

Pancreatic Cancer Action

Annual Report & Accounts 2016



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Pancreatic Cancer Facts



Approximately **9,000** people are **newly diagnosed** with pancreatic cancer in the UK **each year**

- ▶ Every hour, someone dies in the UK of pancreatic cancer.
- ▶ Each year over 9,000 people are newly diagnosed with pancreatic cancer in the UK, with nearly the same number dying each year.
- ▶ Pancreatic cancer affects men and women equally
- ▶ 26 people a day are newly diagnosed with pancreatic cancer in the UK
- ▶ 5-year survival is only just over 4% and this figure has not improved in over 40 years.
- ▶ Only 10% of patients are eligible for potentially curative surgery on diagnosis
- ▶ 48% of patients are diagnosed as an emergency presentation with only 18% diagnosed via a GP
- ▶ 40% of patients are under the age of 69
- ▶ Despite it being the UK's 5th biggest cancer killer, pancreatic cancer receives less than 3% of cancer research funding

Pancreatic cancer affects both **men and women** equally



Legal and Administrative

Trustees:

Brian Stevenson (Chair)
Julian Darrall (appointed September 2016)
Alex Fulton
Nicola Mumford
Helen Matthews (Secretary)
Neville Menezes
Suzanne Roddie (resigned November 2016)
Phil Stunt

Secretary: Charity Correspondent:

Julian Darrall
Alison Stunt, Chief Executive and Founder

Registered Office:

9 Oakhanger Farm Business Park
Oakhanger
Hampshire
GU35 9JA

Charity number:

1137689

Bankers:

HSBC
19 High Street
Haslemere
Surrey
GU27 2HQ

Independent examiner:

Alliotts
Friary Court
13-21 High Street
Guildford
Surrey
GU1 3DL

Trustees' Report for the year ended 31 December 2016

The Trustees present their report and accounts for the year ended 31 December 2016

The accounts have been prepared in accordance with the accounting policies set out in note 1 to the accounts and comply with the charity's [governing document], the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)"

Objectives and activities

The charity's objects are to increase survival rates through improving the earlier diagnosis of pancreatic cancer. We aim to promote and protect the physical and mental health of pancreatic cancer patients and their families and carers through the provision of support, education and practical advice and also to advance the education of health professionals and the general public in all areas related to pancreatic cancer.

The Trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the charity should undertake.

Trustees' Activities and Aims

The Trustees meet regularly to develop strategy to meet the charitable objects. The AGM seeks to establish if this strategy has been implemented throughout the year and how successful it has been in achieving the charitable objectives. Once the overall strategy has been agreed by the Trustees a series of operational meetings attended by a selection of the Trustees and volunteers, who the Trustees believe have relevant skills and experience in the specific area look at the operational implementation.

The Trustees currently have a range of skills and experience that range from medical/scientific, legal and corporate governance, Human Resources and PR.

Role of Volunteers

The Charity receives the very welcome assistance of volunteers. To date this has usually been for specific projects or fund-raising initiatives. In 2016 our network of Regional Representatives across the UK increased to 25. The aim is that these volunteers represent Pancreatic Cancer Action, raise awareness of pancreatic cancer and fundraise in their communities.

We have also had local volunteers assist with general office duties and specific graphic design projects at our office. The charity seeks volunteer assistance via the website, social media and by word of mouth.

Public Benefit Statement

The Trustees confirm that they have complied with the duty in Section 4 of the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit.

Our purpose

Pancreatic Cancer Action works to save lives through promoting earlier diagnosis of pancreatic cancer. We do this through promoting greater awareness of the symptoms of the disease, the funding and development of medical educational programmes, supporting patients through improved information about pancreatic cancer either on our website or in print and by funding research.

Our charitable objects

- ▶ To further and build pancreatic cancer awareness and education.
- ▶ To assist in the improvement of survival rates, effective treatments, support and standard of patient care for people affected by pancreatic cancer.
- ▶ To increase the overall level of funding available for pancreatic cancer

Our Vision

It is our vision that the majority of people diagnosed with pancreatic cancer will survive.

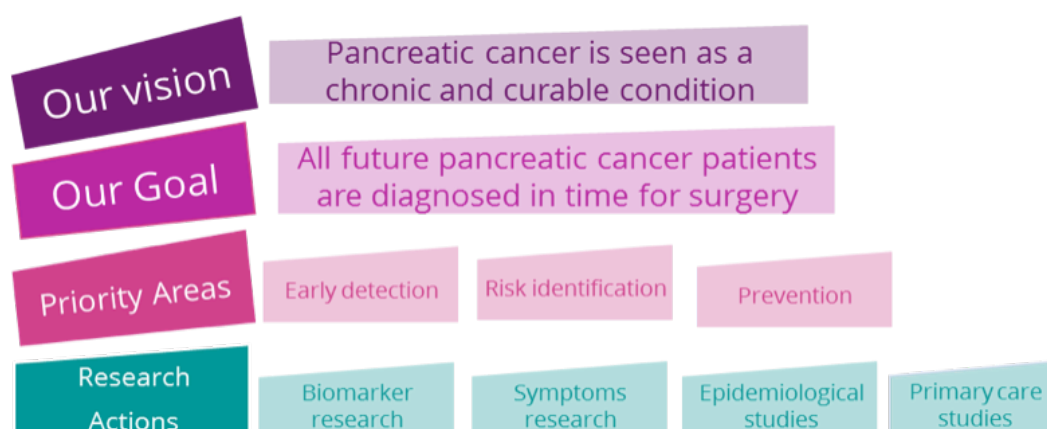
Our Mission:

- ▶ It is our aim to get more people diagnosed in time for surgery – currently the only potential for a cure.
- ▶ To help find a simple diagnostic test for pancreatic cancer.
- ▶ Improve the knowledge of medical professionals about pancreatic cancer symptoms, management and treatments.
- ▶ Raise public awareness of the symptoms of pancreatic cancer.
- ▶ Improve patient access to latest treatments and therapies including improved participation in clinical trials.
- ▶ Improve the quality and quantity of pancreatic cancer patient information.

Deliverables & Activity in 2016

Medical Research

In 2015 we developed our research strategy for the next five years where we want to invest over £1 million into research to improve early diagnosis for pancreatic cancer. Currently, 80% of patients face a terrible prognosis as they have had their disease diagnosed at a late stage, which is why survival rates are so low. We need to change this and get people diagnosed in time for resectional surgery – currently the only potential for a cure.



Early Diagnosis Challenge Award

In 2016, we announced the first recipients of our Early Diagnosis Challenge Award (EDCA) for research projects that had a clear focus on improving early diagnosis of pancreatic cancer.

We received eight high quality applications for the Award and at the end of 2015, **it was decided to fund four of the applications to a value of £180,000**. As it took longer than expected to assemble the International Scientific Committee, we started funding the 2015 awards in 2016.

We are delighted to announce that Pancreatic Cancer Action is now a member of the Association of Medical Research Charities.

2016 Funded Projects:

Sample Collection from Individuals with New-Onset Diabetes and validation of blood-borne biomarkers to enable earlier detection of pancreatic cancer in this high-risk group.



Host Institution: University of Liverpool.

Lead Researcher: Dr Eithne Costello

Duration: 24 Months

Amount Awarded: £38,750.00

Start Date: 01/03/2016

The aim of this project is to establish the UK's first collection of blood samples from individuals with new-onset diabetes. This new collection will be used to evaluate biomarkers to find out if they can be used to discriminate between diabetes associated with pancreatic cancer and common type 2 diabetes mellitus.

