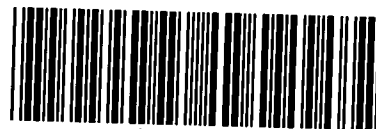


BOUNCING BACK, LEAPING FORWARD

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COMPANIES HOUSE

**BREAST
CANCER
NOW** The research &
support charity

INSIDE THIS REPORT

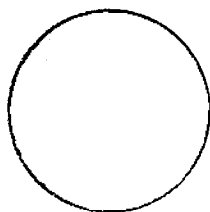
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Unless noted otherwise, the facts and statistics stated in this report relate to the period 1 August 2021 to 31 July 2022.

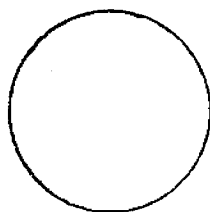
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SOME NOTABLE SUCCESSES BUT MORE TO DO... A YEAR OF GATHERING MOMENTUM, THANKS TO OUR SUPPORTERS

**A message from our
chief executive,
Delyth Morgan and our
chair of trustees,
Jill Thompson**



Baroness Delyth Morgan
Chief executive,
Breast Cancer Now



Jill Thompson
Chair of trustees
Breast Cancer Now

We'd like to start this message with a big "thank you" to Breast Cancer Now supporters. And that means everyone who has invested in our work over the past few months, whether by giving their time, their expertise, their experience, their tenacity, or a financial contribution.

This is truly a joint enterprise and together we're making excellent progress.

We're pleased to report that this has been a successful year for Breast Cancer Now. This matters, not for our own sense of achievement, but because success is the engine that drives us forward towards our goals. And as these goals are all about saving lives - and quality of life - for people affected by breast cancer, the more momentum we can build the better.

With your support, we've been able to boost our research budget by £1 million.

Our priority is always to fund the brightest minds and most promising initiatives focused on preventing breast cancer, saving lives, and helping people to live well with the disease. This year, we've invested in areas as diverse as developing a vaccine for triple negative breast cancer, which can be a very aggressive form of the disease (see page 24) and understanding how our internal body clock plays a role in the development of breast cancer (see page 25). We've also witnessed some significant breakthroughs. For example, we've now seen scientific proof that

adding the PARP inhibitor olaparib to standard treatment can cut the risk of certain women dying from breast cancer by almost one third (see page 23). And we've made big steps forward in areas such as diagnosing and treating breast cancer that has spread to the brain (see page 13) and in helping cancer patients to avoid unnecessary treatment (see page 23).

We've also been able to invest in new areas that extend our reach.

Thanks to our supporters, Breast Cancer Now was able to build on the virtual and hybrid fundraising techniques we pioneered during the COVID-19 crisis to identify and attract new supporters. Similarly, many of those accessing our growing mix of support services chose to interact with us online as well as face-to-face, so this is a trend we will continue to explore.

We were also able to invest in raising the profile of Breast Cancer Now, so that many more individuals, families and communities are aware that we're here for them, whatever they're going through and whenever they need us.

Thinking ahead, we also chose to embark on a strategic "look forward" known as the Transformational Growth Project. This will enable us to further develop our staff team (whose commitment and focus has been exemplary over recent months) and to amplify our impact in the longer term.

We're also proud of the impact we have made through our campaigning work, alongside people who are living with breast cancer.

Notably, after many months of work, there was success at last for our "Time for Trolvelvy" campaign (see page 12), which sought to provide certain women living with triple negative secondary breast cancer access to the drug Trolvelvy – and the possibility of enjoying priceless extra time with their loved ones.

As we waited for Trolvelvy to become available on the NHS, we did everything within our power to ensure that all eligible women who might benefit from the drug could access it free of charge. When NICE provisionally rejected Trolvelvy for use in the NHS, we worked with our fantastic patient advocates and with the support of a number of MPs to put pressure on the drug company, NICE, and other stakeholders, always making sure that patient perspectives were heard loud and clear.

Thanks to our tenacious campaigning, Trolvelvy was finally approved for routine use on the NHS in July 2022.

Despite these achievements, we're acutely aware that breast cancer is far from "done".

Our work remains essential; especially now when pressures on both the NHS and the wider economy are so keenly felt. However, we're confident that

we've taken the necessary steps to weather this storm - and we certainly won't allow it to dampen our ambition for the future.

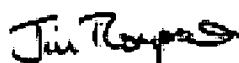
In the months ahead, we shall continue to be buoyed along by the commitment of our staff and our supporters. So, if you share our ambition, please continue to stand with us. Our combined strength will allow us to make an even more positive impact, so that by 2050, everyone diagnosed with breast cancer will live and be supported to live well.

The trustees are aware of the Charity Commission's guidance on public benefit and confirm that they have complied with the duty in Section 17 of the Charities Act 2011.

With huge appreciation,



Delyth Morgan
Chief executive



Jill Thompson
Chair of trustees

OUR 5 STRATEGIC OBJECTIVES ARE:

#1

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

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

#2

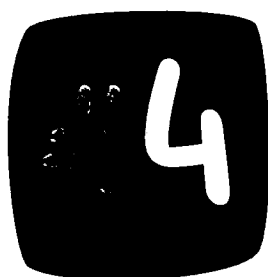
To improve support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer

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

#3

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

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



To improve detection and diagnosis of breast cancer

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



To further our understanding of why breast cancer occurs and spreads

So that fewer people develop breast cancer in the first place

Our commitment to equality, diversity and inclusion

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

Our ambitions will include:

- Increase inclusivity in the ways we deliver our charitable work
- Reach more diverse communities with our health messages, services and research
- Reduce and remove the differences in breast cancer survival outcomes based on ethnicity, geography and socioeconomic group
- Ensure that our services and NHS care is accessible to and used by all
- Reduce the differences in screening attendance and awareness between ethnic and socioeconomic groups
- Understand the reasons for variation in incidence between different groups, and work to reduce these where we can

STRATEGIC OBJECTIVE

#1

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

Secondary breast cancer occurs when breast cancer cells spread from the first (or primary) cancer in the breast to other parts of the body, through the lymphatic or blood system.

It can be treated, but it cannot be cured. This can place a huge psychological burden on the person directly affected, as well as their loved ones, who may also struggle to come to terms with the diagnosis.

Currently, we estimate that around 35,000 people in the UK are living with secondary breast cancer. But we don't know for sure because - until now - the data has not been collected.

No wonder that people diagnosed with secondary breast cancer can often feel lost, isolated, and ignored by a system that is focused on "cure".

"WHILE YOU MIGHT LOOK GREAT ON THE OUTSIDE, INSIDE YOU HAVE A TICKING TIME BOMB, 24/7."

"THIS IS MY LIFE NOW. CONSTANT 'SCANXIETY', ENDLESS HOSPITAL APPOINTMENTS AND THE STRUGGLE WITH DAY-TO-DAY LIVING."

"I AM PERMANENTLY SCARED ABOUT MY FUTURE AND WHAT MY FAMILY WILL HAVE TO DEAL WITH WITHOUT ME."

Contributors to our 2020 *Until things change* report, sharing their experiences of living with secondary breast cancer

At Breast Cancer Now, we want every person living with incurable secondary breast cancer to receive good quality care and support, from professionals who understand the symptoms and the impact of living with such a diagnosis. And we want to ensure that the right data is gathered so that we know how many people are affected and what they experience, from the point of diagnosis.

To this end, we have been working hard in the following areas.

Strengthening the secondary breast cancer workforce

...by building stronger networks

Over this report year, we continued to provide a way for nurses and healthcare professionals to build their networks and share best practice, through our *secondary breast cancer nursing group*.

This group now has 180 members in total, around one third of them clinical nurse specialists in secondary breast cancer.

The group meets twice a year, with 30 to 40 members attending in person for education sessions, member presentations and group discussions. This is complemented by a virtual network, which gives members the chance to share ideas and update one another between meetings.

Members tell us:

"[IT'S] ALWAYS GREAT TO MEET UP WITH COLLEAGUES. ALSO REALLY REASSURING TO SEE A GROWING GROUP."

"I GOT SO MUCH OUT OF IT. A GREAT EXPERIENCE FOR A NEW CLINICAL NURSE SPECIALIST."

Over the course of the year, we also ran 11 *webinars* for healthcare professionals, one of which was dedicated solely to secondary breast cancer.

Extending the range of support we offer to people affected by secondary breast cancer

...by bringing people together
We were able to establish and re-establish a total of 25 face-to-face Living with Secondary Breast Cancer support groups. These are now running monthly across the UK. This included our first *Younger Women with Secondaries* residential event since 2019, which saw 41 women attend – our highest number ever.

...by enhancing our online support services

We also supplemented our *Living with Secondary Breast Cancer* online programme with additional support on Zoom, comprising online groups and 14 expert speaker sessions.

This included 6 UK-wide online groups, each running monthly, and a dedicated pilot group for people in the Highlands to recognise the specific needs of those living in remote locations; a model that worked well and that will now become a regular offering.

We also updated the secondary breast cancer pages on our *website*, with new information, clearer signposting and service descriptions, and a revised online referral form.

...by providing expert information
Our *Helpline* and *Ask Our Nurses* teams continued to provide support for people with secondary breast cancer that – according to our callers – is lacking elsewhere. Many also tell us how grateful they are and that they don't know how they would have coped without us.

Overall, our Helpline answered **152 calls** from people with specific queries about secondary breast cancer in this report period.

...by linking people to the right source of support for them

We were also able to roll out our *Here for You* service to people with secondary breast cancer for the first time.

This gives healthcare professionals the opportunity to refer people who've been newly diagnosed with secondary breast cancer to a trained Breast Cancer Now volunteer, who will help them to access the support that's right for them.

This form of personalised support effectively complements clinical care, by empowering people to manage their own condition more effectively. At the same time, it can help to reduce the social isolation, anxiety, and confusion a diagnosis can bring.

Overall, our direct and online support services **reached 724 people** with secondary breast cancer in this report year – which is **32% more** people than last year.

Improving services for people with secondary breast cancer

...by ensuring patients' voices are heard

We worked across two Cancer Alliances, East of England (South) and South Yorkshire, and the NHS Lothian region in Scotland to deliver the *Service Pledge*; a programme where Breast Cancer Now works with hospitals to introduce improvements in breast cancer care, based on patient, carer, and staff feedback.

We worked with 11 hospitals in total and consulted over 2,000 people, looking at both primary and secondary breast cancer pathways. We also held discussions with patients and hospital staff across 6 hospitals in East of England (South) and NHS Lothian, and as a result, 97 improvement goals have been identified. These range from increasing the number of Holistic Needs Assessments carried out for patients, to improving information and signposting to support services. The remaining improvement discussions (for South Yorkshire) are underway and the results should be known in early 2023.

The Service Pledge 21/22 is jointly sponsored by Eli Lilly and Company Limited and Pfizer Limited.

...by pushing for a clearer picture of needs, experiences and outcomes

For the past 15 years, we have campaigned for better data collection on secondary breast cancer alongside some very determined patient advocates.

During the period of our last report, NHS England announced that it would fund the first ever *national metastatic breast cancer audit*. And we were pleased to see that in October 2021 the Welsh Government confirmed that the NHS in Wales would also be participating.

Securing an audit in *England and Wales* means we will no longer need to estimate the number of people living with this disease in these countries. We will also gain a greater understanding of the experiences of people with secondary breast cancer and how they differ from place to place, as well as the outcomes of different approaches to care and treatment.

We hope this will drive improvements in treatment and care, and lead to people with incurable secondary breast cancer being better supported, with the right workforce in place to meet their needs.

We've continued to call on *Scotland and Northern Ireland* to follow suit.

As part of our response to the Scottish Government's consultation on its new cancer strategy, we called on the Scottish Government to revisit, recommit, and expand on its previous commitments to both improve data on secondary breast cancer and undertake an audit of care and treatment. We also presented the need at the *Scottish Parliament's Cross Party Group for Cancer*, produced a briefing on secondary breast cancer data in Scotland; and engaged with the *Scottish Government's Cancer Policy Team*.

Following a motion tabled by Katy Clark MSP highlighting the need for an audit, we wrote to campaigners and asked them to contact their own MSPs to support it. As a result, 195 emails were sent and 25 MSPs each added their name to the motion. In total, 34 names were added, which is over 1 in 4 (26%) of all MSPs. And 4 MSPs wrote directly to the Scottish Government.

In *Northern Ireland*, we were pleased to see a recommendation in the Department of Health's new *Cancer Strategy* for cancer data collection to be improved, with a recognition that metastatic cancers must be included.

To support this work, we also produced a podcast specifically focused on improving data collection and the need to audit the treatment, care, and experiences of patients with secondary breast cancer across the 4 nations of the UK.

...by enabling earlier diagnosis of secondary breast cancer

We know that people with secondary breast cancer often experience delays in diagnosis, so we've been working in a number of ways to improve this.

For example, we worked with Gateway C, a free cancer education platform, to develop a *new online course* for GPs and other primary healthcare professionals. This helps them to recognise the signs and symptoms of secondary breast cancer and acts as an aid to their decision-making. We'll now continue to support the roll out of this course.

We also submitted evidence to the *Health and Social Care Select Committee* inquiry on the future of general practice to highlight the specific challenges faced by secondary breast cancer patients in having their symptoms recognised and being referred to a specialist. And we commissioned *research* to gain further insight into the levels of understanding primary healthcare professionals have on secondary breast cancer and on the barriers which prevent secondary breast cancer patients from receiving prompt referrals from primary care.

This research has now concluded, and we'll use it to identify the changes needed to ensure that GPs and other primary healthcare professionals are supported to identify and refer patients promptly.

Improving access to life-enhancing treatment

...by tirelessly campaigning for change

After many months of work, there was success at last for our “Time for Trodelvy” campaign.

Trodelvy (also known as sacituzimab govitecan) is an effective new drug that could give certain women living with incurable triple negative secondary breast cancer more time with their loved ones. However, despite the drug being licensed in September 2021, a decision regarding its use on the NHS was not due until the following spring.

For those with an incurable diagnosis, this type of wait is intolerable. That’s why we launched our campaign and petition, calling on the drug company Gilead to provide Trodelvy free of charge for all eligible women while a decision was pending. This petition secured 228,000 signatures and is our most successful petition to date.

We also put pressure on Gilead through our parliamentary activity, including a cross-party letter, which secured 27 signatures, and an Early Day Motion, which – with the help of 1,600 emails sent from our supporters to their MPs – secured 45 signatures.

TRODELVY WAS FINALLY APPROVED BY NICE FOR ROUTINE USE ON THE NHS IN JULY 2022. IT IS ESTIMATED THAT 650 PATIENTS WILL BE ELIGIBLE FOR THE DRUG EACH YEAR IN ENGLAND.

As a result of our sustained campaigning, Gilead introduced a scheme enabling women to access to Trodelvy free of charge. We then worked hard to ensure that this scheme wouldn’t be a case of “first come first served” as the drug company first intended.

As we waited for the NHS decision, we submitted evidence to NICE, attending NICE committee meetings and – working with our fantastic patient advocate Nicola, who has direct experience of taking Trodelvy – we were tireless in our efforts to ensure that patient perspectives were heard.

Devastatingly, Trodelvy was provisionally rejected by NICE for routine use on the NHS on the basis of cost. We immediately re-launched our campaign, this time with an open letter calling on Gilead, NICE, and NHS England to urgently find a solution – and for Gilead to price the drug fairly. This open letter received 114,000 signatures.

We responded to the formal NICE consultation on the provisional rejection, sharing the views of 60 patients with experience of Trodelvy, or who could benefit from it.

Trodelvy was finally approved by NICE for routine use on the NHS in July 2022. It is estimated that 650 patients will be eligible for the drug each year in England. The SMC in Scotland also approved the drug, where it’s estimated that around 150 patients will be eligible each year. And Wales and Northern Ireland will now be following suit.

We couldn’t have achieved this without the hard work and support of our amazing patient advocates who shared their experiences, met with Gilead, wrote to the company’s global CEO, informed our submissions to NICE and the SMC, and attended many meetings with us. This includes Beth, Emma, Louise and Philippa, who have all since died. We’re hugely grateful for their contribution and the lasting impact they have made.

Advancing understanding of secondary breast cancer and how we can diagnose and treat it

...by making vital research breakthroughs

In the past year, we have seen significant *research discoveries* through projects funded and part-funded by Breast Cancer Now.

Diagnosing secondary breast cancer that has spread to the lining of the brain and spinal cord

Scientists based at the *Breast Cancer Now Toby Robins Research Centre* at The Institute of Cancer Research in London have played a vital role in discovering a new and more accurate way to diagnose and monitor breast cancer that has spread to the tissue surrounding the brain and spinal cord.

The test, known as a “liquid biopsy”, measures and analyses the tumour DNA present in spinal fluid to confirm whether or not cancer has spread to this area. Scientists believe that, in the future, this test could help patients receive an earlier diagnosis. And with more research, that it could also be used to help guide treatment by measuring how well a patient is responding.

“THIS TEST SHOWS REAL PROMISE AND IS A STEP TOWARDS A MORE PERSONALISED APPROACH TO TREATING THIS DISEASE, AS IT WILL ALLOW DOCTORS TO PREDICT, AND MORE ACCURATELY MEASURE, HOW WELL A PATIENT WILL RESPOND TO THERAPY.”

Professor Clare Isacke

Tackling secondary breast cancer that has spread to the brain

Researchers based at the *Royal College of Surgeons in Ireland* have discovered changes in the way secondary breast cancer tumours in the brain repair their DNA. This could make the disease vulnerable to existing drugs called PARP inhibitors, and also help us to further understand how breast cancer spreads to the brain.

Professor Leonie Young, who led the research, is now testing to see if a PARP inhibitor called talazoparib could be used to treat people with secondary breast cancer in the brain. It's hoped that the results of these investigations will help to inform future clinical trials.

STRATEGIC OBJECTIVE

#2

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

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

There's no right or wrong way to feel after a diagnosis of breast cancer.

Most people go through many emotions, from shock and anger to disbelief, sadness, and numbness. These emotions may change from day to day or even from hour to hour. And all of this can take a relentless toll on a person's wellbeing and self-esteem.

"BREAST CANCER SMASHES YOUR SELF-ESTEEM IN SO MANY WAYS."

"I BEGAN TO HATE THE WAY I LOOKED WHEN MY HAIR STARTED TO FALL OUT... THERE WAS A POINT WHEN I WAS HAPPY WITH MY BODY, AND THEN I WASN'T - AND THEN I WAS, AND THEN I WASN'T AGAIN. THERE ARE SO MANY CHANGES TO GET USED TO WHEN YOU GO THROUGH TREATMENT; IT FEELS LIKE SUCH A ROLLERCOASTER."

Sukhy, who was diagnosed with ER+ breast cancer in December 2019

OUR NURSING NETWORK GREW, WITH 179 NURSES JOINING THIS FINANCIAL YEAR – A 50.4% INCREASE IN NEW MEMBERS OVER THE PREVIOUS FINANCIAL YEAR.

Having access to the right support and information is crucial. And for some, connecting with others who are – or have been – in a similar situation can also prove invaluable.

Being able to talk frankly, to cry, to offload, to ask questions and voice all the anxieties you don't want to share with your family and friends can help to reduce feelings of isolation and fear and make people feel better able to cope.

That's why, as well as offering support ourselves, we're constantly looking for new ways for people who've experienced breast cancer to support one another. We're also determined to ensure that healthcare professionals are well-equipped to provide the expert and empathetic support we know they want to give. And we're constantly driving improvements to services, grounded both in world-class research and in patient experience.

To this end, we have been working hard in the following areas.

Encouraging best practice ...by engaging, educating, and empowering healthcare professionals

Over the past year we continued to support the breast cancer workforce, through a variety of methods.

