

The cover features a vibrant, abstract design with large, overlapping shapes in shades of pink, yellow, and orange. The text is centered and uses a mix of bold, sans-serif and handwritten-style fonts.

ANNUAL REPORT AND ACCOUNTS

2023/24

BREAST
CANCER
NOW

The research &
support charity



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Unless noted otherwise, the facts and statistics stated in this report relate to the period 1 August 2023 to 31 July 2024.

Breast Cancer Now is a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and Isle of Man (1200).

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TURNING THE PAGE AND LOOKING TO THE FUTURE

**A message from our
chief executive,
Claire Rowney, and
our chair of trustees,
Jill Thompson**



Claire Rowney
Chief executive,
Breast Cancer Now



Jill Thompson
Chair of trustees
Breast Cancer Now

This year, we've made meaningful progress towards our vision that by 2050, everyone diagnosed with breast cancer will live, and be supported to live well. And we couldn't have done it without you – our supporters, volunteers, campaigners, partners, donors and more. So however you've been involved in our work this year, we want to say a huge thank you.

It's been a year in which we've made significant strides forward, said goodbye to an incredible champion for our cause, and begun to look to the future.

Our research has delivered some exciting findings. For instance, how cancer cells can 'hijack' healthy cell competition processes to grow and spread at the expense of healthy cells. Or how whether a tumour follows a 24-hour biological clock can affect a person's chances of survival. Both of these shed a light on important biological processes that point the way to better treatments.

And we continue to invest in the areas where we think we can make the biggest difference. This year, we launched the Patricia Swannell dormancy and late recurrence funding programme.

This will help us answer one of the most pressing questions in secondary breast cancer – how cancer cells lie dormant in the body for so long before being reactivated. We've also invested over £7m looking at how to develop new and kinder treatments – including looking at an exciting new type of immunotherapy and trying to understand how some triple negative breast cancers resist chemotherapy.

We've also improved our support offering, so we can be here for more people affected by the disease. We've expanded our reach, from opening up our Speakers Live sessions to more people, to running 6 new Living with Secondary Breast Cancer groups. And we've seen many of our services go from strength to strength, with Someone Like Me, our peer support service, having its best year ever.

On the campaigning front, we reached 27 million people with our Touch Look Check campaign that raises awareness of the signs and symptoms to look out for. We helped secure greater access to 3 new cancer drugs. And we've been contributing to a national audit of the numbers of people living with secondary breast cancer.

We brought together all of our evidence and insight into one place for the first time, creating Breast Cancer in the UK 2024: A Compendium. And we continue to work to better understand and counter inequalities in breast cancer. From funding research projects to find out how different groups understand breast cancer, to reaching underserved groups with our information and campaigns, and calling for the screening programme to be more inclusive.

In March, we held our Gallery of Hope exhibition at the Saatchi gallery in London. A striking and emotive reminder of the power of research, it combined photography and AI to show the future moments that 10 people affected by secondary hope to see, if they had more time.

And of course, this year we said goodbye to Baroness Delyth Morgan, our chief executive for over 20 years. Her contribution to our mission and our cause simply can't be overstated. A tireless advocate for the needs of people affected by breast cancer, and someone whose drive and determination has been behind so much of the progress we've made in that time. Thank you Delyth, for all your hard work and all you achieved.

THIS YEAR WE SAID GOODBYE TO BARONESS DELYTH MORGAN, OUR CHIEF EXECUTIVE FOR OVER 20 YEARS. HER CONTRIBUTION TO OUR MISSION AND OUR CAUSE SIMPLY CAN'T BE OVERSTATED.



It's fair to say it's been a busy year, full of new developments. But we also know that the situation for people affected by breast cancer is continually changing and we can't stand still. We need to keep adapting and evolving if we want to succeed – addressing new challenges and seizing new opportunities.

As we approach the end of our current strategy, much of our time will be spent understanding what we need to do going forward and creating our new strategy. Because for all the progress we've made, we have much further to go.

We're confident that we have the people, energy and commitment we need to do this. And with your continued support, we know we can make our vision a reality.

Jill Thompson
Chair of trustees

A handwritten signature in black ink, appearing to read 'Jill Thompson'.

Claire Rowney
Chief executive

A handwritten signature in black ink, appearing to read 'Claire Rowney'.

OUR 5 STRATEGIC OBJECTIVES



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

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



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

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



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

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



To improve detection and diagnosis of breast cancer.

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



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

So that fewer people develop breast cancer in the first place.

Our commitment to equality, diversity and inclusion

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

Our ambitions will include:

- Increasing inclusivity in the ways we deliver our charitable work
- Reaching more diverse communities with our health messages, support services and research
- Reducing and removing the differences in breast cancer survival outcomes based on ethnicity, geography and socioeconomic group
- Making sure that our support services and NHS care are accessible to and used by all
- Reducing the differences in screening attendance and awareness between ethnic and socioeconomic groups
- Understanding the reasons for variation in incidence between different groups and working to reduce these where we can

STRATEGIC OBJECTIVE #1

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



2023/24 highlights

- Supporting 836 people living with secondary breast cancer through our services, an increase of 7% from last year
- Reaching 174,000 people through our secondary breast cancer Facebook Live sessions
- Funding £1.1 million worth of research into improving outcomes for people living with secondary breast cancer (compared to £900,000 last year)
- Working with 7 hospital trusts and 2 Cancer Alliances to identify 94 improvement goals relating to secondary breast cancer care

In the UK, 11,500 people die each year from breast cancer. Most of them will have secondary breast cancer, which happens when breast cancer cells spread to other parts of the body. The most common areas breast cancer can spread to are the bones, lungs, liver and brain.

We estimate that there are around 61,000 people currently living with secondary breast cancer in the UK. And while it can be treated, it currently can't be cured.

We're committed to supporting people with secondary breast cancer to live well for as long as possible. By raising awareness of the signs and symptoms, so that more people can be diagnosed earlier. By funding groundbreaking research projects, so that new treatments can be found. By campaigning for better care and access to drugs, so that people can have more time. And by expanding our services for people with secondary breast cancer, so that they can get support and meet others who understand what they're going through.

Here are some of the ways that we've been working to make this objective a reality...

Raising awareness of secondary breast cancer ...by highlighting the signs and symptoms

The earlier secondary breast cancer is diagnosed, the sooner people can start treatment – to control the cancer, relieve symptoms, and maintain their health, wellbeing and a good quality of life for as long as possible.

Too often, the signs and symptoms of secondary breast cancer can be missed or overlooked. Throughout the year, we've taken action to make sure more people know the signs and symptoms to look out for.

Our Secondary Signs and Symptoms awareness campaign reached an incredible 3.2 million patients and healthcare professionals. The campaign also led to 90,482 views of our secondary signs and symptoms health information page on our website.

By raising vital awareness of the signs and symptoms of secondary breast cancer, we're giving patients and healthcare professionals the knowledge and information they need to diagnose it earlier. Our health information has also empowered people to raise concerns with their GP and helped reassure people that their concerns are normal and valid.

A second webpage specifically highlighting the symptoms of secondary breast cancer was viewed by over 67,000 people this year.

“Made me feel that I am normal for worrying about new changes in my body. It is reassuring to feel that I am not overreacting.”

One of our support services, Moving Forward, also highlights the signs and symptoms of secondary breast cancer to people who've recently finished treatment for primary breast cancer. An evaluation found that 4 weeks after the course had finished:

94% knew how to keep breast aware after treatment

85% knew which signs and symptoms of secondary breast cancer

82% had the confidence to report signs and symptoms to their treatment team

...by showing what it's like to live with secondary breast cancer

In September, we launched our brand marketing campaign 'If I had more time'.

The campaign explored how research allows people with secondary breast cancer to live their lives as fully as they can, and what the gift of more time would mean to them. We worked with 9 people with secondary breast

cancer from across England for the campaign. They were kind enough to let us into their homes to film them while they shared, in their own words, their experiences of living with secondary breast cancer – and what they would do if they had more time.

Running in September and October across TV, radio and digital marketing, the campaign was seen or heard 80.5 million times (surpassing our target by 24%) and drove 26,395 visits to the website landing page.

We launched a re-run of the campaign in April and May, which was seen 81.3 million times (6% over our target) and drove 35,356 visits to the landing page.

...by celebrating people living with secondary breast cancer through art

In March, we held the Gallery of Hope at the Saatchi Gallery in London. The gallery was a groundbreaking exhibition combining photography and AI, made in collaboration with 10 people living with secondary breast cancer.

Each photograph was a snapshot of future moments – moments the 10 people living with the disease hoped they'd be able to see. The exhibition highlighted how important research is in giving people with secondary breast cancer more time to live, and brought awareness of the disease to a wider audience. Overall, the campaign featured in 17 media pieces and was seen 85 million times.

Improving care for patients

...by improving healthcare professionals' knowledge and skills

Through our Secondary Breast Cancer Nursing Group, we bring together clinical nurse specialists, advanced nurse practitioners, research nurses and palliative care nurses who work with people diagnosed with secondary breast cancer.

Together, we help them develop skills, share best practice and improve the service their hospital trust provides – driving change and helping to improve standards of care for their patients. As there are only a small number of secondary breast cancer CNSs, the group gives them vital opportunities to network and learn from each other.

The group has 202 members and meets 3 times a year. This year, there were 126 attendances over the 3 meetings.

Topics covered in the meetings included advanced care planning, giving information to new patients in group appointments, immunotherapy, reviewing treatments for secondary breast cancer and managing worrying thoughts, workload and difficult conversations.

In an evaluation:

100% of attendees agreed that the meetings had an impact on their professional and clinical practice.

They mentioned they appreciated the peer support and the opportunity to learn, share and develop their practice.

Actions the attendees planned to take after the meetings included sharing the session on managing worries with colleagues, planning a holistic needs assessment (HNA) group for new patients and putting into practice the tips about managing patient anxiety.

Another way we share information with healthcare professionals is through our webinars. This year, 38 healthcare professionals attended our **Talking to children and young people** webinar.

When someone has secondary breast cancer, it can be difficult for them to talk to their families – especially if they have to explain their diagnosis to children or younger people.

The webinar focused on pre-bereavement support for families facing the death of a parent, and will help healthcare professionals support their patients in navigating these conversations.

The session showed attendees ways they can help their patients discuss their diagnosis with younger people and tackle difficult questions that may come up.

...by working with hospitals to improve their services

This year marked 20 years of the Service Pledge – our programme dedicated to improving breast cancer services across multiple NHS trusts.

Through this programme, we help hospitals gather patient and staff feedback on their breast care services, and then help them use this feedback to find practical ways of making meaningful improvements. In 2023, we worked with 2 Cancer Alliances and a total of 7 hospital trusts.

Of the 140 improvement goals identified, 94 (62%) were relevant to secondary breast cancer treatment, care and support. These included increased emotional support, having better access to a secondary breast clinical nurse specialist, being able to meet others with a secondary diagnosis, and support and information on planning for the future.

In 2024, we're continuing to work with a further 2 Cancer Alliances to review the service they provide to their patients.

Through listening and learning from each other, patients with secondary breast cancer and healthcare professionals work in partnership to create real change.

Supporting people living with secondary breast cancer

...by improving our helpline support

We support thousands of people each year on our free, confidential helpline. This year, we commissioned a study looking at how the helpline could better meet the needs of people affected by breast cancer, including people with secondary breast cancer.

Through working with an online community of people with or affected by secondary breast cancer, we learned they wanted more support with:

- Gaining new knowledge and information
- Feeling less alone
- Getting things off their chest
- Feeling more able to support someone they knew who had been impacted by secondary breast cancer

As a result of this, we're now looking into having dedicated times on our helpline when one of our secondary clinical nurse specialists will offer pre-arranged callbacks.

...by providing information that people can trust

When it comes to secondary breast cancer, there can be a lot of unanswered questions. It can be difficult to know where to get information, and to know what information to trust.

We provide expert information in a variety of ways, empowering people living with secondary breast cancer with knowledge and answers to their questions.

In our Facebook and Instagram Live videos, our clinical experts have open discussions with people affected by breast cancer. This year, we reached over 174,000 people with our Facebook Live sessions specific to secondary breast cancer – that’s over 50,000 more than last year.

One of these sessions focused on palliative care, a conversation that’s particularly relevant to people with secondary breast cancer. The session reached almost 23,000 people and was shared on the national Marie Curie Facebook page to their 566,000 followers.

In September, we launched new health information pages on our website focused on secondary breast cancer. Since the new pages launched, they’ve had 245,453 views. Created by our team of clinical experts and reviewed by lay readers and healthcare professionals, they’re a reliable source of information that people can trust.

“My experience in reading this information was outstanding. I understand where we are at now and I understand what is to come. I appreciate this article because my Sister-in-law has this secondary cancer. I have more understanding of what is coming at us. Thank you!”

We also provide information through our Speakers Live sessions. The sessions take place live over Zoom and are an accessible way for people to learn from experts on a range of topics relating to secondary breast cancer.

This year, we increased the range of the sessions and covered a greater variety of topics, including those related to secondary breast cancer.

In January, we held a session on travelling, travel insurance and secondary breast cancer, which proved to be our most successful Speakers Live session to date. 76 people watched live, and a further 46 watched the recording.

We developed the session after noticing that many people from our online support groups had unanswered questions about this topic. Our expert speaker for the session was living with secondary breast cancer herself, which was really appreciated by the people who attended.

“It was very helpful to hear about her experiences of working in the travel industry and her experiences of breast cancer. She answered all the questions very well, even the toughest.”

This year, we also started evaluating our Speakers Live sessions for people living with secondary breast cancer, and found that:

93% of attendees said they understood more about the topic covered in the session

80% said they felt more confident to set intentions and plan actions to help them live well

80% agreed they felt reassured that their feelings were a normal part of living with secondary breast cancer

...by expanding our secondary support groups

Coming to terms with a secondary breast cancer diagnosis can be incredibly difficult, as can dealing with the emotional and physical challenges it brings.

We know our services are bringing positive benefits to people with secondary breast cancer and helping them address these challenges. So, we want as many people as possible to be able to access our services and get the help they need.

With that in mind, this year we increased investment in our secondary services. We've increased the size of the team that deliver the services and expanded our online offering through more virtual groups and courses.

We started 6 new Living with Secondary Breast Cancer support groups in Doncaster, Derry/Londonderry, Norwich, Buckinghamshire, Harrogate and Reading.

Through our services we supported 836 people with secondary breast cancer this year – an increase of 7% from last year.

In an evaluation of our Living with Secondary Breast Cancer support groups, we found that:

85% agreed they'd gained information and tips to help them cope with living with secondary breast cancer

84% agreed they were reassured how they feel is normal

83% agreed they felt more connected to other people with secondary breast cancer

"I didn't realise or acknowledge how lonely and isolated about my cancer I was feeling until I joined the support group."

People tell us that they gain significant positive benefits from having time together, learning from and supporting each other.

We also continue to offer invaluable support to younger women living with secondary breast cancer through our Younger Women with Secondaries Together event. We heard from women who attended the service in Manchester this year how useful it had been – helping them gain new knowledge and feel less alone.

"I feel seen, validated and less alone on this journey."

We had a bigger positive impact this year than last year in most of the aspects of wellbeing, confidence and knowledge that we measure.

Gathering insight and influencing policy

...by campaigning for better data on secondary breast cancer in the UK

We campaigned for years, alongside our supporters, for an audit to take place to address the lack of data on secondary breast cancer. And in 2021, a national audit was announced by NHS England and the Welsh government.

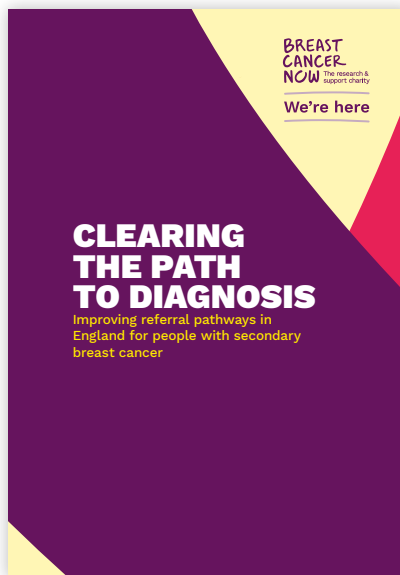
This year, we've continued to shape the audit through our role on the advisory committee. We supported the recruitment of patients to the panel to make sure the voices of people affected by breast cancer are included throughout. As a result, accessible patient versions of all audit outputs will now be available, highlighting issues that patients will be interested in.

The audit is now starting to give us some insights into the care provided to people with secondary breast cancer in NHS hospitals across England and Wales, which can be used by NHS organisations to review their performance.

However, improvements are urgently needed in data completeness across the NHS to ensure the audit can provide the nationwide picture that is so desperately needed. We'll continue to engage with the audit advisory committee over the next year and to highlight the urgent need for this data.

We were also concerned about the lack of quarterly data on patients in Wales, given that this is key to providing the most up-to-date insight. Following engagement with the Welsh government, we successfully secured confirmation from them to begin quarterly reporting in 2026.

And in Scotland, we've continued to engage with the Scottish government to make sure it delivers on its commitment to improve secondary breast cancer data collection. Subsequently, they published a data roadmap setting out how Public Health Scotland is waiting from guidance from the European Network of Cancer Registries on recurrence data. They'll then look to implement the commitment by 2026.



...by finding out what secondary CNSs need to improve their support

We want to better understand what kind of support people with secondary breast cancer receive from a clinical nurse specialist (CNS), and how this can be improved.

This year, we carried out a focus group with secondary breast cancer CNSs in England, to try and understand the issues they're facing in supporting their patients.

Common themes that came up included capacity, morale and the impact of wider support roles. We'll continue this work next year with a focus group of people living with secondary breast cancer across the UK, and engagement with secondary CNSs in the devolved nations.

The critical insight we gain from these projects will increase our understanding of the issues CNSs face and help us shape future influencing activities – ultimately improving the care that patients receive.

...by calling for clearer guidance for healthcare professionals on diagnosing secondary breast cancer

We know there's a problem when it comes to diagnosing secondary breast cancer quickly. People often tell us they've had to visit their GP several times before being diagnosed, or that their symptoms and worries haven't been taken seriously enough.

Recognising possible cases of secondary breast cancer can be challenging for GPs, and referral routes can be tricky to navigate. Also, patients don't always know the signs and symptoms to look out for because they're not given enough information.

In October, we published our 'Clearing the path to diagnosis – Improving referral pathways in England for people with secondary breast cancer' briefing. It calls for clearer guidance for healthcare professionals, so that patients completing their treatment for primary breast cancer know the symptoms of secondary breast cancer and who to report them to.

We've also contributed to the development of breast cancer pathways in the devolved nations, including the clinical management pathway for breast cancer in Scotland and the metastatic breast cancer pathway in Wales. The pathways will provide support to healthcare professionals and guide service delivery, making sure breast cancer patients receive treatment and care that meets their needs.

RESEARCHING NEW WAYS TO TREAT SECONDARY BREAST CANCER

As well as improving the lives of people living with secondary breast cancer, we're also working hard to understand more about the disease and how it can be treated or even prevented.

This year, we spent £1.1 million on research into improving outcomes for people living with secondary breast cancer. This includes supporting 13 active research projects.

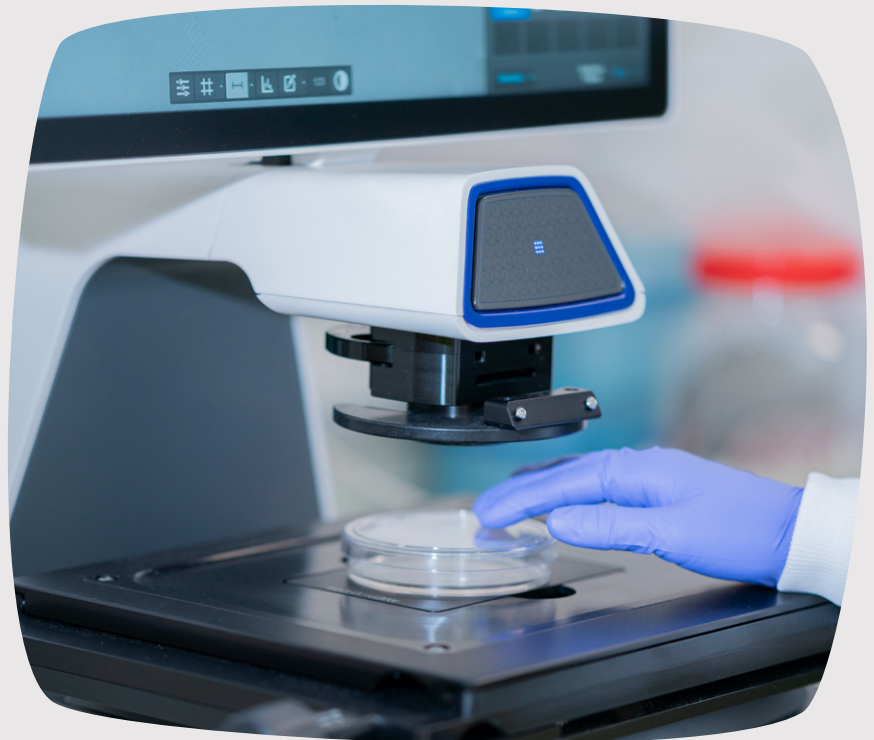
Here are some of the highlights of our research this year.

