, knowledge and life experiences and everyone can make a valuable and positive contribution to the aims, values and strategic goals of the charity. We recognise the benefits of employing and engaging with individuals from all backgrounds and community groups as this helps build a workforce and business where creativity and valuing difference in others thrives.

We are committed to a policy that ensures all current and potential staff members and volunteers are offered the same opportunities regardless of their sex, sexual orientation, age, disability, gender status (in cases of gender re-assignment), pregnancy and maternity status, marital status, race and religion and belief (protected characteristics) and membership of or activities as part of a trade union, or social or economic status.

An Equality, Diversity and Inclusion (EDI) Group has been formed to steer the development, implementation and monitoring of an organisation wide approach to EDI, which will enable us to better reach and meet the needs of both internal and external stakeholders.

The Group is using management information, external expertise and insight from lived experiences, to enable us to work towards our strategic objectives. It will ensure diverse voices are listened to, foster an inclusive environment for all colleagues and ensure we are reaching and supporting diverse beneficiaries through our charitable work. Since the group's creation we have been laying the foundation for real change.

We have made significant progress including recognising that there were some identities, perspectives, and experiences not represented at board level and undertaken a successful planned and targeted recruitment drive. As a result we have increased the diversity of our board meaning more balanced decision-making helping us stay relevant to the communities and groups that we serve. We have also increased the representation of younger clinicians and researchers earlier on in their careers, and in doing so gained specific expertise from different areas of the breast cancer pathway.

We have created an EDI Policy and Glossary which sets out our commitment and approach to EDI, covering our legal obligations and reflecting our organisational strategy and vision, and how everyone who acts on behalf of Breast Cancer Now is expected to act and to put EDI into practice in their day-to-day work and interaction with others. We have also created a glossary which defines the language used in the policy and to help everyone's understanding of it. We hope this will help everyone in our organisation to feel more confident knowing what terminology to use and to help us achieve consistency across the charity in the way we communicate with all our key stakeholders.

EDI is absolutely everyone's responsibility at Breast Cancer Now, but we recognise that leadership has a significant role to play in starting the EDI conversation, make it a high priority for the organisation, ensuring accountability, and role-modelling behaviours we want to see in our inclusive culture. That is why we invested in Senior Leadership Team EDI training this year where one of objectives of the day was 'to get uncomfortable' as that's where opportunities for learning present themselves.

We have updated our social media community guidelines to make it explicit to people of what to expect when you post on our social platforms. This means that in future our teams are better equipped to handle racism, hate-speech or discrimination of any kind.

But it won't stop there. We recognise that we are learning, and where we make mistakes, we will take ownership, reflect, learn, adapt our practices and move forward. Some of our recent EDI progress has in fact come from not quite getting it right. Next year we will focus on three strategic priority areas in line with our organisational strategy:

1. We will gather clear EDI data to guide us
2. We will build our collective confidence around EDI
3. We will strengthen the networks that are vital to driving our EDI progress

Approach to fundraising
We aim to build strong, meaningful, and long-lasting relationships with those who donate, fundraise and volunteer for Breast Cancer Now. We rely on the generosity of individuals and partners to help us reach our ambitious 2050 goal and we take great pride in how we raise funds towards that. Our supporters are essential to what we do and we will always strive to provide exciting opportunities accompanied by excellent experience and high standards of service that are continuously improving.

Our fundraising portfolio is diverse ranging from volunteer-led fundraising to lottery to corporate to gifts in Wills, TV advertising and more. In the last year we have continued to be flexible with our fundraising practices and adapted in line with the changing environment and additional regulations required as a result of the COVID-19 pandemic.

To meet the expectations of our supporters, Breast Cancer Now continues to have a cross-organisational focus on ensuring that we are working in a way which is compliant with law and regulations governing charity fundraising, including being registered with the Fundraising Regulator and adhering to the GDPR. This focus enables us to adapt to any changes in the law or in best practice and continuously consider what is important to our supporters with regards to their privacy and data.

Fundraising on our behalf
Engaging with new and existing supporters is a privilege and an important part of our fundraising effort. We work with carefully selected professional fundraising agencies to conduct face to face activity and outbound calling as well as to manage our lottery, raffle and gift administration. We closely monitor those who work on our behalf through mystery shopping, call monitoring, training, and regular account management to ensure they adhere to our high standards and those of the Fundraising Code of Practice.

Safeguarding and vulnerable supporters
We recognise our responsibility to safeguard our supporters and members of the public across all areas of our fundraising and services. Our Safeguarding Policy and annual safeguarding report is reviewed each year by the Risk and Governance Committee. In the year, the Charity has nominated a safeguarding Trustee and has introduced mandatory safeguarding training for all staff. We have also updated our Vulnerable Supporters Policy and now have guidance in place for staff working with children who fundraise for us.

Complaint handling
From August 2020 to July 2021 we received and responded to 210 complaints, which is a 82% decrease on the number of complaints compared to last year. The most common source of complaints was around our face-to-face fundraising activity with a large proportion of those concerning the COVID-19 pandemic. Other complaints across the year covered our direct marketing, fundraising from business and volunteer-led fundraising. Whilst the number of complaints we received is small compared to the overall reach, each complaint has been thoroughly investigated and corrective action and feedback to improve the work that we do has been taken as appropriate. We continue to review our policies and procedures to ensure that are robust and serve our supporters how they need.

Our Fundraising Promise
We rely on the generosity of our supporters, partners, and volunteers to make what we do possible. Through donations and fundraised income, we can work towards our vision that by 2050 people with breast cancer will live and be supported to live well.

We are committed to showing the individuals, companies, and organisations who support us how much they are valued and the difference their support makes.

The following principles guide our ways of working:

Honesty and Accountability
We ask for and listen to your feedback and complaints and make improvements based on what you say.

We closely monitor agencies working on our behalf and ensure they keep to our high standards.

We work in way that is compliant with relevant statutory bodies and the Fundraising Code of Practice.

Kindness and Respect
We inspire people to give or raise money for Breast Cancer Now without making them feel pressured to give.

We have a procedure for working with people in vulnerable circumstances, including children.

We only communicate with you in the ways that you prefer and always with a friendly and approachable manner.

We treat all donors and the members of the public fairly and with respect.

We value and acknowledge the contributions made by our supporters and thank accordingly.

Trust and Transparency
We keep supporter's data secure and do not sell or share it for marketing purposes.

We use donations wisely and always with an unrelating focus on our beneficiaries and we do what we say we will do with the donations we receive.

Learning and Developing
We listen and learn and always strive to improve the experience of being a supporter of Breast Cancer Now.

We constantly monitor how fundraising activities are received and perform to understand how they are experienced by our supporters.

We invest time and energy in developing our own skills and knowledge so we can deliver effective fundraising and supporter experience.

Advisory boards and committees
Finance and Investment Committee
The Finance and Investment Committee is responsible for advising the Board on short and long-term financial planning, including review of financial plans, budgets and proposals, as well as playing a governance role with the review of financial policies, processes and controls and advising on the appointment of external auditors. The committee is responsible for appointing the charity's investment managers and also sets and recommends the investment strategy to the Board for approval and oversees the management and performance of investments. The Finance and Investment Committee met five times during the year.

Risk and Governance Committee
The Risk and Governance Committee set the risk management process and ensure that strategic risks are identified, reported to the Board and, where necessary, highlighted to other committees, such as the finance and investment committee.

The Committee ensures that risk priorities and relevant actions are highlighted to the Senior Leadership Team for further action by their directorates. The Committee also oversees any material internal controls change programme and ensures recommendations are implemented. The Committee recommends the charity's risk management appetite and policy to the Board for approval and reviews policies which may result in significant reputational risk. The Risk and Governance Committee met twice during the year.

People and Culture Committee
The People and Culture Committee has delegated responsibility from the board for the remuneration and reward framework across the organisation and appointment of Trustees, and Senior Leadership including the Chief Executive. The Committee also has strategic oversight of the charity's people plan. The People and Culture Committee met three times during the year.

Science Strategy Committee
The Science Strategy Committee is responsible for overseeing Breast Cancer Now's research portfolio and making recommendations to the Board as to the distribution of our research funding. The committee plays a key role in ensuring that our research supports our strategic aims and met twice during the year.

Strategy Committee
The Strategy Committee is a temporary committee assisting the Board in developing the charity's strategy and framework to accurately measure the impact of the charity. The Committee also reviews strategic changes to the charity's activities prior to consideration by the Board or its committees. The Strategy Committee did not meet during the year and was formally closed down in February 2021, given the temporary nature of its work.

Chairs' Committee
The Chairs' Committee enables decisions to be made between Board meetings where they are of sufficient urgency that it would be detrimental to wait until the next Board meeting. The Chairs' Committee did not meet during the year.

Risk
Risk is inherent within all of our activities and therefore must be understood and managed. Accepting a certain level of risk allows us to innovate and strive to achieve more for people affected by breast cancer.

It is important, however, to balance risk across the organisation to ensure that it remains within our current level of appetite and tolerance.