Our *Nursing Network* grew, with 179 nurses joining this financial year – a 50.4% increase in new members over the previous financial year.

The healthcare professional section of our *website* received 12,919 unique visits; up 1.6% on the previous year. Our online *Healthcare professional bulletin* also grew in popularity, with a click through rate of up to 46%. Among the most popular content were news stories, webinars and other resources, and new/updated health information and surveys.

We also ran 10 new *webinars* for healthcare professionals, making 11 in total, which together received 1,113 views – 898 of which were for the newly developed content. Tellingly, the most viewed were "compassion fatigue" (in relation to supporting our NHS colleagues) and "difficult conversations", as well as "radiotherapy skin care".

We also created a *Family history and genetics champions group* to provide a platform for sharing best practice in this important area. This now has 30 members and is a growing forum for peer support, and for promoting education around genetics and risk factors in relation to breast cancer.

The most recent bi-annual meeting included a presentation from Professor Gareth Evans, professor of medical genetics and cancer epidemiology at The University of Manchester.

While currently just for nurses, we plan to extend group membership to other healthcare professionals to further support the provision of high-quality information for patients.

Offering meaningful guidance and support

...by providing access to experts who can help

Our *Helpline* and our *Ask Our Nurses* email services continued to play an invaluable role in supporting the physical and mental health, and the emotional wellbeing of people affected by breast cancer.

Among the most common topics for questions and concerns were treatment and side effects, finding emotional support, and breast cancer symptoms.

Those we've supported say things like:

"I AM A NURSE AND HAVE HAD THE MOST AMAZING SUPPORT BUT JUST NEEDED TO SPEAK TO SOMEONE WHO DIDN'T KNOW ME. I WANT TO THANK YOUR AMAZING NURSES, THE SUPPORT THEY GAVE ME OVER THE TELEPHONE WAS FANTASTIC."

"YOU WERE MY FIRST CALL TO BREAST CANCER NOW, FOLLOWING MY WIFE'S DIAGNOSIS. LIKE MOST PEOPLE, I HAD FORGOTTEN MOST OF WHAT WE WERE TOLD IN THE CONSULTATION. TALKING TO A NURSE HELPED ME RECALL SOME OF THE KEY POINTS AND CREATE A GREAT LIST OF HELPFUL QUESTIONS FOR OUR NEXT CALL WITH THE SPECIALIST NURSE AT THE HOSPITAL... JUST WHAT I WANTED."

"IT WAS ALL I EVER WANTED - CLEAR AND ACCURATE INFORMATION REGARDING MY STATUS... AND YOU HAVE PROVIDED THAT - SO THANK YOU!"

Our *Facebook Live* and *Instagram Live* sessions also proved popular.

During the last financial year, our Facebook Live sessions had almost 69,000 views, with on average over 17 questions being answered per session. And our Instagram Live sessions attracted 1,691 views.

These sessions covered a total of 37 topics including *male breast cancer* and *stigma in diverse communities*, reflecting our commitment to catering for the entire breast cancer community. Among the most popular, was a session with Liz O'Riordan, a consultant breast surgeon who was diagnosed with stage 3 breast cancer in 2015.

...by delivering accurate, up-to-date, and relevant information

In this report period, we distributed over 992,000 *information leaflets*, the most popular being *Know your breasts: TLC quick guide*, *Breast pain*, and *Know your breasts: A guide to breast awareness and screening*. And feedback tells us that people accessing this information find it incredibly useful.

We also reviewed our *health information* for 22 new and existing topics, from "Alpelisib" to "Tumour profiling", to ensure that the information we're sharing is as comprehensive, up to date and relevant as possible.

We know that people find the health information on our website invaluable. Here is just a sample of their feedback:

"I GET WORRIED ABOUT BREAST CANCER... AND THIS HELPED SOOTHE MY BRAIN."

"EASY TO READ, CLEAR AND CONCISE AND VERY INFORMATIVE."

"VERY HELPFUL AND REASSURING. VERY POSITIVE BUT HONEST."

"THANK YOU FOR ANSWERING ALL THE QUESTIONS I NEVER WANTED TO ASK."

"THIS SITE IS WONDERFUL... THANK YOU."

After a two-year break due to the pandemic, we were also pleased to relaunch our popular *Vita* magazine for people affected by breast cancer and the healthcare professionals who work with them. This was possible thanks to support from players of People's Postcode Lottery.

Featuring positive real-life stories and articles on living well after a breast cancer diagnosis, *Vita* strikes the ideal balance between an upbeat lifestyle magazine for women and a provider of clear and trustworthy health information. It also provides us with a useful opportunity to tell people about our research, campaigning, and fundraising initiatives as well our support services.

Readers say things like:

"I FOUND THE MAGAZINE TO BE EXTREMELY INFORMATIVE AND USEFUL WHEN I FIRST HAD BREAST CANCER."

"[IT] WAS SO HELPFUL WHEN I WAS GOING THROUGH MY CANCER TREATMENT [AND] THROUGHOUT MY RECOVERY. IT WAS PACKED WITH VITAL INFORMATION."

...by linking people to the right support for them

From November 2021, we began to roll out our *Here for You* service, with three Cancer Alliances already signed up.

Although we're making slower progress than we would like, due to the NHS being overwhelmed by COVID-19 backlogs, as well as understaffed and underfunded, referrals were up by well over a half, with our volunteers receiving 463 referrals compared to 211 last year.

This means 252 more people were directed straight to the support and information that is right for them, at a time when they can feel overwhelmed and overloaded.

...by bringing people together to support one another

Our *Someone Like Me* service, which matches people with or affected by breast cancer to a trained volunteer with similar experience, made 1,533 matches in this report year (1,385 by phone and 148 via email). This included a match with a Mandarin speaker. The service is now available in over 20 languages, with no need for an interpreter – and it really does make a positive difference.

Participants tell us:

"TALKING TO [THE VOLUNTEER] MADE ME REALISE WHAT I FELT WAS PERFECTLY NORMAL. SHE MADE ME LOOK AT THINGS IN A DIFFERENT LIGHT, TO SEE WHAT POSITIVE STEPS I WAS TAKING... WE LAUGHED ABOUT THE SILLIEST THINGS AND IT ALL JUST FELT SO EASY AND NORMAL."

"I WAS IN A STATE OF SHOCK... IT WAS A DIFFICULT TIME TO ACCEPT THE DIAGNOSIS, I FELT SCARED AND WORRIED AND DID NOT KNOW WHAT TO EXPECT FROM THE TREATMENT. TALKING TO THE VOLUNTEERS... HELPED ME TO PUT MY MIND AT EASE AND I ALSO GOT PRACTICAL TIPS FROM THEM."

While primarily used by women who've been diagnosed with primary breast cancer, during this report period, the service has provided one-to-one support for:

- 3 men diagnosed with breast cancer
- 6 mothers of people diagnosed with breast cancer
- 10 partners of people diagnosed with breast cancer
- 16 people diagnosed with an increased risk of developing breast cancer because of their genetics

We were also pleased to recruit 5 new male volunteers (who have all been diagnosed with breast cancer), which we hope will help us to become even more accessible to men in the future.

After engaging with volunteers, people using Someone Like Me are asked to complete an evaluation survey about their experience of the service and its impact on them. During this report period, 74 people completed a survey and the results were highly encouraging:

- **96%** stated that they would be likely or extremely likely to recommend the service to other people in a similar situation
- **92%** felt more positive since talking to their volunteer
- **83%** felt less isolated
- **82%** felt more reassured about the physical and emotional effects of breast cancer

- **77%** felt more aware of the questions they could ask their hospital team
- **73%** felt their volunteer had helped them make decisions about treatment

Our *Younger Women Together* support service also reached 130 more women than last year, with 319 people aged between 20 and 45 benefiting from the chance to meet others who truly understand what they're going through.

We were pleased to return to providing this service face-to-face, with 1-day events including sessions on fertility, intimacy after breast cancer, and coping with change and uncertainty.

We also introduced new webinars on a variety of topics including breast reconstruction, menopausal symptoms and body image, while continuing with our popular range of expert speaker sessions, covering topics such as exercise, healthy eating and managing work and cancer.

In our post-course evaluation, 93% of women said they would be extremely likely or likely to recommend Younger Women Together to others in a similar situation.

Consistently looking for ways to improve ...by making the support we offer more accessible and dynamic

Our *Moving Forward* courses for people who are either finishing or have just finished their treatment for primary breast cancer reached 206 more people in this report year - despite some challenges caused by referral problems after COVID-19.

This is testament to our persistence, our ability to listen to and work around the problems being experienced by breast teams in the NHS, as well as our willingness to make changes in response to participant feedback. For example, we redesigned the course to make it shorter but with more time to interact and share experiences with others, just as participants requested.

The *Moving Forward* course is supported by an online video platform providing expert content, which is now all subtitled. Other recent improvements include the launch of a new *Moving Forward* journal to support participants' learning and reflection, both on their experiences and their future goals. We also redesigned our *Moving Forward* webpages, to make it easier to self-refer. People can now sign up for a face-to-face or online course via our website, and we produced new patient leaflets with a QR code that takes to people straight to the sign-up page online.

In total, we delivered 50 face-to-face and 44 online courses to 1,283 individuals wanting help with adjusting to life after primary breast cancer.

In addition, we trained all our Moving Forward facilitators and volunteers to deliver the new-style course and provided them with a dedicated learning space – called Facilitators Now – where they can sign up for training, access mandatory modules, and read relevant policies.

The new-style course has been evaluated by a sample of 52 participants, most of whom took part in the face-to-face course. They each completed surveys before and one month after the course and the results were encouraging.

On *managing their wellbeing*, participant feedback told us:

- There was a 49% increase in feeling confident to manage their physical/emotional wellbeing (up from 29% to 78%)
- A 58% increase in feeling confident to set intentions and plan actions (up from 33% to 91%)
- And a 53% increase in knowledge about tools to help manage wellbeing (up from 31% to 84%)
- Overall 81% of participants felt motivated to take action to live well after the course (compared to 54% before)

They said things like:

"I HAVE STARTED RUNNING MORE AND TAKING MORE EFFORT TO KEEP FIT, AND MAKING PLANS FOR THE FUTURE, WANTING TO DO MORE AND MAKING THE MOST OF LIFE."

On *emotional wellbeing*, participant feedback told us:

- There was a 29% increase in believing that their feelings were a normal part of primary breast cancer diagnosis and treatment (up from 54% to 83%)
- A 23% decrease in feeling alone in living with their diagnosis and treatment (down from 41% to 8%)

They said things like:

"...MEETING SUCH LOVELY PEOPLE WHO HAVE ALL GONE THROUGH AND GOING THROUGH THE SAME THING AND EXPRESSING THEIR INNER FEELINGS HAS MADE SUCH A DIFFERENCE."

The overall experience of the Moving Forward course was also extremely positive:

- **93%** said the information and support they received on the course was relevant to their needs and concerns
- **89%** said that hearing from the experiences of others in a similar situation has helped or will help them to move forward from their own breast cancer experience
- **82%** agreed that they would be likely to recommend Moving Forward to others in a similar situation

To complement this participant feedback, we also started using the externally validated Short Warwick Edinburgh Mental Wellbeing Scale to measure changes in wellbeing pre and post course.

This shows that, overall, emotional wellbeing improved for participants who had either a "low" or "moderate" sense of wellbeing pre-course, while the levels for those with a "high" sense of wellbeing remained the same.

	Pre-course	Post-course
Low wellbeing	46%	31%
Moderate wellbeing	50%	65%
High wellbeing	4%	4%

Driving improvements in services for people with breast cancer

...by ensuring patient voices are heard

We worked across two Cancer Alliances, East of England (South) and South Yorkshire, and the NHS Lothian region in Scotland to deliver the *Service Pledge*, working with 11 hospitals in total, looking at both primary and secondary breast cancer diagnoses.

2,839 patient/carer experience surveys were sent out to people affected by primary breast cancer.

We also held discussions with patients and hospital staff across 6 hospitals in East of England (South) and NHS Lothian, and as a result, 97 improvement goals have been identified. These range from increasing the number of Holistic Needs Assessments carried out for patients, to improving information and signposting to support services. The remaining improvement discussions (for South Yorkshire) are underway and the results should be known in early 2023.

The Service Pledge 21/22 is jointly sponsored by Eli Lilly and Company Limited and Pfizer Limited.

Advancing our understanding of breast cancer landscape

...by funding vital research into the impact of COVID-19

This year, we awarded funding worth £229,126 to Professor Anna Gavin, and her team at *Queen's University*, Belfast to launch new research focused on understanding the impact of the pandemic on breast cancer services in Northern Ireland.

The researchers hope that by documenting the impact of COVID-19 on breast cancer screening, diagnosis, treatment, and care, that they will be able to identify areas for improvements, support service recovery, and reduce the impact of a return of COVID-19 as well as future pandemics and other large-scale disruptions.

Championing a better quality of life for people affected by breast cancer

...by campaigning to promote the benefits of physical activity

Through Breast Cancer Now's membership of the Richmond Group of 15 leading health and social care charities, our Public Health and Wellbeing team sit on the *Movement for All* group, which seeks to get more people at risk of or living with long term conditions (including breast cancer) participating in and enjoying the benefits of physical activity.

During this report period, our support for the Movement for All campaign secured just over 24,000 views on Twitter and 4,500 via Instagram. We hit 3,360 physical activity related page views on our website, along with 859 downloads of our physical activity related publications. We also reached 151 women directly via our services.

In addition, Breast Cancer Now committed to support the *We Are Undefeatable* campaign for another 3 years. This is a movement supporting people with a range of long-term health conditions (including breast cancer), developed by 15 leading health and social care charities backed by National Lottery funding from Sport England.

Like Movement for All, its purpose is to support and encourage people to be active in ways that work with their condition, not against them.

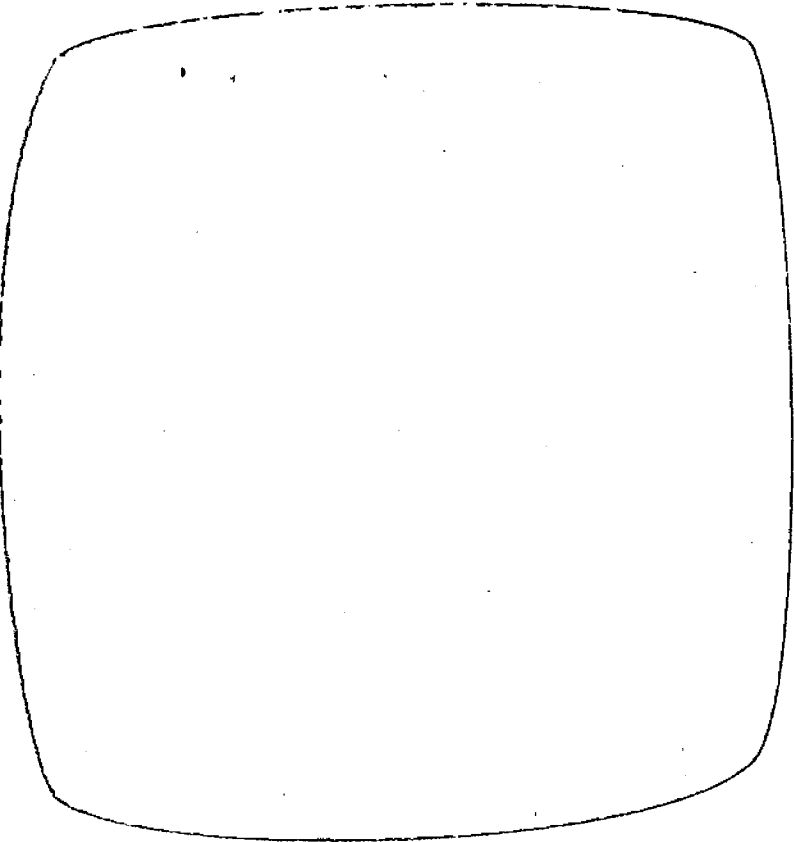
... by working to improve access to breast surgery

The COVID-19 pandemic disrupted access to breast reconstruction and risk-reducing surgery, exacerbating the challenges women face in choosing and receiving a reconstruction that is right for them, at the right time for them.

Building on our previous work in this area, which highlighted local variations in access to breast reconstruction, we hosted a summit with healthcare professionals in April 2022 to explore the barriers that women encounter as well as potential solutions.

We also conducted a survey of patients who had received or were waiting for breast reconstruction or risk-reducing surgery to understand their experiences and the impact this has had on them. And we sent Freedom of Information requests to hospital trusts across England too, asking for updated information on local restrictions – for example on the type of surgery available or the window of time women have to undergo a reconstruction – as well as the impact of the pandemic on breast reconstruction services.

This insight will form the basis for work beginning in autumn 2022.



THE PANDEMIC DISRUPTED ACCESS TO BREAST RECONSTRUCTION AND RISK-REDUCING SURGERY, EXACERBATING THE CHALLENGES WOMEN FACE IN CHOOSING AND RECEIVING A RECONSTRUCTION THAT IS RIGHT FOR THEM, AT THE RIGHT TIME FOR THEM.

STRATEGIC OBJECTIVE

#3

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

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

While advances in our understanding of breast cancer and how to treat it are encouraging – and life-saving for many – the physical, emotional, and psychological effects of treatment can be difficult to endure.

Of the 8,388 Helpline calls we answered this year, over one third (33.4%) were on treatment and side effects – more than any other breast cancer related issue.

People receiving breast cancer treatment may experience hot flushes, blood clots, nausea, extreme tiredness, or an inability to concentrate, sometimes known as “chemo brain”. For some, losing their hair, or having to adjust to a new body after breast surgery can be especially challenging, both to their self-esteem and to their intimate relationships. For others, it’s worries about their fertility and whether their treatment will rob them of the chance to start a family.

"I LOST ALL MY HAIR, AND ALSO SUFFERED WITH SEPSIS AND A BLOOD CLOT."

"THE FERTILITY TREATMENT WAS HORRIBLE, BUT WE MANAGED TO STORE 19 EMBRYOS, SO WORTH IT... [BUT] I WORRIED THAT THERE WAS GOING TO BE A RECURRENCE, OR THAT PAIN IN OTHER PARTS OF MY BODY WERE SYMPTOMS THAT IT HAD SPREAD... I WOULD CONSTANTLY GET PALPITATIONS AND EXPERIENCE A RACING HEARTBEAT. NOW, I REALISE THAT THEY WERE SYMPTOMS OF ANXIETY."

Melissa, who was diagnosed with breast cancer at just 27 and who encountered multiple difficulties during treatment.

There is an urgent need to find new and better treatments so that more people can not only survive breast cancer but also live well, both with and beyond the disease. We also need kinder and more effective treatments, and new ways to determine in advance who is most likely to benefit, so that no one has to endure the side-effects of a treatment that will never work for them.

To this end, we have been working hard in the following areas.

Making vital discoveries

In the past year, we have seen significant *advances in research*, thanks to projects funded and part-funded by Breast Cancer Now.

...in proving that certain breast cancer drugs can save lives

In March 2022, new findings from the OlympiA phase III trial were presented by Professor Andrew Tutt at a virtual plenary session of the *European Society of Medical Oncology*, showing that for some women with primary HER2 negative breast cancer, adding the PARP inhibitor

olaparib to standard treatment cuts the risk of women dying by almost one third (32%).

This breakthrough is testament to the outstanding work of world-class researchers over the last 20 years – including many UK researchers funded by Breast Cancer Now – who have uncovered weaknesses in breast cancer cells with altered BRCA genes and laid the foundations for this brilliant discovery.

