

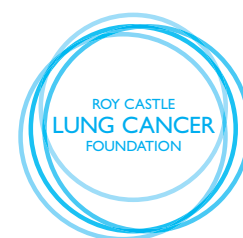


# NCRI Annual Review and Indicative Accounts for 2015/16



# 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. Our Partners span government (the health departments of the four UK nations and three government-funded research councils) and charity sectors.



# Contents

<b>1.</b>	<b>NCRI in brief .....</b>	<b>2</b>
<b>2.</b>	<b>Chair's statement .....</b>	<b>4</b>
<b>3.</b>	<b>Director's statement .....</b>	<b>5</b>
<b>4.</b>	<b>Achievements.....</b>	<b>6</b>
<b>5.</b>	<b>Looking forward .....</b>	<b>13</b>
<b>6.</b>	<b>Structure, governance and management .....</b>	<b>14</b>
<b>7.</b>	<b>Principal risks and uncertainties .....</b>	<b>16</b>
<b>8</b>	<b>Financial review .....</b>	<b>17</b>
<b>9.</b>	<b>Reference and administrative details.....</b>	<b>20</b>

# 1. NCRI in brief

The NCRI is a partnership of UK cancer research funders. NCRI Partners have funded more than £5.5bn of cancer research since 2002, and working together ensures that these funds are used to best effect. We provide a forum for Partner organisations to build close connections with each other and the wider research community, including patients and industry. By linking these stakeholders, a diverse set of expertise and perspectives can be harnessed to gain oversight of the research landscape and promote coordination and collaboration to make faster progress against cancer.

Ultimately, it is only through coordination and collaboration that we will achieve faster progress in research into the causes, prevention, treatment and cure of cancer and into the needs of people affected by cancer.

NCRI was registered as a Charitable Incorporated Organisation in February 2015. During this transitional year NCRI has taken the necessary steps to establish appropriate structures, policies and practices to enable us to become fully operational from 1 April 2016. During this period NCRI accounts remained dormant with all financial activity being administered by Cancer Research UK (CRUK). The indicative financial information included in this Annual Review was provided by CRUK and was subject to their scrutiny and approval processes as well as included in the CRUK audit process.

## Our work

We run four core activities that facilitate coordination and help to form the 'big picture' of UK cancer research.

### NCRI Cancer Research Database

We collect data on cancer relevant research funded by our Partners annually in the NCRI Cancer Research Database. Collecting these data allows us to analyse spend on cancer research. We can then track spend by, for example; NCRI Partner, research area or cancer site. We publish annual summaries of these data, as well as periodic reports focused on particular areas. This helps to identify trends and gaps in funding across a range of research areas. Our latest analyses are for 2014 where we saw approximately £498m of research being funded by NCRI Partners. This level of research funding has remained around £500m since 2009.

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

### NCRI Clinical Studies Groups and Advisory Groups

Our 19 multi-disciplinary groups – Clinical Studies Groups (CSGs) – focus on specific cancer types or issues which span many different cancers. They take oversight and improve the quality of clinical trials research in the UK through collaboration, developing cancer clinical trials, providing advice and direction to the wider research community and engaging with the next generation of clinical researchers. Our CSGs have been in existence for more than ten years and are a central part of the UK's cancer research infrastructure. Each CSG meets at least twice a year and many host national clinical trials meetings to raise awareness of trials in a Group's portfolio amongst healthcare professionals. Our three Advisory Groups also provide specialist advice to the CSGs, and others, on cross-cutting themes in cancer such as imaging, biomarkers, screening and prevention.

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

## NCRI Cancer Clinical Trials Unit Group

Our Cancer Clinical Trials Unit Group is made up of 15 leading cancer Clinical Trials Units (CTUs). The Group brings these CTUs together to share knowledge and expertise and work collaboratively to advance cancer clinical trials at a national level. CTU Directors meet twice per year in conjunction with the CSG Chairs to focus on topics of strategic importance, and the CTU Operations Leads meet to take forward collaborative tasks and projects. The Group was launched in early 2015 with a focus on networking and as an evolution of previous work we had done through an NCRI CTU accreditation scheme (of which a similar kind of scheme has since been introduced across all disease areas by the UK Clinical Research Collaboration).

<http://www.ncri.org.uk/what-we-do/ctu/>

## NCRI Cancer Conference

Our annual conference is the largest cancer research meeting in the UK. It attracts delegates from a range of disciplines and career levels and features high-quality international research across the spectrum of basic, translational, clinical and supportive care research. It brings the research community together and encourages them to form connections and collaborations beyond their own disciplines. The Conference has been running since 2005 and is currently held at the award-winning BT Convention Centre in Liverpool, early November each year.

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

We also explore and run collaborative initiatives to address research gaps or barriers and capitalise on scientific opportunities that are too large or complex to be taken forward by one organisation alone. Our initiatives span the entire spectrum of cancer research from basic laboratory-based research, to translational, clinical and supportive care research. To date, the majority of our initiatives have focussed on cross-cutting topics relevant to most cancer types. However, we have also run initiatives to understand barriers to research in specific cancer types where there has been a mandate from our Partners.

