

Charity Registration No. 1166012

Company Registration No. 9816385 (England and Wales)

BRITISH THORACIC ONCOLOGY GROUP

**TRUSTEES' REPORT AND
FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED
31 MARCH 2025**

BRITISH THORACIC ONCOLOGY GROUP

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	Professor D Talbot (Chairman)	
	Mr C Kerr (Treasurer)	
	Professor M D Peake	
	Ms V Beattie	(Appointed 26 November 2024)
	Professor C Faivre-Finn	(Appointed 14 November 2024)
	Ms J Fenemore	(Appointed 18 November 2024)
Chief Operating Officer	Ms D E McKinley	
Steering Committee Chair	Professor S Popat	(to 5 March 2025)
	Dr T Newsom-Davis	(from 6 March 2025)
Charity number	1166012	
Company number	9816385	
Principal address	235 Loughborough Road Mountsorrel Loughborough Leicestershire LE12 7AS	
Registered office	235 Loughborough Road Mountsorrel Loughborough Leicestershire LE12 7AS	
Auditor	P T Barnett FCCA Newby Castleman LLP West Walk Building 110 Regent Road Leicester LE1 7LT	
Bankers	Santander UK plc Bridle Road Bootle Merseyside L30 4GB	

BRITISH THORACIC ONCOLOGY GROUP

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BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT

FOR THE YEAR ENDED 31 MARCH 2025

The trustees, who are the directors of the charitable company, present their report and financial statements for the year ended 31 March 2025. The BTOG Board of Trustees ("trustees") are responsible for safeguarding the values and purpose of BTOG and ensuring that activities contribute to achieving the objects of the charity and that BTOG follows its legal obligations.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the charity's governing document, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), Accounting and Reporting by Charities: Statement of Recommended Practice for Charities applying FRS 102 (2019), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The legal and administrative information forms part of this report.

OBJECTIVES AND ACTIVITIES

The charitable objects are:

- (1) The promotion and advancement of health or the saving of lives by way of improving the care of patients with thoracic malignancies through multi-disciplinary education and clinical and scientific research for the benefit of the public;
- (2) To advance public education and research into lung cancer and mesothelioma, in particular but not exclusively by facilitation of exchange of information on thoracic oncology including disseminating results of research and other news related to lung cancer and mesothelioma;
- (3) Such other charitable purposes beneficial to the community consistent with the objects as above as the trustees shall in their absolute discretion determine.



The British Thoracic Oncology Group (BTOG) is the multi-disciplinary group for healthcare professionals involved with thoracic malignancies throughout the UK.

Our Vision

To contribute to achieving survival rates equal to the best in the world.

Our Mission

To support and educate thoracic oncology healthcare professionals, creating a professional community to exchange ideas, information and innovation and to foster the development of research. The overall aim is to represent the needs of people with thoracic malignancies in the UK and ensure they have equitable access to optimal care.

Our Values



Commitment

We are committed to achieving our mission and vision.



Pride

We are proud to be an important part of the thoracic oncology professional community.



Collaboration

We work collaboratively with other groups who in their own ways are also striving to improve outcomes for this group of patients.



Engagement

We engage with our stakeholders to ensure what we do is relevant and effective.



Professionalism

We maintain professional independence from commercial organisations.



Focussed

We hold patients at the centre of everything we do.

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

Strategic Outcomes

01

To reach all lung /mesothelioma MDTs in the UK to ensure all thoracic oncology healthcare professionals have access to relevant education and resources.

02

To be a leader in thoracic oncology research to focus and support the research agenda.

03

To represent thoracic oncology patients by making contributions and collaborating with others.

Strategic Activities	Make www.btog.org the one-stop resource shop for thoracic oncology healthcare professionals	Identify and communicate with lung and mesothelioma MDTs.	Develop education and resources for trainees e.g. trainee E-news and forum
Education	<ul style="list-style-type: none"> Conference (Flagship Event) Essential Updates Workshops (ad hoc) Annual updates from thoracic oncology international conferences Produce a podcast series on hot topics and recent data releases Essential Updates for New Consultants e.g. Oncology or Respiratory 		<ul style="list-style-type: none"> Produce standard slide sets in identified areas of interest e.g. The TNMv9 stage classification for lung cancer Produce Breaking News/Alerts/Press Releases for Changes in Practice Trainee-specific resources including newsletters, Slack channel, dedicated Annual Conference session
Research	<ul style="list-style-type: none"> Establish BTOG Special Interest Groups to complement other external subgroups Ensure BTOG Special Interest Groups report regularly on the delivery of specific objectives 		<ul style="list-style-type: none"> Develop a Research Strategy to focus and support the thoracic oncology research agenda Research Group to advise trainees on research proposals Promote and support trainee research projects
Representation	<ul style="list-style-type: none"> Make reactive contributions: NICE appraisals; Specialist Statement of Practice; Endorsements Make proactive contributions: Guidelines; Position and Consensus Statements; Comment on Public Health England / Department of Health Policy Support relevant campaigns for equitable access to optimal care and make proactive contributions by commenting on Public Health England and Department of Health Policy 		<ul style="list-style-type: none"> Partner with specialist societies / groups / organisations (e.g. Surgeons, Nurses, Pathologists, Radiologists) Engage with advocates by ensuring advocate representation on the BTOG steering committee and making advocate places available at BTOG educational events Recognise the future Implementation of Screening and ctDNA and the importance of BTOG representation Represent all the UK including the devolved nations

Activities for achieving objectives for the public benefit

The trustees have had regard to the Charity Commission's guidance on public benefit. The main activities undertaken to further the charitable purposes for the public benefit are set out above.

Criteria to measure success in the reporting period;

We measure our success in achieving our objectives in several of ways by:

- Providing an annual CPD education programme of value to the whole multi-disciplinary team and receiving good feedback from attendees and consistent or increased attendance to the events.
- Keeping in touch with the professional community to encourage networking and collaboration virtually
- Listening to our stakeholders to ensure what we do is relevant and effective through feedback and surveys.
- Working collaboratively with other groups to improve patient outcomes.
- Ensuring that BTOG represents patients in relevant guideline and drug development.

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

The BTOG Steering Committee

The BTOG Steering Committee (pictured below at BTOG 2025) are from the following specialities:

- Medical Oncology
- Clinical Oncology
- Respiratory
- Surgery
- Nursing
- Radiology
- Epidemiology & Statistics
- Advocacy

And they

- Represent the multi-disciplinary team,
- Support the aims and objectives of BTOG and
- Take an active role in education and representation.



During this year, the BTOG steering committee saw 4 steering committee members step-down and 3 new steering committee members join representing Surgery, Medical Oncology and Respiratory Medicine specialities. And after 13 years as chair of the BTOG Steering Committee, Professor Sanjay Popat (left) officially handed over the reins to Dr Tom Newsom-Davis (right). In a heartwarming speech at BTOG's 23rd Annual Conference 2025, Denis Talbot, Chair of BTOG's Board of Trustees gave thanks for Sanjay's vision, leadership and impact on the thoracic oncology community.



Tom said: "It is the greatest honour to be appointed Chair of the Steering Committee. I look forward to working with committee colleagues, and the BTOG executive, to continue the fantastic work that BTOG has already done to improve thoracic oncology care in the UK."

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE

Review of Activities – Education



Education

Events, podcasts, breaking news, eNews, trainee eNews, and a library of educational material.

During the 2024/25 year, BTOG has provided a relevant Continuing Professional Development (CPD) education programme for the thoracic oncology multi-disciplinary team.

The annual conference is BTOG's flagship event.

It is a 3-day educational event, CPD accredited and involves national and international experts. The programme includes presentations, panel discussions, specialist parallel sessions, poster oral presentations and collaborative sessions. BTOG strives to create an environment at the annual conference that facilitates interaction between colleagues.

Accredited by:

The Federation of the Royal Colleges of Physicians of the United Kingdom



Learning Objectives:

1. To update all attendees on state-of-the-art management of lung cancer and other thoracic malignancies; to develop new national research studies in lung cancer and mesothelioma
2. To give knowledge of new procedures for the management of lung cancer and other thoracic malignancies.
3. To increase understanding of multi-disciplines on the nature of clinical practice and research and to learn from clinical experts about implication on UK practice now and in the future.

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Education (continued)



BTOG 2024 HIGHLIGHTS

The Lifetime Achievement Award was presented by Professor Michael Peake (left) to Professor David Baldwin (middle)

Professor Charles Swanton (right) delivered the Keynote Lecture



BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)



BTOG 2025 HIGHLIGHTS

The Lifetime Achievement Award was presented by Professor Gary Middleton (middle) to Professor Cindy Billingham (left)

Professor Pasi Jänne (right) delivered the Keynote Lecture

After 13 years as chair of the BTOG Steering Committee, Professor Sanjay Popat officially handed over the reins to Dr Tom Newsom-Davis.



BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

Feedback from BTOG 2024 and BTOG 2025 held in Belfast, Northern Ireland



All participants agreed or strongly agreed with all our feedback questions that checked relevance, learning, structure, effectiveness, organisation, time for discussion and avoided undue commercial bias. The main request was for more time for discussion.

