



ANNUAL
REPORT
2021



UK Trustees

Lola Manterola

Chair and Co-Founder

Diego Megía

Vice President and
Co-Founder

Marta Brime

Secretary and
Compliance

Alvaro Portanet

Chris Ciauri

Eleonor Creaturo

Fernando Delgado

Josefa Díaz Mercado

Nicola Amoroso

Nuria Marti

Snigdha Singh

UK Team

Ana de Paz

Ana Guilarte

Eleonor Creaturo

Kalie Murray

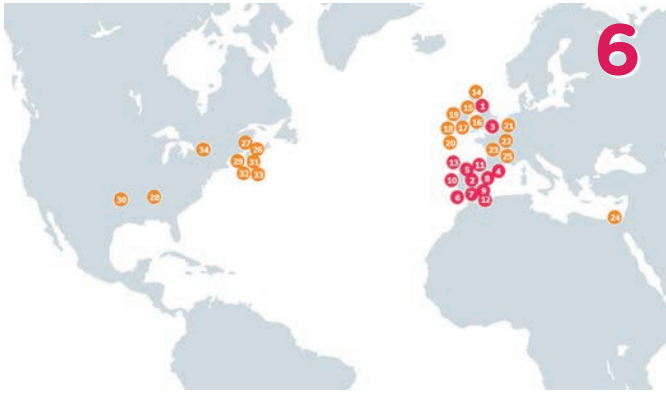
Lola Manterola

María Díaz

Marta Brime

Mencia Roca De Togores

Rohini Tiwari



- 4 About CRIS
- 5 Letter to stakeholders
- 6 CRIS international
- 8 Our impact
- 10 Highlights
- 12 CRIS adult projects
- 15 CRIS childhood and youth projects
- 18 CRIS research units adult cancer
- 20 Clinical studies



- 22 Meet a CRIS researcher
- 23 Scientific research committee
- 24 CRIS programmes
- 26 Events
- 28 CRIS GEMs
- 29 Testimonies
- 30 Our future plans
- 31 Our financials
- 32 Hear from the CRIS Team
- 34 Corporate collaborations

The CRIS Cancer Foundation is an independent, non-profit organisation, founded in 2011. Its sole aim is to beat cancer by financing research projects that can offer innovative treatments to patients who do not respond to conventional treatment. Our projects enable pioneering new cancer treatments that will ultimately increase survival rates and improve patients' quality of life.

What we do

Life is fragile, and the fight against cancer is a global task. Cancer is one of the world's leading causes of death. Yet, many more lives could be saved if scientists had the resources needed to pioneer new treatments. CRIS Cancer Foundation gives scientists in the UK, Spain, and France both support and funding to accelerate the development of cancer treatments for adults and children.

Over the past 10 years, we've given £24 million in grants and fellowships to research bodies, such as The Institute of Cancer Research, so they can carry out vital research into cancer treatments. We've pledged to invest another £51 million over the next five years to save more lives.

Our cancer facilities in public hospitals and other centres around the world are giving more patients the chance to access new treatments. Coordinated teams of doctors, researchers, nurses and immunologists work together in CRIS units to treat cancers such as paediatric brain tumours, ovarian cancer and prostate cancer.

We're determined that one day every type of cancer will have a treatment. By funding and supporting cancer research, we are already helping to save lives. We aim to save many more.



Our values

- We are passionate and ambitious about making our vision a reality.
- We make long-term commitments to scientists so they can carry out innovative research into cancer treatments.
- We promote excellence in cancer research.
- We collaborate internationally with institutions, research scientists, clinicians, people with a cancer diagnosis, volunteers and donors.
- We inspire everybody to take action. We can all play a role regardless of our background, experience or situation.

Uniting our forces, the CRIS community is helping to save lives

For 10 years, the CRIS Community, uniting our forces, has invested in exceptional researchers and innovative techniques for treating adult and childhood cancers. We're scoring significant wins. Thanks to your support, our researchers, doctors, care teams, hospitals, and patients are effectively fighting cancers that were previously incurable. At the same time, patients who do not respond to conventional treatments are benefitting from innovative, personalized, and less toxic treatments. In 2021, your support enabled us to increase our investment in critical research by 20%.

Investing in research is investing in life.

The data is compelling. Today, we're supporting researchers conducting 418 clinical trials across 81 lines of research. Our footprint encompasses presence in 42 institutions around the world. CRIS-sponsored research has resulted in 739 scientific publications. Even better, more than 40 new treatments have been developed.

In 2021, we were able to take several huge leaps forward. CRIS UK founded the Centre for Translational Immunotherapy in London, which brings together cutting-edge immunotherapy research teams to multiply the efficacy of immune system and cancer research. Collaboration between world-leading researchers will accelerate the development of new treatments and cures.

CRIS-funded research at the Institute Gustave Roussy in Paris is focused on diffuse intrinsic pontine glioma (DIPG)—one of the most aggressive childhood brain cancers. Another team at The Institute of Cancer Research completed the largest and most comprehensive study of infant gliomas that start in the brain or spinal cord. These are just a few examples of the advances made last year.