We operate a process of risk identification and management that is embedded into the governance of the organisation. Central to this are our risk registers, which are regularly reviewed and updated by the Senior Leadership and Operational Leadership Teams, the Trustees and considered by the Risk and Governance Committee which normally meets twice a year.

We also regularly adapt the content to ensure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are a living document that continues to change over time in response to internal and external stimuli.

Risks are scored in terms of likelihood and impact. This allows us to quickly identify the most pressing risks and any changes in their profile. For each risk the registers set out the possible causes, current controls in place to manage it and any actions ongoing to provide further mitigation. These actions are assigned an owner, and progress is tracked by the Senior Leadership Team and the Trustees.

The Trustees reviewed Breast Cancer Now's key risks and are satisfied that risk management has been undertaken appropriately and that adequate systems were in place to manage risk. The Senior Leadership Team are responsible for the day-to-day risk management and ensuring that each directorate is aware of, and appropriately manages, their risks. We have considered the key risks facing the charity in the year ahead. These strategic risks and mitigations to manage them are:

Coronavirus (COVID19) pandemic	
Risk	Mitigation
Inability to deliver our mission to those affected by breast cancer due to the coronavirus pandemic.	• Business continuity focus by Trustees, Senior Leadership team, led and coordinated by Chief Operating Officer • Agile governance arrangement, enabling quick and effective decision-making • Robust IT infrastructure enabling staff to work remotely • Agile implementation of digital solutions
Fundraising income	
Risk	Mitigation
Significantly reduced income from fundraising activities as a result of the coronavirus pandemic. This includes the cancellation and postponement of fundraising events, the challenging economic environment, increased competition from other charities and any other social, political or economic event, (eg. impact of Brexit).	• Continued use of online fundraising products including both pivoting existing events to virtual (Tour de Law) and initiating new Facebook based virtual events (eg. Walk 400,000, Run 100,000) • Accessing opportunities for coronavirus emergency funding from major funders • Ensuring close relationships with major partners and funders to align strategic priorities and focus on opportunity for fundraising in challenging environment • Strong and powerful external communications about the impact of the coronavirus on Breast Cancer Now and people affected by breast cancer to build the case for giving • Continued monthly financial monitoring focusing on cash collection, measures to reduce costs and maximising existing income streams • Ongoing review of performance to allow flex to activity to build on strong performance • Focus on development of new and additional sources of income.
Failure to anticipate or respond to significant changes in beneficiaries/ supporter behaviour and preferences arising from the coronavirus pandemic and other social and economic trends.	• Continued delivery of fundraising, supporter care, and services via online technology and re-opening of face-to-face delivery in line with government guidelines • Dedicated staff in team to develop centralised Strategic Insight function to increase focus on supporter insight and performance • External horizon scanning to understand and respond to short and longer trends and attitudinal changes.
Research activities	
Risk	Mitigation
Inability to maintain our commitments to our long-term research activities or to fund future research, because of lower levels of income due to the coronavirus pandemic and other economic factors.	• Close communication with those researchers to whom we provide long-term support, to discuss ways of mitigating the impact of reductions in budgets • Provision of supplements to grants funded in previous years to support them during coronavirus disruption and ensure that research we have already committed to can be completed • Establishment of designated fund to support long-term research commitment.
Inability of existing research to continue due to disruption at research host institutions or loss of key researchers.	• Close communication with researchers and senior administrative staff at key host institutions to monitor their ability to support the research we fund • Long-term commitment to key strategic research activities to ensure stability for research staff and support for research training.
Governance and compliance	
Risk	Mitigation
Inability to deliver our strategic objectives and respond to a number of risks which are heightened during the coronavirus pandemic: • Serious data security breach (from a cyberattack or non-compliance with GDPR) • Lack of compliance with regulations in relation to our fundraising practices • Failure to comply with legal or regulatory requirements.	• Comprehensive governance structure with Board Committees specifically in place to review governance and compliance • Dedicated Compliance Officer and Governance team • Regular training for staff • Enhanced performance management programme for staff • External peer review of research • IT policies and procedures including vulnerability scanning and penetration testing and anti-virus software.
Staff and volunteers	
Risk	Mitigation
Failure to address the health and wellbeing of employees and volunteers and support their ability to perform their roles during the coronavirus pandemicand beyond.	• Regular staff updates via virtual platforms including a staff conference • Additional guidance and support for staff around remote working • Ongoing engagement with volunteers • Temporary closure of offices in accordance with Government guidance • Re-opening of some offices for a pool of staff to ensure continued wellbeing and risk assessment of permanent re-opening of offices for all staff, including development of hybrid working approach informed by staff feedback • Expansion and re-focus of diversity initiatives across the charity • Continued development of online learning and development platform.
Financial sustainability	
Risk	Mitigation
Failure to effectively manage our financial resources to ensure we can continue to support those affected by breast cancer during the coronavirus pandemic and beyond.	• Prudent 2021-22 budget and reserves policy • Continued enhanced cashflow forecasting throughout the year • Agile fundraising strategy with quarterly reviews around performance to date and future pipeline • Ongoing monthly updates to year end forecast

S172(1) STATEMENT

The Trustees are required to outline how they have met the requirements of S172(1) of the Companies Act 2006 in acting to promote the success of the charity to achieve its charitable purposes. This includes having regard to the interests of its stakeholders, volunteers, employees and the wider community. The charity recognises it cannot achieve its mission on its own. Collaboration and working in partnership with its stakeholders are essential in ensuring that by 2050 everyone diagnosed with breast cancer will live and be supported to live well.

Our supporters, including members of the public, donors, trusts and corporate partners enable us to raise funds we need to fund research and provide care services. We work closely with our suppliers and our dedicated staff who are vital in us progressing towards our goal. We set out below how the charity engages with its different stakeholders and listens to their views in order to better achieve its charitable objectives.

Employees

Our success as a charity is underpinned by the wellbeing and performance of staff. How we engage with staff:

- Performance review process which focuses on the performance and development of our staff.
- Development of an online learning and development platform to enhance face-to-face learning, and meet the extensive and diverse training needs across the staff group.
- Monthly organisational updates to staff providing information around the charity's development, and an opportunity for staff to provide feedback and raise questions to the Senior Leadership Team.
- Monthly directorate meetings providing an opportunity for senior leadership to speak to their directorate, share updates across teams, and an open forum for staff members to update their peers, ask questions or flag concerns.
- The Organisational Management Team meet monthly and act as both a forum to cascade organisational information and to raise staff concerns.
- Weekly newsletters are distributed, which provide staff with updates from across the organisation, including operational news, campaigns and staff blogs.
- Active staff forum with regular online 'drop-ins' for staff to raise questions, and dedicated representatives to gather staff feedback or field concerns.
- Our intranet provides a centralised space for staff to find and post information. During the COVID-19 pandemic it became an integral hub for connecting staff working from home, and has since become a useful resource for hybrid working.
- We have around 24 'Now Sessions' per year, which are voluntary, peer-to-peer informal sessions hosted by teams across the organisation to share knowledge, learnings and success stories.
- Staff surveys, particularly around developing the plans to formally return to our offices in September 2021 following the lifting of COVID-19 restrictions.
- Equality, Diversion and Inclusion (EDI) group has been established, which includes staff representatives, to help steer our development, implementation and monitoring of our organisational approach to EDI.
- We have an annual staff conference and awards ceremony to celebrate the achievements of staff and the organisation, of which staff members contribute to the content, and vote for their award nominations.

Volunteers

Our volunteers give credence and authenticity to our charity's vision. Our volunteers are intrinsic to what we do and as a group supplement our staff team to create real change. How we engage with volunteers:

- Established a Volunteer Hub to provide help and support across the volunteer group.
- Development of specific policies relevant to volunteer roles.
- Volunteer surveys used to obtain feedback on training and support provided.
- In February 2021, we held a virtual Volunteer Conference, which was attended by 190 volunteers. The conference focused on reconnecting with volunteers after the COVID-19 pandemic halted face-to-face services and forced many Breast Cancer Now staff onto furlough. This included talks from the Senior Leadership Team, as well as workshops to gain feedback and shape the volunteering experience.
- We have an annual outstanding volunteer award, as well as providing reward and recognition guidance for staff to better recognise volunteers across the organisation.
- Monthly volunteer email communications to keep informed of organisational developments, of new volunteering opportunities and with updates from their specific teams
- Monthly drop-in sessions for volunteers to connect with the central Volunteer Hub and other volunteers in an informal space.
- Established a dedicated volunteer learning platform - Volunteer Now - providing a single place for volunteers to access training specific to their role, engage with resources and information about the charity, so that they may be ambassadors for the charity, and access opportunities for personal development.
- Acted on feedback from volunteers to develop an ongoing series of online events and talks. In 2021, these have included: talks from research teams; how to engage with campaigning at Breast Cancer Now; challenges faced by people from marginalised communities after a diagnosis; and, raising awareness of breast cancer in men.
- Regularly monitoring and holding one-to-one phone calls with volunteers who haven't heard from Breast Cancer Now recently or may have paused their volunteering.
- Provide opportunities for volunteers to use their experiences to directly influence Breast Cancer Now's work - as well as get involved in external activity - through our Breast Cancer Voices community.