Feedback highlights:

- Thoroughly enjoyed my first BTOG. Thank you
- I liked that the talks were not all heavily targeted at oncologists. There were lots of interesting talks aimed more at the respiratory physician. Lots of useful talks about lung cancer screening.
- Excellent event. Superbly well run. Good time keeping in all sessions which was needed as lots of smaller sessions. Very clinically relevant and superb discussions.
- Great conference with the perfect opportunity for networking
- Thought the quality of speakers and information sharing really excellent
- Great multi-professional meeting
- Excellent content.
- Excellent conference as always. Great to meet colleagues face to face and share ideas.
- As always, a great conference with a very friendly and inclusive vibe.
- First time at BTOG and I really loved it. It has a lovely friendly feel, great networking and discussions in the sessions and breaks. Really enjoyed the poster evening.
- Well organised
- Clinically relevant content
- This was my first BTOG I attended and was very impressed with every aspect. It was a well organised event, a great chance to meet new people and share practices.
- As ever BTOG was a great opportunity to learn and network in a relaxed and collegiate atmosphere.

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)



The Mesothelioma Essential Update 2024 was approved for 7 CPD credits from the Federation of the Royal Colleges of Physicians of the United Kingdom (Ref: 149933).

233 delegates attended the Mesothelioma Essential Update 2024 on 9th December 2024 at the Cavendish Conference Centre in London and of these 246 were healthcare professionals. Chaired and led by Dr Riyaz Shah, Consultant Medical Oncologist at the Kent Oncology Centre and BTOG Steering Committee Member (pictured below) and Liz Darlison MBE DL, Consultant Nurse at University Hospitals of Leicester NHS Trust and Chief Executive Officer of Mesothelioma UK.



All participants agreed or strongly agreed with all our feedback questions that checked relevance, learning, structure, effectiveness, organisation, time for discussion and avoided undue commercial bias. The main request was for more time for discussion.

Feedback highlights:

- I found the day very interesting. All the speakers were engaging and informative.
- Great educational day, good variety of topics and fabulous speakers
- Good course. Good mix of topics and very useful update.
- Excellent, well organised
- Informative, interesting and well organised day

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)



The Therapeutic Strategies for Stage 4 Essential Update 2024 was approved for 6 CPD credits from the Federation of the Royal Colleges of Physicians of the United Kingdom (Ref: 150266).

141 delegates attended the Therapeutic Strategies for Stage 4 Essential on 31st January 2025 at the Cavendish Conference Centre in London and of these 89 were healthcare professionals. Chaired and led by Professor Sanjay Popat, Chair BTOG Steering Committee and Consultant Thoracic Medical Oncologist at the Royal Marsden Hospital and Professor of Thoracic Oncology at the Institute of Cancer Research (pictured below).



All participants agreed or strongly agreed with all our feedback questions that checked relevance, learning, structure, effectiveness, organisation, time for discussion and avoided undue commercial bias.

Feedback highlights:

- Excellent day. Well organised and topics all very relevant.
- This meeting was very interesting and useful for daily oncology practice as it was an update on Stage 4 NSCLC treatment looking into current evidence from the clinical trial data. The meeting was well-organised and interactive with the discussion between the presenters and the audience.
- Excellent well organised and free education. Well done BTOG. Interesting/engaging speakers.
- I thought this was an excellent study day, it was aimed so that everyone could learn something, or that it could be a refresher. I really enjoyed the breaking down of the meanings from the molecular reports. The message was to collaborate with others who have experience, use the GTAB, other people's experience and all the updates. It was nice to meet up with others in person. Really fabulous event and I would encourage my team to go next time.
- This was excellent - I don't think I've been to another meeting with such a concentrated amount of useful and relevant information.

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)



Lung Cancer Sessions brought to you by the **Video Journal of Oncology (VJOncology)**

At the 23rd BTOG Annual Conference 2025 in Belfast, UK, leading thoracic oncology experts got together to share their highlights and perspectives on molecular testing and clinical decision-making in non-small cell lung cancer (NSCLC). The roundtable discussion on biomarker testing in lung cancer featured BTOG Steering Committee Chair-Elect, **Thomas Newsom-Davis** (Chelsea and Westminster Hospital NHS Foundation Trust, London, UK) and BTOG Steering Committee member, **Alastair Greystoke** (Newcastle University/Northern Centre for Cancer Care, Newcastle, UK).

Lung Cancer Sessions: Molecular testing and clinical decision making in NSCLC - VJOncology

Part 1: The Role of Genomic Testing in Lung Cancer

Part 2: Understanding Biomarker Testing and Its Practical Application

Part 3: Genetic Aberrations and Targeted Therapies in Lung Cancer

Webinars



BTOG continued with its regular short (typically around 1-hour) webinars that were developed when in-person events were not possible. These webinars take account of the latest data released and include a panel of relevant experts in thoracic oncology. Registration at all BTOG webinars is free of charge for health care professionals.

We held three 1-hour webinars during this year, and all events and webinars were accredited by the Federation of the Royal Colleges of Physicians of the UK for category 1 (external) CPD credits. CPD credits were available both live and up to 4 weeks post-event for on-demand and the stats provided below reflect this timeframe. Attendees were encouraged to give feedback on the content and organisation, and any feedback was recorded and analysed to ensure continuous improvement.

Webinars migrated to being hosted directly on btog.org rather than the separate btogwebinars.org site in April 2024; still supported and managed by First Sight Media. Single login simplifies user experience. All BTOG webinars are also available to view 'On Demand' in the BTOG Member Only Resources area and to download as a podcast. Video recordings of in-person events are available in the BTOG Member Only Resources within 2 weeks for attendees of the event and 6 months post-event for other members.

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

Live and on-demand

During this year the webinars released were watched by 250 of this total 225 were health care professionals.



BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)



Podcasts of all BTOG webinars are available to listen to or download. BTOG also publishes a series of podcasts called “*BTOG does ...*” where we discuss a variety of thoracic oncology topics with a different expert each time. You can subscribe to BTOG podcasts through the Apple App Store and the Google Play Store or listen on Spotify by searching BTOG (CPD points are not available for the podcasts).

During this year a total of 6,330 podcast downloads, compared to 7,863 in the previous year. 24,700 total downloads since podcasts were started in November 2021.

639 downloads



240 downloads



346 downloads



546 downloads

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

BTOG Membership

During this year BTOG continued to provide relevant and up-to-date member services.

- Free CPD education (e.g. BTOG webinars, study days and essential updates)
- CPD education (annual conference)
- BTOG Resources member area including BTOG presentation/video library, trainee resources and podcasts
- Free access to the full digital edition of *Lung Cancer Journal*
- Bursaries/scholarships for BTOG meeting registration or travel (subject to application process)
- Weekly E-News including relevant information about education, research, research surveys
- BTOG networking and professional community
- Discounted membership rates for International Association for the Study of Lung Cancer (IASLC) membership



- 50 E-News were sent during the 2024–2025-year, weekly cadence (usually Wednesdays)
- 41% average open rate (down slightly from 44% in previous year, 41% and 38% the years before)
- Industry average is 20% for similar emails
- 4.92% click rate in 2024-2025 (down slightly from 6.16% in previous year)
- Industry average is 2-4% for similar emails
- NICE Approval emails: 47.5% open rate, 5.16% click rate (both very high)

1st E-News April 2024



Last E-News March 2025



BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

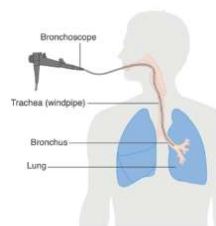


During this year 4 Trainee E-news were released, produced by the BTOG Steering Committee Trainee representatives. The open rate and click rate are well above the industry average which suggests it is widely read.

Issue	Open Rate	Click Rate
Apr 24	74%	4.30%
Aug 24	75%	6.00%
Nov 24	55%	4.88%
Feb 25	56%	4.25%



Trainee Enews April 2024



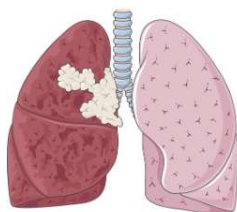
Trainee Enews August 2024

Apr 15, 2024 | Trainee News

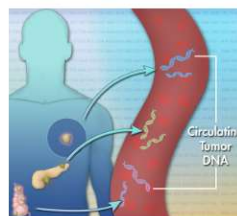
Respiratory: OPTIMUM. Prehabilitation: Pre-treatment optimisation of elderly lung cancer patients with frailty. Medical Oncology: Consolidation Therapy in Stage III EGFR Mutant NSCLC. Clinical oncology: Radiation-Induced Lymphopenia for Protons versus Photons.

Aug 6, 2024 | Trainee News

Respiratory/Clinical Oncology: SEISMIC. Medical Oncology: LAURA. Supportive Care: Mental health and wellbeing in mesothelioma.



Trainee Enews November 2024



Trainee Enews February 2025

Nov 12, 2024 | Trainee News

Respiratory: Accuracy of Clinical Staging for Stage III-Single-station N2 NSCLC. Surgery: MARS 2. Survivorship: ESPATUE. Medical Oncology: ADRIATIC.