## Involving patients, carers and others affected by cancer

We invite patients, carers and others affected by cancer (also known 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 activities; making contributions to the setting of our strategy and, through involvement in NCRI activities, shaping actions at 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/>

## 2. Chair's statement



I was delighted to take on the role of NCRI Chair in June 2015. I'm passionate about partnership working and believe that we can achieve so much more working together than we can apart. This year has been another successful year for NCRI – we continue to bring a diverse set of people together to share knowledge and expertise and work in a coordinated and collaborative way to make faster progress against cancer.

In February 2015 we strengthened our organisation through formalisation of our governance structure and we now have a more strategically focused Board of Trustees and a working model that enables Partners and key stakeholders to focus on NCRI activities and initiatives – this will enable us to progress cancer research well into the future. Our strategic meetings under this new model have already proven

to be effective; bringing together senior representatives from NCRI Partner organisations, industry and patient representatives, and other key stakeholders in the field of cancer research to catch-up on NCRI's work and steer the future direction through shared insights and ideas.

With the enthusiastic leadership of the Board of Trustees and the NCRI Executive team to support and drive us I look forward to continuing to build the crucial relationships that make NCRI so special. By combining our skills and knowledge we can bring the benefits of research to patients and the public faster, furthering our understanding of the causes of cancer, finding new cures, kinder and more effective treatments and developing better strategies to prevent and diagnose cancer and support the people it affects.

We have been fortunate to have support and commitment from some incredible individuals, one such person being the late Shirley Harrison who represented the patient view on the NCRI Board from 2012 until 2016 when she passed away. Shirley was a passionate advocate, giving up full-time work post-cancer-diagnosis to concentrate on this through NCRI and a variety of other bodies, and the NCRI is grateful for Shirley's contributions and commitment.

Thank you to NCRI Partners for your continued support and to all our other stakeholders in the cancer research community. Together you make the NCRI a truly stimulating, diverse and collaborative force for progress.

A handwritten signature in dark ink, appearing to read 'D Morgan', written in a cursive style.

**Baroness Delyth Morgan,  
Chair, NCRI**



### 3. Director's statement



Thanks to research and collaboration, our understanding of cancer has grown hugely and we've seen important advances in treatment and the way we manage the disease. As a UK-wide partnership between cancer research funders, the NCRI coordinates and oversees the research that underpins this progress.

Through our core activities we continue to facilitate coordination and build strategic insights that support the cancer research community. For example our Cancer Research Database has been tracking what NCRI Partners spend on research for fourteen years, enabling us to identify trends and gaps in funding across a range of research areas. Our analyses, in combination with the knowledge gathered through our interactions and activities within the research community, can provide invaluable insights for our Partners and the wider research community

and an impetus to explore barriers or opportunities further. For example we know that there is a persistent low level of activity in research relevant to people living with and beyond cancer so we're currently working with our Partners and other key stakeholders to identify the best course of collective action to boost research in this area.

Our collaborative initiatives are designed to address research gaps or barriers and capitalise on scientific opportunities that are too large or complex to be taken forward by one organisation alone. They span the entire spectrum of cancer research. Last year we continued to make progress with our existing initiatives, in addition to considering a number of other topics to see if there may be a course for collaborative action through an NCRI initiative. It was a pleasure to see the hard work of our dedicated team, colleagues at the ECMC Pathology Network Group and other key stakeholders come to fruition in June last year with the agreement from a subset of NCRI Partners to commit over £0.5m to implement a new NCRI initiative in pathology. The NCRI Cellular-Molecular Pathology initiative will run for five years to support coordinated working to propose, complement and capitalise on initiatives from diverse funders including industry, academia, charities and the NHS.

At the heart of everything we do are the patients, carers and others who are affected by cancer (also known as 'consumers'). Cancer research is only worthwhile if it makes a real difference and so consumers are involved in all our work, as experts in the experience of cancer; from representation at trustee level, to participation in NCRI activities. The NCRI Consumer Forum brings all our consumers together to exchange and disseminate their knowledge and expertise. They ran the highly successful Dragon's Den session – a chance for researchers to pitch their clinical trial proposals to consumers – at the 2015 NCRI Cancer Conference and there was also a strong Forum presence at the NCIN conference in Belfast in June 2015 (with a number of the Forum's posters winning prizes).

Our work is made possible by the support of our Partners and the time and expertise provided by members of the research community and our consumers. Our thanks go to each of them for another great year of progress. Working together is vital to ensure we can bring the benefits of research to patients and the public faster.

A handwritten signature in black ink, reading "K.L. Kennedy".