Donors, trusts and corporate partners

Our partnerships with our donors, trusts and corporate partners are fundamental to our charitable work. How we engage with donors, trusts and corporate partners:

- Collaborating regularly with our corporate partners through virtual and face-to-face meetings.
- Working with our corporate partners as we developed our new strategy to cocreate campaigns and actions.
- Regularly undertaking partnership reviews to understand levels of performance, impact and satisfaction.
- Major events and milestones at Breast Cancer Now are communicated to our donors and supporters.
- Reporting on the impact we have as a charity thanks to their support via

impact reports, email communications and our Annual Report and Accounts.
- Opportunities for supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists.
- Cultivation events such as our annual Carol Service, providing an opportunity to meet key members of Breast Cancer Now staff, Trustees and other supporters.
- Donor specific thank you events - such as for events, community, philanthropic, and legator supporters - to show the impact of their support, to meet staff and other supporters and to engage further in our work.
- Clear thanking process and plan for all supporters based on the type and level of support and their relationship with Breast Cancer Now.
- Our Fundraising Promise, which guarantees what donors of all types can expect from Breast Cancer Now in their relationship with us.
- Clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with Breast Cancer Now.

<u>Suppliers</u>
Our ability to fund dedicated research and to provide the necessary support and care to those impacted the charity relies on good liaison with research institutions and suppliers. How we engage with suppliers:

- A dedicated research team providing the administrative support to ensure effective collaboration with those institutions undertaking research on behalf of the charity.
- Continued development of the dedicated breast cancer Research Centre at the Institute of Cancer Research.
- Contributions to/involvement with/ partnership with associations that bring us together with other organisations in the sector to amplify our voice. This includes our membership to Association of Medical Research Charities (AMRC), the Richmond Group and the National Cancer Research Institute (NCRI).
- Development of links with external scientists through the Science Strategy Committee and various conferences, including the charity's leading role in the UK Interdisciplinary Breast Cancer Symposium.
- Use of experienced trainers, facilitators and nurses to connect and support those affected by breast cancer. Those benefitting from these sessions are encouraged to provide feedback on the content and delivery.

ENERGY AND EMISSIONS

The following figures make up the baseline reporting for Breast Cancer Now as 2020-21 is the first year that we are required to report this information. Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.

Scope 2	20-21
Grid supplied electricity - kWh-	242,064
Associated Greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	53
Intensity ratio Emissions per headcount, based on average staff numbers of 269	0.09

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2020 and 2021 reporting year. For 2020 (1 August 2020 to 31 December 2020) used Database 2020, Version 1.0. For 2021(1 January 2021 to 31 July 2021) used Database 2021, Version 1.0.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of Breast Cancer Now for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company 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 the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015);
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities

The Trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In the case of each Trustee in office at the date the Trustees' Report is approved:

a. so far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and
b. they have taken all the steps that they ought to have taken as a Trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.



Jill Thompson,
Trustee
24 March 2022

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS AND TRUSTEES OF BREAST CANCER NOW

Opinion

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2021 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement 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 Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2021 and of the group's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company /group 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 charitable company's or the group'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 trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

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

- adequate and proper accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 79, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation, employment legislation and health and safety legislation.

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

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finance and Investment Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Nicola May
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor

London
27 April 2022

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(incorporating an income and expenditure account)
For the year ended 31 July 2021

	Note	Unrestricted Funds £000	Designated Funds £000	Restricted Funds £000	**Total 2021 £000**	Unrestricted Funds £000	Designated Funds £000	Restricted Funds £000	Total 2020 £000
Income from:									
Donations and legacies	2	22,250	-	4,215	**26,465**	19,186	-	3,186	23,002
Charitable activities		6,970	-	-	**6,970**	5,579	-	-	5,579
Other trading activities	3	8,742	-	364	**9,106**	9,013	-	481	9,494
Investments		285	-	-	**285**	276	-	-	276
Furlough income	24	196	-	-	**196**	1,686	-	-	1,686
Total income		38,443	-	4,579	**43,022**	35,740	-	4,297	40,037
Expenditure on raising funds	4	15,732	-	-	**15,732**	17,032	-	-	17,032
Expenditure on charitable activities	5	12,632	-	6,137	**18,769**	19,344	-	3,275	22,619
Total expenditure		28,364	-	6,137	**34,501**	36,376	-	3,275	39,651
Net realised investment gain	11	804	-	-	804	8	-	-	8
Net unrealised investment gain/(loss)	11	1,009	-	-	1,009	(649)	-	-	(649)
Total net investment gain/(loss)		1,813	-	-	**1,813**	(641)	-	-	(641)
Net income/(expenditure)		11,892	-	(1,558)	**10,334**	(1,277)	-	1,022	(255)
Transfers between funds	19	(13,500)	13,500	-	**-**	-	-	-	-
Net movement in funds		(1,608)	13,500	(1,558)	**10,334**	(1,277)	-	1,022	(255)
Funds brought forward	19	13,817	-	2,283	16,100	15,094	-	1,261	16,355
Funds carried forward	19	**12,209**	**13,500**	**725**	**26,434**	**13,817**	**-**	**2,283**	**16,100**

The Consolidated Statement of Financial Activities is for the group as a whole. Total income for the year for the parent charity was £40,684,000 (2020: £40,473,000). All amounts relate to continuing operations. All gains and losses recognised in the year are included in the Consolidated Statement of Financial Activities. There are no material differences between the net income for the financial year and the historical cost equivalents.

BALANCE SHEETS

As at 31 July 2021

	Note	**Group 2021 £000**	Group 2020 £000	**Charity 2021 £000**	Charity 2020 £000
Fixed assets					
Intangible assets	9	1,117	643	1,117	643
Tangible assets	10	624	1,000	624	1,000
Investments	11	10,413	8,522	10,413	8,522
		12,154	10,165	**12,154**	10,165
Current assets					
Current investments	12	-	-	-	-
Stock		-	14	-	-
Debtors	14	12,068	7,312	15,386	9,791
Cash at bank and in hand		24,071	22,086	14,282	11,666
		36,139	29,412	**29,668**	21,457
Creditors: amounts falling due within one year	15	(17,466)	(15,921)	(13,243)	(10,891)
Net current assets		**18,673**	13,491	**16,425**	10,566
Total assets less current liabilities		**30,827**	23,656	**28,579**	20,731
Creditors: amounts falling due after more than one year	16	(3,992)	(7,039)	(1,757)	(4,127)
Provisions for liabilities	18	(401)	(517)	(401)	(517)
Net assets		**26,434**	16,100	**26,421**	16,087
Unrestricted Funds	19	12,209	13,817	12,196	13,804
Designated Funds	19	13,500	-	13,500	-
Restricted Funds	19	725	2,283	725	2,283
Total Funds		**26,434**	16,100	**26,421**	16,087

The notes on pages 88 to 106 form part of these financial statements. The charity's net movement in funds for the year was an increase of £10.3m (2020:increase of £0.3m).

The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 24 March 2022 and were signed on its behalf.

Jill Thompson
Trustee

CONSOLIDATED CASH FLOW STATEMENT

For the year ended 31 July 2021

	Note	£000	**Group 2021 £000**	£000	**Group 2020 £000**
Cash flows from from operating activities:					
Net cash generated in operating activities	a		**2,438**		**4,226**
Cash flows from investing activities					
Dividends, interest and rents from investments		148		146	
Purchase of tangible fixed assets	10	(58)		(48)	
Purchase of intangible fixed assets	9	(543)		(467)	
Proceeds from sale of investments	11	-		6,198	
Net cash generated investing activities			**(453)**		**5,829**
Change in cash in the reporting period			1,985		10,055
Cash at the beginning of the reporting period			22,086		12,031
Cash at the end of the reporting period	b		**24,071**		**22,086**

(a) reconciliation of net incoming resources to net cash flow from operating activities		**Group 2021 £000**	**Group 2020 £000**
Net income/(deficit) for the reporting period (as per the Statement of Financial Activities)		10,334	(255)
Depreciation and amortisation	9,10	469	615
Loss on disposal of fixed assets		34	48
Increase in provisions		(116)	(136)
Realised gain on investments	11	(804)	(8)
Unrealised (gain)/loss on investments	11	(1,009)	649
Dividends, interest and rents from investments		(285)	(276)
Investment fees deducted from portfolio	11	58	48
Decrease in stock		14	11
(Increase)/decrease in debtors		(4,756)	5,235
Decrease in creditors		(1,501)	(1,705)
Net cash generated from operating activities		**2,438**	**4,226**

(b) Analysis of cash and cash equivalents	**Group 2021 £000**	**Group 2020 £000**
Cash in hand	22,042	20,062
Notice deposits (less than 3 months)	2,029	2,024
Total cash and cash equivalents	**24,071**	**22,086**

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 July 2020

1. ACCOUNTING POLICIES

Charity information
Breast Cancer Now ('the charity') is a Public Benefit Entity which was incorporated on 9 December 2014, and is registered in England and Wales (company number 09347608) and in the Isle of Man (company number 6021F). It was registered as a charity on 18 February 2015 with the Charity Commission in England and Wales (charity number 1160558), in Scotland (charity number SC045584) and the Isle of Man (charity number 1200). The charity was established following the merger of Breakthrough Breast Cancer and Breast Cancer Campaign on 1 April 2015. On 29 April 2019 the charity, following approval by the Trustees, acquired Breast Cancer Care.