Speed matters.

Cancer patients are in a race against time. This is why CRIS Cancer Units are so critical. These centres unify multidisciplinary teams to conduct clinical and laboratory research with patient treatment in a single institution. As a result, collaborative research results are being translated into promising treatments much faster.

Research is the reason I'm alive today. I participated in a clinical trial for multiple myeloma treatment, which saved my life. As you read the pages that follow, remember that these hard-won gains are only possible because of support from people like you. Your care and concern is what gives patients another chance at life. Thank you for caring. Together we'll win.

Lola Manterola,

Chair and Co-Founder, CRIS Cancer Foundation



“Together we are beating cancer. We won't stop until every single patient is cured.”

Our strong international ties

CRIS' commitment to cancer research is global. Since our inception, we have built an extensive network of international cooperative alliances with cutting-edge research centers and researchers to combat cancer. The addition of new international projects and cooperative alliances has extended our research and sustained significant growth.

As a dynamic charity, we are not restricted by geography when selecting projects to fund. We identify and support excellence globally, as we believe sharing expertise and knowledge will help people to live longer. Cancer affects us all, regardless of age, socioeconomic status, gender, nationality or geography. The disease is one of the leading causes of death in the world, with one in six people dying of cancer. Yet many of these deaths can be prevented. This is why we are looking for talent worldwide to help this cause.

CRIS Cancer has headquarters in the UK, Spain and France; additionally it makes research grants and promotes collaborations with foundations and research institutes and hospitals in the United States. We encourage researchers to collaborate with peers internationally, sharing their knowledge and expertise.

■ CRIS projects

■ CRIS research grants



In the centre, Lola Manterola, with the Institute Gustave Roussy team, led by Dr Jacques Grill (right).

CRIS around the world

- 1- The Institute of Cancer Research and Royal Marsden, London
- 2- Madrid: Hospital 12 de Octubre, CNIO, Hospital de la Princesa, Hospital Clínico San Carlos, MD Anderson, Hospital Universitario de la Paz, Hospital Niño Jesús
- 3- Gustave Roussy Cancer Campus, Paris
- 4- Barcelona: IRB, VHIO, Hospital Clínic, IMIM, Hospital Sant Joan de Deu
- 5- CIC bioGUNE, Bilbao
- 6- Instituto de Biología Molecular (IBIMA), Málaga
- 7- Instituto de Biomedicina (IBIS), Sevilla
- 8- INCLIVA, Valencia
- 9- Hospital Universitario CHUA, Albacete
- 10- Centro de Investigación del Cáncer (CIC), Salamanca
- 11- Clínica Universitaria Navarra
- 12- Instituto de Neurociencias CSIC-UMH, Murcia
- 13- IDIS Santiago de Compostela
- 14- The Institute of Cancer Research, London
- 15- Royal Marsden NHS Foundation Trust
- 16- University Hospital, Southampton
- 17- The Beatson Cancer Center, Glasgow
- 18- University College, London IDIS, UK (PCF)
- 19- The Gurdon Institute, University of Cambridge, UK (Damon Runyon)
- 20- Newcastle University, Newcastle (PCF)
- 21- Centre Méditerranéen de médecine moléculaire, Nice
- 22- Institute Gustave Roussy, Paris
- 23- Centre Hospitalier, Lyon
- 24- Weizmann Institute of Science (Damon Runyon)
- 25- University of Geneva (Damon Runyon)
- 26- Massachusetts General Hospital Cancer Center
- 27- Dana-Farber Cancer Institute, Boston
- 28- Vanderbilt Ingram Cancer Center, Nashville
- 29- Mount Sinai School of Medicine, Nueva York
- 30- UT Southwestern Medical Center, Dallas
- 31- Weill Cornell Medicine, New York
- 32- Columbia University, New York
- 33- Mayo Clinic, Rochester
- 34- Princess Margaret Cancer Center, Toronto

In 2021, we funded:

- 30 grants and fellowships
- 22 research projects in Europe
- 14 grants in cancer research centres in the United States
- 5 co-funding grants with US charities (Damon Runyon and the Prostate Cancer Foundation)



1 in 5
people worldwide
will develop cancer
during their
lifetime

Source: World
Health Organization



in 2020
19.3 million
people worldwide
were diagnosed
with cancer

x2

by 2040
the number of people
diagnosed with cancer
worldwide is set to
double



1 in 2
people in the UK
will develop cancer

Source: Cancer
Research UK

Our impact

CRIS Cancer Foundation’s investment continued to grow in 2020-2021. Investment in lines of research increased 21% in 2021 compared to 2020.