**Dr Karen Kennedy,**  
**Director, NCRI**

## 4. Achievements

### Achievements against our aim to promote coordination and collaboration across the UK cancer research community to enable faster progress

#### 1. Bringing the cancer research community together

**The NCRI Cancer Conference is the largest cancer research meeting in the UK; bringing 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 and catch-up on the latest basic, translational and clinical cancer research.**

Last year our annual Conference attracted over 1600 delegates from over 40 different countries. It took place at the award-winning venue, the BT Convention Centre in Liverpool from 1–4 November 2015 and saw over 150 speakers presenting in more than 30 sessions. For the second year running we partnered with the Royal College of Radiologists to run radiotherapy based sessions, we also welcomed back the popular Clinical Trials Showcase to update delegates on practice-changing trials and the NCRI Consumer Forum ran their Dragons' Den; an opportunity for researchers to put their study proposals to a panel of patients and carers and gain the benefits of their unique perspectives and experiences.

Our Conference offers many networking opportunities. Last year saw over 600 posters presented and over 60 exhibitors showcasing their work, facilitating many thought-provoking discussions between delegates. The opening reception also provided an opportunity for delegates to mingle in an informal setting and other

social events, such as the Conference Dinner, and Chair's reception, enabled key NCRI stakeholders to meet and strengthen their connections.



*The NCRI Cancer Conference is a fantastic opportunity to hear world-class speakers present here in the UK. It provides a unique melting pot of leading clinical and non-clinical researchers, research staff and companies, all hearing and discussing new clinical and non-clinical research findings together. Well worth the trip!*

David Cameron, Clinical Director and Chair of Oncology, Edinburgh Cancer Research Centre.



As with all NCRI's activities, consumers are valued participants and play an active role. Last year two consumers served on the Conference Scientific Committee – their input was invaluable in ensuring the patient perspective was embedded in the programme. Eighty consumers were also awarded bursaries to attend the Conference, enabling them to gain knowledge and experience to further inform the NCRI activities they are involved in.



*Being part of the Scientific Committee for the NCRI Cancer Conference was a great opportunity to work alongside other experts in cancer research and build a varied and exciting programme that harnessed the patient perspective.*

Tom Haswell, NCRI Consumer Forum member and member of the 2015 NCRI Cancer Conference Scientific Committee.





Our Conference is a collaborative and inclusive event and in this spirit we were pleased to continue to host an educational session for around 40 A-level students from local schools, the aim of which was to further their understanding of research and inspire the next generation to follow a career in science. We were also pleased to continue to support attendees from further afield: in partnership with the Company of Biologists and the European Association for Cancer Research we offered travel bursaries to overseas attendees who presented their research at the Conference. Four of the bursary holders were from developing countries.

The Conference was not only well received by delegates – feedback showed that 86% of delegates rated the Conference as ‘excellent’ or ‘very good’ – it also attracted wide media coverage. Over 100 national news articles were published in response to the innovative research presented and several radio and television interviews took place at the Conference. The NCRI Cancer Conference remains one of the key events for the cancer research community to attend and one of the main activities in the NCRI calendar. Find out more about our Conference:

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

## 2. Taking oversight of and supporting cancer clinical trials

**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, through collaboration, 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 more than ten years, and are a central part of the UK’s cancer research infrastructure. There are 19 CSGs and over 60 associated subgroups that bring together clinicians, scientists, statisticians and consumer representatives to coordinate the development of a strategic portfolio of cancer trials across clinical research networks in the UK. They also support a robust trial development process; studies which have received input from CSGs during their

development stand a better chance of being successful at the funding application stage. In addition to the 19 CSGs, we also have three Advisory Groups that provide specialist advice or input into study proposals on cross-cutting themes in cancer such as imaging, biomarkers, screening and prevention.

CSGs are viewed as the expert voice in their area and are frequently approached by the National Institute of Clinical Excellence (NICE) and charity research funders to advise on new treatments and in the peer-review of funding applications. The NIHR’s Health Technology Assessment Programme have also indicated that they will seek advice from the CSGs.

Our CSGs seek to educate the wider cancer clinical community on the latest research developments. Last year approximately half 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. We also ran the first wave of the NCRI CSG trainee scheme, with over forty participants – this scheme aims to give early career researchers with an interest in developing clinical trials an insight into the inner workings of a CSG. The scheme was well received and a second wave is due to run in 2016.

*Clinical research is absolutely crucial for making progress in preventing and treating cancer, and improving the lives of cancer patients. It is clinical research that bridges that vital step from great science and ideas to new treatments for patients. The NCRI CSGs are the engine-house of clinical cancer research, and for 15 years have been driving up the number of research studies, their quality and their coordination throughout the UK.*

Professor Matt Seymour, Professor of Gastrointestinal Cancer Medicine & Consultant Medical Oncologist, University of Leeds; NIHR Clinical Research Network Theme Lead; NCRI Clinical Research Director.