On 30 April 2020, the charity became the sole Corporate Trustee of Second Hope (Registered Charity No:1163205) a charity committed to supporting research in secondary breast cancer. Second Hope has been consolidated in the financial statements as a subsidiary.

Basis of preparation
These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at fair value and in accordance with Financial Reporting Standard 102 ('FRS 102') 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' and with the Statement of Recommended Practice 'Accounting and Reporting by Charities' FRS 102 as revised in 2019 ('the SORP 2019'), together with the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. The functional currency of the group and charity is considered to be GBP because that is the currency of the primary economic environment in which the charity operates.

Going concern
The Board has reviewed the charity's activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income. The financial impact of COVID-19 was a key element to these assessments. A review of a range of scenarios assessing the potential continued impact of COVID-19 on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range and it is reasonable to expect the charity to have adequate resources to continue in operation in the foreseeable future. Accordingly, the Trustees consider it appropriate for the financial statements to be prepared on a going concern basis of accounting.

During 2020-21 our income from online giving and virtual events along with income from regular donors and our corporate partners have contributed to the overall increase in income. The continued restrictions of COVID-19 during 2020-21 meant that some of the planned activity around research and support services could not be undertaken in the year. This has resulted in an overall surplus of £10.5 million. Unrestricted free reserves of £10.4 million and cash and cash equivalents of £24 million. Given this very satisfactory closing position and a balanced budget for 2021-22, 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.

Consolidation
The financial statements consolidate the charity and its trading subsidiaries ("group"). The income and expenditure from the date of acquisition has been incorporated in these financial statements.

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

Exemptions
The charity has taken advantage of the exemption in section 408 of the Companies Act from disclosing its individual Statement of Financial Activities.

Business Combinations
Business combinations are accounted for by applying the purchase method. The cost of a business combination is the fair value of the consideration given, liabilities incurred or assumed and of equity instruments issued plus the costs directly attributable to the business combination. For combinations at nil or nominal consideration which are in substance a gift, any excess of the fair value of the assets received over the fair value of the liabilities assumed is recognised as a gain in the Statement of Financial Activities ("SOFA"). On acquisition, the fair values are attributed to the identifiable assets, liabilities and contingent assets.

Since the charity is a charitable company, it is subject to the restriction in the Companies Act Accounts Regulations that prohibits the recognition of unrealised gains in the profit and loss account. In circumstances where the fair value of the assets received exceeds the fair value of the liabilities assumed, only the element of the gain which relates to the realised profits is recognised as 'Other income' in the SOFA. The element of the gain which relates to unrealised profits is recognised as 'Other recognised gains' in the SOFA.

Funds
The following funds are held by the charity:

*Unrestricted funds are donations and other income receivable or generated from the objects of the charity without further specified purpose and are available as generalfunds.

*Restricted funds arise when conditions are imposed by the donor, or by the specific terms of the appeal, and can only be spent on the activities specified.

*Designated funds arise when no stipulation is made by the donor but which have been set aside by Trustees for an essential spend or future purpose. Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. The charity's commitment to fund research is on a long-term basis but is funded through annual net fundraising income, which is subject to fluctuations. To mitigate this, in 2020-21, a Designated Reserve of £13.5 million has been established to fund future long-term research commitments. It is expected that this will be utilised within the next four years.

The charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations the Trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the Trustees in line with the reserves policy as described in the Trustees report (page 64).

Income
Income is accounted for and included in the SOFA when the group is entitled to the income, receipt can be quantified and receipt is probable. Income is deferred when it relates to future accounting periods.

Donations
Donations are recognised upon receipt along with any related gift aid. Donations which have been collected by a third party but not yet passed to the charity are accrued based on the date of collection.

Legacies
Legacies are recognised when capable of financial measurement, receipt is probable and where there are no conditions that still need to be fulfilled. Pecuniary legacies are recognised once notification has been received and probate has been granted. Residuary legacies are recognised once notification has been received, probate has been granted and they can be reliably measured, usually on receipt of estate accounts.

Corporate sponsorship and products
Income from corporate sponsorship and products is measured at the fair value of consideration received or receivable and represents the amounts receivable, net of value added taxes. The group recognises revenue when it has an entitlement to the revenue, it is probable that it will be received and the amount can be reliably measured. Revenue from corporate sponsorship is recognised over the period of the sponsorship arrangement. Revenue for the sale of goods is recognised at the point of sale.

Lotteries
Income received in respect of lotteries is recognised when the draw is made. Income received in advance for future lottery draws is deferred until the draw takes place.

The charity receives proceeds of lotteries held by the People's Postcode Lottery ('PPL'). The charity has no ability to alter the price of tickets, determine the prizes or reduce the management fee. As such, PPL is treated as acting as principal. Net proceeds due to the charity are recognised under trading income in the SOFA.

Donated goods and services
Donated goods and services are recognised in the accounts when the benefit to the charity is reasonably quantifiable and measurable. The value is the price the charity estimates it would pay should it purchase equivalent goods or services.

Investment income
Investment income is recognised on a receivable basis.

Regional groups
The income of regional fundraising groups includes all transactions cleared on the regional group bank statements up to the year-end.

Fundraising events
The company recognises revenue for events at the date of event. Where revenue is received in advance, recognition is deferred and included in creditors and where entitlement arises before income is received, the income is accrued.

Grants
Grant income is recognised when the funding offer is communicated in writing to the charity or when performance related conditions are met.

Furlough income
Government grant income received from the Coronavirus Job Retention Scheme ('Furlough income') has been recognised on a receivable basis in the Statement of Financial Activities over the same period as the costs to which it relates. The government grant income is classified as unrestricted.

Expenditure
Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA.

Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

Expenditure on charitable activities includes direct staff costs and expenditure relating to charitable activities provision of services, clinical support, health information and policy and campaign costs and research grant expenditure.

Research grants in furtherance of the charity's objectives are the total amounts granted to external bodies for charitable work. The grants made by the Trustees are recognised in the SOFA in the year the grant is awarded and notified to the recipient, provided a legal or constructive commitment exists and any conditions attaching to the grant have been fulfilled by the recipient. The liability is measured as the total of expected payments for the period to the next scientific review.

Costs relating to the sale of goods include the direct costs of purchasing and distributing goods for sale.

Communication and support costs are reviewed and any costs directly relating to our charitable activities have been allocated to the appropriate strategic charitable priority with the remainder being apportioned to charitable activities and raising funds based on a combination of headcount and staff time.
Governance costs are the costs incurred to manage the charity in compliance with constitutional and statutory requirements and are included in support costs.

Operating leases
Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

Taxation
Breast Cancer Now has charitable status and therefore any income and gains are exempt from corporation tax under Section 202 of the Corporation Act 2010 to the extent that they are applied for their charitable objects.

Value Added Tax is only partially recoverable by the charity and therefore the nonrecoverable element is included with the expenditure on which the VAT was charged in the SOFA.

The charity's subsidiaries do not generally pay UK Corporation Tax because their policy is to pay taxable profits to the charity as gift aid.

Pensions
Employees are entitled to join the pension scheme provided by Aviva. These are defined contribution schemes administered by an independent scheme administrators. Scheme funds are independent to the charity and invested with Aviva. The charity contributes by matching employee contributions to their personal pension to a maximum of 8% of salary. The cost of providing this pension scheme is charged to the SOFA when it is incurred.

Investments
Fixed asset investments are stated at fair value at the balance sheet date. Any realised or unrealised gains and losses are shown in the SOFA. Gains and losses are calculated with reference to market values as at the beginning of the year or cost if purchased during the year.

Current investments are shown at cost less any provision for expected losses.

Financial investments
Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost with the exception of investments which are held at fair value.

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors excluding prepayments. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in hand is defined as all cash held in instant access bank accounts and used as working capital.

Financial liabilities held at amortised cost comprise all creditors excluding deferred income, social security and other taxes and provisions.

Assets and liabilities held in foreign currency are translated to GBP at the balance sheet date at an appropriate year-end exchange rate.

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial.

Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date, the group held financial assets at amortised cost of £34,994k (2020: £28,439k), financial assets at fair value through income or expenditure of £10,413k (2020: £8,522k) and financial liabilities at amortised cost of £19,123k (2020: £19,093k).

Tangible assets
Tangible fixed assets are stated at cost, less depreciation. Assets of under £1,000 in value are not capitalised but are taken fully as expenditure in the year of purchase.

Disposed assets are removed from the fixed asset register on the date of their sale or disposal. Any gain or loss on disposal is included within the SOFA. Depreciation is provided by the straight-line method, calculated to write off assets over their estimated useful lives at the following rates:

Fixtures and fittings: over 4 years
Leasehold improvements: over lease period
IT hardware: over 4 years

Tangible assets are subject to an annual impairment review, and any impairment identified is recognised in the SOFA in the year of the review.