Feb 26, 2025 | Trainee News

Respiratory: Clinical Utility of Tumour-Naïve Presurgical Circulating Tumour DNA Detection in Early-Stage NSCLC

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

BTOG Membership Stats

March 2025

- 3,607 members (3,247 HCP, 360 Network) - 33% increase on previous year
- To ensure compliance to General Data Protection Regulation (GDPR), BTOG contacts its members regularly to renew and opt-in to receive information from BTOG. The next renewal is due before the end of 2025

Health Care Professionals Members by Speciality

Respiratory	23%
Nursing	19%
Medical Oncology	12%
Clinical Oncology	12%
Oncology	5%
Science/research/clinical trials	3%
Surgery	4%
Radiology	3%
Pathology	2%
Allied HCP	3%
Pharmacy	1%
Palliative Care	1%
Academic	0.6%
Student	0.7%

Health Care Professionals Members by Geography

Based on the sample of 2,101 members with this field completed

Yorkshire and the Humber	233
North West	193
East Midlands	325
North West London	136
South London	132
South West	140
West Midlands	142
Scotland	130
East of England	122
Kent, Surrey and Sussex	182
North Central and East London	152
Thames Valley	70
Wales	66
Northern Ireland	36
Republic of Ireland	42

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)



4,059 followers (3,816 last year, 6% increase)

	New Followers						
	24-25	23-24	22-23	21-22	20-21	19-20	18-19
NEW	242	396	224	467	479	510	602
INCREASE	6.3%	12%	7%	18%	21%	29%	29%

	Mentions						
	24-25	23-24	22-23	21-22	20-21	19-20	18-19
TOTALS	1,201	1,314	706	1,118	902	926	706

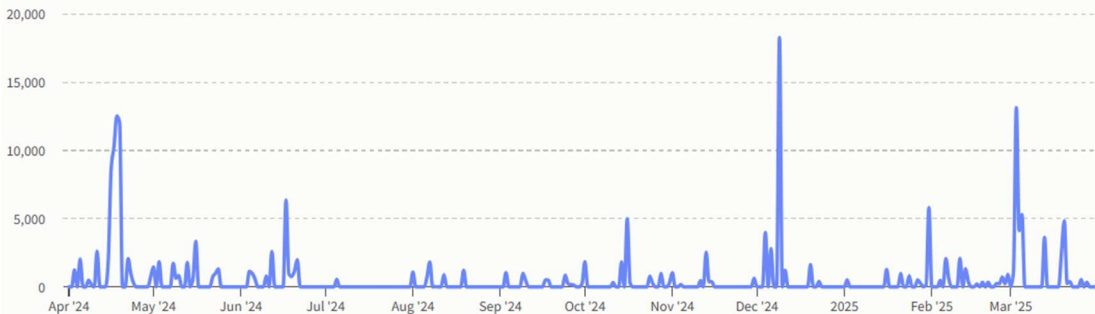
	Impressions						
	24-25	23-24	22-23	21-22	20-21	19-20	18-19
TOTALS	202,598	330,975	154,557	437,459	274,800	283,600	184,400

3.67% engagement rate (average across healthcare is 0.98%).

X is event-driven, with 13,000 post impressions on March 3rd, the first day of the Annual Conference.

The April 2024 spike is the Annual Conference, the December spike is the Mesothelioma Essential Update.

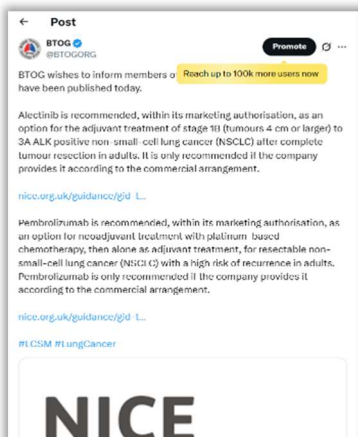
Post impressions



Highest Engagement



Most Impressions



Most Retweets



BRITISH THORACIC ONCOLOGY GROUP



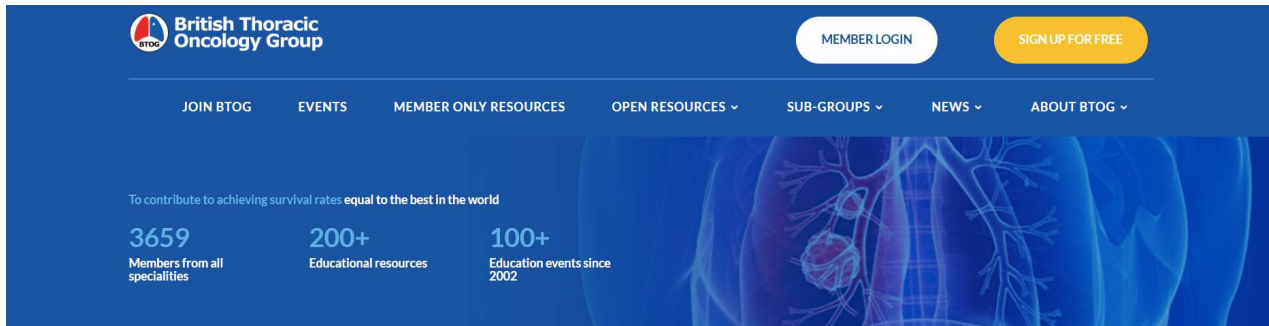
TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

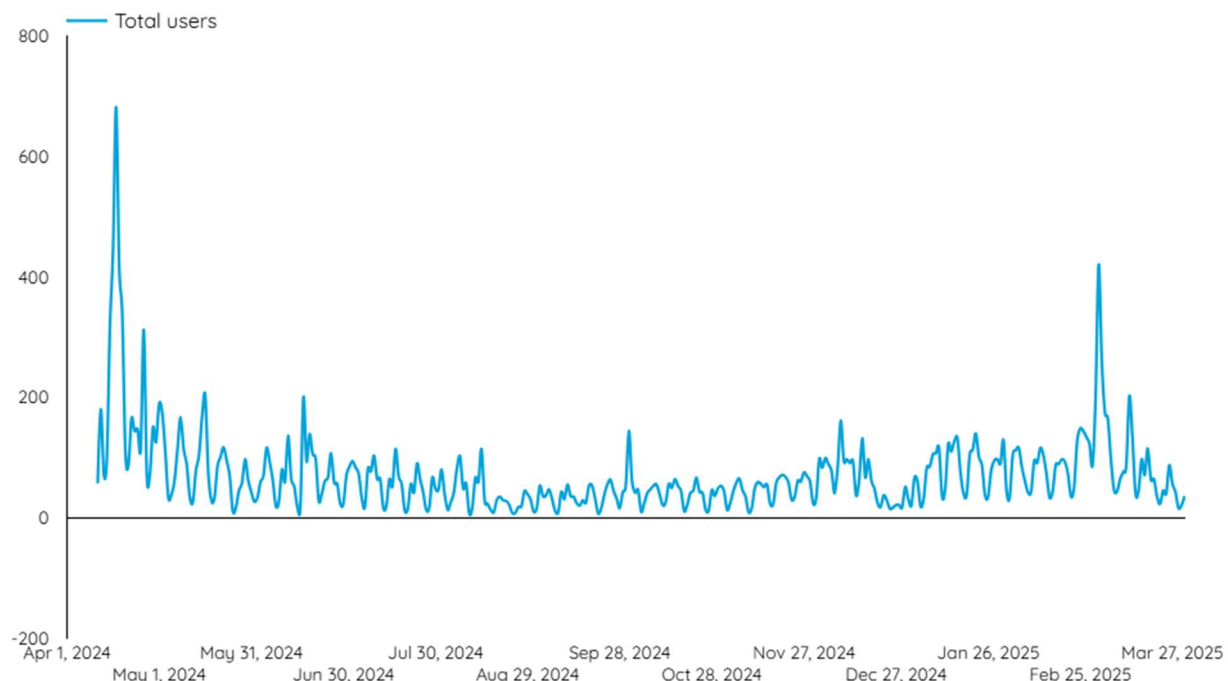
Website – www.btog.org



	Users	Pageviews	Avg. session duration	Pages per session
18-19	13,818	86,157	02:14	3.29
19-20	19,679	116,303	01:55	3.56
20-21	18,181	82,029	01:35	3.15
21-22	20,648	155,999	01:50	4.56
22-23	20,508	143,117	01:46	4.01
23-24	11,118	63,565	01.56	NA
24-25	14,685	80,700	03.43	2.43

80% of traffic is from the UK, 8% from the US, 2% India then Ireland, China, Germany, Italy, Spain, Netherlands and France.

Website traffic over time



BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities - Education (continued)

53% is desktop and 46% is mobile, an increasing proportion is mobile. Mobile continues to grow in popularity for accessing the website and therefore BTOG will ensure website accessibility for mobile viewers to ensure a good experience for all visitors.