Project Title: A Novel Approach to the early detection of Pancreatic Cancer



Host Institution: University College London

Lead Researcher: Dr John Timms

Duration: 24 Months

Amount Awarded: £39,260.00

Start Date: 18/04/2016

This project aims to develop a bio-marker model using a new mathematical approach. The mathematical modelling will combine measurements of cancer-associated proteins in blood samples taken from patients prior to diagnosis. The aim is that the resulting models will help in detecting pancreatic cancer in patients who are assessed to be high risk and/or present early symptoms.

Metals as Early Biomarkers for Pancreatic Cancer



Host Institution: Barts Cancer Institute London

Lead Researcher: Dr Tatjana Crnogorac-Jurcevic

Duration: 18 Months

Amount Awarded: £39,675.00

Start Date: 04/07/2016

This project aims to determine if a metal test in urine can be used as an early diagnostic tool for pancreatic cancer. The research will examine whether trace metals such as zinc and copper, which are essential for life, are different in patients with pancreatic cancer compared to healthy people.

Ultraconserved Genes in Pancreatic Cancer



Lead researcher: Dr Chiara Braconi

Host Institution: Institute Cancer Research, Royal Marsden Hospital London

Duration: 24 Months

Amount Awarded: £39,000.00

Start Date: 01/06/2016

The aim of this project is to find out if selected genes are specifically deregulated in pancreatic cancer and if they can be detected in the tissue and blood of patients at risk.

The project will investigate the deregulation of certain genes in pancreatic cancer – deregulation that has been seen in the early stages of other cancers but not yet investigated for pancreatic cancer. This will determine if they have the potential to lead to a new test for early diagnosis.

Our International Scientific Advisory Committee

All decisions to fund our research are made by our International Scientific Advisory Committee (SAC) under the leadership of Chairman, **Professor Hemant Kocher, MBBS MS MD FRCS** – Barts Cancer Institute, London UK and includes key pancreatic cancer clinical and research professionals covering many different disciplines in the field of pancreatic cancer research from across the globe. All these eminent specialists donate their time to this, for which we are very grateful.

Members of the SAC include:

Professor Minoti Apte MB BS, MMedSci, PhD – University of New South Wales, Australia

Dr Marc Besselink MD MSc PhD – Academic Medical Centre, Utrecht, Netherlands

Professor Steven D Leach M.D. – Memorial Sloan Kettering Cancer Centre, New York, USA

Dr Andrew D Rhim MD – University of Michigan – USA

Professor Aldo Scarpa MD, PhD – University of Verona – Italy

Professor Margaret Tempero MD – University of California San Francisco (UCSF) – USA

Pancreatic Cancer Aware Campaign



On November 7th, Pancreatic Cancer Action launched a nationwide advertising campaign to raise awareness of the symptoms of pancreatic cancer. The adverts were shown in over 220 service stations, railway stations and shopping centres across the UK via ADMEDIA, as well as in regional newspapers and online.

The campaign reached an estimated 14 million members of the public.

The adverts, which feature both male and female models, were placed in washrooms in 128 service stations and 82 shopping centres across the country, and in major railway stations in London, Birmingham, Liverpool, Manchester, Edinburgh and Leeds. The adverts also appeared in Manchester Evening News, Evening Standard, Manchester Metro and London Metro, and in various online sites, including dailymail.co.uk.

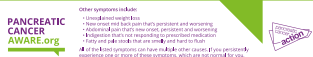
Each advert had an eye-catching photo that illustrated the symptom, along with a link to www.pancreaticcanceraware.org, a new website containing key facts, including symptoms information about pancreatic cancer.

The campaign was so successful that we intend to repeat it in 2017 and extend to include a GP-focused campaign pilot.



If you have painless jaundice: a **yellowing of the skin and eyes**, dark urine or very itchy skin, tell your doctor.

www.pancreaticcanceraware.org



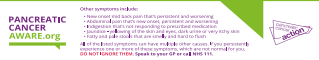
If you have **fatty and pale**, hard to flush, smelly stools, tell your doctor.

www.pancreaticcanceraware.org



If you have experienced unexplained, significant, **weight loss**, tell your doctor.

www.pancreaticcanceraware.org



If you have new onset, persistent or worsening **abdominal pain**, tell your doctor.

www.pancreaticcanceraware.org

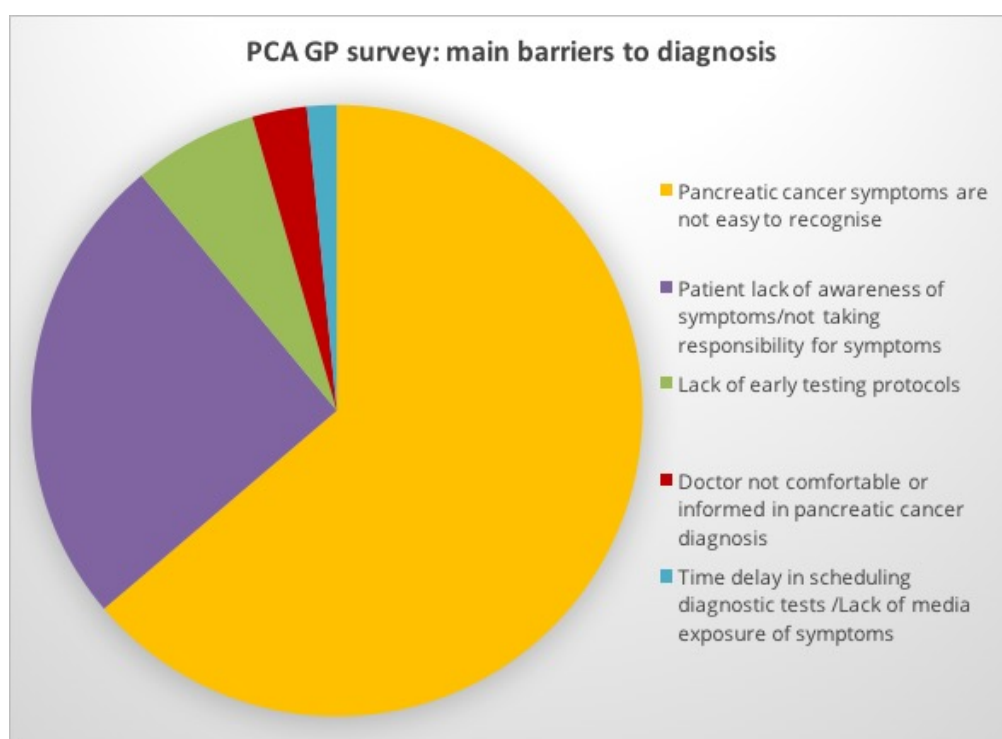


GP Survey

Just three per cent of GPs who responded to a survey commissioned by us and conducted by Research Now said they felt fully confident and informed about the symptoms of pancreatic cancer. It was the difficulty in recognising these symptoms that was stated as being the main barrier to diagnosing patients early.

The results also reveal that challenges remain for GPs having direct access to diagnostic tests, such as CT scans. Only 29 per cent of GPs said it was relatively easy to access CT scans.

90 per cent of doctors believe that pancreatic cancer is a silent killer, despite there being a number of clear symptoms that have now been included in NICE's referral guidelines for suspected cancer.