...in finding ways for cancer patients to avoid unnecessary treatment

Building on previous work funded by Breast Cancer Now, a group of *researchers from across the UK, US and the Netherlands* have furthered our understanding of the biology of ductal carcinoma in situ (DCIS). DCIS is an early form of breast cancer, where cancer cells have developed within the ducts of the breast. In some cases, DCIS will never develop further than these ducts, or if it does it grows so slowly that it will never cause harm during a person's lifetime. However, in other cases, it will progress, meaning treatment is often recommended to prevent it spreading outside of the ducts and becoming invasive breast cancer.

This new research has revealed that almost 1 in 5 post-DCIS breast cancers are not genetically related to the original DCIS. This information gives us a better understanding of how the disease progresses and, in the future, could help some women to safely skip treatment which provides little benefit but comes with difficult side effects.

Funding world-class research

In the past year, Breast Cancer Now has invested almost £1.9 million in nine new research projects with the strategic objective to develop kinder, smarter treatments for people with breast cancer. Here's what these projects in particular hope to achieve.

...to develop a vaccine treatment for triple negative breast cancer

At *Queen's University Belfast*, Dr Niamh Buckley and her team are using a similar technique to that used in the Pfizer and Moderna COVID-19 vaccines to develop a new way to treat triple negative breast cancer.

The treatment works by targeting a protein called p53, which is found in abnormally large amounts in almost 90% of triple negative breast cancers.

Currently, the team is exploring which part of p53 protein the vaccine should target, testing immune response, and looking at the effectiveness of this treatment on its own and in combination with chemotherapy.

This is all happening in the lab, but in the future Niamh hopes that her work could lead to new treatments for people with triple negative breast cancer, enabling them to live longer and have a better quality of life.

...to improve the effectiveness of chemotherapy

At the *University of Leeds*, Dr Thomas Hughes and his team are investigating a new treatment combination for breast cancer. This involves adding a new type of drug to chemotherapy treatment to increase its effectiveness.

The team previously discovered that a type of cell found in tumours (called cancer-associated fibroblasts) can help some breast cancers resist chemotherapy treatment. They believe that these cancer-associated fibroblasts aid resistance to chemotherapy by sending signals to breast cancer cells, telling them to increase the activity of proteins called JAKs. So, by blocking JAKs with drugs called JAK inhibitors they hope to break down this resistance and make chemotherapy more effective.

While still at the experimental stage, if it proves successful and safe, this combination could be tested in clinical trials and eventually lead to a new treatment with the potential to save more lives.

...to understand communication between cancer cells and immune cells

At the *University of Southampton*, Dr Ali Roghanian and his team are seeking to understand how breast cancer becomes resistant to drugs and comes back after treatment - and how we can stop this from happening.

They want to understand how dying breast cancer cells communicate with nearby immune cells, "tricking" them into helping the disease to grow and spread. He has already found that a protein called LILRB3 might be playing a role in this. Now his team are investigating how this protein is involved, with the aim of also testing a new type of drug that may block it and in so doing, improve the effectiveness of chemotherapy.

It's hoped that this new approach could benefit a wide range of patients. And in particular, those with more aggressive and hard-to-treat cancers, such as triple negative breast cancer.

...to prevent ductal carcinoma in situ (DCIS) becoming an invasive breast cancer

At the *University of Edinburgh*, Professor Ian Kunkler and his team are evaluating whether an extra "boost" dose of radiotherapy can decrease the chance of DCIS returning - and what the wider impacts are for patients who receive it.

The team are following up with UK participants of a large international clinical trial called the BIG 3.07, designed to evaluate the long-term effects of receiving a booster dose of radiotherapy to the area where DCIS has been removed.

Initial results from the trial, announced in 2020, showed that the radiotherapy boost reduced the chances of DCIS returning in the chest, breast, or armpit area. Ian's team now want to see if these benefits are maintained long-term and to also understand

the impact on breast appearance and quality of life for those who've received this booster dose.

In this way, they aim to help doctors to identify the best way to improve the chances of survival for individual patients while also maintaining a good quality of life.

...to explore the role of the inner clock in breast cancer

At the *University of Manchester*, Professor Qing-Jun Meng and his team are using artificial intelligence and other lab techniques to study what role our internal biological clock plays in breast cancer.

This "body clock" allows cells in the body to time important processes, such as growth and repair, to a 24-hour day. However, in some cancer cells – notably HER2 positive breast cancer cells – this inner clock can be disrupted.

Qing-Jun and his team want to understand why some cancers, such as oestrogen receptor positive and HER2 negative breast cancers have a normal working inner clock but HER2 positive breast cancers don't. They also want to determine whether interfering with this inner clock might help to treat certain forms of the disease, and whether cancer treatments are more likely to work better at a particular time of the day.

This could help improve existing therapies as well as find new ones that target the inner clock in breast cancer cells.

Fighting for fair and equal access to treatment

...by ensuring that effective new cancer drugs are quickly made available on the NHS

We've worked alongside patient experts to improve access to new breast cancer medicines by inputting at every step of all *NICE assessments* and those undertaken by the *Scottish Medicines Consortium*. This has helped to ensure that a number of important new drugs for primary and secondary breast cancer are now available on the NHS across the 4 home nations.

These include:

- **Tucatinib** (Tukysa) – a targeted drug, used in combination with *trastuzumab* and *capecitabine* to treat HER2 positive, locally advanced or secondary breast cancer.

This can be used following 2 or more other HER2 targeted treatments, which represents a huge step forward in the treatment options available, especially for eligible patients whose breast cancer has spread to the brain.

Following a worrying provisional decision by NICE in October 2021, we worked with a patient expert who has lived experience of this treatment, attended meetings and responded to the consultation raising the importance of tucatinib becoming available without delay.

It's estimated that around 400 people each year in England will now be eligible for this treatment.

- **Pembrolizumab** (Keytruda) – a form of immunotherapy given in combination with chemotherapy that is suitable for certain people who have triple negative, locally advanced or secondary breast cancer that has a higher-than-normal level of a protein called PD-L1.

This filled an unmet need for patients who may not be eligible for the already-approved immunotherapy atezolizumab.

- **Abemaciclib** (Verzenios) – used post-surgery in combination with hormone therapy for certain people with hormone receptor positive, HER2 negative primary breast cancer that is lymph node positive.

It's estimated that around 4,000 people each year in England will now be eligible for this treatment and it is currently being assessed by the SMC.

- **Alpelisib** (Piqray) – used in combination with fulvestrant; the first targeted treatment for certain patients with a PIK3CA mutation, estimated to be found in around 30-40% of oestrogen receptor positive, HER2 negative breast cancers.

PIK3CA testing was also introduced into the National Genomic Test Directory in England at the start of 2022.

It's estimated that up to 3,000 people per year in England will be eligible for this treatment combination. This is also being assessed by the SMC.

STRATEGIC OBJECTIVE

#4

**To improve detection and
diagnosis of breast cancer**

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

This year has seen record numbers of urgent referrals for people with possible breast cancer symptoms in England. Yet at the same time, performance against waiting times for breast cancer have reached an all-time low.

Tackling this must be a priority because the sooner people are diagnosed, the more successful treatment is likely to be.

We also need to address the fact that there are inequalities in access to breast screening. For example, evidence suggests that women from ethnic minority backgrounds are less likely to attend breast screening, and more likely to be diagnosed at a later stage and to have poorer survival outcomes. And they may also have more negative experiences of care and treatment.

"WHEN YOU GO TO YOUR GP, YOU WANT TO TRUST THAT THEY'LL GIVE YOU THE RIGHT INFORMATION."

"IF THE GP HAD SEEN WHAT BREAST CANCER SYMPTOMS LOOK LIKE ON DARKER SKIN... PERHAPS HE MAY HAVE BEEN ABLE TO PICK UP ON IT SOONER."

Adobea, who sought medical help 4 times before her breast cancer was detected.

Clearly, as well as understanding more about the information needs of underrepresented communities, we also need to counter a general lack of awareness about the signs and symptoms of breast cancer – especially secondary breast cancer. And this means reaching both primary breast cancer patients and the healthcare professionals who should be able to help people access the treatment they need.

We also need to ensure that the cancer workforce is sustainable and that it includes clinical nurse specialists for secondary breast cancer, as well as those with expertise in areas such as imaging and diagnostics. To this end, we've been working hard in the following areas:

Strengthening the breast cancer workforce

...by equipping them to spot the early signs and symptoms of breast cancer

In October 2021 and then again between April and July 2022, we ran a successful secondary signs and symptoms marketing campaign. As well as targeting information at patients completing their primary treatment, we produced materials specifically for healthcare professionals with the aim of giving them the knowledge and support they need to enable a prompt diagnosis of secondary breast cancer. These included GP information packs, hospital posters and leaflets, advertorials in relevant publications, and adverts on websites targeted at healthcare professionals.

In October 2021, we shared an advertorial in a publication with a professional readership of 24,000, sent emails to 17,000 GPs (with an above industry average open rate of 20%), and distributed 15,000 leaflets in hospitals. This led to a fantastic 20,465 views of our campaign landing page.

Across April through to July 2022, we distributed around 24,000 leaflets to hospitals and delivered around 3,500 information packs to GP surgeries. During this period, the campaign landing page received more than 76,000 views, making it the most visited health information page in July 2022 on our whole site.

During both phases of activity, we also reached out to breast cancer patients via social media ads on our own channels, sharing personal stories and asking people to forward them on to spread awareness.

...by calling for a fully funded workforce plan

Over the past year, we've continued to raise concerns with all UK governments about the severe pressures affecting the breast cancer workforce and the need to ensure that it's sustainable and able to work for the benefit of patients, both now and in the future.

For example, we worked as part of the **#StrengthInNumbers** coalition, made up of over 100 organisations calling on the UK Government to improve workforce planning, as part of the Health and Social Care Bill.

We provided briefings to MPs asking them to back an amendment and encouraged our supporters to email their MPs. As a result, 3,703 emails were sent to MPs, with Tonia Antoniazzi MP mentioning us during the debate.

Despite support in the House of Lords, and many MPs speaking in favour of the amendment, it was ultimately voted down and did not make it into the Health and Social Care Act.

As part of the **#StrengthInNumbers** coalition, we'll continue to raise the need for better workforce planning in the NHS. Our chief executive, Delyth Morgan, has already spoken with key stakeholders at a roundtable on the breast cancer workforce, hosted by the **All-Party Parliamentary Group on Breast Cancer**. She highlighted the impact of workforce shortages on breast cancer patients and what needs to change to support the cancer workforce.

We also contributed to a number of reports published by the **Health and Social Care Select Committee**, including "Workforce: recruitment, training and retention in health and social care". And we contributed to an evaluation of the Government progress towards its commitments on cancer services, published by the committee's expert panel, which concluded that overall progress was "inadequate".

2 of our patient advocates attended a panel session to discuss their experiences of receiving cancer care during the pandemic. And as well as submitting written evidence, our chief executive and a patient advocate also provided oral evidence as witnesses to the committee, further informing its inquiry into why cancer outcomes in England lag behind those of other comparable countries. We also submitted written evidence cited in their report on this enquiry, which highlighted that a lack of "serious effort" in addressing risks to the cancer workforce could reverse survival rates.

Ensuring the relevance of current messaging and services

...by gathering insight into real-life breast-checking behaviours

In this report year, we commissioned our *survey on breast checking behaviours*, which revealed that over a third (39%) of British women do not check their breasts regularly, for the following given reasons:

- Over half (53%) forget to check their breasts
- One fifth (19%) don't feel confident to check their breasts
- 16% don't know how to check their breasts
- 12% don't know what to look for
- 12% are worried about finding an unusual change

Last year, less than half (47%) of women in the UK were not checking their breasts regularly. So, clearly there is still work to do to raise awareness amongst women about the importance of regularly checking their breasts.

We also need to help people understand the signs and symptoms to look out for, to increase their confidence in checking their breasts, and to make sure they know what to do if they notice a new or unusual change.

As a result of this new insight, we're now promoting our Touch Look Check (TLC) breast awareness message all year round, rather than having a bigger focus on breast checking during Breast Cancer Awareness Month, as in previous years.

Improving access to potentially life-saving information ...by building our own understanding of what's missing and needed

In August 2021, we commissioned *research* to enhance our understanding of underrepresented communities, in particular black and South Asian women, in relation to their perceptions, awareness, and knowledge of breast cancer, the barriers to breast awareness and breast screening, and their specific information needs.

Since November 2021 when the research was completed, we've shared our findings with key working groups and teams at Breast Cancer Now as well as NHS breast screening programme leads. We've also spoken with NHS Digital about the key considerations they should make as they evolve and develop the online breast screening programme.

We'll also be making the full report available on the ethnic communities hub on our website.

...by making equality, diversity and inclusion more central to our own agenda

In July, we participated in *Ethnic Minority Cancer Awareness Month (EMCAM)*. This was developed as a national campaign by Cancer Equality, with the aims of raising awareness of cancer among people from ethnic minority communities and empowering them to reduce their risk.

In particular, we scaled up on our digital EMCAM activity. For example, we developed an

ethnic communities hub on our website, putting the spotlight on personal stories from our fantastic volunteers and our breast awareness resources, notably our Touch Look Check (TLC) information materials, which now features breast awareness infographics in a variety of different skin tones.

This content performed well, with posts across Facebook, Twitter and Instagram reaching a combined total of **91,179 views**, with almost **2,000** likes, shares and comments.

The landing page for the hub also performed very well in terms of engagement. Below is some feedback:

"THE SITE LOOKS REALLY GOOD. IT IS REALLY INFORMATIVE. I HOPE LOTS OF WOMEN VIEW IT AND GET THE CONVERSATION GOING WITH THEIR FRIENDS AND FAMILY SO THAT OUR OUTCOMES POST-DIAGNOSIS IMPROVE AND THE TABOOS ARE ERADICATED."

"I AM PLEASED TO SEE SOMETHING FOR PEOPLE FROM MINORITY BACKGROUNDS. THANK YOU SO MUCH FOR DOING IT."

...by extending our reach to previously under-served communities

In June and July, staff from our public health and wellbeing team attended the *Minority Ethnic Communities (MEC) Health Fair* in Cardiff and the *Festival of Inspiration* at

Neasden Temple to support our work to raise awareness of breast cancer within previously under-served communities.

Across the 2 events, our team delivered 3 public health talks, reaching a total 86 people. This included 1 talk in both Urdu and English, specifically for the Pakistani (South Asian) community.

One attendee commented:

"GLAD YOU ARE HERE TO TELL US IN OUR OWN LANGUAGE WHAT BREAST AWARENESS MEANS, OTHERWISE WE ARE JUST GOING AROUND THE EVENT PICKING UP ENGLISH LEAFLETS WITH NO ONE TO EXPLAIN TO US WHAT THE HEALTH MESSAGE MEANS."

...by strengthening our team of public health volunteers

Between September 2021 and February 2022, we recruited and trained **12 new public health volunteers**, bringing our total to 28.

These volunteers help to deliver our public health talks programme to workplaces and community groups across the UK, both online and in person. These talks cover important information about breast cancer including signs and symptoms, myths and misconceptions, and what people can do to help reduce their risk.

In this report year, our volunteers contributed around **200 hours** of their time to the public health

talks programme. Together with staff from our public health and wellbeing team, they enabled us to deliver **44** talks, reaching **1,563** people.

Attendee feedback tells us that these talks help to raise awareness of breast cancer, and give people the confidence to check themselves regularly and recognise any new or unusual changes that should be checked by a GP. We also know that they share information they have received with their friends and family members.

They say things like:

"A GREAT PRESENTATION BY THE SPEAKER WHO PRESENTED A SOMETIMES-DIFFICULT SUBJECT IN A RELAXED AND INTERESTING WAY."

"VERY INFORMATIVE DISCUSSION, I WILL BE CHECKING MY BREASTS MORE REGULARLY FROM NOW ON AND KNOW WHAT TO LOOK FOR."

"BREAST CANCER ISN'T TALKED ABOUT ENOUGH ON A DAY-TO-DAY BASIS. TO HAVE ACCESS TO THIS TALK WAS REALLY BENEFICIAL."

Supporting the recovery, transformation, and accessibility of screening services

...by monitoring the impact of disruption caused by the pandemic

Over this report year, we continued to monitor the impact of disruption caused by COVID-19, both on breast screening and on the number of people being diagnosed with breast cancer.

In October 2021, we published an updated estimate that across the UK, **1.5 million fewer women had breast screening** between March 2020 May 2021, compared to before the pandemic. And **8,000 fewer women were diagnosed** with breast cancer in England, largely as a result of the disruption to screening caused by COVID-19.

... by helping to remove the barriers some women face in accessing screening

We supported an informal inquiry into breast screening by the *All-Party Parliamentary Group on Breast Cancer*. At the first meeting in May 2022, the committee considered the impact of the pandemic on screening, including on women who were already less likely to attend, such as those from ethnic minority backgrounds and those from socially deprived areas.

At this session, NHS England committed to developing an inclusive screening recovery plan. We shared our insight work with them, highlighting some of the barriers women from minority communities face in attending screening. And we're pleased to say that our priorities on improving uptake and addressing

health inequalities will be part of NHS England's work on breast screening moving forward.

We also supported a *Ten Minute Rule Bill* that was introduced to Parliament by Steve Brine MP to raise awareness of the need to improve screening uptake.

Having responded to an earlier call for evidence, we were also pleased to see that the *Women's Health Strategy for England*, published in July 2022, announced £10 million funding for 25 new *mobile screening vans* to be targeted in areas where uptake is most limited.

... by accelerating the restart of breast screening self-referrals in Scotland

We worked with MSPs to accelerate the restart of breast screening self-referrals for women aged 71 and over.

In particular, we raised awareness of the fact that at the end of 2021, Scotland was the only UK nation still to restart these self-referrals, which were temporarily suspended due to COVID-19. We also wrote to the Minister for Public Health asking her to take action to accelerate the restart of self-referrals.

In response to this pressure, the *Scottish Government* announced that self-referrals for women aged 71 and over would restart in autumn 2022.

Campaigning for shorter waiting times and earlier detection

... by launching our

#NoTimeToWaste campaign

In June 2022 we launched our **#NoTimeToWaste campaign**, bringing together 2 policy priorities - reducing waiting times and detecting more breast cancers early through screening.

This is a priority as with record numbers of urgent referrals for people with possible breast cancer symptoms in England, performance against waiting time targets has reached an all-time low.

As a result of this campaign, nearly **2,000** campaign supporters emailed their MP ahead of the parliamentary launch event, asking them to attend. **88 MPs** came along, including then Health Ministers Gillian Keegan and Maggie Throup, and Shadow Health Ministers Feryal Clark and Karin Smyth.

#NoTimeToWaste is currently focussed on ensuring that the government's new Faster Diagnosis Standard is sufficiently ambitious for breast cancer. This new standard will replace the previous "2 week wait" to see a specialist following an urgent referral and aims to see all those people diagnosed with breast cancer, or having it ruled out, within 28 days.

In coordination with other cancer charities, we provided a detailed response to these proposed changes, and galvanised our supporters into action.

As of July 2022, just short of 3,000 supporters had emailed their MP asking them to either add their name to the cross-party letter calling on the Health Secretary to raise the target for the Faster Diagnosis Standard, or to write to the Health Secretary directly. 51 MPs and Peers signed, a further 10 supported the campaign by writing their own letters, and over 30 MPs shared **#NoTimeToWaste** on their social media and with the press.

At the end of July, we wrote to the new Health Secretary Steve Barclay, and the new Cancer Minister James Morris, to introduce them to the **#NoTimeToWaste** campaign. This was handed in, in October 2022 along with a letter to the then Health Secretary Therese Coffey.

... by working collaboratively on early diagnosis

In this report year, we also sat on a group convened by **NHS England** to produce guidance on how local services can see and diagnose all urgent breast cancer referrals as soon as possible.