Identifying a new target for treating secondary breast cancer in the brain

Walk the Walk Fellow Dr Damir Varešljija and Professor Leonie Young at the Royal College of Surgeons in Ireland have identified a key factor behind secondary breast cancer in the brain.

We already know that a protein called RET plays a role in the spread of ER-positive breast cancer to the brain. Damir and Leonie's study found that RET helps cancer cells stick to brain tissue and grow, and that it works together with another protein called EGFR to help these cancer cells spread.

The team hope that this finding will lead to clinical trials testing RET inhibitors in people with secondary breast cancer in the brain. As treatment options are currently limited, better treatments could extend lives and improve the quality of life for people living with this type of breast cancer.



Finding a way to overcome treatment resistance

Professor Nicholas Turner at the Breast Cancer Now Toby Robins Research Centre is looking into how breast cancer cells become resistant to hormone therapy.

Fulvestrant is a widely used type of hormone therapy, usually for ER-positive secondary breast cancer. But breast cancer cells become resistant to this treatment over time, and Nicholas and his team want to find out why.

In this study, they looked at how people with changes in a gene called ESR1 responded to fulvestrant. They found that 4%

of breast cancers developed new changes to the ESR1 gene when treated with fulvestrant, on top of existing changes. They also found that the combination of these gene changes made the cancer resistant to fulvestrant.

Nicholas and his team then tested a series of hormone therapies currently in clinical development on fulvestrant-resistant cancer cells. They found that these cancer cells were sensitive to all 4 therapies tested in the lab.

This study could lead to new therapies to treat people with secondary ER-positive breast cancers.

Understanding the oestrogen receptor gene to better treat secondary breast cancer

Professor Simak Ali is investigating how changes in the oestrogen receptor (ER) gene contribute to hormone therapy resistance. He hopes this will lead to more effective treatments for secondary ER-positive breast cancer.

Up to 80% of breast cancer diagnoses are ER-positive. Many of these can be successfully treated with hormone therapy. But some ER-positive tumours don't respond to this treatment or stop responding over time. They can come back, grow and spread and become incurable.

The ER gene is altered in up to 40% of secondary ER-positive breast cancers that are resistant to hormone therapy. Simak and his team found that not all changes in the ER gene affect breast tumour cells in the same way.

They'll use breast cancer cells grown in the lab and cutting-edge gene analysis techniques to study the consequences of different ER gene alterations and what other genes are affected. They hope this will reveal new and more effective ways to treat ER-positive secondary breast cancers that don't respond to hormone therapy.

Funding new research into breast cancer dormancy and late recurrence

In January, we launched a new programme to support research addressing dormancy and late recurrence of breast cancer – The Patricia Swannell dormancy and late recurrence research funding programme.

This programme has been created thanks to the Patricia Swannell Appeal for Secondary Breast Cancer and the incredible generosity of everyone who has supported the appeal.

With the loving support of her family, The Patricia Swannell Appeal for Secondary Breast Cancer was set up in 2022 to:

- Raise awareness of the signs and symptoms of secondary breast cancer
- Support healthcare professionals with education and training
- Develop better testing, diagnosis and treatment through funding research to tackle the challenge of dormancy

Applications to the programme closed in June, and we'll award the funding in December 2024.





IN JANUARY, WE LAUNCHED
A NEW PROGRAMME
TO SUPPORT RESEARCH
ADDRESSING DORMANCY
AND LATE RECURRENCE
OF BREAST CANCER –
**THE PATRICIA SWANNELL
DORMANCY AND LATE
RECURRENCE RESEARCH
FUNDING PROGRAMME.**

**STRATEGIC
OBJECTIVE #2**

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



2023/24 highlights

- Supporting over 4,500 people with primary breast cancer through our services, an increase of 30% from last year
- Supporting thousands of people with breast health concerns by responding to 11,663 helpline calls and 3,339 messages through our Ask Our Nurse service (compared to 11,155 calls and 2,839 messages in 2022/23)
- Spending over £12,000 through our access fund on expenses like travel and childcare costs to make sure our services are accessible to everyone who needs them
- Sharing our knowledge with 908 healthcare professionals across the country through our expert webinars

We know that the impact of a breast cancer diagnosis and the treatment that follows can be very challenging.

That's why we're here for everyone affected by breast cancer, with a range of support services to help people cope at every stage – from initial diagnosis through to living with and beyond breast cancer.

We also work closely with healthcare professionals, offering education, support and information so they can better support their patients and signpost them to our services.

We also campaign for better support, and fund new ways to support the physical and mental health of people affected by breast cancer.

Here are some of the ways that we've been working to make this objective a reality...

Helping more people to access our services

...by making sure the people who need to, know about them

We want to be here for as many people as possible affected by breast cancer through our support services. But if people don't know about them, they can't use them. It's vital that we advertise our services far and wide, so that more people can get the support they need.

This year, we ran a campaign to promote our support services, including Moving Forward, Living with Secondary Breast Cancer, Someone Like Me, Younger Women Together and Younger Women with Secondaries Together. For the first time, we also started advertising Ask Our Nurses.

Thanks to this campaign, which used the message "Whatever breast cancer brings, we're here", we reached 12 million people through paid social media. We reached 4.5 million patients through our marketing in and around hospitals, and the campaign was seen 94,000 times by healthcare professionals. Thanks to all of this, registrations for our services went up by 67% overall.

...by providing a single referral service

Here For You is our personalised referral route aimed at healthcare professionals. It connects people with primary or secondary breast cancer to our support services through one simple referral from a healthcare professional. Once referred, patients are offered calls at 3 points in time from one of our trained volunteers. The volunteer will talk through the services we have available, making sure the patient gets access to the support they need at the right time.

This year, 1,311 people were referred to us through the service. And this led to 1,436 extra registrations for our services. That's over 60% more people being referred to us, and 95% more registrations than last year, each of which means someone being able to access support and information that's right for them.

We want to make sure that Here For You is available to as many people as possible, so we also offer an interpreter service. This year, 92 calls were interpreted in 21 languages – that's about 2 and a half more times than last year.

Of the people who used the service:

94% felt more confident about accessing information and support when needed as a result of speaking to a volunteer

90% felt less alone by speaking to a volunteer

90% felt more supported

83% felt less overwhelmed about their diagnosis

80% felt more in control

"The feeling of calmness throughout the call and that someone was listening was a relief. I didn't once feel information overload and really appreciated the guidance given about the different support available to me."

...by improving access to our support services

Even though all our services are free, there's sometimes a cost involved in attending – like travelling to and from a course. To make sure our services are accessible to as many people as possible, we set up our access fund. Funded by Asda, it helps people attend services they otherwise wouldn't be able to by covering the financial cost.

Recently, we worked closely with a woman who wanted to attend one of our services. As an asylum seeker living alone with a newborn baby in a government-funded hotel, childcare was an issue.

We organised and paid for childcare and worked with our staff and the venue so that she was able to access the support she needed.

As a result, she felt less isolated while coping with her diagnosis.

"I'm so happy to be part of this event. Thank you so much for having me. No words can explain for me how I'm feeling. Meeting all these beautiful and kind women and sharing this hard time and journey gives me hope that there is life after all this all. Really, from my heart thank you everyone who's involved in this event."

This year, we received 107 requests and spent a total of £12,413.56 on helping people attend our services. The majority of the requests are for help with travel costs. We also organise and pay for accommodation for people who need it because they're coming from further away. We have 11 regular users who we help attend their Living with Secondary Breast Cancer monthly group.

Making sure everyone gets the information they need

...by being on hand to answer questions

Breast cancer can be hard to make sense of. But our expert nurses are on hand to answer any questions people have, or simply listen and support them with what they're going through. This year, we received 11,663 calls to our helpline and 3,401 messages through our Ask Our Nurses service.

We know that what people want from our helpline includes getting the knowledge and information they need to help them manage their situation, to feel less alone and more confident. When we asked users of our helpline how it had helped them:

99% of people said they felt less alone

97% felt more confident to make informed decisions about their treatment, care and support, and ask questions of their treatment team

95% felt more reassured their feelings were normal

88% felt more in control

"I intend to ask more questions of health professionals at my appointment this afternoon."

...by promoting physical activity

We know that being physically active during and after breast cancer treatment can bring many benefits. It helps people's mental wellbeing, reduces some side effects of treatment and improves their long-term health.

We're helping to improve people's physical health through the "We Are Undefeatable" campaign. It aims to change the way we talk about physical activity for people living with long-term health conditions and help them incorporate physical activity into their lives. It was developed in collaboration with The Richmond Group of Charities (a collaboration of 15 leading health and social care charities).

This year, we promoted the campaign across our channels, and it was seen over 200,000 times on social media. It also reached over 1,000 people through our services and over 4,000 people through our public health talks. From a recent survey, 26% of people with breast cancer who remembered seeing the campaign took an action because of it – anything from trying a new type of physical activity to discussing it with friends, family or a healthcare professional.

...through our community of Vita readers

Vita is our magazine full of real-life stories and articles about health and wellbeing for people living with or beyond breast cancer. It helps people feel supported and connected, whatever they might be going through.

This year, we published 2 issues of Vita. And we ran a survey of our readers, which showed that thanks to the magazine:

97% feel more connected to other people who've had breast cancer

90% feel more supported

84% feel more positive about living with breast cancer

80% feel better able to cope with their condition

Now, we're using these results to tailor the content according to what readers most want to see more of – breast cancer research, diet, coping with side effects, secondary breast cancer and breast cancer support. And we're also adding an extra issue a year from 2024/25.

"It's like a warming lifeline and reminds me I'm not alone"
Vita survey respondent

...by creating new information

This year, we updated our popular **Exercises after breast cancer surgery** leaflet and created brand new video content to go alongside it. We worked with an exercise specialist to create 9 short videos demonstrating how to do the different exercises. They're a helpful and accessible addition to our existing information on physical activity and exercise.

...by offering Live advice and information

We offer information and support through our Facebook and Instagram Live sessions. This year, these sessions were viewed more than 1 million times, a 13% increase on the previous year. And we had 5,197 comments and questions from people watching. In our most recent survey of our Facebook and Instagram live sessions:

92% of people said they had a greater understanding of the topic

91% felt more reassured that their feelings were normal

83% felt more confident to do things that would help them live well during or after breast cancer

"It was really good to hear from someone in the same position as me, but who is also a breast cancer doctor - the session was clear, honest and informative. I'll definitely watch more, presented by really friendly people"

Quote from someone who watched the diet and nutrition session.

And our Speakers Live webinars were previously only open to younger women, but as many of the topics were also relevant to a wider audience, we decided to open them out to more people.

We piloted extending the reach of the events to anyone with a diagnosis of primary breast cancer between February and April 2024. And the feedback has been very positive.

Of the people who responded:

91% said they had a greater understanding of the topic covered and **81%** felt more prepared for the future

"This was my first live speakers' session and I found it so helpful. The speakers were knowledgeable and have really helped me understand things clearer. It was also so informative regarding post chemo which was so helpful. I can't thank you enough, I definitely feel more empowered and confident."

Speakers Live has now become part of our service offer for anyone with a primary diagnosis. Registrations have continued to increase and there are plans to increase the number of events by 50% next year.

Being here for everyone affected by breast cancer

This year, we supported over 4,500 people through our services for people with primary breast cancer – that's 30% more than last year.

Our Someone Like Me service celebrated its 50th birthday in December 2023. Through Someone Like Me, we match people affected by primary breast cancer with volunteers who've had a similar experience to them. Through phone calls or emails, the volunteer can answer questions, offer support or just listen.

We've seen consistent growth year on year and the last year was no exception. In the last 12 months, we've matched 1,951 people with a volunteer. This is 65% more people than we were able to support 5 years ago, and nearly twice as many compared to 10 years ago. This includes 213 matches in July 2024 alone – our biggest month ever!

96% of people who responded to our survey said that they had gained confidence from hearing about someone else's experience

97% said that they felt more reassured that how they were feeling was normal

90% said they felt less alone thanks to the service

“My volunteer has been so important to my healing journey. Her impact on me has been invaluable. She was realistic with me, hopeful and built my confidence. I will be forever grateful to her.”

Our Moving Forward course, which helps people to adjust to life beyond primary breast cancer, is now operating in 21 new areas. Our evaluation of the course shows it has positive impact so we're working to make sure more people know about it.

Of those who attended our Moving Forward courses this year:

94% agreed that their feelings were a normal part of a breast cancer diagnosis after the course, compared to 65% at the beginning

89% knew more about ways of managing their own emotional wellbeing, up from 38%

92% knew where to go with any concerns, up from 60%

“It helped me to process the last 16 months which I maybe hadn't dealt with. I'm no longer trying to prove I can be the same, I'm living in the here and now and starting to really move forward.”

As well as our online and in-person day events, we've also re-established a 2-day residential Young Women Together course. These courses bring together women with primary breast cancer who are aged 45 and under so they can meet other women who understand what they're going through and get tailored information on topics that are unique to them.

We ran 3 of these in Bristol, Glasgow and Leeds, supporting 133 women under 45 diagnosed within the last 3 years.

91% of women we asked said they felt less alone after attended the residential

“The residential has been life changing for me. It helped me to come to terms with my diagnosis. I'd never laughed or cried so much in 2 days, and that was really good for me.”

Improving how we offer support ...by harnessing the power of lived experience

We want to make sure that we're meeting the needs of the people we support. A key way to do this is involving people with lived experience of breast cancer and letting their views shape our work.

In November 2023, the Here for You team established our first lived experience project group to support how we design and deliver the service. The 5 members, who are from different ethnic backgrounds, bring many skills and new ideas and are able to challenge the way things are done.

Michaela, who manages our Here for You service, described how a project group member had helped recruit a staff member and what value that had brought.

“They helped us write the job description and interview questions and were part of the selection process and on the interview panel. It really helped us see it from a different perspective and choose the right person.”

And Coral, one of the group members, reflected on her involvement.

“It has been a privilege to be part of the Here for You project group. I very much feel involved in the development of Here for You and can see where my input has had an influence. Rather than just providing the view of someone with lived experience, I can bring my whole self and add value with my professional skill set. I feel a valued member of the team.”

...by better understanding the needs of underserved groups

By better understanding the experience of different groups of people, we can make sure our services are set up to give them the support they need.

That’s why we set up an EDI for services project, taking a deep dive into the experiences of 60 people from 50 different underserved groups who have not heard about us or our services. These include black and South Asian people, people over 70 and people from socio-economically disadvantaged backgrounds. As part of this, we built relationships with community organisations across the UK to help us collaborate more in future.

We’ve also added EDI questions to our Service Pledge programme, so we can better understand how people from different groups experience hospital care, and what specific support needs they have.

Working with others to have a bigger impact

...by educating health professionals

Facilitated by clinical nurse specialists, we run regular webinars for healthcare professionals about breast cancer, including topics on treatments, side effect management and new developments, with the aim of improving knowledge and practice to ultimately improve patients’ experience of treatment.

This year, 908 healthcare professionals registered for our webinar series. Of those who responded to our survey:

94% felt better able to support their patients

94% said they’d increased their understanding on the topic

One of the webinars was on the psychological impact of cancer. Some of the actions which those attending were going to take away included working with a psychologist to see if they could offer training to staff, and applying the skills they had learned when talking to patients who are struggling with their diagnosis.



Facilitated by clinical nurse specialists, we run regular webinars for healthcare professionals about breast cancer.

...by partnering with patients and healthcare professionals to drive change

The Service Pledge, part-funded by Novartis, is our programme dedicated to improving breast cancer services across multiple NHS trusts.

Through this programme, we help hospitals gather patient and staff feedback on their breast care services, and then help them use this feedback to find practical ways of making meaningful improvements. In our work with 2 Cancer Alliances, patients said that they:

- Felt unsupported while waiting to go for surgery
- Found it difficult to access emotional and psychological support
- Felt anxious once their treatment had ended

Working with the trusts involved, we helped them come up with improvement goals to address these concerns. These include:

- Making sure staff are trained on surgical wards to support patients
- Telling patients what emotional support is available to them
- Offering patient-led follow-up sessions at the end of treatment



Some patients also wanted more support with changes to their body after surgery and wanted more opportunities to see images of surgery outcomes. They felt they'd benefit from talking to someone who'd had a reconstruction before they decided which path to take. As a result, some services are reviewing their imagery so patients can see the different outcomes of surgery and can make an informed choice.

Roche provided a grant to fund an independent evaluation of the Service Pledge, the Scoping Project, to identify how this award-winning programme can be further improved. Novartis part-sponsored the 2023/24 Service Pledge.

...by working with our corporate partners

This year, we worked with corporate partners to help improve people's physical, mental and emotional wellbeing.

Ann Summers continued to sell My Viv, a unique product range designed to support the sexual wellbeing of woman affected by breast cancer. The products are created with women with breast cancer, and 10% of the net profits from the sale of certain products sold are given to us.

We also worked with M&S to evolve their post-surgery product range. We carried out trials with a diverse group of women across the UK, along with feedback from our Voices community, to make sure women with breast cancer are considered throughout the design process.

FUNDING RESEARCH TO HELP IMPROVE PEOPLE'S PHYSICAL WELLBEING

This year, we spent £120,000 on research into improving support for the physical and mental health, and the emotional wellbeing of people affected by breast cancer. This includes supporting 4 active research projects. Here are some of the highlights of our research this year.

Understanding black women's experiences of hormone therapy

Women from black African and Caribbean backgrounds are less likely than white women to develop breast cancer. But when they do, they have lower survival rates.

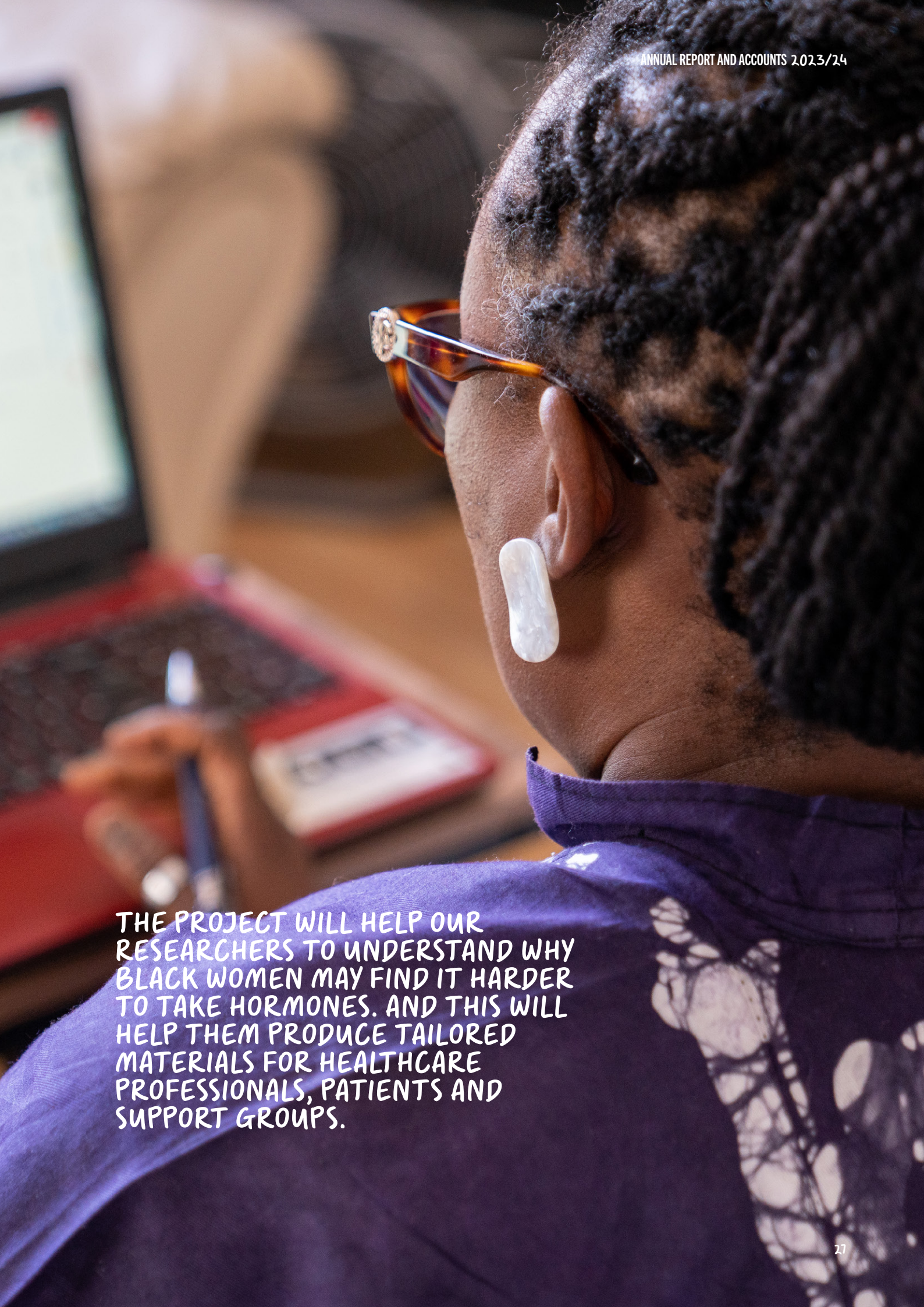
They're more likely to be diagnosed with advanced breast cancers. And to get breast cancers that are more difficult to treat, like triple negative breast cancer. But these reasons aren't enough to explain why they're more likely to die from the disease. So, it's important we understand why this is the case.

One possibility is to do with hormone therapy. Many women find it difficult to take hormones because of the side effects. We know that around 40% of people forget about it, and

around 10% deliberately miss, skip, or change doses. But this percentage tends to be higher in black women. And if you have oestrogen receptor positive (ER+) breast cancer, you might need to take them for 10 years or more.

Dr Lyndsay Hughes and her team at Kings College want to know when black women take their medication and how weekends, holidays and other events may impact this. They're also looking to understand how their culture influences their experiences and expectations of hormone therapy.

The project will help our researchers to understand why black women may find it harder to take hormones. And this will help them produce tailored materials for healthcare professionals, patients and support groups.



THE PROJECT WILL HELP OUR RESEARCHERS TO UNDERSTAND WHY BLACK WOMEN MAY FIND IT HARDER TO TAKE HORMONES. AND THIS WILL HELP THEM PRODUCE TAILORED MATERIALS FOR HEALTHCARE PROFESSIONALS, PATIENTS AND SUPPORT GROUPS.

STRATEGIC OBJECTIVE #3

To develop kinder, smarter treatments for people with breast cancer and improve access to treatments for those affected



2023/24 highlights

- Spending £7 million on research into developing kinder, smarter treatments for people with breast cancer and improving access to them (compared to £1.1 million last year)
- Helping to improve breast reconstruction services by funding training, helping reduce waiting times and removing financial barriers to surgery
- Helping to make sure that important new drugs for both primary and secondary breast cancer are available on the NHS

In recent years, research and technological advancements have accelerated the development of innovative therapies to treat breast cancer. And while that's great news, it's not always guaranteed that the people who could benefit from these treatments will have access to them.

Life-changing drugs can be rejected for use on the NHS by medical bodies due to their cost, despite being made available in some parts of the country. This means that people are missing out on treatments that could make a huge difference to their lives, or even save them. That's why we're dedicated to fighting for fair and equal access to treatments, and we won't stop – even when faced with devastating decisions from medical bodies and drug companies.

And we know that lots of the treatments that are available right now leave people with difficult side effects. That's why we're working to make treatments kinder and more targeted, so people have fewer side effects and can live well alongside their treatment.

Here are some of the ways that we've been working to make this objective a reality...

Campaigning for access to life-changing treatments **...by not giving up the fight for Enhertu**

Enhertu, also known as trastuzumab deruxtecan, is a drug that can help extend the life of certain people with incurable HER2-low secondary breast cancer.

In September 2023, Enhertu was provisionally rejected by the National Institute for Health and Care Excellence (NICE) for use on the NHS in England.

We met with NICE, NHS England and the drug companies Daiichi Sankyo and AstraZeneca on multiple occasions, urging them to work together to make this life-extending treatment available on the NHS.

Enhertu was approved by the Scottish Medicines Consortium (SMC) for use on the NHS in Scotland in 2023. But devastatingly, in March 2024, NICE issued their final draft guidance for Enhertu – rejecting it for treatment for use on the NHS in England on cost-effectiveness grounds.

Wales and Northern Ireland usually follow drug decisions made in England, so NICE's decision means that people living there will miss out on this treatment too.

In response to this, we launched our #EnhertuEmergency petition – calling for all parties to get

back round the table and find a solution. Reaching over 300,000 signatures, it's been our biggest petition to date.

We worked with the Chair of the All-Party Parliamentary Group on Breast Cancer to convene senior representatives from NICE, NHS England, Daiichi Sankyo and AstraZeneca, along with clinicians and women impacted by the decision. NICE, NHS England and the pharmaceutical companies then agreed to further negotiations. Although final negative guidance was published in July, meaning the decision remained the same, we're unwilling to give up. We'll keep fighting for access to Enhertu, so that the people who could benefit from it can have more time to live.

THIS YEAR, WE'VE HELPED MAKE SURE THAT A NUMBER OF IMPORTANT NEW DRUGS FOR BOTH PRIMARY AND SECONDARY BREAST CANCER ARE NOW AVAILABLE ON THE NHS, POTENTIALLY SAVING AND EXTENDING HUNDREDS OF LIVES.

Making sure more treatments are available to people who need them
 ...by improving access to 3 new cancer drugs

We've continued to work alongside patient experts to improve access to new breast cancer drugs. We've done this by inputting at every step of all assessments by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC).

This year, we've helped make sure that a number of important new drugs for both primary and secondary breast cancer are now available on the NHS, potentially saving and extending hundreds of lives. These drugs include:

- Olaparib (Lynparza) for adjuvant treatment of HER2-negative high risk early breast cancer with germline BRCA1/2-mutations after chemotherapy
- In Scotland - Trastuzumab deruxtecan (Enhertu) for unresectable or metastatic HER2-low breast cancer after chemotherapy
- Talazoparib (Talzenna) for HER2-negative advanced breast cancer with germline BRCA mutations

Calling for more choice around treatment options
 ...by helping people access the right type of breast reconstruction for them

For people who choose it, breast reconstruction is a vital part of treatment and recovery from breast cancer. It's not a superficial or aesthetic choice – it's reconstructing a woman's body and identity after they've been unravelled by treatment and surgery.

Women must be able to access and choose the right type of reconstruction for them, at the right time for them. But all too often, this access and choice is being denied.

Some women aren't getting the support they need to make an informed decision about the right type of surgery for them. Others are aware of the options that are suitable for them but are experiencing difficulties in accessing a type of reconstruction called free flap. As a result, some women may be opting for surgeries they wouldn't otherwise have chosen, while others are having to put up with significant delays.

In 2022, we published a report called 'Delivering real choice: the future of breast reconstruction in England'. In the report, we put forward several recommendations to address these failings and put breast reconstruction on a much sounder footing.



Since then, we've set up a task and finish group, along with the British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS) and the Association of Breast Surgery (ABS).

The group aims to draw expertise from across the system to find solutions to the pressures faced by breast reconstruction services. Throughout the year, we've worked together to develop solutions to some of the issues outlined in the report and influence NHS England to implement them.

- In July, we provided funding to the BAPRAS to fund a 6-month microsurgical fellowship for UK plastic surgical trainees
- Influenced by us, NHS England included breast reconstruction in the February 2024 update of the 18-week 'Referral to Treat' target guidance – helping legitimise reconstruction as a core part of breast cancer treatment and reduce waiting times
- There was a significant improvement to the national tariff set for breast reconstruction – meaning trusts are awarded a greater sum for performing reconstruction surgeries

FINDING KINDER TREATMENTS FOR BREAST CANCER

This year, we spent £7 million on research into developing kinder, smarter treatments for people with breast cancer and improving access to them. This includes supporting 43 active research projects. Here are some of the highlights of our research this year.

Discovering a new targeted immunotherapy approach

Professor Clare Isacke and Dr Frances Turrell at the Breast Cancer Now Toby Robins Research Centre are studying a new type of immunotherapy called CAR-T therapy.

Immunotherapy is a type of cancer treatment that helps the body's immune system recognise and kill cancer cells. CAR-T therapy involves modifying a sample of healthy immune cells to make them attack specific targets. It's already being used to treat some blood cancers, and Clare and her team are trying to find a way to make it effective for breast cancer too.

Their research has indicated that because the treatment is more targeted, it could potentially have fewer side effects. These findings were covered across a range of national media outlets including the Mail Online, The Independent, Daily Express and the i.

The team are developing the treatment further so that it can be tested in clinical trials. They hope this discovery could lead to better treatments for people with breast cancer in the future.

Improving the effectiveness of chemotherapy for triple negative breast cancer

Professor Greg Hannon and Dr Kirsty Sawicka at the University of Cambridge are looking into ways to treat triple negative breast cancer cells that can resist standard chemotherapy.

There are limited treatment options for triple negative breast cancer. One of the main ways to treat this type of cancer is chemotherapy, but often cancer cells can become resistant to it.

Greg and his team have discovered that these cells have increased activity of a protein called NRF2, and it's this that makes them resistant to chemotherapy. But it also increases the cancer cells' need for substances called non-essential amino acids. There could be an opportunity to target this need, and therefore improve the effectiveness of chemo.

Using mice, the team will test whether limiting the amount of non-essential amino acids could make the cells more vulnerable to chemo. They'll do this through both diet and using different drugs.

This project could help us develop new treatments that improve the effectiveness of existing chemotherapies for triple negative breast cancer. And by boosting the effectiveness of chemo, it could lead to lower doses, naturally reducing side effects.



Understanding how specific breast cancer cells resist chemotherapy

Dr Clare Davies of the University of Birmingham and her team are trying to understand what role a protein called PRMT5 plays in triple negative breast cancer.

They recently discovered that PRMT5 helps breast cancer stem cells to repair their DNA. This means that the cells

can resist the DNA-damaging chemotherapy that's used to treat triple negative breast cancer.

As part of the project, Clare's team are measuring the effect of a drug that turns off PRMT5, to see if this then leads to changes that increase cancer's sensitivity to chemotherapy.

The team are also looking into a cutting-edge technology called

antisense oligonucleotides (ASOs). ASOs can target specific genes that help breast cancer stem cells to repair their DNA. Clare wants to know if this treatment can be combined with drugs that turn off PRMT5, and if this then makes cancer more responsive to chemotherapies.

This project could improve treatment outcomes in triple negative breast cancer, making a big difference to people with this hard-to-treat type of cancer.

STRATEGIC OBJECTIVE

#4

To improve detection and
diagnosis of breast cancer



2023/24 highlights

- Reaching 27 million people with our Touch Look Check awareness campaign
- Reaching over 4,000 people with our public health talks raising awareness of breast checking and seeing a GP about any unusual changes (compared to 2,738 people last year)
- Calling on the government and NHS England to deliver a national screening campaign
- Collaborating with others to make the breast screening programme more accessible and equitable

The sooner breast cancer is diagnosed, the better the chance of a person's treatment being successful. That's why it's vital we do more to make sure more cancers are picked up at the earliest possible stage.

That means raising awareness of the signs and symptoms of primary and secondary breast cancer, so more people know when to seek help. It also means calling for significant improvements to the breast screening programme, which has been chronically underfunded and overstretched for years.

And it means addressing the significant health inequalities in early breast cancer diagnosis rates. Because women who live in highly deprived areas, and from certain minority ethnic backgrounds, are at much greater risk of late diagnosis.

Here are some of the ways that we're working to make this objective a reality...

Raising awareness of the signs and symptoms of breast cancer

...by Touching, Looking and Checking

We run our Touch Look Check campaign throughout the year. It helps people know the signs and symptoms of breast cancer, understand what is normal for them and encourage them to regularly check themselves.

This year, our campaign reached 27 million people, driving almost a quarter of a million (236,125) people to find out more about the campaign on our website. That's 4% more than the previous year.

The campaign also generated significant media coverage throughout the year. In Breast Cancer Awareness Month, we issued our annual YouGov breast checking research, resulting in widespread national coverage including 191 articles and 19 broadcast mentions.

TLC information was also included in a broadcast across 24 regional Heart radio stations and was a significant focus of our feature on ITV's Loose Women.

...by partnering with other organisations

We worked with a number of different organisations this year to spread breast health and breast checking information.

In their 2023 campaign, **Primark** shared vital breast checking content with their customers and colleagues. This included signs and symptoms posters

across stores, breast health talks to their staff, and a social media video showing the signs and symptoms that was shared with their 10 million followers.

In 2023, **ghd** launched their latest breast cancer campaign, Take Control Now. They created a moving 'discovery to recovery' film with Becksy, whose real-life experience with breast cancer was told through the campaign to raise awareness of breast cancer and give women the confidence to check their breasts. This campaign was shared with over 1 million of **ghd**'s followers and raised £188,800 for our work.

In 2023, the annual **Asda** Tickled Pink 'Real Self Check Out' campaign was centred around looking at breast cancer differently. Their in-store and online comms focused on myth busting, to educate colleagues and customers about the signs and symptoms of breast cancer, and that anyone can be affected regardless of gender, age or ethnicity.

This campaign gave us access to **Asda**'s 14 million weekly shoppers and 150,000 employees. It also secured 35 pieces of PR media coverage, including 8 national pieces.

In November 2023, **Asda**'s annual Great British Check In survey estimated that as a result of the campaign:

2 IN 5 customers said they'll breast check more regularly for both symptoms and what's normal for them

...by giving answers about breast health

Our nurses respond to questions about breast health through our helpline and Ask Our Nurses messaging service. Overall, 88% of people who talked to our nurses about these issues said that they felt more confident to report signs and symptoms of breast cancer to a healthcare professional.

We also give trusted information about breast health through our website. Our signs and symptoms of breast cancer web page had 135,000 views this year. And our pages on screening, tests and scans had over 57,000 views.

...by giving public health talks

We give free public health talks in workplaces, community groups, universities, local authorities and NHS trusts. The talks are delivered by our trained volunteers and raise awareness of breast cancer, give people the confidence to check themselves and recognise that any new and unusual changes should be checked by a GP.

This year we delivered 115 talks (over 25 more than in 22/23) and through these we reached 4,018 people (over 1,000 more than 22/23 and over 2,000 more than in 21/22).

Of the people we asked afterwards:

90% said they were more aware of the signs and symptoms of breast cancer, felt more confident about checking their breasts and were more likely to get checked by a GP if they noticed any new or unusual changes

"Really great and informative talk that's made me aware of issues and given me the confidence that if I do find any signs/symptoms or ever get a diagnosis, I'm not alone."

Men who attended the talks also found the information useful, both in terms of checking themselves (98% said they were more aware of the signs and symptoms of breast cancer) and supporting their partners.

"As a man, I found this very informative as this comes up in conversations with my wife. I was also really interested to see information in the presentation about my gender and how I can look out for it in myself."

Campaigning for changes to screening and diagnosis **...by calling for a breast screening awareness programme in England**

When breast cancer is detected through the NHS breast screening programme, it's normally found at an early stage, meaning it's easier to treat. But not enough people are attending breast screening, and the NHS target for how many women should be screened has been missed for the 4th year in a row.

To try and tackle this, as part of our #NoTimeToWaste campaign, we called on the government and NHS England to deliver a national breast screening awareness campaign to encourage everyone who is invited to attend their appointment.

We launched an online call to action, and with the help of widespread national and regional media coverage, we were able to secure over 55,000 signatures. And we took #NoTimeToWaste back to parliament, where over 50 MPs came to meet us to find out about breast screening in their area and what they could do to help. Thanks to this, we secured a backbench business debate on screening.

Parliament was dissolved for the UK general election before this was able to take place. But we're determined to continue to make our calls to the new government.

...by securing a screening uptake improvement plan in England

Our calls for change led NHS England to develop a national uptake improvement plan and agree to publish it. The plan contains specific actions to make screening more convenient for people. And it gives screening services more tools and data to help them effectively target people who do not currently engage with the programme.

NHS England has also moved to prioritise screening uptake in other parts of the healthcare system. This includes by enabling NHS leaders at the local level, who are not directly responsible for screening, to still include breast screening uptake as an area of focus within their plans. We hope this will result in more people taking up their invite.

...by pushing for improvements in Scotland and Wales

We continue to make sure the breast screening programmes in Scotland and Wales are focused on improving uptake and are ready for the future. We sit on Scotland's Breast Screening Programme Board and play an active role in the Scotland's Breast Screening Modernisation Board. This year, we also became a member of the Breast Test Wales Breast Screening Programme Board and its uptake group. This will enable us to play a greater role in pushing for much needed improvements to uptake in Wales.

Tackling inequalities in detection and diagnosis

...by raising awareness among underrepresented communities

In 2023, Estee Lauder's breast cancer campaign focussed on supporting underrepresented groups and increasing education of breast health within these communities. We supported them to create a signs and symptoms leaflet using statistics and information about breast cancer that was distributed to Estee Lauder customers during Breast Cancer Awareness Month.

...by calling for equitable and inclusive screening

This year, we brought together a range of organisations, including Black Women Rising, Race Equity Foundation and Mencap, to agree and publish a consensus statement on health inequalities within breast screening in England. This sets out the steps needed to build a truly equitable and inclusive breast screening programme.

Since its publication, we've heard from screening leads and commissioners that the statement has been used to develop plans to improve screening accessibility. It's also allowed us to develop good working relationships with these other groups and coordinate on other projects.

...by making sure our talks and materials are accessible to everyone

We know how important it is to raise awareness of signs and symptoms, and the importance of screening, among the people where this is lowest.

Women from the largest minority ethnic groups in the UK tend to have lower survival rates, often because they are diagnosed later. To address this, we've been testing a 'place-based' approach in London, in which we work with local groups to help us reach these communities with our public health talks.

We commissioned an accessible evaluation feedback form, and an accessible presentation, which can be delivered to audiences with learning disabilities. And we've started delivering talks to groups in their own languages.

"Loved the fact the talk was in Urdu and Bangla - women only session - very relaxed warm, friendly."

...by supporting Ethnic Minority Cancer Awareness Month (EMCAM)

This national campaign, developed by Cancer Equality, aims to empower ethnic communities by raising awareness of cancer as well as highlight inequities in cancer care and health outcomes.

In July 2024, we hosted our first panel event targeted at South Asian women, "From awareness to action in the South Asian community: a conversation on breast cancer".

This event was targeted at the South Asian community, where breast screening uptake and awareness of breast cancer is particularly low, with many cultural barriers and factors to overcome. The panel were a mix of women with lived experience of breast cancer with different perspectives to bring.

The attendees ranged from 26 to 75 years old and were from Indian, Pakistani and Bangladeshi backgrounds. The event was also recorded and released on social media, and in just over a week, 140 people had watched it.

Thanks to our partners Fenjal and Pentel who kindly donated items for the 40 goody bags at the event.

"Excellent event. Wonderful panellists. Normalising conversations is super important and events like today help to do that."

...by better understanding how different groups think about breast cancer

From January 2024, through our quarterly YouGov public health survey, we've been putting questions specifically to South Asian and black adult women in the UK.

When asked what words came to mind when thinking about cancer, the women surveyed associated 'pain' and 'death'. This suggests that within these communities, cancer is seen as a 'death sentence', whereas in reality, 9 in 10 women will survive breast cancer for 5 or more years.

We also saw that between January and July 2024, there was a 10% decrease in the number of respondents correctly identifying 5 or more signs and symptoms of primary breast cancer. This shows that more work needs to be done to raise awareness of the signs and symptoms of breast cancer.



...by funding research into detection and diagnosis

This year, we spent £450,221 on research into improving detection and diagnosis of breast cancer. This includes supporting 6 active research projects.

One of these is Dr Mel Cooper's work at the University of Bradford, who's investigating why fewer black African women attend screening compared to white or black Caribbean women. They're not only looking at whether these women know about breast health and breast screening, but also at how their environment affects their likelihood of going to screening appointments.

She hopes that by understanding this, her team can work with these women to develop a program that could increase attendance, and then test and improve this program.

There are around 160,000 black African women of screening age (50 to 70) in England and Wales. By helping more of them attend screening, it could give many a better chance of surviving the disease.

STRATEGIC OBJECTIVE #5

To further our understanding of why breast cancer occurs and spreads, and use our knowledge to help prevent breast cancer developing

BREAST
CANCER
NOW The research
& care charity

2023/24 highlights

- Spending £2.8 million on research into furthering our understanding of why breast cancer occurs and spreads (compared to almost £850,000 last year)
- Helping to make anastrozole available on the NHS as a risk reducing treatment –this could benefit 289,000 post-menopausal women at risk of developing breast cancer
- Setting up a family history champion group for healthcare professionals, so they can give better support to people with an increased risk of breast cancer
- Bringing family history nurses and genetic counsellors together to learn the best way to support people who have an increased risk of breast cancer

Around 23% of breast cancers in the UK could be prevented through lifestyle changes, including drinking less alcohol, maintaining a healthy weight, being active and not smoking. And we know that between 5-10% of breast cancers are caused by an inherited gene alternation.

We're working all the time to learn more about the different factors that influence someone's chances of developing breast cancer and understand who is at an increased risk. And we're working to find out which interventions are most effective, so we can reduce the number of people developing the disease.

Here are some of the ways that we're working to make this objective a reality...

“This has helped to discuss risk and subsequent treatment options, as well as exploring understanding and emotion in greater detail.”

Making sure more people understand the role of family history and genetics ...by sharing information with the public

It's important for people to know if their family history could impact their chances of developing breast cancer. And if someone's recently been diagnosed, they may want to know what it means for their family members.

Our web page on breast cancer and family history had 88,474 views this year. And we sent out 13,359 publications on the topic to people who want to better understand their risk of breast cancer.

...by supporting peer-to-peer learning for health professionals

This year, our new healthcare professional family history champion group met twice. They explored breast cancer genetics, how to communicate genetic risk, psychological support for people at increased risk and the role of HRT and risk.

Members of the group found it extremely valuable, with one saying, “HRT is a daily question and I feel much better equipped to answer in more detail from a family history perspective.”

We also run webinars for healthcare professionals on risk, genetics and family history. This year we ran one about communicating risk to patients.

...by sharing best practice

This year, we established our Family History Expert Working Group. This brings together family history nurses and genetic counsellors from all the devolved nations in the UK to share their insights and help shape our organisation's policy position on supporting people at an increased risk of breast cancer.

The group will provide a key source of insights and feedback as we develop new policy on risk management and prevention for those at an increased risk of breast cancer – making sure our work aligns with and supports the needs of the people delivering these services.

Calling for better access to preventative interventions

Anastrozole is a type of hormone therapy that was originally licensed for treating breast cancer. But researchers found that taking it for 5 years also reduced the incidence of the disease by nearly 50% in post-menopausal women at increased risk of breast cancer.

This year, we were delighted that anastrozole was licensed as a risk reducing treatment for these women. An estimated 289,000 post-menopausal women with a moderate or high risk of breast cancer could be eligible to use anastrozole as a preventive treatment thanks to this decision.

It's the first drug to have its licence extended through NHS England's Medicines Repurposing Programme. We sit on the steering group for this programme, representing the Association of Medical Research Charities. And we chaired NHS England's anastrozole working group which oversaw work on the licence extension.



SHINING A LIGHT ON THE BIOLOGICAL MECHANISMS OF BREAST CANCER

This year, we spent £2.8 million on research into furthering our understanding of why breast cancer occurs and spreads. This includes supporting 17 active research projects. Here are some of the highlights of our research this year.

Investigating how the bacteria in our gut could help us against breast cancer

Dr Stephen Robinson at Quadram Institute Biosciences is researching what role gut bacteria play in breast cancer, and how we can use them against the disease.

Multiple studies have shown that there's a connection between healthier gut bacteria and better overall outcomes for cancer patients. Stephen's team want to understand how gut bacteria change during the course of the disease – to do this they're analysing and comparing bacteria found in samples at diagnosis, during and after treatment.

They also want to understand how gut bacteria influence the immune system, as one of the ways that breast cancer can spread is by manipulating this system. The team will test gut bacteria in mice that have been linked with both better treatment outcomes and worse outcomes.

The project could help us develop new treatment strategies that use gut bacteria to activate the

immune system – improving the body's ability to prevent breast cancer from spreading.

Learning how cancer 'hijacks' our biological mechanisms

Cell competition acts as a quality control mechanism in the body, by removing substandard or potentially dangerous cells. The 'loser cells' donate their nutrients to the fitter 'winner cells' surrounding them, helping healthy tissue to grow.

Professor Pascal Meier and his team at the Breast Cancer Now Toby Robins Research Centre found that cancer cells can hijack this process by forcing their neighbouring healthy cells to donate their nutrients. This allows the cancer cells to grow and spread.

In addition, when cell competition takes place between cancer cells, it can lead to some cancer cells developing resistance to chemo or other targeted therapies. These resistant cells survive and multiply, making treatment less effective.

The researchers hope that by better understanding cell competition and how cancer hijacks it, they can ultimately design new ways to treat cancer and stop it becoming resistant to treatment.

Understanding how our biological clock influences tumours

Our internal biological clock allows cells in the body to time important processes, such as

growth and repair, to a 24-hour day. In some cancer cells, this inner clock can be disrupted. So, Professor Qing-Jun Meng from the University of Manchester set out to explore the way the biological clock influences the progression of breast cancer.

Studying the biological clock in breast cancer can be difficult. That's because it isn't safe or practical to take repeated biopsies and multiple samples over time. To overcome this, Qing-Jun and his team used artificial intelligence (AI) and a small number of time-stamped samples to analyse data from hundreds of people.

They found different genes that were timed to the biological clock, including genes related to cell spread. The researchers also discovered that different subtypes of breast cancer responded differently to the biological clock.

ER-positive, HER2-negative breast cancer cells generally maintained a 24-hour rhythm, but with significant variance between people. Looking into it further, they found that of these people, those whose tumours strongly adhered to a biological clock had lower survival rates. And they found that ER-positive HER2-negative breast cancer cells were less aggressive when their biological clock was disrupted.

The team hope that these findings could be the foundation for new and better ways to treat breast cancer.

Quantifying the benefits of exercise

Dr Michael Jones and his team at the Institute for Cancer Research have analysed data from over 540,000 women from 19 studies, including the Breast Cancer Now Generations Study. They found that women who were in the top 10% of most active participants were 10% less likely to develop breast cancer before the menopause than the bottom 10%.

Their analysis took into account other breast cancer risk factors and lifestyle behaviours. This included things like BMI, family history, and smoking. Michael and his team also found that there wasn't a specific amount of physical activity that women needed to do to see benefits. But the more time they spent doing physical activity outside of work, the lower their chances of getting breast cancer.

Trying to predict when triple negative will develop into secondary

Dr Anita Grigoriadis and her team at the Breast Cancer Now Research Unit at King's College London developed an AI model to predict risk of someone's triple negative breast cancer becoming an incurable secondary breast cancer. The model even predicts this before the disease has spread to the lymph nodes.

WOMEN WHO WERE IN THE TOP 10% OF MOST ACTIVE PARTICIPANTS WERE 10% LESS LIKELY TO DEVELOP BREAST CANCER BEFORE THE MENOPAUSE THAN THE BOTTOM 10%.



ACCELERATING OUR PROGRESS IN 2023/24

To meet our objectives, we must continue to grow our impact. And not only through what we do ourselves but in how we influence, empower and inspire others to act alongside us. Our 4 accelerators help us to do just that:

#1

Amplifying
the voice of experience

#2

Unlocking
the power of our community

#3

Evolving and adapting
our practices

#4

Generating
further funding

ACCELERATOR 1: AMPLIFYING THE VOICE OF EXPERIENCE



Raising our profile so that everyone affected by breast cancer knows how we can support them – and how they can support us in driving the change we want to see

...by increasing our brand awareness

Across the year, our national brand awareness increased by 2 percentage points, from 28% in 2022/23 to 30% in 2023/24. Increasing our brand awareness is vital for our success. It means more people know who we are, how they can support us and – most importantly – how we can support them.

During our Gallery of Hope campaign in April 2024, we saw our highest monthly average brand awareness score of the last 3 years – peaking at 33%. The campaign got national, regional and broadcast media coverage, reaching millions of people and driving awareness of ourselves and our work.

This was supported by 2 brand campaigns – in September and October 2023 around BCAM, and during April and May 2024. These campaigns, featuring people living with breast cancer, were seen 161.8 million times.

...by holding a fashion show like no other

The Show is an annual fashion event that celebrates people living with or beyond breast cancer and highlights the work we do. Every one of the 24 models that take to the runway has been affected by breast cancer. This year's event in April was attended by 500 supporters from across the organisation including many online influencers. We also hosted an incredibly successful online livestream with 56,613 views.

We shared model stories on social media and secured press coverage, showcasing the range of experiences people with breast cancer go through and how our services can support them.

...by advising on a storyline for Emmerdale

Our nursing team provided expert guidance for a storyline featuring a character who discovered she had an altered BRCA gene following a breast cancer diagnosis.

We made sure the character's experiences were accurate, while at the same time raising awareness of family history of breast cancer and the information and support available. The storyline reached millions of Emmerdale fans and was accompanied by widespread media coverage.

Identifying and championing the issues that matter most to people affected by breast cancer

...by listening to the voice of lived experience

Breast Cancer Voices is made up of people whose lives have been changed by breast cancer. They use their diverse experiences to shape our work and create change – so we can keep accelerating research and providing vital support, in every way we can.

We've grown our Voices community by 34% in the last year, going from 982 to 1,319 members. Our 'louder Voices', who take on more regular opportunities, make up 62% of the network and have grown from 610 to 820. We've opened up 116 opportunities for the Voices community to feed into, including 55 internal projects spanning 18 teams from across the organisation.

In a recent survey:

88% of Voices felt that they made a positive difference to our work

94% of project leads felt that involving Voices in their project added value to their work and

100% of project leads would recommend using Breast Cancer Voices

OUR NURSING TEAM PROVIDED EXPERT GUIDANCE FOR A STORYLINE FEATURING A CHARACTER WHO DISCOVERED SHE HAD AN ALTERED BRCA GENE FOLLOWING A BREAST CANCER DIAGNOSIS.



“We really can’t overstate how important it was to receive comments/feedback from people with lived experience of breast cancer as it allowed us to focus in on the right messaging, and steer away from the wrong thing.”

Breast Cancer Now
staff member

This year, our Service Pledge programme also received recognition as an example of patient involvement. It was highly commended at the Innovate Awards in Excellence in Patient and Public Involvement in Transformation and Innovation category. And we were a finalist in the Using Insight for Improvement category in the 2023 Patient Experience Network National Awards.

...by making our community more inclusive and accessible

We know that certain groups are underrepresented in our Voices community compared to the breast cancer population, and we’re working to improve this.

This year, we’ve been putting more focused efforts into making our Voices community accessible and inclusive, taking positive actions such as developing our involvement EDI plan. The plan outlines actions for us to take over the next year so we can move towards making involvement across the organisation accessible and equitable.

Leading conversations with governments and other policymakers, the NHS and fellow health charities to boldly challenge and push for change

...by turning parliament pink

Wear it pink is one of our biggest fundraising events. It’s a day when thousands of people wear pink and raise money for our world-class research and life-changing support services.

This October, we were delighted to have brought wear it pink back to Westminster for the first time since 2019. Over 100 MPs got involved, making it our biggest parliamentary event since the pandemic. We were able to talk to them about key priorities like our #NoTimeToWaste campaign.

Alongside a photocall, we also held a research and support fair to allow MPs and peers to drop in to meet some of the scientists that we fund. It was also an opportunity to learn more about our research and services.

We wanted to raise awareness about what we do as a charity to decision-makers and highlight specific research happening in their area. We were joined by world-class researchers from 7 different universities and research centres from across England, Scotland and Wales, who came to highlight the different areas of research we’re currently funding.

We also worked with members of the Senedd, Scottish Parliament and Stormont to encourage their networks and communities to wear it pink.

...by being part of powerful coalitions

We continue to be an active member of the One Cancer Voice coalition of over 60 cancer charities. This year we took part in a day of action on social media to urge all political parties ahead of the UK general election to commit to develop a cancer strategy.

We continue to be active members of the Wales Cancer Alliance and the Scottish Cancer Coalition. These coalitions influence the delivery of each governments’ commitments within their national cancer plans.

This year, we also became members of the newly formed Northern Ireland Cancer Charities Coalition, which was launched in Stormont in May. This provides cancer charities across Northern Ireland with a forum to collaborate to improve services and outcomes for cancer patients in Northern Ireland.

The event gave charities the opportunity to showcase their work to the executive and members of the legislative assembly.

Extending our reach through our own activity in bold and innovative ways with our trusted partners

...by joining forces with Primark
 We worked with Primark for their 'Day in the life' campaign during Breast Cancer Awareness Month in October. The campaign shared the real stories of 4 women who had breast cancer, giving them a platform to share the advice they would give to others. The campaign received national coverage, with the women's stories reaching a wide audience.

Primark also continued to support women at all stages of breast cancer treatment and recovery through their post-surgery and loungewear range. A focus group fed back on the design of these post-surgery products, providing vital insight to help shape the range.

"Absolutely brilliant, thank you for this and for showing how to check yourself properly."
 Comment from social media shared by Primark during BCAM

...by collaborating with a national magazine

This year, we started a new partnership with My Weekly magazine. Through the magazine, we'll publish monthly articles sharing the personal stories of people affected by breast cancer and signpost to our services and research. My Weekly has a circulation figure of around 60,000.

...by Show-casing our partners

The Show was supported through gifts in kind by some of our generous corporate partners. Fenjal and Karen Millen joined ghd and Estee Lauder in donating much-loved items from their collections for the 500 goody bags for guests and models during the event. And ghd and Estee Lauder also provided make-up and hair styling backstage. Primark, M&S and Karen Millen kindly contributed clothing for the models to wear on the runway.



THIS YEAR, WE STARTED A NEW PARTNERSHIP WITH MY WEEKLY MAGAZINE. THROUGH THE MAGAZINE, WE'LL PUBLISH MONTHLY ARTICLES SHARING THE PERSONAL STORIES OF PEOPLE AFFECTED BY BREAST CANCER

BREAST CANCER NOW Let's Talk About Breast Cancer. The research & support charity. Sharon Morrison shares the impact of living with breast cancer for Breast Cancer Now's 'Left Unsaid' campaign.

The First Diagnosis
 A breast cancer diagnosis can feel like the end of the world. When I was diagnosed with breast cancer the first time in 2004, I thought I was going to die. I was devastated. I found myself amongst the funeral parlours I'd write to all those young children, and that's normal. I don't know anyone who's been diagnosed with breast cancer who hasn't felt like this.

Don't Go It Alone
 As a working single mum, when I was sent for chemotherapy I had no one to go with me. I was determined that one thing was going to happen: I wasn't doing it alone. I didn't discuss the possibility of breast cancer with anyone. I discussed cancer.

Don't Feel There's A Certain Way You Have To Act
 When I first had breast cancer, I had eight months of chemotherapy but only took a day-and-a-half off work for each chemo session. I found that keeping life as close to normal as possible meant I could still go to work and still be able to care for my children. In 2005, I was diagnosed with breast cancer again. By then, I had my own business so decided to be able to report and take more time out.

Looking Good Can Make A Big Difference
 Bald, overweight and with terrible dark shadows under my eyes and nose had gotten so deep and ugly. I looked like Linda Foster from The Addams Family. But getting on my feet, getting out dressed to go to work and being a mum again helped me feel like I was back to my old self. As an added bonus, thanks to my wig, I never had a bad hair day!

It's Not The End Of The World
 Thanks to research such as the research by Breast Cancer Now, more of us are surviving breast cancer. In fact, Breast Cancer Now is the largest fund-raising charity in the UK. By 2025, everyone diagnosed with breast cancer will live – and live well. And if you can get through breast cancer, you can get through anything.

Some Side Effects Remain
 My hair grew back on both occasions but my system has been compromised. As a result, my energy levels and my ability to do anything is a terrible job. That's why my control of my bowels and bladder has been so bad. I've had to take a lot of medicine to help me control my bowels and bladder. It's not easy. I've had to take a lot of medicine to help me control my bowels and bladder. It's not easy. I've had to take a lot of medicine to help me control my bowels and bladder. It's not easy.

Side Effects
 On both occasions, I lost all my hair including my eyebrows, eyelashes and even the hair on my legs. In my month, which meant my hair was permanently missing. I also had my fingernails and my hands, and had scars in my arms and my throat. But it was all worth it for my health, along with radiotherapy and surgery, stopped the cancer in its tracks.

Learn More And Take Action
 The second time I was diagnosed, my cancer risk to me. In the end, I've had surgery and oncology around me. I've been 'lucky' as there was no history of breast cancer in my family, but couldn't shake the feeling something was wrong. I ended a long relationship with my partner and one of my daughters, who told me about a surgery risk-reducing surgery. We've been able to live with the knowledge.

Chemotherapy's Hard
 In my two bouts of chemotherapy, I've had nearly every side effect going. One of the worst was the effect it had on my taste buds. Most things tasted metallic, especially fish, which I love. Yet no matter how awful everything tasted, I put on weight, which was really unfair as I was eating hardly anything.

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ACCELERATOR 2: UNLOCKING THE POWER OF OUR COMMUNITY



Collaborating creatively with our wider network of volunteers, healthcare professionals, supporters and partners, and using our collective voices, experiences, time, skills and networks to accelerate positive change

...by bringing nurses together to network and learn

June saw us hold our first ever nursing conference, which was attended by over 150 nurses as well as charity and pharmaceutical partners.

It aimed to give nurses working with breast cancer patients the opportunity to hear about some of the most exciting clinical developments in primary and secondary breast cancer. It was also our chance to show our support and thanks to the nursing members of our healthcare professional hub.

After attending the conference:

87% of the nurses said they're going to change what they do in their day-to-day work because of what they'd learned

The conference was sponsored by Novartis, Lilly UK, Exact Sciences, MSD and Stemline Therapeutics.

Thanks also to our partners Fenjal and Pentel who kindly donated items for the 250 goody bags on offer at the conference.

...by growing our volunteer community

Over the year, volunteers have given us an incredible 13,987 hours of their time. 753 managed volunteers have supported us through formal, longer-term roles – an increase from just under 700 in 2022/23. And we've recruited 307 new volunteers in roles across the charity.

In June, we held a Volunteers' Week event. It took place online and featured 2 of our amazing volunteers, Stuart and Val. They shared their stories and presented the 2024 Tracey Williams Outstanding Volunteer Award.

The event was a success, and we had many responses from volunteers on how much they'd enjoyed it.

"There was huge warmth and enthusiasm, and a real connection amongst all participants! Thank you for including me! It was lovely to join in and start to be part of the BCN volunteer community"

Volunteer feedback

...by reaching more communities through our corporate partnerships

In October 2023, a number of Breast Cancer Now volunteers worked across 9 Primark stores as part of a pilot health information initiative to reach more communities with breast health messaging. We included stores that were in areas of the UK that have lower screening rates, such as Coventry, Nottingham and 2 London stores.

Volunteers successfully interacted with customers and shared information about breast cancer, and we're looking forward to growing the initiative over the next year.

"I engaged a steady footfall of Primark customers and staff in conversation about self-checking, encouraging them to take up invitations for screening, listening to personal stories and signposting to medical professionals."

Val, volunteer

Creating and embedding a high-performance culture powered by trust, and with a clear vision and mutual goals to guide us

...by implementing a series of new initiatives for colleagues

This year we continued our work towards creating a high-performance culture and to be a great place to work through a series of initiatives. These included:

- A programme of leadership development training to create an environment that prioritises transparency, trust and mutual respect
- The roll-out of the c-me behaviour profiling tool to increase our understanding of the impact of our communication and behaviour
- Offering coaching and mentoring support to help colleagues navigate their career pathways

We have further initiatives in the pipeline for 2024/25 as we develop our new strategy, culture and ways of working.

Outstanding Volunteer of the Year Award 2024 winner

Lauren Colchester

Lauren is a patient advocate volunteer for the Service Pledge. She's been supporting the Service Pledge since 2021 and has supported 3 hospital trusts to develop SMART, patient-centered improvements to their breast care service.

Lauren has worked alongside healthcare professionals, Cancer Alliances and Breast Cancer Now staff, and her involvement

has made a huge impact. During 2021 and 2022, Lauren helped to shape over 30 improvements at 2 hospitals. This will benefit over 650 people diagnosed with breast cancer every year at these hospitals. Lauren is also supporting the team with a strategic project looking at how impact can be increased through the Service Pledge.



ACCELERATOR 3: EVOLVING AND ADAPTING OUR PRACTICES



Putting our supporters at the heart of how we communicate so we can have more informed, timely and effective conversations with them and continue to build positive and mutually beneficial relationships

...by better targeting our email comms

This year, we took a new approach to emailing our supporters. We decided to send fewer emails and focus on making sure people only heard about things that are relevant to them. Overall, we sent 39% fewer mass emails. But despite this, we actually increased the total number of times people clicked on links by 10,000. This shows that by being smarter and more targeted, we can reduce cost, be more environmentally friendly and give supporters a better experience.

...by designing a new supporter experience strategy, based on what our supporters are saying

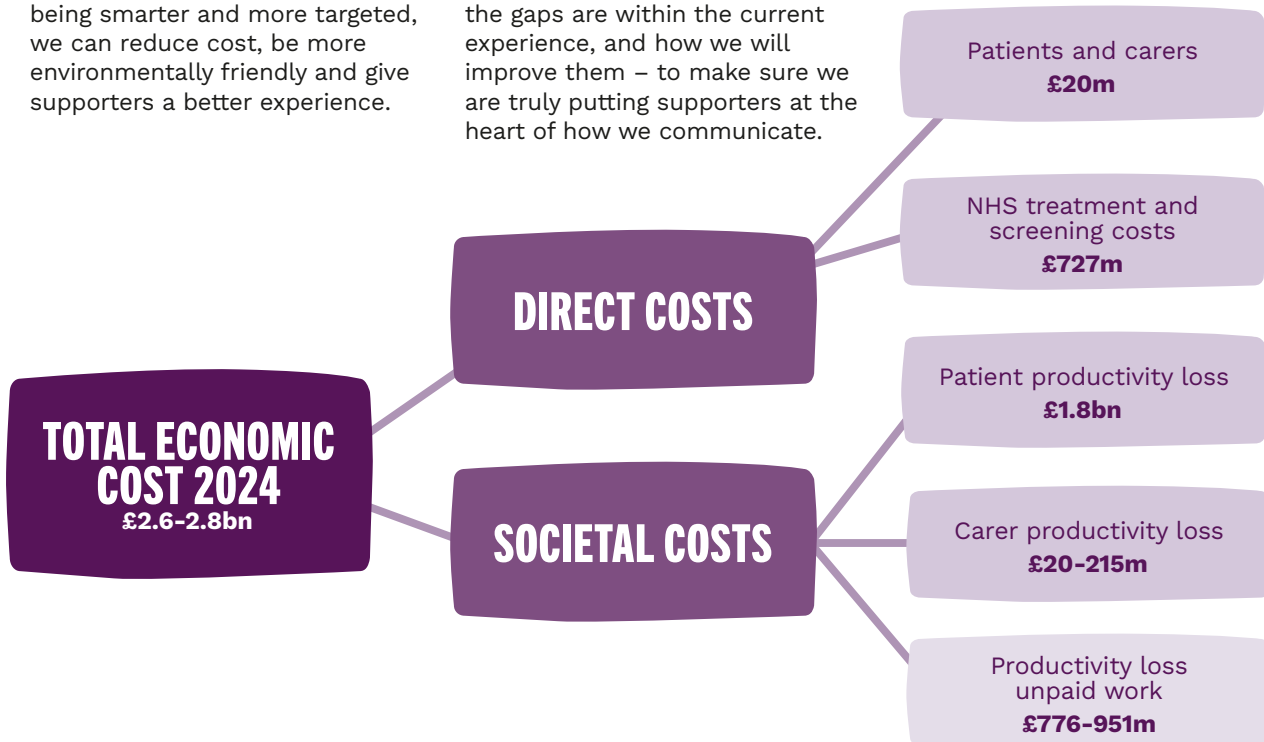
We want to make sure that all supporters – whether they give their time, money or voice – have a great experience supporting us. This year, we combined lots of insight for the first time, including in depth interviews with supporters, quantitative supporter surveys and behavioural information from the database. This helped us to understand where supporters think we're hitting the mark, and where they're not getting the experience we want them to.

We've used this to produce a strategy which lays out where the gaps are within the current experience, and how we will improve them – to make sure we are truly putting supporters at the heart of how we communicate.

Bringing transformational insight to our decision-making and actions through improved use of data

...by quantifying the economic impact of breast cancer

Working with Demos, Britain's leading cross-party think tank, we produced a report on the cost of breast cancer to the UK economy. This includes the costs to the NHS in terms of diagnosis and treatment. But it also includes the cost to society in terms of lost productivity and the individual costs that people bear, like the loss of income from work.



...by publishing our first ever Breast Cancer in the UK report

This year, we published Breast Cancer in the UK 2024: A compendium. This sets out the situation with breast cancer in the UK today in numbers – from how many people are developing the disease, to inequalities, NHS waiting times and wellbeing. This document, the first of its kind we've produced, will help us, our partners and anyone working in breast cancer understand the state of play today. Because it's only by having all the evidence to hand that we can make the right decisions about what needs to change and how.

Having the courage to change course and adapt to evolving circumstances

...by getting better at recruiting volunteers

We've made improvements to how we bring volunteers onboard, by making sure we're giving everyone a consistent volunteer experience, across the whole organisation. We've also started to use a 'drivetime mailout' process to recruit new volunteers. And we reviewed all our volunteer recruitment materials to make sure they're in our tone of voice and are as engaging as possible.

...by improving how we do Gift Aid

This year, we finished a review of our Gift Aid processes. We carried out a mock Gift Aid audit to highlight any areas we could improve. And we've now put a plan in place to update our database, improve staff training and maximise Gift Aid income in future. We also recruited 9 volunteers who supported us to claim £27,678 worth of sponsorship Gift Aid and established a process to claim this more regularly going forwards. And this year, we raised £2.7 million in Gift Aid (up from £2.5 million in 2022/23).



Identifying and implementing new technologies to support and enhance team working, inclusion, creativity and innovation

...by prioritising data projects

In February 2024, we launched our Data Project Register and prioritisation process. This will help us to prioritise important data work and help stakeholders to understand when their work will be started. We've had 70 projects start the process so far, of which we've completed 8.

ACCELERATOR 4: GENERATING FURTHER FUNDING



Testing to find the most successful new routes for securing long-term sustainable support, reaching new audiences and inspiring more people to engage with us

...by investing on our fundraising

This year, we invested over £3.3 million in face-to-face fundraising, to help us generate a significant income. That means that our fantastic fundraisers have been out and about in even more shopping centres, events, supermarkets and town centres. Thanks to this, we recruited over 55,000 new supporters in 2023/24.

We also continued to invest in our mass participation products. This year we spent an extra £100,000 on marketing Afternoon Tea. By reaching more people and encouraging them to sign up and take part in the events, the

campaign made over £550,000 more than the previous year, making it our most successful event yet! And by adapting and improving our marketing and through media coverage, we were able to grow our wear it pink campaign by £600,000.

...by adapting our approach

This year, we created a single community fundraising team, to help us give our supporters the best possible experience and put us in the strongest position to grow. We also set up a fundraising products team to lead on our virtual events, as well as developing new products across community fundraising. Thanks to working with an external innovation agency, the team are now familiar with how to develop new products and have a shortlist of exciting audience-led ideas they plan to launch in 2024/25.

Initiating, connecting and growing our network by inspiring our supporters and partners to engage their contacts and communities, bringing additional funding, skills and expertise to the task of transforming breast cancer research and care

...by fundraising in communities around the country

This year, we raised over £3 million from new and existing supporters, including individuals, volunteers, groups, clubs, societies and local companies. This is all thanks to supporters up and down the country doing some incredible things.

This year was the 10th year of Chantele Rashbrook's Clifftop Challenge, in which she runs various distances from 5 miles to an ultra-marathon along the Kent coastline. This year, she raised an amazing £39,000. A longstanding fundraising group in the Isle of Man raised nearly £70,000. And Trisha Davidson from Scotland raised over £26,000 across 3 events including a sponsored 15-mile walk to mark 15 years of her amazing support for the charity.

We also saw many generous supporters take part in a number of third-party events this year, including the Great North Run, London Landmarks Half Marathon and the Ultra Challenge Series. Most significantly, we raised almost £1.2 million through the TCS London Marathon. This total includes the £229,449 that was raised by 2 of our incredible fundraisers, Chris Deville and James Lammas.



The Pink Ribbon Walks have also continued their strong return to live events. In 2023/24, we ran events at Hampton Court Palace, Blenheim Palace and Bakewell Showground which raised over £667,000. We created a bespoke experience for the Breast Cancer Now Development Board for the first of our Pink Ribbon Walks. The team recruited 200 participants to join us on the day and raised over £79,000.

We secured widespread regional media coverage of the event, amplifying the voice of experience of people affected by breast cancer.

...by competing with colleagues

The year also saw incredible support from local companies. We ran our first corporate golf event, sponsored by Simpson Thatcher and PwC. It was also another successful year for Tour de Law, our static bike challenge for the legal sector. And thanks to incredible supporter Wayne Barnes, the Rugby World Cup referees also took part from Paris.

...by bringing on board new partners

This year we welcomed new partnerships with Zoggs, Karen Millen and Fenjal. Zoggs are committed to highlighting the benefits of exercise for people affected by breast cancer and the importance of early detection. Karen Millen are supporting us through customer promotional campaigns.

...by harnessing the power of volunteering

This year, we recruited 3 volunteers to support the Afternoon Tea team with making thanking calls and writing cards to fundraisers. Thanking activities are proven to increase supporter loyalty and improve future fundraising. We also sent 18 volunteers to the Perth Ladies Day fundraising event, which enjoyed its highest total funds raised in 10 years.

...by throwing a fantastic range of events throughout the year

In November 2023, we welcomed supporters to the Pink Ribbon Ball, where guests enjoyed a fun night of fizz, food and fundraising. Hosted by Jacquie Beltrao and Dame Denise Lewis, guests heard from Delyth Morgan and Nina Lopes, who shared her experience of living with secondary breast cancer. Guests enjoyed entertainment from multiple acts, including Emeli Sandé, and took part in multiple fundraising activities raising over £188,000 for our work.

Our Christmas Carols event in December 2023 welcomed supporters from across the organisation to an evening of festive joy and fundraising. Guests enjoyed celebrity readings, choir performances and festive carolling, while raising money to help fund out vital work.

We also hosted private dinners to highlight our research and held our first annual dinner for top supporters from across the organisation. And the Society of Woman Artists hosted a private viewing of their annual exhibition at The Mall Galleries, where we invited supporters from across the organisation to enjoy an evening of art and thank them for their continued support.

Building on our success and commitment to innovation in digital to spark curiosity, fire ambition and find new routes for driving income, engagement and community action

This year, our virtual events continued to perform well, with gross income levels being maintained year-on-year. Thousands of participants walked, ran and swam to support our work, and raised over £1.1 million.

THANK YOU



We're incredibly proud of our longest running partnership with Asda. Their Tickled Pink campaign has been supporting us and other breast cancer charities for an amazing 28 years.

This year, they raised over £5 million to support our work – from early diagnosis, increasing access to support and funding research to find the right treatments for everyone. Fundraising highlights include over £1 million raised from suppliers turning their products pink for Breast Cancer Awareness Month and over £840,000 raised from the generosity of guests at the annual Tickled Pink Ball. And Asda's stores continue to go above and beyond, with their Coatbridge store topping the charts by raising over £10,700.

At the 2024 Business Charity Awards, our one-of-a-kind partnership was awarded the Retail and Fashion Partnership Award and the prestigious Business of the Year Award.



In October 2023, we were delighted to be the chosen as the charity partner for the Omaze Million Pound House Draw, for their first ever house in Scotland. The draw raised an incredible £1.8 million, which will help us continue to provide our life-changing support and life-saving research.

We'd like to thank Nick Payne, Emma Young and Sarah Boyd who bravely shared their stories helping us to secure and promote our partnership with Omaze. Nick shared his late wife Dawn's story, determined to continue her legacy. Emma and Sarah also spoke passionately about their own personal experiences. Emma sadly died from secondary breast cancer in 2022. We'd like to extend our heartfelt thanks to all of them and their families for the part they played. We also want to thank the local volunteers from Scotland who joined us for the reveal, celebrating the remarkable total with us.

We couldn't have done this without all of their kind support.



Our partnership with Primark raised over £780,000 this year. This included a generous donation from their global breast cancer campaign, which fully funded our Someone Like Me service. In the last year Someone Like Me arranged 1,950 volunteer matches and provided over 2,200 hours of calls to people affected by breast cancer.

That's on top of some incredible fundraising by their customers and colleagues fundraising throughout October. We were also given all the proceeds from the sale of Rita Ora's Primark dress that she wore to the Fashion Awards in London in December 2023.



Our MBNA partnership raised over £90,000 this year, bringing their total support to over £1.83 million.

This was through their branded Breakthrough Breast Cancer Credit Card, which was originally launched back in 2003.



WE COULDN'T HAVE DONE THIS WITHOUT ALL OF THEIR KIND SUPPORT.

M&S

M&S are one of our longest standing partners. This year, they raised over £400,000, bringing their total to over £34 million.

This was raised through the sale of post-surgery bras and supporting products, Sparks loyalty card donations and M&S Bank Change4Change foreign currency donations. They're the biggest funder of the Breast Cancer Now Generations Study, a landmark study taking place over 40 years to understand what causes breast cancer.

THE PATRICIA SWANNELL APPEAL

We would like to extend our deepest gratitude to Robert Swannell and his family for their continued support of the Patricia Swannell Appeal for secondary breast cancer, which has raised over £1.1 million. Patricia passed away in September 2023 and Robert's unwavering dedication to Breast Cancer Now and Patricia's legacy continues to make an impact.

Working closely with Robert and his family, we've driven awareness of the appeal and of Patricia's life-changing legacy through coverage in The Daily Mail, The Irish Daily Mail, the Mail Online and The Times.



Garfield Weston
FOUNDATION

We're extremely grateful for the Garfield Weston Foundation's continued support of our work. They've donated over £2 million to our world-leading research and are currently supporting the Breast Cancer Now Biobank.

The Biobank is providing scientists at the forefront of breast cancer research with access to high-quality tissue, cell and blood samples for use in research. Their £200,000 grant over 2 years will help the Biobank continue supporting global breast cancer research and drive progress for people affected by the disease.

Secondary1st

Set up in memory of Rosie Choueka, who died of secondary breast cancer in 2015, Secondary1st fund research into the prevention, diagnosis and causes of secondary breast cancer and the development of more effective treatments.

This year, they generously funded a £252,000 project by Simak Ali at Imperial College to better understand the oestrogen receptor gene to find the best ways to treat secondary breast cancer. This brings their total support since 2017 to over £500,000.



Between 2018 and 2023, People's Postcode Lottery players have raised over a phenomenal £11 million to support our work.

This truly transformational funding, donated through Postcode Care Trust, is ensuring we're there to support the thousands of people who are affected by breast cancer every year – from our life-changing support to our accurate and trustworthy health information. We're especially appreciative for the flexible nature of the funding from players, which allows us to focus on what matters most for people living with breast cancer.

Pentel

Our Pentel partnership raised over £44,000 this year, bringing their total support through sales of their pink pen to £1.5 million.

FINANCIAL REVIEW

This report covers the period from 1 August 2023 to 31 July 2024.



Income

During the year, total income grew by £7.9 million from £49.6 million to £57.5 million. This increase of 16% was mainly due to an increase in donations, legacies and charitable activity.

Our main sources of income continued to be individual giving, corporate partnerships, philanthropic giving, community and events and royalty income. Income from charitable activities encompasses royalties generated from Breast Cancer Now-funded research activities. Below are some key highlights of our financial performance in those, and other, fundraising areas.

Individual giving

Our supporters' generosity continued to grow this year:

- 169,856 people chose to support us through our weekly lottery or with a regular direct debit gift
- 46,443 people supported us through fundraising appeals and raffles
- We always appreciate the kindness of people who choose to leave us a gift in their will, and this year we raised £4.7 million from legacy gifts

Corporate partnerships

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

- Asda raising over £5 million
- Omaze raising over £1.8 million
- Primark raising over £780,000
- M&S raising over £400,000
- ghd raising over £180,000
- MBNA raising over £90,000
- Ann Summers raising over £50,000
- Pentel raising over £40,000
- Estee Lauder and Cosmetic Company Stores raising over £25,000

Events and community fundraising

- Thousands of people took part in organised runs, swims, cycles and other events to raise an amazing £3.3 million
- Pink Ribbon Walks generated over £691,000 across 3 locations, including returning to Hampton Court Palace for the first time in 10 years

Philanthropy and special events

- We held multiple fundraising special events throughout the year, where we engaged with new and existing supporters. These included our annual Pink Ribbon Ball, which raised over £188,000

Mass participation events

- An amazing 16,289 individuals, schools and workplaces signed up to take part in wear it pink 2023, raising over £2.27 million
- A record 11,378 cake lovers held a Breast Cancer Now Afternoon Tea, raising a combined total of £1.42 million

Gift Aid

- We raised £2.7 million in gift aid (2023: £2.5 million)

Fundraising expenditure

Expenditure increased by £2.3 million from £23.1 million to £25.4 million, an increase of 10%. This includes investment this financial year which will provide income and financial sustainability for the future. This is in line with our new growth plan to deliver future income to support our 2025 strategy.

Charitable expenditure

Charitable expenditure includes all activities relating to research, provision of clinical and support services, policy and campaigning, and public health and information. This year, our expenditure increased by £0.6 million from £30.3 million to £30.9 million – an increase of 2%.

Reserves

The net movement in funds was an increase of £3.2 million to £48.3 million (2023: £45.1 million). This includes an unrealised investment gain of £2.0 million (2023: £0.26 million unrealised loss). The 2024/25 budget has been set to make sure that the charity is within the reserves policy set out below.

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

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted reserves stood at £1.8 million at the year-end.
- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Unrestricted free reserves stood at £7.0 million at the year-end.

- Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity's objectives in a timely fashion. Designated reserves stood at £39.4 million at the year-end.
- The minimum reserves level has been calculated taking into account the different risk factors that the organisation faces. During the year, the trustees considered that a sufficient level of reserves for the organisation would be £7 million and the current reserves position is in line with this policy. Total funds at the year-end were £48.3 million.

Financial statements

The charity's consolidated financial statements are set out on pages 80-105, including the results of the charity's subsidiaries. The financial results of the charity's regional groups are included within the consolidated results, as they operate within the same charity registration and are governed by the charity's regional group constitution.

Subsidiary trading companies

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

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

Going concern

The board has reviewed the charity's activities and financial position together with factors likely to affect future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost-of-living crisis and a review of a range of scenarios assessing the potential impact on income projections have confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It's therefore reasonable to expect the charity to have adequate resources to continue in operation for a period of at least 12 months from when the financial statements are authorised for issue.

During 2023/24, income outperformed our 2023/24 budget and with continued resilience of the income streams from individual donors and corporate partners. This was further supported by the returns from additional investment within individual giving.

Grants

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

Investments

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

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

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

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

GOVERNANCE, STRUCTURE AND MANAGEMENT

The annual report and accounts comply with the Companies Act 2006, Breast Cancer Now's governing document the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

Status

Breast Cancer Now is a company limited by guarantee, governed by Articles of Association, registered in England and Wales (number 9347608) and registered as a charity in England and Wales (number 1160558), Scotland (SC045584) and Isle of Man (number 1200). The trustees listed on page 63 are also the charity's directors and have overall responsibility for the strategic direction and effective governance of the charity. The trustees met regularly during the year.

The legal and administrative details are listed on page 106.

Objects

The charity's objects are to:

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

Trustee recruitment, appointment, induction and training

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

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

We periodically carry out a skills audit of the board, to make sure there is an appropriate range of skills and expertise. This includes areas of clinical and scientific knowledge, organisational strategy and management. Trustees undertake mandatory in-house training, covering topics such as cyber security and data protection. Additional training is available in line with their needs.

The board supports the principles of good governance set out in the Charity Governance Code, and uses the code to review the charity's governance framework on an annual basis.

Board of trustees

Members of the board during the year were:

Jill Thompson ^{ƒ+}
chair

Pascale Alvanitakis-Guely ^{ƒ¥}
(resigned 25 September 2024)

Mark Astaire [¥]
(resigned 30 April 2024)

Barbara Brown ⁺

Professor Mitch Dowsett ^{*}

Keith Felton ^{ƒ¥}
(appointed 27 September 2023)

Sonia Gayle ^{ƒ¥}

Professor Ingunn Holen ^ƒ

Professor Andreas Makris ^{ƒ*}

Andrew Moore ^{ƒ¥}
vice chair

Dr Georgette Oni ^{+*}

William Richards ⁺
(appointed 20 February 2024)

Claire Ryan ^{*}

Dr Nisha Sharma ^{+*}

Gail Tucker ^{¥ƒ}
(appointed 29 November 2023)

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

Senior leadership team (at 31 July 2024)

Delyth Morgan
Chief executive
(retired 28 June 2024)

Rachael Franklin
Interim chief executive/director of fundraising, communications and engagement

Dr Simon Vincent
Director of research, support and influencing

Chay Champness
Chief operating officer

During the year, the senior leadership team (SLT) were regarded as the charity's key management personnel per FRS102. Total earnings, including pension contributions, received by members of the SLT during the year were £576,065 (2022/23: £547,589).

In 2023/24, the chief executive, the highest paid member of staff, received remuneration of £147,999 (2022/23: £144,242).

Staff employee reward

From August 2023 to July 2024, Breast Cancer Now employed an average of 360 (2023: 330) staff across the year. Our colleagues are fundamental to the work we do. We rely on them, our supporters, volunteers and trustees, and the commitment, dedication and support they give to the charity.

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

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

^ƒ member of the finance and investment committee

[¥] member of the risk and governance committee

⁺ member of the people and culture committee

^{*} member of the science strategy committee

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

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

Equity, diversity and inclusion

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

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

Our equity, diversity and inclusion (EDI) working group continues to meet with representatives from across directorates and a range of teams across the charity.

The group is using management information, external expertise and insight from lived experiences to help us work towards our strategic objectives. It makes sure we're listening to diverse voices, fostering an inclusive environment for all colleagues and reaching and supporting diverse beneficiaries through our charitable work. Since the group was formed in 2020, we've been laying the foundation for real change.

This year, we continue to focus on the 3 EDI strategic priority areas, which are aligned with our organisational strategy:

Area 1: Gathering clear EDI data to guide us

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

The audit was completed in July 2022 and highlighted many strengths. A number of recommendations were made, and an action plan was developed in November to deliver these recommendations in 2022/23,

including appointing an EDI manager. The priorities were then translated into an EDI action plan across 5 workstreams. This makes sure we identify the right interventions with our stakeholders and stay accountable through implementation, progress and measurement.

The 5 workstreams are:

1. Resource
2. Data collection and policy development
3. Learning and development
4. Recruitment
5. Engagement and senior leadership commitment

The latest staff satisfaction survey in May 2024 clearly shows that the EDI progress and efforts are well-recognised. The commitment from staff to provide high quality, detailed comments indicate that EDI is an essential part of the employee value proposition, and employee voice is essential in shaping the organisation's culture. There is a clear sense of optimism and recognition of the charity's efforts when it comes to EDI. While there is still much work to do, the charity is on the right path and making steady progress.

To build trust and accountability, we're committed to being driven by clear data. We worked on collecting demographic data that we didn't collect before, including ethnicity and disability

data. This helps us produce data driven reporting that provides a clear picture of where disparities exist in the organisation. Then we can understand the root causes of the gaps, identify specific areas of attention and inform our decision making and initiatives.

While not mandatory yet, this year we produced an ethnicity pay gap report in addition to the gender pay gap report. The ethnicity pay gap report was in favour of ethnic minorities with median of -1.76%. We're committed to continue conducting an ethnicity pay gap report annually to help measure progress and to create a transparent and more equitable workplace.

Area 2: Building our collective confidence around EDI

- We continue to encourage colleagues to share their lived experiences and to celebrate key EDI events across the year. Sharing lived experiences continues to be an important way for us to build our collective confidence and understanding
- Our EDI hub on our intranet provides a one stop shop for all things EDI and it is regularly used to share latest EDI updates and key learning and development resources
- We ran 4 sessions, reaching 25 people, on unconscious bias for staff during learning and development week

- We've integrated EDI education across inductions, awaydays and leadership discussions
- We've introduced a simple, safe and confidential tool designed to help raise any concerns about our working environment. The tool is one of our listening channels and contributes to creating a psychologically safe environment which fosters accountability and trust
- We ran a live event to keep volunteers updated about our engagement with key groups and look for ways to increase our reach and understand the learning needs of our volunteers

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

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

- We've continued to deliver public health talks in person and online including to places of worship, some of which have been bi-lingual, to make sure communities have access to the right information in a sensitive and accessible way
- We've developed easy read information on the signs and symptoms of breast cancer, risk factors and the NHS breast screening programme
- We hosted our first panel event for and by South Asian women, as we know breast screening

uptake is particularly low in this community and there are many cultural barriers to overcome

- We delivered a Facebook live session 'Engaging with diverse and underrepresented communities' that had views of almost 46,000 and over 97,000 replays

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

Approach to fundraising

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

Our fundraising portfolio is diverse, including volunteer-led fundraising, individual giving through lottery, direct debit, gifts in wills, and major gifts, corporate partnership and trusts and foundations income, gifts in wills, TV advertising and more.

To meet the expectations of our supporters, we continue to have a cross-organisational focus on working in a way which is compliant with the law and regulations governing charity fundraising. This includes being registered with the Fundraising Regulator and adhering to the GDPR. This focus helps us adapt to any changes in the law or in best practice, and continuously consider what's important to our supporters with regards to their privacy and data.

Fundraising on our behalf

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

Safeguarding and vulnerable supporters

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

training module ratified by safeguarding experts that all our staff are required to undertake. The training module is reviewed on an ongoing basis in line with any changes to the policy, and our own safeguarding experience and learning staff are required to undertake refreshers every 2 years.

Complaint handling

From August 2023 to July 2024, we received and responded to 372 complaints. While the number of complaints we received is small compared to our overall reach, we take all negative feedback seriously. Each complaint has been thoroughly investigated and resolved with corrective action taken, where appropriate, to improve the work we do.

In May 2024, the Fundraising Regulator published findings relating to a complaint we had previously received concerning our door-to-door fundraising. Overall, the Fundraising Regulator was satisfied with the policies and procedures we have in place as well as how we monitor and train our fundraising agencies and respond to complaints. They determined that there were no systemic issues but that we are ultimately responsible for the actions of our agencies. We have applied the recommendations suggested by the Fundraising Regulator and are committed to reviewing our policies and procedures on a regular basis to make sure they are robust and serve our supporters in the best way possible.

We have had no complaints escalated to the fundraising regulator between August 2023 and July 2024.

Our fundraising promise

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

We're committed to showing the individuals, companies, and organisations who support us how much we value them and the difference their support makes. The following principles guide our ways of working:

Honesty and accountability

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

Kindness and respect

- We inspire people to give or raise money for Breast Cancer Now without making them feel pressured

- We have a procedure for working with people in vulnerable circumstances, including children
- We only communicate with people in the ways they prefer and always with a friendly and approachable manner
- We treat all donors and the members of the public fairly and with respect
- We value and acknowledge our supporters' contributions and thank them accordingly

Trust and transparency

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

Learning and developing

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

Advisory boards and committees

Finance and investment committee

The finance and investment committee is responsible for advising the board on short and long-term financial planning, including reviewing financial plans, budgets and proposals. The committee plays a governance role in the review of financial policies, processes and controls and advises on the appointment of external auditor. The committee is also responsible for appointing the charity's investment managers, setting and recommending the investment strategy to the board for approval and overseeing the management and performance of investments. The finance and investment committee met 4 times during the year.

Risk and governance committee

The risk and governance committee oversees the charity's risk management framework. They make sure that strategic risks are identified, reported to the board and, where necessary, highlighted to other committees (such as the finance and investment committee). They also make sure that risk priorities and relevant actions are highlighted to the senior leadership team for further action by their directorates. The committee also oversees changes to any material internal controls. The committee recommends the charity's risk management appetite and policy to the board for approval and reviews other policies which may result in significant reputational risk.

The committee oversees the charity's internal audit programme, including approval of the internal audit plan and monitoring the results and implementation of any findings. The risk and governance committee met twice during the year.

People and culture committee

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

Science strategy committee

The science strategy committee is responsible for overseeing our research portfolio and making recommendations to the board regarding distributing our research funding. The committee plays a key role in making sure that our research supports our strategic aims and met twice during the year.

Chairs' committee

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

Risk

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

We operate a process of risk identification and management that's embedded into the governance of the organisation. Central to this are our risk registers, which are regularly reviewed and updated by the senior leadership and operational management team. Our strategic risk register is also considered by the risk and governance committee and the trustees twice a year.

We regularly adapt the content to make sure we capture our understanding of our biggest risks and what we need to do to manage them. The registers are living documents that continue to change over time in response to internal and external stimuli.

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

Risk is considered by Internal Audit in proposing the annual audit programme which is approved by the Risk & Governance committee.

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

We've considered the key risks facing the charity in the year ahead. Some examples of these strategic risks and mitigations to manage them are:

Risk

Mitigation

Legal and regulatory compliance

Risks of non-compliance:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Serious data security breach (from a cyber-attack or non-compliance with GDPR) 2. Lack of compliance with regulations in relation to our fundraising practices 3. Failure to comply with legal or regulatory requirements | <ol style="list-style-type: none"> 1. IT policies and procedures including, Cyber Essentials Plus certification, vulnerability scanning, penetration testing and anti-virus software 2. Dedicated fundraising compliance senior officer; data privacy manager and governance manager 3. Regular training for staff 4. External peer review of research grant applications |
|--|---|

Loss of reputation

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

1. Anti-fraud policy and fraud monitoring in place, as well as mandatory fraud training for all staff
2. Reputation management and crisis communication processes in place
3. Conflicts of interest policy and processes in place
4. Whistleblowing policy in place outlining a clear process for staff to disclose any incidences of serious malpractice or wrongdoing
5. External governance review in 2022/23 confirmed strong governance framework in place

Financial sustainability

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

1. Prudent 2024/25 budget and reserves policy
2. Senior and operational leadership teams review monthly management accounts alongside regular cashflow forecasting throughout the year
3. Agile fundraising strategy with quarterly reviews around performance to date and future pipeline
4. Regular reviews of investment performance and active use of money markets to deliver best available return on cash

Risk

Mitigation

Unforeseen disruptions

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

1. Agile governance arrangement, enabling quick and effective decision making
2. IT infrastructure and services are subject to regular external scrutiny, including Cyber Essentials Plus certification, vulnerability scanning, penetration testing and anti-virus software
3. Motivated and engaged staff and volunteers

Marketing

Low brand awareness

1. Brand based on insight from, and tested on and with, beneficiaries, supporters and other key stakeholders including key fundraising contacts
2. Investment in sustained brand marketing

Services and research

Not reaching enough service users with loss of reach and impact due to drop-out rates on courses and pressure on the NHS

1. Monitoring of reasons for dropout rates
2. Rolling programme of communications and marketing
3. Ongoing investment to increase our reach

Inability to maintain our commitments to our long-term research activities or to fund future research, because of lower levels of income

1. Close communication with those researchers to whom we provide long-term support, to discuss ways of mitigating the impact of any reductions in budgets
2. Establishment of designated fund to support long term research commitments

Inability of existing research to continue due to disruption at research host institutions or loss of key researchers

1. Close communication with researchers and senior administrative staff at key host institutions to monitor their ability to support the research we fund
2. Long-term commitment to key strategic research activities to ensure stability for research staff and support for research training

Staff and volunteers

Failure to address the health and wellbeing of employees and volunteers and support their ability to perform their roles

1. EDI programme across organisation
2. Enhanced performance management programme for staff
3. High-quality volunteering programme
4. Annual staff engagement survey enables staff to give feedback in this area

S172(1) Statement

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

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

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

Employees

Our success is underpinned by the wellbeing and performance of our colleagues, who are fundamental to everything we achieve. We engage with our colleagues in many ways:

- Our staff forum hosts regular online drop-ins for colleagues to raise questions, and for forum representatives to gather feedback and hear concerns
- Our monthly organisational updates give colleagues information on the charity's ongoing work, impact and progress. They also give colleagues the opportunity to ask questions and give feedback to the senior leadership team
- Our monthly directorate meetings give an opportunity for senior leaders to speak to their directorate and share updates across teams. The meetings are also an open forum for colleagues to update their peers, ask questions or flag concerns
- Our organisational management team meet monthly and cascade organisational information and raise concerns from colleagues
- Our weekly internal newsletter features updates from across the organisation, including operational news, campaigns and blogs
- Our intranet offers a space for colleagues to find and post information, and is an integral hub for connecting colleagues, wherever they're working from
- We host around 30 Now Sessions every year. These are informal, peer-to-peer sessions led by teams across the organisation to share knowledge, learnings and success stories
- We've developed an online learning and development platform to enhance learning opportunities and meet the diverse training needs of colleagues
- We use staff surveys to get the views of colleagues, which helps us to become a more equitable, diverse and inclusive organisation
- Our EDI group helps to help steer our development, implementation and monitoring of our organisational approach to EDI
- Our annual performance review process focuses on the performance and development of our colleagues
- We host a staff conference and annual awards ceremony to celebrate the achievements of colleagues and the organisation. Colleagues contribute to the content and vote for their award nominations
- We have an environmental group and several social and wellbeing groups including mental health first aiders, a social committee, netball team and a craft group. Other support groups include our peer-to-peer learning groups, long-term health conditions group, LGBTQ+ network, parenting group and carers group

Volunteers

Our volunteers are incredible, and we couldn't deliver our vision and mission without them. This year our volunteers gave us 13,987 hours of their time – that's almost one and a half years. We're proud that so many of our service users become volunteers with us – choosing to support others in the way that they were supported through their own breast cancer experience.

As we enter the final year of our 5-year volunteering plan, we're reflective about what the next few years will look like for volunteering at Breast Cancer Now. We remain focused in our efforts to open access to volunteering opportunities for people from diverse backgrounds. We know how important it is for those with lived experience to be able to shape the development of the opportunities we offer.

Help and support

Volunteers are involved in all areas of our charity, from the board of trustees to our peer support services and in the hospitals we work with. The volunteer hub is responsible for providing expertise, training and support to staff who involve volunteers in their work. This helps continually improve the volunteer experience while also championing the development of new volunteer programmes and opportunities.

Growing our programmes

The number of managed volunteers (people who support us through formal, longer-term roles) grew by 9% to over 750 this year. Alongside this, one-off opportunities to volunteer at our fundraising events have been very popular. 367 volunteers were recruited for a variety of opportunities including cheer points, refreshment stands at Pink Ribbon Walks and welcoming guests at The Show and our Christmas carols service.

Developing our approach to equity, diversity and inclusion

We've made progress in our equity, diversity and inclusion (EDI) action plan specific to volunteering this year. In Ethnic Minority Cancer Awareness Month, we held a 'Let's talk about breast cancer in diverse communities' event which provided space for volunteers to talk about their confidence and concerns connected equity, diversity and inclusion. The event was attended by 20 volunteers and received great feedback from those who attended. We will be working with volunteers from our EDI Volunteering Action Group to review the event and identify opportunities for further development.

Volunteer engagement

- We've reached out to the volunteering and Breast Cancer Voices communities to match 46 local representative volunteers with supporter events in their local communities
- We continued to act on feedback from volunteers to deliver an ongoing series of online drop-in and in-person meet up events, with 310 volunteers attending
- We also delivered the annual Outstanding Volunteer of the Year Award in memory of Tracey Williams. This is now our fourth year of running the award and it's a great opportunity to recognise volunteers and demonstrate the impact that they have

Donors, trusts and corporate partners

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

- We collaborate regularly with our corporate partners through online and face-to-face meetings, and co-create campaigns and activations
- We regularly review our partnerships to understand the levels of performance, impact and satisfaction

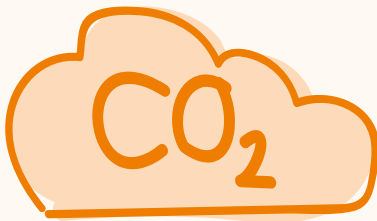
- We share major events and milestones with our donors and supporters. We report on the impact we're making thanks to their support through impact reports, email communications and our annual report and accounts
- We give opportunities for our supporters to see the impact of their support in action, through research laboratory tours and talks from researchers and scientists
- We host cultivation events, such as our annual carol service, to give our donors, trusts and corporate partners an opportunity to meet key members of our staff, trustees and each other
- We host donor-specific thank you events for our events, community, philanthropic, and legacy supporters to show them the impact of their support
- We have a clear thanking process for all supporters based on the type and level of support and their relationship with us
- Our Fundraising Promise guarantees donors of all types what they can expect from their relationship with us
- We have a clear and quick escalation and resolution process if any of our donors, partners or trusts are dissatisfied with their relationship with us

Partners and suppliers

Our ability to fund research and provide support to people affected by breast cancer relies on good relationships with our partners and suppliers. Some of the ways we do that include:

- Having a dedicated research team giving administrative support to make sure we collaborate effectively with institutions undertaking research on our behalf
 - Building close working relationships with the hosts of our 4 long-term research activities: the Institute of Cancer Research (The Toby Robins Breast Cancer Research Centre and the Breast Cancer Now Generations Study), Kings College London (the Breast Cancer Now Research Unit) and the Barts Cancer Institute at Queen Mary University of London (the Breast Cancer Now Biobank)
 - Developing links with external scientists through the science strategy committee and various conferences, including taking a leading role in the UK Interdisciplinary Breast Cancer Symposium
 - Working with organisations and coalitions that bring us together with others in the sector to amplify our voice, including the Association of Medical Research Charities, the Richmond Group, One Cancer Voice the Scottish Cancer Coalition, Wales Cancer Alliance and Northern Ireland Cancer Charities Coalition
- Working with the Richmond Group of Charities to combine our influence and speak as a collective voice so that we can improve the support and care for people with long-term conditions
- Inviting healthcare professionals, such as oncologists, surgeons, physiotherapists and dietitians, to share their expertise and knowledge with service users through our face-to-face and online support services
 - Employing sessional therapists, facilitators and nurses to co-deliver and support services to people affected by breast cancer, so we can reach more people across the UK
 - Using a range of convenient, accessible and welcoming venues across the UK to host our services
 - Creating a safe and comfortable environment for people to meet each other, share experiences and gain mutual support
 - Developing our relationships with nurses and allied healthcare professionals in practice, supporting their continuous education and involving them with the development of nursing and health information services
 - Working closely with our print suppliers to manage the distribution of our award-winning publications

- Working closely with our virtual call centre supplier, allowing delivery of a nurse-led telephone helpline providing information and support
- Using a political monitoring service and other specialist suppliers to help us to take our influencing and campaigning work to elected representatives and campaigners
- Working with policy experts in other organisations in the sector to give us additional capacity to develop policies



Energy and emissions

The following figures make up the baseline reporting for Breast Cancer Now. Scope 2 consumption and emissions relate to indirect emissions relating to the consumption of purchased electricity in day-to-day operations.

Scope 2 consumption and CO2e emission data have been calculated in line with the 2019 UK Government environmental reporting guidance. The following Emission Factor Databases consistent with the 2019 UK Government environment reporting guidance have been used, utilising the current published kgCO2e relevant for the appropriate periods of 2023 and 2024 reporting year. For 2023 (1 January 2023 to 31 July 2024) used Database 2022, Version 1.0. For 2024 (1 January 2024 to 31 July 2024) used Database 2024, Version 1.0.

Sustainability

As a charity, we are committed to reducing the environmental impact we make on the environment resulting from the delivery of our activities. We are committed to sustainable development and reducing our carbon footprint by improving management of resources; increasing knowledge, aligning and amplifying individual team practice; and developing sustainable cultures with all our stakeholders.

We have an active Environmental Working Group which is developing an action plan to improve sustainability with a focus on:

- supporting cultural change through increased organisational knowledge of sustainability issues
- waste and Recycling – using less scarce resources and recycling;
- water – using less, reducing leaks, reducing bills;
- travel – reducing unnecessary trips, incorporating sustainable alternatives;
- procurement - environmental considerations within the supply chain where practicable

	2023/24	2022/23
Scope 2 emissions		
Grid supplied electricity – kWh	125,348	130,521
Associated Greenhouse gas emissions tonnes CO2 equivalent (tCO2e)	26	26
Intensity ratio Emissions per headcount, based on average staff numbers of 355	0.06	0.08

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

A. So far as the Trustee is aware, there is no relevant audit information of which the company's auditors are unaware; and

B. They have taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

Jill Thompson, trustee
26th November 2024

INDEPENDENT AUDITOR'S REPORT

To the members and the trustees
of Breast Cancer Now



Opinion

We have audited the financial statements of Breast Cancer Now ('the charitable company') and its subsidiaries ('the group') for the year ended 31 July 2024 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the group's and the charitable company's affairs as at 31 July 2024 and of the group's income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

- Adequate and proper accounting records have not been kept or returns adequate for our audit have

not been received from branches not visited by us; or

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on pages 81-82, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and noncompliance with laws and regulations are set out below. A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities.

This description forms part of our auditor's report

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

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

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

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

incentives that may exist within the charitable company and the group for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation, employment legislation and health and safety legislation.

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

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

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations

(irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

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

Nicola May

**Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor, London
6 December 2024**

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

(incorporating an income and expenditure account)
For the year ended 31 July 2024

	Note	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2024 £000	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Total 2023 £000
Income from:									
Donations and legacies	2	31,242	-	5,146	36,388	26,844	-	5,362	32,206
Charitable activities		10,445	-	-	10,445	7,654	-	-	7,654
Other trading activities	3	9,305	-	205	9,510	8,306	-	681	8,987
Investments		1,116	-	-	1,116	732	-	-	732
Total income		52,108	-	5,351	57,459	43,536	-	6,043	49,579
Expenditure on raising funds									
	4	25,379	-	-	25,379	23,112	-	-	23,112
Expenditure on charitable activities									
	5	26,109	-	4,799	30,908	24,695	-	5,622	30,317
Total expenditure		51,488	-	4,799	56,287	47,807	-	5,622	53,429
Net realised investment gain	11	-	-	-	-	-	-	-	-
Net unrealised investment (loss)/gain	11	2,003	-	-	2,003	(265)	-	-	(265)
Other gains/ (losses)		-	-	-	-	-	-	-	-
Total net investment (loss)/gain		2,003	-	-	2,003	(265)	-	-	(265)
Net income/ (expenditure)		2,623	-	552	3,175	(4,536)	-	421	(4,115)
Transfers between funds	20	(5,348)	5,222	126	-	2,887	(2,955)	68	-
Net movement in funds		(2,725)	5,222	678	3,175	(1,649)	(2,955)	489	(4,115)
Funds brought forward	20	9,736	34,200	1,154	45,090	11,385	37,155	665	49,205
Funds carried forward	20	7,011	39,422	1,832	48,265	9,736	34,200	1,154	45,090

The Consolidated Statement of Financial Activities is for the Group as a whole. Total income for the year for the parent charity was £56,963,000 (2023: £49,001,000).

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

BALANCE SHEETS

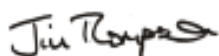
As at 31 July 2024

	Note	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Fixed assets					
Intangible assets	9	2,311	2,066	2,311	2,066
Tangible assets	10	507	389	507	389
Investments	11	19,196	19,693	19,196	19,693
		22,014	22,148	22,014	22,148
Long term debtors					
	15	11,107	12,732	11,107	12,732
Current assets					
Current investments	12	-	-	-	-
Debtors		16,717	14,286	22,206	18,608
Cash at bank and in hand		17,574	15,817	9,658	8,197
		34,291	30,103	31,864	26,805
Creditors: amounts falling due within one year	16	(12,901)	(14,333)	(10,920)	(12,141)
Net current assets					
		21,390	15,770	20,944	14,664
Total assets less current liabilities					
		54,511	50,650	54,065	49,544
Creditors: amounts falling due after more than one year	17	(5,798)	(5,105)	(5,359)	(4,006)
Provisions for liabilities	19	(448)	(455)	(444)	(455)
Net assets					
		48,265	45,090	48,262	45,083
Unrestricted Funds					
Unrestricted Funds	20	7,011	9,736	7,009	9,729
Designated Funds	20	39,422	34,200	39,422	34,200
Restricted Funds	20	1,832	1,154	1,831	1,154
Total Funds					
		48,265	45,090	48,262	45,083

The notes on pages 83-105 form part of these financial statements.

The Charity's net movement in funds for the year was an increase of £3.2m (2023: decrease of £(4.1m))

The financial statements of Breast Cancer Now (Company No: 9347608) were approved by the Board of Trustees and authorised for issue on 26th November 2024 and were signed on its behalf.



Jill Thompson **Trustee**

CONSOLIDATED CASH FLOW STATEMENT

For the year ended 31 July 2024

	Note	£000	Group 2024 £000	£000	Group 2023 £000
Cash flows from operating activities:					
Net cash generated in operating activities	a		(577)		(2,859)
Cash flows from investing activities					
Dividends, interest and rents from investments		1,001		614	
Purchase of tangible fixed assets	10	(364)		(59)	
Purchase of intangible fixed assets	9	(803)		(1,340)	
Withdrawal		2,500			
Proceeds from sale of investments	11	-		-	
Net cash generated investing activities			2,334		(785)
Change in cash in the reporting period			1,757		(3,644)
Cash at the beginning of the reporting period			15,817		19,461
Cash at the end of the reporting period	b		17,574		15,817
(a) reconciliation of net incoming resources to net cash flow from operating activities					
			Group 2024 £000		Group 2023 £000
Net income for the reporting period (as per the Statement of Financial Activities)			3,175		(4,115)
Depreciation and amortisation	9,10		800		525
Loss on disposal of fixed assets			4		5
(Decrease) in provisions			(7)		114
Realised gain on investments	11		-		-
Unrealised loss/(gain) on investments	11		(2,003)		265
Dividends, interest and rents from investments			(1,116)		(732)
Investment fees deducted from portfolio	11		115		118
Decrease in stock			-		-
Increase in debtors			(806)		1,588
Decrease in creditors			(739)		(627)
Net cash generated from operating activities			(577)		(2,859)
(b) Analysis of cash and cash equivalents					
			Group 2024 £000		Group 2023 £000
Cash in hand			17,574		11,317
Notice deposits (less than 3 months)			-		4,500
Total cash and cash equivalents			17,574		15,817

FINANCIAL ACCOUNTS AND NOTES

Breast Cancer Now

Notes to the financial statements for the year ended 31 July 2024.

1. Accounting policies

Charity information

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

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

Basis of preparation

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

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

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

Going concern

The Board has reviewed the Charity’s activities and financial position together with factors likely to affect the future development, including the impact of economic uncertainty on voluntary income.

The financial impact of the cost of living crisis and a review of a range of scenarios assessing the potential impact on income projections has confirmed that appropriate actions can be implemented to maintain financial reserves within the policy range.

It is therefore reasonable to expect the Charity to have adequate resources to continue in operation for a period of at least 12 months from when the financial statements are authorised for issue.

During 2023/24, income outperformed at levels achieved in the previous year. We had continued resilience of the income streams from individual donors and corporate partners.

Consolidation

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

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

Exemptions

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

Business combinations

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

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

Funds

The following funds are held by the Charity:

- Restricted funds arise as a result of the donor making a specific stipulation as to how the funds may be used. This is often relating to a specific activity or grant that may fall over a number of years and therefore the balance carried forward at the year-end is committed for those activities. Restricted reserves stood at £1.8 million at the year-end.
- Unrestricted funds arise when no stipulation is made by the donor. The Trustees are responsible for ensuring these funds are spent in line with the charity’s objectives in a timely fashion. Unrestricted free reserves stood at £7.0 million at the year-end.

Designated funds arise when no stipulation is made by the donor but which have been set aside by trustees for essential spend, future purpose or to reflect funds that are not available to expend such as fixed assets and long-term debtors. The trustees are responsible for ensuring these funds are spent in line with the charity’s objectives in a timely fashion. Designated reserves stood at £39.4 million at the year-end.

The Charity relies heavily on donations and legacies, which fluctuate year on year. In order to continue day-to-day operations, the trustees have identified that a minimum level of unrestricted funds should be maintained. This minimum level of funds is kept under annual review by the trustees in line with the reserves policy as described in the trustees report (page 60).

Income

Income is accounted for and included in the SOFA when the Group is entitled to the income, receipt can be quantified and receipt is probable. Income is deferred when it relates to future accounting periods.

Donations

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

Legacies

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

Corporate sponsorship and products

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

Lotteries

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

Donated goods and services

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

Investment income

Investment income is recognised on a receivable basis.

Regional groups

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

Fundraising events

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

Grants

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

Expenditure

Expenditure is accounted for on an accruals basis and attributed to the appropriate activities within the SOFA. Expenditure on raising funds includes direct staff costs and expenditure relating to all fundraising activities. Support costs are apportioned on a headcount basis. Additionally, it includes marketing costs and management support.

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

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

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

Communication and support costs are reviewed and any costs directly relating to our

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

Governance costs are the costs incurred to manage the Charity in compliance with

constitutional and statutory requirements and are included in support costs.

Operating leases

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

Taxation

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

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

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

Pensions

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

Investments

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

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

Financial instruments

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

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

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

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

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

No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial. Listed investments are included in the balance sheet at fair value which is their closing bid price. Unlisted investments are included in the balance sheet at their fair value. Investments in subsidiary undertakings are held at cost less impairment. All investment gains and losses are included within the SOFA.

At the balance sheet date the Group held financial instruments at fair value of £19,196k (2023: £19,693k).

Tangible assets

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

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

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

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

Intangible assets

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

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

- IT software and website: 4-7 years

Critical accounting judgements and key sources of estimation uncertainty

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

Critical accounting estimates:

- *Legacies inherently contain a degree of uncertainty and are recognised in line with the income accounting policy.
- In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result
- in a material adjustment to their carrying amounts in the next financial year.

Critical accounting judgements:

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

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 July 2024

2. Donations and legacies

	Unrestricted £000	Restricted £000	2024 £000	Unrestricted £000	Restricted £000	2023 £000
Trusts and appeals	2,717	391	3,108	2,969	192	3,161
Donations and legacies from individuals	25,348	1,084	26,432	23,123	1,887	25,010
Corporate donations	3,177	3,671	6,848	749	3,283	4,032
Other income	-	-	-	3	-	3
Total	31,242	5,146	36,388	26,844	5,362	32,206

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

Donations and legacies from individuals includes £91,798 (2023: £109,580) of donated goods for auction prizes and has been recognised in the SOFA.

Legal advice was provided on a pro-bono basis the value of which totalled £72,256 (2023: £65,897) and has been recognised in the SOFA.

During the year the Charity was donated credits for ads by Google and Meta. The value of which was £323,951 (2023: £347,307) which has also been recognised in the SOFA.

The net amounts for pecuniary and residuary cases not included in legacy income as at 31 July 2024, but which are classed as a contingent asset total £25,000 (2023: £25,000).

3. Other trading activities

	Unrestricted £000	Restricted £000	2024 £000	Unrestricted £000	Restricted £000	2023 £000
Events	891	-	891	1,054	-	1,054
Corporate products and sponsorship	2,431	205	2,636	1,654	681	2,335
Lottery income	5,983	-	5,983	5,598	-	5,598
Other income	-	-	-	-	-	-
Total	9,305	205	9,510	8,306	681	8,987

4. Expenditure on raising funds

	Direct costs £000	Support costs £000	Total 2024 £000	Direct costs £000	Support costs £000	Total 2023 £000
Cost of raising funds from donations and legacies	22,899	2,024	24,923	20,330	1,877	22,207
Cost of other trading activities	312	29	341	719	68	787
Cost of managing investments	115	-	115	118	-	118
	23,326	2,053	25,379	21,167	1,945	23,112

5. Expenditure on charitable activities

5a. Charitable activities

	Grants £000	Direct costs £000	Support costs £000	Total 2024 £000	Grants £000	Direct costs £000	Support costs £000	Total 2023 £000
Research	14,297	3,588	1,197	19,082	15,553	3,617	1,069	20,239
Clinical	-	1,335	372	1,707	-	1,083	333	1,416
Services	-	4,158	899	5,057	-	3,907	803	4,710
Health Information & Policy	-	4,372	690	5,062	-	3,336	616	3,952
	14,297	13,453	3,158	30,908	15,553	11,943	2,821	30,317

5b. Grants

Grants were made to the following Institutions during the year:

	2024 £000	2023 £000
Institute of Cancer Research	10,775	10,335
Queen Mary University of London	698	(123)
Kings College London	1,070	1,773
Queen Mary University Belfast	-	142
Barts	-	(93)
University of Edinburgh	(3)	(9)
University of Southampton	249	(29)
University of Cambridge	133	1,027
University of Bradford	(2)	116
University of Oxford	(22)	626
University of Exeter	-	173
Imperial College London	324	253
University of Sheffield	202	138
University of Surrey	-	150
Royal College of Surgeons in Ireland	(8)	-
Newcastle University	-	250
University of Manchester	(35)	262
University of Birmingham	242	249
University of Cardiff	250	231
University of Leeds	-	44
Prostate Cancer Research	300	-
Quadram Institute Bioscience	249	-
Other Institutions	(125)	38
	14,297	15,553

6. Support costs

	2024 £000	2023 £000
IT, Finance & HR	2,149	2,183
Office	1,595	1,798
Management	356	332
Governance	1,110	455
	5,210	4,768

Total support costs of £5,210,000 (2023:£4,768,000) comprise of charitable support costs of £3,158,000 (2023: £2,821,000) and expenditure on raising funds of £2,052,000 (2023: £1,947,000). All support costs have been allocated entirely on a headcount basis.

7. Net expenditure for the year

This is stated after charging:

	2024 £000	2023 £000
Depreciation and amortisation	800	526
Loss on disposal of fixed assets	-	-
Auditors' remuneration:		
Audit work	64	60
Audit work relating to prior year	-	-
Other services - taxation	-	-
Operating leases rentals		
Property	1,127	956
Equipment	13	20

8. Employees

	2024 £000	2023 £000
Wages and salaries	13,630	11,791
Social security costs	1,369	1,206
Pension costs	934	850
Other employee benefits	91	84
	16,024	13,931

Termination payments during the year totalled £16,108 (2023: £0). Termination payments are recognised on an accruals basis and are included within staff costs.

The average number of employees during the year were:

	2024 no.	2023 no.
Charitable activities	180	160
Fundraising	127	121
Support Services and governance	53	49
	360	330

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

	2024 Total no.	2023 Total no.
£60,001 - £70,000	4	5
£70,001 - £80,000	14	8
£80,001 - £90,000	1	-
£90,001 - £100,000	-	-
£100,001 - £110,000	2	3
£110,001 - £120,000	1	-
£120,001 - £130,000	-	-
£130,001 - £140,000	-	-
£140,001 - £150,000	1	1
	23	17

Pension costs for these higher paid employees amounted to £164,052 (2023: £125,523).

The key management personnel of the Charity comprise the Trustees, the Chief Executive, the Chief Operating Officer, the Director of Fundraising, Communication & Engagement and the Director of Research, Influencing & Services. The total earnings, including pension contributions, received by the key management personnel of the Charity during the year were £576,065 (2023: £547,589). In 2023/24 the Chief Executive was the highest paid member of staff and received remuneration of £147,999

Trustees have not received remuneration (2023 £Nil).

9. Intangible assets (Group and Charity)

	IT Software & Website £000
Cost	
At 1 August 2023	2,903
Additions	827
Disposals	(21)
Transfers	(24)
At 31 July 2024	3,685
Accumulated amortisation	
At 1 August 2023	837
Charge for the year	555
Disposals	(18)
Transfers	-
At 31 July 2024	1,374
Net book value	
Carried forward at 31 July 2023	2,066
Carried forward at 31 July 2024	2,311

10. Tangible assets (Group and Charity)

	Leasehold Improvements £000	Fixtures and Fittings £000	IT Hardware £'000	Total £000
Cost				
At 1 August 2023	1,229	433	376	2,038
Additions	99	7	258	364
Disposals			(9)	(9)
Transfers				-
At 31 July 2024	1,328	440	625	2,393
Accumulated Depreciation				
At 1 August 2023	959	431	259	1,649
Charge for the year	178	1	66	245
Disposals			(8)	(8)
Transfers				-
At 31 July 2024	1,137	432	317	1,886
Net book value				
Carried forward at 31 July 2023	270	2	116	388
Carried forward at 31 July 2024	191	8	308	507

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

11. Investments (Group and Charity)

	2024 £000	2023 £000
Market value at 1 August	19,693	19,958
Realised gains	-	-
Unrealised (losses)/gains	2,003	(265)
Income reinvested	115	118
Investment fees	(115)	(118)
Withdrawals	(2,500)	-
Market value at 31 July	19,196	19,693

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

Fund	2024 £000	2023 £000
CCLA	19,196	19,693
Total market value	19,196	19,693

12. Current investments (Group and Charity)

	2024 £000	2023 £000
Balance as at 1 August	-	-
Write back of provision	-	-
Transfer to cash at bank and in hand	-	-
Balance as at 31 July	-	-

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

13. Subsidiary undertakings

Breast Cancer Now has two active subsidiaries; BCN Trading Ltd (03090884) and BCN Research Ltd (05047652). The Charity also has 4 dormant subsidiaries and 1 non-trading subsidiary. All of the subsidiaries are incorporated in the United Kingdom and have a year end of 31 July, with the exception of Pink Ribbon Ltd. The investment in subsidiary undertakings held by the Charity at 31 July 2024 was £245 (2023: £245).

	Breast Cancer Care Trading Ltd £000	Second Hope £000	BCN Research Ltd £000	BCN Trading Ltd £000	2024 Total £000	2023 Total £000
Turnover	-	-	-	2,814	2,814	2,335
Cost of sales	-	-	-	-	-	(43)
Interest receivable	-	-	154	-	154	153
Administrative expenses	-	-	(7)	(544)	(551)	(577)
Profit before gift aid and taxation	-	-	147	2,270	2,417	1,868
Gift Aid payable to the Charity	-	-	(147)	(2,270)	(2,417)	(1,868)
Profit before taxation	-	-	-	-	-	-
Tax expense	-	-	-	-	-	-
Profit after taxation	-	-	-	-	-	-
Assets	-	-	2,728	5,969	8,697	8,614
Liabilities	-	-	(2,728)	(5,961)	(8,689)	(8,421)
Net Assets	-	-	-	8	8	193

Breast Cancer Campaign (05074725) and Breakthrough Breast Cancer (02848982). Pink Ribbon Ltd (04690589) and Breast Cancer Now Support and Care Lotteries Ltd (12397737) were dissolved during the year. The Charity is the Sole Trustee of Second Hope a registered charity (No:1163205).

The taxable profit from the subsidiaries each year is transferred to the parent Charity as a Gift Aid payment. For 2023/24 a total payable of £2,417,000 to the parent Charity has been recognised.

For a full listing of the subsidiary undertakings please see note 25.

14. Debtors: amounts falling due within one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade debtors	5,134	3,639	4,386	2,914
Amount owed by subsidiary undertakings	-	-	6,267	5,131
Other debtors	190	1,139	190	1,139
Prepayments & accrued income	9,136	7,196	9,106	7,112
Other accrued income	2,257	2,312	2,257	2,312
	16,717	14,286	22,206	18,608

Trade debtors includes £Nil (2023 £Nil) falling due after more than one year.

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

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

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Other accrued income	11,107	12,732	11,107	12,732

16. Creditors: amounts falling due within one year

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Trade creditors	2,446	1,435	2,447	1,435
Grants payable	8,642	10,314	7,171	8,629
Taxes and social security	457	729	457	729
Accruals and deferred income	1,072	1,451	568	946
Other creditors	284	404	277	402
	12,901	14,333	10,920	12,141

Deferred income comprises sponsorship income received in advance of fundraising events taking place in 2024/25, as well as income received in advance for entries to our weekly lottery. Deferred income also includes income received relating to the Catalyst Programme which is run through BCN Research Ltd, a wholly owned subsidiary of Breast Cancer Now. Income is recognised at the point research spend is committed.

Deferred income	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Balance as at 1 August	921	751	430	260
Amount released to income	(921)	(751)	(430)	(260)
Amount deferred in year	867	921	376	430
Balance as at 31 July	867	921	376	430

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

	Group 2024 £000	Group 2023 £000	Charity 2024 £000	Charity 2023 £000
Grants payable	5,798	5,105	5,359	4,006

18. Grants payable

	2024 £000	2023 £000
At 1 August	15,419	14,994
Awarded during the year	14,606	15,951
Paid during the year	(15,270)	(15,126)
Adjustments during the year	(315)	(400)
As at 31 July	14,440	15,419
Due within one year (note 16)	8,642	10,314
Due after one year (note 17)	5,798	5,105
As at 31 July	14,440	15,419

A list of all grants awarded in year is included under Note 5b which represents grants awarded during the year of £14,463,000 (2023: £15,951,000) and adjustments during the year of a credit of £315,000 (2023: credit of £400,000), totalling £14,148 (2023: £15,551,000).

At 31 July 2024 the Charity had a unrecognised commitments of £24m (2023: £24m) for grant awards which are conditional upon the favourable outcome of both scientific and financial reviews. The contingent liability relates to grants which are expected to be awarded until the next grant process in 2025/26. These commitments will be funded from income in the relevant period.

19. Provisions for liabilities (Group and Charity)

	Onerous lease 2024 £000	Dilapidations 2024 £000	Other 2024 £000	Total 2024 £000	Onerous lease 2023 £000	Dilapidations 2023 £000	Total 2023 £000
Balance as at 1 August	-	455	-	455	-	341	341
Additional provision	-	-	-	-	-	114	114
Utilised	-	-	-	-	-	-	-
Released	-	(11)	-	(11)	-	-	-
Balance as at 31 July	-	444	-	444	-	455	455

The dilapidations provision is expected to be utilised by January 2025.