The GP survey generated a vast amount of media attention including coverage on Sky Sunrise, BBC South Today and many ITV local news channels across the UK. This resulted in a large uptake in our GP e-learning module we have written with the Royal College of GPs

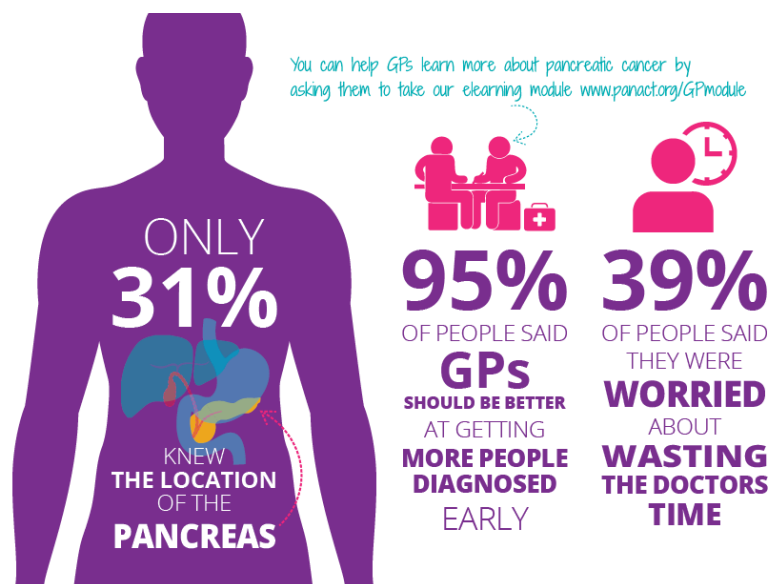
Symptom Study Results

The results of the Symptom Study which we part funded (£40,000) were published in November 2016. The largest ever prospective study into pancreatic cancer symptoms was led by Dr Fiona Walter at the University of Cambridge. Researcher looked at the symptoms of 391 people who had been referred to hospital on suspicion of having pancreatic cancer. Of these patients, 30 per cent were found to have pancreatic cancer, 12 per cent had other cancers and 58 per cent had no cancer diagnosis at all. The results, published in the British Journal of General Practice, revealed that even though there were no clear red flag symptoms identified, there are pivotal signs which may point to the disease. Signs included jaundice, fatigue, change in bowel habit, weight loss, decreased appetite, indigestion and 'feeling different'.

Other symptoms, such as back pain, nausea or vomiting, change in urine or stool colour were less commonly experienced by and were not predictive of pancreatic cancer among the study's participants.

The research also found that the time it took people to be diagnosed depended on other medical conditions and the symptoms they presented with. People with jaundice and decreased appetite took less time to diagnose, but people with other illnesses such as diabetes and mental health problems took longer.

Public awareness survey



In October, we commissioned Research Now to conduct a survey of 2,000 members of the public to find out about their knowledge of pancreatic cancer.



25%

OF PEOPLE SAID
THEY WERE

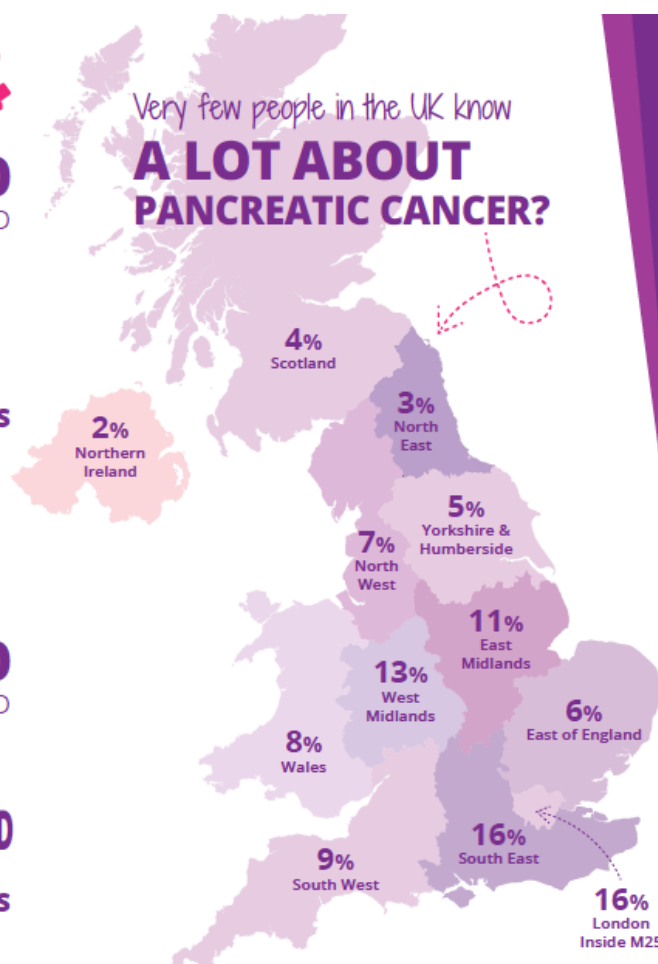
**TOO
BUSY**
TO GO TO
THE DOCTORS



34%

OF PEOPLE SAID
THEY WERE

**TOO
EMBARRASSED**
TO GO TO
THE DOCTORS



KEY FINDING 1

There is confusion about the symptoms of pancreatic cancer

- 36% wrongly think that blood in poo, commonly associated with bowel cancer is a symptom of pancreatic cancer
- Less than ¼ believed that jaundice (one of the classic symptoms of pancreatic cancer) could be a symptom of the disease.

KEY FINDING 2

People with one of the classic symptoms are not going to the doctor

- Over ½ of respondents recognised weight loss as a symptom of pancreatic cancer
- However, 1/3 were unlikely to go to the doctor if they experienced this symptom

KEY FINDING 3

People are avoiding going to their GP

When asked what may put them off going to the doctor when they had a symptom that may be serious:

- Nearly 40% said they worried about wasting their GP's time
- 1/3 said they may avoid visiting their GP if they were too embarrassed to talk about a symptom

Inequalities Report



The *Hope for the future: Tackling inequalities in pancreatic cancer care* report we wrote alongside Shire, revealed stark regional and global inequalities in pancreatic cancer which are stalling overall progress in tackling the disease. Yet, if the NHS took action to tackle variation – both within England and in comparison to other countries – then outcomes would improve significantly.

- The number of deaths from pancreatic cancer recorded is up to forty times higher in some CCG areas than others
- Five year survival in the UK is around half that of other European countries
- Significant inequalities were identified in how quickly patients with upper GI cancer (which includes patients with pancreatic cancer) were able to see a hospital doctor
- Big variation in access to specialist nursing care are revealed, with patients treated in some areas of the country 58% more likely to report being able to contact their clinical nurse specialist than in other areas

The report also demonstrated how patients with pancreatic cancer continue to be disadvantaged when compared to other forms of cancer:

- Research funding, with pancreatic cancer only receiving 3.3% of the total cancer research spending by cancer site compared to 16.4% for breast cancer
- Limited treatment options available for patients with only one treatment approved by NICE and none available on the Cancer Drugs Fund

Pancreatic cancer has the lowest survival rate of all common cancers, and although overall cancer mortality has fallen significantly over the last decade, mortality for pancreatic cancer has increased in the same period. There have been no improvements in outcomes since the 1970s – the ten year age standardised survival rate has remained at 1%.

The report proposes a ten-point plan to tackle the inequalities that exist within pancreatic cancer awareness, diagnosis, access to treatment, research and patient experience.

The ten-point plan is:

1. Introduce a national clinical audit for pancreatic cancer
2. Increase investment in research for pancreatic cancer
3. Investigate every opportunity to develop new treatments
4. Reform the way in which treatments are assessed for use in the NHS
5. Accelerate the identification and spread of good practice

6. Ensure that the CCG Improvement and Assessment Framework acts as an effective mechanism for encouraging improvements in standards of local pancreatic cancer services
7. Implement the recommendations of the Independent Cancer Taskforce
8. Address gaps in the provision of specialist care
9. Launch a public awareness campaign for pancreatic cancer
10. Establish ambitious goals to improve survival and patient experience

All Party Parliamentary Group on Pancreatic Cancer



In 2016 we continued to be an active stakeholder in the All Party Parliamentary Group on Pancreatic Cancer and provided evidence to the APPG on various matters including the inquiry into early diagnosis which is due to be published in 2017.

We also presented our Inequalities Report to the APPG to bring their attention to the variation in survival and standards of care for pancreatic cancer patients across the UK.