This guidance will support services in providing all the information necessary to make a treatment decision quickly, helping to reduce delays in breast cancer patients starting treatment.

"COLLABORATION IS KEY TO RESEARCH BREAKTHROUGHS THAT ENSURE WOMEN WITH BREAST CANCER RECEIVE THE BEST POSSIBLE TREATMENT AND CARE."

Dr Simon Vincent,
director of research,
support and influencing
at Breast Cancer Now

Pioneering significant improvements in diagnosis and treatment

... by setting the bar for outstanding research

The Institute of Cancer Research and Royal Marsden Hospital breast cancer research team, which includes Breast Cancer Now-funded researchers, have recently been recognised by the *American Association for Cancer Research (AACR) Team Science Award*; a prestigious international award that recognises discoveries that have led to significant improvements in diagnosis and treatment of breast cancer.

The team has been recognised for their work in developing and testing a new type of targeted therapy called PARP inhibitors; discoveries that have led to improvements in treating ER+ breast cancer.

"IT'S AN ENDORSEMENT OF OUR STRONG, COLLABORATIVE APPROACH, WHERE LABORATORY SCIENTISTS AND CLINICAL ACADEMICS WORK CLOSELY ACROSS THE ICR AND THE ROYAL MARSDEN TO UNDERSTAND THE NEEDS OF PATIENTS, MAKE DISCOVERIES TO ADDRESS THEM IN THE LAB AND TURN THEM INTO IMPROVEMENTS IN TREATMENT IN THE CLINIC."

Professor Andrew Tutt, director of the Breast Cancer Now Toby Robins Research Centre

STRATEGIC OBJECTIVE

#5

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

So that fewer people
develop breast cancer
in the first place

Around 55,000 women and 370 men are diagnosed with breast cancer each year in the UK.

We know that at least 1 in 4 of these breast cancer cases could be prevented. But if this is to happen, we need to understand more about the genetic, lifestyle, and environmental factors that increase a person's chances of developing breast cancer, to identify who is most at risk, and to determine which prevention strategies actually work in the real world.

We also need kinder risk-reducing drugs that don't come with life-changing side effects. And we need share our findings about the proactive steps that people can take to reduce their own risk, so that this knowledge reaches and empowers as wide an audience as possible.

To this end, we have been working hard in the following areas.

WE'VE BEEN WORKING WITH THE NHS ENGLAND MEDICINES REPURPOSING PROGRAMME IN A FIRST-OF-ITS KIND INITIATIVE WITH A GENERIC PHARMACEUTICAL COMPANY WITH THE AIM OF GETTING THE DRUG ANASTROZOLE LICENCED AS A PREVENTATIVE THERAPY

Empowering people to reduce their risk of breast cancer

...by sharing key learnings on lifestyle interventions

Our public health and wellbeing team were invited to present posters at the Voluntary Health Scotland and NCRI Cancer Conferences, to share key learnings from our involvement in the *ActWELL trial*.

These presentations drew on our experience of finding that it's possible to recruit, train, and deploy volunteer lifestyle coaches to deliver a weight management intervention in a community setting, with the aim of reducing cancer risk.

Ensuring access to preventative therapies

...by seeking for the drug anastrozole to be repurposed

Like tamoxifen, anastrozole is more commonly known as a treatment for breast cancer, but it can also significantly reduce the risk of breast cancer developing in women at increased risk due to their family history. Unlike tamoxifen however, anastrozole has not yet been licensed as a preventative therapy.

That's why we've been working with the *NHS England Medicines Repurposing Programme* in a first-of-its kind initiative with a generic pharmaceutical company with the aim of getting the drug anastrozole licenced as a preventative therapy. We're also chairing an NHS England working group to improve access to anastrozole more broadly, for example by providing information and support to prescribers.

NHS England estimate that this work on anastrozole could help up to **79,000** people in England to receive the drug for preventative purposes, which would prevent around **2,257** cases of breast cancer and save the NHS **£14.7 million**.

Advancing our understanding of how breast cancer develops

...by funding vital research into the genetic changes that lead to the disease

At *Queen's University Belfast*, Dr Nick Orr and his team are working to understand the role of certain genetic changes in the development of breast cancer in men and women.

Previously, they found a DNA location that, when changed, is linked to higher risk of breast cancer – and it seems to have a larger effect in men than it does in women. As there are no genes in this location, the researchers think that this region is responsible for turning other genes on or off – and that when a certain gene is turned off, breast cancer cells grow and multiply more rapidly.

Now, Nick and his team are investigating exactly what changes in this DNA region influence the activity of the gene in question – and how they might themselves control it. They will also look at what other molecules already known to regulate gene activity are involved in this process.

They hope that understanding how changes in this region of the DNA are linked to an increased risk of breast cancer will help us understand the similarities and differences between breast cancer in men and women, revealing new ways we could both prevent and treat the disease.

Discovering more about the causes and triggers of breast cancer

...by making vital research breakthroughs

In the past year, we have seen 2 significant *research achievements* for projects funded by us.

Finding that changes in gut bacteria can influence breast cancer growth

Researchers from the *Quadram Institute* and the *University of East Anglia* have found a possible

link between antibiotic use, gut bacteria, and the speed of breast cancer growth in mice.

In particular, they found that antibiotics disrupted the healthy balance of gut bacteria, which in turn affected the growth of the tumours. They also investigated how to counteract this and found a type of immune cell that could be targeted to reverse this using an existing drug called cromolyn.

Antibiotics have an important role in fighting infections, especially during chemotherapy, and the benefits of taking them almost always outweigh the risks. So, the hope is that this research could refine how antibiotics are used in breast cancer treatment while also helping to uncover ways to counteract the negative effects that certain antibiotics could have

Breast Cancer Now would like to thank Asda Tickled Pink for funding this project.

"THIS RESEARCH PROVIDES CRUCIAL INSIGHT, AND WE MUST NOW FURTHER INVESTIGATE THE EFFECT OF ANTIBIOTICS IN BREAST CANCER TREATMENT SO THAT WE CAN FIND THE BEST WAY TO STOP TUMOURS FROM GROWING."

Dr Simon Vincent, director of research, support and influencing at Breast Cancer Now

Discovering a new link between infertility and breast cancer in men

Dr Michael Jones and fellow team members at the *Institute of Cancer Research* have discovered that men who report issues with fertility may be more likely to develop breast cancer than men who have no issues with fertility. This work is part of the Male Breast Cancer Study, which we launched in 2007 to pinpoint the precise genetic, environmental and lifestyle causes of breast cancer in men.

"THE REASONS BEHIND THIS ASSOCIATION ARE UNCLEAR, AND THERE IS A NEED TO INVESTIGATE THE FUNDAMENTAL ROLE OF MALE FERTILITY HORMONES ON THE RISK OF BREAST CANCER IN MEN. WE HOPE THIS COULD LEAD TO INSIGHTS INTO THE UNDERLYING CAUSES OF MALE, AND POSSIBLY EVEN FEMALE, BREAST CANCER."

Dr Michael Jones, Institute of Cancer Research

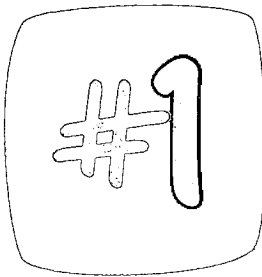
The researchers hope that these findings could lead to further work that looks to understand the link between testosterone production and oestrogen exposure for men who develop breast cancer. This could help us understand what causes the disease in men, so that we can find new ways to diagnose and treat the disease – in men and potentially women too.

THE HOPE IS THAT THIS
RESEARCH COULD REFINED HOW
ANTIBIOTICS ARE USED IN BREAST
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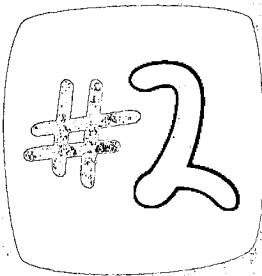
THE ACCELERATORS THAT WILL DRIVE OUR PROGRESS

To meet our objectives as swiftly and as comprehensively as possible, we must continue to grow our impact. And not only through what we do ourselves, but in how we influence, empower, and inspire others to act alongside us.

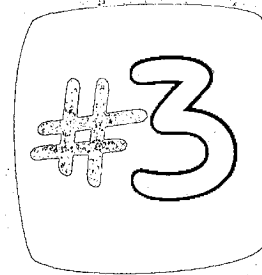
To that end, we have defined and embraced 4 “accelerators”, namely:



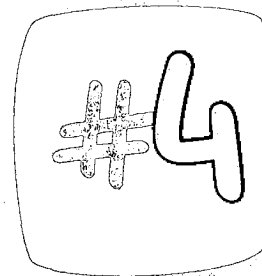
Amplifying
the voice of
experience



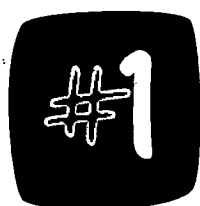
Unlocking
the power of
our community



Evolving
and adapting
our practices



Generating
further
funding



ACCELERATOR 1: AMPLIFYING THE VOICE OF EXPERIENCE

Our aims in this area are:

- Raising our profile so that everyone affected by breast cancer knows both how we can support them – and how they can support us in driving the change we want to see
- Identifying and championing the issues that matter most to people affected by breast cancer
- Fearlessly leading conversations with governments and other policymakers, the NHS, and fellow health charities to boldly challenge and push for change
- Extending our reach through our own activity and in bold and innovative ways with our trusted partners

Here's how we've been delivering against these aims in this report year.

Raising our profile...

...by investing in our brand

We're committed to making sure that everyone affected by breast cancer knows how we can help them, and how they can support us in driving the change we want to see.

This year, we've refreshed and reinvigorated our brand to help us present ourselves more clearly, more effectively, and with greater purpose. Our new positioning – *We're here* – is unequivocal in stating that Breast Cancer Now is *the* place to turn, for anyone affected by breast cancer, whatever their situation and wherever they are in their experience of the disease.

We began to roll-out our new brand story, starting in the southeast of England, in June 2022. Our advertising campaign, which ran across radio, print, digital display and social media, saw a notable and consistent lift in awareness of Breast Cancer Now.

This was an encouraging first step as we strive to grow our brand and extend our marketing into other regions across the UK.

...by making our work more widely known

We also created a new series of **16** podcasts representing our charitable work across our services, research, and campaigns. These also featured real-life stories from people affected by breast cancer.

...by ensuring the voice of experience is heard

In this report year over 100 *personal stories* from people affected by breast cancer have been added to the website and shared across our Becca app, social media and podcasts.

Identifying and championing the issues that matter most...

...by helping to shape the UK's new Cancer Plans



In England

In February 2020, the UK Government announced it was developing a new 10-Year Cancer Plan for England and opened a call for evidence inviting patients, professionals and health bodies to respond. We published a blog explaining our key priorities for the Plan, which we shared with our supporters, encouraging them to complete the questionnaire to make their views heard.

Our response focused on early diagnosis, access to drugs, secondary breast cancer, research and workforce, and included patient and healthcare professional insight. Alongside our own comprehensive submission, we also contributed to the One Cancer Voice Cancer Charities' 10-Year Plan consensus statement, which was also shared with our supporters and the government.

The new Cancer Plan was originally due to be published in July 2022, however, as a result of changes to the Government, we're awaiting an update on publication and continue to raise the importance of an ambitious Cancer Plan being published – alongside a long-term workforce plan, accompanied by the necessary funding.



In Scotland

In April 2022, the Scottish Government consulted on its new cancer strategy.

We called for this to address workforce recruitment and training, and waiting times, along with prioritising the treatment, care, and experiences of secondary breast cancer patients. We also called on the government to uphold, progress, and deliver on previous commitments to make improvements for patients with secondary breast cancer, including symptom awareness among the public and health professionals, data collection, access to specialist nursing, and clinical trials.

We're now awaiting the publication of the cancer strategy and will continue to push for progress in these areas. In addition, the Scottish Government has commissioned the new Scottish Cancer Network to develop a Breast Clinical Management Pathway. We sit on the steering group for this project, and we'll be supporting it as it goes forward.



In Northern Ireland

In March, the Department of Health published its new Cancer Strategy for Northern Ireland and its Funding Plan 2022-2032.

We were pleased to see recommendations in the strategy on a number of areas in which we had called for action, such as developing a co-ordinated approach to chemoprevention and improving screening uptake, as well as several recommendations that will benefit patients with secondary breast cancer.

These include improving data collection for secondary cancers, developing new pathways and diagnostic services for people with "vague but concerning symptoms", and ensuring all patients, including those with secondary cancers, have access to a clinical nurse specialist.

We're now keen to see the Northern Ireland Executive commit to funding this strategy.

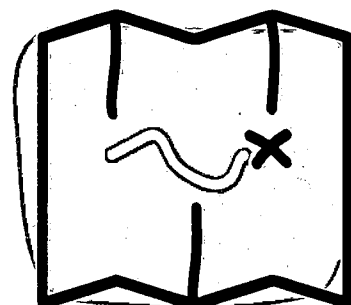


In Wales

We've worked in partnership with the Wales Cancer Alliance to influence the development and implementation of the Cancer Quality Statements.

...by ensuring the voice of experience is heard

In this report year over 100 personal stories from people affected by breast cancer have been added to the website and shared across our Becca app, social media and podcasts.



Fearlessly leading conversations

...by providing the forum for in-depth discussion

In May 2022, we held our first **panel event** on “the impact of breast cancer on body image”, hosted by Dame Jenni Murray. Attendees included members of the breast cancer community, partners, and brands who focus on improving body confidence (such as Dove).

Driven by a YouGov survey, the event included an emotive in-depth discussion exploring the impact breast cancer can have on a woman's relationship with her body.

We've since used this insight to further shape our support services and corporate campaigns.

Extending our reach...

...by better understanding our audiences

In this report year, we developed an **Audience Framework**, which outlines our current and potential audiences and their needs.

As well as helping to ensure that we're delivering for the people that need us most, this framework brings coherence to how we approach and inspire people to join us and take meaningful action against our strategy.

In this way, we hope to unlock the power of the wider breast cancer community and accelerate progress towards our strategic goals.

...by working more effectively with healthcare professionals

By recruiting a healthcare professional engagement team, we've been able to develop a healthcare professional engagement strategy, which focuses on raising our profile with healthcare professionals across the UK.

We'll achieve this through targeted marketing activity, by attending conferences and events, and through ongoing engagement with professional bodies.

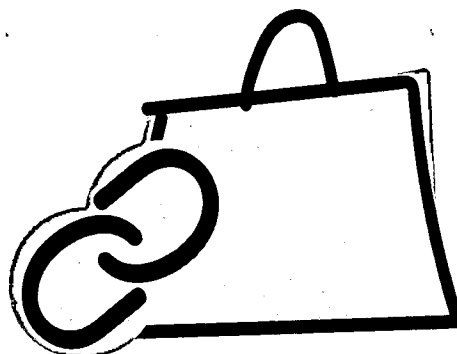
The strategy also includes working to identify key members of the healthcare professional audience - beyond breast care nurses - who we can target to help us achieve our vision.

...by working with trusted partners

In this report year, we worked with a wide range of generous and supportive partners to successfully extend our reach, in store, online, and across the media.

Asda

In 2021, we celebrated 25 years of partnership with Asda and our high-profile Tickled Pink campaign. This report year, the campaign featured in 59 press articles in national and regional media, with a total reach of 15.4 million. Visibility was aided by the support of Breast Cancer Now ambassadors, such as Denise Lewis, Gaby Roslin, and Steve Bland, who joined 13 other famous faces in promoting of the campaign. Thanks to Asda generously providing space with leading UK media company Global, we were able to share a video on how to self-check - as demonstrated by Myleene Klass of Smooth Radio - which was watched 208,000 times. And more than 210,000 people viewed a social media video, fronted by Heart FM presenter Zoe Hardman, as she dispelled some of the myths around breast cancer.



M&S

Over this report year, our teams have continued to work closely with M&S to deliver products with meaningful purpose. In particular, we have combined M&S' knowledge of bra design with our insight, and the lived experience of our supporters who've had breast surgery, to evolve, develop, and test M&S' post-surgery bras.

Fashion Targets Breast Cancer

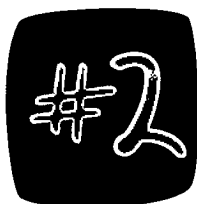
In May 2022 we launched our **Fashion Targets Breast Cancer campaign**, with long standing partner **River Island** and new collaborator, **Dorothy Perkins**. Building on last year's campaign, we went further into the topic of identity and how a person's sense of who they are can be affected by breast cancer. This year's campaign - "Fashion. Your story" - actively celebrated individuality and showed how breast cancer is just one part of a person's story. It featured 4 inspirational women from different backgrounds, who shared their personal experiences of how breast cancer had impacted their identity, including their approach to clothing and fashion. Overall, Fashion Targets Breast Cancer helped us to secure 28 pieces of media coverage, including the Independent and the Metro, helping us reach a readership over 1.8 million people.

ghd

In July 2022, we worked with ghd to launch their annual "Take Control Now" campaign, which aims to drive behaviour change in younger women, by encouraging them to regularly check their breasts. As part of the campaign, ghd created a self-check video designed to give this audience the confidence to check their breasts. In addition, ghd embossed a hot brush, hairdryer and two hair straighteners with the campaign title "Take Control Now" to help keep the message front of mind whenever people use their products.

Trinny London

Our partnership with Trinny London continues to inspire, support, and empower women affected by breast cancer to feel their best. This year, Trinny London's pro makeup artists received specialist training from our team of clinical nurse specialists on the effects of breast cancer treatment. This training has helped Trinny London to provide one-to-one virtual appointments for those undergoing cancer treatment, with the aim of sharing their best products, tips, and tricks, as their skin adapts to treatment and beyond. Trinny London also continued to raise money through product sales of "Sherin" Lip2Cheek and a range of pink best-sellers, during October.



ACCELERATOR 2: UNLOCKING THE POWER OF OUR COMMUNITY

Our aims in this area are:

- Improving how we engage, listen, and learn from people affected by breast cancer, including previously unheard groups and individuals, whose perspectives are vital
- Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners, and using our collective voices, experiences, time, skills and networks to accelerate positive change
- Building a diverse workforce made up of people committed to delivering and advancing those goals
- Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us

Here's how we've been
delivering against these
aims in this report year.

Improving how we engage, listen, and learn...

...by creating more tailored support for men

In this report year, we responded to an identified gap in provision with a *new space on our Forum that is just for men*. This was created in collaboration with a group of men with breast cancer. And it will mean those with this uncommon diagnosis can turn to each other for information and support, confident that their specific challenges will truly be understood.

...by ensuring the everyone who needs us can reach us

In 2021/22, our *Facebook page* enjoyed a total reach 33.8 million people, up 49% from the already impressive 22.6 million achieved in 2020/21.

We also had a 42% year on year increase in engagements on social media, such as likes, shares, and comments.

Collaborating creatively with our wider network...

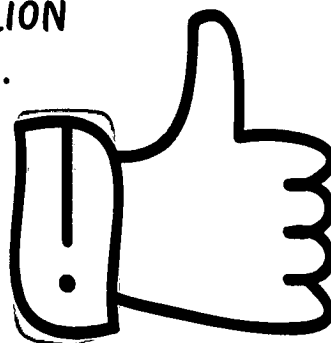
...by providing a platform for their experience

In this report year, we opened up our Instagram account for 6 *Instagram takeovers*, enabling people to share their stories with our followers. This included people with experience of primary and secondary breast cancer, including men, as well as researchers.

Our community also took part in **36 Facebook and Instagram Live sessions, which had 1,022,000 views**. We also partnered with Twitter for the first ever uncensored live breast check to run on social media.

Overall, our Live sessions across all social media channels achieved a combined reach of almost 2 million users.