Intangible assets
Intangible assets are stated at cost less accumulated amortisation. Intangible assets of under £1,000 in value are not capitalised but are expensed fully in the year of purchase.

Amortisation is calculated using the straight-line method at the following rate, calculated to write off assets over their estimated useful lives at the following rate:

IT software and website: over 4 years

Critical accounting judgements and key sources of estimation uncertainty
In the application of the group's accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

Critical accounting estimates:

*Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.

*KSF provision is calculated based on the most recent progress report from the Administrators. At 1 August 2008 the charity held £4,370,000 of short-term cash deposits with Kaupthing Singer and Friedlander (KSF). A further £44,000 was due in interest as at that date. On 8 October 2008 the FSA applied to the High Court for KSF to be put into administration, as they concluded that it no longer met the FSA's threshold conditions. The charity recovered £10,000 during the period, taking the total recovery to 31 July 2021 to £3,835,000. This represents 86.9% of the original sum invested.

As at 7 April 2021, the administrator's estimate was updated to state that between 87.0% and 87.1% will ultimately be recovered by the charity. The Trustees have reduced the provision to reflect the recovery in the year with a carrying value of £Nil. The non-recovery of the original sum invested is 13.1% or £578,000 (2020: 13.33% or £583,000).

In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

Critical accounting judgements:

*Donated goods and services are not recognised where the incremental benefit to the charity cannot be reliably measured. This will primarily relate to services which are gifted on a pro-bono basis and there is no comparable expenditure incurred by the charity. Please see note 2.

2. DONATIONS AND LEGACIES

	Unrestricted £000	Restricted £000	**2021 £000**	Unrestricted £000	Restricted £000	2020 £000
Trusts and appeals	662	422	1,084	499	630	1,129
Donations and legacies from individuals	18,400	2,810	21,210	15,046	3,018	18,064
Corporate donations	3,169	983	4,152	3,037	168	3,205
Other income	19	-	19	604	-	604
Total	**12,250**	**4,215**	**26,465**	19,186	3,816	23,002

The charity benefits from the services of unpaid volunteers. The value of this has not been recognised in the financial statements. Donations and legacies from individuals includes £13,195 (2020: £129,144) of donated goods for auction prizes. Legal advice was provided on a pro-bono basis the value of which totalled £10,000 (2020: £94,000) and has been recognised in the SOFA. During the year, the charity was donated advertising space, the value of which was £81,000 (2020: £97,000) which has also been recognised in the SOFA. The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2021, but which are classed as a contingent asset total £25,000 (2020: £29,000).

3. INCOME FROM OTHER TRADING ACTIVITIES

	Unrestricted £000	Restricted £000	**2021 £000**	Unrestricted £000	Restricted £000	2020 £000
Events	176	-	176	699	-	699
Corporate products and sponsorship	3,371	364	3,735	2,816	481	3,297
Lottery income (note 26)	5,166	-	5,166	5,027	-	5,027
Other income	29	-	29	471	-	471
Total	**8,742**	**364**	**9,106**	9,013	481	9,494

4. EXPENDITURE ON RAISING FUNDS

	Direct costs £000	Support costs £000	**Total 2021 £000**	Direct costs £000	Support costs £000	Total 2020 £000
Cost of raising funds from donations and legacies	13,249	1,964	15,213	13,209	2,980	16,189
Cost of other trading activities	401	60	461	647	148	795
Cost of managing investments	58	-	58	48	-	48
Total	**13,708**	**2,024**	**15,732**	13,904	3,128	17,032

5. EXPENDITURE ON CHARITABLE ACTIVITES

	Grants £000	Direct costs £000	Support costs £000	**Total 2021 £000**	Grants £000	Direct costs £000	Support costs £000	Total 2020 £000
5a. Charitable activities								
Research	10,933	1,345	851	13,129	11,469	1,948	1,194	14,611
Clinical	-	754	265	1,019	-	879	372	1,251
Services	-	1,687	639	2,326	-	2,906	898	3,804
Health Information & Policy	-	1,805	490	2,295	-	2,265	688	2,953
Total	**10,933**	**5,591**	**2,245**	**18,769**	11,469	7,998	3,152	22,619

5b. Grants	**2021 £000**	2020 £000
Grants were made to the following institutions during the year:		
Institure of Cancer Research	8,317	6,656
Queen Mary University of London	733	1,015
King's College London	700	847
University of Sussex	400	-
CRUK Cambridge Institute	385	-
Royal College of Surgeons in Ireland	366	664
Beatson Institute of Cancer Research	-	600
University of Manchester	-	330
University of Birmingham	-	230
University of Cardiff	-	230
University of Leeds	-	219
Other Institutions	32	678
Total	**10,933**	11,469

6. SUPPORT COSTS

	2021 £000	2020 £000
IT, Finance & HR	1,983	2,904
Office	1,582	2,131
Management	235	712
Governance	469	533
Total	**4,269**	**6,280**

Total support costs of £4,269,000 (2020: £6,280,000) comprise of charitable support costs of £2,150,000 (2020: £3,152,000) and expenditure on raising funds of £1,939,000 (2020: £3,182,000). All support costs have been allocated entirely on a headcount basis.

7. NET EXPENDITURE FOR THE YEAR

	2021 £000	2020 £000
This is stated after charging:		
Depreciation and amortisation	469	615
Loss on disposal of fixed assets	34	-
Auditors' remuneration:		
Audit work	53	76
Audit work relating to prior year	34	-
Other services - taxation	4	6
Operating leases rentals:		
Property	886	1,141
Equipment	11	23

8. EMPLOYEES

	2021 £000	2020 £000
Wages and salaries	9,032	12,181
Social security costs	923	1,148
Pension costs	727	856
Other employee benefits	82	26
Total	**10,764**	14,211

Termination payments during the year totalled £71,000 (2020: £589,000). Termination payments are recognised on an accruals basis and are included within staff costs. At 31 July £Nil termination payments were unpaid (2020: £420,304).

	2021 no.	2020 no.
The average number of employees during the year were:		
Charitable activities	124	139
Fundraising	112	138
Support Services and governance	33	34
Total	**269**	**311**

The number of employees receiving remuneration over £60,000 (excluding employer pension contributions) during the year was as follows:	2021 Total no.	2020 Total no.
£60,001 - £70,000	**6**	6
£70,001 - £80,000	**3**	5
£80,001 - £90,000	**-**	1
£90,001 - £100,000	**2**	1
£100,001 - £110,000	**1**	1
£110,001 - £120,000	**-**	-
£120,001 - £130,000	**-**	1
£130,001 - £140,000	**1**	2
Total	**13**	17

8. EMPLOYEES (CONTINUED)

Pension costs for these higher paid employees amounted to £95,113 (2020: £132,016).

The key management personnel of the charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, the Director of Fundraising, Communication and Engagement, the Director of Research, Influencing and Services and the Clinical Director who left the charity on 31 October 2020. The total earnings, including pension contributions, received by the key management personnel of the charity during the year were £548,520 (2020: £979,920). In 2020-21, the Chief Executive was the highest paid member of staff and received remuneration of £136,706.

Trustees have not received remuneration (2019: £Nil). Trustees did not incur any expenses which have been reimbursed in undertaking their duties.

9. INTANGIBLE ASSETS (GROUP AND CHARITY)

	IT Software & Website £000
Cost	
At 1 August 2020	879
Additions	543
Disposals	(238)
Transfers	457
At 31 July 2021	**1,641**
Accumulated amortisation	
At 1 August 2020	236
Charge for the year	110
Disposals	(233)
Transfers	411
At 31 July 2021	**524**
Net book value	
Carried forward at 31 July 2020	643
Carried forward at 31 July 2021	**1,117**

10. TANGIBLE ASSETS (GROUP AND CHARITY)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £000	**Total £000**
Cost				
At 1 August 2020	1,110	336	812	2,258
Additions	24	1	33	58
Disposals	(93)	(6)	(746)	(845)
Transfers	-	-	324	324
At 31 July 2021	**1,041**	**331**	**423**	**1,795**
Accumulated depreciation				
At 1 August 2020	506	211	541	1,258
Charge for the year	144	89	126	359
Disposals	(73)	(5)	(738)	(816)
Transfers	-	-	370	370
At 31 July 2021	**577**	**295**	**299**	**1,171**
Net book value				
Carried forward at 31 July 2020	604	125	271	1,000
Carried forward at 31 July 2021	**464**	**36**	**124**	**624**

There were no assets held under finance leases in either year.

11. INVESTMENTS (GROUP AND CHARITY)

	2021 £000	2020 £000
Market value at 1 August	**8,522**	15,279
Realised gains	804	8
Unrealised gains/(losses)	1,009	(649)
Income reinvested	136	130
Investment fees	(58)	(48)
Withdrawals	-	(6,198)
Market value at 31 July	**10,413**	8,522

All investment assets are held in the UK and are unrestricted. The total historic cost of these investments is £3,176,000. The holdings by fund on a market value basis are as follows:

Fund	**Asset class**	**Fund manager**	**2021 £000**	2020 £000
Charishare	Equities	BlackRock	-	3,946
CCLA	Equities, fixed interest and cash	CCLA	10,413	4,576
Total market value			**10,413**	8,522

On 5 May 2021, the value of the funds held at BlackRock were transferred to CCLA. The value of the funds was £4,828,103 which resulted in a realised gains of £804,000.