LINES OF RESEARCH (£)	2020	2021
Colon cancer	210,000	250,000
Breast cancer	42,000	126,000
Ovarian cancer	58,000	67,000
Pancreatic cancer	418,000	502,000
Prostate cancer	310,000	312,000
Childhood and teenage cancers	1,335,000	1,289,000
Blood cancers	37,000	418,000
Lung cancer	138,000	138,000
Researcher training grants and return	337,000	164,000
Promotion of clinical trials	757,000	1,068,000
Radiology and immunotherapy	67,000	123,000
Cell therapies on blood cancers	297,000	577,000
Solid tumours	209,000	209,000
Immuno-oncology	430,000	576,000
Prevention and outreach science	74,000	85,000
COVID and cancer projects	113,000	33,000
Scientific advice and audit	112,000	126,000
TOTAL	4,944,000	6,063,000
Growth		↑ 21%
TOTAL CUMULATIVE INVESTMENT (£)	24,293,000	

CRIS Cancer, committed to excellence in research.

For years, CRIS Cancer has financed leading projects at the CNIO (National Center for Oncological Research), where it has already allocated £4.4 million to lines of research, on breast, prostate, hematologic, pancreatic and childhood cancers.

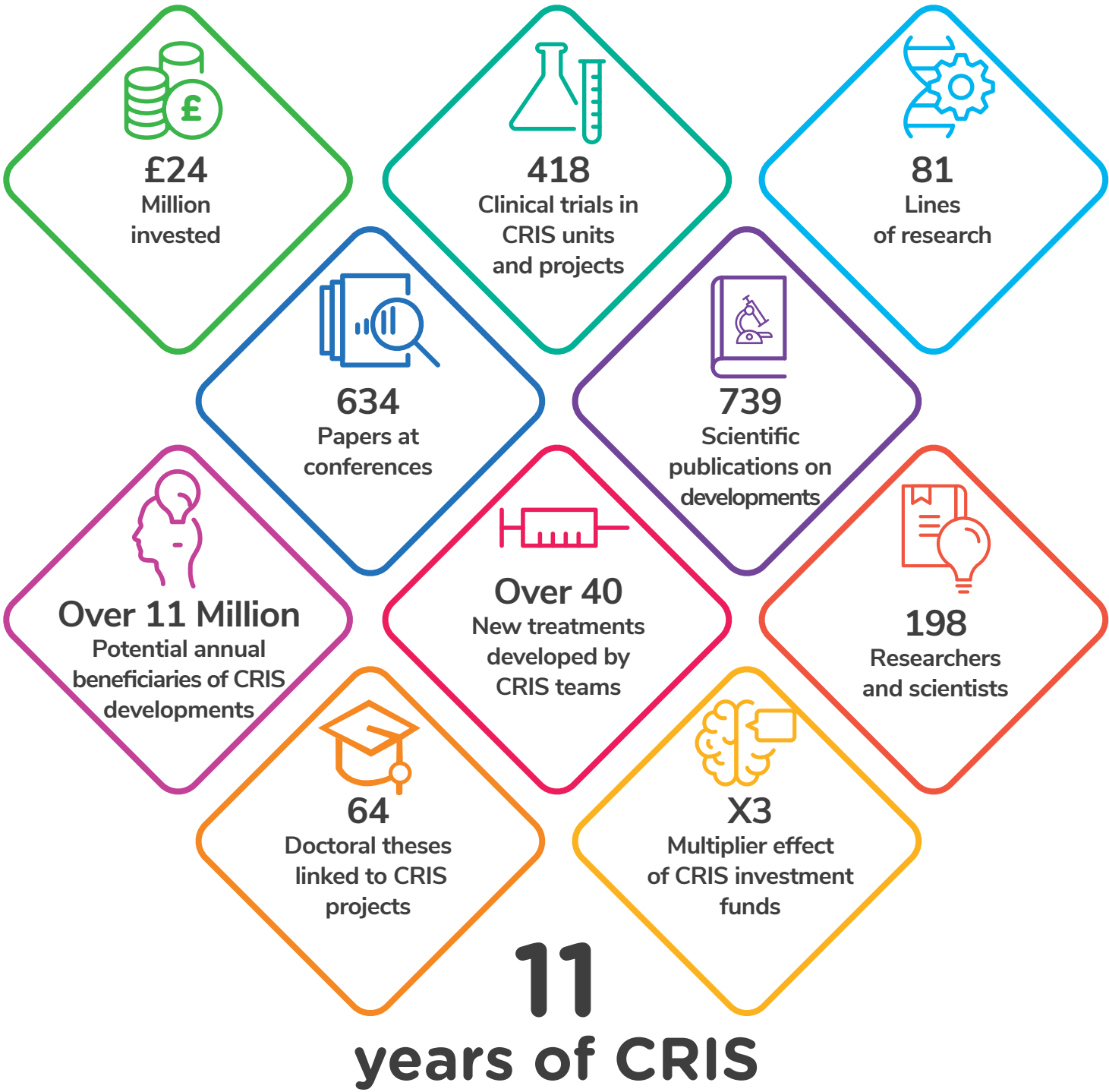


We have allocated **£4,4 millions** to finance CNIO projects.