**OUR FACEBOOK PAGE ENJOYED
A TOTAL REACH 33.8 MILLION PEOPLE,
UP 49% FROM THE ALREADY
IMPRESSIVE 22.6 MILLION
ACHIEVED IN 2020/21.**



...by supporting important multi-disciplinary initiatives

This report year, we have continued to fund important initiatives with 2 partner groups at the National Cancer Research Institute (NCRI) as well as expanding our support for the Royal College of Surgeons' surgical specialty leads programme for breast surgery.

The NCRI *Clinical and Translational Radiotherapy Research Working Group* (CTRad) is a multi-disciplinary community of researchers and consumers which shares our aim of maximising quantity and quality of life for people with breast cancer. Their focus is on patients receiving radiotherapy and improving their lives by optimising tumour control and minimising toxicity.

The NCRI *Cellular and Molecular Pathology Group* (CM-Path) is also a multi-disciplinary community of researchers and consumers seeking to improve the experience and outcomes of cancer patients. It's dedicated to changing the way pathologists engage with, conduct and are recognised for their work in clinical trials in the UK. The group works closely with clinical research networks, funders, and national and international researchers to develop research to improve outcomes for cancer patients and identify areas of unmet need.

The Royal College of Surgeons' surgical specialty leads programme for breast surgery aims to increase the number of multicentre surgical trials, to develop new surgical researchers, and to improve access to trials, so that people with breast cancer can benefit from improvements in surgery. This year, together with the Association of Breast Surgery we provided funds to establish a second surgical specialty lead post for breast surgery.

...by bringing health, gender, and equity centre stage

In this report year, we provided funding to bring together researchers working on *The Lancet Breast Cancer Commission* for a face-to-face meeting.

The commission aims to tackle global health, gender, and equity challenges and ultimately improve the lives of people affected by breast cancer, wherever they are, wherever they live.

It aims to do this by presenting a compelling analysis with the power to influence global policy.

Building a diverse workforce...

...by putting staff voices front and centre

We're committed to creating an environment where all our staff can thrive.

- Our equality, diversity and inclusion (EDI) steering group meet regularly to steer the development and implementation of an organisation-wide EDI strategy. It includes representatives from every directorate, to make sure that a wide range of staff voices are heard. As a newly formed group, this year has focused on laying the groundwork for positive change in the years to come.
- In March 2022, we appointed the Equality Works Group to undertake an internal EDI audit, to help us understand our current workforce, and build a more inclusive organisation. We're now taking these recommendations forward into 2022-23.
- We encourage colleagues to share their experiences and celebrate key EDI events across the year, so we can listen to and learn from each other.
- A new EDI hub on our intranet shares learning and development resources that are open to all staff.



ACCELERATOR 3: EVOLVING AND ADAPTING OUR PRACTICES

Our aims in this area are:

- Putting our supporters at the heart of how we communicate so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships
- Bringing transformational insight to our decision-making and actions through improved use of data
- Having the courage to change course and adapt to evolving circumstances, drawing on valuable experience gained during the COVID-19 crisis and with an unfaltering commitment to always doing what's best for people affected by breast cancer
- Identifying and implementing new technologies to support and enhance team working, inclusion, creativity, and innovation

**Here's how we've been
delivering against these
aims in this report year.**

Putting our supporters at the heart of how we communicate...

...by improving supporter journeys

This report year, we introduced a *Supporter Journeys Framework* to help us improve how we listen to and learn from our supporters and from the people who use our services, so we can better understand their needs and wants.

This framework outlines how we can use transformational insight to guide our decision-making and actions. It also supports enhanced teamwork by encouraging us to be more collaborative in our approach to improving and optimising our communications.

...by working towards a single seamless point of connection

Flexible funding from players of People's Postcode Lottery and awarded to us by the Postcode Care Trust, has allowed us to invest in the future of our online presence. In September 2021, we embarked on a *digital unification project* in partnership with digital transformation experts TPXimpact.

This ambitious project will unify our online platforms into one seamless experience for people affected by breast cancer. Whether they are looking at our health information, signing up for

one of our services, posting on our Forum, taking part in a fundraising event, signing a petition - or any other way of engaging with us online - people will feel like they're using a single website, not a collection of different, unconnected sites. And our goal is for this new platform to be as intuitive and personal as possible.

During 2021/22, we worked with TPXimpact to firstly conduct a deep "discovery" phase to fully understand what the digital needs and opportunities are for people affected by breast cancer. We conducted interviews and surveys with people affected by breast cancer to ensure they are feeding directly into what the new platform needs to do, and how they want to feel when they are using it.

Following the discovery phase, we developed a set of "experience principles" that keep users at heart and that are the cornerstone of the project. This was followed by a crucial "define" phase, to bring the discovery findings together and agree the foundations for our new platform.

As we enter 2022/23, we are beginning the design and build phases, and we'll see the new platform launch section by section throughout the year.

**Having the courage to change course and adapt...
...by evolving for an age of hybrid working**

In this report year, we adapted the *working environment* at both our London and Sheffield offices to better meet the needs of hybrid working.

For example, with staff spending less time physically in the office post-pandemic, we have optimised the available space and introduced technology to increase our capacity to hold formal, informal, and "hybrid" (part in-person, part online) meetings.

By empowering our staff to work in a way that suits them best, for example by having the flexibility to work remotely for up to 3 days each week, we also help them to do their best work and to be more productive.

Identifying and implementing new technologies...

...to help us work more efficiently

In this report year, we implemented a new *network monitoring application*, which acts as an early warning system on many components of our infrastructure.

This will alert us when, for example, certain services have stopped running or if we lose connectivity between different parts of our network. In short, it allows us to monitor and address problems early before the impact has a chance to snowball.

...to better support our staff

We procured and implemented a new *software application* to better support staff with dyslexia and visual impairments, as well as those who are neurodiverse.

The main feature of the application is the text to speech converter with dual-colour highlighting, which can help the reader to follow the text visually, making it easier to take in information.

Moving ahead, we'll continue to explore and review our accessibility tools to ensure we are enabling our staff to do their best work with as few challenges as possible.

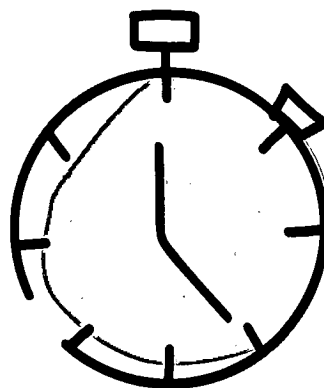
...to improve interaction with our supporters

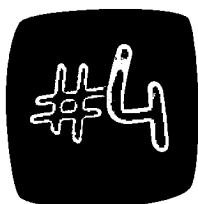
We also introduced new *thumbs up and thumbs down buttons* to supporter emails, so we can learn from them directly about what they do and don't like.

...to gain more insight from our data

We now have the capacity to separate all our *email reporting data* to learn more about how each segment engages. Moving forward, this will enable us to better tailor our approach.

BY EMPOWERING OUR STAFF TO WORK IN A WAY THAT SUITS THEM BEST, FOR EXAMPLE BY HAVING THE FLEXIBILITY TO WORK REMOTELY FOR UP TO 3 DAYS EACH WEEK, WE ALSO HELP THEM TO DO THEIR BEST WORK AND TO BE MORE PRODUCTIVE.





ACCELERATOR 4: GENERATING FURTHER FUNDING

Our aims in this area are:

- Testing to find the most successful new routes for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us
- Initiating, connecting and growing our network by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care
- Building on our success and commitment to innovation in digital to spark curiosity, fire ambition and find new routes for driving income, engagement and community action

Here's how we've been delivering against these aims in this report year.

Testing to find the most successful routes for fundraising...

...by bringing new groups together

This year we held our first **Progress Fund dinner**, bringing together women in finance to learn more about our research and how support for early career scientists is helping to change the future of breast cancer.

Initiating, connecting and growing our fundraising network...

...by engaging potential new funders

This year, we further enlivened our fashion event - The Show - with a new format that saw 24 models, each personally impacted by breast cancer, take to the catwalk at Somerset House in London.

Hosted by TV presenter Anna Richardson, the event showcased the models' lived experience of breast cancer while enabling us to welcome 500 guests across 2 events, including new and existing Breast Cancer Now supporters.

A number of our corporate partners supported the event, including Estée Lauder (who provided makeup artists), ghd (who provided hair stylists), and multiple clothing retailers (who provided the models' outfits).

The Show played a key role in securing employee fundraising from Estée Lauder and new brand partnerships for Breast Cancer Awareness Month. It also provided us with a platform for further conversations aimed at securing support from potential corporate partners.

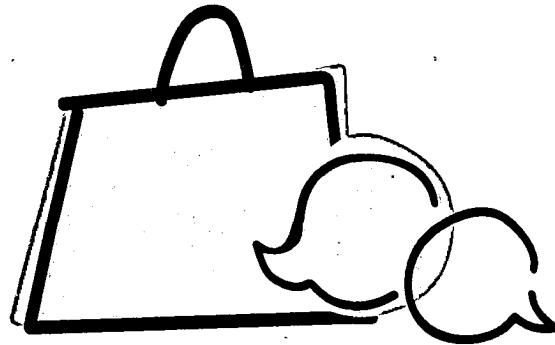
...by forging profitable relationships with our partners

Asda

In this report year, our Asda Tickled Pink partnership celebrated 25 years, in which time it has helped to raise **more than £77m** for breast cancer charities, with **more than £5 million** raised for Breast Cancer Now alone in 2021/22. Along with Asda and fellow breast cancer charity CoppaFeel!, we were delighted to be awarded the Business Charity Award for Long-Term Partnership, which recognises both longevity and our ongoing zeal to innovate. Asda and Breast Cancer Now were also awarded a Better Society Award for Partnership with a Health Charity in 2022, and a Communication and Education Award in 2021.

M&S

This year, M&S has raised **more than £700,000** through a combination of the sale of post-surgery bras and supporting products, Sparks loyalty card scheme donations, M&S employee fundraising, and M&S Bank Change4Change foreign currency donations. M&S remains the biggest funder of our Generations Study, which has helped to generate over 60 world-class scientific discoveries about the causes of breast cancer.



Ann Summers

This year, our partnership with Ann Summers reached the incredible **£200,000** milestone. As well as raising money through product sales and customer donations, the company – a partner since 2019 – continues to raise awareness of the important issues around sex and intimacy after breast cancer.

Dorothy Perkins

As a long-standing partner of 17 years, Dorothy Perkins continues to support us. In February 2022, we launched our first World Cancer Day collaboration with them, alongside Prostate Cancer UK and Dorothy Perkins' brother brand, Burton. Dorothy Perkins and Burton donated 5% of all sales made from 4 to 6 February, raising a fantastic **£15,000** for Breast Cancer Now and £8,000 for Prostate Cancer UK. Dorothy Perkins also shared content across their social media channels, helping to raise awareness of breast cancer signs and symptoms and to tackle myths and misconceptions linked to the disease.

Future Dreams

This year we have joined forces with Future Dreams and Lipsy to continue funding research projects in secondary breast cancer. Lipsy's Wear It with Love Collection, launched during Breast Cancer Awareness Month, donates £3 per item sold to Future Dreams and Breast Cancer Now, raising nearly **£22,000** so far.

Estée Lauder Companies

As well as continuing to generously provide makeup artists and products for our models in The Show, Estée Lauder Companies have further built on their support of Breast Cancer Now, by launching 2 new partnerships within the brand. This includes a cause-related marketing campaign of their Advanced Night Repair Serum Synchronized Multi-Recovery Complex, with £2.50 of each sale being donated to Breast Cancer Now with the Cosmetics Company Stores, in addition to the launch of our **£100,000** fundraising challenge with Estée Lauder's beauty advisors across the UK.

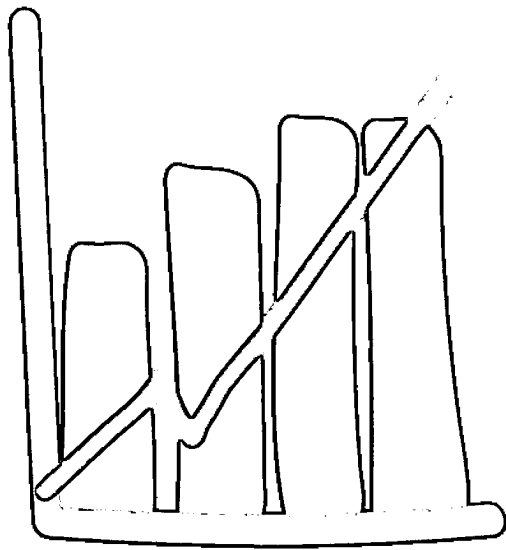
Building on our success in digital fundraising...

...by learning and innovating
In this report year, we raised £3.66 million through *Facebook fundraising*.

Having tested and optimised content for better user journeys on our website, we also saw an increase in the average donation conversion rate to 0.32%. This is a **37.77% increase** from previous year.

FINANCIAL REVIEW

During the year, the Group has continued to focus on its core business of providing high-quality, sustainable, and socially responsible products and services. The Group has achieved significant milestones, including the successful completion of its strategic plan and the implementation of its digital transformation strategy. The Group's financial performance has been strong, with a steady increase in revenue and a healthy profit margin. The Group's financial position remains solid, with a strong balance sheet and a healthy cash flow. The Group's financial review for the year 2021-22 is as follows:



Income

During the year, total income rose by £23.9 million from £43.0 million to £66.9 million, an increase of 56%. The majority of this increase is from an agreement on 15 December 2021 for settlement of \$28.3 million in relation to rights to royalty income.

The main sources of income continued to be individual giving, corporate partnerships, philanthropic giving, and community and events. Income from charitable encompasses royalties generated from Breast Cancer Now-funded research activities.

Below are some key highlights of our financial performance in those, and other, fundraising areas.

Individual giving

Our supporters were very generous during this financial year, despite difficult times.

Thousands of individuals continued to generously support us through our weekly lottery, a regular direct debit, fundraising appeals and raffles.

The continued kindness of people who choose to leave us a gift in their will is always appreciated, and this year we raised £1.9 million from legacy gifts.

Corporate partnerships

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

- Our flagship Asda Tickled Pink partnership raising more than £5 million for world-class research, life-changing support and breast awareness education
- M&S colleagues and customers raised an amazing £700,000 through the sale of post-surgery bras, Sparks loyalty card donations, M&S Bank Change4Change foreign currency donations and employee fundraising events
- Our partnership with Ann Summers reaching the £200,000 milestone
- Dorothy Perkins supporting World Cancer Day from 4 to 6 February 2022 by donating 5% of all sales and raising a fantastic £15,000
- Joining forces with Future Dreams and Lippy. Launched during Breast Cancer Awareness Month 2021, Lippy's Wear It With Love collection donated £3 per item sold and has raised nearly £22,000 so far
- The launch of a £100,000 fundraising challenge with Estée Lauder's beauty advisors across the UK

Events and community fundraising

While it remains a challenging environment, our events and community fundraising began to return to pre-pandemic levels following the end of the COVID-19 restrictions.

Whether it was at a planned event or in their own time, thousands of people laced up their trainers, hopped on their bikes and popped on their swimming goggles to take on a sporting challenge for Breast Cancer Now, raising a combined total of £5,677,043. Highlights included:

- Despite plans for some large-scale events being disrupted, like the London Marathon and Bath Half Marathon, we saw significant growth in the number of people taking on running, cycling, swimming and triathlon events for Breast Cancer Now. In total, they raised an amazing £2,396,199
- Our Pink Ribbon Walk series returning for the first time since 2019. With walks at Blenheim Palace, Chatsworth House and Chiswick House, supporters stepped out in force to raise more than £590,000
- Nearly 30,000 people taking on our 5 virtual challenges. Despite a crowded marketplace, supporters raised an impressive £2,690,316 and our Run 100k event was featured as one of the top 25 mass participation events of 2021

As communities continued to emerge from COVID-19 restrictions, hundreds of supporters came up with their own inspiring, creative and innovative ways of raising money. From gala balls and golf days to head shaves, tractor runs and high heeled walks, over £1,342,000 was raised – an incredible 45% year-on-year increase.

Further highlights from individuals, fundraising groups and local businesses across the UK this year included:

- One of our long-standing supporters, David Chappell, raising more than £2,600 with his #PloughForLife campaign. David, along with support from his 6 daughters, has been putting his agricultural skills as a farmer to good use, hosting tractor rides and selling chicken feed at his Yorkshire farm for voluntary donations to Breast Cancer Now
- The Isle of Man Fundraising Group got even closer to their £2 million fundraising milestone by raising an impressive £79,000 this year. With a full calendar of events, the group held their annual Pink Bra Dash and Boxing Day Dip. This year also saw the return of the Snaefell Sleepover – where 75 people walked up the island's highest mountain and camped without tents under stars

- A 3-month partnership with Lincolnshire Co-op, which raised more than £135,000. From cake sales and bingo nights, to a fancy dress walk over the Humber Bridge, and Big Pink Weekend across 280 stores, Co-op employees, members and customers got into the fundraising spirit.

Many people also chose to honour and remember a loved one who has died from breast cancer. Funeral collections and tribute funds have raised more than £544,000 this year.

Philanthropy and special events

This year, we warmly welcomed supporters back in-person to Carols by Candlelight. Along with songs by the choir and the chance to win some incredible prizes, guests celebrated the festive season by enjoying readings from our ambassadors Cherie Blair CBE QC, Amanda Mealing, Donna Fraser OBE. There was also a reading by Rosamund Dean, who is living with breast cancer. The evening raised over £27,000.

Our heartfelt thanks to the Mary-Jean Mitchell Green Foundation who continue to generously support the world-leading work of Professor Nick Turner and the Molecular Oncology Team at our Research Centre, this year with a wonderful gift of £100,000.

We'd like to express our immense appreciation for the players of the People's Postcode Lottery for their wonderful continued support this year.

Facebook birthday fundraising

Every year, thousands of people mark their birthday by raising money for Breast Cancer Now, and this year they raised an incredible £3.6 million through Facebook birthday fundraising.

Mass participation events

An amazing 13,879 individuals, schools and workplaces signed-up to take part in wear it pink 2021, raising over £1.6 million in total.

And 7,555 sandwich and scone lovers held a Breast Cancer Now Afternoon Tea, raising a tea-lightful combined total of £686,807.

Fundraising expenditure

Expenditure increased by £6.1 million from £15.7 million to £21.8 million, an increase of 38%. This reflected our growth plan in support of the 2025 Strategy including additional investment of £4.0 million into acquisition.

Charitable expenditure

Charitable expenditure, which includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information, increased by £3.4 million from £18.8 million to £22.2 million, an increase of 18%. This increase includes additional Research Grant funding of £1.3 million.

Reserves

The net movement in funds was a surplus of £22.8 million (2021: £10.3 million), which includes an unrealised investment loss of £0.1 million (2021: £1.0 million unrealised gain). The 2022-23 budget has been set to ensure that the charity is within the reserves policy set out below.

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

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years, and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £0.7 million at the year-end (2021: £0.7 million).
- Unrestricted funds arise when no stipulation is made by the donor. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves, including those held in intangible and tangible assets of £1.6 million, stood at £11.4 million (2021: £12.2 million) at the year-end, following the transfer of £23.7 million to designated funds.

- Designated funds arise when no stipulation is made by the donor, but which have been set aside by trustees for an essential spend or future purpose. Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. The charity's commitment to fund research is on a long-term basis but is funded through annual net fundraising income, which is subject to fluctuations. To reflect this and the increased funds in relation to rights to royalty income accounted for in year, designated funds have increased by £23.7 million to £37.2 million.