12. CURRENT INVESTMENTS (GROUP AND CHARITY)

	2021 £000	2020 £000
Balance as at 1 August	-	4
Write back of provision	10	19
Transfer to cash at bank and in hand	(10)	(23)
Balance as at 31 July	**-**	-

The provision has been reduced to reflect a carrying value of £Nil given the dividends received in the year. An assessment of the provision is set out in the critical accounting estimates in note 1.

13. SUBSIDIARY UNDERTAKINGS

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884 and BCN Research Ltd (05047652). The charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the charity at 31 July 2021 was £245 (2020: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	**2021 Total £000**	2020 Total £000
Turnover	-	-	1,660	3,764	5,424	3,807
Cost of sales	-	-	(1,563)	(16)	(1,579)	(68)
Interest receivable	-	-	4	-	4	35
Administrative expenses	-	-	(7)	(486)	(493)	(632)
Profit before gift aid and taxation	-	-	94	3,262	3,356	3,142
Gift Aid payable to the Charity	-	-	(94)	(3,262)	(3,356)	(3,142)
Profit before taxation	**-**	**-**	**-**	**-**	**-**	-
Tax expense	-	-	-	-	-	-
Profit after taxation	**-**	**-**	**-**	**-**	**-**	-
Assets	160	163	6,658	5,047	12,028	8,064
Liabilities	(160)	-	(6,658)	(5,040)	(11,858)	(7,885)
Net assets	**-**	**163**	**-**	**7**	**170**	179

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982). Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737) were dissolved during the year. On 30 April, the charity became the Sole Trustee of Second Hope, a registered charity (1163205).

The taxable profit from the subsidiaries each year is transferred to the parent charity as a Gift Aid payment. For 2020-21, a total payable of £3,356,000 to the parent charity has been recognised. For a full listing of the subsidiary undertakings please see note 25.

14. DEBTORS

	Group 2021 £000	Group 2020 £000	**Charity 2021 £000**	Charity 2020 £000
Trade debtors	6,106	672	4,261	379
Amount owed by subsidiary undertakings	-	-	5,394	3,625
Other debtors	315	107	313	107
Prepayments & accrued income	5,647	6,533	5,418	5,680
Total	**12,068**	7,312	**15,386**	9,791

Trade debtors includes £Nil (2020: £Nil) falling due after more than one year. Trade debtors are stated after provisions for impairment of £7,567 (2020: £6,000). Amounts owed by group undertakings are unsecured, interest free, have no fixed date of repayment and are repayable on demand.

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group 2021 £000	Group 2020 £000	**Charity 2021 £000**	Charity 2020 £000
Trade creditors	1,708	218	1,708	210
Grants payable	10,710	10,442	7,051	7,635
Taxes and social security	1,630	1,425	1,630	1,425
Accruals and deferred income	1,622	3,707	1,063	1,499
Other creditors	1,796	129	1,791	122
Total	**17,466**	15,921	**13,243**	10,891

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2021-22, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	**Group 2021 £000**	Group 2020 £000	**Charity 2021 £000**	Charity 2020 £000
Balance as at 1 August	2,442	1,849	240	784
Amount released to income	(2,442)	(1,849)	(240)	(784)
Amount deferred in year	1,004	2,442	461	240
Balance as at 31 July	**1,004**	2,442	**461**	240

16. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	Group 2021 £000	Group 2020 £000	**Charity 2021 £000**	Charity 2020 £000
Grants payable	3,992	7,039	1,757	4,127

17. GRANTS PAYABLE

	2021 £000	2020 £000
At 1 August	17,481	18,828
Awarded during the year	12,545	13,141
Paid during the year	(13,917)	(12,816)
Adjustments during the year	(2,050)	(1,672)
As at 31 July	**14,059**	17,481
Due within one year (note 15)	10,067	10,442
Due after one year (note 16)	3,992	7,039
As at 31 July	**14,059**	17,481

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £12,545,000 (2020: £13,141,000) and adjustments during the year of a credit of £2,050,000 (2020: credit of £1,672,000), totalling £10,299,000 (2020: £11,469,000). Adjustments during the year of £2,050,000 (2020: £1,672,000) reflect underspend of research expenditure which has increased due to continued COVID-19 restrictions in the year. At 31 July 2021, the charity had unrecognised commitments of £33.6m (2020: £54.8m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The decrease reflects the impact of the grants awarded in the year. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2024-25. These commitments will be funded from income in the relevant period.

18. PROVISIONS FOR LIABILITIES (GROUP AND CHARITY)

	Onerous lease 2021 £000	**Dilapidations 2021 £000**	**Total 2021 £000**	Onerous lease 2020 £000	Dilapidations 2020 £000	Total 2020 £000
Balance as at 1 August	**176**	**341**	**517**	395	258	653
Additional provision	-	-	-	262	83	345
Utilised	(116)	-	(116)	(481)	-	(481)
Release	-	-	-	-	-	-
Balance as at 31 July	**60**	**341**	**401**	176	341	517

The onerous lease is expected to be utilised by November 2021 and the dilapidations provision is expected to be utilised by January 2025.

19. RECONCILIATION OF FUNDS

	Balance at 1 August 2020 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	**Balance at 31 July 2021 £000**
Unrestricted funds	**13,817**	**(13,500)**	**38,443**	**(28,364)**	**1,813**	**12,209**
Designated funds	-	13,500	-	-	-	-
Restricted:						
General Research (1)	-	115	1,808	(1,905)	-	18
Prevention Research (2)	375	-	979	(1,354)	-	-
Secondary Research (3)	948	-	183	(1,131)	-	-
Support Services (4)	-	436	994	(1,114)	-	316
Other restricted funds (5)	960	(551)	615	(633)	-	391
Total restricted funds	**2,283**	**-**	**4,579**	**(6,137)**	**-**	**725**
Total Group funds	**16,100**	**-**	**43,022**	**(34,501)**	**1,813**	**26,434**
Unrestricted Charity funds	**13,804**	**-**	**37,940**	**(41,361)**	**1,813**	**12,196**
Designated Charity funds	**-**	**13,500**	**-**	**-**	**-**	**13,500**
Restricted Charity funds	**2,283**	**-**	**4,579**	**(6,137)**	**-**	**725**
Total charity funds	**16,087**	**13,500**	**42,519**	**(47,498)**	**1,813**	**26,421**

Notes
(1) Donations specifically given to fund general research
(2) Donations specifically given to fund the research area of prevention
(3) Donations specifically to support the research area of secondary breast cancer
(4) Donations specifically to support the area of support services
(5) This includes a variety of funds, where donations are restricted to specific areas of research and other charitable activity

Designated funds
The charity's commitment to fund research is on a long-term objective which has been funded through annual net fundraising income which is subject to fluctuations. To mitigate this, in 2020-21 a Designated Fund of £13.5 million has been established to fund future long-term research commitments.

The prior year reconciliation of funds is shown on the next page.

19. RECONCILIATION OF FUNDS (CONTINUED)

	Balance at 1 August 2019 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	**Balance at 31 July 2020 £000**
Unrestricted funds	**15,094**	**-**	**35,740**	**(36,376)**	**(641)**	**13,817**
Restricted:						
Tissue Bank	-	-	31	31	-	-
Prevention Research	669	-	912	(1,206)	-	375
KIngs College London	-	-	43	(43)	-	-
Molecular Cell Biology	-	-	450	(450)	-	-
Gene Function Analysis	-	-	30	(30)	-	-
Secondary Research	550	-	498	(100)	-	948
Other restricted funds	42	-	2,333	(1,415)	-	960
Total restricted funds	**1,261**	**-**	**4,297**	**(3,275)**	**-**	**2,283**
Total Group funds	**16,355**	**-**	**43,037**	**(39,651)**	**(641)**	**16,100**
Unrestricted Charity funds	**14,517**	**-**	**35,985**	**(36,057)**	**(641)**	**13,804**
Restricted Charity funds	**1,261**	**-**	**4,297**	**(3,275)**	**-**	**2,283**
Total charity funds	**15,778**	**-**	**40,282**	**(39,332)**	**(641)**	**16,087**

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Group Unrestricted 2021 £000	Group Designated 2021 £000	Group Restricted 2021 £000	**Group Total 2021 £000**	Group Unrestricted 2020 £000	Group Designated 2020 £000	Group Restricted 2020 £000	Group Total 2020 £000
Tangible & intangible assets	1,741	-	-	**1,741**	1,643	-	-	1,643
Investments	10,413	-	-	**10,413**	8,522	-	-	8,522
Net current assets	4,448	13,500	725	**18,673**	11,208	-	2,283	13,491
Long term liabilities	(4,393)	-	-	**(4,393)**	(7,556)	-	-	(7,556)
Total net assets	12,209	13,500	725	**26,434**	13,817	-	2,283	16,100

	Charity Unrestricted 2021 £000	Charity Designated 2021 £000	Charity Restricted 2021 £000	**Charity Total 2021 £000**	Charity Unrestricted 2020 £000	Charity Designated 2020 £000	Charity Restricted 2020 £000	Charity Total 2020 £000
Tangible & intangible assets	1,741	-	-	**1,741**	1,643	-	-	1,643
Investments	10,413	-	-	**10,413**	8,522	-	-	8,522
Net current assets	2,200	13,500	725	**16,425**	8,283	-	2,283	10,566
Long term liabilities	(2,158)	-	-	**(2,158)**	(4,644)	-	-	(4,644)
Total net assets	12,196	13,500	725	**26,421**	13,804	-	2,283	16,087

21. FINANCIAL AND OTHER COMMITMENTS

Operating lease commitments
The group and charity have the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2021	2020
	£000	£000
Property leases expiring:		
Within one year	1,056	953
Within two to five years	2,344	3,216
In over five years	-	-
Equipment leases expiring:		
Within one year	-	2
Within two to five years	-	-
In over five years	-	-

Lease payments expensed in the year are disclosed in note 7.