Top Referrers

Traffic Sources	
Google / organic Top search terms: BTOG 2024 and BTOG	43%
(direct) / (none)	38%
Social (96% = Twitter)	4%
Other	14%

TOP PAGES

1. Home
2. 2025 Annual Conference
3. 2024 Annual Conference
4. Mesothelioma Essential Update
5. Events
6. Join BTOG
7. Podcasts
8. Stage 4 Therapeutic Strategies
9. Thymic SIG
10. ASCO 2024 Update

Join BTOG | BTOG | British Thoracic Oncology Group

Membership for 2025 is free of charge.
Benefits of your FREE BTOG HCP membership include:



Free CPD education (e.g. BTOG webinars, study days and essential updates)



CPD education (annual conference)



BTOG Resources member area*



Full digital edition of Lung Cancer Journal



Discounted membership rates for International Association for the Study of Lung Cancer (IASLC) membership



Bursaries/scholarships for BTOG meeting registration or travel (subject to availability and application)



Weekly eNews including relevant information about education, research, surveys and more



BTOG networking and professional community

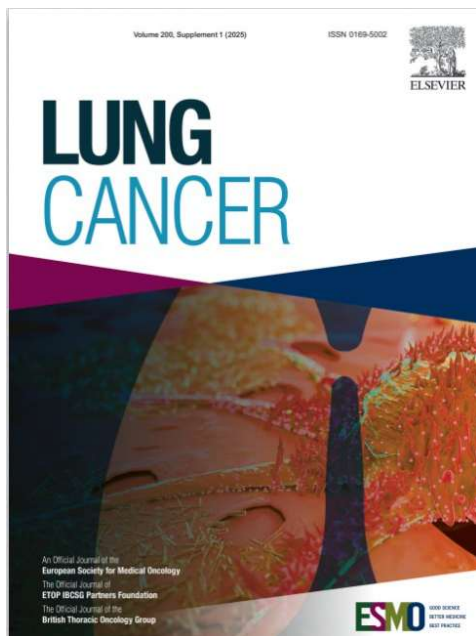
ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Research



Research

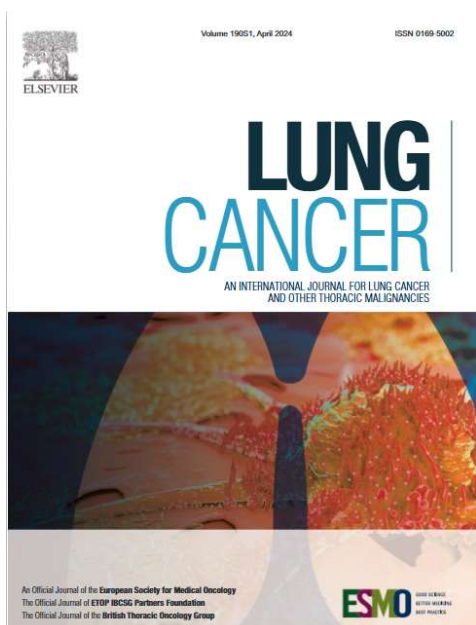
Special Interest Groups and a research strategy to focus on and support the thoracic oncology agenda.



During this year two Supplements to Lung Cancer were published at BTOG 2024 and BTOG 2025. The supplements showcased important work in 488 abstracts from colleagues in the UK and beyond – research or audit relevant to thoracic oncology including Basic Science, Diagnosis and Staging, Radiotherapy, Screening, Supportive Care, Surgery and more.

<https://lung-btog2024.elsevierdigitaledge.com/>

<https://lung-btog2025.elsevierdigitaledge.com/>



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Research (continued)

A BTOG Special Interest Group (SIG) is a sub-group of the BTOG steering committee with a shared interest in advancing a specific area of thoracic oncology. Members co-operate to affect change or improvement within that speciality. They may communicate, meet, and organise further training or education and resources for the purpose of advancement. They can use the BTOG logo in relation to the SIG. The aim of the BTOG SIGs is to promote the highest standards of knowledge and facilitate research and representation in that specific area of thoracic oncology.



The BTOG Thymic Malignancies SIG, chaired by Dr David Gilligan. Tumours of the thymus gland constitute a rare but significant part of thoracic oncology. Management of these tumours can be complex and is often poorly understood. The BTOG Thymic Malignancies SIG is a multi-disciplinary group of interested health care professionals, including the patient advocacy group Thymic UK. The aims of this group are to promote understanding, improve knowledge of thymic tumours and to work co-operatively to improve the management pathways for thymic tumours.

During this year the group met 5 times on-line and also in person at the annual meeting in Belfast in April 2024 and March 2025. Highlights of work below:

- Launch of the Anterior Mediastinal Pathway, a new diagnostic algorithm for anterior mediastinal lesions. Anterior mediastinal lesions are an uncommon but increasingly identified finding. Previously, there has been no clear guidance on the initial investigations and management for these lesions leading to significant variation in practice. The BTOG Thymic Malignancy Special Interest Group has developed this pathway through multidisciplinary discussion and identification of best practice under the coordination of Dr Stephen Robinson and Professor Matthew Evison. Through this pathway, and the associated review published in Clinical Radiology, the BTOG Thymic Malignancy Special Interest Group hopes to standardise management across the UK to drive improvements in patient care. Additionally, through the emphasis on appropriate use of thoracic magnetic resonance imaging, the group hopes to provide added justification for development of this service throughout the UK.
- Audit and feedback from publication of Anterior Mediastinal Pathway (Lead: Dr R Duerden) Poster at BTOG 2025
- Radiotherapy outling for post operative treatments. A virtual exercise on UK ProKnow platform (Leads Drs M Harris & S Robinson) Poster at BTOG 2025
- Development of UK Thymic Tumour database with Guys & St Thomas' Hosptial (who will be responsible for Information Governance of database) (Leads: Drs E Karapanagiotou & E Josephides)
- Improving links with UK Lung Cancer Nursing (Lead M Colvin) - Thymic Session at their National Conference in 2024
- Discussion on Clinical Trials – presentation by Dr D Portnik, EORTC

Continuing workstreams for 2025/2026 include

- Development of surgical information booklet for patients (Lead C Holmes)
- Guideline development for radiotherapy target volume definition (Leads Drs M Harris & S Robinson) and indications for proton radiotherapy (with Dr C Hiley UCLH)
- Looking at Regional Thymic MDT development

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Research (continued)



The BTOG Large Cell Neuroendocrine Carcinoma (LCNEC) SIG, chaired by Dr Colin Lindsay, met 5 times during this year. Members will work together to share knowledge and cases to establish a standard of care for Lung LCNECs including but not limited to:

- Evaluating the pathology of high-grade neuroendocrine carcinomas of lung origin
- Understanding biological basis of high-grade neuroendocrine carcinomas of lung origin
- Developing clinical consensus around optimal management of high-grade neuroendocrine carcinomas of lung origin
- Communicating/circulating information via the LCNEC SIG, BTOG online education resources and BTOG relevant education events

Pathology workflow – The pathology panel has uploaded >20 small biopsy cases, paired with surgically confirmed LCNEC and unconfirmed LCNEC cases, to a central viewing platform. They have now begun blinded anonymous review of these cases using an established Clinical Report Form. The pathology panel convenes every 2-4 weeks to discuss results/problems. In addition, the lead pathologist, Anshuman Chaturvedi, and the new LCNEC Clinical Fellow, Becky Ward, are preparing ~70 historical LCNEC cases for retrospective Rb1 staining and targeted NGS – also due to be uploaded for central review.

Oncology workflow - A protocol has been submitted to REC and CAG for a real-world database study called 'LCNEC Foundations', centrally hosted using RedCap, where UK centres will be able to submit collated clinical outcomes of their LCNEC patients. With the support of the BTOG Research Group, the LCNEC Special Interest Group have also submitted phase II trial proposals to both MSD (I-DXd) and Biontech (BNT-327) – aiming to justify a first national LCNEC clinical trial.

BRITISH THORACIC ONCOLOGY GROUP

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025



ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Research (continued)



The **BTOG Research Group**, chaired by Professor Sanjay Popat, met 7 times during this year. It is an invited group of health care professionals recognised for their leadership in clinical trials and research aiming to develop and foster clinical research in thoracic oncology, to take over some of the functions of the defunct NCRI Lung CSG.

The purpose of the BTOG Research Group is to:

- Meet regularly to brainstorm and generate ideas for clinical trial research;
- Contribute to and peer review trial design and assist investigators to develop clinical trial protocols;
- Develop Investigator Initiated trials (IITs) – in particular phase 1B-3 randomised clinical trials;
- Develop translational protocols and proof of principle studies;
- To foster and develop relationships with academic trials groups from outside the UK;
- To engage with and work alongside established other UK organisations/research charities;
- Engage and build relationships with industry.

During this year the BTOG Research Group has:

Governance

- Written to UK Collaborative for Cancer Clinical Research (UKCCCR) which is leading on coordinating disease area research groups nationally and established the BTOG Research Group as the official UK thoracic oncology research group.
- Extended membership to clinical oncologists to allow research oversight for radiation studies not otherwise reviewed by SABR Consortium.

Studies

- Reviewed and endorsed several trial submissions proposed to the group.
- Put out a call for junior investigators for a potential IIT of home delivery subcutaneous immunotherapy
- Discussed and reviewed design of IITs of new agents, endorsing 2 submitted IITs pending funding approval
- Endorsed multiple studies submitted for feasibility review and funding application

Grant calls

- Promoted a variety of grant calls via e-News

Meetings

- Planned and delivered a research methods workshop in Birmingham on 23 June 2025 for early career investigators
- Planned research portfolio session during BTOG 26 Annual Meeting
- Planning for UK Trials Update day in 2026

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Research (continued)

To support research and represent thoracic oncology patients by making contributions and collaborating with others.