The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the trustees considered that a sufficient level of reserves for the organisation would be a minimum of £9.8 million. This is included in the unrestricted funds and is in line with the current free reserves position policy. Total funds at the year-end were £49.2 million (2021: £26.4 million) and are £39.4 million more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

Financial Statements

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

Subsidiary Trading Companies

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

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

Going concern

The future continues to be dominated by the economic outlook from the impact of the war in Ukraine, the cost of living crisis and residual COVID-19 factors.

We continue to monitor these issues on the UK economy and the associated generosity or ability of future fundraising activities and donations. A review of a range of scenarios assessing the key factors on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range and it is reasonable to expect the charity to have adequate resources to continue in operation in the foreseeable future. Accordingly, the trustees consider it appropriate for the financial statements to be prepared on a going concern basis of accounting.

During 2021-22, income exceeded levels achieved in both the previous year and those in our 2021-22 budget, with continued resilience of the income streams from individual donors and corporate partners. This was further supported from the returns from additional investment within individual giving and the additional royalty income accounted for in year.

Given the satisfactory closing position and the budget and financial projections for 2022-23, the trustees consider it appropriate for the financial statements to be prepared on a going concern basis as outlined in the Statement of Trustees' Responsibilities.

Grants

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

Investments

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

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

1. Investing to cover certain short-term spending with adequate liquidity and a shorter-term risk averse profile
2. Investing longer-term reserves consistent with their use for longer-term commitments or as contingency assets

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

Governance, Structure and Management

The Board of Trustees of Breast Cancer Now presents its Annual Report and Accounts for the year ended 31 July 2022. These comply with the Companies Act 2006, Breast Cancer Now's governing document the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Status

Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The trustees listed on pages 53 are also the charity's directors and have overall responsibility for the strategic direction and effective governance of the charity. The trustees met regularly during the year.

The legal and administrative details are listed on page 98.

Objects

The charity's objects are to:

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

Trustee recruitment, appointment, induction and training

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

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

A skills audit of the Board is performed periodically to ensure the appropriate range of skills and expertise, including in areas of scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The Board supports the principles of good governance set out in the Charity Governance Code and uses the code to review governance on an annual basis.

Board of Trustees

Members of the Board during the year were:

Jill Thompson⁰⁺
Chair

Pascale Alvanitakis-Guely^{0*}

Mark Astaire[¥]

Barbara Brown⁺

Christopher Copeland

Professor Mitch Dowsett^{¥*}

Susan Gallone^{0*}
(resigned 5 May 2022)

Sonia Gayle^{0*}

Professor Adrian L Harris⁺
(resigned 5 May 2022)

Professor Ingunn Holen⁰

Andrew Moore^{0*}
Vice Chair

Ann Pickering⁺

Dr Nisha Sharma^{¥*}

Dr Georgette Oni^{¥*}
(appointed 5 May 2022)

Dr Andreas Makris^{0*}
(appointed 5 May 2022)

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

⁰ member of the finance and investment committee

[¥] member of the risk and governance committee

⁺ member of the people and culture committee

^{*} member of the science strategy committee

Senior leadership team (at 31 July 2022)

Delyth Morgan
Chief executive

Rachael Franklin
Director of fundraising,
communications and engagement

Simon Vincent
Director of research,
support and influencing

Chay Champness
Chief operating officer

During the year, the senior leadership team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were **£529,636** (2020-21 £548,520).

In 2021-22, the chief executive, the highest paid member of staff, received remuneration of **£139,444** (2020-21 £135,975).

Staff employee reward

From August 2021 to July 2022, Breast Cancer Now employed an average of 294 (2021: 269) staff across the year. Our staff are fundamental to the work we do and we rely on them, our supporters, volunteers and trustees, and their amazing commitment, dedication and support they give to the charity.

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

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

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

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

Equality, diversity and inclusion

Breast Cancer Now acknowledges that everyone is unique with individual skills, knowledge and life experiences and everyone can make a valuable and positive contribution to the aims, values and strategic goals of the charity. We recognise the benefits of employing and engaging with individuals from all backgrounds and community groups as this helps build a workforce and business where creativity and valuing difference in others thrives.

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

Our equality, diversity and inclusion (EDI) steering group continues to meet with representatives from across each directorate and a range of teams across the charity. The group steers the development, implementation and monitoring of an organisation-wide approach to EDI, which enables us to better reach and meet the needs of both internal and external stakeholders.

The group is using management information, external expertise and insight from lived experiences, to enable us to work towards our strategic objectives. It ensures diverse voices are listened to, fosters an inclusive environment for all colleagues and ensures we are reaching and supporting diverse beneficiaries through our charitable work. Since the group was formed in 2020, we have been laying the foundation for real change.

This year, we have started to focus on 3 priority areas, which aligns with our organisational strategy:

1. Gathering clear EDI data to guide us

In March 2022, we appointed the Equality Works Group (EWG) to undertake an internal EDI audit. This was to help us understand in more detail the demographics and culture of our workforce. It also aimed to identify factors that will help us build on our work to create a diverse and inclusive organisation.

The audit was completed in July 2022 and highlighted many strengths. A number of recommendations were made to continue to deliver internal EDI progress, and an action plan is being developed to deliver these recommendations in 2022-23.

2. Building our collective confidence around EDI

We continue to encourage colleagues to share their lived experiences and to celebrate key EDI events across the year. Sharing lived experience continues to be an important way for us to build our collective confidence and understanding. We have also developed an EDI hub on our intranet to share key learning and development resources.

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

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

- In our communications work, we are more clearly identifying the different communities and groups of people we speak to and the issues that matter to them
- In our fundraising work, we are improving the experience our supporters have with us
- In our digital work, we are making our website more accessible
- In our public health work, we are creating information in 13 different languages including British Sign Language

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

Approach to fundraising

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

Our fundraising portfolio is diverse, ranging from volunteer-led fundraising, to lottery, to corporate, to gifts in wills, TV advertising and more.

To meet the expectations of our supporters, Breast Cancer Now continues to have a cross-organisational focus on ensuring that we are working in a way which is compliant with law and regulations governing charity fundraising, including being registered with the Fundraising Regulator and adhering to the GDPR. This focus enables us to adapt to any changes in the law or in best practice and continuously consider what is important to our supporters with regards to their privacy and data.

Fundraising on our behalf

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

Safeguarding and vulnerable supporters

We recognise our responsibility to safeguard our supporters and members of the public across all areas of our fundraising and services. Our safeguarding policy and annual safeguarding report is reviewed each year by the risk and governance committee.

Complaint handling

From August 2021 to July 2022 we received and responded to 219 complaints, which is a 4% increase on the number of complaints compared to last year. While the number of complaints we received is small compared to our overall reach, we take all negative feedback seriously. Each complaint has been thoroughly investigated and resolved with corrective action taken, where appropriate, to improve the work we do. All feedback is valuable for the continuous improvement of the experience of our supporters and beneficiaries. We continue to review our policies and procedures on a regular basis to ensure they are robust and serve our supporters in the best way possible.

Our Fundraising Promise

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

We are committed to showing the individuals, companies, and organisations who support us how much they are valued and the difference their support makes. The following principles guide our ways of working:

Honesty and Accountability

- We ask for and listen to your feedback and complaints and make improvements based on what you say
- We closely monitor agencies working on our behalf and ensure they keep to our high standards
- We work in way that is compliant with relevant statutory bodies and the Fundraising Code of Practice

Kindness and Respect

- We inspire people to give or raise money for Breast Cancer Now without making them feel pressured to give
- We have a procedure for working with people in vulnerable circumstances, including children
- We only communicate with you in the ways that you prefer and always with a friendly and approachable manner
- We treat all donors and the members of the public fairly and with respect
- We value and acknowledge the contributions made by our supporters and thank accordingly

Trust and Transparency

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

Learning and Developing

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

Advisory boards and committees

Finance and investment committee

The finance and investment committee is responsible for advising the Board on short and long-term financial planning, including review of financial plans, budgets and proposals, as well as playing a governance role with the review of financial policies, processes and controls and advising on the appointment of external auditors. The committee is responsible for appointing the charity's investment managers, and also sets and recommends the investment strategy to the Board for approval and oversees the management and performance of investments. The finance and investment committee met 5 times during the year.

Risk and governance committee

The risk and governance committee set the risk management process and ensure that strategic risks are identified, reported to the Board and, where necessary, highlighted to other committees, such as the finance and investment committee.

The committee ensures that risk priorities and relevant actions are highlighted to the senior leadership team for further action by their directorates. The committee also oversees any material internal controls change programme and ensures recommendations are implemented. The committee recommends the charity's risk management appetite and policy to the Board for approval and reviews policies which may result in significant reputational risk. The risk and governance committee met twice during the year.

People and culture committee

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

Science strategy committee

The science strategy committee is responsible for overseeing Breast Cancer Now's research portfolio and making recommendations to the Board as to the distribution of our research funding. The committee plays a key role in ensuring that our research supports our strategic aims and met twice during the year.

Chairs' committee

The chairs' committee enables decisions to be made between Board meetings where they are of sufficient urgency that it would be detrimental to wait until the next Board meeting. The chairs' committee met once during the year.

Risk

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

We operate a process of risk identification and management that is embedded into the governance of the organisation. Central to this are our risk registers, which are regularly reviewed and updated by the senior leadership and operational leadership teams, the trustees and considered by the risk and governance committee which normally meets twice a year.

We also regularly adapt the content to ensure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are a living document that continues to change over time in response to internal and external stimuli.

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

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

We have considered the key risks facing the charity in the year ahead. Some examples of these strategic risks and mitigations to manage them are detailed on the following pages.

Risk

Mitigation

Legal and regulatory compliance

Risks of non-compliance:

- Serious data security breach (from a cyber-attack or non-compliance with GDPR)
- Lack of compliance with regulations in relation to our fundraising practices
- Failure to comply with legal or regulatory requirements

- IT policies and procedures including vulnerability scanning and penetration testing and anti-virus software
- Dedicated fundraising compliance senior officer; data privacy manager and governance manager
- Regular training for staff
- External peer review of research

Loss of reputation

A high-profile incident results in a loss of reputational integrity, influence and support

- Anti-fraud policy and fraud monitoring in place
- Reputation management and crisis communication processes in place

Financial sustainability

Failure to effectively manage our financial resources to ensure we can continue to support those affected by breast cancer

- Prudent 2022-23 budget and reserves policy
- Continued enhanced cashflow forecasting throughout the year
- Agile fundraising strategy with quarterly reviews around performance to date and future pipeline
- Ongoing monthly updates to year end forecast

Unforeseen disruptions such as COVID-19

Inability to deliver our mission to those affected by breast cancer due to serious business disruption

- Agile governance arrangement, enabling quick and effective decision making
- IT systems robust secure and stable due to quality of leadership and decision-making
- Motivated and engaged staff and volunteers

Risk	Mitigation
Marketing	
Low brand awareness	<ul style="list-style-type: none"> • New brand based on insight from, and tested on and with, beneficiaries, supporters and other key stakeholders including key fundraising contacts • Investment in sustained brand marketing
Services and research	
Not reaching enough service users with loss of reach and impact due to drop-out rates on courses and pressure on the NHS	<ul style="list-style-type: none"> • Analysis of reasons for this post-COVID-19 • Review of and improved communications and marketing
Inability to maintain our commitments to our long-term research activities or to fund future research, because of lower levels of income	<ul style="list-style-type: none"> • Close communication with those researchers to whom we provide long-term support, to discuss ways of mitigating the impact of reductions in budgets • Establishment of designated fund to support long term research commitments
Inability of existing research to continue due to disruption at research host institutions or loss of key researchers	<ul style="list-style-type: none"> • Close communication with researchers and senior administrative staff at key host institutions to monitor their ability to support the research we fund • Long-term commitment to key strategic research activities to ensure stability for research staff and support for research training
Staff and volunteers	
Failure to address the health and wellbeing of employees and volunteers and support their ability to perform their roles	<ul style="list-style-type: none"> • EDI programme across organisation • Enhanced performance management programme for staff • High-quality volunteering programme

S172(1) Statement

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

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

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

Employees

Our success as a charity is underpinned by the wellbeing and performance of staff who are fundamental to everything we achieve. We engage with our staff in a variety of ways through:

- An active staff forum with regular online drop-ins for staff to raise questions, and dedicated representatives to gather staff feedback or field concerns
- Monthly organisational updates to staff providing information around the charity's development, and an opportunity for staff to provide feedback and raise questions to the senior leadership team
- Monthly directorate meetings providing an opportunity for senior leadership to speak to their directorate and share updates across teams, and an open forum for staff members to update their peers, ask questions or flag concerns
- The organisational management team meet monthly and act as both a forum to cascade organisational information and to raise staff concerns
- Weekly newsletters are distributed, which provide staff with updates from across the organisation, including operational news, campaigns and staff blogs
- Our intranet provides a centralised space for staff to find and post information. It is an integral hub for connecting staff whether they are working in one of our offices or working from home
- We have around 20 'Now Sessions' per year, which are voluntary, peer-to-peer informal sessions hosted by teams across the organisation to share knowledge, learnings and success stories
- Development of an online learning and development platform to enhance the face-to-face learning, and to meet the extensive and diverse training needs across the staff group
- Use of staff surveys, particularly around staff engagement and developing our equality, diversity and inclusion (EDI) plans to become a more diverse and inclusive organisation
- An EDI group has been established, which includes staff representatives, to help steer our development, implementation and monitoring of our organisational approach to EDI
- Annual performance review process which focuses on the performance and development of our staff
- We have an annual staff conference and awards ceremony to celebrate the achievements of staff and the organisation, of which staff members contribute to the content, and vote for their award nominations
- We have established an environmental group, a number of social and wellbeing groups including mental health first aiders, a social committee, netball team and a craft group, and other support groups including peer learning groups, long-term health conditions group, Parenting Now and Caring Now

Volunteers

We cannot achieve our charity's vision with a staff team and budget alone. We rely on people's passion and personal connection, alongside their time, skill, voice, and willingness, to create real change. And we're delighted that 97% of our volunteers say they feel valued by Breast Cancer Now (Volunteer Experience Survey 2022).

The overarching intent of our volunteering strategy is to "open the doors" of volunteering. Our 5-year volunteering plan aims to grow our key programmes in line with our Turning the Tide strategy, welcome new people from diverse backgrounds, and champion ideas to adapt and change.

Help and support

Volunteering is interwoven into every directorate of the charity, where volunteers shape, resource, and support our activities. The volunteer hub is responsible for providing infrastructure, training and support to staff teams who involve volunteers, while also championing new volunteer programmes.

Growing our programmes

The number of "managed volunteers" grew to 615 this year: these are people who support through formal, longer-term roles. Alongside this, "one-off" opportunities have been very popular, particularly as we opened up our face-to-face events. We have also created more remote and office support roles, with volunteers supporting teams ranging from patient experience to data, legal to digital. We will continue opening up new opportunities and reducing barriers to volunteering over the next year.

We have trialled new ways of recruiting volunteers, making recruitment more accessible, reducing barriers to entry for certain roles, and promoting opportunities using different media formats.

We took the decision to co-create a new and improved Voices network, discontinuing our legacy charities' networks. The Voices community use their experiences to directly influence our work, as well as get involved in external activity, and the new network has grown by 20% over the year.

Volunteer engagement

- Volunteer surveys used to obtain feedback on training and support provided. Volunteer satisfaction was 93% (Volunteer Experience Survey 2022), a big increase from 2021 survey where this figure was 86%
- Acted on feedback from volunteers to develop an ongoing series of online events and talks. In 2022, topics have included learning more about the research we fund and secondary breast cancer, and we ran the Volunteers' Week thanking event
- Hosted 4 regional volunteer events in April 2022; 100 volunteers attended these, or the online equivalent. The events provided opportunity for volunteers to connect in-person, for the first time since 2019, bringing together volunteers to connect with the charity and inputting their views into volunteer experience. Over 95% of attendees said the events made them feel appreciated and contributed to increased connection to, and trust in, Breast Cancer Now
- We have an annual outstanding volunteer award, as well as providing reward and recognition guidance for staff to better recognise volunteers across the organisation. The winner of this year's award was Christianne Forest, who has volunteered for numerous support and breast awareness volunteers following her diagnosis as a young woman with 4 young children at the time

- Volunteer communications include regular “drop in and connect” virtual sessions, email bulletins, and one-to-one phone calls with volunteers who haven’t heard from us recently or may have paused their volunteering
- Developed our dedicated volunteer learning platform - Volunteer Now - providing a single place for volunteers to access training specific to their role, engage with resources and information about the charity, so that they may be ambassadors for the charity, and access opportunities for personal development

Donors, trusts and corporate partners

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

- Collaborating regularly with our corporate partners through virtual and face-to-face meetings
- Working with our corporate partners to co-create campaigns and actions
- Regularly undertaking partnership reviews to understand levels of performance, impact and satisfaction
- Major events and milestones at Breast Cancer Now are communicated to our donors and supporters
- Reporting on the impact we have as a charity thanks to their support via impact reports,

email communications and our Annual Report and Accounts

- Opportunities for supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists
- Cultivation events such as our annual carol service, providing an opportunity to meet key members of Breast Cancer Now staff, trustees and other supporters
- Donor-specific thank you events – such as for events, community, philanthropic, and legator supporters – to show the impact of their support, to meet staff and other supporters and to engage further in our work
- Clear thanking process and plan for all supporters based on the type and level of support and their relationship with Breast Cancer Now
- Our Fundraising Promise, which guarantees what donors of all types can expect from Breast Cancer Now in their relationship with us
- Clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with us

Suppliers

Our ability to fund dedicated research, and to provide the necessary support and care to those impacted by breast cancer, relies on good liaison with suppliers. Some of the ways that we engage with our suppliers include:

- Having a dedicated research team to provide the administrative support to ensure effective collaboration with those institutions undertaking research on behalf of the charity
- Building close working relationships with the hosts of our 4 long-term research activities: the Institute of Cancer Research (The Toby Robins Breast Cancer Research Centre and the Generations Study), Kings College London (the Breast Cancer Now Research Unit) and the Barts Cancer Institute at Queen Mary University of London (the Breast Cancer Now Tissue Bank)
- Developing links with external scientists through the science strategy committee and various conferences, including taking a leading role in the UK Interdisciplinary Breast Cancer Symposium
- Working with organisations that bring us together with others in the sector to amplify our voice, including the Association of Medical Research Charities, the Richmond Group and the National Cancer Research Institute
- Working with the Richmond Group of charities to combine our influence and speak as one collective voice so that we can improve the support and care for

people with long term conditions

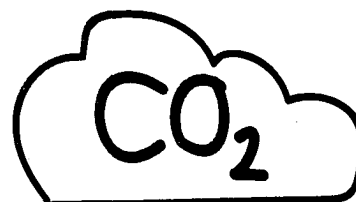
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- Using expert speakers drawn from the healthcare professions, including oncologists, surgeons, physiotherapists and dietitians, who share their expertise and knowledge with service users through our face-to-face and online support services
- Employing sessional therapists, facilitators and nurses to co-deliver and support services to people affected by breast cancer, enabling us to reach more people across the UK
- Making use of a range of convenient, accessible and welcoming venues across the UK at which we host our services, ensuring a safe and comfortable environment for people to meet each other, share experiences and gain mutual support
- Developing our relationships with nurses in practice, supporting their continuous education and gaining their contribution to the development of nursing and health information services
- Working closely with our print suppliers to manage the distribution of our award-winning publications to those that need them, and with our virtual call centre supplier, allowing delivery of a telephone helpline to provide support
- Using a political monitoring service and other specialist suppliers to enable us to take our influencing and campaigning work to elected representatives and campaigners - for example through campaigner actions and the delivery of events, briefings and reports
- Working with policy experts in other organisations in the sector to give us additional capacity to develop policy

Energy and emissions

The following figures make up the baseline reporting for Breast Cancer Now.

Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.



	2021-22	2020-21
Scope 2		
Grid supplied electricity – kWh	67,839	242,064
Associated Greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	14	53
Intensity ratio Emissions per headcount, based on average staff numbers of 269	0.02	0.09

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2021 and 2022 reporting year. For 2021 (1 January 2021 to 31 July 2021) used Database 2021, Version 1.0. For 2022 (1 January 2022 to 31 July 2022) used

Statement of trustees' responsibilities

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

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

Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015)

- Make judgments and estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

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

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

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

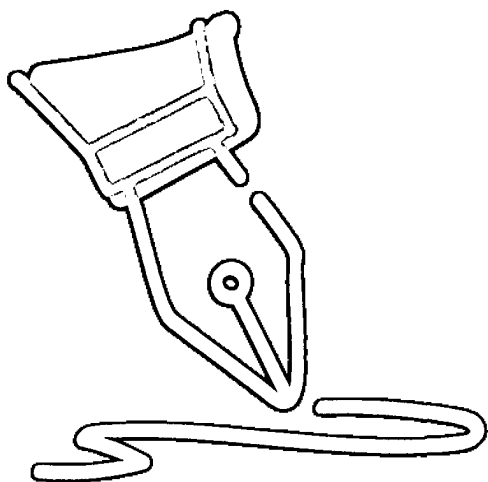
In the case of each trustee in office at the date the Trustees' Report is approved:

- So far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and
- They have taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Jill Thompson,
Chair of the board of trustees

WE CANNOT ACHIEVE OUR
CHARITY'S VISION WITH A STAFF
TEAM AND BUDGET ALONE.
WE RELY ON PEOPLE'S PASSION
AND PERSONAL CONNECTION,
ALONGSIDE THEIR TIME, SKILL,
VOICE, AND WILLINGNESS,
TO CREATE REAL CHANGE.

TO THE MEMBERS AND THE TRUSTEES OF BREAST CANCER NOW



Opinion

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2022 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2022 and of the group's income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

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

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's or the group's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

- Adequate and proper accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

www.frc.org.uk/auditorsresponsibilities.

This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

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

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005, together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the

group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation, employment legislation and health and safety legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

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

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

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

Use of our report

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

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

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(incorporating an income and
expenditure account)
For the year ended 31 July 2022

The Consolidated Statement of Financial Activities is for the Group as a whole. Total income for the year for the parent charity was £66,602,000 (2021: £40,684,000).

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

	Note	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2022 £000	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2021 £000
Income from:									
Donations and legacies	2	22,734	-	4,676	27,410	22,250	-	4,215	26,465
Charitable activities		27,224	-	-	27,224	6,970	-	-	6,970
Other trading activities	3	11,302	-	553	11,855	8,742	-	364	9,106
Investments		395	-	-	395	285	-	-	285
Furlough income	25	-	-	-	-	196	-	-	196
Total income		61,655	-	5,229	66,884	38,443	-	4,579	43,022
Expenditure on raising funds									
	4	21,774	-	-	21,774	15,732	-	-	15,732
Expenditure on charitable activities									
	5	16,816	-	5,401	22,217	12,632	-	6,137	18,769
Total expenditure		38,590	-	5,401	43,991	28,364	-	6,137	34,501
Net realised investment gain	11	-	-	-	-	804	-	-	804
Net unrealised investment (loss)/gain	11	(122)	-	-	(122)	1,009	-	-	1,009
Total net investment (loss)/gain		(122)	-	-	(122)	1,813	-	-	1,813
Net income/ (expenditure)		22,943	-	(172)	22,771	11,892	-	(1,558)	10,334
Transfers between funds	20	(23,767)	23,655	112	-	(13,500)	13,500	-	-
Net movement in funds		(824)	23,655	(60)	22,771	(1,608)	13,500	(1,558)	10,334
Funds brought forward	20	12,209	13,500	725	26,434	13,817	-	2,283	16,100
Funds carried forward	20	11,385	37,155	665	49,205	12,209	13,500	725	26,434

BALANCE SHEETS

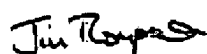
As at 31 July 2022

	Note	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Fixed assets					
Intangible assets	9	998	1,117	998	1,117
Tangible assets	10	587	624	587	624
Investments	11	19,958	10,413	19,958	10,413
		21,543	12,154	21,543	12,154
Long term debtors	15	15,040	-	15,040	-
Current assets					
Current investments	12	-	-	-	-
Debtors	14	13,571	12,068	16,875	15,386
Cash at bank and in hand		19,461	24,071	10,989	14,282
		33,032	36,139	27,864	29,668
Creditors: amounts falling due within one year	16	(16,208)	(17,466)	(12,614)	(13,243)
Net current assets		16,824	18,673	15,250	16,425
Total assets less current liabilities		53,406	30,827	51,832	28,579
Creditors: amounts falling due after more than one year	17	(3,860)	(3,992)	(2,299)	(1,757)
Provisions for liabilities	19	(341)	(401)	(341)	(401)
Net assets		49,205	26,434	49,192	26,421
Unrestricted Funds	20	11,385	12,209	11,372	12,196
Designated Funds	20	37,155	13,500	37,155	13,500
Restricted Funds	20	665	725	665	725
Total Funds		49,205	26,434	49,192	26,421

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

The Charity's net movement in funds for the year was an increase of £22.8m (2021: increase of £10.3m)

The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 23rd November 2022 and were signed on its behalf.



Jill Thompson **Trustee**

CONSOLIDATED CASH FLOW STATEMENT

For the year ended 31 July 2022

	Note	£000	Group 2022 £000	Group 2021 £000
Cash flows from operating activities:				
Net cash generated in operating activities	a		5,288	2,438
Cash flows from investing activities				
Dividends, interest and rents from investments		(9,392)	148	
Purchase of tangible fixed assets	10	(356)	(58)	
Purchase of intangible fixed assets	9	(150)	(543)	
Proceeds from sale of investments	11	-	-	
Net cash generated investing activities			(9,898)	(453)
Change in cash in the reporting period			(4,610)	1,985
Cash at the beginning of the reporting period			24,071	22,086
Cash at the end of the reporting period	b		19,461	24,071
(a) reconciliation of net incoming resources to net cash flow from operating activities				
			Group 2022 £000	Group 2021 £000
Net income for the reporting period (as per the Statement of Financial Activities)			22,771	10,334
Depreciation and amortisation	9,10	663		469
Loss on disposal of fixed assets		-		34
Decrease in provisions		(60)		(116)
Realised gain on investments	11	-		(804)
Unrealised loss/(gain) on investments	11	122		(1,009)
Dividends, interest and rents from investments		(395)		(285)
Investment fees deducted from portfolio	11	120		58
Decrease in stock		-		14
Increase in debtors		(16,542)		(4,756)
Decrease in creditors		(1,391)		(1,501)
Net cash generated from operating activities			5,288	2,438
(b) Analysis of cash and cash equivalents				
			Group 2022 £000	Group 2021 £000
Cash in hand			17,415	22,042
Notice deposits (less than 3 months)			2,046	2,029
Total cash and cash equivalents			19,461	24,071

FINANCIAL ACCOUNTS AND NOTES

Breast Cancer Now

Notes to the financial statements for the year ended 31 July 2022

1. Accounting policies

Charity information

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

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

Basis of preparation

These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at fair value and in accordance with Financial Reporting Standard 102 ('FRS 102') 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland' and with the Statement of Recommended Practice 'Accounting and Reporting

by Charities' FRS 102 as revised in 2019 ('the SORP 2019'), together with the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

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

Going concern

The Board has reviewed the Charity's activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income. The financial impact of the cost of living crisis and residual COVID-19 factors were a key element to these assessments. A review of a range of scenarios assessing the potential impact on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range and it is reasonable to expect the Charity to have adequate resources to continue in operation in the foreseeable future.

During 2021-22, income exceeded levels achieved in both the previous year and those in our 2021-22 budget with continued resilience of the income streams from individual donors and corporate partners. This was further supported from

the returns from additional investment within Individual Giving and the additional royalty income accounted for in year.

Consolidation

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

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

Exemptions

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

Business combinations

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

the identifiable assets, liabilities and contingent assets.

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

Funds

The following funds are held by the Charity:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted funds stood at £0.7 million at the year-end (2021: £0.7 million).
- Unrestricted funds arise when no stipulation is made by the donor. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves, including those held in intangible and tangible assets of £1.6 million,

stood at £11.4 million (2021: £12.2 million) at the year-end following the transfer of £23.7 million to designated funds.

- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for an essential spend or future purpose. Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. The charity's commitment to fund research is on a long-term basis but is funded through annual net fundraising income, which is subject to fluctuations. To reflect this and the increased funds in relation to rights to royalty income accounted for in year, designated funds have increased by £23.7 million to £37.2 million. £15.0 million of this has yet to be received in cash and is shown under long-term debtors.

The Charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations, the trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the trustees in line with the reserves policy as described in the trustees report (page 51).

Income

Income is accounted for and included in the SOFA when the Group is entitled to the income, receipt can be quantified and receipt is probable. Income

is deferred when it relates to future accounting periods.

Donations

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

Legacies

Legacies are recognised when capable of financial measurement, receipt is probable and where there are no conditions that still need to be fulfilled. Pecuniary legacies are recognised once notification has been received and probate has been granted. Residuary legacies are recognised once notification has been received, probate has been granted and they can be reliably measured, usually on receipt of estate accounts.

Corporate sponsorship and products

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

Lotteries

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

Donated goods and services

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

Investment income

Investment income is recognised on a receivable basis.

Regional groups

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

Fundraising events

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

Grants

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

Expenditure

Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA.

Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

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

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

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

Communication and support costs are reviewed and any costs

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

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

Operating leases

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

Taxation

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

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

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

Pensions

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

Investments

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

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

Financial instruments

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

Financial assets held at amortised cost comprise cash at bank and in hand, together with trade and other debtors excluding prepayments. A specific provision is made for debts for which recoverability is in doubt. Cash at bank and in

hand is defined as all cash held in instant access bank accounts and used as working capital.

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

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

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial.

Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date the Group held financial at fair value of £19,958k (2021: £10,413k).

Tangible assets

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

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

- Fixtures and fittings: over 4 years
- Leasehold improvements: over lease period
- IT hardware: over 4 years

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

Intangible assets

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

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

- IT software and website: over 4 years

Critical accounting judgements and key sources of estimation uncertainty

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

Critical accounting estimates:

- Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.

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

Critical accounting judgements:

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

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 July 2022

2. Donations and legacies

	Unrestricted £000	Restricted £000	2022 £000	Unrestricted £000	Restricted £000	2021 £000
Trusts and appeals	147	660	807	662	422	1,084
Donations and legacies from individuals	20,784	1,518	22,302	18,400	2,810	21,210
Corporate donations	1,802	2,498	4,300	3,169	983	4,152
Other income	1	-	1	19	-	19
Total	22,734	4,676	27,410	22,250	4,215	26,465

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

Donations and legacies from individuals includes £20,235 (2021: £13,195) of donated goods for auction prizes and has been recognised in the SOFA.

Legal advice was provided on a pro-bono basis the value of which totalled £17,073 (2021: £10,000) and has been recognised in the SOFA.

During the year the Charity was donated credits for ads by Google and Meta. The value of which was £340,000 (2021 £0) which has also been recognised in the SOFA.

The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2022, but which are classed as a contingent asset total £25,000 (2021: £25,000).

3. Other trading activities

	Unrestricted £000	Restricted £000	2022 £000	Unrestricted £000	Restricted £000	2021 £000
Events	618	-	618	176	-	176
Corporate products and sponsorship	2,484	553	3,037	3,371	364	3,735
Lottery income	8,070	-	8,070	5,166	-	5,166
Other income	130	-	130	29	-	29
Total	11,302	553	11,855	8,742	364	9,106

4. Expenditure on raising funds

	Direct costs £000	Support costs £000	Total 2022 £000	Direct costs £000	Support costs £000	Total 2021 £000
Cost of raising funds from donations and legacies	19,344	1,840	21,184	13,249	1,964	15,213
Cost of other trading activities	428	42	470	401	60	461
Cost of managing investments	120	-	120	58	-	58
	19,892	1,882	21,774	13,708	2,024	15,732

5. Expenditure on charitable activities

	Direct		Support	Total		Direct	Support	Total
5a. Charitable activities	Grants	costs	costs	2022	Grants	costs	costs	2021
	£000	£000	£000	£000	£000	£000	£000	£000
Research	12,198	1,862	780	14,840	10,933	1,345	851	13,129
Clinical	-	882	242	1,124	-	754	265	1,019
Services	-	2,986	587	3,573	-	1,687	639	2,326
Health Information & Policy	-	2,230	450	2,680	-	1,805	490	2,295
	12,198	7,960	2,059	22,217	10,933	5,591	2,245	18,769

5b. Grants

Grants were made to the following Institutions during the year:

	2022	2021
	£000	£000
Institute of Cancer Research	8,863	8,317
Queen Mary University of London	(338)	733
King's College London	694	700
Queen Mary University Belfast	677	400
Barts	514	385
University of Edinburgh	302	366
University of Southampton	221	-
University of Cambridge	451	-
University of Bradford	278	-
Royal College of Surgeons in Ireland	(32)	-
University of Manchester	230	-
University of Leeds	215	-
Other Institutions	123	32
	12,198	10,933

6. Support costs

	2022	2021
	£000	£000
IT, Finance & HR	1,660	1,983
Office	1,585	1,582
Management	407	235
Governance	289	469
	3,941	4,269

Total support costs of £3,941,000 (2021:£4,269,000) comprise of charitable support costs of £2,050,000 (2021: £2,150,000) and expenditure on raising funds of £1,892,000 (2021: £1,939,000). All support costs have been allocated entirely on a headcount basis.

7. Net expenditure for the year

This is stated after charging:	2022	2021
	£000	£000
Depreciation and amortisation	663	469
Loss on disposal of fixed assets	-	34
Auditors' remuneration:		
Audit work	53	53
Audit work relating to prior year	-	34
Other services - taxation	-	4
Operating leases rentals		
Property	977	886
Equipment	9	11

8. Employees

	2022	2021
	£000	£000
Wages and salaries	10,582	9,032
Social security costs	1,082	923
Pension costs	774	727
Other employee benefits	89	82
	12,527	10,764

Termination payments during the year totalled £0 (2021: £71,000). Termination payments are recognised on an accruals basis and are included within staff costs.

The average number of employees during the year were:

	2022	2021
	no.	no.
Charitable activities	134	124
Fundraising	121	112
Support Services and governance	39	33
	294	269

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

	2022	2021
	Total no.	Total no.
£60,001 - £70,000	3	6
£70,001 - £80,000	6	3
£80,001 - £90,000	-	-
£90,001 - £100,000	2	2
£100,001 - £110,000	1	1
£110,001 - £120,000	-	-
£120,001 - £130,000	-	-
£130,001 - £140,000	1	1
	13	13

Pension costs for these higher paid employees amounted to £99,356 (2021: £95,113).

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, the Director of Fundraising, Communication & Engagement and the Director of Research, Influencing & Services. The total earnings, including pension contributions, received by the key management personnel of the Charity during the year were £529,636 (2021: £548,520). In 2021/22 the Chief Executive was the highest paid member of staff and received remuneration of £139,444.

Trustees have not received remuneration (2021 £Nil). Trustees did not incur any expenses which have been reimbursed in undertaking their duties.

9. Intangible assets (Group and Charity)

	IT Software & Website £000
Cost	
At 1 August 2021	1,641
Additions	150
Disposals	(233)
Transfers	9
At 31 July 2022	1,567
Accumulated amortisation	
At 1 August 2021	524
Charge for the year	249
Disposals	(233)
Transfers	29
At 31 July 2022	569
Net book value	
Carried forward at 31 July 2021	1,117
Carried forward at 31 July 2022	998

10. Tangible assets (Group and Charity)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £'000	Total £000
Cost				
At 1 August 2021	1,041	331	423	1,795
Additions	188	102	66	356
Disposals	-	-	(69)	(69)
Transfers	-	-	233	233
At 31 July 2022	1,229	433	653	2,315
Accumulated Depreciation				
At 1 August 2021	577	295	299	1,171
Charge for the year	205	127	82	414
Disposals	-	-	(69)	(69)
Transfers	-	-	212	212
At 31 July 2022	782	422	524	1,728
Net book value				
Carried forward at 31 July 2021	464	36	124	624
Carried forward at 31 July 2022	447	12	128	587

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

11. Investments (Group and Charity)

	2022 £000	2021 £000
Market value at 1 August	10,413	8,522
Realised gains	-	804
Unrealised (losses)/gains	(122)	1,009
Income reinvested	9,787	136
Investment fees	(120)	(58)
Market value at 31 July	19,958	10,413

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

Fund	Asset class	Fund manager	2022 £000	2021 £000
CCLA	Equities, fixed interest and cash	CCLA	19,958	10,413
Total market value			19,958	10,413

12. Current investments (Group and Charity)

	2022 £000	2021 £000
Balance as at 1 August	-	-
Write back of provision	-	10
Transfer to cash at bank and in hand	-	(10)
Balance as at 31 July	-	-

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

13. Subsidiary undertakings

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884) and BCN Research Ltd (05047652). The Charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the Charity at 31 July 2022 was £245 (2021: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	2022 Total £000	2021 Total £000
Turnover	-	-	51	3,167	3,218	5,424
Cost of sales	-	-	22	-	22	(1,579)
Interest receivable	-	-	25	-	25	4
Administrative expenses	-	-	(4)	(471)	(475)	(493)
Profit before gift aid and taxation	-	-	94	2,696	2,790	3,356
Gift Aid payable to the Charity	-	-	(94)	(2,696)	(2,790)	(3,356)
Profit before taxation	-	-	-	-	-	-
Tax expense	-	-	-	-	-	-
Profit after taxation	-	-	-	-	-	-
Assets	160	177	5,474	4,594	10,405	12,028
Liabilities	(160)	-	(5,474)	(4,594)	(10,228)	(11,858)
Net Assets	-	177	-	-	177	170

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982).

Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737)

were dissolved during the year. The Charity is the Sole Trustee of Second Hope a registered charity (No:1163205).

The taxable profit from the subsidiaries each year is transferred to the parent Charity as a Gift Aid payment. For 2021/22 a total payable of £2,790,000 to the parent Charity has been recognised.

For a full listing of the subsidiary undertakings please see note 26.

14. Debtors: amounts falling due within one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Trade debtors	4,000	6,106	2,434	4,261
Amount owed by subsidiary undertakings	-	-	5,067	5,394
Other debtors	741	315	739	313
Prepayments & accrued income	6,700	5,647	6,505	5,418
Other accrued income	2,130	-	2,130	-
	13,571	12,068	16,875	15,386

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

15. Debtors: amounts falling due after more than one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Other accrued income	15,040	-	15,040	-

16. Creditors: amounts falling due within one year

	Group	Group	Charity	Charity
	2022	2021	2022	2021
	£000	£000	£000	£000
Trade creditors	1,896	1,708	1,896	1,708
Grants payable	11,134	10,710	8,047	7,051
Taxes and social security	523	1,630	523	1,630
Accruals and deferred income	1,953	1,622	1,450	1,063
Other creditors	702	1,796	698	1,791
	16,208	17,466	12,614	13,243

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2022/23, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	Group	Group	Charity	Charity
	2022	2021	2022	2021
	£000	£000	£000	£000
Balance as at 1 August	1,004	2,442	461	240
Amount released to income	(1,004)	(2,442)	(461)	(240)
Amount deferred in year	751	1,004	260	461
Balance as at 31 July	751	1,004	260	461

17. Creditors: amounts falling due after more than one year

	Group 2022 £000	Group 2021 £000	Charity 2022 £000	Charity 2021 £000
Grants payable	3,860	3,992	2,299	1,757

18. Grants payable

	2022 £000	2021 £000
At 1 August	14,059	17,481
Awarded during the year	13,591	12,545
Paid during the year	(11,877)	(13,917)
Adjustments during the year	(779)	(2,050)
As at 31 July	14,994	14,059
Due within one year (note 16)	11,134	10,067
Due after one year (note 17)	3,860	3,992
As at 31 July	14,994	14,059

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £13,591,000 (2021: £12,545,000) and adjustments during the year of a credit of £779,000 (2021: credit of £2,050,000), totalling £12,994,000 (2021: £10,299,000). Adjustments during the year of £597,000 (2021: £2,050,000) reflect underspend of research expenditure which has decreased significantly due to the removal of COVID-19 restrictions.