*The Bladder CSG has given me a great insight into the development of clinical trials in the UK and is an excellent opportunity for me to contribute to research by voicing the patient perspective – helping to make sure the trials being developed are relevant for patients and viable for them to take part in. It has also developed my confidence to speak about research outside of the NCRI.*

Jean Gallagher, Consumer member of the Bladder CSG

community, and this received positive feedback. Find out more about our Cancer CTU Group:

<http://www.ncri.org.uk/what-we-do/ctu/>

*“The NCRI CTU Group is a great way for us to come together at a national level. By linking with other CTUs from across the country we’re able to troubleshoot, pool our knowledge and perspectives to navigate questions on trials design, regulatory approval and patient recruitment. Linking with the CSGs also helps ensure timely discussion of matters critical to the efficient development and delivery of contemporary clinical trials.”*

Professor Judith Bliss, Director of the Institute of Cancer Research Clinical Trials and Statistics Unit and for us she’s the Chair of the NCRI CTU Group, Directors Group.

In September 2015 we relaunched the NCRI CSG portfolio maps on a new interactive platform providing information in a more accessible format. The maps are used widely by the clinical community and provide a useful overview of the UK’s cancer clinical studies that are currently taking place and have CSG oversight, highlighting areas of clinical cancer research that are currently well represented as well as those areas which require further attention. The next step for the maps will be to enable the user to search for studies that are open for recruitment or in set-up phase in a particular area in the UK. 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 of non-commercial clinical trials to design and deliver high quality trials. The NCRI Cancer CTU Group launched in early 2015 bringing 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 including: developing best practice for working with industry and sharing experience of interactions with the Medicines and Healthcare products Regulatory Agency (MHRA). The CTU Group delivered its first annual meeting in June 2015 to 130 delegates from the cancer CTU

Our Cancer CTU Group and CSGs are currently working together to implement a system to flag potentially practice-changing clinical trials that are approaching the time for analysis and reporting of their primary endpoint to NICE and health boards for the four UK nations. This will enable beneficial new treatments or approaches to be incorporated into clinical practice at an earlier stage, and is a project that addresses recommendations in the Cancer Taskforce Report.<sup>1</sup>

### 3. Identifying trends and gaps in funding for cancer research

**The NCRI Cancer Research Database provides an annual record of the cancer research funded by NCRI partner organisations. Data gathering is now in its fourteenth successive year and has recorded over £5.5bn of UK funded cancer research.**

Our cancer research database continues to provide valuable insights into how cancer research has developed in the UK since 2002 through annual collection of data regarding our Partner’s funding in different research areas and cancer sites. Our latest

<sup>1</sup>Achieving world-class cancer outcomes: a strategy for England 2015–2020. Available from [http://www.cancerresearchuk.org/sites/default/files/achieving\\_world-class\\_cancer\\_outcomes\\_-\\_a\\_strategy\\_for\\_england\\_2015-2020.pdf](http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf). Last accessed April 2016.

analysis in 2014 showed that NCRI Partners' cancer research spend was £498m and that the areas of biology and treatment research together made up about two thirds of this spend while research in the area of prevention remained a small proportion of the portfolio with just £18m of funding. Looking 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.

This year we performed a number of analyses for our Partners at a more granular level. For example we performed an analysis for Marie Curie in the area of palliative and end of life care research. This formed the basis of their published report<sup>2</sup> highlighting the potential for larger investments in this research area to positively impact the care of people with terminal illness and improve their quality of life. 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.

*"A bespoke analysis of the database enabled us to see how funding for cancer-related palliative and end of life care has changed over time and quantify what the levels of funding are now. Thanks to this analysis of the NCRI database we were able to highlight the need for more funding in this area and can use the data as a baseline by which to measure further progress in funding."*

Dr Sabine Best, Head of Research, Marie Curie.

Our analyses have also been used by policy makers to help inform debate and respond to the public. For example our data were used by the Department of Health to respond to a public petition calling for more funding to be made available for research into brain

tumours. We have also provided guidance to the media around our analyses; helping them to accurately inform the public about topical issues in cancer research funding.

We look forward to continuing discussions with NCRI Partners and key stakeholders about how we can further develop our cancer research database to ensure it remains a relevant and useful source of insight to them and the cancer research community as a whole. Find out more about our cancer research database:

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

## 4. Boosting radiotherapy research

**NCRI's Clinical and Translational Radiotherapy Research Working Group 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, through developing high-quality research, developing infrastructure and exploiting various opportunities.**

Our 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 consumers and industry representatives. Through proposal guidance meetings CTRad has reviewed and discussed over 20 radiotherapy research proposals this year – providing researchers with constructive feedback, including insights from the patient perspective, to further strengthen their proposals and make them as robust as possible. The ability to share expertise and ideas in these meetings also lead to further collaborative ventures. For example, a spin-off meeting evaluated a number of different proposals for early phase clinical trials using radiotherapy-drug combinations in non-small cell lung cancer. This resulted in an agreement to consolidate the proposed trials into two multicentre studies in order to further maximise the prospects of real progress in this area.

<sup>2</sup>The hidden challenges of palliative cancer care. Available from <https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/february-2016/hidden-challenges-palliative-cancer-care-report.pdf> Last accessed April 2016.