BTOG circulated various surveys during this year to BTOG members via BTOG E-news:

May 2024 - Sheffield Hallam University – survey related to a study "Exploring Oncologists' and Health Care Professionals' Perspectives: Physical Activity in Advanced Cancer Care". Results from this study will be used in conjunction with further patient scoping work in the design and implementation of a patient and health care led PA intervention in patients with advanced cancer.

August 2024 - LCNEC BTOG Special Interest Group – survey to ascertain the current understanding of the standard of care of large cell neuroendocrine carcinoma patients from UK-based centres.

September 2024, Colleagues at Guy's and St Thomas' – survey on real-world attitudes of clinicians towards neoadjuvant and peri-operative chemo immunotherapy in resectable lung cancer.

October and November 2024 - International Thymic Malignancy Interest Group (ITMIG) – survey to look at daily practice to identify areas of agreement and potential controversy in the current global clinical and pathology practice of the diagnosis and treatment of thymic epithelial tumors.

November and December 2024 - Thymic Malignancies BTOG Special Interest Group – survey to ask for feedback on the thymic lesion diagnostic algorithm published earlier in this year.

December 2024 - Professor Matthew Evison and Professor Kevin Blyth – survey for input to map the use of important ancillary diagnostic tests in mesothelioma (BAP-1 and MTAP/P16 FISH) across the UK.

March 2025 - LCNUK – survey to inform the production and implementation of a Navigator Framework to provide clear and consistent guidance on the Navigator role within the Lung Cancer setting.

March 2025 - University of Birmingham – survey which aims to improve understanding of what happens when patients are diagnosed with pulmonary nodules. Speaking to patients, doctors, and administrative staff, they hope to understand the process patients go through and whether this process can be improved to reduce the likelihood of nodules being followed up improperly.

TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Representation



Representation

Proactive and reactive contributions to guidelines, policies, appraisals, statements of practice

February 2025 - BTOG supported a grant application submitted to Roy Castle Lung Cancer Foundation related to a study looking at improving access and recruitment to clinical trials for cancer patients submitted by Professor Catherine Henshall, Clinical Academic Nurse.

March 2025 – BTOG joined other organisations including British Thoracic Society and Mesothelioma UK in writing to the Secretary of State for Health and Social Care to request intervention to establish a National Mesothelioma Clinical Audit. This is crucial to improving treatment standards, ensuring equitable access to care, and reducing the economic burden of this preventable disease.

Advocates

BTOG recognises the importance of input from advocates in improving outcomes for lung cancer and mesothelioma patients. BTOG defines advocates as those who sit on clinical studies or trial management groups, advisory boards/groups or other related groups related to lung cancer or mesothelioma.

BTOG ensures that ...

- Advocate representatives are included on the BTOG steering committee and BTOG Special Interest Groups.
- Advocates have access to relevant BTOG educational events held for health care professionals and limited funding is available to facilitate this.
- A BTOG Advocate Meeting is held at the Annual Conference with representation from the BTOG Steering Committee and relevant thoracic oncology patient organisations. The remit of the meeting is to provide an informal educational opportunity for advocates; give insight into BTOG, the annual conference and current issues in thoracic oncology and the opportunity to share experiences and feedback.

Collaboration

BTOG works collaboratively with many organisations, societies, and groups, to build close and enduring relationships and to have mutual memberships to ensure representation. Steering Committee members undertake this work on behalf of BTOG and these include the following examples:

- Association of Pulmonary Pathologists
- British Thoracic Society
- Cancer Chemotherapy Interest Group
- European Association for Cardio-Thoracic Surgery (EACTS)
- European Organisation for Research and Treatment of Cancer (EORTC)
- European Thoracic Oncology Platform (ETOP)-IBCSG Partners
- International Association for the Study of Lung Cancer (IASLC)
- James Lind Alliance Priority Setting Partnership (PSP) in Thoracic Surgery
- Mesothelioma UK
- NICE
- National Lung Cancer Audit
- Lung Cancer Nursing UK
- Public Health England Implementation Board for Tobacco
- Roy Castle Lung Cancer Foundation
- Royal College of Physicians Tobacco Advisory Board
- Royal College of Radiologists
- Society for Cardiothoracic Surgery (SCTS)
- Taskforce for Lung Health
- UK Lung Cancer Coalition
- UK SACT Board

ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Representation (continued)



NICE Representation

NICE appraisals review and make recommendations on the clinical and cost-effectiveness of medicines and treatments in the NHS.

During this period BTOG provided expertise and representation on **57 NICE Scoping and Full Appraisals** to improve access to treatment for patients affected by thoracic malignancies. There were 30 negative/suspended trials not included in the above total.

Participating in a NICE appraisal involves a significant time and effort commitment by the representatives involved including:

- Attending in-person and online appraisal meetings,
- Reviewing lengthy and detailed documents on the efficacy and cost effectiveness of medicines and treatments under review and
- Making comment and recommendations.

During this period **8 NICE appraisals resulted in positive recommendations** for treatment options.

Ref	Appraisal
3907	Pembrolizumab for adjuvant treatment of resected non-small-cell lung cancer

Source: <https://x.com/NICEComms>



5094	Pembrolizumab with chemotherapy for neoadjuvant and adjuvant treatment of resectable non-small-cell lung cancer
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ACHIEVEMENTS AND PERFORMANCE (CONTINUED)

Review of Activities – Representation (continued)

NICE Representation (continued)

Ref

Appraisal

Source: <https://x.com/NICEComms>

5120 Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection (Review of TA761)



It is estimated just under

600 people

could be set to benefit from final draft guidance recommending osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection.

NICE

6220 Durvalumab as neoadjuvant (with chemotherapy) and adjuvant (as monotherapy) treatment for resectable non-small-cell lung cancer



It is estimated that just over

1,500 people

could be set to benefit after NICE published final draft guidance recommending durvalumab with chemotherapy before surgery, then alone after surgery for treating resectable non-small-cell lung cancer.

NICE

6289 Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer



NICE

New treatment for advanced lung cancer recommended

NICE has published final draft guidance recommending crizotinib for treating ROS1-positive advanced non-small-cell lung cancer.

6293 Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer

Review of Activities – Representation (continued)

NICE Representation (continued)

Ref

Appraisal

Source: <https://x.com/NICEComms>

6368 Alectinib for adjuvant treatment of ALK-positive non-small-cell lung cancer



6404 Durvalumab in combination with platinum-based chemotherapy for untreated extensive stage small-cell lung cancer

BTOG Steering Committee Representatives involved in NICE appraisals

Jason Adhikaree	2	Tom Newsom-Davis	5
Samreen Ahmed	6 (1 joint)	Sanjay Popat	11
Shobhit Baijal	6	Riyaz Shah	2
Alastair Greystoke	3	James Spicer	4
Adam Januszewski	1	Yvonne Summers	2 (1 joint)

Co-opted non-Steering Committee Representatives involved in NICE appraisals

Sanjay Agrawal	3	Matthew Krebbs	1
Martin Forster	1	Mary O'Brien	1
Matthew Hatton	1	Robin Young	1

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

FINANCIAL REVIEW

Going Concern

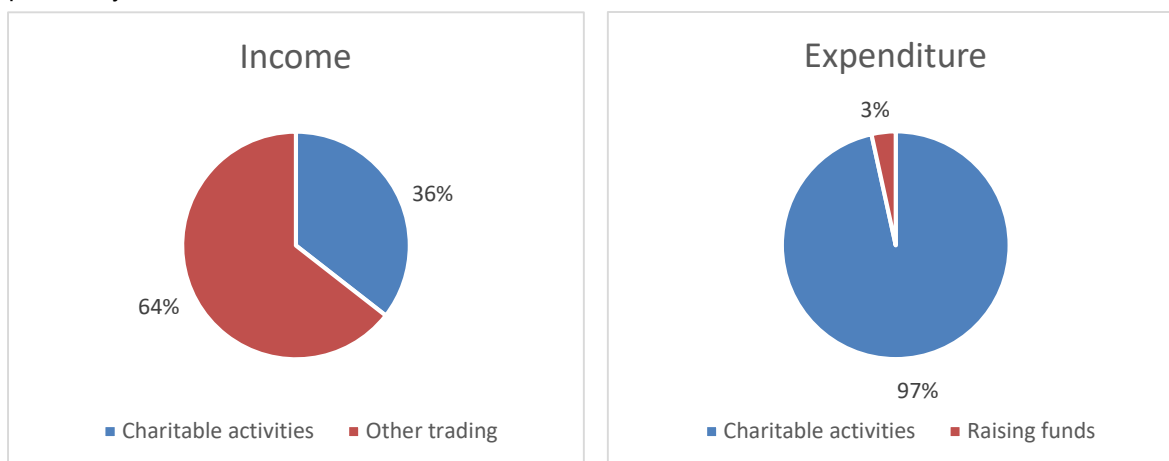
After making appropriate enquiries, the trustees have a reasonable expectation that BTOG has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the financial statements.

Finance Overview

Our Annual Conferences over the last few years were held in January 2022, April 2023, April 2024 and March 2025, therefore no annual conferences were held in financial year ending 2023, one was held in financial year ending 2024 and two in the financial year ending 2025. This has had a large impact in both income for sponsorship and registration fees. Total income for the year increased from £764,573 in 2024 to £1,696,222 in 2025.

Total expenditure for the year ended 31 March 2025 increased this year amounting to £1,524,010 (2024 - £779,727). The expenditure was split between charitable activities costs in the sum of £1,470,452 and costs of raising funds in the sum of £53,558.

