



# OUR MISSION:

TO RELIEVE HUMAN SUFFERING BY PURSUING EXCELLENCE  
IN THE FIGHT AGAINST CANCER

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Taking Concept to Cure

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## THE INSTITUTE OF CANCER RESEARCH: REVIEW 2003

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# AN INTRODUCTION TO OUR YEAR

## MESSAGE FROM OUR CHAIRMAN

The Institute's mission requires it not only to excel at research but also to play a major role in the education and training of future cancer researchers. The academic framework for our educational activities has for many years been provided by our relationship with the University of London.

Most recently The Institute has been an Associate Institution of the University. During 2003 The Institute made an application for College status which was, I am delighted to say, successful. The University's Council voted unanimously, at its meeting in July, to admit The Institute as a College, in the subject area of Medicine and without time limit. At the Foundation Day Ceremony in November, I had the honour, with the Chief Executive, to receive from the Chancellor of the University, Her Royal Highness The Princess Royal, a Certificate marking this admission.

The excellence of The Institute's science is recognised in many ways but it was a particular source of pleasure when, in May 2003, Professor Mel Greaves was elected to the Fellowship of the Royal Society, the highest accolade that can be bestowed on a British scientist. Professor Greaves, Chairman of the Leukaemia Research Fund Centre for the Cell and Molecular Biology of Leukaemia, was honoured for his pioneering work on the causes of childhood leukaemia.

The Institute is an exciting place for scientists to work, the fruits of their labour can be seen in improved patient treatments - this is what we are all about.



Lord Faringdon  
Chairman of The Institute of Cancer Research



THE INSTITUTE FORMS THE LARGEST COMPREHENSIVE CANCER CENTRE IN EUROPE, IN A UNIQUE PARTNERSHIP WITH THE ROYAL MARSDEN NHS TRUST.

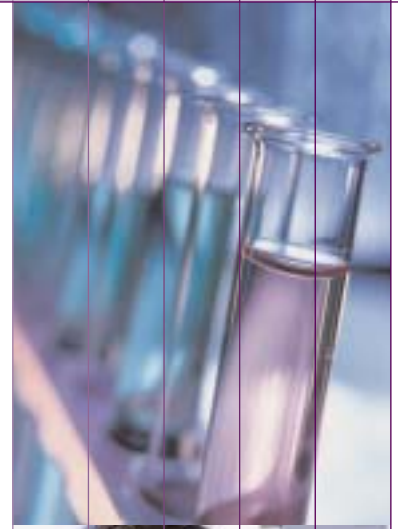
## CHIEF EXECUTIVE'S REVIEW

Our scientific strategy, determined by the Joint Research Committee of The Institute and the Royal Marsden, seeks to translate the outpouring of information on the genetic basis of cancer to patient benefit. The research is organised in three streams: genetic epidemiology, which seeks to understand the lifestyle and environmental causes of cancer; molecular pathology, which will enable the development of better ways of diagnosing and staging the disease, and of predicting treatment responses; and therapeutic development, which is primarily focused on the discovery and evaluation of new drugs which precisely target the molecular abnormalities that drive tumour growth.

The Institute plans a major initiative in genetic epidemiology which will be greatly facilitated by the award of £9.2 million from the Higher Education Funding Council for England's Science Research Investment

Fund. This will allow us to construct a new building on our Sutton campus to accommodate a significantly expanded Section of Epidemiology, Chaired by Professor Tony Swerdlow, and a new Section of Clinical Trials, to be Chaired by Ms Judith Bliss. We expect that the work to be done in this building will make significant contributions to both our understanding of the causes of cancer and to large-scale evaluations of new treatments.

The Institute continues to be a world leader in efforts to elucidate the genetic basis of cancer. Professor Colin Cooper and his colleagues in the Section of Molecular Carcinogenesis have implicated a gene called *E2F3* in the development of bladder cancer. As the protein encoded by this gene is known to play a key role in the process of cell division, the work may well have identified a target for new therapies against this particular cancer.



Professor Peter Rigby (left) and with Lord Faringdon and Her Royal Highness The Princess Royal (right)

Much of the damage done by cancer derives not from the primary tumour, which can often be removed surgically, but from tumour cells which spread to remote sites in the body and grow there, a process called metastasis. Understanding how cancer cells move, and how they communicate with their environment, is key to learning how to prevent metastasis, which many would argue is one of the major objectives of cancer research. Work in Professor Chris Marshall's laboratory, part of the Cancer Research UK Centre for Cell and Molecular Biology, has identified two distinct modes of tumour cell movement and the signalling pathways that control them. Professor Clare Isacke and her team in the Breakthrough Toby Robins Breast Cancer Research Centre have shown that communication between breast cancer cells and their environment depends critically on a particular receptor molecule on the surface of cells. Our challenge for the future is to exploit such discoveries to develop new drugs which will be able to prevent metastasis.

Some years ago Professor Mike Stratton and his colleagues in the Section of Cancer Genetics isolated a gene which, when mutated, predisposes to a rare condition called cylindromatosis. Professor Alan Ashworth's team, working as part of an international collaboration, have now elucidated one of the functions of the protein encoded by this gene. Their work suggests that it may be possible to treat this tumour with the best known of all drugs, aspirin, and clinical trials to test this are planned.

In order to increase the number of therapeutic targets we can work on, and the speed with which we can develop new drugs, we need to increase our capacity to do medicinal chemistry. The Institute has therefore invested £2.5 million in a major renovation of the Haddow Laboratories in order to provide state of the art facilities for our chemistry teams, which will become operational early in 2004.

While the development of new drugs is essential to the control of cancer, significant advances in treatment can come from new ways of using old drugs. Dr Robert Huddart and his colleagues made such an advance in developing a new treatment regime for patients with a particularly aggressive form of testicular cancer.

The Institute's standing in new anticancer drug development was very clearly recognised at the major scientific meeting for this field, organised by the American Association for Cancer Research, the US National Cancer Institute and the European Organisation for Research and Treatment of Cancer, and held in Boston in November. Four members of The Institute's Faculty were invited to speak, more than from any other organisation in the world. I was particularly pleased that two of the four were members of the Career Development Faculty - young scientists beginning their careers yet already held in the highest international regard.