***“CTRad is the best vehicle for networking and knowledge sharing in radiotherapy research in the UK. In my time as Chair I've seen some great collaborations formed and progress made in generating high quality research that involves radiotherapy. CTRad has also re-invigorated the radiotherapy community and its activities are providing improvements in treatments which translate directly into benefit for patients.”***

Professor Neil Burnet, Professor of Radiation Oncology, University of Cambridge and Chair of NCRI CTRad

CTRad also support and educate the wider radiotherapy research community. They worked with the Royal College of Radiologists and the Society and College of Radiographers to deliver workshops and educational events to promote radiotherapy research as a career and to inspire more healthcare professionals to engage in radiotherapy research.

They have also exploited a number of opportunities to help boost radiotherapy research. In July 2015, senior leaders of CTRad met with Cancer Research UK to offer support in the development and implementation of their strategy with regards to radiotherapy research. As an expert voice in radiotherapy, CTRad also continues to contribute to peer-review of funding applications where radiotherapy is a component. In September 2015 a sub-group of CTRad members, together with other clinicians, academics, and consumer and industry representatives, held a meeting to develop a consensus statement on how to best enable industry to make more of its novel agents available for use in combination with radiotherapy, in order to improve the efficacy of treatment for patients with cancer. To ensure wider dissemination this consensus was published in *Nature Reviews Clinical Oncology*.<sup>3</sup>

CTRad continues to explore ways to integrate advanced technologies in radiotherapy in to the national research

agenda. Over the last year they have conducted an in-depth review of the Molecular Radiotherapy research landscape in the UK to help the research community (including funders and policy makers) better understand the potential clinical and patient gains and research opportunities available, and to highlight areas where barriers could be to promote progress. They will soon be publishing the findings and recommendations of this review and will work with the research community to take the recommendations

forward. They have also been working closely with Cancer Research UK's Policy Team and NHS England to make sure appropriate support is in place for upcoming clinical trials using Stereotactic Body Radiotherapy and have initiated preliminary discussions with key stakeholders, including those from the NHS, on Proton Beam Therapy (PBT), to ensure the UK has a strategic and coordinated approach for generating high-quality research using PBT when the UK's first NHS PBT centre opens in 2018.

***“Being part of CTRad's Executive Group gives me the opportunity to provide advice on achieving effective consumer involvement on broader topics relevant to radiotherapy and radiobiology research. At the Workstream level I'm able to interact with researchers to provide a lay perspective. Much of the work initiated within CTRad has wider value to the Consumer Forum and the research community.”***

Helen Bulbeck, Consumer member of CTRad

Inspired by the success of CTRad, its members have also formed networks with other experts and organisations promoting regular communication with the wider research community and opening up further opportunities for collaboration. Of note is a network formed between CTRad and the Science and Technology Facilities Council (STFC). The STFC

<sup>3</sup> Clinical development of new drug-radiotherapy combinations. Available from <http://www.nature.com/nrclinonc/journal/vaop/ncurrent/full/nrclinonc.2016.79.html> Last accessed June 2016



community is one which clinical radiotherapy researchers haven't reached-out to in the past and by connecting with them we hope to bring the clinical, academic and industrial communities closer together and open up new channels of research for patient benefit. Find out more about CTRad:

<http://www.ctrad.ncri.org.uk>

## 5. Supporting cellular molecular pathology

**The NCRI Cellular Molecular Pathology initiative is NCRI's newest initiative. It aims to tackle the decline in academic pathology research in the UK in order to improve diagnosis and treatment of cancer patients.**

Pathology research is critical for many diseases, especially cancer – almost every cancer patient requires a histological or cytological test from pathology for initial diagnosis. And with the rapidly increasing need for innovative testing to assess prognosis and to support stratified medicine approaches, we've seen a revolution in approaches developed to analyse cells at the molecular level. So there's real potential for the traditional field of cellular pathology to integrate molecular approaches and to grow as an academic discipline of cellular-molecular pathology.

In 2009 we undertook a review of pathology research<sup>4</sup> and found there are barriers to undertaking research in pathology, however, little improvement has occurred in the academic cellular pathology landscape since then. As a result, in 2015 the NCRI together with the ECOMC Pathology Network Group set up the NCRI Cellular Molecular Pathology Initiative, known as CM-Path. NCRI's unique position as a partnership organisation enabled us to bring funders together and to secure a £635,000 investment over five years to implement CM-Path. Ten NCRI partner organisations have committed to the initiative as a collaborative venture: Bloodwise, Breast Cancer Now, Cancer Research UK, the Chief Scientist Office (Scotland), the Department of Health (England), Health and Care Research Wales (Welsh Government), Health and Social Care (N Ireland), the Medical Research Council, Prostate Cancer UK and Tenovus Cancer Care.



*"I'm excited to launch NCRI's CM-Path initiative, which will bring inspiring colleagues, funders and partner organisations together to make a real difference in pathology research. Together, we'll work to reinvigorate UK academic pathology by building back capacity and expertise, to drive and support innovation."*

Dr Karin Oien, Clinical Senior Lecturer in Pathology at the Institute of Cancer Sciences, University of Glasgow and Chair of NCRI CM-Path.



CM-Path aims to achieve the change needed to support academic cellular molecular pathology in the UK and make the resulting benefits available to the wider research community. This will be carried out by four workstreams that target specific areas: skills and capacity; clinical trials; discovery research; and technology and informatics. In February 2016, Dr Karin Oien, Clinical Senior Lecturer in Pathology at the Institute of Cancer Sciences, University of Glasgow, was appointed as Chair of the CM-Path initiative. Workstream leads and members were selected in April 2016 and a consumer representative, who will bring a patient or carers perspective on issues such as biopsy consent, biobanking and clinical trial design. A programme manager within the NCRI Executive was appointed in March 2016. The CM-Path launch event took place on Monday 6 June 2016. Find out more about CM-Path: <http://www.ncri.org.uk/initiatives/pathology/>

## 6. Coordinating research that uses Positron Emission Tomography (PET)

**The NCRI PET Core Lab, based at St Thomas' Hospital, co-ordinated a network of accredited PET centres using commonly agreed standards to deliver high quality PET data for multicentre cancer clinical trials**

Positron Emission Tomography (PET) is a valuable investigative method for the evaluation of new drugs

<sup>4</sup> Fostering the role of Pathology in research. Available from <http://www.ncri.org.uk/wp-content/uploads/2013/08/2009-NCRI-Fostering-the-role-of-pathology-in-research.pdf> Last accessed April 2016.

and therapeutic approaches in oncology. PET is a complex imaging modality with many potential sources of human, technical and biological variation, so it is important to have processes in place to ensure comparability of results between different scanners.

Our PET Core Lab ran from 2008 to July 2015, it was funded by a subset of NCRI Partners: Cancer Research UK, Chief Scientists Office (Scotland), the Department of Health (England), the Medical Research Council and the National Institute of Social Care and Health Research (Wales). Its two major functions were to harmonise PET scanning protocols across multiple scanning centres and to collate and perform quality control of all data that were acquired. The ultimate aim was to increase the quality of multicentre PET trials.

*“By harmonising the PET imaging procedure and ensuring that sites operate to rigorous standards, comparable high-quality data is obtained, which ensures reproducibility within trials and reduces research radiation exposures to patients. The PET Core Lab team has published guidance and set standards for the use of PET in research. The support of NCRI has been key to establishing robust ways of working and coordination in PET – an invaluable step forward and a foundation for future work by the research community”*

Dr Sally Barrington, Reader and Honorary Consultant in Nuclear Medicine, King's College London & Guys' and St Thomas' PET Centre

The PET Core Lab provided accreditation for 36 static scanners at 33 sites and five mobile scanners at ten sites in the UK. The initiative also provided quality assurance and quality control to 20 clinical trials within the UK.

In August 2015 responsibility for the NCRI PET Core Lab was transferred from NCRI to the Experimental Cancer Medicine Centres. As with other initiatives, transferring management outside of NCRI is one

of the possible endpoints of an initiative when its funding period comes to an end but where longer term activity is of value to the research community. We are grateful to the PET Core Lab funders for enabling us to establish and maintain the PET Core Lab until its transfer and are pleased that its long-term value has been recognised. Find out more about our PET Core Lab: <http://www.ncri.org.uk/initiatives/pet-imaging/>

## **7. Strengthening our organisation and building ways of working**

**In February 2015 NCRI was strengthened through formalisation of its governance structure. The Board of Trustees now has a more clearly defined role leading and ensuring the sustainability of NCRI as well as providing effective governance and stewardship of the Partnership. This enables NCRI Partners and key stakeholders to focus on NCRI activities and strategy.**

Since formalising our governance structure our Board of Trustees has met four times. At these meetings trustees have approved a range of governance policies to ensure the continued sustainability of the NCRI. The Board of Trustees have also approved the approach to be taken to engage with our Partners and other key stakeholders in developing our new strategy, which is due to come in to effect in 2017. Trustees received a half-day induction to the NCRI last October to increase their understanding of the issues, opportunities and

ways of working of the NCRI Executive and assist them in their role as guardians of NCRI.

Building on the recent organisational development that has taken place, teams within the NCRI Executive have been reshaped to align more closely with our charitable object to promote collaboration between cancer research funders. Considerable effort has also gone into developing our ways of working and engaging with our Partners. We have held two successful strategic meetings this year; bringing together senior representatives from NCRI Partner organisations, industry and patient representatives, and other key stakeholders in the field of cancer research.



# 5. Looking forward

## 2016/17 priorities

### Priorities across our four Executive functions:

<b>Conference and Events</b>	<p>Successfully deliver the 2016 NCRI Cancer Conference.</p> <p>Continue to develop the 2017 programme working closely with the Scientific Committee and the cancer community.</p> <p>Work closely with Partners and other key stakeholders to ensure the Conference remains relevant to their needs.</p> <p>Work with the venue to ensure we keep abreast of technical innovations and make smart choices for all logistical aspects of the event.</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.</p> <p>Continue to form strategic partnerships with other organisations such as British Association of Surgical Oncology (BASO) and the Royal College of Radiologists (RCR) to deliver specific aspects of the Conference.</p>
<b>Clinical Research Groups</b>	<p>Continue to support the CSGs, enabling oversight of cancer clinical research in the UK and development of potentially practice-changing clinical trials.</p> <p>Adapt and enhance the functionality of the NCRI portfolio maps, which are used widely by the cancer clinical community.</p> <p>Begin to consider sustainability of CTRad beyond its current funding period.</p> <p>Continue to ensure consumer involvement in NCRI activities wherever appropriate.</p> <p>Enable the NCRI Cancer CTU Group to share knowledge and expertise by continuing to support their meetings and activities.</p>
<b>Strategic Planning and Initiatives</b>	<p>Develop and launch a new organisational strategy.</p> <p>Continue to collect and analyse data on cancer research funding from our Partners through the NCRI Cancer Research Database.</p> <p>Launch our new initiative in Cellular and Molecular Pathology to build capacity in the area.</p> <p>Complete a workshop series on surgery research and begin to evaluate the outcomes.</p> <p>Complete scoping work research relevant to people living with and beyond cancer and develop a plan for furthering research in the area.</p>
<b>Business Operations</b>	<p>Implement a new Customer Relationship Management System across the NCRI.</p> <p>Develop a balanced scorecard to facilitate performance management for NCRI.</p> <p>Prepare for initial audit of NCRI.</p> <p>Build on existing governance framework.</p> <p>Continue to develop and refine management information to support decision-making by the NCRI Executive and Board of Trustees.</p> <p>Lead the drive for internal efficiencies.</p> <p>Ensure the communications functions support the new organisational strategy.</p>

## 6. Structure, governance and management

NCRI is a Charitable Incorporated Organisation (CIO). 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 aligns with the 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.

The Board of Trustees met four times during 2015–16.

### 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 trustees 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	23 June 2015	
Ms Mary Basterfield		25 March 2016
Dr Helen Campbell	23 June 2015	
Mr Alan Chant*		25 March 2016
Ms Cathy Gilman	23 June 2015	
Professor Peter Johnson	23 June 2015	
Mr Angus McNair		25 March 2016
Ms Cathy Scivier		25 March 2016

\* 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.

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

## Changes to the Board of Trustees in 2015/16

In addition to the three trustees appointed in March 2016, Mr Alan Chant was appointed under Clause 13 (1) (e) of the Constitution following the death of Ms Shirley Harrison who was elected to the Board on 23 June 2015. Charity trustees appointed under this sub-clause are required to be formally elected as trustees at the first meeting of members following their appointment by the Board.

## Senior Management Team

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).

Mr Wayne Brads, Head of Business Operations.

Ms Nicola Keat, Head of Clinical Research Groups.

Dr Susan Kohlhaas, Head of Strategy, Planning and Initiatives.

Ms Nicole Leida, Head of Conference and Events.

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 their day-to-day management and supervision rests with NCRI and not Cancer Research UK.

## NCRI Partners

The CIO consists of 18 organisations made up of 17 members who may participate in formal governance processes and decision-making, plus 1 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.<sup>5</sup> Partners are entitled to attend two meetings (a winter and summer meeting) which includes the Annual Meeting where they receive the Annual Review and Indicative Accounts. Regular contact is maintained with Partners through a monthly newsletter and meetings with the Director.

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<sup>5</sup> At the time that the CIO was established it was agreed that existing NCRI Partners who did not meet these criteria would be 'grandfathered in' for a period of three years from the establishment of the CIO.

# 7. 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 the CIO 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).<sup>6</sup>

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 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.

NCRI risks are grouped under four headings and include the following risks:

- Operational:
  - unplanned loss of key staff,
  - decline in conference quality, and
  - loss of facilities.
- Financial:
  - income shortfall, and
  - unforeseen expenditure.
- Environment:
  - withdrawal of Partners,
  - the environment for research becomes less favourable, thereby reducing the impact of NCRI e.g. changes to government policies and regulations, and
  - financial management.
- Governance/Compliance:
  - meeting statutory and regulatory requirements.

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<sup>6</sup> Charities 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.

## 8. Financial review

The NCRI bank account has been dormant throughout the financial year ended 31 March 2016. The information below has been provided by the Cancer Research UK Finance Team who have processed all NCRI's financial transactions.

### Reserves policy

The first 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. 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 unexpected loss of income and the need to bridge short-term deficits in a cash budget before a funding grant is received. The model adopted addresses the impact and likelihood of possible scenarios being realised and supports the establishment of upper and lower limits. Based on these limits, NCRI is currently operating at the upper end of agreed reserves envelope. However, given the relative maturity of the CIO, trustees believe the existing level of reserves is reasonable and prudent over the short-term to medium term.