Pancreatic Cancer Europe:



Pancreatic Cancer Action CEO and founder, Ali Stunt continued to play a significant role in the activities and output from Pancreatic Cancer Europe, which is a multi-stakeholder platform of which Ali is a founding member.

Pancreatic Cancer Europe became a legal entity in April 2016, a not-for profit organisation incorporated in Brussels. Ali is a founding Board member alongside others from Spain, Belgium and Sweden. Ali is the only patient representative on the Board.

Having a formal legal entity for the organisation gives Pancreatic Cancer Europe increased credibility and legitimacy within the EU.

In 2016, PCE developed the groundwork for a new work stream which focuses on research and in particular with collaboration and dissemination of research projects among European pancreatic cancer researchers.

Pancreatic Cancer Europe is currently fully funded by industry (Celgene, Shire & Mylan) but the new legal entity will enable the organisation to apply more widely for funding, especially within the EU.

World Pancreatic Cancer Coalition

The inaugural meeting of the World Pancreatic Cancer Coalition was held in Orlando, USA in May 2016 and involved over 50 organisations from over 24 countries across the globe. PCA CEO Ali Stunt is the Vice Chair of the World Pancreatic Cancer Coalition.

The key initiative of the Coalition is World Pancreatic Cancer Day, which takes place every November. Each year, outreach, visibility and engagement continues to grow across the world.



Public Awareness



Turn it Purple™

PURPLE LIGHTS
FOR PANCREATIC CANCER

In 2016, we joined forces with other pancreatic cancer charities; Pancreatic Cancer UK, Pancreatic Cancer Scotland, the CORE Charity and Operation Henry Trust to launch *Purple Lights for Pancreatic Cancer*.

Purple is the colour associated with pancreatic cancer across the globe. The lighting up of buildings, landmarks and venues in purple has been increasingly popular over the last few years in the UK.

Largely organised by individuals affected by the disease, the act of lighting up a focal point in their locality symbolises for many a way to remember loved ones as well as celebrate the lives of those who are surviving.

Pancreatic Cancer Action supporters were instrumental in helping to get over 150 buildings turning purple in 2016.



World Pancreatic Cancer Day 2016



Thirty dancers in purple morph suits surprised and delighted commuters at Kings Cross Station as they broke out into a spontaneous performance to make people more pancreatic cancer aware on World Pancreatic Cancer Day.

The flash mob was launched alongside our Pancreatic Cancer Aware national awareness campaign to improve early diagnosis of pancreatic cancer by raising awareness of the signs and symptoms. Individuals and organisations were also encouraged to sign up to the Pancreatic Cancer Aware pledge and commit to helping to spread awareness.

The concept of the performance, carried out by Living the Dream Dance Company, was inspired by the World Pancreatic Cancer Day theme 'In It Together'. The routine included tracks such as Stronger Together, Jessica Sanchez and Fight Song, Rachel Patten to demonstrate that if we stand together early diagnosis of pancreatic cancer is possible and survival is achievable.

The Pancreatic Cancer Action team were speaking with the public asking them how much they knew about pancreatic cancer, asking questions such as 'Can you name any of the symptoms?' and 'Do you know the location of your pancreas?'. Of all the people asked on the day not one person answered correctly. This was to be expected however as pancreatic cancer has suffered from a chronic lack of awareness. Our public survey carried out in October 2016 showed that 70% do not know the location of their pancreas and over 60% know nothing about the symptoms of pancreatic cancer.

PCA CEO Ali Stunt was Chair of the World Pancreatic Cancer Day in 2016 and will continue in that role in 2017.



Media activity 2016

Print and online media

We continued to have a strong presence in print and online media throughout 2016 with over 120 articles published, averaging at 10 articles per month. Publications included every national newspaper in the UK as well as many regional publications.

National:

- The Daily Express
- Daily Mail
- Daily Mirror
- The Telegraph
- The Independent
- The Sun

Local:

- Manchester Evening News
- Belfast Telegraph
- Grimsby Telegraph
- Southern Daily Echo
- Lincolnshire Echo
- Coventry telegraph
- Liverpool echo
- Nottingham Evening Post
- Evening Express
- Lancashire Telegraph
- Plus many more regional newspapers across the UK



Broadcast media

In 2016, we continued to have a strong presence on both radio and TV with our CEO being much in demand as a Key Opinion Leader for pancreatic cancer.

Radio Days

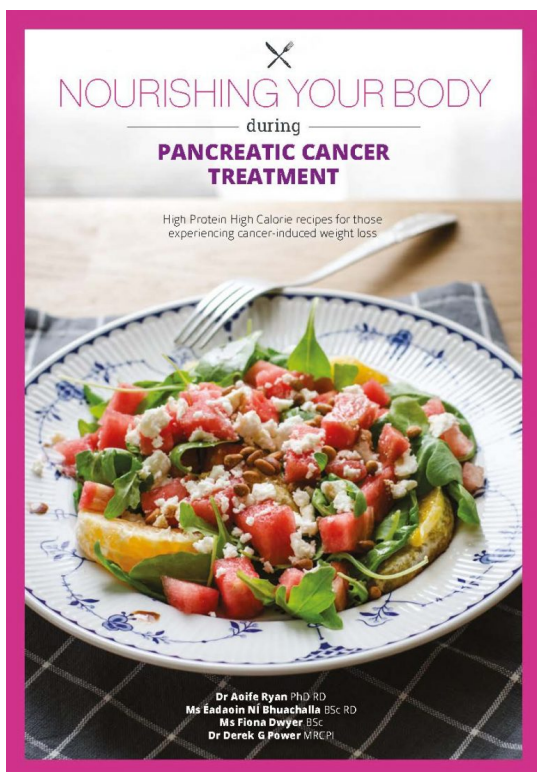
In 2016, we held two radio days in January (to launch our GP survey report) and in November on World Pancreatic Cancer Day. We were able to have conversations with over 40 radio stations up and down the country and in many cases involved some patients and supporters to tell their stories about pancreatic cancer and why they are involved in raising awareness. In November, we were delighted to have our patron, media medic and GP, Dr Hilary Jones join Ali and patient Ceridwen Jones.



New Patient Publications

In 2016 we published 36-page booklet for patients and carers describing the types of pancreatic cyst, their symptoms and risks. It gives detailed information on the diagnostic tests used, the different types of treatment given for both cancerous and non-cancerous cysts. It includes a glossary to explain many of the terms used. This was written in conjunction with The Institute for Liver and Digestive Health, University College London.

Plus, we published a recipe book "Nourishing your Body during Pancreatic Cancer Treatment: recipes for those experiencing cancer-induced weight loss" which we have published with the help of the Irish charity, Breakthrough Cancer Research and clinical experts from the University of Cork.



Conferences and Exhibitions



We exhibited at major conferences and exhibitions throughout the year, notably Health and Wellbeing at Work, Primary Care Conference, the 50+ Show and the Pharmacy Show. Conferences are a great way for us to promote pancreatic cancer to both the medical communities and to the general public and we get a lot of interest at our stands.

Occupational Health

As a result of our attendance at the 2016 Health and Wellbeing at Work conference, we were inundated with requests for pancreatic cancer awareness materials and have been invited to give talks on pancreatic cancer by occupational health professionals across the UK.

As a result, we began to develop an Occupational Health programme at the end of 2016, which we will pilot in 2017.



New GP Ambassador

In 2016, we were delighted to welcome Dr Ellie Cannon (pictured left) as our new GP Ambassador at Pancreatic Cancer Action. Dr Ellie, who is a practicing GP in Camden, London and who is known for her columns in the Mail on Sunday and Best, and weekly appearances on Sky News, is supporting the charity's primary care education work.