Net income (expenditure) for the year ended 31 March 2025 amounted to £172,212 compared to £(15,154) in the previous year.



Risk Management

A risk policy and a detailed risk register have been produced. The risk register covers governance, external, financial, operational and regulatory risk and a review of the risk register is a standing item at every trustee meeting. The trustees are satisfied that systems and procedures are in place to mitigate exposure to the major risks. A major risk to BTOG is the reliance on registration fees and external sponsorship income to provide enough funding for BTOG to deliver its aims and objectives. This is particularly relevant given the COVID-19 pandemic. Mitigating actions include strategic planning, operating a reserves policy and ongoing engagement with our key sponsors.

Reserves Policy

BTOG is committed to demonstrate good stewardship and active financial management and to identifying through risk assessment and budgeting any uncertainty in future income streams. A major risk to BTOG is the reliance on registration fees and external sponsorship to provide enough funding for BTOG to deliver its aims and objectives. Therefore, the trustees have agreed that at any one time the charity can hold a maximum of 2 years' normal operating expenditure in reserve. Over recent years the charity has never reached this level of reserves and the trustees have acknowledged that this needs to be discussed and reviewed. Normal operating expenditure is identified in annual budgets which are approved by the trustees. This reserve level will ensure that the current service provided by BTOG is secure in times when income to the charity may be reduced.

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

FINANCIAL REVIEW (CONTINUED)

Reserves Policy (continued)

Total reserves as at 31 March 2025 amounted to £717,889 of which £nil are restricted. As at 31 March 2025 free reserves (total unrestricted reserves less unrestricted tangible fixed assets) amounted to £717,389 which is significantly below the trustees' long term target level of reserves. At current levels of normal activity, the maximum level of reserves would be in the range of £1.5m and £2m.

The trustees are considering measures to try and build up free reserves going forward and they will monitor the level of reserves as part of BTOG's financial processes. If reserves were to exceed the agreed level (2 years' normal operating expenditure) BTOG will take immediate steps to reduce the level of those reserves either by increasing expenditure on charitable activities or by reducing its income (or a combination of both). The time frame for this reduction will be within 2 years of discovery of the excess and during that time the trustees will consider whether some or all the reserves can be invested to obtain a financial return for the charity.

STRUCTURE GOVERNANCE AND MANAGEMENT

Constitution

British Thoracic Oncology Group registered as a company (9816385) on 8th October 2015 and as a charity (1166012) on 11th March 2016. The company is limited by guarantee and has no share capital. Every member of the company undertakes to contribute to the assets of the company, in the event of winding up, such an amount as may be required not exceeding £1. The governing document is the Memorandum of Association.

Trustees

The following trustees have served since 1 April 2024:

Professor D Talbot (Chairman from 7-Oct-24)
Mr AM Grange (Chairman until resigned 7-Oct-24)
Mr Christopher Kerr (Treasurer)
Ms Vanessa Beattie (appointed 26-Nov-24)
Mr G Bland (resigned 5-Jul-24)
Professor Corinne Faivre-Finn (appointed 14-Nov-24)
Ms Jacqueline Fenemore (appointed 18-Nov-24)
Professor Michael D Peake

BTOG welcomed 3 new trustees during this period.



Method of Appointment or Election of Trustees

The management of the charity is the responsibility of the trustees elected under the Memorandum of Association of BTOG. Trustees set the policies for the recruitment, induction and training of new trustees. In selecting individuals for appointment as new trustees, the trustees will consider the skills, knowledge and experience needed for the effective running of the charity. Upon appointment, trustees are provided with an induction pack which includes various items such as the governing document, the latest financial statements, policy documents and Charity Commission guidance.

Pay Policy for Staff

During this reporting period BTOG did not employ its own staff. From 1st April 2025 the post of Chief Operating Officer was employed directly by BTOG. An NHS Trust employed the staff and charged the associated salary costs to the charity in accordance with a service level agreement. Pay levels for posts supported by the charity but employed by the NHS Trust are determined through standard NHS procedures.

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

STRUCTURE GOVERNANCE AND MANAGEMENT (CONTINUED)

Organisational Structure and Decision Making

The trustees are responsible for BTOG; they safeguard the values and purpose of BTOG and check activities contribute to achieving the objects and ensure BTOG follows its legal obligations. Trustees are Non-Executive Directors of BTOG. The trustees during this reporting period comprised an emeritus consultant and honorary professor of respiratory medicine/specialist clinical advisor for Cancer Research UK; two lung cancer specialist nurses, a professor and consultant clinical oncologist, a retired professor/medical oncologist; a retired tax inspector, a retired lawyer and a retired senior pharmaceutical professional. The trustees and Steering Committee Chair decide the policies which provide the framework for the work of BTOG; decide overall aims and objectives, priorities and strategy; monitor and evaluate progress and delegate day-to-day work to the BTOG Chief Operating Officer (COO) and other appointed staff/agents. The trustees meet 4 times/year and communicate by email at all other times. One trustee also attends Steering Committee meetings as an observer (subject to availability).

The Steering Committee Chair is an Executive Officer of BTOG, accountable to the trustees. The Steering Committee supports BTOG's aims and objectives; take an active role in the delivery of the BTOG educational programme; comments and advises on thoracic oncology guidelines for care or treatment; represents BTOG on other thoracic oncology boards/committees/groups and recognises their affiliation to BTOG in their work. The Steering Committee are Executive Officers of BTOG, accountable to the SC Chair. The Steering Committee meet in person 4 times/year and communicate by email at all other times. The Steering Committee members represent the thoracic oncology multi-disciplinary team. In addition, BTOG recognises the importance of input from advocates in improving outcomes for lung cancer and mesothelioma patients and therefore the Steering Committee includes two advocate members. BTOG defines advocates as those who sit on clinical studies or trial management groups, advisory boards/groups or other related groups related to lung cancer or mesothelioma.

BTOG is a member of the National Council for Voluntary Organisations (NCVO) and trustees have access to online resources and information for charities. The trustees are required to update their trustee knowledge and training regularly to ensure they understand their role and responsibilities. Trustees periodically attend both theoretical and practical training courses organised by the NCVO covering a wide variety of charitable issues and they also complete online training.

The COO carries out the work of BTOG; reports regularly on achievements and progress; makes decisions (where the power to do this has been delegated); provides information on issues, problems and policy matters and makes recommendations; draws up plans for the future development of BTOG's work for the Trustees and Steering Committee to decide upon; advises and informs the trustee board so that it is able to carry out its governing role and recruits and appoints staff/agents. The COO is reportable to University Hospitals of Leicester NHS Trust (UHL) Line Manager and Steering Committee Chair and accountable to the trustees.

The relationship of the BTOG Executive is based on a shared vision for BTOG; a commitment to achieving the objectives of BTOG; clear and understood trustee roles to not interfere inappropriately with the day-to-day running of BTOG; confidence in the abilities of the COO and willingness to back the judgement of the COO in the event of problems (providing they have been kept informed); the provision of good information to enable informed decisions to be made and a clear management framework and lines of accountability.

The COO and Executive Officer (EO) are paid roles employed by UHL, who charge the associated salary costs to the charity in accordance with a formal service level agreement. Communications/website, conference and accountancy services were contracted out to external commercial providers. All other roles in the BTOG Executive are unpaid.

Following the pandemic, starting 1st February 2022, BTOG have leased an office from Mesothelioma UK in Mountsorrel, Leicester and there is a Memorandum of Understanding in place in this respect. BTOG staff do a combination of office and home working.

BTOG works collaboratively with many organisations including Mesothelioma UK (a related party) in the pursuit of its charitable activities.

BRITISH THORACIC ONCOLOGY GROUP



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

STRUCTURE GOVERNANCE AND MANAGEMENT (CONTINUED)

Organisational Structure and Decision Making (continued)

BTOG recognised the need for appropriate governance to ensure transparent working and therefore has a comprehensive portfolio of policies covering charity structure, roles and responsibilities of trustees and the steering committee, conflict of interest, finance, procurement, reserves, endorsement, media and privacy, developed taking account of Charity Commission guidance. The policies are reviewed as per the review dates and new policies are developed as needed/identified and are available in the Governance section of the BTOG website.

The Trustees confirm that the major risks relating to BTOG have been reviewed and systems and procedures have been established to manage those risks, as detailed on page 19 under risk management.

Plans for Future Years

BTOG will continue to work towards its strategic outcomes, mission and vision as per pages 1 and 2.

During the 2025/26 year and beyond we plan to:

Education

- Continue to provide relevant CPD education and information via an annual conference, essential updates, webinars, podcasts and the website.
- Work collaboratively with Associate of Pulmonary Pathologists (APP) and Society for Cardiothoracic Surgery in Great Britain & Ireland (SCTS) and other societies
- Produce standard slide sets and a webinar on adoption of Version 9 of the TNM stage classification for lung cancer in the UK and any identified areas of interest.
- Provide networking, education and resources for trainees.
- Continue to update www.btog.org to improve visual design, navigation and content.

Research

- Continue to develop a Research Strategy to focus and support the thoracic oncology research agenda and advise trainees on research proposals to encourage and promote the development of research.