22. TRUSTEE EXPENSES

The Trustees received no remuneration in the year. No Trustees received reimbursement expenses totalling during the year (2020: £1,709). The charity has in place insurance to indemnify the Trustees for actions brought against them for wrongful acts committed. A Trustee indemnity insurance policy was held during the year as follows:
From 1 April 2019 to 31 March 2021 - Hiscox Ltd. Indemnity cover of £2,000,000. The cost of this specific policy is £1,159.
From 1 April 2020 to 31 March 2022 - Hiscox Ltd. Indemnity cover of £2,000,000. The cost of this specific policy is £960.

23. RELATED PARTY DISCLOSURES

In accordance with FRS 102, the charity discloses related party transactions that were recognised in the SOFA. Expenses reimbursed to Trustees are disclosed in Note 22 of the financial statements. Remuneration of key management personnel is disclosed under Note 8 of the financial statements.

However, some Trustees, members of the charity's Board and directors of its subsidiary undertakings are Trustees or directors of organisations that are in receipt of funds from the group or enter into commercial transactions with the group. The following transactions are disclosed as the individuals concerned are regarded as holding a position of influence in both parties to the transactions concerned at the time they were entered into:

- BCN Group received income of £4,171,000 (2020: £3,814,000) from Asda Tickled Pink during the year and had an outstanding debtor of £2,124,000 at year end (2020: £Nil). The Chief Executive, Baroness Delyth Morgan, holds the position of Trustee at Asda Tickled Pink.
- During the year, the charity awarded grants of £Nil (2020: £199,000) and processed a grant adjustment of £8,000 (2020: £Nil) to the University of Oxford. At 31 July, there was an outstanding creditor of £208,000 (2020: £358,000). The charity made a payment of £142,000 during the year (2020: £105,000). Trustee Professor Adrian Harris is Professor of Medical Oncology at the University of Oxford.
- During the year, the charity awarded grants of £Nil (2020: £Nil) and grant adjustments of £6,000 (2020: £6,000) to the University of Edinburgh and had an outstanding creditor of £295,000 at year end (2020: £328,000). The charity made a payment of £39,000 during the year (2020: £99,000). Trustee Mark Astaire is a member of the International Advisory Board of the University of Edinburgh.
- The charity paid for membership and other related costs to the National Cancer Research Institute (NCRI) totalling £48,000 (2020: £40,000) during the year. In addition, the charity awarded a grant to NCRI of £Nil (2020: £Nil) and had an outstanding creditor of £2,500 at year end (2020: £2,500). The charity made a payment of no payments during the year (2020: £2,500). The Chief Executive, Baroness Delyth Morgan, holds the position of Director at the NCRI.
- The charity paid a levy to the Fundraising Regulator of £8,000 (2020: £8,000) during during the year. The charity had an outstanding creditor of £Nil at year end (2020: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

During the year, the charity had the following transactions with its subsidiary companies:

- Payable under Gift Aid from BCN Trading Ltd of £3,262,000 (2020: £2,658,000) and management charge of £468,100 (2020: £523,000).
- Payable under Gift Aid from BCN Research Ltd of £94,000 (2020: £Nil).
- Payable under Gift Aid from Breast Cancer Care Trading of £Nil (2020: £1,046,000) and management charge of £Nil (2020: £49,000).

At the year end, the charity had an outstanding debtor balance due from BCN Trading Limited of £3,770,000 (2020: £2,202,000), an outstanding debtor balance due from BCN Research Limited of £213,000 (2020: £9,000), and an outstanding debtor balance from Breast Cancer Care Trading Limited of £1,446,000 (2020: £1,414,000).

24. FURLOUGH INCOME

During the year the charity accounted for a receivable under the Government's Job Retention Scheme of £196,000 (2020: £1,686,000).

25. SUBSIDIARY ENTITIES

Name	%	Registration	Registered office	Status
BCN Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
BCN Research Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
Breast Cancer Care Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Non-trading
Breast Cancer Campaign	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant
Breakthrough Breast Cancer	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant

Charitable Incorporated Organisation	Ownership	Regulator	Registered Office	Status
Second Hope	Sole Trustee	Charity Commission	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Active

26. PEOPLES POSTCODE LOTTERY (PPL) INCOME

Lottery income includes income from PPL.
The charity received £666,228 of net proceeds from PPL during the year (2020: £639,126).

	2021 £000	2020 £000
Ticket value	2,082	1,997
Prize fund	(833)	(799)
Management fee	(583)	(559)
Net proceeds	**666**	**639**

27. POST BALANCE SHEET EVENT

On 15 December 2021, we agreed to receive a settlement of $28.3m in relation to rights to royalty income.

LEGAL AND ADMINISTRATIVE DETAILS

Patron
HRH The Prince of Wales

Independent Auditors
Crowe U.K. LLP
55 Ludgate Hill
London
EC4M 7JW

Bankers
Barclays Bank plc
1 Churchill Place
London
E14 5HP

Solicitors
Russell Cooke
2 Putney Hill
London
SW15 6AB

Investment Managers
BlackRock Investment Managers
(until April 2021)
12 Throgmorton Avenue
London
EC2N 2DL

CCLA
Senator House
85 Queen Victoria Street
London
EC4V 4ET

Registered Office
5th Floor
Ibex House
42-47 Minories
London
EC3N 1DY

Glasgow
Robertson House
Ground Floor
152 Bath Street,
Glasgow
G2 4TB

Sheffield
St James House
Vicar Lane
Sheffield
S1 2EX

Cardiff
1st Floor
14 Cathedral Road
Cardiff
CF11 9LJ

info@breastcancernow.org
breastcancernow.org

THANK YOU

We thank our Royal Patron, His Royal Highness The Prince of Wales.

We thank our Vice Patrons, Baroness Joan Bakewell DBE, Cherie Blair CBE QC, Geri Horner, Allan Leighton, Dame Jenni Murray DBE and Professor Ian Smith.

We thank our Ambassadors, Kaye Adams, Jonathan Ansell, Alexandra Burke, Vanessa Feltz, Donna Fraser OBE, Leigh Halfpenny, Michelle Heaton, Denise Lewis OBE, Amanda Mealing, Diana Moran BEM, Linda Nolan, Mike Phillips, Lisa Riley, Gaby Roslin, Lisa Snowdon, Michaela Strachan, Meera Syal CBE and Denise Van Outen.

We thank our celebrity and influencer supporters, and everyone affected by breast cancer who told their story in support of our work.

We thank everyone who shared their experiences and insights in support of our campaigning and influencing work, with particular thanks to: Alison Tait, Anna Sarphie, Beth Coppin (passed away), Claire Myerson, Emma Metcalfe, Flora Sheringham (passed away), Gillian Mercer, Jane O'Neill, Janet Harris, Jen Hardy, Joanne Myatt (passed away), Jo Ballarin, Lesley Stephen, Lorna Whiston, Miranda Johnson, Natasha Tidmarsh, Nicola Tracey, Philippa Hetherington, Sophie Abbott, Tassia Haines and Vicki McGinn.

We would also like to thank the 60+ women who shared their experience of using abemaciclib with fulvestrant, a treatment for certain people with secondary breast cancer, and helped us successfully make a powerful case about why this treatment should remain as an option to new NHS patients.

We thank our Breast Cancer Now Ambassadors and the officers and members of the All Party Parliamentary Group on Breast Cancer, especially current Chair Craig Tracey and former Co-Chair Bambos Charalambous.

We thank all the MPs, MSPs and MSs who have supported our work, tabled questions, met with their constituents and continue to help us highlight the issues faced by people affected by breast cancer.

We thank the healthcare professionals that shared their experiences of the impact of COVID-19 on breast cancer services for our 'Press Play' report, including: Andreas Makris (consultant clinical oncologist), Dr Caroline Rubin (clinical radiologist), Dr Imogen Locke (consultant clinical oncologist), Dr Julie Doughty (President of ABS), Mark Beresford (clinical oncologist), Mary Wilson (consultant breast radiologist), Nicky Roche (consultant breast surgeon) and Ruth Waters (President of BAPRAS).