Future projects and objectives 2017

Research

Early Diagnosis Challenge Award

In 2017 we plan to continue our Early Diagnosis Challenge Award. Spend for the 2016 awards will happen in 2017 and we opened our call for applications in June 2016 for the 2016/17 round. We anticipate we will have a further £200,000 to allocate to the project which will fund five awards. Awards were granted to research projects with a focus on improving the early detection of pancreatic cancer. We will be encouraging proof of concept and pre-clinical research. All applications will be evaluated by our independent International Scientific Advisory Committee.

Pharmacist e-learning

New online training modules

In 2017, we plan to team up with Communications International Group to produce two training modules on pancreatic cancer for pharmacists and pharmacy support staff. We plan to launch this at the Pharmacy Show in October 2017 and alongside this we will be developing a pharmacist's quick guide to pancreatic cancer plus an awareness campaign in community pharmacies for their staff and their customers for 2018.

Publications

In 2017, we will plan the development of a Carer's guide to pancreatic cancer full of practical information for those looking after a loved one with pancreatic cancer. This is something we have been asked for repeatedly over the past couple of years.

Awareness

Pancreatic Cancer Aware Symptom Awareness Advertising Campaign

In November (which is Pancreatic Cancer Awareness Month) 2017 we will be replicating our highly successful UK-wide advertising campaign focussing on symptoms to target again major railway stations, motorway service stations and shopping centres. In 2017, we will look to broaden the reach by using additional types of outdoor media plus a wider digital campaign.

Pancreatic Cancer Aware: GP Pilot

In 2017, we plan to pilot our Pancreatic Cancer Aware symptom awareness campaign for GPs in both Surrey and Glasgow. Using A2 posters, a GP pack and other materials we will run a month's campaign and evaluate GP and public reaction to the pilot.

We will then hope to roll out a nationwide GP campaign in 2018.

Public awareness survey

In 2017, we will conduct another public awareness survey to assist with the evaluation of our awareness campaigns.

Pancreatic Cancer Awareness Month

We will continue to be proactive in raising public awareness of pancreatic cancer during our Pancreatic Cancer Awareness Month in November, developing the symptom awareness messages to our target audience. We will continue to produce and provide, free of charge, awareness materials such as posters and leaflets to members of the public on request and to develop new and innovative ways of increasing public awareness and understanding about the disease.

Turn it Purple™ Campaign

We intend to expand our 'Turn it Purple™' campaign with a new supporter pack and other supporting materials to help the public light landmarks purple and for supporters to hold purple events throughout November's awareness month.

World Pancreatic Cancer Day

Our CEO will remain to be the Chair of the steering group for World Pancreatic Cancer Day in 2017 – co-ordinating global activities and advising on the new website design and implementation of the campaign.

Occupational Health

In 2017, we will pilot our Occupational Health Programme to businesses. We will be preparing bespoke materials both in terms of literature as well as digital assets for intranets, plus we will develop a speaker programme and workshops so we can deliver talks to employees on pancreatic cancer.

PCA Regional representatives

We will continue to recruit further patients or carers who have had experience of pancreatic cancer as regional representatives in areas where we currently do not have representation.

Exhibitions

In 2017 we plan to exhibit at conferences such as the Primary Care Conference, the RCGP conference, Health and Wellbeing at Work, the 50+ show, the Britain against Cancer Conference, Pharmacy Show and many more.

Lobbying and Advocacy

In 2017, we will aim to continue to support the All Party Parliamentary Group on Pancreatic Cancer as one of its stakeholders and to provide evidence as needed to any inquiries.

Despite the Brexit decision, our Chief Executive will continue to play an active role as a Board member of Pancreatic Cancer Europe and will support initiatives to raise the profile of pancreatic cancer and Pancreatic Cancer Action across Europe. Pancreatic Cancer Europe is a geographical rather than a political union.

We will continue to be a member of Cancer52, the Rarer Cancers Forum, the Cancer Campaigning Group and of the European Cancer Patients Coalition.

Fundraising Highlights 2016

Our revenue for 2016 was £778,896, up 39% on 2015. By the end of 2016, we had over 600 individual fundraisers who had run, swam, cycled, trekked, walked, held coffee mornings, skydived and much more to raise our valuable funds.



Most of the fundraising was done by individuals or small teams, all of whom have a very close association with the disease, especially those who have, sadly, been bereaved. We would like to thank them all for such tremendous efforts and for the fantastic amount they have raised for us during the year.



Notable individual fundraisers in 2016 were:

- Comedienne Sarah Millican who collected donations totalling £50,000 during her 2016 tour
- Rupert Lycett Green and his dog pot who walked 140 miles in Yorkshire in memory of his late wife Candida and raised nearly £65,000
- Karen Hamilton raised over £18,000 by running the Virgin London Marathon
- Jamie Rosenfeld trekked Ben Nevis and raised over £15,000
- Kingsley Squire, a patient who sadly passed away last year raised nearly £6,000.

Grant and Trust Funders

To help us fund our projects, we have been very fortunate to receive grants from the following charitable trusts and we would like to thank them all for their support during 2016:

Charitable Trust (Restricted Funds)	Amount Granted
The John Mason Family Trust	£2,000
FJ Wallis Charitable Trust	£5,000
The Alice Ellen Cooper-Dean Charitable Foundation	£3,000
Thomas Sivewright Catto Charitable Settlement	£500
Basil Samuel Charitable Trust	£10,000
The David & Claudia Harding Foundation	£5,000
The Grocers Charitable Trust	£10,000
The Broyst Foundation	£1,000

Charitable Trust (Unrestricted Funds)	Amount
Reuben Foundation	£500
Hoare Trustees	£100
Tst of Lillie C Johnson Trust	£500
Lennox Hannay Charitable Trust	£5,000
The Lynne Foundation	£500
Bosphorus Foundation	£3,000
The Trefoil Trust	£1,000

Action Funds:

Our 'Action Funds' are funds set up predominantly in memory of someone who has passed away to pancreatic cancer where their families have asked for funds to be restricted to be spent on certain activities or in a particular geographical region.



At the end of 2016, we had the following action funds:

Action for Noel (Northern Ireland)

Action for Pat and Paul (Scotland)

The Shaun Wright Foundation (NE England)

Chairman's Report

Introduction



Pancreatic Cancer Action (PCA) has made good progress in 2016. We have continued to grow our income despite a difficult economic environment and numerous challenges for the charity sector. We did not fully achieve our spending plans due to a slow uptake in respect of our early diagnosis awards.

2017 will therefore be a catch-up year in respect of both project work and our investment in the core infrastructure of the charity including people and support systems.

Full details of our achievements are set out in the CEO's report, but I would like to highlight some of our key messages.

Thanks

First, I would like to thank all the staff in our office in Oakhanger, Hampshire. They have worked hard in the face of all the challenges that they confronted in 2016 and have continued as a cohesive team, living the ethos of our small

but rapidly growing organisation.

Second, we have seen some outstanding efforts by our fundraisers. Thank you all for the commitment that you have shown, it would not be possible to carry out our work without you.

Third, thank you to all my fellow trustees, you have responded well to all the demands placed upon your valuable time.

I would also like to say a big thank you to our CEO Ali Stunt. She has continued to drive forward our key objectives as we grow and expand in more complex ways.

Fundraising

As our accounts show, our income was up 38% to £778,896 in 2016. This is a wonderful result given the challenging economic times and the adverse stories surrounding some charities that were reported in the press. We continue to have very clear policies. We will never pressurise anyone to donate to us and we will always treat our actual and potential supporters with respect and fairness. We will always aim to diversify our funding sources which, together with our conservative reserves approach, will ensure that we have a sustainable business model.