María Casanova, winner of the CRIS Research Programme on metastasis in breast cancer.

CRIS Cancer Foundation's impact on research



2021 Highlights

Although the pandemic affected funding for scientific research, we increased support for cancer research during 2021. We were able to assist more research projects and new initiatives, as well as expand globally. Here are some of our proudest milestones and achievements.

1 Immunotherapy Project on Head and Neck Cancer. Head and neck cancer is common, with 550,000 cases annually worldwide and a high mortality rate. The CRIS immunotherapy project on head and neck cancer is now underway at The Institute of Cancer Research and The Royal Marsden Hospital. The project is led by two teams with vast experience in therapies for head and neck cancer: the Targeted Therapy Team, led by Professor Kevin Harrington and the Translational Immunotherapy Team, led by Professor Alan Melcher.



2 A new biology unit. We opened the CRIS Cancer Foundation Biology Unit in the Institute for Cancer Research Centre for Drug Discovery (inaugurated in 2021 by Princess Anne) in London. This has brought scientists together to create new treatments and therapeutic approaches.

3 Diffuse Intrinsic Pontine Glioma Project. Diffuse intrinsic pontine glioma (DIPG) is one of the most aggressive childhood brain cancers. It affects essential bodily functions and tends to metastasize rapidly. Young patients from ages 4-11 have a life expectancy of about one year. CRIS is determined to help scientists give a chance to these children. This is why we support Professor Chris Jones in ICR and Dr Jacques Grill in Gustave Roussy. Dr Grill's project seeks to identify tumour cell abnormalities and make it possible to predict which children are likely to develop metastases in order to treat them preventively. If the results of early models are affirmative, effective new treatments for slowing metastasis could be formulated.

4 Researching childhood cancers. We supported a team at The Institute of Cancer Research, London led by Professor Chris Jones, to publish a paper on improved treatments for babies with brain tumours. This is the largest and most comprehensive study of infant gliomas, a tumour that starts in the brain or spinal cord. We also continued to support projects focused on childhood leukaemia, Ewing's Sarcoma and

medulloblastoma, cancers common among young children. They were carried out in Madrid, London and Paris. The Hospital de la Paz in Madrid also continued to develop new, personalized treatments for children without treatment options.



5 Completion of the New Experimental Therapies Unit at the San Carlos Clinical Hospital. This pioneering unit generates state-of-the-art treatments for patients with all types of solid tumours and has its own clinical trials unit, so that the passage from the laboratory to the patient is as fast as possible.

6 More projects to fight breast cancer. To study the different forms and stages of breast cancer in a more global way, we have expanded our breast cancer projects to five. The results will make it possible to combat resistance to current

treatments and develop effective therapies for complex forms, such as triple-negative tumours.

7 Researchers International collaboration childhood cancer project. CRIS Cancer Foundation has launched new international initiatives against the most complex childhood cancers with the support of Fight Kids Cancer association. Dr Antonio Pérez Martínez (Director of the CRIS Advanced Therapies for Childhood Cancer Unit) will collaborate with teams from Norway, Spain and France. The projects aim is to establish a treatment that combines the most advanced cell therapies with nanotechnology. We will also continue funding our international childhood brain cancer projects that have shown valuable and promising results.



8 Treatments for aggressive tumours. We funded several projects that are developing treatments to tackle aggressive forms of cancer. One project, led by Dr Mariano Barbacid, has eliminated two key proteins in tumour development to reduce pancreatic tumours.



9 Successful CRIS COVID-Cancer fund results. Following a year of research, projects financed by CRIS COVID-Cancer Research fund have gathered valuable clinical data for understanding how and why some patients are more at risk of contracting COVID-19. The data has been published in international scientific journals, and a trial—now in Phase II—is underway by Dr Antonio Pérez Martínez's team to successfully treat COVID-19 patients with a cell therapy used on childhood cancer patients.



10 Training Researchers, awarding Fellowships. In 2021, we also awarded new grants for outstanding young researchers. We have added two Excellence Programmes (in breast and prostate cancer) and four Clinical Talent Programmes (in lymphoma, colon, cachexia and prostate cancers). We also co-funded with the Damon Runyon Cancer Research

Foundation a grant for a researcher to go to Weizmann Institute of Science in Israel.

11 CRIS International Scientific Committee. Since we have a global reach, we are thrilled to have such an international and recognized prestigious Scientific Committee, made up of eminent cancer specialists in research and clinical practice. This enables the CRIS Cancer Foundation to select and fund the appropriate research projects. The committee members assess, review and evaluate the many fellowship applications we receive each year, guaranteeing excellence of the scientific researchers we fund.