20. Reconciliation of funds

	Balance at 1 August 2023 £000	Transfers £000	Income £000	Expenditure £000	Investment Gains £000	Balance at 31 July 2024 £000
Unrestricted funds	9,736	(5,348)	52,108	(51,488)	2,003	7,011
Designated funds	34,200	5,222	-	-	-	39,422
Restricted						
General Research (1)	651	100	2,853	(2,475)	-	1,129
Prevention Research (2)	-	-	459	(459)	-	-
Secondary Research (3)	-	329	374	-	-	703
Support Services (4)	-	200	1,005	(1,205)	-	-
Other restricted funds (5)	503	(503)	660	(660)	-	-
Total restricted funds	1,154	126	5,351	(4,799)	-	1,832
Total Group funds	45,090	-	57,459	(56,287)	2,003	48,265
Unrestricted Charity funds	9,729	(6,718)	53,468	(51,472)	2,003	7,009
Designated Charity funds	34,200	5,222	-	-	-	39,422
Restricted Charity funds	1,154	126	5,351	(4,799)	-	1,831
Total Charity funds	45,083	(1,370)	58,819	(56,271)	2,003	48,262

Notes

(1) Donations specifically given to fund general research

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

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

(4) Donations specifically to support our services

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

Designated Funds

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

Total funds at the year-end were £45 million (2022: £49.2 million) and are £35.2m more than the minimum level of reserves, most of which has been currently designated to fund long-term research commitments and will be expended over the coming years.

The prior year reconciliation of funds is shown below

	Balance at 1 August 2022 £000	Transfers £000	Income £000	Expenditure £000	Investment gains £000	Balance at 31 July 2023 £000
Unrestricted funds	11,385	2,887	43,536	(47,807)	(265)	9,736
Designated funds	37,155	(2,955)	-	-	-	34,200
Restricted						
Tissue Bank	-	-	196	(196)	-	-
Prevention Research	-	-	672	(672)	-	-
Kings College London	-	-	865	(865)	-	-
Secondary Research	(1)	-	2,278	(1,774)	-	503
Other restricted funds	665	68	2,032	(2,115)	-	650
Total restricted funds	664	68	6,043	(5,622)	-	1,154
Total Group funds	49,205	-	49,579	(53,429)	(265)	45,090
Unrestricted Charity funds	11,372	2,105	43,481	(46,965)	(265)	9,729
Designated Charity funds	37,155	(2,955)	-	-	-	34,200
Restricted Charity funds	665	68	6,043	(5,622)	-	1,154
Total Charity funds	49,192	(782)	49,524	(52,587)	(265)	45,083

21. Analysis of net assets between funds

	Group Unrestricted 2024 £000	Group Designated 2024 £000	Group Restricted 2024 £000	Group Total 2024 £000	Group Unrestricted 2023 £000	Group Designated 2023 £000	Group Restricted 2023 £000	Group Total 2023 £000
Tangible & Intangible assets	-	2,818	-	2,818	2,456	-	-	2,456
Investments	-	19,196	-	19,196	6,193	13,500	-	19,693
Net current assets	13,257	6,301	1,832	21,390	6,649	7,968	1,154	15,770
Long term assets		11,107		11,107	-	12,732	-	12,732
Long term liabilities	(6,246)	-	-	(6,246)	(5,562)	-	-	(5,562)
Total net assets	7,011	39,422	1,832	48,265	9,736	34,200	1,154	45,090

	Charity Unrestricted 2024 £000	Charity Designated 2024 £000	Charity Restricted 2024 £000	Charity Total 2024 £000	Charity Unrestricted 2023 £000	Charity Designated 2023 £000	Charity Restricted 2023 £000	Charity Total 2023 £000
Tangible & Intangible assets	-	2,818	-	2,818	2,455	-	-	2,455
Investments	-	19,196	-	19,196	6,193	13,500	-	19,693
Net current assets	12,812	6,301	1,831	20,944	5,542	7,968	1,154	14,664
Long term assets	-	11,107	-	11,107	-	12,732	-	12,732
Long term liabilities	(5,803)	-	-	(5,803)	(4,461)	-	-	(4,461)
Total net assets	7,009	39,422	1,831	48,262	9,729	34,200	1,154	45,083

22. Financial and other commitments

Operating lease commitments

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

	2024 £000	2023 £000
Property leases expiring:		
Within one year	635	989
Within two to five years	6,280	416
In over five years	7,670	-
Equipment leases expiring:		
Within one year	1	8
Within two to five years	-	1
In over five years	-	-

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

23. Trustee expenses

The Trustees received no remuneration in the year. Three Trustees received reimbursement expenses totalling £1,651 during the year (2023: 4 Trustees, £1,727).

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

From 1 April 2024 to 31 March 2025 - AXA (sourced through PIB). Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covered trustee indemnity, employment practices liability and entity legal liability.

From 1 April 2023 to 31 March 2024 - PIB Insurance Brokers. Indemnity cover £1,000,000. The total Management Liability package came to £4,801 which covered trustee indemnity, employment practices liability and entity legal liability.

24. Related party disclosures

During the year the Charity awarded grants of £nil (2023: £nil) and grant adjustments of £2,711 (2023: £8,615) to the University of Edinburgh and had an outstanding creditor of £423,113 at year end (2023: £445,384). The Charity made payments of £19,599 during the year (2022: £95,622). Trustee Mark Astaire is a member of the International Advisory Board of the University of Edinburgh.

During the year the Charity awarded grants of £249,575 and grant adjustments of £nil (2022: £142,889 and £782 respectively) to the University of Sheffield. There was an outstanding creditor of £361,067 (2023: £142,000) at year end. The Charity made a payment of £3,122 (2023: £4,064) during the year. Trustee Ingunn Holen is an employee (tenured) of the University of Sheffield.

During the year the Charity made a grant adjustment of £nil (2023: £4,863) to the University of Nottingham. There was no outstanding creditor at year end. The Charity made a payment of £nil (2023: £10,676) during the year. Trustee Georgette Oni is a Consultant Oncoplastic Breast Surgeon at the University of Nottingham.

During the year the Charity made a grant adjustment of £nil (2023: £1,766) to Maidstone & Tunbridge Wells NHS Trust. There was an outstanding creditor of £65,447 (2023: £81,350) at year end. The Charity made a payment of £65,447 (2023: £44,878) during the year. Trustee Claire Ryan is a Macmillan Consultant Nurse Metastatic Breast Cancer at the Trust.

The Charity paid a levy to the Fundraising Regulator of £12,000 (2023: £8,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2023: £Nil). The Chair, Jill Thompson, holds the position of Director at the Fundraising Regulator.

The Charity paid a sponsorship fee of £2,000 to LTA BWBC Ltd (2023: £1,000) during the year. The Charity had an outstanding creditor of £Nil at year end (2022: £Nil). A Trustee, Georgette Oni, holds the position of Director, Consultant Oncoplastic Breast Surgeon at LTA BWBC Ltd.

The Charity received a corporate donation of £42,315 from AstraZeneca to support the Helpline and Ask Our Nurses (2023: £42,315). There was an outstanding debtor of £nil at year-end. A Trustee, Professor Mitch Dowsett provides ad-hoc advice to AstraZeneca.

The Charity received a corporate donation of £199,982 from Novartis. This supported work into ethnic inequalities, the service pledge and nursing conference. The Charity also received £20,000 from Roche and £18,000 from Eli Lilly to support the nursing conference. There was an outstanding debtor of £nil at year-end. A Trustee, Claire Ryan holds a Honorarium for Chair of the National Nurse Education Meeting (The Elevate Series) and Honorarium for Nursing Education Sharing Best Practice respectively.

The Charity received a corporate donation of £15,194 from Exact Sciences International to support the Helpline and Ask Our Nurses (2023: £15,194). There was an outstanding debtor of £nil at year-end. A Trustee, Barbara Brown was engaged to provide a 6 month coaching programme for the Business Lead for Scotland and Northern Ireland.

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

- Payable under Gift Aid from BCN Trading Ltd of £2,270,000 (2023: £1,764,000) and management charge of £537,123 (2023: £563,886).
- Payable under Gift Aid from BCN Research Ltd of £147,181 (2023: £104,600).

25. Subsidiary entities

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

LEGAL AND ADMINISTRATIVE DETAILS

Independent Auditors

Crowe U.K. LLP
55 Ludgate Hill, London EC4M 7JW

Bankers

Barclays Bank plc
1 Churchill Place, London E14 5HP

Solicitors

Russell Cooke
2 Putney Hill, London SW15 6AB

Investment Managers

CCLA
1 Angel Lane, London EC4R 3AB

Registered Office

5th Floor Ibex House, 42-47
Minorities, London EC3N 1DY

Glasgow

Robertson House, 3rd Floor,
152 Bath Street, Glasgow G2 4TB

Sheffield

St James House,
Vicar Lane, Sheffield S1 2EX

Cardiff

Tudor House, 4th Floor,
16 Cathedral Road,
Cardiff CF11 9LJ

hello@breastcancer.org
breastcancer.org

THANK YOU

We'd like to thank everyone who supported us during 2023/24. Special thanks go to:

Our research committees:

- The Dame Vera Lynn Translational Fellowships Review Committee
- The Inequalities Funding Committee
- The Grants Committee
- The Science Strategy Committee
- The Biobank Advisory Council
- The Tissue Access Committee
- The expert peer reviewers from all over the globe who helped us evaluate research grant applications.

The staff and scientists in the laboratories we fund who have supported us in promoting the world-class research we're funding.

Our Voices network, who supported 18 of our teams with 61 projects over the past year. They have played a vital role in ensuring our work is shaped by lived experience.

All the patients who have generously donated tissue and blood samples to the Breast Cancer Now Biobank.

All of our partners in the NHS across the 4 nations of the UK.

All the organisations who offer rooms free of charge for our support service events.

Everyone who has supported our #NoTimeToWaste campaign – whether through sharing their experience, using their platforms or adding their name

to our call to action, including:

- Bal Nanray
- Debbie Pitfield
- Sally Lane
- Tracey Thomson
- Claire Spragg

The organisations who helped us develop a consensus statement on health inequalities in breast screening. After a roundtable discussion, we drafted a joint statement to express our collective view of how breast cancer screening can become a truly inclusive and accessible service. This was co-developed with the following organisations:

- Black Women Rising
- Friends, Families and Travellers
- OUTpatients
- Pathway UK
- Queen's Nursing Institute
- Disability Rights UK
- Race Equality Foundation
- South Asian Health Foundation
- Mencap
- Caribbean & African Health Network

The over 300,000 people who added their name to our petition calling for Enhertu to be made available on the NHS in England for people with HER2-low secondary breast cancer. Thank you to everyone who shared their experience, and especially to the group of patient advocates we have worked so closely with during the campaign, including:

- Jeannie Ambrose
- Helen Addis
- Joanna Bingham
- Christina Black
- Sophie Blake
- Hannah Gardner
- Sharon Grimwood
- Kathryn Hulland
- Alison Jones
- Valerie Paragon

- Tracy Pratt
- Laura Price
- Nadia Sawalha
- Helen Skelton
- Kat Southwell
- Kirsten Spencer
- Viv Smith
- Mandie Stevenson
- Tracie Townsend-Mills
- Kate Wills Berger

We'd also liked to thank METUPOK, who we have worked closely with during the campaign.

All of our public health volunteers, and the individuals and organisations that donated their time and expertise towards the public health, inclusion and awareness team's work this year, including:

- Aqua Clinical-Jay Tatla
- South Asian Health Foundation-Dr Sarah Ali
- Sakoon through cancer-Samina Hussain
- South Asian Supernovas-Kreena Dhiman and Toral Shah
- Madiha Sajid
- Donna Fraser OBE
- Naman Julka-Anderson
- Sarah Adomah
- Dr Aziza Sesay
- Dr Nigat Arif
- Nipa Patel
- Richmond Group of Charities
- Her Spirit

Everyone who shared their time and experience to help us deliver change for people affected by secondary breast cancer:

- Jen Hardy and Alison Tait
- Claire Myerson
- Ann McBrien
- All those who contributed to the development of our briefing 'Clearing the path to diagnosis – Improving referral pathways in England'

for people with secondary breast cancer; including cancer alliances, policy makers and healthcare professionals

- The patients who took the time to speak to us – in our focus groups, user-testing and over email – about their experiences of access to a CNS
- The nurses who took part in our CNS focus group and interviews, who were so generous in sharing their experiences with us

Everyone who has been involved in collaborative efforts to improve access to breast reconstruction across England:

- Reconstruction Task & Finish Group
- Tracey Irvine
- Joanna Skillman
- Rieka Taghizadeh
- Ruth Waters
- Georgette Oni
- Diana Harcourt
- Chris Holcombe
- Pamela Golton
- Leena Chagla
- Douglas Ferguson
- Reconstruction Supporters Group
- Alison Monte
- Helen Neill
- Suzanne Duffy
- Carlie-Ann Hare
- Heather Myatt
- Michelle Farrell
- Tracey Barnes

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

All the amazing people diagnosed with breast cancer this year who we've worked with to develop our marketing campaigns. Whether sharing their experience of breast cancer to help to shape our campaigns and exhibitions, or bravely sharing their stories in the campaigns themselves, we couldn't have done it without them.

All our amazing volunteers, with particular thanks to the volunteers recognised for their contributions as nominees for the Tracey William's Outstanding Volunteer Award 2024:

- Amanda Jones
- Cathy Ramsden
- Charlotte Hirst
- David Baker
- Eileen Callow
- Emma Davis
- Kelly Almond-Lundy
- Lauren Colchester (winner)
- Louise Porter
- Neil Burrows
- Pam Dunn
- Pamela Penfold
- Sue Lidbetter
- Valerie Paragon (runner up)

Our community, corporate and pharma partners who donated more than £10,000:

- Ann Summers
- Asda
- BFT Mastclimbing Ltd
- Estee Lauder
- Exact Sciences
- Fairfax And Favor
- Fenjal
- George at Asda
- ghd
- Gilead
- Karen Millen
- Lilly UK
- Liv Cycling

- M&S
- MBNA
- Meadowhall
- MSD
- Novartis
- Omaze
- Pentel
- Pom Pom London
- Primark
- Roche
- Seagen
- Stemline Therapeutics
- Zoggs

And the many individuals who have shared their personal stories and given their time to support our work with corporate partners this year.

The Breast Cancer Now Development Board for their support and commitment

Asda suppliers who supported our Tickled Pink partnership:

- AG Barr
- Arla Foods
- Asda Own Brand
- Birds Eye Ltd
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- Danone UK
- Energizer Holdings
- Essity UK Ltd
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- International Procurement Ltd
- Kimberly Clark Ltd
- Kingsmill
- Kraft Heinz
- Lindt & Sprungli
- Lucozade Ribena Suntory
- Lynns Country Food
- Mars Wrigley UK
- McCain Foods GB Ltd

- Mission Foods
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- Muller
- Nestle
- New York Bagel
- Penguin Random House
- Pepsico
- Pladis Global
- Premier Foods
- Proctor & Gamble
- RB UK Hygiene Home Commercial Limited
- Unilever
- Warburtons Ltd

Fundraising committees and societies:

- The Pink Ribbon Ball Committee
- The Society of Women Artists

Charitable trusts and foundations:

- Art for Cure
- Boltini Trust
- Doris Field Charitable Trust
- East Kent Unit for Breast Screening
- Eric Wright Charitable Trust
- Garfield Weston Foundation
- Isle of Man Anti-Cancer Association
- Philip Oppenheimer Foundation
- Postcode Care Trust funded by players of People's Postcode Lottery
- Secondary1st
- The Syncona Foundation
- Walk the Walk

Major donors:

- Rab and Pat Harley
- Claire and Mark Urquhart
- Rosemary Walker
- Jo and Helen Wetz

Special thanks to Robert Swannell and to everyone who has supported The Patricia Swannell Appeal

The following individuals, groups and businesses who supported our fundraising this year:

- 11 Kings Bench Walk LLP
- Agincourt
- Alexandra Lloyd
- Alex Staines
- Alison Wilson
- Amanda Jones
- Amgen
- Amy Langmead
- Andreas Michaelides and Handsworth Golf Club
- Andrew MacKenzie
- Andy and Ellen Cullen
- Angela Ratcliffe
- Anne White
- APEX Consulting Engineers
- Ashurst LLP
- Batley Bulldogs RLFC
- Beccles Breast Cancer Now Group
- Ben Alldis
- Ben Hood
- Bex Turley and Sarah Dowling-Wilkinson
- Bishopbriggs Golf Club
- Boundary Outlet
- Boobs and Brass
- Bosom Buddies
- Breast Foot Forward
- Bromley Breast Cancer Now Group
- Burgess Hill Breast Cancer Now Group
- Carol Kelly
- Catherine Bennett
- Chantele Rashbrook and the Clifftop Challengers
- Chatham Financial
- Cheshire Breast Cancer Now Group
- Chris Deville
- City Building Glasgow
- Claire Seedhouse and Linda Donovan

- Clare Carpenter
- Clare Storey
- Clifford Chance LLP
- Cooley LLP
- Cotswold Breast Cancer Now Group
- David Baker
- David Chappell & Boston Park Farm
- David Cobbin
- Dream Challenges
- Earl Edwards
- Eleanor Moffat BEM
- Emma-Jayne & National Association of Tangent Clubs
- Enstar
- Falmouth Fundraising Group – Pink Wig Events
- Fighting Breast Cancer Committee
- Fine Bedding Co
- Grieg Menderson
- Herts Fighting Breast Cancer Now Group
- FITISM Ltd
- Fluxx
- Forest of Dean Rugby Club
- Gerard McStay and St Patricks High School
- Gourock Golf Club
- Graham & Lorraine Burns
- Greenberg Traurig
- Henderson Connellan
- HiQ
- INEEDACANIHAVE LTD
- Ineos Grenadiers
- Isle of Man Breast Cancer Now Group
- Isle of Wight Breast Cancer Now Group
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- James and Mike Lammas
- Jan Hulme
- Jane Brooks
- Janet Lane
- Jason Guy

- Jeanette and Carol Horlock
- Jo Gazzard
- Jones Day LLP
- Judy and David Totterdell
- Kennedys LLP
- Keri Hill
- Kerry Banks
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- King & Spalding LLP
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- Michael Lovelidge
- Michaela Franklin and Sue Facey
- Michelle Mills
- Mike Phillips
- Morrison Foerster LLP
- Music Magpie
- Natalie Johnson
- Neath fundraising group
- Nelsons LLP
- New Law Solicitors
- Network Rail
- Nick Payne and family
- Nicola Ridgway
- Notre Dame High School
- Oldmeldrum Fundraising Group
- Olswang LLPCAF
- Otter House
- Outer Temple Chambers
- Pamela & David Penfold
- P&L
- Paul and Judith Kippax
- Paula & Steve Routledge and The Strawberry Tea Bike Ride Team
- Perth Racecourse
- Pink Hygiene
- Pink on the Tyne Fundraising Group
- Plexus LLP
- PwC
- Raishma
- Rebecca Cochrane
- Rebecca Walker and Lloyds
- Redlibbets Golf Club
- Reed Smith LLP
- RM Contractors Ltd
- Robert Cuthbertson
- Ropes & Gray LLP
- Rosy and Harry Oliphant
- Salisbury and New Forest Breast Cancer Now Group
- Shangri-La
- Sheila McNicol
- Sheila Wilson
- Shelley Dobson
- Shropshire Breast Cancer Now Group
- Simpson Thacher Bartlett LLP
- Slaughter & May LLP
- Somerset Breast Cancer Now Group
- Sonia Hood
- Sophie Van Galen
- Squire Patton Boggs LLP
- Starwood Capital
- Sue and Mike Brown
- Sue and Steve Mattock
- Surrey Breast Cancer Now Group
- Sweet Causes
- Taylor Wessing LLP
- Team Barbra
- Team CLC 2024!
- Team Hill House
- Technip FMC
- The golden girls
- The Walt Disney Company
- Thermo Fisher Scientific
- Tom Lloyd
- Tracey Pullen
- Trisha Davidson
- Turnhouse Golf Club
- Uphall Golf Club
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- Valerie McGavin
- Valerie Paragon
- Vicky's Vixens
- Wales Fundraising Committee
- Wayne & Polly Barnes
- West Lancashire Fundraising Group
- Wilkie Farr & Gallagher LLP
- Wikborg Rein LLP

WE'RE HERE

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

The brightest minds in breast cancer research are here, making life-saving research happen in labs across the UK and Ireland. Support services, trustworthy breast cancer information and specialist nurses are here, ready to support you whenever you need it. Dedicated campaigners are here, fighting for the best possible treatment, services and care for anyone affected by breast cancer.

Why? Because our vision is that by 2050, everyone diagnosed with breast cancer will live and be supported to live well. But to make that vision a reality, we need to act now.

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