Project Investments

Our CEO's report outlines some of our major initiatives in 2016. As in previous years we will continue to choose carefully how our donor's money is spent always taking steps to ensure that any projects have clearly understood deliverables and timelines. We have continued to rely heavily on our Scientific Advisory Committee to give us the technical rigour regarding our investment choices.

In 2016 we did not spend as much as we targeted due to the delays in approving a number of complex research projects. We are putting in place steps to speed up the evaluation and approval process in 2017.

Strategy

During 2016 we took the opportunity to review our strategy, governance and staffing with the charity consulting firm Pilotlight. In essence our strategy will remain focussed on all aspects of **early diagnosis** including:-

- Education, awareness and training for the medical community
- Supporting patients and raising public awareness
- Research into early diagnosis
- Campaigning and lobbying governmental bodies to improve funding and awareness

Governance

As a Board of Trustees, we are committed to ensuring that PCA is operated to a high level of appropriate governance. This includes how we treat our donors, our staff, those in the medical profession that impact our work and the diversity and skills of our own Board of Trustees. I would like to thank Suzanne Roddie for her short but valuable contribution and I would also like to welcome Julian Darrall as a trustee. As a lawyer working in the newspaper industry he brings a very current legal perspective to the Board of Trustees.

As a result of the review completed with Pilotlight we formed a Development sub-committee of the Board to guide our future growth and development and during 2017 we will also form a Finance and Governance sub-committee to strengthen our oversight of finance and accounting matters.

As in previous years, we will meet both the letter of the laws that apply to us and the spirit which underpins these obligations. We will continue to ensure that our CEO has sufficient resources to discharge these requirements and she is able to apply ethically sound policies that give us a sustainable business model coupled with prudent financial management.

2017 and Beyond

Given the growth in our income, we will continue to pursue a growth plan for PCA as a whole. Our core objectives will not change in 2017, but we will increase our headcount and will ensure that our CEO has sufficient support for her to make the most of the impact she has on the challenges we face. This will require considerable further investment in people which will inevitably change the proportion of resources we spend on wages and salaries.

In 2017, we will once again have to move premises to cope with our successful expansion.

If required we will continue to challenge the status quo so that the public, the government and the medical profession gain a greater understanding of the very damaging impact this underfunded disease has on so many people and their families.

Conclusion

Good progress has been made in 2016 but the fight against this terrible disease is still underfunded and under researched leading to delays in diagnosis. Much more must be done and Pancreatic Cancer Action is committed to playing a responsible role in achieving long term progress.



Brian Stevenson
Chairman of Trustees



Introduction

2016 has been a phenomenal year with income up 39% versus 2015

We are now a 6-year old charity, but our challenge remains the same as it did when I founded the charity in 2010. Since then, we have seen the incidence of pancreatic cancer rise by almost 2,000 per annum across the UK but, we have also seen a very slight increase in 5-year survival rates from 3% to 4.5%. While this is indeed encouraging, pancreatic cancer still has the worst survival rate of all the 22 common cancers.

In 2017, I will celebrate 10 years' survival following pancreatic cancer – one of only one per cent to do so. This statistic has not changed in nearly 50 years.

Early diagnosis is key to changing these numbers and this remains absolutely our focus.

Early diagnosis challenge awards

In 2016, we were delighted to be able to award four excellent early diagnosis research projects to the tune of £160,000 (over one to two years) and in the autumn of 2016 we announced another funding round. It is with great thanks to our Scientific Advisory Committee that we have been able to choose which projects would be suitable for our funding.

Public symptom awareness

During the year we announced results from two important surveys; one for GPs and another for the public to discover the levels of disease and symptoms awareness. This confirmed what we knew anecdotally; that the UK population is not aware of the symptoms of pancreatic cancer and many GPs do not feel fully confident in recognising the symptoms.

So, this has vindicated our position on the need to raise public and medical practitioner awareness of pancreatic cancer and has informed our awareness campaigns throughout the year. To this end, we launched a sub-brand to raise awareness of the symptoms of pancreatic cancer: Pancreatic Cancer Aware.

With its own dedicated website and branding, we launched Pancreatic Cancer Aware in awareness month in November and throughout the month we advertised the symptoms of pancreatic cancer in the washrooms of major UK railway stations, motorway service areas and shopping malls. This highly successful campaign generated 45 million impressions over a six-week period.

We plan to pilot a GP awareness drive under the Pancreatic Cancer Aware brand in both Surrey and Glasgow mid-2017 with a view to extending it nationally in 2018.

Medical Professional Education

In 2016 we launched two new e-learning programmes on diagnosing pancreatic cancer for trainee GPs and trainee doctors on the British Medical Journal OnExam platform. We are excited to announce that we will be launching a huge awareness drive with community pharmacies including e-learning modules for both pharmacists and counter staff to be launched in October 2017.

Our Organisation

2016 saw another period of expansion here at Pancreatic Cancer Action with the recruitment of a part-time Grant and Trust Fundraiser and a part-time Administration Assistant, bringing our team up to seven full-time equivalent staff.

While we aim to keep the cost of staff as low as possible, we do need the creativity and passion of our team to produce our innovative programmes to help improve early diagnosis of pancreatic cancer.

Farewell to our friends

2016 was, as ever, a year tinged with sadness as we said our last goodbyes to many amazing and inspirational friends of Pancreatic Cancer Action who were lost to the disease throughout the year. It is both the most rewarding yet most distressing part of what we do: to meet pancreatic cancer patients and their families, many of whom selflessly act to raise the profile of the disease while they are going through treatment, often with a terminal prognosis. While sad to hear they have passed, this inspires each and every one of the team to work harder to improve survival for pancreatic cancer.

Many others have also lost their lives to this disease that we never got to meet or talk to but that we knew about from the funeral or in memory donations. We'd like to thank their families for choosing Pancreatic Cancer Action as the recipient of funeral donations or monies donated in memory.

Our Wonderful Supporters

By the end of 2016, we had over 600 individual fundraisers supporting Pancreatic Cancer Action by running, swimming, cycling, walking, holding bake sales and other community events. I would like to personally thank each and every one of them, as we know, that often the main reason for supporting us is because they have personally been touched by pancreatic cancer.

Pro bono Services

We would like to thank Brown Rudnick for continuing to provide us with pro bono legal services.

Conclusion

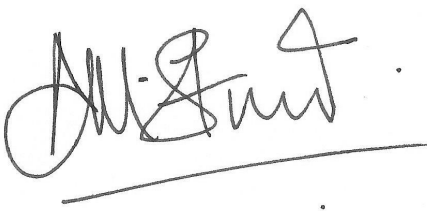
2016 has turned out to be a very successful year for Pancreatic Cancer Action despite an external environment which saw the public's confidence in charities eroded by the action of a few charities who used unscrupulous methods for raising funds. We would like to reassure readers of this report that at Pancreatic Cancer Action we do not use 3rd party fundraising organisations, we do not get involved in

'chugging' activities, we never pressurise the public to donate nor do we ever share or sell our supporters' information with other organisations.

Again, we have developed innovative and punchy campaigns to raise awareness of the symptoms of pancreatic cancer which have proved to be very successful and we continue to punch well above our weight in terms of the number of projects and programmes focussed on improving early diagnosis we deliver every year.

This we cannot have done without the phenomenal support we have received from members of the public who have supported our work, fundraised and helped us raise awareness of pancreatic cancer in their own communities with a special thank you to all our volunteer Regional Reps.

I also have to thank all of the Trustees for their support and commitment both to me personally and to Pancreatic Cancer Action team over the past year.



Ali Stunt
Founder & Chief Executive

Financial Review

The results for the year are summarized in the Statement of Financial Activities on page 38.

The Trustees are delighted to report that the charity's incoming resources for 2015 amounted to £562,298 (2014: £491,412), (2013: £291,037), (2012: £172,622), (2011: £107,815), an increase of 14 per cent vs.2014.