### Statement of financial activities for the year ended 31 March 2016

	Note	Unrestricted Funds 2016 £k	Restricted Funds 2016 £k	Total 2016 £k	Total 2015 £k
Income and endowments from:					
Donations		85	-	85	343
Income from charitable activities	1	1,542	266	1,808	1,900
Income from trading activities		690	-	690	725
Total income and endowments		2,317	266	2,583	2,698
Expenditure on:					
Charitable Activities	2	1,356	299	1,655	1,774
Trading Activities		774	-	774	926
Total Expenditure		2,130	299	2,429	2,700
Net income/(expenditure) and net movement in funds for the year		187	(33)	154	268
Reconciliation of funds:					
Funds brought forward		604	607	1,211	943
Funds carried forward		791	574	1,365	1,211

The financial statements were approved by the trustees on 8 June 2016 and signed on their behalf by



Baroness Delyth Morgan, NCRI Chair



Cathy Gilman, NCRI Trustee

### Note 1. Income on charitable activities

	2016	2015
	£k	£k
<b>Income from charitable activities</b>		
Income from membership (Core)	1,481	1,375
National meetings (Core)	61	95
Income from projects (Non-Core)	266	430
	<b>1,808</b>	<b>1,900</b>

### Note 2. Expenditure on charitable activities

	2016	2015
	£k	£k
<b>Costs of charitable activities</b>		
Core NCRI expenditure	1,270	1,127
Project expenditure	299	537
National meetings	87	110
	<b>1,655</b>	<b>1,774</b>

### Note 3. Restricted funds

	Balance at 01-Apr 2015 £k	Income £k	Expenditure £k	Balance at 31-Mar 2016 £k
<b>Restricted funds for research</b>				
Teenage and Young Adults Clinical studies debt group	(30)	54	(25)	-
CCLCSG	1	-	(1)	-
Industry Project officers	(9)	10	(1)	-
NCRI Radiotherapy Research	71	202	(180)	<b>93</b>
NCIN	449	-	(88)	<b>361</b>
Survivorship	77	-	-	<b>77</b>
onCore Initiative	35	-	(1)	<b>34</b>
Transcan Project	12	-	(3)	<b>9</b>
<b>Total restricted funds</b>	<b>607</b>	<b>266</b>	<b>(299)</b>	<b>575</b>



## **Note 4. Accounting policies**

### **Basis of preparation**

- These accounts are indicative of the activities completed by the NCRI during 2015/16, during this period NCRI accounts were dormant. All financial transactions were through Cancer Research UK managed accounts. The NCRI indicative accounts presented below represent an extract taken from Cancer Research UK's 2015-16 financial accounts which were prepared in accordance with Financial Reporting Standards or the Statement of Recommended Practice 'Accounting and Reporting by Charities.

### **Incoming resources**

- Incoming resources are accrued and included in the Statement of Financial Activity (SOFA) when the Charity is entitled to the income, receipt can be quantified and is probable and they are deferred when they relate to future accounting periods.
- Donations are accounted for when received. Conference fees are recognised when the conference takes place. Membership fees are recognised over the membership period. Grants are recognised when the Charity is entitled to receipt. Where contracts contain the right to receive periodic payments, these receipts are recognised when they fall due and on completion of the Charity's contractual obligations for the period.

### **Resources expended**

- Expenditure is accounted for on an accruals basis. Irrecoverable VAT is included in the expense item to which it relates.

### **Fund accounting**

- Restricted funds can only be used for particular purposes specified by or agreed with the donor. Unrestricted funds may be used for any purpose within the Charity's objects.

### **Taxation**

- The Charity is exempt from income and corporation taxes on income and gains to the extent that they are applied for their charitable objects.

# 9. Reference and administrative details

## Financial statements

The accounts included in this annual report have not been audited as the two NCRI bank accounts were dormant throughout the reporting period. NCRI financial transactions were processed by Cancer Research UK and have been included in their annual audit conducted by PwC.

## Charity status

The CIO currently has a membership of 17 members and 1 associate member, of which four are represented at trustee level. In the event of the CIO being wound-up the members of the CIO have no liability to contribute to its assets and no personal responsibility for settling its debts and liabilities. The CIO may be dissolved by resolution of its members. Any decision by members to wind-up or dissolve the CIO 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 CIO does not contain a provision directing how any remaining assets of the CIO shall be applied, the charity trustees must decide how any remaining assets of the CIO shall be applied. In either case the remaining assets must be applied for charitable purposes the same as or similar to those of the CIO. The requirements of the Dissolution Regulations must be observed in applying to the Charity Commission for the CIO 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 4AD



National Cancer Research Institute  
Angel Building  
407 St John Street  
London EC1V 4AD  
UK  
T: +44 (0)20 3469 8460  
F: +44 (0)20 3014 7658  
[info@ncri.org.uk](mailto:info@ncri.org.uk)  
[www.ncri.org.uk](http://www.ncri.org.uk)



Partners in cancer research