At 31 July 2022 the Charity had a unrecognised commitments of £36.9m (2021: £33.6m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The decrease reflects the impact of the grants awarded in the year. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2024/25. These commitments will be funded from income in the relevant period.

19. Provisions for liabilities (Group and Charity)

	Onerous lease 2022 £000	Dilapidations 2022 £000	Total 2022 £000	Onerous lease 2021 £000	Dilapidations 2021 £000	Total 2021 £000
Balance as at 1 August	60	341	401	176	341	517
Utilised	(60)	-	(60)	(116)	-	(116)
Balance as at 31 July	-	341	341	60	341	401

The onerous lease was utilised by October 2021 and the dilapidations provision is expected to be utilised by January 2025.

20. Reconciliation of funds

	Balance at 1 August 2021 £000	Transfers £000	Income £000	Expenditure £000	Investment loss £000	Balance at 31 July 2022 £000
Unrestricted funds	12,209	(23,767)	61,655	(38,590)	(122)	11,385
Designated funds	13,500	23,655		-	-	37,155
Restricted						
General Research (1)	18	112	3,093	(2,870)	-	353
Prevention Research (2)	-	-	295	(295)	-	-
Secondary Research (3)	-	-	94	(265)	-	(171)
Support Services (4)	316	-	704	(706)	-	314
Other restricted funds (5)	391	-	1,043	(1,264)	-	170
Total restricted funds	725	112	5,229	(5,401)	-	665
Total Group funds	26,434	-	66,884	(43,991)	(122)	49,205
Unrestricted Charity funds	12,196	(23,767)	61,252	(38,186)	(122)	11,372
Designated Charity funds	13,500	23,655	-	-	-	37,155
Restricted Charity funds	725	112	5,229	(5,401)	-	665
Total Charity funds	26,421	-	66,481	(43,587)	(122)	49,192

Notes

(1) Donations specifically given to fund general research

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

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

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

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

Designated Funds

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

Total funds at the year-end were £49.2 million (2021: £26.4 million) and are £39.4m more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

The prior year reconciliation of funds is shown below

	Balance at 1 August 2020 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	Balance at 31 July 2021 £000
Unrestricted funds	13,817	(13,500)	38,443	(28,364)	1,813	12,209
Designated funds	-	13,500	-	-	-	13,500
Restricted						
Tissue Bank	-	-	295	(295)	-	-
Prevention Research	375	-	979	(1,354)	-	-
Kings College London	-	-	0	0	-	-
Molecular Cell Biology	-	-	200	(200)	-	-
Gene Function Analysis	-	-	25	(25)	-	-
Secondary Research	948	-	183	(1,131)	-	-
Other restricted funds	960	-	3,415	(3,650)	-	725
Total restricted funds	2,283	-	5,098	(6,655)	-	725
Total Group funds	16,100	-	43,541	(35,019)	1,813	26,434
Unrestricted Charity funds	13,804	0	37,940	(41,361)	1,813	12,196
Designated Charity funds	-	13,500	-	-	-	13,500
Restricted Charity funds	2,283	-	5,098	(6,655)	-	725
Total Charity funds	16,087	13,500	43,038	(48,016)	1,813	26,421

21. Analysis of net assets between funds

	Group Unrestricted	Group Designated	Group Restricted	Group Total	Group Unrestricted	Group Designated	Group Restricted	Group Total
	2022	2022	2022	2022	2021	2021	2021	2021
	£000	£000	£000	£000	£000	£000	£000	£000
Tangible & Intangible assets	1,585	-	-	1,585	1,741	-	-	1,741
Investments	6,458	13,500	-	19,958	10,413	-	-	10,413
Net current assets	7,544	8,615	665	16,824	4,448	13,500	725	18,673
Long term assets		15,040		15,040	-	-	-	-
Long term liabilities	(4,202)	-	-	(4,202)	(4,393)	-	-	(4,393)
Total net assets	11,385	37,155	665	49,205	12,209	13,500	725	26,434

	Charity Unrestricted	Charity Designated	Charity Restricted	Charity Total	Charity Unrestricted	Charity Designated	Charity Restricted	Charity Total
	2022	2022	2022	2022	2021	2021	2021	2021
	£000	£000	£000	£000	£000	£000	£000	£000
Tangible & Intangible assets	1,585	-	-	1,585	1,741	-	-	1,741
Investments	6,458	13,500	-	19,958	10,413	-	-	10,413
Net current assets	5,971	8,615	665	15,250	2,200	13,500	725	16,425
Long term assets		15,040		15,040	-	-	-	-
Long term liabilities	(2,641)	-	-	(2,641)	(2,158)	-	-	(2,158)
Total net assets	11,373	37,155	665	49,192	12,196	13,500	725	26,421

22. Financial and other commitments

Operating lease commitments

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

	2022	2021
	£000	£000
Property leases expiring:		
Within one year	989	1,056
Within two to five years	1,355	2,344
In over five years	-	-
Equipment leases expiring:		
Within one year	8	-
Within two to five years	10	-
In over five years	-	-

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

23. Trustee expenses

The Trustees received no remuneration in the year. No Trustees received reimbursement expenses totalling during the year (2021: £nil).

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

From 1 April 2022 to 31 March 2023 - Hiscox Ltd. Indemnity cover £1,000,000. The cost of this specific policy is £529.

From 1 April 2021 to 31 March 2022 - Hiscox Ltd. Indemnity cover £2,000,000. The cost of this specific policy is £960.

From 1 April 2019 to 31 March 2021 - Hiscox Ltd. Indemnity cover of £2,000,000. The cost of this specific policy is £1,159

24. Related party disclosures

In accordance with FRS 102, the Charity discloses related party transactions that were recognised in the SOFA. Expenses reimbursed to Trustees are disclosed in Note 22 of the financial statements. Remuneration of key management personnel is disclosed under Note 8 of the financial statements.

However, some Trustees, members of the Charity's Board and directors of its subsidiary undertakings are Trustees or directors of organisations that are in receipt of funds from the Group or enter into commercial transactions with the Group. The following transactions are disclosed as the individuals concerned are regarded as holding a position of influence in both parties to the transactions concerned at the time they were entered into:

During the year the Charity awarded grants of £302,000 (2021: £Nil) and grant adjustments of £Nil (2021: £6,000) to the University of Edinburgh and had an outstanding creditor of £549,000 at year end (2021: £295,000). The Charity made a payment of £48,000 during the year (2021: £39,000). Trustee Mark Astaire is a member of the International Advisory Board of the University of Edinburgh.

The Charity paid a levy to the Fundraising Regulator of £8,000 (2021: £8,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2021: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

During the year the Charity awarded grants of £Nil and grant adjustments of £2,000 to the University of Sheffield. There was an outstanding creditor of £9,000 at year end. The Charity made a payment of £3,000 during the year. Trustee Ingunn Holen is an employee (tenured) of the University of Sheffield.

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

- Payable under Gift Aid from BCN Trading Ltd of £2,696,000 (2021: £3,262,000) and management charge of £468,955 (2021: £468,100).
- Payable under Gift Aid from BCN Research Ltd of £173,000 (2021: £94,000).

At the year end, the Charity had an outstanding debtor balance due from BCN Trading Limited of £3,325,000 (2021: £3,770,000), an outstanding debtor balance due from BCN Research Limited of £250,000 (2021: £213,000), and an outstanding debtor balance from Breast Cancer Care Trading Limited of £nil (2021: £1,446,000).

25. Furlough income

The furlough scheme ended in September 2021 and the Charity received no funding in the financial year. (2021: £196,000).

26. Subsidiary entities

Name	%	Registration	Registered Office	Status
BCN Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
BCN Research Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Trading
Breast Cancer Care Trading Limited	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Non-trading
Breast Cancer Campaign	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant
Breakthrough Breast Cancer	100	England & Wales	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Dormant
Charitable Incorporated Organisation	Ownership	Regulator	Registered Office	Status
Second Hope	Sole Trustee	Charity Commission	Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY	Active

27. Peoples Postcode Lottery (PPL) Income

Lottery income includes income from PPL. The Charity received £nil of net proceeds from PPL during the year (2021: £666,228).

	2022	2021
	£000	£000
Ticket value	-	2,082
Prize fund	-	(833)
Management fee	-	(583)
Net proceeds	-	666

LEGAL AND ADMINISTRATIVE DETAILS

Patron

The former Prince of Wales

Independent Auditors

Crowe U.K. LLP

55 Ludgate Hill, London EC4M 7JW

Bankers

Barclays Bank plc

1 Churchill Place, London E14 5HP

Solicitors

Russell Cooke

2 Putney Hill, London SW15 6AB

Investment Managers

CCLA

Senator House, 85 Queen Victoria
Street, London EC4V 4ET

Registered Office

5th Floor Ibex House, 42-47

Minories, London EC3N 1DY

Glasgow

Robertson House, Ground Floor,
152 Bath Street, Glasgow G2 4TB

Sheffield

St James House, Vicar

Lane, Sheffield S1 2EX

Cardiff

1st Floor, 14 Cathedral

Road, Cardiff CF11 9LJ

hello@breastcancernow.org

breastcancernow.org

THANK YOU

The following corporates gave us more than £10,000:

- Asda
- Ann Summers
- Daiichi Sankyo
- Careys Foundation
- Cath Kidston
- CMT Equipment Limited
- Damart
- Dorothy Perkins
- Estée Lauder Companies
- ELEMIS
- Eli Lilly
- Future Dreams
- ghd
- Hallmark Cards
- Liv – Giant Bikes
- M&S
- Lipsy
- Novartis
- Pentel
- Pfizer
- River Island
- Roche
- Slater & Gordon
- Sofology

Asda suppliers taking part in Tickled Pink:

- Unilever
- Mondelez
- Coca Cola Enterprises
- Lucozade Ribena Suntory
- Premier Foods
- Proctor & Gamble
- Weetabix
- United Biscuits
- General Mills
- JN Nichols
- Bettys & Taylor's Group
- Ferrero
- Kao Brands Company
- Swizzels Matlow
- Bex Turley and Sarah Dowling-Wilkinson
- Ms Caroline MacRae

- Scott Henniker
- Steve Tammadge
- Stuart Hooper, in memory of Beth Hooper
- Jeremy Nye
- Graham Burns
- Stuart Wright
- Dream Challenges
- Spencer Dennis
- Ruth Tuthill
- Davina Davie
- Sophie Deppe
- Alex Nehorai
- Rebecca Brennan
- The Pink Ribbon Ball Committee
- The Society of Woman Artists

Progress Fund Members:

- Belinda Gray and Art for Cure
- Emily Montague/Heyman Charitable Trust
- Isla and Rod Smith
- Jill Thompson
- Mark and Liz Astaire
- Pascale Alvanitakis-Guely
- Rosemary Walker
- Ruth and Paul Willmott
- Major Donors
- Anonymous
- Ann Clark
- Angela Quinn/Ellen Kane Charitable Trust
- Christopher Calvert
- Claire and Mark Urquhart
- Mary Mayall
- Rosemary Walker
- Secondary1st and Jeffrey and Maralyn Kalman

Our Progress Fund dinner

would not have been possible without the support of our senior volunteers and trustees. We would like to thank them and to also recognise the fantastic contribution of Dr Philip Bland, Postdoctoral Researcher in Dr Natrajan's Functional Genomics Lab at the Research Centre, who kindly joined us for the evening. By sharing his story, he has helped inspire many others to support this initiative.

Charitable trusts and foundations:

- Postcode Care Trust
- Doris Field Charitable Trust
- The Eveson Charitable Trust
- The Grant Simpson Trust
- Isle of Man Anti-Cancer Association
- The John Hartson Foundation
- Mary-Jean Mitchell Green Foundation
- 12 KBW
- ACCA
- Addleshaw Goddard LLP
- Allen & Overy LLP
- Alex Lloyd
- Amanda Jones
- Amgen
- AND Digital
- APEX Consulting Engineers
- Avril Gilchrist
- Batley Bulldogs RLFC
- Barclays Bank
- Beccles Breast Cancer Now Group
- BFT MastClimbing Ltd
- Bishopbriggs Golf Club
- Bishop's Stortford Breast Cancer Now Group
- Boobs and Brass
- Brendan Gallen

- Bromley Breast Cancer Now Group
- Bruckhaus Deringer
- BT
- Burgess Hill Breast Cancer Now Group
- Cawder Golf Club
- Chantele Rashbrook and the Clifftop Challengers
- Chatham Financial
- Cheshire Breast Cancer Now Group
- Chesterfield Golf Club
- Chubb Services
- Claire Seedhouse
- Clifford Chance LLP
- Cloisters Chambers
- CMS
- Cotswold Breast Cancer Now Group
- Covington & Burling LLP
- Cravath, Swaine & Moore LLP
- David Chappell & Boston Park Farm
- Dawson Group
- Department for Education
- DCW Group
- DHL Air
- Dominic James
- DS Smith Group
- East Renfrewshire Golf Club
- Edinburgh Breast Cancer Now Group
- Elaine Mitchell
- Eleanor Moffat
- Emma and Tom Barker
- Europanel
- Eversheds Sutherland LLP
- Fairfax and Favor
- Farrer & Co LLP
- Fichtner Consulting Engineers
- Fighting Breast Cancer Committee
- Herts Fighting Breast Cancer Now Group
- Fichtner Consulting Engineers
- FITISM Ltd
- Fluxx
- Fragomen LLP
- Gathurst Golf Club
- Gillian Stewart
- Glasgow Fundraising Group
- Gourock Golf Club
- Graysons Solicitors
- Greenberg Traurig LLP
- Hayley Carpenter-Priest
- Hempsons LLP
- Henton & Chattel
- Howden Group Holdings
- Ineos Grenadiers
- Isle of Man Breast Cancer Now Group
- Isle of Wight Breast Cancer Now Group
- Jan Hulme
- Jane Brooks
- Jason Guy
- Jeanette Horlock
- John and Liz Watson
- Jones Day LLP
- Kennedys LLP
- Kerry Banks
- Kings Chambers
- Kirkland & Ellis LLP
- Latham & Watkins LLP
- Letham Golf Club
- Lincolnshire Co-op
- Linda Lee
- Linda Robertson
- Linklaters LLP
- Liz Mackay/Riny Wondergem
- London Wembley Breast Cancer Now Group
- Maltin PR
- Mayer Brown LLP
- Memery Crystal LLP
- Michaela Franklin and Sue Facey
- Mike Phillips
- Morrison Foerster LLP
- Nelsons LLP
- New Law Solicitors
- New Romney Breast Cancer Now Group
- Network Rail
- Nick Payne
- Notre Dame High School
- North Hants Golf Club
- Oldmeldrum Fundraising Group
- Otter House
- Outfly
- Pamela Penfold
- Perth Racecourse
- Pink on the Tyne Fundraising Group
- Plexus LLP
- Potter Clarkson LLP
- Powell Gilbert
- Quadrant Chambers
- Rayleigh Golf Club
- Rebecca Cochrane
- Redlibbets Golf Club
- Robert Cuthbertson
- Ropes & Gray LLP
- RPC LLP
- Saffron Seats
- Salisbury and New Forest Breast Cancer Now Group
- Santander
- Scot JCB
- Sheila McNicol
- Sheila Wilson
- Shropshire Breast Cancer Now Group
- Sidley Austin LLP
- Simon Halden
- Simpson Builders
- Simpson Thacher LLP
- Somerset Breast Cancer Now Group
- South Herts Breast Cancer Now Group
- South Wales Fire Service
- South Wales Police
- Squire Patton Boggs LLP
- Starwood Capital
- Steph Harrison
- Stewarts Law LLP
- Stowe Family Law
- Surrey Breast Cancer Now Group
- Sweet Causes
- Technip FMC

- The Walt Disney Company
- Thermo Fisher Scientific
- Tom Plant & Sons
- Transport for Wales
- Trisha Davidson
- Turnhouse Golf Club
- Uphall Golf Club
- Valerie McGavin
- Vinson & Elkins LLP
- Volvo Truck and Bus Centre Scotland
- Wales Fundraising Committee
- Ward Hadaway
- Western Power
- West Ham United Womens Football Team
- West Lancashire Fundraising Group
- White & Case LLP
- William Grant & Sons
- Willmores
- Women in Property North West
- Women in Property Scotland

We would like to thank all of our external contacts that have contributed to our health care professional engagement and education, our webinar series and our Facebook and Instagram Live series.

We thank all the breast cancer patients who have kindly donated tissue and blood samples to the Breast Cancer Now Tissue Bank.

We thank the members of the Dame Vera Lynn Translational Fellowships Review Committee, the Grants Committee, the Science Strategy Committee, Tissue Bank Advisory Council, Tissue Access Committee and expert peer reviewers from all over the globe who helped us evaluate grant applications.

We thank the staff and scientists in the laboratories we fund who have supported us in promoting the world-class research Breast Cancer Now is funding.

- Vicki McGinn

Everyone who shared their experience and views with us to help us make the strongest case possible about the importance of a number of new treatments being assessed for use on the NHS.

- Philippa Hetherington (died)
- Lorna Whiston
- Miranda Johnson
- Jo Ballarin
- Sophie Abbott
- Nicola Tracey
- Mikki Riddell
- Jen Hardy
- Alison Tait
- Jane O'Neil (died)

Our thanks to the patients and healthcare professionals - including Chris Holcombe, the President of the Association of Breast Surgery, and Ruth Waters, the President of the British Association of Plastic, Reconstructive and Aesthetic Surgery - who participated in our breast reconstruction summit or contributed to our survey. Their expertise, insights and stories have shaped and deepened our understanding of the importance of women being able to access breast reconstruction at the right time and the right place for them.

We thank our Breast Cancer Now Ambassadors and the officers and members of the All Party Parliamentary Group on Breast Cancer, especially current Chair Craig Tracey MP.

We thank all the MPs, MSPs and MSs who have supported our work, tabled questions, met with their constituents and continue to help us highlight the issues faced by people affected by breast cancer.

- Meta (partnership support, ad credits, beta tests)
- Twitter (live breast check opportunity)
- Google (ad grant)
- TPXimpact
- Homemade Digital
- Aerian Studios
- Joomkit
- Paul Kent
- Torchbox
- Super Being Labs

BREAST CANCER NOW IS A POWERFUL CHARITY WITH A SINGLE FOCUS ON BREAST CANCER

We work solely on bringing together research and support to tackle breast cancer more effectively, to reduce the risk and to better support all those affected by the disease, whether directly or indirectly.

We're a force to be reckoned with and every supporter makes us stronger.

This report sets out our progress during the specific period 1 August 2021 to 31 July 2022.

OUR VISION IS

**...that by 2050, everyone diagnosed
with breast cancer will live and
be supported to live well**

OUR MISSION IS

**...to be recognised as the place to
turn for information and support on
all aspects of breast cancer and the
driving force for breakthroughs in
prevention, detection, and treatment
of the disease in all its forms**

**BREAST
CANCER
NOW** The research &
support charity

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