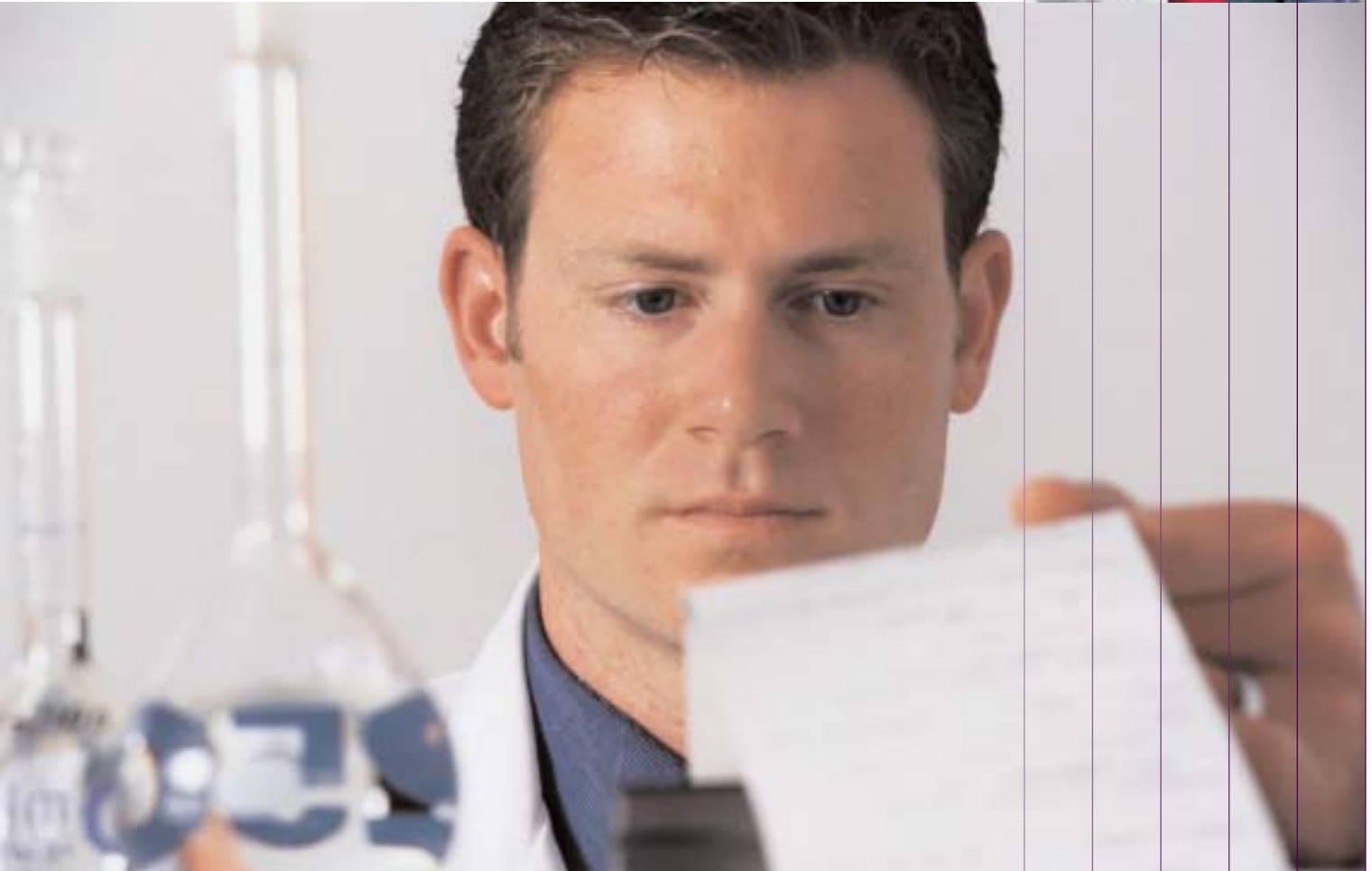
The Institute and the Royal Marsden have long had an outstanding reputation for research into blood cell cancers. Two of the



OUR UNIQUE RELATIONSHIP WITH THE ROYAL MARSDEN MEANS THAT SCIENTIFIC DISCOVERIES AT THE INSTITUTE REACH CLINICAL TRIALS EXTREMELY QUICKLY.

leaders of this work, Professor Daniel Catovsky, Chairman of the Academic Department of Haematology and Cytogenetics, and Professor Ray Powles, Head of the Leukaemia and Myeloma Units, retired during the year. Their impending departure prompted much discussion about how we should take forward our work in this area and it was decided to establish a new Section of Haemato-Oncology, to be Chaired by Professor Mel Greaves. Our objective in this is to bring together all of our research in this area, from the most basic laboratory studies to clinical work, within a single, integrated Section in order to increase further our ability to translate scientific advances to patient benefit. We have already made some key appointments to the new Section and further recruitment is planned for the coming year.

This new Section is an outstanding example of the way that The Institute and the Royal Marsden work together. Our colleagues in the hospital have been much preoccupied during the year with the preparation of their application for Foundation Trust status. The Institute is highly supportive of their exciting plans which will enable us to work more closely together and to ensure that our research work makes a significant difference to the lives of those touched by cancer.



# MAJOR ACHIEVEMENTS OF THE YEAR

## BLADDER CANCER GENE DISCOVERED

Bladder cancer is the most common cancer of the urinary tract in the UK, affecting almost 12,500 people a year. A number of genetic changes in bladder cancer are known, but until now there has not been a clear understanding of how this cancer develops. However this year Institute scientists identified a gene, *E2F3*, that plays a key role in controlling the aggressive behaviour of bladder cancer. This discovery has provided new insights into the mechanism of bladder cancer development.

There are many different types of genetic error that cause cells to become cancerous. In bladder cancer cells, a specific region on chromosome 6 is multiplied many times. Professor Colin Cooper and his team in the Section of Molecular Carcinogenesis collaborated with researchers in Liverpool to look specifically at one gene in this region to see whether the protein it programmes is linked to bladder cancer.

Using the modern microarray facility set up at The Institute in 2001 they were able to compare genes in bladder cancer cells with genes in healthy bladder cells and found that *E2F3* was present in much larger amounts in the tumour cells. They measured the amount of E2F3 protein in the bladder cancer cells by tagging the protein with a marker. The more advanced and invasive the type of bladder cancer, the more protein they found. In all human cells, E2F3 has a crucial role in controlling cell proliferation. In bladder cancer cells, however, having multiple copies of the gene *E2F3* leads to its overactive protein which propels the unruly cell growth.

Critically, as a result of this work it has emerged that the development of bladder cancer is probably the result of a co-operation between *E2F3* overexpression and other genetic changes that inactivate a cellular protein called pRB.

The discovery should boost the development of new treatments to target bladder cancer. It could also help to predict the aggressiveness of a patient's bladder cancer, leading to more tailored and effective treatments for the individual.

The work does not finish here, however, as Professor Cooper's initial studies revealed that the *E2F3* gene may be involved in other cancers too. Research to fully understand its role continues.



Professor Colin Cooper



THE INSTITUTE IS AN UNRIVALLED FORCE IN THE FIGHT AGAINST PROSTATE CANCER. THE GOVERNMENT'S NATIONAL CANCER RESEARCH INSTITUTE HAS DESIGNATED US A CENTRE OF EXCELLENCE FOR PROSTATE CANCER RESEARCH.



## IMPROVING LIVES OF PROSTATE CANCER PATIENTS



Professor David Dearnaley

As the most common cancer in men, prostate cancer now affects about 25,000 men a year in the UK. It is a difficult cancer to treat successfully without inflicting undesirable side effects, including incontinence, impotence and bowel damage, which are caused by damage to healthy tissue. Now, Institute researchers are using a sophisticated radiotherapy technique that is expected to lead to marked improvements in prostate cancer patients' quality of life.

Professor Dearnaley, Institute scientist and Royal Marsden clinical oncologist, is leading a clinical trial in which higher doses of radiotherapy are delivered over a much shorter period using intensity modulated radiotherapy (IMRT). Unlike conventional radiotherapy, IMRT delivers the radiation doses in shaped contours around the prostate, leaving the surrounding healthy tissue unharmed.

This high-tech radiotherapy provides the opportunity to test giving higher doses in each treatment which may make radiotherapy more effective. Previously,

higher doses have been given by increasing the number of daily treatments, extending therapy to seven weeks or longer. With IMRT the treatment period will be reduced to four weeks.

Up to 150 patients will be involved in this initial trial, which is the first comparative trial to use IMRT for localised prostate cancer. The Department of Health is supporting the work so that it can expand to include several major UK Radiotherapy Centres. Eventually it is hoped to recruit up to 2000 patients over the next five years to find out whether this treatment does improve both patients' quality of life and their chances of survival in the long term.

**This is only one in a series of trials  
The Institute and Royal Marsden have  
initiated that will revolutionise how  
radiotherapy is delivered to prostate  
cancer patients.**

## ASPIRIN AS AN ANTICANCER DRUG

A major objective at The Institute is to use the outpouring of genetic information since the human genome sequence was unveiled to enable the prevention of cancer and develop improved treatments for patients.

Institute scientists, in collaboration with colleagues at the Institute of Immunology in Greece, made another vital step along this path from cancer gene to cancer treatment for an unusual disfiguring skin condition, called turban tumour syndrome.

Three years ago, as part of an international consortium led by Professor Mike Stratton, the gene responsible for causing turban tumour syndrome was identified. Since then, an Institute team led by Professor Alan Ashworth, with funding from Cancer Research UK, has been investigating why inheriting a damaged version of the gene *CYLD* leads to this syndrome. This year, they found out that the condition, in which large, mushroom-shaped tumours grow out of the scalp, is caused by inappropriate cell survival aided by an overactive inflammatory response.

**Understanding this process has led to the anti-inflammatory drug aspirin being considered as a new treatment for this type of cancer and potentially others.**

The normal version of the *CYLD* gene has a role in both instructing cells to die and switching off the inflammatory response in response to disease or tissue damage. But when the gene is damaged, a molecule

called NF- $\kappa$ B is left unchecked and becomes overactive. Overactive NF- $\kappa$ B is found in a number of types of cancer, including some breast cancers, and keeps cancer cells alive beyond their usual lifespan and helps to fuel the growth of the tumour.

It is thought that the painkiller aspirin, and similar but stronger drugs, could counter the effects of overactive NF- $\kappa$ B and so be effective against certain tumours. In the laboratory, a Dutch research team has found that very high doses of aspirin can kill cancer cells. So that side effects associated with high doses of aspirin might be avoided, The Institute team is planning a further study to make aspirin effective at lower doses by combining it with antioxidants. In the future we hope to initiate clinical studies with aspirin-related drugs in order to take the next step towards providing therapies for these patients.



Professor Mike Stratton



THE INSTITUTE IS THE WORLD LEADER IN CANCER GENETICS, HAVING ISOLATED MORE CANCER RELATED GENES THAN ANY OTHER ORGANISATION.



Professor Alan Ashworth

# WHAT CAUSES CANCER?

## UNLOCKING THE MYSTERIES

The cause of cancer is a bit of an enigma. The umbrella term cancer comprises more than 200 types of malignancy that have features in common but also differences. For certain types of cancer we know what is likely to have caused an occurrence. For example, lung cancer is often caused by smoking, and cancer of the lung lining is caused by asbestos. But most cancers are not caused by one clearcut factor. Instead they result from a combination of environmental, lifestyle and genetic influences. Unravelling this matrix of causatory factors is a complex process, not least because individuals respond differently to identical conditions. However, The Institute has initiated a major new development to identify how the environment and people's lifestyles interact with their genes to cause cancer.

This initiative in genetic epidemiology combines scientific resources from two of our world-class research departments and will be directed by Professor Mike Stratton, Chairman of the Section of Cancer Genetics, and Professor Tony Swerdlow of the Section of Epidemiology.

Much of the genetic information we need will come from the Cancer Genome Project, initiated by Professor Stratton and then Institute scientist Dr Richard Wooster, which is identifying cancer-causing genes. Already the project has unearthed a new gene - *BRAF* - which, when damaged, causes skin cancer. This greater understanding of molecular genetics combined with modern epidemiology has provided a real opportunity to get to the bottom of what causes cancer.

We are planning a series of complex, national studies, involving thousands of people, to gather data over the next five to ten years. Some studies will compare patients with cancer with people without cancer, while others will follow-up a group of people initially without cancer to see which factors predict an occurrence. Using questionnaires, we will monitor people's lifestyles and environmental influences over the years. Simultaneously, we will collect blood samples and also take biopsies from people who develop cancer, both for genetic analysis.

So that we can house this vast amount of new data and samples, as well as to accommodate up to 30 more epidemiologists needed to take this research forward, The Institute is undertaking a major capital project to provide a purpose-built epidemiology building on its Sutton site.



Professor Tony Swerdlow



IN THE LAST DECADE, THE INSTITUTE HAS TAKEN 10 ANTICANCER DRUGS INTO THE CLINIC - AGAIN AN ACHIEVEMENT UNMATCHED WORLDWIDE.

The building will provide facilities for The Institute's epidemiologists and will be a central hub for collecting and processing the combined genetic and epidemiological data.

Intricate analyses of the data should enable us to pinpoint why causal factors lead to cancer in certain individuals but not in others based on their genetic make-up. We may be able to detect causal factors in people with particular genes that might not be picked up in the general population. And, we hope to be able to give advice to people with high-risk genes for cancer on how to reduce their risk of developing the disease.

**Our aim is to dispel the enigma surrounding cancer by finding out what causes it. We can then develop much improved and more tailored methods of prevention and treatment that will transform prospects for cancer patients worldwide.**



# SUCCESS THROUGH

## International

Institute scientists collaborate closely with leading UK cancer organisations. The Institute

- Deutsches Krebsforschungszentrum, Heidelberg
- Fox Chase Cancer Center, Philadelphia
- Het Nederlands Kanker Instituut, Amsterdam
- Institut Gustave-Roussy, Paris
- Istituto Europeo di Oncologia, Milan
- M D Anderson Cancer Center, Houston



**Breakthrough Breast Cancer:** The Institute, in partnership with Breakthrough Breast Cancer, is home to the UK's first dedicated breast cancer research centre, 'The Breakthrough Toby Robins Breast Cancer Research Centre'.



**Cancer Research UK:** Cancer Research UK contributes over one quarter of The Institute's total income and is its largest research funder. The Institute is home to two major Cancer Research UK Centres, for Cell and Molecular Biology and for Cancer Therapeutics.

**The Royal Marsden NHS Trust:** The Institute has very close academic and research links with the Royal Marsden, with many staff holding joint or Honorary appointments in both institutions. This unique partnership forms Europe's largest comprehensive cancer centre, employing 2,300 scientists, clinicians and nurses.



**Higher Education Funding Council For England (HEFCE):** As an educational institution, The Institute of Cancer Research is entitled to apply for and receive funding from HEFCE. About a fifth of The Institute's total recurrent income is provided by HEFCE.



**The Wellcome Trust:** The Wellcome Trust supports the Cancer Genome Project at the Sanger Institute. The Trust also funds some of our basic molecular biology and genetic research and has contributed almost £8m towards the construction of the Brookes Lawley Building.



**The Wellcome Trust Sanger Institute:** Funded by the Wellcome Trust, the Sanger Institute is home to the Cancer Genome Project, initiated by Professor Mike Stratton and Dr Richard Wooster from The Institute of Cancer Research.



# IGH PARTNERSHIP

## Partners

With major international and national partners include:

McGill University, Montreal  
Mayo Clinic, Rochester  
Mount Sinai Hospital, Toronto  
Memorial Sloan-Kettering Cancer Institute, New York  
Weizmann Institute of Science, Israel



### Leukaemia Research Fund (LRF):

The LRF provides a large programme grant to fund research carried out at the LRF Centre for Cell and Molecular Biology of Leukaemia at The Institute of Cancer Research.

### THE BOB CHAMPION CANCER TRUST



### The Bob Champion Cancer Trust:

The Institute is home to Europe's first dedicated male cancer research centre, funded in partnership with the Bob Champion Cancer Trust which provided £1m of the £3m raised to build the centre.

# Institute of Cancer Research



University of London

### University of London:

As a College of the University of London, The Institute has direct authority to run its academic affairs to the very highest international standards. Most importantly, The Institute is able to appoint its own professors, readers and PhD student supervisors.