The Trustees would like to thank all the volunteers, fundraisers and donors who have supported the charity in increasing numbers over the past year and on whom we are wholly dependent.

Total spending on charitable activities was £206,546 (2014: £254,614), (2013: £80,647), (2012: £44,438), (2011: £9,186). As a result of these activities, the charity achieved a surplus of £168,854 (2014: £96,793), (2013: £108,250), (2012: £62,729), (2011: £91,506).

No additional (2014: £201,562) funds were designated to charitable activities in 2015.

Our Chief Executive worked full-time claiming a modest salary.

Reserves policy

It is the policy of the charity that unrestricted funds which have not been designated for a specific use should be maintained at a level equivalent to between six and nine month's expenditure. The Trustees consider that reserves at this level will ensure that, in the event of a significant drop in funding, they will be able to continue the charity's current activities while consideration is given to ways in which additional funds may be raised.

This level of reserves has been maintained throughout the year and free reserves stand at £341,647. At 31st December 2015, the charity held reserves of £548,995, of which £Nil was restricted. This more than covers six months of non-grant/project expenditure and thus complies with the reserves policy established by the board.

It is anticipated that there will be a period of 'catch-up' spending in over the next 18 months so we should see a significant reduction in the amount held in reserve during this period.

The Trustees continue to keep the Charity's activities under review, particularly with regard to any major physical or financial risks that may arise from time to time, and to monitor the effectiveness of the system of internal controls and other variable means, including insurance cover where appropriate, by which those risks already identified by the Trustees can be mitigated.

Structure, governance and management

The charity is a company limited by guarantee in June 2010 and is therefore governed by its memorandum and Articles of Association. Its company registration number is 07272699 and its charity number is 1137689.

The Trustees, who are also the directors for the purpose of company law, and who served during the year were:

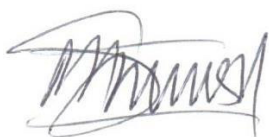
J Darrall (Appointed 19 October 2016)
A Fulton
H Matthews
N Menezes
N Mumford
S Roddie (Resigned 30 November 2016)
B Stevenson
P Stunt

If there is a unanimous wish that they be appointed, the role is discussed with the nominee and if relevant, this is made at the next possible Meeting of the Trustees followed by appropriate induction procedures.

None of the Trustees has any beneficial interest in the company. All of the Trustees are members of the company and guarantee to contribute £10 in the event of liquidation.

The Trustees continue to keep the Charity's activities under review, particularly with regard to any major physical or financial risks that may arise from time to time, and to monitor the effectiveness of the system of internal controls and other variable means, including insurance cover where appropriate, by which those risks already identified by the Trustees can be mitigated.

The trustees' report was approved by the Board of Trustees.



Brian Stevenson
Chair of Trustees
Dated: 12th July 2016

Independent Examiner's Report

I report on the accounts of the charity for the year ended 31 December 2016, which are set out on pages 38 to 52.

Respective responsibilities of Trustees and examiner

The Trustees, who are also the Directors of Pancreatic Cancer Action for the purposes of company law, are responsible for the preparation of the accounts. The Trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011, the 2011 Act, and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination being a member of the Institute of Chartered Accountants in England and Wales.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- (i) examine the accounts under section 145 of the 2011 Act;
- (ii) to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- (iii) to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission.

An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the next statement.

Independent examiner's statement

In connection with my examination, no other matter except that referred to in the previous paragraph has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - (i) to keep accounting records in accordance with section 386 of the Companies Act 2006; and
 - (ii) to prepare accounts which accord with the accounting records, comply with the accounting requirements of 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities; have not been met or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Stephen Meredith FCA DChA

Alliotts

Member of the Institute of Chartered Accountants in England and Wales.

Friary Court
13-21 High Street
Guildford
Surrey
GU1 3DL

Dated:

Statement of Financial Activities

	N o t e s	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
Income & endowments from:					
Donations and legacies	3	566,211	8,603	574,814	439,517
Charitable activities	4	-	36,500	36,500	250
Other trading activities	5	167,291	180	167,471	120,277
Investments	6	111	-	111	2,097
Other income	7	-	-	-	157
Total income and endowments		733,613	45,283	778,896	562,298
Expenditure on:					
Raising funds	8	255,982	-	255,982	187,168
Charitable activities	9	342,742	-	342,742	206,546
Total resources expended		598,724	-	598,724	393,714
Net income/(expenditure) for year/Net movement in funds		134,889	45,283	180,172	168,584
Fund balances at 1 January 2016		548,995	-	548,995	380,411
Fund balances at 31 December 2015		683,884	45,283	729,167	548,995

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.

Balance Sheet as at 31 December 2016

	Notes	2016 £	2016 £	2015 £	2015 £
Fixed assets					
Tangible assets	14		9,530		8,902
Current assets					
Stocks	16	21,417		16,388	
Debtors	17	36,818		36,720	
Cash in bank and at hand		705,664		497,291	
		763,899		550,399	
Creditors: amounts falling due within one year	18	(44,262)		(10,306)	
Net current assets			719,637		540,093
Total assets less current liabilities			729,167		548,995
Income funds					
Restricted funds	19		45,283		-
Unrestricted funds					
Designated funds	20	207,348	-	207,348	
General unrestricted funds		476,536		341,647	
Unrestricted funds			683,884		548,995
			729,167		548,995

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 December 2016. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these accounts.

The trustees' responsibilities for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The accounts were approved by the Trustees on



B Stevenson

Chairman of Trustees

Company Registration No. 7272699

Statement of cash flows for the year Ended 31 December 2016

	Notes	2016 £	2016 £	2015 £	2015 £
Cash Flows from operating activities					
Cash generated from operations	24		211,357		137,635
Investing activities					
Purchase of tangible fixed assets		(3,096)		(9,696)	
Interest received		112		2,097	
Net cash used in investing activities			(2,984)		(7,599)
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			208,373		130,036
Cash & cash equivalents at beginning of year			497,291		367,255
Cash & cash equivalents at end of year			705,664		497,291

Notes to the financial statements for the year ended 31 December 2016

1.0 Accounting policies

Company information

Pancreatic Cancer Action is a private company limited by guarantee incorporated in England and Wales. The registered office is Suite 3, 9, Oakhanger Business Park, Oakhanger, Hants, GU35 9JA.

1.1 Accounting convention

These accounts have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102"), "Accounting and Reporting by Charities" the Statement of Recommended Practice for charities applying FRS 102, the Companies Act 2006 and UK Generally Accepted Accounting Practice as it applies from 1 January 2015. The charity is a Public Benefit Entity as defined by FRS 102.

The accounts have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view. This departure has involved following the Statement of Recommended Practice for charities applying FRS 102 rather than the version of the Statement of Recommended Practice which is referred to in the Regulations but which has since been withdrawn.

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

The accounts have been prepared on the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the accounts, the Trustees have a reasonable expectation that the charity 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 accounts.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the accounts.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Incoming resources

Income is recognised when the charity 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.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

Turnover is measured at the fair value of the consideration received or receivable and represents amounts receivable for goods and services provided in the normal course of business, net of discounts, VAT and other sales related taxes.

1.5 Resources expended

Expenditure has been allocated between the main headings in the Statement of Financial Activities on the basis of the type of activity to which they relate, including irrecoverable V.A.T. Income and expenses have not been netted off.

1.6 Tangible fixed assets

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

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

Fixtures, fittings & equipment	25% on cost
Computers	25% on cost

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent

of the impairment loss (if any).

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset is estimated to be less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. An impairment loss is recognised immediately in income/expenditure for the year, unless the relevant asset is carried at a revalued amount, in which case the impairment loss is treated as a revaluation decrease.

Recognised impairment losses are reversed if, and only if, the reasons for the impairment loss have ceased to apply. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior years. A reversal of an impairment loss is recognised immediately, unless the relevant asset is carried in at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

1.8 Stocks

Stocks are stated at the lower of cost and estimated selling price less costs to complete and sell. Cost comprises direct materials and, where applicable, direct labour costs and those overheads that have been incurred in bringing the stocks to their present location and condition. Items held for distribution at no or nominal consideration are measured at cost.

Net realisable value is the estimated selling price less all estimated costs of completion and costs to be incurred in marketing, selling and distribution.

1.9 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, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.10 Financial instruments

The Company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised when the charity becomes party to the contractual provisions of the instrument.

Financial assets are offset, with the net amounts presented in the accounts when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include trade and other receivables and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest.

Basic financial liabilities

Basic financial liabilities, including trade and other payables, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest. Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade payables are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Accounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade payables are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

1.11 Employee benefits

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

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

2. Critical accounting estimates and judgements

In the application of the charity's accounting policies, the directors 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.

3. Donations and legacies

	Unrestricted Funds	Restricted Funds	Total 2016	Total 2015
	£	£	£	£
Donations and gifts	555,611	8,603	564,214	434,517
Grants receivable for core activities	10,600	-	10,600	5,000
	566,211	8,603	574,814	439,517
For the year ended December 2015	439,517	-	439,517	

4. Charitable activities

	Grants Towards Patient Information Booklets £	Speaking Engagement Fees £	Total 2016 £	Total 2015 £
Performance related grants	36,500	-	36,500	-
Other income	-	-	-	250
	36,500	-	36,500	250

5. Other trading activities

	Unrestricted Funds £	Restricted Funds £	Total 2016 £	Total 2015 £
Supporters activities for generating funds	167,291	180	167,471	120,277
For the year ended 31 December 2015	120,277	-	120,277	

6. Investments

	2016 £	2015 £
Interest receivable	111	2,097

7. Other income

	Unrestricted Funds	Total 2015
	£	£
Other income	-	157
	-	157
For year ended 31 December 2015	157	157

8. Raising funds

	Unrestricted Funds	Total 2015
	£	£
<u>Fundraising and publicity</u>		
Freelance and contractor costs	4,868	5,066
Advertising & Marketing	18,248	17,834
Event costs	75,967	40,031
Staff costs	93,449	74,775
Depreciation and impairment	1,210	1,663
Support costs	33,509	25,537
Fundraising and publicity	227,247	164,906
<u>Trading costs</u>		
Other trading activities	28,735	22,262
	255,982	187,168

9. Charitable activities

	Raising Awareness	Funding Research	Medical Education	Patient Support/ Information	Total	2015
	£	£	£	£	£	£
Staff costs	37,288	24,671	31,850	3,346	97,155	57,810
Depreciation	483	319	412	43	1,257	1,286
Other costs	83,665	53,758	73,299	7,280	218,002	129,396
	121,436	78,748	105,561	10,669	316,414	188,492
Share of support costs (see note 10)	10,172	6,582	8,377	1,197	26,328	18,054
	131,608	85,330	113,938	11,866	342,742	206,546
Analysis by fund						
Unrestricted funds	131,608	85,330	113,938	11,866	342,742	
	131,608	85,330	113,938	11,866	342,742	
For year ended 31 December 2015						
Unrestricted funds	155,059	19,984	11,507	15,339		201,889
Restricted funds	4,657	-	-	-		4,657
	159,716	19,984	11,507	15,339		206,546

10. Support costs

	Support Costs £	Governance Costs £	2016 £	2015 £
Rent	19,200	-	19,200	9,171
Office costs	3,751	-	3,751	4,756
Telephone costs	3,887	-	3,887	4,756
Computer costs	22,118	-	22,118	14,835
Insurance	1,143	-	1,143	802
Staff welfare	926	-	926	662
Training, recruitment & internship costs	1,782	-	1,782	2,832
Bookkeeping and accountancy	3,786	-	3,786	3,383
Entertaining	294	-	294	168
Bank charges	2,950	-	2,950	2,227
	59,837	-	59,837	43,592
Analysed between				
Fundraising	33,509	-	33,509	25,537
Charitable activities	26,328	-	26,328	18,055
	59,837	-	59,837	43,592

11. Trustees

None of the Trustees (or any persons connected with them) received any remuneration during the year and none of them were reimbursed travel expenses (2015 - £Nil)

12. Employees

The average monthly number of persons employed by the charity during the year was 9 (2015: 7).

Employment costs:

	2016 £	2015 £
Wages and salaries	179,360	124,821
Social security costs	11,244	7,764
	190,604	132,585

During the year, there were no employees earning greater than £60,000 in the year (2015: Nil)

13. Taxation

The company as a registered charity and is, therefore, exempt from taxation on its charitable activities.

14. Tangible fixed assets

	Fixtures Fittings & Equipment	Computers	Total
	£	£	£
Cost			
At 1 January 2016	3,290	9,064	12,354
Additions	1,170	1,926	3,096
At 31 December 2016	4,460	10,990	15,450
Depreciation & impairment			
At 1 January 2016	893	2,559	3,452
Depreciation charged in the year	1,116	1,352	2,468
At 31 December 2016	2,009	3,911	5,920
Carrying amount			
At 31 December 2016	2,451	7,079	9,530
At 31 December 2015	2,397	6,505	8,902

15. Financial instruments

	2016	2015
	£	£
Carrying amount of financial assets	8,460	46
Measured at amortised cost		
Carrying amount of financial liabilities	44,262	10,306

16. Stocks

	2016	2015
	£	£
Finished goods and goods for resale	21,417	16,388

17. Debtors

	2016 £	2015 £
Amounts falling due within one year:		
Trade debtors	5,001	46
Other debtors	3,459	-
Prepayments and accrued income	28,358	36,674
	36,818	36,720

18. Creditors: amounts falling due within one year

	2016 £	2015 £
Trade creditors	41,983	5,936
Accruals and deferred income	2,279	4,370
	44,262	10,306

19. Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

Movement in funds

	Balance at 1 January 2016 £	Incoming resources £	Resources Expended £	Balance at 31 December 2016 £
Pat & Paul	-	8,603	-	8,603
Grants Funding	-	36,500	-	36,500
Supporters Funding	-	180	-	180
	-	45,283	-	45,283

Restricted funds relate to grants received for the specific purposes as set out above. Any amount unspent is carried forward and spent in the next financial year.

20. Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes.

	Balance at 1 January 2016	Movement in funds Transfer From Unrestricted Funds	Resources Expended	Balance at 31 December 2016
	£	£	£	£
Awareness advertising campaign	7,348	-	-	7,348
Early Diagnosis Challenge Award	200,000	-	-	200,000
	207,348	-	-	207,348

21. Financial commitments, guarantees and contingent liabilities

During the year, the charity received £8,163 in donations from a solicitor relating to old monies held in client accounts which they have not been able to return. There is a possibility that in the future, the clients in question could still return for these monies and, as such, the charity has agreed to refund part of the donation if this occurs. No provision has been made in these financial statements for any possible refund as the likelihood is remote and cannot be quantified.

24. Key Management Personnel

Key management personnel received remuneration of £43,750 (2015: £37,500) in the year. The Charity considers key management personnel to consist of the CEO only, as the Trustees are unpaid.

25. Cash generated from operations

	2016 £	2015 £
Surplus for the year	180,172	168,584
Adjustments for:		
Investment income recognised in profit or loss	(111)	(2,097)
Depreciation & impairment of tangible fixed assets	2,467	2,949
Movements in working capital:		
(increase) in stocks	(5,029)	(8,314)
(increase) in debtors	(98)	(20,233)
(decrease) in creditors	33,956	(3,254)
Cash generated from operations	211,357	137,635