Representation

- Build relationships with existing and new national and international relevant groups and societies – e.g. in the following specialities/organisations Clinical Expert Group (CEG), Surgery, Pathology and Radiology.
- Recognise the future implementation of screening and ctDNA and the importance of BTOG representation in these areas.
- Liaise with NICE/NHS England for earlier notification of new decisions on NICE appraisals and announce "New NICE Approval" via separate BTOG E-news and Twitter.
- Communicate with the Association of the British Pharmaceutical Industry (ABPI) with reference to regulations for conference and events.

Governance and Operational

- Appoint a Chair-Elect/Vice-Chair of the Steering Committee.
- Work towards financial independence from the NHS by employing BTOG staff direct.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also directors of BTOG for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the trustees are required to:



TRUSTEES' REPORT (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2025

STATEMENT OF TRUSTEES' RESPONSIBILITIES (CONTINUED)

- select suitable accounting policies and then apply them consistently; and
- observe the methods and principles in the Charities SORP 2019 (FRS 102); and
- make judgements and estimates that are reasonable and prudent; and
- state whether applicable accounting standards 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 charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

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

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

This report has been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006.

Approved by the Board of Trustees on 16 December 2025 and signed on its behalf by:

Professor D Talbot
Chair of the Board of Trustees

BRITISH THORACIC ONCOLOGY GROUP

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES OF BRITISH THORACIC ONCOLOGY GROUP

Opinion

We have audited the financial statements of British Thoracic Oncology Group (the 'charitable company') for the year ended 31 March 2025 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 charitable company's affairs as at 31 March 2025 and of its incoming resources and application of resources, for the year then ended; and
- 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.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the Trustee's Report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the Trustee's Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

BRITISH THORACIC ONCOLOGY GROUP

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE TRUSTEES OF BRITISH THORACIC ONCOLOGY GROUP

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out on pages 31-32, the trustees (who are also the directors of the charitable company for the purpose 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 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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

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

Extent to which the audit was considered capable of detecting irregularities

We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and then design and perform audit procedures responsive to those risks, including obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. However, responsibility for the prevention and detection of fraud ultimately rests with both those charged with governance and management of the charitable company.

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

- obtaining an understanding of the legal and regulatory framework applicable to the charitable company by considering the nature of the industry in which the charitable company operates and enquiring of management; and
- identifying the key laws and regulations considered to have a direct impact on the financial statements including the UK Companies Act 2006, UK Charities Act 2011, UK Generally Accepted Accounting Practice and UK tax legislation; and
- assessing how the charitable company is complying with the applicable legal and regulatory framework by making further enquiries of management and observing the company's control environment regarding compliance with regulations and fraud prevention; and

BRITISH THORACIC ONCOLOGY GROUP

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE TRUSTEES OF BRITISH THORACIC ONCOLOGY GROUP

- assessing the susceptibility of the charitable company's financial statements to material misstatement, including how fraud might occur, by considering the effectiveness of the charitable company's accounting systems and controls and how these were monitored by management. Where the risk of material misstatement was considered to be higher in certain areas, further audit procedures were designed to address this increased risk; and
- discussing amongst the engagement team how and where fraud might occur in the financial statements and any potential indicators of fraud.

Audit response to risks of irregularities identified

Our procedures to respond to risks identified included the following:

- reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations; and
- enquiry of charitable company staff responsible for compliance to identify any instances of non-compliance with laws and regulations; and
- enquiry of management, those charged with governance and other relevant parties around actual and potential litigation claims; and
- reviewing minutes of meetings of those charged with governance; and
- performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias; and
- communicating identified laws and regulations and potential fraud risks to all engagement team members and assessing whether there are any indications of fraud or non-compliance with laws and regulations throughout the audit.

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

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Other matters

In the previous accounting period, the directors of the company took advantage of audit exemption under section 477 of the Companies Act 2006. Therefore, the comparative financial statements are unaudited.

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Newby Castleman LLP

Chartered Accountants
Statutory Auditor
West Walk Building
110 Regent Road
Leicester
LE1 7LT

18 December 2025

Newby Castleman LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

BRITISH THORACIC ONCOLOGY GROUP

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2025

	Notes	Unrestricted Funds Total 2025 £	Unrestricted Funds Total 2024 £
Income from:			
Charitable activities	3	602,272	281,073
Other trading activities	4	1,093,950	483,500
Total		1,696,222	764,573
Expenditure on:			
Raising funds	5	53,558	39,274
Charitable activities	6	1,470,452	740,453
Total		1,524,010	779,727
Net income/(expenditure) for the year/ Net movement in funds		172,212	(15,154)
Reconciliation of funds			
Total funds brought forward		545,677	560,831
Total funds carried forward		717,889	545,677

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

BRITISH THORACIC ONCOLOGY GROUP

BALANCE SHEET

AS AT 31 MARCH 2025

		2025		2024	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	11		500		1,020
Current assets					
Debtors	12	243,220		445,838	
Cash at bank and in hand		547,903		622,660	
		<u>791,123</u>		<u>1,068,498</u>	
Liabilities					
Creditors: amounts falling due within one year	13	(73,734)		(523,841)	
		<u></u>		<u></u>	
Net current assets			717,389		544,657
Net assets			<u>717,889</u>		<u>545,677</u>
Total funds of the charity					
Designated funds		5,831		17,775	
General funds		<u>712,058</u>		<u>527,902</u>	
Total unrestricted funds	15		<u>717,889</u>		<u>545,677</u>
Total charity funds			<u>717,889</u>		<u>545,677</u>

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2025, although an audit has been carried out under section 144 of the Charities Act 2011.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

Trustees' responsibilities:

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476 of the Companies Act 2006;
- The trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of the accounts.

The financial statements were approved and authorised for issue by the Board of Trustees on 16 December 2025 and are signed on its behalf by:

Mr C Kerr
Trustee and Treasurer

Company Registration No. 9816385

BRITISH THORACIC ONCOLOGY GROUP

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2025

	Notes	2025 £	£	2024 £	£
Cash flows from operating activities					
Cash (absorbed by)/generated from operations	20		(74,757)		231,820
Investing activities					
Purchase of tangible fixed assets		-		(1,316)	
Net cash used in investing activities			-		(1,316)
Net cash used in financing activities			-		-
Net (decrease)/increase in cash and cash equivalents			(74,757)		230,504
Cash and cash equivalents at beginning of year			622,660		392,156
Cash and cash equivalents at end of year			547,903		622,660

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2025

1 Accounting policies

Charity information

British Thoracic Oncology Group ("BTOG") is a private company limited by guarantee incorporated in England and Wales. The address of the registered office and place of business is given in the legal and administrative information page of these financial statements.

The members of the charity include the trustees named within the legal and administrative information. In the event of the trust being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

1.1 Basis of preparation

The charitable company is a Public Benefit Entity as defined by FRS 102. The financial statements have been prepared in accordance with: the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), Accounting and Reporting by Charities: the Statement of Recommended Practice for charities applying FRS 102 (2019), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The financial statements are prepared in sterling, which is the functional currency of the charitable company. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charitable company has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds are unrestricted funds of the charity which have been set aside at the discretion of the trustees for specific purposes. The purposes and uses of the designated funds are set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The aim and use of each restricted fund is set out in the notes to the financial statements.

1.4 Income recognition

Income is recognised when the charitable company is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Income from charitable activities primarily includes income received for conference and course registration fees. Such income is recognised at fair value when the event has occurred.

Income from trading activities includes income earned from sponsorship.

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

1 Accounting policies

(Continued)

1.5 Expenditure recognition

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to the category. Expenditure is recognised when there is legal or constructive obligation to make the payment to a third party, if it is probable that settlement will be required and the amount of the obligation can be measured reliably. It is recognised under the following headings:

- Expenditure on raising funds - this includes costs for advertising, marketing, direct mail and publicity.
- Expenditure on charitable activities - this includes services to further the delivery of the objectives of the charity.

Irrecoverable VAT is charged against the category of resources expensed for which it was incurred.

Support costs

Support costs are those that assist the work of the charity but do not directly represent charitable activities and costs of raising funds and include office costs and governance costs. They are incurred directly in support of expenditure on the objects of the charity. Support costs are allocated to costs of raising funds and expenditure on charitable activities on a basis consistent with use of the resources.

The analysis of these costs is included in note 8.

1.6 Tangible fixed assets

Tangible fixed assets are measured at cost, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives on the following bases:

Fixtures & fittings	15% of cost
Computer equipment	33.33% of cost

1.7 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less.

1.8 Financial instruments

Financial instruments are recognised in the charitable company's balance sheet when the charitable company becomes party to the contractual provisions of the instrument.

Debtors and creditors with no stated interest rate and receivable or payable within one year are measured at transaction price. Any losses arising from impairment are recognised in the SOFA.

1.9 Taxation

British Thoracic Oncology Group is a registered charity and no taxation provision is required as its income from charitable activities falls within the various exemptions available to registered charities.

1.10 Employee benefits

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

1 Accounting policies

(Continued)

1.11 Leases

Rentals payable under operating leases, including any lease incentives received, are charged to the SOFA on a straight line basis over the term of the relevant lease.

2 Critical accounting estimates and judgements

In the application of the charitable company's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The trustees do not consider there to be any key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

3 Charitable activities

	Unrestricted funds £	Restricted funds £	Total 2025 £	Total 2024 £
Conference and course registration fees	602,272	-	602,272	281,073
Unrestricted funds				281,073
Restricted funds				-
				281,073
			2025 £	2024 £
Conference and course registration fees breakdown:				
BTOG 2025			329,461	-
BTOG 2024			262,910	-
BTOG 2023			-	280,423
Essential Update Therapeutic Strategies for Stage 4			6,200	-
Mesothelioma Essential Update 2024			3,701	-
Essential Update 2023			-	650
			602,272	281,073

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

4 Other trading activities

	Unrestricted funds 2025 £	Restricted funds 2025 £	Total 2025 £	Total 2024 £
Sponsorship	1,093,950	-	1,093,950	483,500
Unrestricted funds				483,500
Restricted funds				-
				483,500

5 Raising funds

	Unrestricted funds £	Restricted funds £	Total 2025 £	Total 2024 £
Advertising, marketing, direct mail and publicity	31,169	-	31,169	18,569
Support costs (see note 8)	22,389	-	22,389	20,705
	53,558	-	53,558	39,274
Unrestricted funds				39,274
Restricted funds				-
				39,274

6 Charitable activities

	Activities undertaken directly Note 7 £	Support Costs Note 8 £	Total 2025 £	Total 2024 £
Conference and courses	1,292,413	178,039	1,470,452	740,453
Unrestricted funds			1,470,452	740,453
Restricted funds			-	-
			1,470,452	740,453

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

7 Expenditure on activities undertaken directly

	2025 £	2024 £
Conference and courses		
Venue and accommodation management	1,189,835	546,642
Abstract publication	42,213	16,754
Prizes and bursaries	3,050	1,650
Travel	33,612	39,208
Course accreditation	1,292	795
Bank and card charges	15,551	8,472
Webinar activities	6,860	5,022
	<u>1,292,413</u>	<u>618,543</u>
	2025 £	2024 £
Venue and accommodation management breakdown:		
BTOG 2025	604,566	-
BTOG 2024	554,204	-
BTOG 2023	-	514,097
Essential Update Therapeutic Strategies for Stage 4	12,220	-
Mesothelioma Essential Update 2024	18,845	-
Essential update 2023	-	25,370
New Consultants Study Day	-	4,791
Other	-	2,384
	<u>1,189,835</u>	<u>546,642</u>

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

8 Expenditure on support costs

	Basis of allocation	2025 £	2024 £
Staff costs	Raising funds and charitable activities	111,944	103,529
Travel	Charitable activities	24	150
Training	Charitable activities	176	160
Subscriptions	Charitable activities	254	489
Rent	Charitable activities	4,260	4,260
Insurance	Charitable activities	13,608	6,814
Office costs	Charitable activities	980	1,108
Software costs	Charitable activities	2,125	2,729
Professional fees	Charitable activities	12,689	6,173
Sundry	Charitable activities	-	32
Irrecoverable VAT	Charitable activities	53,848	16,627
Depreciation	Charitable activities	520	544
		<u>200,428</u>	<u>142,615</u>
Analysed between:			
Raising funds		22,389	20,705
Charitable activities		<u>178,039</u>	<u>121,910</u>
		<u>200,428</u>	<u>142,615</u>

Support costs have been allocated to raising funds and charitable activities on a basis consistent with the use of the resource. Support costs include governance costs totalling £10,949 (2024: £6,173).

The amount charged to the SOFA in respect of governance costs includes the following:

Statutory audit £9,010 (2024: independent examination £4,775)

Other financial services £1,939 (2024: £1,398)

9 Trustees

The trustees neither received nor waived any emoluments during the year (2024: £Nil).

Travel and subsistence expenses were reimbursed to 1 trustees (2024: 1) in the sum of £24 (2024: £150) during the year.

10 Employees

The average monthly number of employees during the year was:

	2025 Number	2024 Number
Total	<u>2</u>	<u>2</u>

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

10 Employees (Continued)

Employment costs	2025 £	2024 £
Wages and salaries	111,944	103,529

Staff working for the charity are employed directly by the University Hospitals of Leicester NHS Trust and their salary costs are charged to the charity in accordance with a service level agreement between BTOG and the Trust. The amount charged for the year was £111,944 (2024 - £103,529).

There were no employees whose annual remuneration was more than £60,000.

Remuneration of key management personnel

The remuneration of key management personnel is as follows.

	2025 £	2024 £
Aggregate compensation	66,435	62,942

11 Tangible fixed assets

	Fixtures & fittings £	Computer equipment £	Total £
Cost			
At 1 April 2024	692	1,821	2,513
At 31 March 2025	692	1,821	2,513
Depreciation and impairment			
At 1 April 2024	549	944	1,493
Depreciation charged in the year	81	439	520
At 31 March 2025	630	1,383	2,013
Carrying amount			
At 31 March 2025	62	438	500
At 31 March 2024	143	877	1,020

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

12 Debtors

	2025 £	2024 £
Amounts falling due within one year:		
Trade debtors	88,180	283,267
Other debtors	5,832	17,776
Prepayments and accrued income	149,208	144,795
	<u>243,220</u>	<u>445,838</u>

13 Creditors: amounts falling due within one year

	2025 £	2024 £
Other taxation and social security	63,967	64,335
Deferred income (see note 14)	-	447,075
Other creditors	-	5,400
Accruals	9,767	7,031
	<u>73,734</u>	<u>523,841</u>

14 Deferred income

	2025 £	2024 £
Arising from advanced registration fees and sponsorships	-	447,075
	<u>-</u>	<u>447,075</u>

Deferred income is included in the financial statements as follows:

	2025 £	2024 £
Deferred income is included within:		
Current liabilities	-	447,075
	<u>-</u>	<u>447,075</u>
Movements in the year:		
Deferred income at 1 April 2024	447,075	510,467
Released from previous periods	(447,075)	(510,467)
Resources deferred in the year	-	447,075
	<u>-</u>	<u>447,075</u>
Deferred income at 31 March 2025	-	447,075

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

15 Unrestricted funds

The unrestricted funds of the charity include designated funds which have been set aside out of unrestricted funds by the trustees for a specific purpose:

	Balance at 1 April 2024 £	Movement in funds			Balance at 31 March 2025 £
		Income £	Expenditure £	Transfers £	
General funds	527,902	1,696,222	(1,412,066)	(100,000)	712,058
Designated funds - wages fund	17,775	-	(111,944)	100,000	5,831
	<u>545,677</u>	<u>1,696,222</u>	<u>(1,524,010)</u>	<u>-</u>	<u>717,889</u>

	Balance at 1 April 2023 £	Movement in funds			Balance at 31 March 2024 £
		Income £	Expenditure £	Transfers £	
General funds	559,527	764,573	(676,198)	(120,000)	527,902
Designated funds - wages fund	1,304	-	(103,529)	120,000	17,775
	<u>560,831</u>	<u>764,573</u>	<u>(779,727)</u>	<u>-</u>	<u>545,677</u>

The wages fund represents funds held by the University Hospitals of Leicester NHS Trust as Custodian Trustee on behalf of British Thoracic Oncology Group for primarily the payment of wages to staff working for the charity but who are employed by the NHS Trust.

16 Analysis of net assets between funds

	Unrestricted funds £	Designated funds £	Total £
Fund balances at 31 March 2025 are represented by:			
Tangible assets	500	-	500
Current assets/(liabilities)	711,558	5,831	717,389
	<u>712,058</u>	<u>5,831</u>	<u>717,889</u>

	Unrestricted funds £	Designated funds £	Total £
Fund balances at 31 March 2024 are represented by:			
Tangible assets	1,020	-	1,020
Current assets/(liabilities)	526,882	17,775	544,657
	<u>527,902</u>	<u>17,775</u>	<u>545,677</u>

BRITISH THORACIC ONCOLOGY GROUP

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2025

17 Related party transactions

During the year rent and office expenses in the sum of £4,260 (2024 - £4,260) were invoiced by Mesothelioma UK Charitable Incorporated Organisation (formerly Mesothelioma UK Charitable Trust) to the British Thoracic Oncology Group, to which Ms D E McKinley was a trustee of this organisation until 31-Dec-24. At the balance sheet date there was an outstanding balance of £nil (2024 - £nil) for these services.

There have been no further related party transactions in the reporting period that require disclosure in the financial statements, other than those noted in note 9 to the financial statements.

18 Operating lease commitments

At 31 March 2024 the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2025 £	2024 £
Within one year	3,550	3,550

Lease payments totalling £4,260 (2024 - £4,260) have been recognised as an expense during the year.

19 Controlling party

British Thoracic Oncology Group is a company limited by guarantee and not having a share capital; it is incorporated under the Companies Act and governed by the Memorandum and Articles of Association of the charity. The trustees of the charity are elected members and act as directors of the charity who are deemed to be the controlling party of the charity.

20 Cash generated from operations	2025 £	2024 £
Surplus/(deficit) for the year	172,212	(15,154)
Adjustments for:		
Depreciation and impairment of tangible fixed assets	520	544
Movements in working capital:		
Decrease in debtors	202,618	305,966
(Decrease)/increase in creditors	(3,032)	3,856
(Decrease) in deferred income	(447,075)	(63,392)
Cash (absorbed by)/generated from operations	(74,757)	231,820