### The National Cancer Research Institute (NCRI):

The Institute is currently in receipt of a grant of £3.2m over 5 years from the NCRI as one of only two NCRI Prostate Cancer Collaborative centres of research excellence. The NCRI is co-funded by the MRC, the Department of Health and Cancer Research UK.



### The Medical Research Council (MRC):

The MRC is one of the UK's largest research councils, funded by the UK taxpayer and independent in its choice of which research to support. The MRC is a significant funder of The Institute's work.

**MRC**  
Medical Research Council

### Department of Health:

The Department of Health provides long-term core funding for The Institute's Cancer Screening Evaluation Unit and also finances certain epidemiological projects concerned with screening for various types of cancer.



# FOCUS ON METASTASIS

## HOW CAN WE STOP CANCER SPREADING?

Most patients only find out they have cancer after it has spread from the primary site to other parts of the body. Unfortunately, cancers that are diagnosed at this later stage are much more difficult to treat successfully and the outlook for patients is often bleak. In fact the major cause of the 150,000 deaths from cancer each year in the UK is this invasion of tumour cells into other tissues and organs. If we can prevent these cells from going on the move or thriving at secondary sites we will save many patients' lives.

At The Institute four collaborating teams of scientists are trying to pinpoint what makes cells behave in this invasive - or metastatic - manner. Professor Chris Marshall, Head of the Cancer Research UK Centre for Cell and Molecular Biology, is leading a team looking at the molecular mechanisms of cell invasion. Healthy cells know when to divide, move or die because of signals they receive from their environment. Cancer cells, however, rebel against their environment and respond inappropriately to signals. This year, Professor Marshall's team discovered that different tumour cell shapes require distinct signals to enable them to move - rounded cells require Rho protein signalling but elongated cells do not, for example. Strikingly, they also found that cells can switch between the two modes of movement depending on their environment. So to stop cancerous cells moving, future therapies will have to block more than one mechanism of invasion. A second team at the Centre, led by Dr Matilda Katan, is looking at how different types of invasion can be blocked by inhibiting other signalling components in the cell.

As well as beginning to understand how tumour cells migrate, Institute scientists are also looking at the aberrant communication signals that instruct these cells to behave badly. Professor Clare Isacke and colleagues in the Breakthrough Toby Robins Breast Cancer Research Centre are identifying such signals between breast cancer cells and their surroundings. In 2003, they discovered a cell surface protein that is overexpressed in breast cancer cells and which also makes these cells attracted to a naturally occurring protein, called uPA. Blocking uPA stopped the tumour cells spreading, because a signal between uPA and the breast cancer cells had been interrupted. The impact of blocking uPA in the body is just one area of the team's ongoing research.

Building on these discoveries, Dr Sue Eccles and her team in the Cancer Research UK Centre for Cancer Therapeutics have their



Professor Chris Marshall



THE INSTITUTE, IN PARTNERSHIP WITH BREAKTHROUGH BREAST CANCER, IS HOME TO THE UK'S FIRST DEDICATED BREAST CANCER RESEARCH CENTRE, 'THE BREAKTHROUGH TOBY ROBINS BREAST CANCER RESEARCH CENTRE'.

sights on new treatments that will target tumour cell invasion and migration. They investigate novel agents which are designed to block key signals necessary for cancer cells to respond to pro-invasive signals from their environment. They have found that some compounds that affect tumour cell invasion also block the formation of new blood vessels - a process without which tumours cannot grow and spread around the body. Discovering more about what drives cells at the molecular level will enable us to develop more effective targeted treatments against the multiple routes leading to the secondary spread of cancer.

Understanding tumour cell migration and invasion is an important area of research because new therapeutic approaches will capitalise on these key differences between normal and malignant cells. For years scientists have focused on stopping cell division as a means to treat cancer, but

such therapies have indiscriminate effects on both tumour and healthy cells. Therapies that target tumour cell invasion, however, will be more discriminatory and therefore much kinder to patients.

**In the future these new, targeted treatments, causing fewer side effects than conventional therapies, will enable thousands of cancer patients to live longer because the spread of their disease will be halted.**

With further research, and investment in more advanced, automated technologies to accelerate results, we expect to bring novel agents into clinical trials in the next few years that will stop tumour cells in their tracks.



Professor Clare Isacke and Dr Sue Eccles

# STAFF PROFILES

## THE SCIENTIST: PROFESSOR MEL GREAVES

Professor Mel Greaves, the Director of the Leukaemia Research Fund Centre for the Cell and Molecular Biology of Leukaemia, attained one of the highest scientific accolades this year when he became a Fellow of the prestigious Royal Society. Fellows are elected for their contributions to science, both in fundamental research that results in a greater understanding of scientific issues, and also in leading scientific and technological progress in industry and research. He was delighted to be elected: "I feel incredibly privileged to be part of such a well respected and highly regarded organisation."

Professor Greaves came to The Institute in 1984 from the then Imperial Cancer Research Fund in Lincoln's Inn Fields, London. His research focuses on identifying the causes of childhood leukaemia, so that both preventive measures and improved treatments can be developed. "We have used the abnormal molecular genetics of childhood leukaemia to unravel its natural history," he explains, "and have shown that the disease is initiated before birth by chromosomal damage. Over many years, biological insights have helped explain the variable outcome seen clinically and have greatly informed our understanding of what might cause the disease".

Earlier this year Professor Greaves' team showed there may be a link between low levels of folic acid in the womb and childhood leukaemia. A deficiency of folic acid is known to lead to breaks in DNA, and a low dietary intake of folic acid is associated with an increased risk of some

cancers in adults, including colon and breast cancer. "We wanted to find out if folic acid levels in cells in the developing foetus might influence the risk of developing leukaemia. The active levels of folate in the cell are determined both by dietary intake, via the pregnant mother, and by genetic variations that determine how individuals process folate." They found that children who inherit an inactive variant of the enzyme MTHFR, which is necessary for breaking down folate, have a significantly lower risk of leukaemia.

Professor Greaves explains why he is such an advocate of research at The Institute:

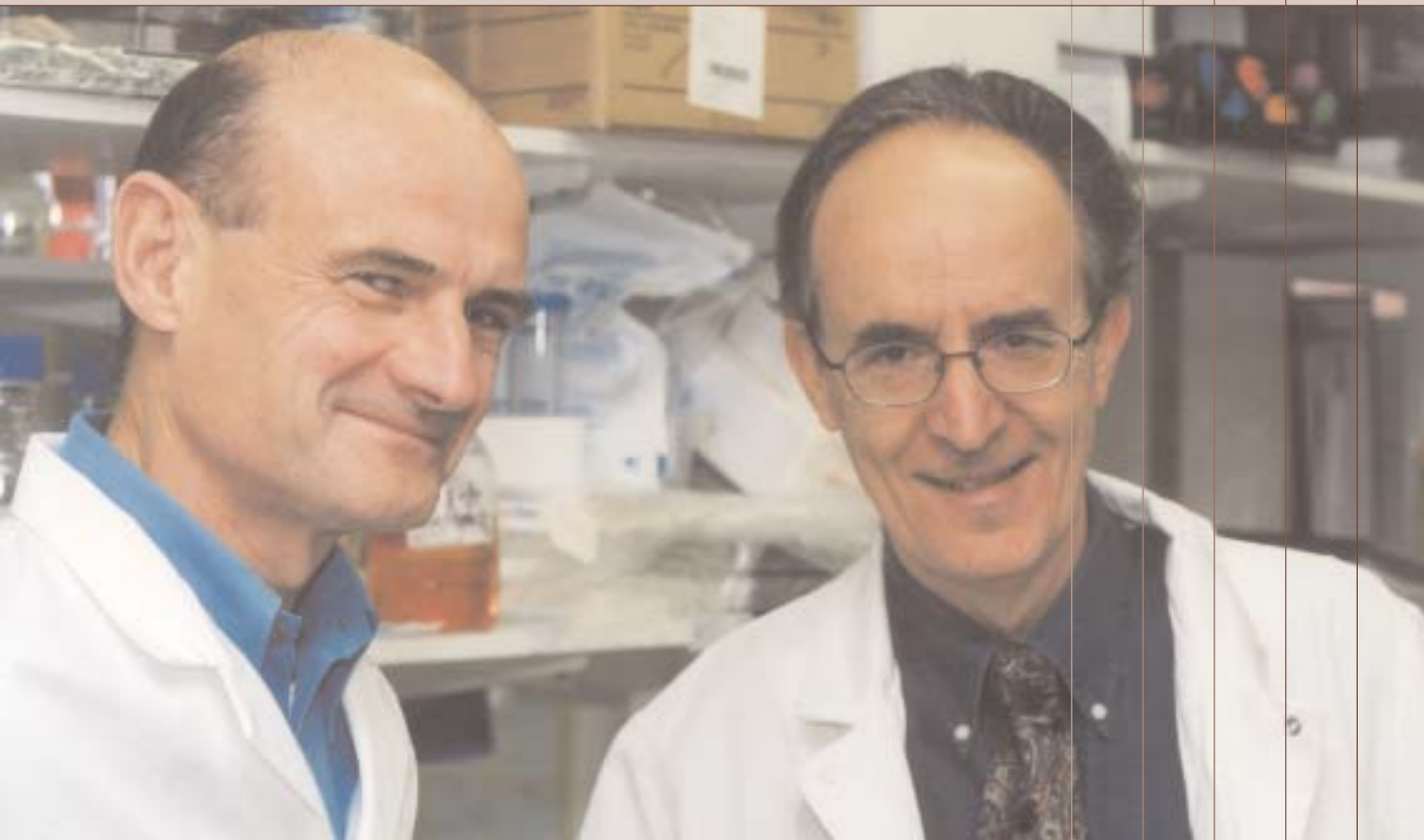
**"The multidisciplinary spread of activity, from basic molecular biology to the clinical setting, carried out by top class people makes it a very stimulating and unique environment."**



Professor Mel Greaves



THE INSTITUTE OF CANCER RESEARCH OFFERS A COMPREHENSIVE RANGE OF RESEARCH - FROM GENETICS AND BASIC BIOLOGY, RIGHT THROUGH TO DRUG DISCOVERY AND CLINICAL TRIALS.



## THE STUDENT: NIKKI INGRAM



Nikki Ingram

Final year PhD student Nikki Ingram came to The Institute three years ago after completing a degree in molecular biology from the University of Manchester. As part of the course, Nikki spent a year at the Human Genome Mapping Project (HGMP) Resource Centre in Hinxton, which fuelled her interest in genetics based research. Her current work as part of the Gene Therapy Team in the Section of Cell and Molecular Biology is in developing novel therapies to target and destroy the blood vessels in solid tumours.

As well as the diversity of research being carried out in The Institute, Nikki was highly impressed by the state of the art, fully equipped laboratories when choosing where to continue her studies: "the modern research laboratories were a far cry from those of a university department. I had high expectations after working at the HGMP Resource Centre, and The Institute lab space was just what I had in mind."

Nikki is equally enthusiastic about the educational facilities available for students: "It's fantastic to have online access to so many journals through the library - it's much faster to find individual papers. Also I found

the programme of lectures has really helped me to relate to work in other departments." Understanding all aspects of cancer research is one of the main aims of the Cancer Science Website, developed by The Institute's Interactive Education Unit and to be launched to an internal audience in early 2004. The modules emphasise how discoveries in scientific research translate into clinical care, and highlight how physics, biology, chemistry and medicine contribute to understanding, managing and treating cancer. Nikki has first-hand knowledge of the site, being on the review panel since 2000, and explains how it will benefit students. "It's an excellent resource for topping up your background knowledge. Coming from a biological sciences background I found the module on diagnostic and therapeutic physics particularly useful. Working through a module is similar to attending a lecture but more engaging visually and you can also delve more deeply into topics you're interested in." And she adds,

**"I've really enjoyed working at The Institute, and the facilities for carrying out my PhD have been first rate".**

# THE PATIENTS

## AMY DICKENSON

Amy was eight years old when she was diagnosed with osteosarcoma, a rare bone cancer most commonly diagnosed in children and young people. Her parents, Tina and Steve, first noticed that something was wrong when Amy came home from a horse riding lesson with pain in her knee. There was no obvious sign that anything was amiss, but a few weeks later as Amy was running, Tina noticed a limp. When she checked this time there was a visible hard lump just above the knee.

Following X-rays and blood tests, their doctor suspected osteosarcoma and arranged for Amy to be seen at the National Orthopaedic Hospital, where the diagnosis was confirmed. The family were then referred to the paediatric team at the Royal Marsden, where Amy underwent eight gruelling sessions of chemotherapy during which she experienced serious side effects, requiring some alterations to her treatment. Halfway through the chemotherapy, Amy also had an operation to remove the cancerous bone and replace it with an artificial thigh bone and knee joint.

Dr Kathy Pritchard-Jones, a scientist at The Institute and a children's cancer specialist, led the team treating Amy.

**As a result of her work at the cutting-edge of scientific research, she offered Amy the chance to be the first patient to be treated with an innovative new anticancer vaccine.**

Shortly after starting the vaccine study, a routine chest X-ray detected some cancer cells in Amy's lung. Following further

examination, and discussion with all the family, it was decided that after a further operation to remove two small lumps from her lungs, Amy should continue on the vaccine for two years. The family are delighted that several years later, there is still no sign of any cancer cells returning. Doctors cannot yet say for sure whether this is as a direct result of the cancer vaccine, however further clinical trials are planned.

Amy completed the vaccine treatments three years ago, and has now been clear of the disease for five years, without any serious long-term side effects. She now has a metal knee joint and femur to replace the bone that was removed, but that certainly hasn't prevented her from living a normal teenager's life and doing the things she enjoys, including horse riding. Amy's next check-up will be in early 2004, after which it is expected she will just need to attend the clinic on an annual basis.



Amy Dickenson



MANY OF OUR SCIENTISTS ARE SENIOR CLINICIANS AT THE ROYAL MARSDEN AND MAKE IMPORTANT CONTRIBUTIONS TO NATIONAL AND INTERNATIONAL CLINICAL RESEARCH TRIALS.



## DAVID RAVEN



David Raven

In February 2003, David Raven began to suspect that something was wrong. He had recovered from a cold that he had suffered from earlier in the year, but the mouth ulcers that had accompanied it weren't clearing up. At first he tried to ignore it, but by April he had become concerned enough to seek professional advice. David went to see his GP who suspected that it might be serious and referred him to his local hospital.

From then on David describes the process as like being on a production line. He was diagnosed with head and neck cancer in May 2003; fortunately, despite some earlier fears, the cancer had not spread. David was directed to specialists at the Royal Marsden, where a team led by Dr Chris Nutting advised that his case was suitable for a new radiotherapy technique that had been pioneered by The Institute in conjunction with the Royal Marsden, which would avoid the ordeal and lasting effects of surgery.

The technique, intensity modulated radiotherapy (IMRT), is ideally suited to treat

the typically concave or horseshoe shaped tumours of head and neck cancer which are often wrapped around the spinal cord. It delivers precise radiotherapy doses that are moulded to the complex, curved shape of the tumour, allowing doctors to increase the doses while minimising damage to the surrounding healthy tissue.

**It is hoped that in the future IMRT will be used to cure many more patients and spare them from many of the side effects associated with other treatments.**

David had 30 IMRT treatments over six weeks and completed his treatment in August 2003, and while he has had some side effects, he describes these as being 'liveable with'. As a public relations consultant specialising in food, he finds that a loss of taste for certain foods is the most disconcerting, but is learning through trial and error which food and drink is now best situated to his palate. He has even found a liking for some things that previously he wouldn't have enjoyed, and is now looking forward to a future free of cancer.

# RAISING FUNDS, RAISING AWARENESS

## THE EVERYMAN CAMPAIGN: FUNDING RESEARCH TO CROSS OUT MALE CANCER

The Everyman Campaign was established in 1997 to increase awareness of testicular and prostate cancers and to raise funds for vital research into these little understood but increasingly prevalent diseases.

Since the campaign was established, prostate cancer has overtaken lung to become the most commonly diagnosed cancer in UK men, with 25,000 cases diagnosed each year. Also, the incidence of testicular cancer, which usually affects men between the ages of 20 and 35, has doubled in the last 20 years with 1,800 men now diagnosed annually.

**When caught early enough testicular cancer has a cure rate of 96%, so it is critical that the Everyman Campaign continues to educate men and women of all ages about male cancer and the symptoms.**

This year's fundraising effort has been a record breaker for Everyman, with £600,000 raised to support the work of our scientists in the Everyman Male Urological Cancer Research Centre. We would like to thank all the individuals who have contributed to this success. Many supporters have generously given their time and considerable efforts to raise funds for and awareness of male cancers.

Everyman month was launched in June 2003 with the first ever Everyman Ball - a glittering event held at Chelsea football ground hosted by Everyman patron and former Chelsea player Jason Cundy. It was a fabulous

evening, and very rewarding for the Everyman Campaign thanks to the generosity of the Charities Trust and all the individuals who attended and gave their support.

Once again many celebrities kindly gave their time, support and in some cases much more! Everyman patron Dermot O'Leary joined our other supporters to pound the streets of London, completing the Flora London Marathon in a superb four hours, eight minutes.

We hope that all our supporters - individuals, celebrities and corporate - will continue to give Everyman their backing throughout 2004 and beyond to ensure that we can carry on supporting the work of our scientists in understanding these diseases and finding better ways of detecting, treating and ultimately curing them.



Dermot O'Leary



THE INSTITUTE RUNS THE EVERYMAN CAMPAIGN, WHICH SUPPORTS EUROPE'S FIRST CENTRE DEDICATED TO RESEARCH INTO MALE CANCERS - THE EVERYMAN CENTRE.



Ant MacFarlane supporting Everyman at Fashionaball; Jason Cundy, Alec Stewart and their wives at the first Everyman Ball; the 118 boys at our Tacheback party; and below, Philip Schofield supporting Everyman

## FUNDRAISING AND COMMUNICATIONS



Philip Schofield

### Information Events

Throughout the year we hold information and fundraising events. These are opportunities for you to find out more about our latest research developments and treatments. This year our scientists have spoken about:

- **Drug discovery**
- **Prostate cancer**
- **Cancer genetics**

More stimulating events are planned for the future. If you'd like to find out more, please call 020 7153 5369.

The Institute is extremely grateful to all the individuals, trusts, companies and other fundraising charities that make it possible for us to continue our work as one of the leading research centres in the world, dedicated solely to the treatment and cure of cancer. In particular we are fortunate to have the support of Cancer Research UK and Breakthrough Breast Cancer. However in order to continue to pioneer discoveries

in genetics, molecular biology and drug development we need over £12 million each year to support our scientists.

The Institute is committed to maximising its resources. We are one of the most cost-effective major cancer research organisations in the world, with almost 92% of our total income going directly towards research.

**If you would like to get involved, there are many ways in which you can support The Institute's work.**

**You can:**

- **Donate money**
- **Sponsor a student**
- **Join the Payroll Giving scheme**
- **Become a corporate sponsor**
- **Leave a legacy in your Will to support our research**

For more information on how you can get involved please call 0800 731 9468 or visit our website: [www.icr.ac.uk](http://www.icr.ac.uk)

# OUR ACCOUNTS

## SUMMARY STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31 JULY 2003

	Year ended 31 July 2003			2002
	Unrestricted funds £000	Restricted funds* £000	Total funds £000	Total funds £000
<b>Incoming Resources</b>				
External grants	24,239	19,358	43,597	48,121
Legacies and donations	2,705	1,205	3,910	3,981
Income from investments	3,552	-	3,552	3,496
Other income	591	-	591	335
<b>Incoming resources</b>	<b>31,087</b>	<b>20,563</b>	<b>51,650</b>	<b>55,933</b>
<b>Resources Expended</b>				
Cost of generating funds	1,317	-	1,317	1,034
Research expenditure	26,530	17,586	44,116	38,992
Support costs	795	-	795	869
Management and administration	1,490	210	1,700	1,815
<b>Net incoming resources before transfers</b>	<b>955</b>	<b>2,767</b>	<b>3,722</b>	<b>13,223</b>
Transfers between funds	847	(847)	-	-
<b>Net incoming resources</b>	<b>1,802</b>	<b>1,920</b>	<b>3,722</b>	<b>13,223</b>
Gains/losses on investments	281	24	305	(3,021)
Gain on revaluation of fixed assets	6,760	-	6,760	-
<b>Net movements in funds</b>	<b>8,843</b>	<b>1,944</b>	<b>10,787</b>	<b>10,202</b>

\*includes endowment funds

The auditors' report on the full accounts is unqualified and does not contain any statement concerning accounting records or failure to obtain necessary information and explanations.

These summary financial statements are not statutory accounts but a summary of information relating to both the Statement of Financial Activities and Balance Sheet.

They may not contain sufficient information to allow for a full understanding of the financial affairs of The Institute. For further information the full accounts, the auditors' report on those accounts and the Report of the Board of Trustees should be consulted, copies of which can be obtained from 123 Old Brompton Road, London SW7 3RP.

## BALANCE SHEET AS AT 31 JULY 2003

	2003 £000	2002 £000
<b>Fixed assets</b>		
Tangible assets	58,372	49,551
Investments	69,202	65,471
<b>Current assets</b>		
Stocks	175	121
Debtors	4,202	5,573
Cash at bank and in hand	226	365
<b>Creditors: amounts falling due within one year</b>	<b>(6,774)</b>	<b>(6,215)</b>
<b>Net current assets</b>	<b>(2,171)</b>	<b>(156)</b>
<b>Creditors: amounts falling due after more than one year</b>	<b>(20,688)</b>	<b>(20,938)</b>
<b>Net assets</b>	<b>104,715</b>	<b>93,928</b>
Restricted funds	31,758	29,838
General fund	19,241	19,018
Designated funds	52,120	43,500
Endowment funds	1,596	1,572
	<b>104,715</b>	<b>93,928</b>

**Auditors' statement to the members of The Institute of Cancer Research**  
We have examined the summarised financial statements of The Institute of Cancer Research.

**Respective responsibilities of trustees and auditors**

The trustees are responsible for preparing the summarised financial statements in accordance with applicable law.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the annual report with the full financial statements and Trustees' Report. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Our report has been prepared pursuant to the requirements of the Companies Act 1985 and for no other purpose. No person is entitled to rely on this report unless such a person is a person entitled to rely upon this report by virtue of and for the purpose of the Companies Act 1985 or has been

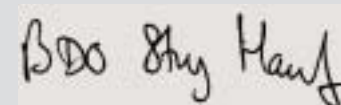
expressly authorised to do so by our prior written consent. Save as above, we do not accept responsibility for this report to any other person or for any other purpose and we hereby expressly disclaim any and all such liability.

**Basis of opinion**

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom.

**Opinion**

In our opinion the summarised financial statements are consistent with the full financial statements and Trustees' Report of The Institute of Cancer Research for the year ended 31 July 2003.



**BDO Stoy Hayward**  
Chartered Accountants and Registered Auditors  
25 November 2003

# TREASURER'S REPORT FOR THE YEAR ENDED 31 JULY 2003

The financial information has been extracted from the Report of the Board of Trustees of The Institute for the year ended 31 July 2003 which was approved by the Board of Trustees on 25 November 2003 and has been submitted to the Charity Commissioners and the Registrar of Companies.

## Overall results

Incoming resources for 2003 were £51.6 million compared to £55.9 million in 2002. The lower level of incoming resources reflects the high level of capital grants towards the cost of the Brookes Lawley Building received in the previous year. A total of £8.8 million was received in 2002 (£7.9 million from The Wellcome Trust and £0.8 million from HEFCE). Excluding the effect of these exceptional capital grants, the growth in income was 9.4% which reflects the increase in research grants awarded to The Institute.

The accounts show unrestricted net incoming resources before transfers for 2003 of £0.9 million (2002 - £3.8 million).

The Statement of Financial Activities also shows net incoming resources before transfers of £2.8 million (2002 - £9.4 million) on restricted funds. The high level in both prior years reflects the receipt of capital grants. In 2003 capital grants totalling £2.8 million were received mainly for equipment (2002 - £10.1 million). These grants were fully expended in the year but in accordance with Charity SORP the Statement of Financial Activities does not include capital expenditure incurred in the year.

## Research expenditure

Expenditure on research was £44.1 million (2002 - £39.0 million). This rise is partly as a result of the laboratory rent rebate of £1.9 million that was received in 2002 which reduced expenditure in that year. In 2003 a total of £1.5 million was spent on laboratory refurbishment - an increase in the £717,000 incurred in 2002. After allowing for the impact of the rebate and the refurbishment costs there was an underlying increase of £1.8

million, a rise of 7.9%. The largest increases in research activity have been the further expansion in the Cancer Research UK Centre for Cancer Therapeutics which increased its research expenditure by £1 million compared to 2002, an increase of 22%, and Cancer Genetics which increased its expenditure by £498,000, a rise of 34%.

## Fundraising

Legacy income fell by £413,000 to £2.2 million in 2003. This was largely offset by an increase in fundraising income of £342,000, a rise of 25%, mainly from the Everyman Campaign.

## Capital developments

The construction of the Brookes Lawley Building in Sutton reached practical completion in June 2002. During 2003 there were costs of £1.2 million incurred in finalising the project.

A new project was started to provide facilities for chemists from the Cancer Research UK Centre for Cancer Therapeutics. The laboratories will be located on the top floor of the Haddow Laboratories in Sutton and are expected to cost £2.4 million. By 31 July 2003 a total of £1.5 million had been incurred.

The Institute's scientific properties were subject to an interim valuation as at 31 July 2003. This resulted in a revaluation gain of £6.7 million.

## Reserves policy

The Institute's mission is a long-term undertaking and whilst the Board of Trustees of The Institute expends all the funds it receives towards its mission within a reasonable time of receiving them, it also considers it is prudent to maintain a reserve of free funds to assure the long-term financial viability of The Institute's work. Free funds are expendable at the Board of Trustees' discretion and not designated for a particular purpose.

The Board of Trustees' opinion is that The Institute should maintain free reserves of between £18 million and £22 million or 21 to 26 weeks of

The Institute's budgeted annual expenditure for the next year. At 31 July 2003 The Institute's General Fund was £19.2 million which is within the range set by the Board of Trustees.

## Investment policy and performance

For the first year since 1999 the capital value of The Institute's investment portfolio has risen resulting in a gain of £281,000 in unrestricted funds. The income generated by the investments was £3.5 million, the same level as the previous year. This income is used to fund the operations of The Institute.

The Institute is prohibited from investing in any company perceptibly involved in the sale of tobacco or tobacco products.

## Pensions

The first accounting period which will include details of FRS17 will be the year ended 31 July 2005. In accordance with FRS17 The Institute has included in a note to the accounts the impact on the Statement of Financial Activities as if the approach prescribed in FRS17 had been followed.

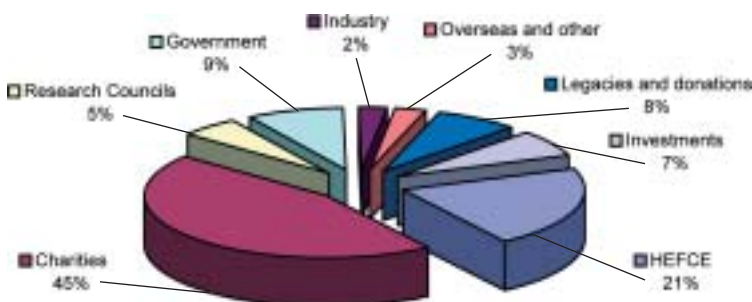
This shows that The Institute of Cancer Research Pension Scheme is in deficit by £8.3 million. In common with many defined benefit schemes, the scheme has been affected by falling investment returns, annuity rates and the impact of increasing life expectancy forecast by the Actuary.

In anticipation of this position changes were made to the scheme during the year. Contribution rates were increased for both employer and employee. The retirement age was increased to 65. The next actuarial valuation is due on 31 March 2004. On the basis of advice from the Actuary, The Institute is confident of the long-term viability of the scheme.

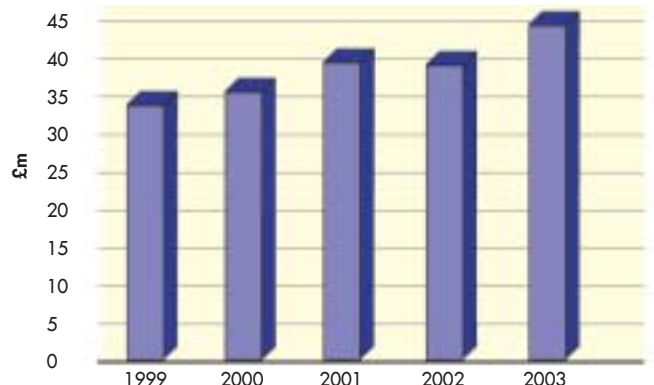


**Edward Cottrell**  
Honorary Treasurer

**INCOME BREAKDOWN**



**5 YEAR RESEARCH EXPENDITURE PROFILE**



# THE BOARD OF TRUSTEES

THE BOARD OF TRUSTEES IS THE GOVERNING BODY OF THE INSTITUTE AND IS CONSTITUTED UNDER ARTICLE 23 OF THE INSTITUTE'S ARTICLES OF ASSOCIATION.

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LORD FARINGDON<sup>1,3</sup> *Chairman*

S R DAVIE<sup>1,3,4</sup> *CB Deputy Chairman (to 3/2003)*

J M ASHWORTH<sup>1,3,4,5</sup> *MA PhD DSc Deputy Chairman (from 4/2003)*

E A C COTTRELL<sup>1,3</sup> *Honorary Treasurer*

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PROFESSOR R J OTT *PhD FInstP CPhys Academic Dean*

PROFESSOR A J BELLINGHAM *CBE FRCP FRCPath (to 3/2003)*

SIR HENRY BOYD-CARPENTER *KCVO MA*

S E FODEN<sup>1</sup> *MA DPhil*

MRS T M GREEN *MA*

C GUTTIEREZ *(from 10/2003)*

R A HAMBRO *(from 7/2003)*

MISS N INGRAM *BSc (to 9/2003)*

PROFESSOR M O LEACH *PhD FInstP FIPeM FMedSci*

M J MORGAN<sup>3</sup> *BA PhD (from 1/2003)*

PROFESSOR H R MORRIS *FRS*

SIR PAUL NURSE *FRS (to 4/2003)*

T A HINCE *MSc PhD - alternate Director*

MISS C A PALMER *MSc MHSM DipHSM*

D WEIR-HUGHES *PhD MA RN Neuro Cert - alternate Director*

PROFESSOR D H PHILLIPS *PhD DSc FRCPath*

MISS A C PILLMAN *OBE (from 4/2003)*

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PROFESSOR M WATERFIELD *FRS FMedSci*

MISS M I WATSON *MA MBA FCIPI (from 4/2003)*

D E V WILMAN *PhD CChem MRSC ARPS*

## Nominating Body

Co-option

Co-option

Co-option

Co-option

Ex Officio

Ex Officio

Co-option

Co-option

Co-option

Chairman, The Royal Marsden Hospital

Student

Co-option

Student

Academic Board

Co-option

Co-option

Cancer Research UK

Cancer Research UK

The Royal Marsden Hospital

The Royal Marsden Hospital

Academic Board

Co-option

Co-option

University of London

Co-option

Academic Board

J M KIPLING *FCA Secretary of The Institute*

PROFESSOR A HORWICH *PhD FRCP FRCR FMedSci Director of Clinical Research & Development and Head of the Clinical Laboratories*

PROFESSOR K R WILLISON *PhD Head of the Chester Beatty and Haddow Laboratories*

PROFESSOR C J MARSHALL *FRS FMedSci Chairman of the Joint Research Committee*

## NOTES

<sup>1</sup>Member of the Constitutional and Nomination Committee

<sup>2</sup>Member of the Audit Committee

<sup>3</sup>Member of the Remuneration Committee

<sup>4</sup>Senior member of the Board of Trustees

<sup>5</sup>Dr Ashworth was a member of the Board of Trustees prior to his appointment as Deputy Chairman

# ACKNOWLEDGEMENTS

THE INSTITUTE WOULD LIKE TO ACKNOWLEDGE AND THANK ALL THOSE ORGANISATIONS AND INDIVIDUALS WHO HAVE SUPPORTED ITS ACADEMIC AND RESEARCH WORK DURING THE PAST YEAR INCLUDING:

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The Royal Marsden NHS Trust  
Cancer Research UK  
Breakthrough Breast Cancer  
The Leukaemia Research Fund  
The Kay Kendall Fund  
US National Institutes of Health - National Cancer Institute  
The Bob Champion Cancer Trust  
The Higher Education Funding Council for England  
The Medical Research Council  
The European Commission  
The National Health Service Executive  
The Department of Health  
The National Cancer Research Institute  
Biotechnology and Biological Sciences Research Council  
Engineering and Physical Sciences Research Council  
World Health Organisation - International Agency for Research on Cancer  
The British Council  
Association for International Cancer Research  
The Prostate Cancer Charitable Trust  
The Ann Rose Monte Cancer Team  
The Football Association  
The Professional Footballers' Association  
Sutton Fundraising Group  
St Albans Fundraising Group  
Wendy Gough  
Israel Abrahams Memorial Trust  
The Misses Barrie Charitable Trust  
The Geoffrey Berger Charitable Trust  
The Daniel Falkner Charitable Trust  
The Dorus Trust  
The Foyle Foundation  
The Joseph Strong Frazer Trust  
The Alfred Gold Memorial Trust  
Grent Trust Limited  
Mrs EK Harding Charitable Foundation  
The Kirby Laing Foundation  
Max and Steffie Leyens Charitable Trust  
The Madeline Mabey Trust  
The Merrill Lynch Investment Managers Charitable Trust  
The Morrison Foundation  
The Peacock Charitable Trust  
The Sebastian Pearson Charitable Trust  
The PF Charitable Trust  
Thomas Roberts Trust  
The Edwin George Robinson Charitable Trust  
ZVI Hans Schloss Charitable Trust  
The Steel Charitable Trust  
The Thornton Foundation  
The Rosetrees Trust  
The Late St Patrick White Charitable Trust  
The Wolfson Foundation

Gillette UK Ltd  
Topman  
Marks and Spencer plc  
Base London  
Justin Carter  
The Elbow Room  
Millwall FC  
Hawes and Curtis  
Butterfly Effects  
Lacoste  
Office Green  
Avant Garde  
Merrill Lynch International  
Big D Peanuts  
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Fortis Bank  
Mr Tony Ratcliffe  
The Worshipful Company of Carmen Benevolent Trust  
Mrs Beth Franklin  
Sir Roger Gibbs  
The Duke and Duchess of Abercorn  
J & SB Charitable Trust  
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The Bernard Sunley Charitable Foundation  
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Mr John Botts  
Sir Peter and Lady Burt  
The CT Trust  
The Ernest Kleinwort Charitable Trust  
The Gosling Foundation  
Mr Oliver Grant  
The Haberdashers' Company  
Hamilton Charitable Trust  
HSBC Holdings plc  
J O Hambro Investment Management Ltd  
The Mercers' Company  
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Mr Paresch Shah  
Geordie and Karen Young  
Mrs Henry Reid  
Sir Nigel Althaus  
Mr and Mrs Neil Ashley  
Barclays Stockbrokers Charitable Trust  
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Mr J M Beckwith-Smith  
The Brewers' Company  
The Edward S Hogg Charitable Trust  
Mr Julian Seymour  
The Britwell Trust  
Sir John and Lady Egan

The Ian Askew Charitable Trust  
The Blakenham Trust  
Mrs Phoebe Grant  
Matrix Group Ltd  
M J C Stone Charitable Trust  
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The C & S Reeves Charitable Trust  
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Mrs Robin Benson  
Lady Eden  
Lady Allen  
Cathryn, Countess Cawdor  
Dermot O'Leary  
Jason and Lizzy Cundy  
Neil Harris  
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Diana, Lady Farnham  
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Lady Jenkins  
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Mrs Simon Parker Bowles  
Mrs Tim Rathbone  
Baroness Rawlings  
Mrs Savina Serpieri  
Mr Charles Stopford Sackville  
Mrs Peter Wilmot Sitwell  
HRH Princess Katarina of Yugoslavia, Mrs Desmond de Silva  
Amanda Austin Flowers Ltd  
Table Talk  
Rob Van Helden Floral Designs Ltd  
XKO Group plc  
Cross Asset Management Ltd  
Jardine Lloyd Thompson Group plc  
The Interior Design Players  
Marcus Swift  
Simon Shakeshaft  
bigbluetube  
Berkhamsted Collegiate School  
Tony Maxse 100 Mile Walk (in memory of Georgina Knowles)  
Lions Club International District 105E  
Sarah Bingham  
Harry Townshend  
Marcus Rickard  
Rory Renwick  
William Deer  
Ian Theato  
Alastair Hay  
Angela Temple  
Rory and Elizabeth Brooks



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Royal Cancer Hospital

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