

CANCER OF UNKNOWN PRIMARY (CUP) FOUNDATION
- Jo's friends -

ANNUAL REPORT
FOR THE YEAR ENDED
1 OCTOBER 2010

Registered Charity Number: 1119380

Registered office:
The Follies, Brightwalton, Newbury, Berks. RG20 7BZ.

CANCER OF UNKNOWN PRIMARY (CUP) FOUNDATION – Jo’s friends

ANNUAL REPORT FOR THE YEAR ENDED 1 OCTOBER 2010

The Trustees are pleased to present their report, together with the financial accounts of the charity, for the year ending 1 October 2010. This is the third report of the *Cancer of Unknown Primary (CUP) Foundation – Jo’s friends* since it became a charity in May 2007.

The purpose of the report is to explain what the charity sets out to do and how it goes about doing it - showing the main activities & achievements (both qualitative and quantitative) in relation to our charitable objects. We cover also the charity’s governance, funding sources, spending and reserves. In preparing this report the trustees have taken note of the Charity Commission’s guidance on public benefit.

It has been an extremely successful year looked at from the perspective of our ultimate goal of *seeing the end of CUP by 2020*. The highlights have been:

- the first conference ever held devoted to CUP
- the launch of the NICE Guideline, and
- the start of the CUP-One trial.

We have stakeholder, and the Director’s, involvement in the NICE Guideline and the CUP-One trial but can claim only limited involvement in their delivery. Nevertheless, these are events that are likely to have great benefit for CUP patients in the future. We report later on the conference which we organised.

We need sufficient funds to cover operating costs and we aim also to build healthy reserves for future projects that can leverage our objectives. Despite the recession, and thanks to some splendid fundraising events, and an increasing amount being donated in memory of patients who have died from CUP, we raised £43,307.20 in income in this financial year. This is a 37% increase on 2009. We owe an enormous duty of care to spend responsibly money donated to us, often in memory of loved ones, or raised through hard work.

A study of the accounts on page 13 will show that whilst *Voluntary income* has risen exponentially, *Income from activities* is reduced. Last year’s figure reflected the activity for the conference on 15 October 2009 (whilst income was received in the last financial year, much of the conference expenditure falls into the present financial year). With no salaries, very low overheads and careful cost control we have, this year, added £30, 510.93 to our reserves.

The impact of our work is difficult to quantify other than website “Hits” and feedback from patients and carers. We are accessed consistently by people from over 30 different countries each month (see Table 2). There is simply no other site in the world offering dedicated information about CUP and those who use our services are grateful for our work (see examples of feedback in Table 3).

ORGANISATIONAL STRUCTURE, GOVERNANCE AND MANAGEMENT

TRUSTEES

Barry Hamilton B.Soc.Sc. MBA. (Re-appointed May 2010)
(Chairman)

John Symons TD, MSc, MEd, PhD.
(Director)

Rosemary Bates BA (Hons), PG Dip OCGD.

Kate Fulton Bsc (Hons).

Philippa McEwan BA (Hons).

ADVISORY BOARD

Medical

Dr F. Anthony Greco MD.

Dr Greco is Director of the Sarah Cannon Research Institute located in Nashville, USA. Dr. Greco specialises in cancers of unknown primary origin, lung cancer and germ cell tumours.

Dr Richard J. Osborne MD FRCP. (Appointed 2010)

Dr Osborne is a Consultant in Medical Oncology at the Dorset Cancer Centre. He has been the Lead Clinician for the development of the NICE Guideline on CUP.

Dr Maurice L. Slevin MD FRCP.

Dr Slevin is Honorary Consultant Medical Oncologist at St Bartholomew's Hospital, where he has practiced for 30 years. He is a founding Director of The London Oncology Clinic.

Dr Harpreet S. Wasan MD MBBS PhD FRCP.

Dr Wasan is a Consultant and Reader in Medical Oncology at Imperial College London, and the Department of Cancer Medicine, Hammersmith Hospital. Dr Wasan is the Lead Clinician for the CUP-One trial.

Non Medical

Malcolm J. Glenn – *Communications, Advertising and Marketing*

Malcolm Glenn has been an advertising creative director for more than 30 years, overseeing the development of creative products for clients. He is a lecturer and consultant business adviser for local colleges and the Young Enterprise charity.

J. Roger Newnham F.C.A. – *Finance and Accounting*

Roger Newnham is a practising Chartered Accountant with 40 years experience, including considerable involvement with charities as a part of his practice.

HISTORY

Jo's friends was established in memory of Jo Symons who died with CUP in September 2006 a few days after her 46th birthday. To her family and friends it seemed incomprehensible that, in the 21st century, it was not possible to make a diagnosis and that little was being done to promote awareness and research; or to offer information and support to CUP patients and carers. The charity was born in 2007 after “proof of concept” was established.

OBJECTIVES AND ACTIVITIES

The charity is concerned with the relief of sickness and the preservation and protection of health. Our mission is to *Make the Unknown, Known* by:

- Providing information and support to CUP patients and those who care for them
- Raising awareness of CUP
- Promoting improved diagnosis and treatment
- Undertaking, encouraging or supporting CUP research to achieve the objectives above with the ultimate goal of ending CUP

It achieves these objectives primarily through:

- The website (www.cupfoundjo.org). This site offers information on CUP, its diagnosis and treatment. It also has a moderated interactive area where patients and family members can discuss issues of concern and seek emotional support from “comrades in adversity”. *Jo's friends* does not offer medical advice.
- Activities such as awareness-raising events, journal articles and association with other organisations that can help leverage the charity's objectives.
- Promoting or participating in research – oriented activities and facilitating networks of those working in the area of CUP.

Transformational change. The Trustees have set the year 2020 as the target to work for to see the end of CUP.

GOVERNANCE

Governing Document

Cancer of Unknown Primary (CUP) Foundation – *Jo's friends* is a Charitable Trust governed by its deed dated 27 April 2007. It was registered by the Charity Commission with number 1119380 on 24 May 2007.

Appointment of Trustees and Advisory Board Members

The founding trustees have been appointed for a mix of 5, 3, and 2 years with an option of re-appointment. At the expiry of a Trustee's tenure it is the charity's intention to conduct an audit of the organisation's skills set and networks to identify possible gaps that need to be filled by suitable volunteers. Advisory Board Members have been appointed on the same basis as Trustees

mutatis mutandis (with a tenure of 5 years). Trustees and Advisory Board Members are unpaid receiving no remuneration or other benefit from their work with the charity.

Training and Activity of Trustees

Trustees and Advisory Board Members are recruited for their specific skills and experience and their enthusiasm for the charity. Training for Trustees is conducted through “Away days” and Trustees meetings where topics covered include cancer and CUP as well as matters related to the running of the charity. Discussion is set against the backdrop of how planned activities will contribute to the Charity’s aim and objectives. On appointment, Trustees receive a booklet on the duties and responsibilities of a trustee, published by the Charity Commission.

WHAT IS CANCER OF UNKNOWN PRIMARY (CUP)?

CUP is where a patient has been diagnosed as having cancer but the origin of the cancer cannot be determined in assessment before treatment; and it may remain hidden throughout the patient’s life and at post mortem. Incidence is some 5% of cancer diagnoses in the UK; but this figure depends on how CUP is defined. 5% of cancer incidence in the UK represents approximately 14,000 people. CUP is thought to represent one of the ten most frequent cancer diagnoses and NICE recognises it as the fourth commonest cause of cancer death in England and Wales¹.

Usually, the most important step in diagnosis is the biopsy because this allows a general cancer categorisation of carcinoma, sarcoma, lymphoma or melanoma. Most CUP definitions are of metastatic *carcinoma* of unknown primary where (unlike sarcoma, lymphoma and melanoma) further definitions are needed to achieve effective treatment.

- Clinical presentations are usually non specific and often involve metastasis (cancer spread) in more than one organ.
- Some further classifications are usually possible from the biopsy sample which will help determine likely treatment. But in the case of CUP, the cells have lost their unique features in the cancer spread. This makes identifying the original cancer cells (the target of chemotherapy) difficult.
- Because CUP may originate in any epithelial cells in the body, and CUP biology is not understood (other than that the primary stays small or disappears yet spreads - metastasizes - unpredictably) it is a challenging diagnosis for the cancer doctor as well as the patient.
- There are few standard treatments, because the cancer is likely to be different for every patient, with widely different outcomes.
- Until the advent of the NICE Guideline on 26 July 2010 there had been no NHS guidance for the treatment and management of CUP patients in England and Wales.
- Improving genetic, pathological and radiological techniques will reduce the incidence of CUP in the future.

¹ NICE (2010). Diagnosis and management of metastatic malignant disease of unknown primary origin.

ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE MEASURES (NON FINANCIAL) – 2009/10

In the UK a number of cancer charities exist to support, undertake research or maintain advocacy on behalf of most of, what are often referred to as, the *lesser* or *rarer* cancers. These cancers account for some 52% of cancer deaths (the big 4 cancers accounting for 48%) and 46% of incidence. It is worth noting that where no CUP charity existed, *Jo's friends* is filling a gap and is valued by oncologists, patients and carers. Testimonials on the website bear witness to this claim. Others, notably in the USA, are considering setting up similar organisations based on the *Jo's friends* model. One such, The Stroud Foundation was launched in 2010.

This section looks at what *Jo's friends* has achieved with its work in the previous 12 months. The review looks at the activities in relation to each Objective (see *Objectives and activities* on p.3) and the benefits that have accrued in relation to those the Charity seeks to benefit.

Table 1. Brief highlights of 2009/10

- 100 CUP experts participated in the first international conference focused exclusively on CUP organised by *Jo's friends* on 15 Oct 09. The conference proceedings have been transcribed and placed in the archive section of our website.
- NICE's CUP Guideline published in July 2010.
- CUP-One trial opens for patients.
- Publisher *Pan Macmillan* nominates *Jo's friends* for a second time as their charity of the year.
- *Jo's friends* Director in collaboration with medical practitioners (Nicky James, David Brooks, James Mackay and Andrea Pithers) has published a number of articles about CUP in refereed journals.
 - "Dilemmas in managing patients with cancer of unknown primary", in *Cancer Nursing Practice*.
 - "Cancer of unknown primary - The role of genetic signatures and targeted therapy" in *MIMS Oncology & Palliative care*.
 - "Chasing the primary" in *Cancer Nursing Practice*.
- 2,500 *Jo's friends* Christmas cards were sold.
- Dr Richard Osborne, the Lead Clinician in the development of the NICE Guideline on CUP, joined *Jo's friends* Medical Advisory Board.
- *Jo's friends* Director was interviewed on Radio 4s *Case Notes* as part of a programme on CUP and molecular profiling.
- A new fundraising and awareness-raising brochure was launched to replace the initial 2007 brochure.
- Rolling review of website content.
- Director appointed to the National Cancer Research Institution's Correlative Science Clinical Studies Group.
- Supporters undertake fundraising and awareness raising activities ranging from marathons, cycle rides, to school events.
- *Understanding cancer of unknown primary*, the booklet which *Jo's friends* worked on with Macmillan Cancer Support, was highly commended in the BMA Patient Information awards.
- New electronic newsletter launched for Supporters.

Some of the charity’s activities allow measurable results whilst it is more difficult to judge other activities aimed at longer term strategic benefit.

Providing information and support to CUP patients and those who care for them

The website. Table 2, below, shows a slight decrease in “hits” in comparison with the previous year. Spikes are caused by particular events, such as the 2009 conference and, as we anticipated in our last report, visits for this year fall usually within the 400-500 range per month.

Table 2: Website Statistics (Data from Google Analytics)

	Hits				How reached			Visitors from # countries
	Visits	Absolute unique	Average page views	Av time on site (mins)	Direct traffic %	Referring sites %	Search engines %	
Oct 2008	411	280	4.3	3.34	39	22	39	20
Nov	475	327	4.3	4.08	52	16	32	21
Dec	333	229	5	4.36	43	16	41	18
Jan 2009	359	224	4.8	4.38	39	24	37	19
Feb	444	263	5.4	4.47	20	39	41	23
Mar	1303	936	4.5	3.49	22	59	19	41
Apr	555	347	3.9	3.38	25	45	30	22
May	839	622	3.5	2.57	18	61	21	45
Jun	1254	961	3.3	2.38	44	40	15	67
Jul	748	555	4	3.38	37	32	30	26
Aug	816	613	3.6	3.15	43	36	21	28
Sep	1054	781	3.8	2.57	37	30	33	33
Tot	8591	6138						
Oct 2009	1035	746	4	3	29	31	39	36
Nov	789	633	4.3	3.4	25	35	39	32
Dec	510	408	3.5	3.2	18	39	43	33
Jan 2010	694	517	4.2	3.4	29	27	44	32
Feb	737	525	4.5	4.3	23	32	45	34
Mar	623	450	4.2	3.5	19	33	48	38
Apr	525	379	3.7	3.4	24	29	47	34
May	544	377	3.6	3.3	23	35	42	34
Jun	517	376	4	4.1	19	33	48	32
Jul	734	492	4.3	4	22	28	50	31
Aug	687	522	3.8	3.21	24	25	51	33
Sep	621	481	4.2	3.54	22	25	53	32
Tot	8016	5906						

Those seeking information about CUP may route through a search engine (e.g. Google), a referring site (such as Cancer Research UK, Macmillan Cancer Support who provide a link to *Jo’s friends* on their websites) or direct by those who know the charity’s URL (www.cupfoundjo.org).

The qualitative value of the website can be seen by looking at the website where examples of endorsements from patients, carers, and medical professionals are captured on various pages. We show some examples of patients and carers comments in Table 3.

Raising awareness of CUP

The website is also a vehicle for *Raising awareness of CUP*. This year we have spent some time improving the Supporters pages of our website. Trustees, in a volunteer capacity, have taken on roles as Events and Supporters Co-ordinators. Raising awareness of CUP and awareness of *Jo's friends* are inextricably linked. Our site explains CUP, what we are doing, and what we want others to do. There are 3 distinct "publics": the medical profession, patients and carers and the public at large. Raising awareness of a disease that has a very low profile is seen as the precursor of stimulating demand for change and the funds for research.

Table 3. Examples of what patients say to *Jo's friends*

Thank God for this forum! I cried when I found it!

Have to say that the immense relief that I have obtained so far from just reading everyone's stories on this site is incredible. Up to this point I have felt so very alone as no one could give me any advice, nothing to read, nothing to comfort me as I flounder in this no man's land called CUP!

It is interesting that there is similarity with wanting knowledge and denial/acceptance. Your site has already been of help - it just has.

He only had it for 4 weeks and he is gone now. They don't know where it started, how long ago it started, if he could have been saved if it had been caught earlier. So many questions that will never be answered. I miss him so much.

My 28 year-old daughter, Alison, died of CUP on 1/5/2008. She left a husband and a 7 month-old son. While she was being treated, I searched for a web site like this one. I am sad to say that I found it too late. When was this site first operational? I should have tried harder. So sad.

Thank you for replying to me, because the diagnosis and passing was so quick it's hard for me to understand but thank you for explaining.

I also want to thank you personally for setting up the website and this forum, I feel empowered!

Mum had a scan on Wednesday we were told results on Friday. My mum passed on Saturday. My mum was in hospital for 9 days even before she had the scan. I really do not understand what happened.

Thanks for your help. My family, son is also a doctor, have found it an invaluable resource from day 1.

Here are two statements made by our oncologist at the last session:

"You can choose to do nothing, or wait-and-see, but when something does go wrong it may be too late to react. However, you have to understand; as a physician, I have no option but to recommend that you take the standard chemotherapy" [DTIC, dacarbazine+cisplatine; a toxic and ineffective delicacy]. Then later, "If you wish, I can do some research into DTIC". [surely, it can't be that I know more about some aspects of this disease and its treatment than the oncologist!] This left me shocked and angry.

In 2010 we produced a new fund-raising and awareness brochure to replace the original used since our launch. We have been fortunate that the imaginative design work was undertaken pro bono by *Malcolm Glenn Marketing*.

Through meetings with members of the medical profession, other cancer charities, conference attendance, journal articles, advertising and Membership of Cancer 52 – an umbrella organisation for those charities concerned with rarer cancers – *Jo's friends* has raised the profile of CUP. Articles written by the Director about CUP, are published regularly in medical journals (see Table 1).

We have focused in the first 3 years particularly on raising awareness and gaining credibility amongst the medical community as well as the patient community. We have, to date, made little impact in raising awareness of CUP amongst the public at large. To do so effectively and quickly is likely to happen only if a celebrity is diagnosed with CUP or we spend a considerable sum with an advertising campaign.

Promoting improved treatment and the end of CUP

Conference. One hundred delegates attended the conference organised by *Jo's friends* on 15 October 2009 held at a Royal College in London's Regent's Park. It was the widely considered view that this was the first conference, ever held, dedicated to CUP. Speakers and delegates came from England, Wales, Scotland, Ireland, Belgium, Denmark, France, Holland, USA, Israel, Greece and Canada. The conference was chaired by Dr Maurice Slevin and the Keynote speaker was Dr Tony Greco – the world's leading authority on CUP.

From a 5 point scale delegates rated the conference *extremely useful* (56%) or *useful* (44%). Speakers were rated overall as either *Excellent* or *Very Good*.

Table 4. Examples of what participants said about the Conference

- I believe that though there is a lot of work to do to raise awareness and find solutions moving forward, this meeting will be regarded as a seminal event towards dealing with this disease.
- *I thought the whole conference was excellent; a very high academic standard.*
- Very useful day that opens up a complex hidden cancer group.
- *I will give even more thought to what I say to patients & how I say it.*
- To bring together patients, carers, healthcare professionals' experiences and insights is very important for the future understanding of CUP.
- *...a real milestone in CUP. The first dedicated CUP conference, which was a huge success.*
- It was a novel experience to be in a room of people speaking the same language.
- *...the topics were smartly balanced between technology and clinical issues. I was particularly impressed by the palliative care talk...*
- Thank you very much for arranging this unique event – it's good to make contacts of others working to progress the support & management of this neglected group of patients.
- *Fantastic meeting. Very well done.*

The financial intention of the conference was to break even. In the event, through careful financial control, we achieved a net surplus of £1,713.06.

NICE Guideline. In 2008 the NHS, through NICE, initiated the process of developing the first Guideline for the management and treatment of CUP in England and Wales. *Jo's friends* has been a Stakeholder in this exercise and the Director was an *ad hominem* member of the Guideline Development Group. The Guideline was published on 26 July 2010 (at a time when the new Coalition Government signalled massive change to the NHS with a White paper). In due course the Guideline is likely to have a significant impact on regularising the *ad hoc* treatment of CUP replacing it with rigorous, evidence-based, best practice (covered in over 100 pages in the Guideline).

Every hospital with a cancer centre or unit is encouraged to establish a CUP team, and ensure that patients have access to the team when CUP is suspected. It is expected also that a Multi-Disciplinary Team (MDT) will be set up for each of the 30 cancer networks in England.

Expert opinion suggests that while some hospitals may need to appoint new staff, many will be able to use existing staff to form a CUP team. It is likely that implementation of this team will happen alongside the development of new “acute oncology” teams.

Time will tell how well the Guideline is implemented in England and Wales (NICE guidance does not cover Scotland and only Northern Ireland at times). There will be costs involved in implementation which are quantifiable, but that there should also be savings from more rational use of investigations and decreased length of hospital stays. Another potential cost benefit is the more rational management of patients passing through the system. In essence it is thought likely that implementing the Guideline will be cost neutral.

Jo's friends can play a part in promoting implementation and monitoring the impact of the Guideline. For example: in August we organised a meeting to bring together the National Cancer Intelligence Network with representatives of the Guideline Group to examine data collection of CUP through hospital episodes statistics and cancer registries. In mid October the Director is due to present the Guideline, with two medical colleagues, to The Network Development Programme (NDP) - a national event attended by representatives from all the Cancer Networks.

Undertaking or supporting CUP research

Patient Experience Research – a delay. As reported previously, *Jo's friends* joined with Southampton University and palliative care experts to undertake research into understanding CUP patients, family members and medical staffs' perceptions of treatment. Funding has been forthcoming from *Dimbleby Cancer Care*. The Director of *Jo's friends* is a member of the project group directing the research. The detailed research proposal was rejected by the NHS ethics committee but approved by the University ethics committee. A lengthy appeal was launched in 2010 and the initial NHS ethics committee's finding has been over-turned. Some adjustments to the research plan have been required and it is unlikely that the project will be able to start recruiting patients until late 2010 or early 2011.

CUP-One trial. As reported last year, *Jo's friends* is a Stakeholder in a 3 year multi-centre, Phase II trial (CUP-One) testing diagnostics and treatment of patients in a project funded by Cancer

Research UK. Overall, this study should allow a more logical framework to be derived, both clinically and biologically, as to how highly metastatic cancers may be efficiently and economically investigated and managed in the future.

Trial centres opened in the Summer of 2010 in: Hammersmith, Glasgow, Aberdeen, Manchester, Doncaster, Sheffield, Slough, Peterborough, Poole and Kent. The study is in two parts: the aim of the first (*translational*) part is to prospectively validate new tools in diagnosis (including molecular profiling, metabonomics of blood and urine for response and toxicity prediction and a proposed immunohistochemistry classifier). The hope is that, in the future, scientists can find a diagnostic indicator of the primary site simply, rather than trying a whole barrage of investigations.

Patients in whom a primary site is not identified can then be entered into the second (*clinical*) part of the trial. This part aims to establish the efficacy of the ECX chemo regimen (ECX stands for the drugs: Epirubicin, Cisplatin and Capecitabine) with and without Vandetanib (an inhibitor of different intracellular signalling pathways involved in tumour growth, progression, and angiogenesis). The treatment will last initially for 3 months and there will be subsequent monitoring. The trial may help in the future with selecting the best chemotherapy for patients with CUP.

More details of all our activities are shown on the website www.cupfoundjo.org.

FINANCIAL STATEMENTS AND PERFORMANCE

Statement of Principles and Financial Management Policies Adopted

It is the policy of the charity to maintain effective financial management systems and programmes, to improve continually financial operations and systems and to identify more efficient methods of operations regarding accounting and financial reporting.

The Financial Statements comply with the requirements of the Statement of Recommended Practice, Accounting and reporting for charities issued by the Charities Commission and are prepared on a *receipts and payments* basis.

Financial and Risk Management

The trustees maintain effective financial management to ensure successful implementation of activities and assure appropriate expenditure for projects in line with the organisation's objectives. The Trustees keep under review the finances of the charity, including cash flow and reserves, at the quarterly trustees meeting and monitor the activities of the charity in relation to the charitable objects. As the Charity establishes its reputation the trustees are minded to take all steps to ensure that the reputation is protected through appropriate activities whilst recognising that some risk is necessary to achieve its mission. The charity has a risk management matrix which is reviewed annually by the trustees; or more often, if circumstances change.

Fundraising and Fundraising Objectives

Jo's friends aim to secure the funding it needs to achieve its objectives through a core group of Supporters who raise funds and awareness. Funds and awareness are raised through a *Jo's friends* Christmas card. Advertisements are placed in appropriate magazines e.g. the Law Society Gazette.

Principal Sources of Funds

It is the Trustees policy to access a range of sources of short and long term funding without becoming over-reliant on any individual donor. *Jo's friends* seeks to engage supporters in our work and maintain, through an electronic newsletter, a transparent reporting and communications system to ensure that donors are well informed of the successes and challenges being faced in the charity which they are supporting. The Trustees have sought to move occasional donors to commit to Standing Orders but with little success in the present financial climate. *Jo's friends* is particularly grateful to *Pan Macmillan* who appointed *Jo's friends* as their Charity of the Year for the second year in a row. This has brought in much appreciated funds through book sales and office cake days undertaken by the employees.

Reserves and Investments Policy

For the year ended 1 October 2010 *Jo's friends* has £68,000.00 in its reserve account. All reserves are unrestricted. In considering the reserves policy, the Trustees have identified the need to accumulate cash reserves to allow operational flexibility and any potential downturn in donor funds. Cash flow and Reserves are monitored at each quarterly Trustees meeting.

How Expenditure has supported the Charity's Key Objectives

We had made provision for the conference costing £32,000 which required seed corn funding. The budgeted figure reflected particularly the costs of the venue and of international speakers travel and their hotel bills. In the event, 3 of the international speakers/ panellists we had targeted were unable to attend. The final cost of the conference was some £18,000 and after incorporating income from fees and sponsorship we were left with a net contribution of £1,713.06. We have been fortunate that significant design work for the event was undertaken pro bono by *Malcolm Glenn Marketing*.

Admin costs. The Trustees take the view that sound administration is a vital foundation of an effective organisation. Whilst administrative expenses will always be kept as low as possible, this should not be to the detriment of achieving the Charity's objectives. There have been costs for some communications and travel by the Director. (Travel by the Director for NHS work – NICE and the NCRI - is met by the NHS). However, it should be noted that the overall administrative costs are artificially low as the charity is run from the volunteer Director's house and no charge is made presently for rent, heat, light, car travel etc.

Future Plans

Jo's friends future plans will be guided by a mixture of opportunism and planned activities. Opportunism, in the sense of opportunities that can raise the profile of CUP, is necessary to respond to circumstances outside the charity's control in relation to cancer and CUP. *Jo's friends* will seek also to influence through planned activities where it is possible. The Trustees have

referred to the guidance contained in the Charity Commission's general guidance on public benefit when considering future plans.

Financial Adviser

A resolution proposing the re-appointment of Roger Newnham FCA as the Independent Examiner to the Charity was approved by the Trustees at their meeting on 10 August 2010.

Approved by the Trustees at their meeting on 22 November 2010 and signed on their behalf by:

Barry Hamilton
Chairman

John Symons
Director

CANCER OF UNKNOWN PRIMARY (CUP) FOUNDATION - JO'S FRIENDS
Receipts & Payments Account for the year ended 1st October 2010

INCOMING RESOURCES	2010	2009
Voluntary income	40,298.53	6,773.79
Activities for generating funds	2,804.44	23,859.76
Investment income	204.23	964.48
	<u>£43,307.20</u>	<u>£31,598.03</u>
 RESOURCES EXPENDED		
Costs of generating voluntary income	1,763.68	1,807.90
Cost of charitable activities	1,465.26	9,697.80
Conference costs	8,438.79	0
Governance costs	117.04	338.40
Postage & stationery	1,011.50	411.78
	<u>£12,796.27</u>	<u>£12,255.88</u>
Net receipts	30,510.93	19,342.15
Bank & cash balances at 2nd October 2009	50,647.13	31,304.98
Bank & cash balances at 1st October 2010	<u>£81,158.06</u>	<u>£50,647.13</u>

Statement of assets and liabilities at 1st October 2010

Monetary Assets

Bank balance	13,158.06	19,647.13
COIF Charities Deposit Fund	68,000.00	31,000.00
	<u>£81,158.06</u>	<u>£50,647.13</u>

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF CANCER OF UNKNOWN PRIMARY (CUP) FOUNDATION – JO'S FRIENDS

I report on the Receipts and Payments Account and the Statement of Assets and Liabilities of the Trust for the year ended 1st October 2010.

Respective responsibilities of the trustees and the examiner

The Charity's trustees consider that an audit is not required for this year (under section 43(2) of the Charities Act 1993 (the Act), as amended by s.28 of the Charities Act 2006) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts (under section 43 of the Act, as amended),
- to follow the procedures laid down in the General Directions given by the Charity Commission (under section 43(7)(b) of the Act, as amended), and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the accounts.

Independent examiner's statement

In the course of my examination, no matter has come to my attention which gives me reasonable cause to believe that in, any material respect, the trustees have not met the requirements to ensure that:

proper accounting records are kept (in accordance with section 41 of the Act); and accounts are prepared which agree with the accounting records and comply with the accounting requirements of the Act; or to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

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