12 CRIS Units change and improve clinical practice. Many of the projects of the CRIS Units are having an impact on the management of patients. The most recent example is a study in which the CRIS Unit for Translational Research and Clinical Trials in Haematology has participated, led by Dr Joaquín Martínez at Hospital 12 de Octubre, which will play a very important role in the approval of CAR-T therapies to treat follicular lymphoma, a type of tumour that currently does not have adequate therapies. Another outstanding example is reflected in the different prostate cancer researchers supported by CRIS, whose contributions were essential for the approval of treatments for aggressive prostate cancer that, today, are saving many lives.

An overview of our research

We finance numerous projects that focus on fighting cancer in children, adolescents and adults.

CRIS adult projects

Immunotherapy on Thoracic Tumours

Principal researcher: Dr Astero Klampatsa
Centre: The Institute of Cancer Research, London

Chordoma Cancer

Principal researcher: Professor Paul Workman
Centre: The Institute of Cancer Research, London

Pancreatic Cancer

Principal researcher: Dr Mariano Barbacid
Centre: Spanish National Cancer Research Center (CNIO), Madrid

Imaging in Immunotherapy

Principal researcher: Dr Raquel Pérez
Centre: Vall d'Hebron Institute of Oncology (VHIO), Barcelona
Investment: CRIS Clinical Talent Programme 2019
*£67,000/year, £335,000 total

CRIS Unit for New Experimental Therapies

Principal researcher: Dr Alberto Ocaña and Dr Pedro Pérez Segura
Centre: Hospital Clínico San Carlos, Madrid

Immunotherapy on Melanoma

Principal researcher: Dr Rebeca González
Centre: Centre Méditerranéen de Médecine Moléculaire, France/CSIC-UMH Neurosciences Institute, Murcia
Investment: CRIS Out-Back 2021 Programme
*£58,500/year, £234,000 total

Bladder Cancer

Principal researcher: Dr Enrique Grande
Centre: MD Anderson, Madrid



Professor Alan Melcher PhD MRCP FRCR, Professor in Translational Immunotherapy at the ICR Centre for Translational Immunotherapy, London

HEAD AND NECK CANCER:

Head and Neck Cancer

Principal researcher: Professor Kevin Harrington
Centre: The Institute of Cancer Research, London

Metastasis and Cachexia

Principal researcher: Dr Blanca Majem
Centre: Institute for Research in Biomedicine, Barcelona
Investment: CRIS Post-Doc Talent Programme 2021
*£67,000/year, £335,000 total

BLOOD CANCERS:

Resistance to Treatments for Multiple Myeloma

Principal researcher: Dr Charlotte Pawlyn
Centre: The Institute of Cancer Research, London

CRIS Unit for Translational Research and Clinical Trials in Haematology

Principal researcher: Dr Joaquín Martínez
Centre: Hospital 12 de Octubre, Madrid

Immuno-Oncology CRIS Unit

Principal researchers: Dr Luis Paz Ares and Dr Luis Álvarez Vallina
Centre: Hospital 12 de Octubre, Madrid

Acute Myeloid Leukaemia (AML)

Principal researcher: Dr Alejo Rodríguez Fraticelli
Centre: Institute for Research in Biomedicine, Barcelona
Investment: CRIS Excellence Programme 2020
*£210,000/year, £1,050,000 total

Multiple Myeloma

Principal researcher: Dr Bruno Paiva
Centre: Clínica Universidad de Navarra
Investment: CRIS Excellence Programme 2020
*£210,000/year, £1,050,000 total

Follicular Lymphoma

Principal researcher: Dr Ana Jiménez Ubieto
Centre: Hospital 12 de Octubre, Madrid
Investment: CRIS Clinical Talent Programme 2021
*£67,000/year, £335,000 total

CAR-T Therapy in Blood Cancers

Principal researcher: Dr Joaquín Martínez
Centre: Hospital 12 de Octubre, Madrid

PROSTATE CANCER:

Prostate Cancer CRIS Unit

Principal researcher: Dr Elena Castro
Centre: Institute of Biomedical Research, Málaga

Prostate Cancer

Principal researcher: Dr David Olmos
Centre: Spanish National Cancer Research Center (CNIO), Madrid
Investment: CRIS Excellence Programme 2019
*£210,000/year, £1,050,000 total

Prostate Cancer Metastasis

Principal researcher: Dr Isabel Mendizábal
Centre: Centre for Cooperative Research in Biosciences (CIC bioGUNE), Bilbao
Investment: CRIS Post-Doc Programme 2020
£67,000/year, £335,000 total

Prostate Cancer Progression

Principal researcher: Dr Joaquín Mateo
Centre: Vall d'Hebron Institute of Oncology (VHIO), Barcelona
Investment: CRIS Clinical Talent Programme 2020
*£67,000/year, £335,000 total

Prostate Cancer Immunotherapy

Principal researcher: Dr Nuria Romero
Centre: Hospital de la Princesa, Madrid
Investment: CRIS Clinical Talent Programme 2021
*£80,000/year, £337,500 total