We thank all the breast cancer patients who have kindly donated tissue and blood samples to the Breast Cancer Now Tissue Bank.

We thank the members of the Dame Vera Lynn Translational Fellowships Review Committee, the Grants Committee, the Science Strategy Committee, Tissue Bank Advisory Council, Tissue Access Committee, the Catalyst Committee and expert peer reviewers from all over the globe who helped us evaluate grant applications.

We thank the staff and scientists in the laboratories we fund who have supported us in promoting the world-class research Breast Cancer Now is funding.

We thank the organisations and individuals who have supported our public health and wellbeing work, including Sport England, the Richmond Group of Charities and Professor Annie Anderson of the ActWELL trial.

We thank all the facilitators, therapists, expert speakers and healthcare professionals across the UK who have contributed their time, expertise and energy to our support services.

We thank all the healthcare professionals, patients and volunteers who have supported the Breast Cancer Now Service Pledge.

We thank all the healthcare professionals and people affected by breast cancer who volunteered their time to review our health information.

We thank all our volunteers who give their time freely to support our work.

We thank everyone who has donated or raised money for us in the past year or remembered us in their Will.

We thank all the colleagues and customers of our corporate partners, including: Ann Summers, Asda, Careys Foundation, Cath Kidston, CMT Group, Covex, Damart, Dorothy Perkins, ELEMIS, ghd, Hallmark, M&S, Palmers, Pentel, River Island, Skechers, Sofology, and Trinny London.

We would like to share our heartfelt thanks with the players of the People's Postcode Lottery for their wonderful support this year.

We thank the founding members and volunteer patient advocates of the Breast Cancer Now Progress Fund.

We also thank the following organisations, groups, charitable trusts and foundations, and individuals for their generous support:

3Ts Charitable Trust

12 KBW

...

ACCA

Addleshaw Goddard LLP

Airth Castle

AHC

Alison Metcalfe (passed away)

Allen & Overy LLP

Alex Lloyd

Amanda Jones

Armaghan Fatemi

Amgen

AND Digital

Angela Quinn

Anglian Water

Ann Coxon

Anytime Fitness

AstraZeneca

Avril Gilchrist

...

Asda suppliers taking part in Tickled Pink:

Unilever

Mondelez

Weetabix

Kellogg's

The Coca-Cola Company

Proctor & Gamble

Bel UK

McCain

Finsbury Food Group

Premier Foods

Birds Eye

Lucozade Ribena Suntory

McVitie's

Histon Sweet Spreads

SC Johnson

Hugworld Cristalinas UK Ltd

Universal

Just Love Food Company Ltd

...

Batley Bulldogs RLFC

Barclays Bank

BDO

Beccles Breast Cancer Now Group

Belinda Gray and Art For Cure

BFT MastClimbing Ltd

Bishop's Stortford Breast Cancer Now Group

Blenheim Palace

BlueSky Cosmetics

Bognor Regis Golf Club

BondMoran

Breastmates Stowmarket Breast Cancer Now Group

Brendan Gallen

Bromley & Beckenham Breast Cancer Now Group

Bruckhaus Deringer

BT

Burgess Hill Breast Cancer Now Group

...

Carolyn Lindsay

Carys Crittenden (passed away)

Chantele Rashbrook and the Clifftop Challengers

Chatham Financial

Cheshire Breast Cancer Now Group

Chiswick House

Christine and Bob Sturgess

Claire and Mark Urquhart

Claire Seedhouse

Clifford Chance LLP

Cloisters Chambers

Cotswold Breast Cancer Now Group

Covington & Burling LLP

Cravath, Swaine & Moore LLP

CrossFit Kirkintilloch

...

Daiichi Sanyko

Danni Starley (passed away) and Oscar Coulson-Starley

Dawson Group

Dean Cope

Derby County FC

DCW Group

DHL Air

Dominic James

Doris Field Charitable Trust

Dream Challenges for their continued support as part of Women v Cancer

DS Smith Group

...

eActiv

East Dunbartonshire & Glasgow Breast Cancer Now Group

Edinburgh Breast Cancer Now Group

Elaine Mitchell

Eleanor Moffat

Eli Lilly

Emma and Tom Barker

Essex Fundraising Group

Europanel

Eversheds Sutherland LLP

Exact Sciences

...

Fairfax & Favor

Fighting Breast Cancer Committee Herts

Farrer & Co LLP

Fichtner Consulting Engineers

Fluxx

Fragomen LLP

...

Garfield Weston Foundation

George Darby

Gilead

Gillian Stewart

Glasgow Fundraising Group

Gourock Golf Club

Grant Simpson Trust

Greenberg Traurig LLP

...

Hasan Hejazi Ltd

Hayley Carpenter-Priest

Hedwig Hegtermans

Hempsons LLP

Henton & Chattel

Howden Group Holdings

...

Ian Barraclough

Ineos Grenadiers

Isle of Man Breast Cancer Now Group

Isle of Wight Breast Cancer Now Group

...

Jamie Godin

Jan Hulme and the Tuesday Mini Club

Jane Brooks

Jason Guy

Jeanette Horlock

Jill Thompson

JJX Logistics

Joanne and Chris Thomson

John Lewis and Partners Glasgow

Jones Day LLP

Journey Further

Judith Taylor

...

Kennedys LLP

Kerry Banks

Kings Chambers

Kilspindie Golf Club

Kirkland & Ellis LLP

...

Latham & Watkins LLP

Leigh Jenkins

Lesley Seville (passed away)

Letham Golf Club

Linda Dye

Linda Lacey

Linda Lee

Linklaters LLP
Liz Mackay
London Wembley Breast Cancer Now Group
Lorraine Hathorn
Lucy Lacey
...

MacRoberts LLP
Mad March Hare
Maltin PR
Mark and Liz Astaire
Mary Carmichael
Mary-Jean Mitchell Green Foundation
Matthew Parsons
Mayer Brown LLP
Memery Crystal LLP
Michaela Franklin
Milk_Shake Haircare
Morrison Foerster LLP
...

Nan McDonald
Natalie Johnson
Nelsons LLP
New Law Solicitors
Network Rail
Nick Payne
Nina Caplin
Notre Dame High School
North Hants Golf Club
Nottinghamshire and Leicestershire Fundraising Group
Novartis
...

Oldmeldrum Fundraising Group
...

Pam Penfold
Perth Racecourse
Peterulter Golf Club
Pfizer
Philippa Lovering
Pink Ribbon Ball Committee
Plexus LLP
...

QBE
Quadrant Chambers
...

Rayleigh Golf Club
Rebecca Cochrane
Redlibbets Golf Club
Roche
Ropes & Gray LLP
Rosemary Walker
RPC LLP
Rugby Against Cancer
Ruth and Paul Willmott
...

Saffron Seats
Salisbury and New Forest Breast Cancer Now Group
Santander
Scottish Building Society
Scottish Student Sport
Scottish Fire and Rescue Service
Seagen
Secondary1st and Jeffrey and Maralyn Kalman
Sheila McNicol
Sheila Wilson
Shelley Dobson
Shropshire Breast Cancer Now Group
Sidemen Clothing
Sidley Austin LLP
Simon Halden & the Sarah Greene Tribute Fund
Simpson Builders
Simpson Thacher LLP
Somerset Breast Cancer Now Group
South Herts Breast Cancer Now Group
South Wales Fire Service
South Wales Police
Squire Patton Boggs LLP
Sue Facey
Sue Owen Williams
Surrey County Cricket Club
Souter Charitable Trust
Starwood Capital
Steph Harrison
Stewarts Law LLP
Stowe Family Law
Strathclyde University

Sweet Causes
SweetSpot for their continued partnership for The Women's Tour
...

Takeda
Technip FMC
The National Lottery Community Fund and HM Government's Coronavirus Community Support Fund
The Show London Committee
Thermo Fisher Scientific
Tikiboo
Transport for Wales

Trendsetter Home Furnishings
Trisha Davidson
Turnhouse Golf Club
...

Valerie McGavin
Valerie Stephenson
Vinson & Elkins LLP
Volvo Truck and Bus Centre Scotland
...

Wales Fundraising Committee & Nick Young
Western Power
West Ham United Women's Football Team
West Lancashire Fundraising Group
West Midlands Sutton Coldfield Fundraising group
White & Case LLP
Wild Cosmetics Limited
Willmores
...

Zoe Varnava
...

Finally, thank you to all those who supported us with generous donations that wish to remain anonymous.

Breast Cancer Now is a powerful charity with a single focus on breast cancer.

We work solely on bringing together research and care to tackle breast cancer more effectively, to reduce the risk and to better support all those affected by the disease, whether directly or indirectly.

We're a force to be reckoned with and every supporter makes us stronger.

Our vision is that by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

Our mission is to be recognised as the place to turn for information and support on all aspects of breast cancer and the driving force for breakthroughs in prevention, detection, and treatment of the disease in all its forms.

This report sets out our progress during the specific period 1 August 2020 to 31 July 2021.

Registered with FUNDRAISING REGULATOR

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200). Registered Office: Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY.