

NCRI Annual Review 2016-17



Partners in cancer research

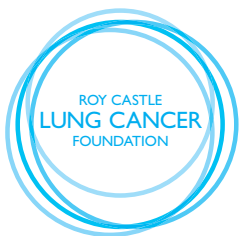


NCRI

National
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Institute

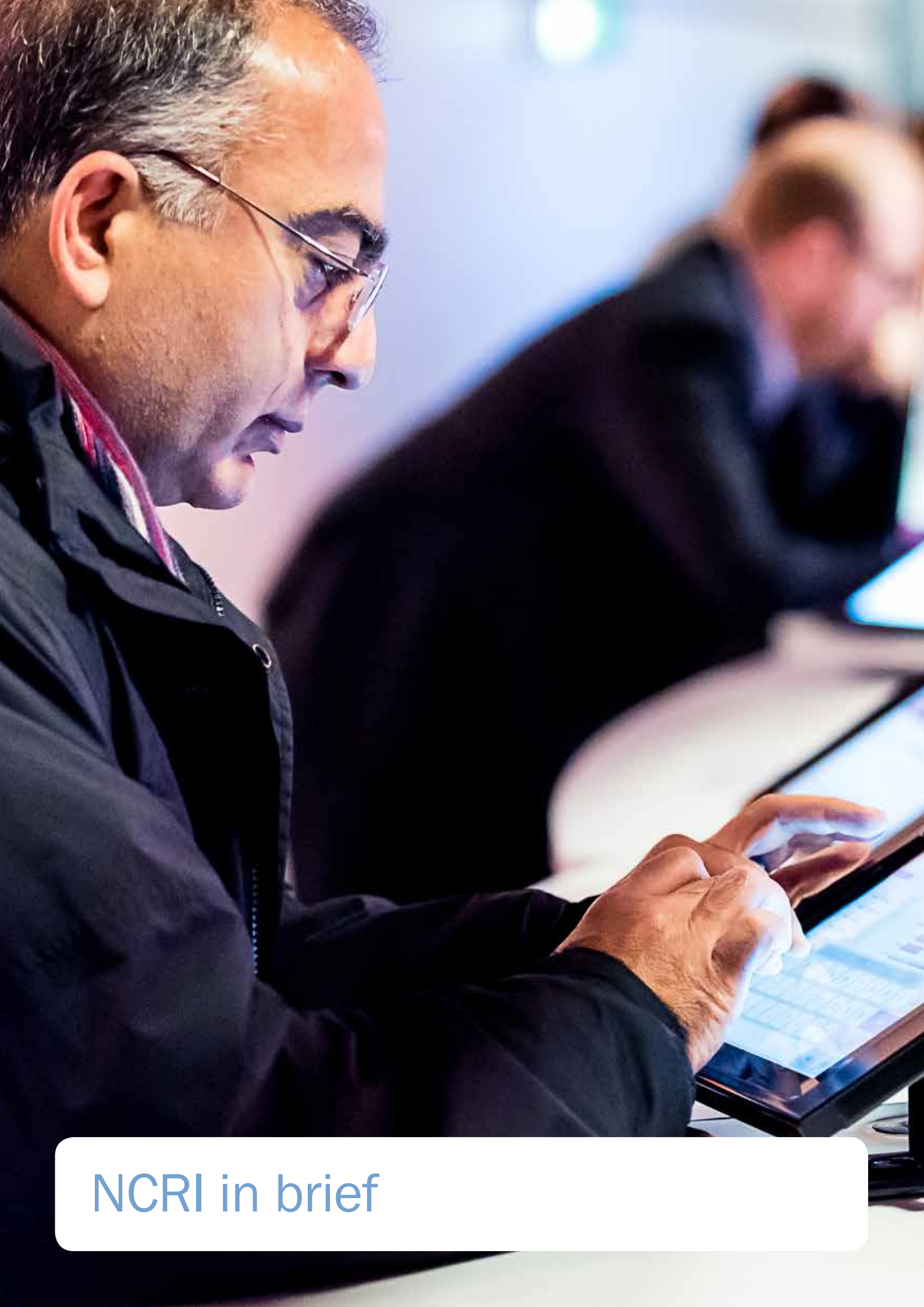
NCRI Partners

NCRI is a UK-wide partnership between research funders working together to maximise the value and benefits of cancer research for the benefit of patients and the public. A key strength of the NCRI is our broad membership with representation across both charity and government funders as well as across all four nations in the United Kingdom.



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NCRI in brief

NCRI in brief

The National Cancer Research Institute (NCRI) is a UK-wide partnership between research funders working together to make faster progress against cancer. Our Partners have funded more than £6.5bn of cancer research since 2002, and working together ensures that these funds are used to best effect. A key strength of the NCRI is our broad membership with representation across both charity and government funders as well as across all four nations in the UK. As a Partnership, we capitalise on opportunities and address challenges that add value to the excellent work that our Partners and others do to improve the lives of people affected by cancer.

Our work

We are working together to improve health and quality of life, by accelerating progress in cancer-related research through collaboration. We do this by:

Ensuring a coordinated portfolio of research

We want to support strategic investment for cancer research by mapping where activities and opportunities exist and identifying shared priorities for future investment. Strategic oversight of the research landscape is crucial if NCRI Partners are to identify areas where collaborative working adds value. Through our Cancer Research Database we collect and analyse funding data from Partners to give an overview of cancer-related research activity. We publish annual summaries of the data, as well as periodic reports looking at trends or particular areas within the portfolio. This helps to identify trends and gaps in funding across a range of research areas. NCRI Partners can also use the information to undertake detailed analyses of their own. Where an issue, such as an imbalance in funding is found, our Partners can discuss if there is a problem and look at ways to address this.

Seizing opportunities and addressing challenges

Through our strategic oversight and scoping work, we are ready to seize opportunities and address challenges in cancer research as they arise. We have a variety of ongoing initiatives that range from research related to developing and applying new radiotherapy technologies, to building capacity within the pathology research community, to identifying research priorities to better support people living with and beyond cancer.

Continuously improving the quality and relevance of research related to cancer

We know the importance of collaboration, and sharing knowledge and ideas, in driving up quality. Our Clinical Studies Groups and Clinical Trials Units are just two examples of how sharing knowledge and best practice within specific disciplines ensures that research can be designed and conducted in the most effective way possible. We also run an annual Conference. It is the largest cancer research conference in the UK, bringing together over 1,500 delegates each year to learn about and discuss the latest advances in cancer research. It's an ideal platform to showcase high quality research and establish new collaborations.

Accelerating translation of research into practice

We work with other key stakeholders in cancer research including, but not limited to, industry, professional bodies, non-Partner research funders, government organisations and representatives from research initiatives to ensure that the cancer research community is as joined up as possible. For example, through our Clinical Studies Groups we have been working in collaboration with the National Institute for Health Research (NIHR) to flag potentially practice changing clinical trials to the National Institute of Clinical Excellence (NICE), enabling beneficial new treatments or approaches to be incorporated into standard practice at an earlier stage.

NCRI in brief

Involving patients, carers and others affected by cancer

We invite patients, carers and others affected by cancer (also known collectively as 'Consumers') to participate in all aspects of NCRI's work. At any one time, up to one hundred Consumers will be involved in our work; making contributions to the setting of our strategy and, through involvement in NCRI activities, shaping actions at a national level as experts in the experience of cancer. Our Consumers are brought together as the NCRI Consumer Forum and as part of this forum they meet and communicate regularly to exchange knowledge and expertise in a coordinated way. The NCRI Consumer Forum is a defined group within NCRI, guided by a remit and Steering Group to support NCRI's aims. Find out more about the NCRI Consumer Forum: <http://www.ncri.org.uk/about-us/patient-involvement/>

Measuring our success

We use a variety of criteria to measure our success. For example, each of our 18 Clinical Studies Groups' success and developments are reviewed annually by a panel of UK experts and by an international panel of experts every five years. Delegate feedback is a key marker of the success of our Conference and all of our activities are reviewed by NCRI Partners at our biannual Partners' meetings. Over the last 12 months, the development of our new strategy has provided additional impetus to refine the NCRI performance management system and bring it in line with our new strategic goals and objectives. This development will accompany our new strategy and is an ongoing piece of work from April 2017.

Chair's statement



I continue to be impressed with the level of collaboration, knowledge sharing and forward thinking within the NCRI. I am genuinely excited to be Chair of Trustees as the NCRI develops new and more effective ways of collaborative working to accelerate progress in cancer-related research.

This year we have held two successful strategic meetings (our biannual meetings) bringing together NCRI Partner organisations, industry and patient representatives, and other key stakeholders in the field of cancer research. These meetings give us an opportunity to catch up on NCRI's progress and share insights and ideas and steer its future direction. I was pleased to hear about the good progress being made in NCRI activities and to see the development of the ambitious new NCRI strategy come to fruition. Our new five-year strategy, which was developed through an extensive process involving a wide range of stakeholders, will provide clarity on our purpose, goals, high-level

activities and ways of working for the Partnership. I am confident it will empower us to succeed.

A fantastic Board of Trustees leads the NCRI, and I was pleased to welcome four new members earlier in the year. They bring with them a wealth of skills and experience to strengthen our leadership and reinforce a culture of collaboration, knowledge sharing and trust, which is so vital to our success. We also welcomed an additional Partner charity; Pancreatic Cancer Research Fund (PCRF) became our nineteenth Partner. We look forward to working with PCRF and all our Partners, to maximise the impact that research can have on improving health and quality of life.

The big news this year was of course the UK's decision to leave the European Union. This will have major implications for cancer research in the UK. In these unprecedented times of change, joined-up thinking and collaboration are more important than ever and NCRI will continue to support the community and seize opportunities that may arise.

My sincerest thanks to NCRI Partners for your continued support and to all our other stakeholders in the cancer research community. And of course, thank you to the NCRI Executive – your commitment supports and drives the activities of the Partnership. By working together we can capitalise on opportunities, address challenges and strengthen the excellent work that our Partners and others do to improve the lives of people affected by cancer.

A handwritten signature in black ink, which appears to read 'D Morgan'.

Baroness Delyth Morgan, Chair, NCRI

Director's statement



Research has been, and will continue to be, the driving force for improving outcomes for people who have, or may one day develop, cancer. As a UK-wide partnership between cancer research funders, the NCRI is vitally important for accelerating progress in research.

NCRI accelerates progress through collaboration. Our success to date comes from our ability to identify where collaborative working adds value. Our Cancer Research Database, now in its fifteenth year of data collection, and our 18 Clinical Studies Groups, involving over 900 clinicians, scientists, statisticians and patient representatives, help to give us strategic oversight of the cancer research landscape and map where opportunities and challenges exist.

And where those opportunities and challenges do exist, NCRI's unique ability to draw on a wide range of perspectives means that we are well placed to lead the effort in tackling them. This year we launched the NCRI Living With and Beyond Cancer initiative, an 18-month initiative to boost research activity in this area. Despite a growing population of people who are now living with the consequences of cancer and

cancer treatment, the level of research in this area has been historically low. This new NCRI initiative is the first collaborative step needed to address this challenge.

It's vital that research is relevant and of the highest quality possible. At the NCRI, we know the importance of collaboration, and sharing knowledge and ideas, in driving up quality. We promote this through all our activities, but of particular note is our annual Conference. It brings together over 1,500 delegates each year to learn about and discuss the latest advances in cancer research. It's the largest cancer research conference in the UK and an ideal platform to showcase high quality research and establish new collaborations.

At the heart of everything we do are the patients, carers and others who are affected by cancer (also known collectively as 'Consumers'). Consumers are involved across our work, they are the 'experts by experience'; their first-hand knowledge of cancer and unique perspectives bring strength to our work and helps to keep research relevant. The NCRI Consumer Forum, with nearly one hundred members, brings all our Consumers together. They ran the highly successful Dragons' Den session – a chance for researchers to pitch their clinical trial proposals to Consumers – at the 2016 NCRI Cancer Conference. They have also contributed to improving the design of clinical trials through participation in our Clinical Studies Groups and radiotherapy research working group (CTRad).

The progress we are making wouldn't be possible without the support of our Partners, members of the research community and our Consumers. Thank you to all of you. Together we will continue to accelerate progress in cancer-related research.

A handwritten signature in dark ink, appearing to read 'Karen Kennedy', with a horizontal line underneath.

Dr Karen Kennedy, Director, NCRI



Our achievements

Our achievements

1. Accelerating clinical cancer research

Throughout the year the NCRI brings together the best and brightest minds to develop the next generation of cancer trials. This research is leading to new ways of treating and supporting people affected by cancer.

The NCRI Clinical Studies Groups, Advisory Groups and Cancer Clinical Trials Unit Group work to take oversight and improve the quality of clinical trials research in the UK. They achieve this by forging new multidisciplinary collaborations, developing cancer clinical trials, providing advice and direction to the wider research community and engaging with the next generation of clinical researchers.

Our Clinical Studies Groups (CSGs) have been in existence for around 15 years, and are a central part of the UK's cancer research infrastructure. There are 18 CSGs and over 60 associated subgroups that bring together some of the UK's best clinicians, scientists, statisticians and health researchers to coordinate the development of cancer trials that are then delivered across clinical research networks in the UK. All of our CSGs and over half of our subgroups also have Consumers as members, ensuring that the research developed is not only high quality but also highly relevant to the real needs of people affected by cancer.

Our CSGs also support a robust trial development process; for example studies which have received their input during development stand a better chance of being successful at the funding application stage. In addition to the 18 CSGs, we also have two Advisory Groups that provide specialist advice or input into study proposals on crosscutting themes in cancer such as imaging, screening, early detection and prevention.

“Through the Primary Care CSG Early Diagnosis Subgroup, researchers developed the DISCOVERY programme; a series of studies that aimed to better identify the symptoms of cancer, earlier, and use that to improve cancer diagnosis within primary care. This was a bold and wide-reaching programme of work designed with input from people affected by cancer from the NCRI Consumer Forum.

The results contributed significantly to a revision of NICE guidance on investigation of cancer and catalysed efforts from the Department of Health to improve cancer diagnosis in England.”

Dr Ian Lewis, Head of NCRI Clinical Research Groups.



NICE, the NIHR and charity research funders to advise on new emerging trials and treatments, setting strategic research priorities and in the peer-review of funding applications.

Our CSGs seek to educate the wider cancer clinical community on the latest research developments. This year around a third of the CSGs held Annual Trials Meetings to give an update on clinical trials in their specialty – the meetings were attended by a broad range of professionals, from oncologists to research nurses and trials coordinators, and all of the meetings carried continuing professional development (CPD) status.

Our CSGs also provide a vital platform for early career researchers to gain experience of the UK clinical cancer research landscape. Each year the NCRI, supported by several key stakeholder organisations, provides membership to over 40 trainee members across our CSGs, giving them unique insight into their ongoing coordination of the UK's clinical cancer research portfolio as well as the opportunity to participate in the development of new trial ideas themselves. Find out more about our CSGs: <http://csg.ncri.org.uk/>

Cancer Clinical Trials Units (CTUs) play a pivotal role in delivering UK research, working with clinical investigators to design and deliver high quality clinical trials. The NCRI Cancer CTU Group brings together leading cancer CTUs to share knowledge and expertise and work collaboratively to advance cancer clinical trials at a national level.

There are currently 15 members of the NCRI Cancer CTU Group, meeting face-to-face twice a year to discuss priority areas. This year they met to discuss topics that included the use of routine data in trial follow-up, and guidelines for data access. Find out more about our Cancer CTU Group: <http://www.ncri.org.uk/ctu-group/>

CSGs are viewed as the expert voice in their area and are frequently approached by organisations such as

Our achievements

2. Bringing the cancer research community together

The NCRI Cancer Conference is the largest cancer research conference in the UK and it brings together a broad range of people, across career levels and research fields from junior to senior researchers, clinicians, other healthcare professionals, students, industry and Consumers. It provides a forum for the cancer research community to exchange knowledge and ideas, form collaborations and catch up on the latest basic, translational and clinical cancer research.

The 2016 NCRI Cancer Conference was our twelfth annual Conference during which we welcomed over 1,500 delegates and 150 speakers, from over 40 countries. The Conference took place at the award-winning venue, the BT Convention Centre in Liverpool from 6–9 November 2016 and showcased over 500 research posters, 64 scientific sessions and 76 organisations who have a stake in the UK cancer research community. We also hosted two Clinical Trials Showcases, to highlight practice-changing trials and featured the ever-popular NCRI Consumer-led forum in the Dragons' Den session. In collaboration with Roy Castle Lung Cancer Foundation, we hosted a schools event entitled 'So you want to be a researcher?' for 70 students and their teachers that focused on what it really means to be involved in cancer research and the options available if a student wants to follow this career path.

The scientific programme covered the whole spectrum of cancer research; from basic, translational and clinical research to research relevant to living with and beyond cancer, and showcased cutting-edge studies from across the UK and internationally. For the fifth year, we partnered with the Royal College of Radiologists to provide dedicated sessions on radiotherapy and for the first time, we welcomed BASO ~ The Association for Cancer Surgery, who delivered a rich programme of sessions related to surgical research.

The multidisciplinary nature of the NCRI Cancer Conference allows participants to get unique exposure to the entire breadth of the UK cancer research landscape, drives collaboration and increases the opportunities for knowledge exchange and development of best practice.



This year, we introduced a number of new features within the programme and event production to efficiently drive collaboration. For example, we maximised the functionality and usage of the Conference App – the download rate was over 80% and based on this popularity and enhanced functionality, we are now developing plans to go completely paperless for the 2017 Conference. For the first time, we created the NCRI Flix hub, where delegates could sit and view key sessions they had missed. We also introduced an interactive NCRI zone in the exhibition area which housed ad hoc meeting space and feedback points – including a comments wall where a graphic artist interpreted and illustrated NCRI's new five year strategy. In a similar vein we featured an art exhibition in the main hall, hosted by Cancer Research UK and entitled 'The people who keep me alive'. This illustrated a patient's cancer journey and each picture brought to life the realities and complexities of cancer diagnosis and treatment.

The Conference was very well received by delegates. 95% of delegates rated the overall Conference experience as 'good', 'very good' or 'excellent' which was a 3% increase on the previous year's satisfaction ratings. It also attracted wide media coverage; research presented at the Conference was the basis for 40 print articles, 197 online pieces and two broadcast programmes.

The NCRI Cancer Conference remains one of the key events for the cancer research community to attend and one of the highlights in the NCRI calendar. Find out more about our Conference:

<http://conference.ncri.org.uk>

We value and support the NCRI Cancer Conference as a key cancer research meeting in UK. It facilitates critical scientific interactions and collaborations between industry and local scientists/investigators, which supports new research in oncology and leads to key scientific understanding and progress in the fight against cancer."

Susan Galbraith, Senior Vice President, Head of Oncology IMED, AstraZeneca

Our achievements

3. Identifying trends and gaps in funding for cancer research

The NCRI Cancer Research Database provides a record of the cancer research funded by NCRI Partner organisations. Data gathering is now in its fifteenth successive year and has recorded over £6.5bn of UK funded cancer research.

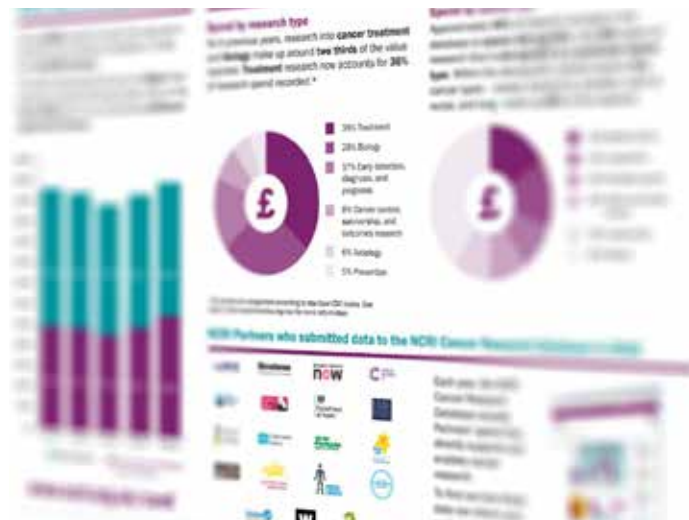
The Cancer Research Database continues to provide valuable insights into how cancer research has developed in the UK for NCRI Partners as well as other organisations and individuals. The ability to look at different areas of cancer research at a national level allows us to highlight gaps and trends in research that can help our Partners and the wider cancer research community plan future strategies.

Our latest analysis shows that in 2015/16 NCRI Partners' cancer research spend was almost £580m. Over half of this was not specific to a particular cancer type. Of the research that was focused on a specific type of cancer, the cancer types with the most amount of funding were breast, leukaemia, prostate, colon and rectal, and lung. Just over half (54%) of the total funding for 2015/16 came from charity Partners and the remaining from government and research council Partners.

"It [the NCRI Cancer Research Database] has helped enormously, in putting together a picture of which disease sites receive the most funding, as well as the spread of funding across Wales. For example, although we were aware that Cardiff received the majority of cancer research funding in Wales, it was very helpful to be able to quantify much more accurately the major and minor destinations of cancer research grant income in Wales."

Jo Baker, Executive Officer, Wales Cancer Research Centre.

This year, in advance of the launch of the new NCRI strategy, NCRI Partners agreed that this was an opportune time to upgrade the database platform that is used to store and analyse the data. The upgraded platform will ensure that the database is 'future proof' and can help meet the ambitious goals set out in our new strategy. The data can now be processed more readily and we have the ability to link to other data sources and software tools for more complex analyses. To ensure that analyses can also be performed using historical data and that we can continue to report



on long-term trends in cancer research funding, all data (from 2001 onwards) were re-entered in to the upgraded database.

Through our membership of the International Cancer Research Partnership (ICRP) we continue to provide our Partners with international comparisons, enabling them to view their research spend in a wider context and to work strategically at an international level.

We are committed to continually improving the database platform in response to the needs of NCRI Partners and key stakeholders. Find out more about our Cancer Research Database:

<http://www.ncri.org.uk/research-database/>

Our achievements

4. Boosting living with and beyond cancer research

The NCRI Living With and Beyond Cancer initiative is NCRI's newest initiative. It aims to develop strategic proposals for addressing the most relevant research priorities and to up-skill the research community in the area. Ultimately it will help improve the lives of people affected by cancer.

Improvements in cancer diagnosis and treatment mean that people are living longer after a cancer diagnosis. Combined with an ageing population in the UK, a growing population of people are now living with the consequences of cancer and cancer treatment. Yet the level of research in this area is relatively low in the UK and all indications suggest that, without intervention, research activity in this area will remain at a similar level.

In 2010 the NCRI published a review² of the research area, identifying barriers and proposing a number of recommendations to the research community to build research, however, little progress has occurred since then.

As a result, in 2016 NCRI, working with other key stakeholders to identify the best course of action, set up the NCRI Living With and Beyond Cancer initiative. This 18-month initiative aims to increase the level of research relevant to living with and beyond cancer, to generate reliable and practice-changing evidence. Ultimately it will help improve the lives of people affected by cancer and their experiences of living with it. The current key area of work is to identify clear research priorities in order to focus the funding effort where it will make the biggest impact on improving the lives of people affected by cancer. Another key area is to support living with and beyond cancer researchers through the NCRI CSGs and a programme of working aimed at helping researchers access funding to tackle the priorities we identify.

"We need to ensure that researchers have a better idea of what issues are of concern to cancer patients of all ages, and that the research that is funded focuses on them. Projects like the NCRI Living With and Beyond Cancer initiative are vitally important if research is going to focus on areas that are of importance to cancer patients both now and in the future."

Ceinwen Giles, Patient, Steering Group member of the Priority Setting Partnership.



To this effect, we have been working in partnership with the James Lind Alliance to develop a Living With and Beyond Cancer Priority Setting Partnership that is due to launch in April 2017. The James Lind Alliance Priority Setting Partnerships enable patients, carers, health and social care professionals from different disciplines to work together to identify and prioritise research questions, the starting point of which is a national survey. Following an exploratory meeting in January 2017 we have successfully set up a Steering Group that will, from April 2017, oversee the Priority Setting Partnership. The Steering Group consists of eight cancer patient/carer representatives, 10 patient-facing multidisciplinary professionals, a James Lind Alliance facilitator (Chair of the Priority Setting Partnership) and two members of the NCRI Executive. Find out more about the Living With and Beyond Cancer Priority Setting Partnership at <http://www.ncri.org.uk/jla/>

"The Living With and Beyond Cancer initiative aims to find more answers for more of us. I am delighted the NCRI is leading it and that I am part of it."

Richard Stephens, Patient Representative for Living With and Beyond Cancer initiative, and Chair of NCRI Consumer Forum.

²Rapid review of research in survivorship after cancer and end of life care. Available from <http://www.ncri.org.uk/wp-content/uploads/2013/08/2010-NCRI-rapid-review-of-research-in-survivorship-and-eolc.pdf>. Last accessed September 2017.

Our achievements

5. Reinvigorating research in the area of pathology

The NCRI Cellular and Molecular Pathology initiative is tackling the decline in pathology research in the UK. It is driving collaboration within the pathology community to inspire a new generation of pathologist researchers.

Pathology research is critical for many diseases, especially cancer – almost every cancer patient requires a histological or cytological test for initial diagnosis, and continued research is vital for progress in the field. Yet over the past 16 years, the amount of research being carried out in pathology in the UK has severely declined. In June 2016 NCRI launched the Cellular Molecular Pathology (CM-Path) initiative to tackle this need. CM-Path is a working group that brings together over 60 healthcare professionals across four workstreams to focus on areas spanning training, clinical trials, discovery research, technology and informatics.

In its first year CM-Path has coordinated and streamlined approaches with other existing initiatives to ensure we are avoiding duplication of effort. For example, we have merged NCRI's Confederation of Cancer Biobanks with CM-Path to consolidate our work in promoting and harmonising the role of pathology in biobanking. We have also integrated NCRI's molecular biomarker advisory group into CM-Path to create the Clinical Trials Pathology Advisory Group (CT-PAG), and expanded this group with the recruitment of over 30 expert members – together they will review pathology components of clinical trial proposals to ensure best practice. CM-Path has also been forging close links with key organisations, including the Royal College of Pathologists, the Pathological Society and Genomics England, in order to facilitate sharing of knowledge and avoid duplication. CM-Path organised a workshop in October 2016 to engage industry, and this was attended by pathologists and representatives from 26 companies; the output of which was a white paper³ identifying challenges and opportunities for the uptake of new technologies to pathology. This white paper will form the foundations of our future work in this area.

This year CM-Path has also delivered activities to inspire a new generation of pathologists to gain experience in research and clinical trials. For example, in collaboration with the Royal College of Pathologists, they ran a workshop in December 2016 entitled 'A pathologist's guide to research and clinical trials'. Through a working group made up of CM-Path members and other



stakeholders, they have also provided guidance to the pathology community on quality assurance in clinical trials, covering topics from lab accreditation and training to reporting.

"The Cellular and Molecular Pathology Initiative (CM-Path) is reinvigorating UK academic pathology by building back capacity and expertise to drive and support innovation – and that will benefit patients."
Dr Karin Oien, CM-Path Chairperson, University of Glasgow.

Patients, carers and other affected by cancer have also been integrally involved in this initiative. Working with the NCRI Consumer Forum, they have been increasing understanding of the role pathologists play in patient care and promoting the benefits of donating tissue to research in order to increase the amount of tissue-based research activity in the UK. Find out more about CM-Path at <http://cmpath.ncri.org.uk/>

"I'm delighted to be part of the CM-Path initiative. Despite the vital role of pathologists in cancer research, and the importance of pathology to the diagnosis and treatment of cancer, many people are unaware of how cellular pathologists are involved in their care. I look forward to contributing to this important work – working in partnership with patients and the public to increase understanding of the role pathologists play in patient care, and help increase the amount of pathology based research activity in the UK."
Dr Raffaella Tate, CM-Path Consumer Member.

³Overcoming Barriers to Molecular Diagnostics and Digital Pathology Uptake. NCRI's CM-Path Industry Engagement Workshop, 5 October 2016. Available at <http://www.ncri.org.uk/wp-content/uploads/2017/01/CM-Path-Overcoming-Barriers-to-Molecular-Diagnostics-and-Digital-Pathology-Uptake.pdf>. Last accessed September 2017.

Our achievements

6. Supporting excellence in clinical radiotherapy research

NCRI's Clinical and Translational Radiotherapy Research Working Group (CTRad) provides leadership in the national effort to enhance radiotherapy research. It brings together many research specialties to shape and grow the national radiotherapy research agenda. It achieves this through the development of high-quality research, supporting the UK's radiotherapy workforce and infrastructure, and exploiting the opportunities that arise from new technology and the emerging sciences.

The NCRI Clinical and Translational Radiotherapy Research Working Group (CTRad) was established in 2009 and is made up of around 90 experts spanning the different disciplines of radiation-related research, including clinical oncologists, radiation biologists, consumers and industry representatives. This multidisciplinary approach has helped drive significant increases in the number of UK radiotherapy trials.

Through their proposal guidance meetings CTRad has reviewed and discussed 17 radiotherapy research proposals this year – providing researchers with input and constructive feedback to their study ideas. A vital part of this is the role that the NCRI Consumers play in providing a patient perspective on the research ideas and trial design.

An example of how NCRI Consumers have supported radiotherapy trial development is the PRIMETIME study⁴ which opened early in 2017. The study aims to investigate whether women with early breast cancer and a very low risk of recurrence can be identified prior to treatment and avoid having to undergo radiotherapy. NCRI Consumers made major contributions to the design of the trial including the development of decision



aids that explain the risks and potential benefits to the trial participants.

Through the delivery of highly focused workshops, CTRad has brought together experts and fostered the creation of new collaborations that will accelerate the translation of research in to patient benefit. For example, the NSCLC (non-small cell lung cancer) Consortium was set-up in July 2016 to build an early phase clinical trial platform upon which new treatment combinations can be evaluated in a timely, efficient and effective manner.

CTRad has continued to lead the challenging process of increasing the Academic Radiation Oncology workforce through workshops, think-tanks and networking opportunities. Their crucial relationship with the Royal College of Radiologists has been strengthened by the formation of the Clinical Oncology Academic Committee, within which CTRad is well represented and highly active. The first meeting of this committee took place in June 2016.

“We have been involved with the PRIMETIME study team since trial concept and have contributed throughout design and development. Our experience of being breast cancer patients has been valued by the team, and we helped develop a decision aid that explains the risks and potential benefits to trial participants. We have also been heavily involved in the development of a decision aid video, and will continue to be involved as active members of the Trial Management Group.”

NCRI Consumer Forum and CTRad members, Mrs Hilary Stobart and Mrs Lesley Turner.

⁴A study looking at radiotherapy for women with a very small risk of their breast cancer returning (PRIMETIME). Available at: <http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/study-radiotherapy-women-small-risk-breast-cancer-returning-primetime>. Last accessed September 2017.

Our achievements

This year CTRad completed a pioneering exercise to identify the key factors that enable UK centres to carry out high-quality, internationally competitive radiotherapy research. Consulting with 19 radiotherapy research centres in the UK, they identified five key areas of research activity and developed criteria within each of them as a benchmark for participating centres to be graded against. CTRad then presented its findings and recommendations to the research community in February 2017. This exercise, provides the research community with a framework for success in academic radiation oncology and underpins plans to develop a network of 'Centres of Excellence' across the UK. The exercise highlighted the encouraging progress made since 2009, and identified three research centres that can currently be classed as 'Centres of Excellence'. A further four centres were classed as 'Emerging Centres of Excellence'. Over the coming years CTRad will be working with the community to increase the number of Centres of Excellence and to harmonise them within a network of radiotherapy research centres. This network will provide the necessary resources and strength for the UK radiotherapy research community to secure its place as a leader on the international stage and to

"NCRI's Centres of Excellence exercise really was a pioneering piece of work: bringing the research community together to find our national baseline, identify our strengths and weaknesses and define a framework to accelerate further progress in radiotherapy research. Nothing of this scale has been attempted before".

Dr Charlotte Coles, Reader in Breast Radiation Oncology and Honorary Consultant in Clinical Oncology, Addenbrooke's Hospital

deliver integrated programmes of research that will benefit patients.

CTRad also continues to explore ways to integrate advanced radiotherapy technologies, such as proton beam therapy, stereotactic ablative radiotherapy (SABR) and MR-Linac, into the national research agenda; this includes cultivating networks and new methodologies to facilitate their development. Find out more about CTRad: <http://ctrad.ncri.org.uk>

Our achievements

7. Influencing the future of surgery research in cancer

NCRI's Future of Surgery workshop series brought together experts to deal with challenging, cross-specialty topics and influence the future of surgery research in cancer. Five workshops took place between May 2016 and March 2017. Each produced a report to bring together expert opinion and identify potential next steps for surgery research in cancer.

Surgeons face a different set of challenges from other cancer researchers and limited exposure to academic leadership during training. As a result, the culture of research is weaker than in some other medical specialties that are involved in cancer treatment. Nonetheless, UK surgeons have delivered many large, landmark trials in cancer.

In 2012, the NCRI published a report⁵ summarising the challenges for surgical cancer research in the UK, and identifying opportunities for action. A number of steps have been taken by the NCRI and others in response to the report. This year, to continue progress, the NCRI launched the Future of Surgery workshop series. Five workshops were held this year: 'Outcome measures in surgery studies', May 2016; 'Technology trials in surgery', September 2016; 'Selecting patients for surgery', November 2016; 'Extent of surgery', January 2017; and, 'Surgery for metastatic disease', March 2017.

The workshops identified the key issues and developed recommendations as to how to continue to drive progress for each topic. Recommendations ranged from the development of a set of guidelines for window of opportunity studies, an idea for a national registry for 'Surgery for bone metastases', roadmaps for robotics in surgical oncology, and the development of research proposals around surgery for metastatic disease. The first two workshops were highlighted in editorials in *The Lancet*^{6,7}, demonstrating the wide interest in the ideas being discussed.

The NCRI will follow the progress of the ideas developed from the workshops and a review of the impact of the workshop series will be undertaken at an appropriate time.



"The NCRI Future of Surgery workshop series was a vital step in continuing to develop and strengthen surgical research. The ideas developed in the workshops provide practical steps forward that have the potential to enable more high-quality cancer research to be undertaken by the surgical community in the UK."

Prof. Richard Shaw, Chair of the NCRI Future of Surgery Working Group.

⁵Challenges and opportunities in surgical cancer research in the UK. NCRI October 2012. Available at <http://www.ncri.org.uk/wp-content/uploads/2013/07/2012-NCRI-surgical-research-report.pdf>. Last accessed September 2017.

⁶How can registries and innovation improve surgical care? *The Lancet*. Volume 388, No. 10052, p1349, 1 October 2016

⁷The struggle for better research in surgery. *The Lancet*. Volume 387, No. 10032, p1970, 14 May 2016



Looking forward

Looking forward: Our 2017/18 priorities

Priorities across our four Executive functions:

Conference and Events	<p>Successfully deliver the 2017 NCRI Cancer Conference which will be in Liverpool for the last time before its move to Glasgow in 2018.</p> <p>Continue to develop the 2018 NCRI Cancer Conference programme working closely with the Scientific Committee in its new structure and the cancer community.</p> <p>Work closely with Partners and other key stakeholders to gather feedback and ensure the Conference remains relevant to their needs.</p> <p>Work with the venue in Glasgow and the Convention Bureau to ensure we make smart choices for all logistical aspects of the 2018 Conference.</p> <p>Implement the use of new event management tools that will enable us to work more effectively and allow delegates to have a more user-friendly experience on-site.</p> <p>Continue to work with our strategic partners such as the Association for Cancer Surgery (BASO~ACS) and the Royal College of Radiologists (RCR) to deliver specific aspects of the Conference and form new collaborations where appropriate.</p>
Clinical Research Groups	<p>Review the activities and processes that underpin the CSGs to ensure that they remain fit for purpose and are able to maximise the opportunities that arise from the latest evidence and emerging science.</p> <p>Develop a new strategic vision for CTRad building on its continuing success and create a sustainable model for its continued funding past April 2018.</p> <p>Continue to recruit, train and support people affected by cancer to work across all relevant NCRI activities and together as part of the NCRI Consumer Forum.</p> <p>Enable the NCRI Cancer CTU Group to share knowledge and expertise by continuing to support their meetings and activities.</p>
Strategic Planning and Initiatives	<p>Finalise and launch the new NCRI strategy.</p> <p>Invite people affected by cancer and the people who work with them to take part in a James Lind Alliance Priority Setting Partnership to identify research priorities for the area of 'Living with and Beyond Cancer'.</p> <p>Hold workshops with NHS England around the research related recommendations in the cancer strategy to identify issues and develop recommendations to drive progress.</p> <p>Continue to support the CM-Path initiative to reinvigorate UK academic pathology.</p> <p>Launch the updated Cancer Research Database and develop online visualisations of the data.</p> <p>Develop plans for a series of meetings that will enable the research community, policy makers and others to come together to develop coordinated approaches to emerging advances in research related to cancer.</p> <p>Review and update the NCRI Clinical and Translational Strategy Group and our processes for gathering, assessing and scoping out new activity to ensure we can fulfil the strategy.</p>
Business Operations	<p>Renegotiate NCRI Partners three-year funding agreements, effective from April 2018.</p> <p>Develop and maintain effective management controls.</p> <p>Integrate new finance and HR systems.</p> <p>Ensure NCRI is compliant with the requirements of new data protection regulations (GDPR) from 2018.</p> <p>Full implementation of NCRI's Customer Relation Management Tool, Salesforce.</p> <p>Review and refresh NCRI's communications function.</p>

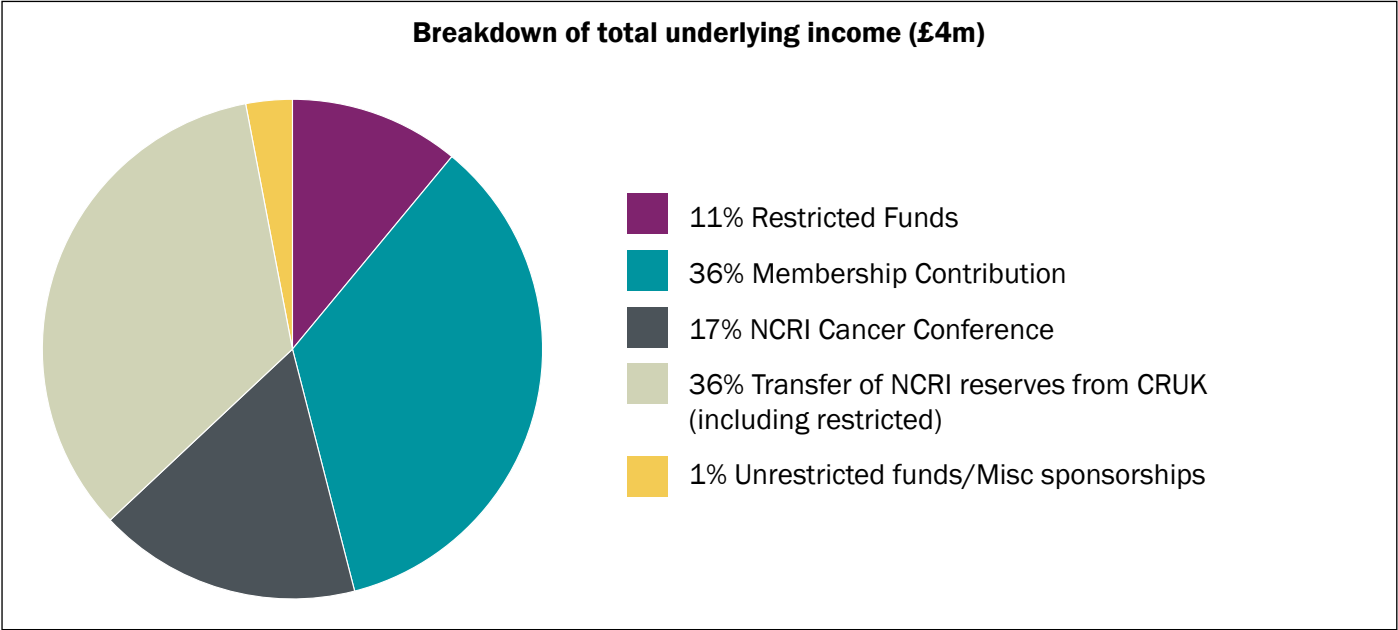


Financial review

Financial review

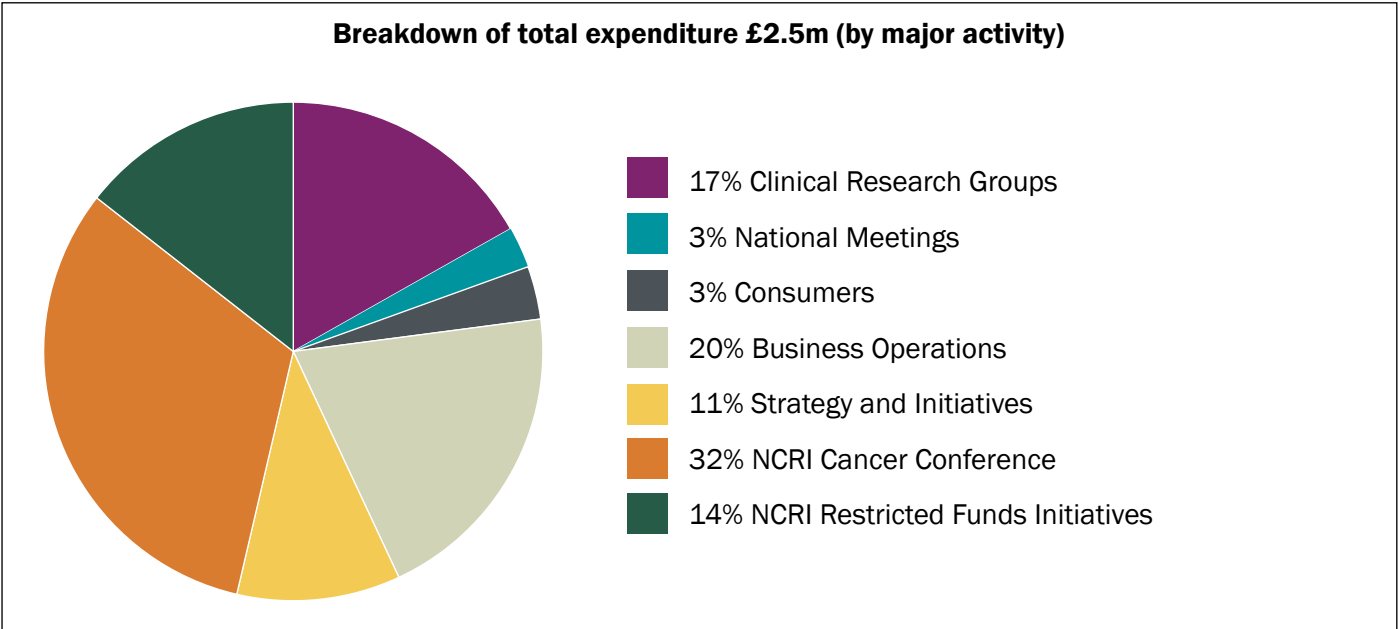
Our income

Total income for the year was £4m, made up of £3m of unrestricted funds and £1m of restricted funds. The income includes a £1.4m transfer of reserves from Cancer Research UK (CRUK) previously held on trust for NCRI. NCRI's Partner membership contribution is the primary source of income and accounted for 36% of the total income (including unrestricted and restricted funds) and 40% of the total unrestricted funds.



Expenditure

Total expenditure for the year was £2.5m with £2.1m relating to unrestricted funds and £0.4m relating to restricted funds. Expenditure related to all NCRI activities, including: Strategic Planning and Initiatives, Clinical Research Groups, Conference and Events, Business Operations.



Financial review

Reserves policy

The NCRI reserves policy was approved by the Board of Trustees in January 2016 and was prepared using the Charity Commission guidance (CC19) and recognises the responsibility of Trustees to ensure good stewardship of resources. A target was set for reserves to be maintained between a range of 10%–17% of the unrestricted funds annual NCRI Operating Budget.

The level of reserves held by NCRI is an important part of its financial management and forward financial planning. It is recognised that reserve levels which are higher than necessary may tie up money unnecessarily and constrain activities; conversely if reserves are too low then the charity's solvency and its future activities may be put at risk.

In establishing a prudent level for NCRI reserves a range of issues were considered, including:

- risk of unforeseen emergencies
- employing temporary staff to cover a long-term sickness absence/maternity cover
- unexpected loss of income (funding necessary to enable compensating reductions to be implemented)
- planned commitments which cannot be met by predicted future income
- the need to fund short-term deficits in a cash budget, e.g. money may need to be spent before a funding grant is received.

The total NCRI reserves required to meet the issues outlined above is approximately £340,000 which represents approximately 14.5% of the NCRI 2016/17 unrestricted funds and eight weeks of operating costs.

It is considered highly unlikely that all these risks would be realised in a single year which is reflected in the low/medium assessments of likelihood. It would therefore be appropriate to apply a risk factor to reflect the generally low likelihood of these issues arising to establish a lower limit for reserves. By applying a 70% risk factor, the lower limit of reserves is approximately £240,000 (10% of the unrestricted NCRI 2016/17 budget, or five weeks in terms of total operating costs). The approach taken to develop an upper limit of reserves was to assess the potential costs arising from a worst case scenario where the NCRI ceases all activity and is required to wind down quickly and without the opportunity to access operating income. In this situation the focus would shift to minimising the detrimental impact on our objects.

Based on this scenario a 12 week window would provide an opportunity for NCRI to work with members and other stakeholders to transfer, where possible, or conclude existing activities in a controlled manner. A broad order estimate indicates this extreme scenario would require approximately £400,000 to be made available. In reality this estimate would be affected by several factors which may lower the overall impact. This worst case scenario therefore represents an upper limit for NCRI reserves.

Principal risks and uncertainties

The Board of Trustees is responsible for ensuring effective and adequate risk management and that internal controls are in place to manage risks to which NCRI is exposed. It discharges this responsibility through the regular review of the risk management framework.

The NCRI adopts a robust approach to risk management which is underpinned by the risk management policy which was based on 'Charities and Risk Management: a guide for charity trustees (CC26 published by the Charity Commission)'⁸.

The risk management framework is an essential tool in managing the successful delivery of the NCRI strategy and protecting the long-term viability of the organisation. The process provides trustees with an appropriate method of identifying, assessing and managing the organisation's significant risks. Progress against a register of significant risks is reported to trustees at their regular meetings and is based on information provided by the NCRI Senior Management Team who review the risk register monthly.

The NCRI Executive will apply the principles of risk management to the operating environment to identify and assess the risks it faces in all areas of its work. These risks may be associated with ongoing activities, arise through new activities being undertaken, or emerge as a result of a change to legislation or the operating environment. A summary of the current areas of risk NCRI monitors routinely is below.

NCRI risks are grouped under four headings Operational, Financial, Environment and Governance/compliance and include the risks set out below:

Risks	Mitigation
Unplanned loss of key staff	<ul style="list-style-type: none"> Increasing resilience through developing SOP's for key processes. Implementation of CRM system. Opportunities for secondments from Partners. Review of talent and succession planning. Support to staff who feel unsettled following the decision to leave the EU.
Decline in conference quality	<ul style="list-style-type: none"> Conference finance report and delegate feedback reviewed by trustees annually. Plans for future Conferences shared with Partners - decision to rotate venue every 2 years. Future programmes and marketing/sponsorship activities subject to on-going development.
Loss of facilities	<ul style="list-style-type: none"> Hosting agreement review with CRUK every six months. SLA with CRUK Finance under development. New finance system in place April 2017. Development of NCRI Business Continuity Planning ongoing. Response to recent announcement by CRUK to relocate to Stratford in 2019 is being prepared and implication under active consideration.

⁸Charities and Risk Management: a guide for charity trustees. Available from <https://www.gov.uk/government/publications/charities-and-risk-management-cc26> Last accessed April 2016.

Principal risks and uncertainties

Income shortfall	<ul style="list-style-type: none"> • Monthly reviews of expenditure against budget by SMT with regular reports to each meeting of NCRI trustees. • Trustees delegate financial authority to NCRI Director annually in line with agreed budget. • Budgetary control included in role profiles and annual objectives of all budget holders. • Upgraded finance role established. • Development of NCRI Business Continuity Planning ongoing. • Timely information available following since the implementation of new finance system by host organisation.
Reducing membership	<ul style="list-style-type: none"> • Regular engagement with Partners by Executive. • Work ongoing to improve interaction with and between trustees, Partners, Executive and other stakeholders. • All staff actively gathering feedback from Partners to inform the development of NCRI activities. • Consultative approach taken in building the 2017-22 strategy.
External influences have a negative impact on research and, thereby reduce the impact of NCRI e.g. changes to government policy regulation and continued economic austerity	<ul style="list-style-type: none"> • Increased promotion by NCRI of the benefits of collaboration and partnership working. • Monitoring of impact on research activity due to loss/wind down of EU funding. • Increased monitoring of impact: <ul style="list-style-type: none"> – of economic pressures on Partners, – on research activity levels, and – of loss of skills/knowledge base. • Discussion with Partners and other key stakeholders to ensure a cohesive approach is in place to help mitigate impact of this risk.
Meeting statutory and regulatory requirements	<ul style="list-style-type: none"> • Trustee recruitment, induction and feedback. • Refreshed skills audit. • Regular 1-2-1's between Chair/Director. • Appointment of auditors. • CRM solution implemented. • Novel or contentious procurement activity requires approval of Board.

Structure, governance and management

NCRI is a Charitable Incorporated Organisation (CIO) governed by a Board of Trustees. The NCRI constitution requires there to be at least five charity trustees, with not less than three nor more than six trustees elected from Partner organisations. Up to three additional trustees may also be appointed by the Board. The day-to-day running of the CIO is the responsibility of the Senior Management Team within the NCRI Executive, led by Dr Karen Kennedy, NCRI Director.

The Board of Trustees, led by the NCRI Chair, oversees a robust governance framework. The CIO's governance complies with the Charity Governance Code for the Voluntary and Community Sector endorsed by the Charity Commission.

The Board of Trustees approves the annual budget and delegates operational responsibility for the CIO's activities to the NCRI Director.

The Board of Trustees monitor the CIO's governance on an ongoing basis. They have annual one-to-one meetings with the NCRI Chair and they conduct an annual evaluation. Each meeting of the Board of Trustees includes a period for private discussion amongst trustees if required. The Board of Trustees has been in place since June 2015 and it is recognised that an evaluation of Board effectiveness is accepted good practice and plans have been put in place to conduct a review during 2017–18.

The Board of Trustees met four times during 2016–17.

The Board of Trustees

The Trustees and Chair are appointed for an initial period of three years. An outgoing appointed Trustee may be re-appointed, but no individual may normally serve as an appointed charity Trustee for more than three consecutive terms.

The Trustees offer a wide range of skills and experience essential to the good governance of the CIO. Each trustee undertakes an induction programme that includes meetings with the NCRI Director and Senior Management Team.

The NCRI Board of Trustees are shown below:

Trustee	Elected	Appointed
Baroness Delyth Morgan – Chair (Breast Cancer Now) +	23 June 2015	
Ms Mary Basterfield		25 March 2016
Dr Helen Campbell (Dept of Health) +	23 June 2015	
Mr Alan Chant* (Consumer)		25 March 2016
Ms Cathy Gilman** (Bloodwise)	23 June 2015	
Professor Peter Johnson (CRUK) +	23 June 2015	
Mr Angus McNair		25 March 2016
Ms Cathy Scivier		25 March 2016

To find out more about our trustees: <http://www.ncri.org.uk/about-us/our-board-of-trustees/>

* Mr Alan Chant was appointed by trustees, in accordance with the NCRI constitution, following the death of Ms Shirley Harrison who served as an elected member of the Board of Trustees from 23 June 2015. His appointment was ratified by Partners at the Annual meeting held Wednesday 22 June 2016.

** Ms Cathy Gilman stepped down as a trustee at the end of September 2016.

+ Indicates a member who has been elected as a trustee by Partners.

Structure, governance and management

Related parties and relationships with other organisations

Related party transactions

The following related party transactions were made in 2016/17:

Partner/Member	Total Income
	£
Bloodwise	69,015
Breast Cancer Now	45,073
Cancer Research UK	795,024
Department of Health, England	312,393
Total Received	1,221,505

Partner/Member	Total Expenses
	£
Cancer Research UK	206,000
Breast Cancer Now	4,917
Total Expenses	210,917

* £158k Accommodation charge and £48k Press charge from CRUK*

** Payment made in relation to a secondment with NCRI

Trustee	Partner Organisation
Baroness Delyth Morgan - Chair	Breast Cancer Now
Dr Helen Campbell	Department of Health
Ms Cathy Gilman	Bloodwise
Professor Peter Johnson	Cancer Research UK

NCRI Partners

NCRI consists of 19 organisations (Pancreatic Cancer Research Fund joined October 2016) made up of 18 members who may participate in formal governance processes and decision-making, plus one associate member with no voting rights. The membership is drawn from charities, health departments from the four devolved nations and research bodies. A Partner may be an individual, a corporate body, or an individual or corporate body representing an organisation which is not incorporated. Each Partner is required to spend at least £1m per year on cancer research in the UK, or demonstrate that similar levels of spending in cancer related research have been achieved in recent years. Partners are entitled to attend two meetings (a winter and summer meeting) which includes the Annual Meeting where they receive the Annual Review and Accounts. Regular contact is maintained with Partners through a monthly newsletter and meetings with the Director.

Structure, governance and management

Executive

The Senior Management Team are responsible to Trustees for the day-to-day management of the Executive. The Senior Management Team proposes to the Board of Trustees the annual budget and advises where the CIO should invest resources into promoting collaboration, co-operation and knowledge sharing. It monitors financial performance and delivery of objectives in pursuit of the strategy agreed by the Board of Trustees.

The NCRI Senior Management Team are listed below.

- Dr Karen Kennedy, Director.
- Professor Matt Seymour, Clinical Research Director (part-time).
- Ms Nicola Keat, Head of Clinical Research Group - interim cover provided by Dr Ian Lewis (effective 1 December 2016).
- Dr Susan Kohlhaas, Head of Strategy, Planning and Initiatives – resigned. Interim cover provided by Dr Stuart Griffiths (effective from 1 February 2017).
- Ms Nicole Leida, Head of Conference and Events.
- Mr Wayne Brads, Head of Business Operations.

Find out more about our Senior Management Team: <http://www.ncri.org.uk/about-us/director-and-executive/>

Employment policy

NCRI is hosted by Cancer Research UK and all NCRI Executive staff are employed by Cancer Research UK, however to ensure clarity over the management and control of staff working for NCRI, each member of staff has received a side letter to their contract of employment clarifying they work exclusively for NCRI and that their day-to-day management and supervision rests with NCRI and not Cancer Research UK.

The levels of pay and remuneration for all NCRI staff, including senior management, is approved annually by the Board of Trustees and is based on benchmarking data which draws on national and sector comparators.

Statement of Trustees' responsibilities

Law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the period and of its financial position at the end of the period. In preparing financial statements giving a true and fair view, the trustees should follow best practice and select suitable accounting policies and:

- 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 and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy the financial position of the NCRI and to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets and 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 corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit in reporting on the Charity's objectives and achievements on page 9.

The reference and administrative details on page 32 form part of the Trustees' report.

Auditors

A resolution for the reappointment of Sayer Vincent LLP as auditors for NCRI will be proposed at the forthcoming Annual General Meeting.

The Trustees' Report was signed on behalf of the Trustees



Baroness Delyth Morgan, NCRI Chair
22nd November 2017

Auditors report to Members of NCRI

Independent auditor's report to the members of the National Cancer Research Institute.

Opinion

We have audited the financial statements of the National Cancer Research Institute (the 'charity') for the year ended 31 March 2017 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including a summary of 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 charity's affairs as at 31 March 2017 and of its incoming resources and application of resources, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Charities Act 2011

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- The trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue

Other information

The other information comprises information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. 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. In connection with our audit of the financial statements, 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 there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Auditors report to Members of NCRI

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

- The information given in the trustees' annual report is inconsistent in any material respect with the financial statements;
- Sufficient accounting records have not been kept; or
- The financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

This report is made solely to the charity's trustees as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

We have been appointed as auditor under section 144/145 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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

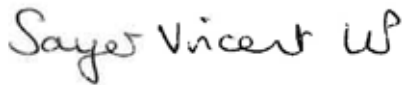
As part of an audit in accordance with ISAs (UK), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees

Auditors report to Members of NCRI

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in dark ink that reads "Sayer Vincent LLP". The signature is written in a cursive, flowing style.

22nd December 2017

Sayer Vincent LLP, Statutory Auditor, Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Reference and administrative details

Charity status

NCRI currently has a membership of 18 members and one associate member. In the event of the NCRI being wound-up the members of NCRI have no liability to contribute to its assets and no personal responsibility for settling its debts and liabilities. The NCRI may be dissolved by resolution of its members. Any decision by members to wind-up or dissolve the NCRI can only be made in accordance with the constitution and is subject to the payment of all debts. If the resolution to wind-up or dissolve the NCRI does not contain a provision directing how any remaining assets of the NCRI shall be applied, the charity trustees must decide how any remaining assets of the NCRI shall be applied. In either case the remaining assets must be applied for charitable purposes the same as or similar to those of the NCRI. The requirements of the Dissolution Regulations must be observed in applying to the Charity Commission for the NCRI to be removed from the Register of Charities.

Charity objects

The objects of the NCRI are:

- (1) the advancement of health, in particular to promote and protect the health of the public by coordinating research into the cause, prevention, treatment and cure of all forms of cancer and into the needs of people affected by cancer, and
- (2) to promote collaboration between cancer research funders in the United Kingdom to maximise the value benefits of cancer research for the benefit of the public

Governing document

National Cancer Research Institute is governed by its constitution.

Charity number

1160609 in England and Wales

Registered office

Angel Building
407 St John Street
London EC1V 4 AD

Auditors

Sayer Vincent LLP
Invicta House, 108-114 Golden Lane
London, EC1Y 0TL
020 7841 6360

Financial statements

Statement of financial activities for the year ended 31 March 2017

	Note	Unrestricted Funds 2017 £	Restricted Funds 2017 £	Total 2017 £
Income from:				
Donations and legacies	2	916,230	528,206	1,444,436
Charitable activities				
Strategic planning, initiatives and Partner income	3	1,357,055	366,816	1,723,871
Clinical research groups	3	114,803	55,821	170,624
Conferences and events	3	664,790	-	664,790
Investment Income		2,043	-	2,043
Total income		3,054,921	950,843	4,005,764
Expenditure on:				
Strategic planning & initiatives	4	(425,938)	(178,061)	(603,999)
Clinical research groups	4	(909,565)	(208,762)	(1,118,327)
Conferences and events	4	(826,223)	-	(828,223)
Total expenditure		(2,163,726)	(386,823)	(2,550,549)
Net income for the year	5	891,195	564,020	1,455,215
Transfers between funds		(94,937)	94,937	-
Net movement in funds		796,258	658,957	1,455,215
Reconciliation of funds:				
Total funds brought forward		-	-	-
Total funds carried forward		796,258	658,957	1,455,215

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 14 to the financial statements.

Financial statements

Balance sheet as at 31 March 2017

	Note	Total 2017 £
Current assets:		
Debtors	10	568,944
Cash at bank and in hand		1,291,790
		1,860,734
Liabilities:		
Creditors: amounts falling due within one year	11	(405,519)
Net current assets		1,455,215
Total assets less current liabilities		1,455,215
The funds of the charity:	14	
Restricted income funds		658,957
Unrestricted income funds:		
General funds		796,258
Total charity funds		1,455,215

Approved by the trustees on and signed on their behalf by



Baroness Delyth Morgan
Chair



Ms Mary Basterfield
Trustee

Financial statements

Statement of cash flows for the year ended 31 March 2017

	Note	£	Total 2017 £
Cash flows from operating activities	15		
Net cash provided by operating activities			1,289,747
Cash flows from investing activities:			
Dividends, interest and rents from investments		2,043	
Net cash provided by investing activities			2,043
Change in cash and cash equivalents in the year			1,291,790
Cash and cash equivalents at the beginning of the year			-
Cash and cash equivalents at the end of the year			1,291,790

Notes to Financial statements for the year ended 31 March 2017

1. Accounting policies

a) Statutory information

National Cancer Research Institute is an Charitable Incorporated Organisation and is registered with the Charity Commission in England and Wales. The registered office address is Angel Building, 407 St John St, Clerkenwell, LONDON EC1V 4AD.

b) Basis of preparation

This is the first set of accounts prepared by NCRI. Prior to 1 April 2016, NCRI was operated as part of Cancer Research UK, and reported in their financial statements.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charity meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

h) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Expenditure on charitable activities includes the costs of delivering services, events and other research activities undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

- | | |
|--------------------------------------|-----|
| • Strategic planning and initiatives | 26% |
| • Clinical research groups | 53% |
| • Conferences and events | 21% |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

j) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £5,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- | | |
|---|-----------|
| • Plant, equipment, fixtures and fittings | 3-5 years |
|---|-----------|

k) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

l) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

m) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

n) Pensions

NCRI contributes to the Cancer Research UK defined contribution pension scheme and accrue for contributions made to the scheme. This provides for staff who are members of the Cancer Research UK pension scheme. This scheme is controlled and managed by Cancer Research UK

2. Income from donations and legacies

	Unrestricted £	Restricted £	Total 2017 £
Net assets transferred from Cancer Research UK	908,641	528,206	1,436,847
Other donations	7,589	-	7,589
Total income from donations and legacies	916,230	528,206	1,444,436

Net assets transferred are made up of a historical reserve held under the Cancer Research UK Group which was then transferred to NCRI once it was running as a separate CIO and the establishment of an independent bank account.

3. Income from charitable activities

	Unrestricted £	Restricted £	Total 2017 £
Partner income	1,357,055	-	1,357,055
Strategic planning and initiatives	-	366,816	366,816
Income from strategic planning, initiatives and Partner income	1,357,055	366,816	1,723,871
Income from clinical research groups	114,803	55,821	170,624
Income from conferences and events	664,790	-	664,790
Total income from charitable activities	2,136,648	422,637	2,559,285

4. Analysis of expenditure

	Charitable activities					
	Strategic planning and initiatives	Clinical research groups	Conferences and events	Governance costs	Support costs	2017 Total £
Staff costs (Note 6)	288,416	417,953	188,285	55,590	212,441	1,162,685
Other HR costs	-	-	-	-	123,581	123,581
Event Costs	59,407	121,544	388,234	-	127,009	696,195
Travel & Subsistence	38,098	226,005	83,358		6,399	353,860
Memberships & Subscriptions	21,118	-	-		10,081	31,199
Consultancy Fees	15,647	-	-		-	15,647
Other Professional fees	23,542	28,579	27,253	8,400	39,814	127,588
Overhead costs	4,345	11,492	17,171	-	6,787	39,794
	450,573	805,573	704,301	63,990	526,112	2,550,549
Reallocation of:						
Support Costs	136,789	278,839	110,484	-	(526,112)	-
Governance Costs	16,637	33,915	13,439	(63,990)	-	-
Total expenditure 2017	603,999	1,118,327	828,224	-	-	2,550,549

5. Net income for the year

	2017
	£
Auditors' remuneration (excluding VAT):	
Audit	7000
Other services	

6. Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

	2017
	£
Salaries and wages	979,020
Social security costs	101,225
Employer's contribution to defined contribution pension schemes	82,440
	1,162,685

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2017
	No.
£60,000 - £69,999	1
£70,000 - £79,999	-
£80,000 - £89,999	1
£90,000 - £99,999	-

The total employee benefits including pension contributions and employers National Insurance contributions of the key management personnel were £382,291.

The charity trustees were not paid or received any other benefits from employment with the charity in the year. No charity trustee received payment for professional or other services supplied to the charity.

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £754 incurred by 3 members relating to attendance at meetings of the trustees. There were no donations from trustees during the year.

7. Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2017
	No.
Strategic planning and initiatives	5.5
Clinical research groups	12.0
Conferences and events	4.0
Support	6.0
Governance	0.5
	28.0

8. Related party transactions

The following related party transactions were made in 2016/17:

Partner/Member	Total Income
	£
Bloodwise	69,015
Breast Cancer Now	45,073
Cancer Research UK	795,024
Department of Health, England	312,393
Total Received	1,221,505

Partner/Member	Total Expenses
	£
Cancer Research UK	206,000
Breast Cancer Now	4,917
Total Expenses	210,917

* £158k Accommodation charge and £48k Press charge from CRUK*

** Payment made in relation to a secondment with NCRI

Trustee	Parent Organisation
Baroness Delyth Morgan - Chair	Breast Cancer Now
Dr Helen Campbell	Department of Health
Ms Cathy Gilman	Bloodwise
Professor Peter Johnson	Cancer Research UK

9. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10. Debtors

	2017
	£
Trade debtors	250,922
Other debtors	307,758
Prepayments	10,264
	568,944

11. Creditors: amounts falling due within one year

	2017
	£
Trade creditors	259,628
Taxation and social security	10,456
Other creditors	91,473
Accruals	4,358
Deferred income	39,604
	405,519

12. Deferred income comprises of event income and costs

	2017
	£
Amount deferred in the year	39,604
Balance at the end of the year	39,604

13. Pension scheme

28 staff (average) were members of the Cancer Research UK DC Pension scheme. Employer contributions ranged from 3%-16% and is dependent on the level of contributions as defined in the Cancer Research UK pension scheme.

14. Movements in funds

	Incoming resources & gains	Outgoing resources & losses	Transfers	At the end of the year
	£	£	£	£
Restricted funds:				
Strategy, planning & Initiatives	366,816	(178,061)	25,110	213,865
Clinical Research Groups	584,027	(208,762)	69,827	445,092
Total restricted funds	950,843	(386,823)	94,937	658,957
Unrestricted funds				
General funds	3,054,921	(2,163,726)	(94,937)	796,258
Total funds	4,005,764	(2,550,549)	-	1,455,215

Purposes of restricted funds

Strategy, planning & Initiatives

The Following initiatives have been undertaken by Strategy, Planning and Initiatives team and have been resourced solely from restricted funds.

CM-Path: The CM-Path programme was launched in early 2016 and brings together experts from pathology and other fields to build a stronger base of people and resources for the UK to undertake pathology research. It is funded as a collaborative venture between 10 of the NCRI Partner organisations.

Survivorship / living with and beyond cancer research: The UK has a growing population of people affected by cancer, yet the level of research relevant to people living with and beyond cancer is low in the UK. It was therefore important to carry out research to improve the quality of life of those affected by cancer. The Survivorship Initiative was to help increase the level of research in this area.

Clinical Research Groups

As part of their work the Clinical Research Group has managed the following activities which have been funded solely from restricted funds.

CTRad was set up in 2009 to focus on clinical and translational issues relating to radiotherapy and radiobiology, as well as developing a portfolio of practice-changing trials. It brings together around 90 experts from the different disciplines involved in radiation-related research.

National Cancer Intelligence Network (NCIN) Programme / NCIN Registry & Conference/ - NCRI and the National Cancer Intelligence Network (NCIN) have established a partnership to conduct analyses that both organisations see as priorities in providing intelligence to support improved patient outcomes. The National Cancer Registration and Analysis Service (NCRAS) continues this partnership, expanding its remit and scope to cover new areas of analysis and research.

15. Reconciliation of net income to net cash flow from operating activities

	2017
	£
Net income for the reporting period (as per the statement of financial activities)	1,455,215
Dividends, interest and rent from investments	(2,043)
Increase in debtors	(568,944)
Increase in creditors	405,519
Net cash provided by operating activities	1,289,747

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