Prostate Cancer Resistance

Principal researcher: Dr Arkaitz Carracedo
Centre: Centre for Cooperative Research in Biosciences (CIC bioGUNE), Bilbao
Investment: CRIS Excellence Programme 2021
*£210,000/year, £1,050,000 total



Researcher,
Dr Isabel
Mirones

* The projects showing figures belong to our CRIS Programmes (page 24) which run for five years



Dr Joaquín Martínez (centre)

BREAST CANCER:

Breast Cancer

Principal researcher: Dr Atanasio Pandiella and Dr Alberto Ocaña

Centre: Salamanca Cancer Research Center, CHUA Albacete

CRIS Unit for New Experimental Therapies

Principal researcher: Dr Alberto Ocaña and Dr Pedro Pérez Segura

Centre: Hospital Clínico San Carlos, Madrid

Breast Cancer Metastasis

Principal researcher: Dr María Casanova
Centre: Spanish National Cancer Research Center (CNIO), Madrid

Investment: CRIS Post-Doc Programme 2020
*£67,000/year, £335,000 total

Breast Cancer Clinical Unit

Principal researcher: Dr Miguel Quintela
Centre: Spanish National Cancer Research Center (CNIO), Madrid

Hormone-Positive Breast Cancer

Principal researcher: Dr Aleix Prat
Centre: Hospital Clínic, Barcelona
Investment: CRIS Excellence Programme 2021
*£210,000/year, £1,050,000 total

OVARIAN CANCER:

Ovarian Cancer

Principal researcher: Dr Atanasio Pandiella and Dr Alberto Ocaña

Centre: Salamanca Cancer Research Center, CHUA Albacete

CRIS Unit for New Experimental Therapies

Principal researcher: Dr Alberto Ocaña and Dr Pedro Pérez Segura

Centre: Hospital Clínico San Carlos, Madrid

CAR-T on Ovarian Cancer

Principal researcher: Dr Diego Salas
Centre: Massachusetts General Hospital Cancer Center / CUN Navarra

Investment: CRIS Out-Back Programme 2021
*£67,000/year, £335,000 total

COLORECTAL CANCER:

Colon Cancer

Principal researcher: Dr Clara Montagut
Centre: Institut Hospital del Mar d'Investigacions Mèdiques, Barcelona

Investment: CRIS Excellence Programme 2019
£210,000/year, £1,050,000 total

Metastatic Colon Cancer - PAU

Principal researcher: Dr Elena Élez
Centre: Vall d'Hebron Institute of Oncology (VHIO), Barcelona

Predisposition to Colon Cancer

Principal researcher: Dr Ceres Fernández
Centre: Health Research Institute of Santiago, Santiago de Compostela

Investment: CRIS Post-Doc Programme 2021
*£67,000/year, £335,000 total

LUNG CANCER:

Immuno-Oncology CRIS Unit

Principal researcher: Dr Luis Paz Ares and Dr Luis Álvarez Vallina

Centre: Hospital 12 de Octubre, Madrid

Radiotherapy in Lung Cancer

Principal researcher: Dr María Esperanza Rodríguez
Centre: Clínica Universidad de Navarra
Investment: CRIS Clinical Talent Programme 2020
*£67,000/year, £335,000 total



Dr Antonio Pérez Martínez with two of his patients, Mateo and Sofía, in the CRIS Advanced Therapies for Childhood Cancer Unit

CRIS childhood and youth Projects

BRAIN CANCER:

Brain Tumours, Diffuse Intrinsic Pontine Glioma (DIPG)

Principal researcher: Professor Chris Jones
Centre: The Institute of Cancer Research, London

Brain Tumours, Diffuse Intrinsic Pontine Glioma (DIPG)

Principal researcher: Dr Jacques Grill
Centre: Institute Gustave Roussy, France

Brain Tumours, Medulloblastoma

Principal researcher: Dr Álvaro Lassaletta
Centre: Hospital Universitario Niño Jesús, Madrid

CRIS Advanced Therapies for Childhood Cancer Unit (Several Brain Tumour Projects)

Principal researcher: Dr Antonio Pérez Martínez
Centre: Hospital Universitario de la Paz, Madrid

BLOOD CANCER:

CRIS Advanced Therapies for Childhood Cancer Unit (several haematology projects)

Principal researcher: Dr Antonio Pérez Martínez.
Centre: Hospital Universitario de la Paz, Madrid.

Mixed-Lineage Leukaemia (MLL)

Principal researcher: Dr Mireia Camós
Centre: Hospital Sant Joan de Deu, Barcelona

SARCOMAS AND GENERAL CANCER: Ewing Sarcoma

Principal researcher: Dr Enrique de Álava and Dr Rosa Noguera
Centre: Instituto do Biomedicina de Sevilla (IBiS) Sevilla/Instituto de Investigación Sanitaria (INCLIVA)

CRIS Advanced Therapies for Childhood Cancer Unit (the unit covers many other children's projects)

Principal researcher: Dr Antonio Pérez Martínez
Centre: Hospital Universitario de la Paz, Madrid

* The projects showing figures belong to our CRIS Programmes (page 24) which run for five years

CRIS childhood and youth projects

Globally, cancer is a leading cause of death for children and adolescents. An estimated 400,000 children ages 0-19 years old are diagnosed with cancer each year globally. Childhood cancers can be quite different from cancers affecting adults. That is why we need specific cancer research for children. Funding from non-profit organisations and private sources remains the primary source of research funding for childhood cancers. CRIS Cancer Foundation has funded childhood research since our founding, focusing not only on the most common types of childhood cancers (leukaemias, brain cancers, lymphomas and sarcomas) but also on the rare types. Of the children who survive childhood cancer, a high percentage live with serious side effects and even life-altering disabilities from current treatments. Not only do we seek cures, but we also fund projects to improve children's survival rates and reduce side effects.

CRIS Advanced Therapies for Childhood Cancer Unit

Principal researcher: Dr Antonio Pérez Martínez
Centre: University Hospital of La Paz, Madrid

This unit is an international reference in transplantation and cell therapies, enabling on-site research, the development of innovative therapies through clinical trials and a personalised and unique clinical approach for children without treatment alternatives.

It treats blood tumours, such as acute lymphoblastic leukaemia, acute myeloblastic leukaemia, mixed phenotype leukaemia, aplasia, primary immunodeficiencies or Hodgkin's lymphoma. The Unit also treats solid tumours including Ewing's sarcoma, osteosarcoma, medulloblastoma, neuroblastoma and gliomas. The Unit's expertise is in cellular therapies and immunotherapy, including CAR-T cells and various targeted therapies against characteristic mutations of individual tumours.

The unit has 10 rooms out of which four are state-of-the-art isolation rooms for haematopoietic progenitor transplants. The unit includes a clinical trials area, treatment preparation area, specialised laboratories and a work area for researchers, clinicians and clinical trial monitors.

The CRIS Advanced Therapies Unit's true strength lies in the coordinated work of professionals from multiple disciplines: Onco-haematology Paediatrician, Geneticist,

Bioinformatician, Molecular Genetics and Cell Therapy experts... etc. **They work together to accelerate the transformation of new scientific knowledge into innovative treatments for children who have no other therapeutic options. CRIS funds these people who are the true foundation of the unit.**

■
"Thanks to CRIS, we have a multidisciplinary team, and our objective is not only to cure our patients, but to give them a better quality of life."

Dr Antonio Pérez Martínez



Dr Antonio Pérez Martínez.

Brain cancer Glioma Team, UK

In his work, Professor Chris Jones of The Institute of Cancer Research in London (UK), looks for all kinds of molecular mutations (genetic and other modifications that occur in cells) in brain tumours to enable us to better differentiate each type of tumour, particularly some of its more aggressive variants, such as diffuse intrinsic pontine glioma (DIPG). This helps us to better understand the chain of events that occurs in a cell as a pathology develops. Through this, the patient's prognosis is improved and physicians are able to choose a more appropriate therapy.

This group's current lines of research include a study of the epigenetic changes of childhood brain tumours, a study of the evolution of childhood brain tumours, establishment of good laboratory models and an analysis of long-term survivors.

Over the past few years, the team has analysed DIPG samples. This has enabled the team to produce a vast catalogue of genetic changes that distinguish certain tumours from others and explains the behaviour of each. Determining the changes contained in the cells of each patient's tumours can save many lives.

Diffuse Intrinsic Pontine Glioma, France

Dr Jacques Grill is the leading researcher at Gustave Roussy Institute in Paris for the CRIS brain tumour project. Grill is focusing on diffuse intrinsic pontine glioma (DIPG). His project focuses on identifying mutations that trigger metastases and understanding how to prevent them.

DIPG is the most fatal form of childhood cancer, with a median survival rate of nine months from diagnosis. It is inoperable. The causes are unknown and currently there are no treatments or cure available. It presents most often in children ages 5-10 years.

Medulloblastoma brain tumours, Spain

Hospital Universitario Nino Jesus in Madrid is the site of a project focused on children's medulloblastoma tumours. Medulloblastomas are the most common high grade childhood brain tumours, accounting for 15-20% of all childhood brain tumours. They develop at the back of the brain in the cerebellum, grow quickly and spread to other areas of the brain and spinal cord. The project's objective is a clinical trial for evaluating treatment with oncolytic viruses to kill tumour cells in

paediatric, adolescent and young adult patients.

- 70% of cases occur in children under the age of 10; most common in children 3-8
- 55 children are diagnosed with medulloblastoma annually in the UK

DPIG affects 20 to 30 children in the UK annually with 0% survival rate

Mixed-Lineage Leukaemia (MLL), Spain

Leukaemia is a blood cancer that affects white blood cells in the blood and bone marrow. It is the most common cancer in children under 15 and is almost always acute. Mixed Lineage Leukaemia (MLL) is an aggressive form of leukaemia that mostly affects paediatric patients. A project at Sant Joan de Déu Hospital in Barcelona is developing new diagnostic, follow-up and treatment strategies for this type of leukaemia in babies, based on genetic analysis of the tumours.

- 650+ children and young adults are diagnosed with leukaemia in the UK annually
- MLL has a 40-50% survival rate

Ewing Sarcoma in Children, Spain

The Ewing family of tumours is a group of four different types of cancer, known collectively as EFT. Ewing sarcoma of the bone is the most common of these, affecting the legs, pelvis, arms and ribs. It usually occurs in the teenage years and is more common in boys. The cause of Ewing sarcoma is unknown. An individual's prognosis depends on the tumour size, site, metastasis and response to treatment. A study based at Virgen del Rocío Hospital in Seville and University of Valencia is identifying characteristics of the elements surrounding tumour cells to find new targets to combat metastasis.

- 30 children in the UK develop Ewing sarcoma each year
- 66% five-year survival rate



From left to right, doctors Luis Paz-Ares, Joaquín Martínez and Luis Álvarez Vallina.

CRIS Cancer units adult cancer

CRIS Cancer units are multidisciplinary teams composed of researchers, bioinformatics specialists, nurses, clinical trial technicians and doctors that combine clinical and laboratory research with patients' treatments in the same institution. By unifying team members with broad expertise, research results can be translated into promising treatments much faster.

CRIS Unit for Translational Research and Clinical Trials in Haematology

Based at Hospital 12 de Octubre de Madrid, this unit specialises in leukaemia, lymphoma and myeloma cancers. It combines clinical and laboratory research to accelerate scientific advances and their clinical applications for patients without other treatment

Today, we have four CRIS Units for adults and one CRIS Unit for childhood cancers in hospitals and research centres.

options. This unit has pioneered the use of cell therapies in blood tumours, enabling clinical trials and collaborating in the development of 15 drugs. In each of the CRIS units there are several research projects and clinical trials. There are hundreds of patients that do not respond to conventional treatments and are being treated in these units.

More than 40,000 annual cases of haematological tumours (blood cancer) are detected in the UK each year. They can be controlled, but relapses are frequent and unpredictable, lowering five-year survival rates to approximately 70%.

- Fifth most common cancer in the UK
- Third leading cancer killer in the UK with 15,000 deaths per year

Prostate Cancer CRIS Unit

The Institute of Biomedical Research in Malaga and Spanish National Cancer Research Centre in Madrid have teamed up to develop new methods for diagnosing and treating prostate cancer in its most aggressive forms. The unit uses advanced research techniques to study tumour genetics and identify promising new advances in treatment.

- Prostate cancer is the most diagnosed cancer in the UK: 47,500 men in the UK are diagnosed annually—129 men per day
- 78% of men diagnosed with prostate cancer survive for 10 or more years

Immuno-Oncology CRIS Unit

Immunotherapy is a gateway to hope for many advanced cancers lacking few effective therapies. These include advanced lung cancer, leukaemia, melanoma, bladder cancer, and breast cancer. This unit is a collaboration between Hospital Universitario 12 de Octubre de Madrid and the Spanish National Cancer Research Centre. Together, they develop therapies for solid and haematological tumours through the latest advances in immunotherapy and genetic engineering. The goal is to develop new immune therapies, understand and improve existing ones, and translate them into clinical trials.

CRIS Unit for New Experimental Therapies

Researchers at Hospital Clínico San Carlos in Madrid are using high-performance techniques to systematically study new drugs and tumour targets, identify new treatments, and combat resistance. Critical projects in this unit focus on breast and ovarian cancer.

The unit comprises three facilities, which have been set up to undertake the three most important phases in the development of new therapies, primarily:

- **Translational Oncology Laboratory:** Studies are carried out in this laboratory to identify new targets and therapeutic strategies.
- **New Compound Screening Laboratory:** Once new therapeutic strategies have been designed, the process of testing a large number of drugs or compounds is started. Using high-performance techniques, those with the greatest therapeutic value are identified and selected.
- **Phase 1 Unit:** Phase 1 clinical trials will be carried out at this unit in which the compounds developed at the previous facilities are evaluated in patients.



Hospital Clínico San Carlos New Experimental Therapies CRIS Unit Inauguration

We promote clinical trials with prestigious researchers

We support researchers who are developing new treatments for cancer that are tested in clinical trials. CRIS funding is awarded for clinical, observational, and translational studies.

CLINICAL STUDIES:

→ Breast cancer:

BR-007: This study focuses on hormone-positive breast cancer patients who become resistant to hormonal treatments. It assesses the safety of a treatment designed to tackle resistant tumour cells.

Principal investigators: Dr Miguel Quintela and Dr Ramón Colomer

BR-008: This clinical trial is testing an immunotherapy aimed at reactivating the cells of the immune system that are responsible for rejecting breast tumours.

Principal investigators: Dr Miguel Quintela and Dr Ramón Colomer

BR-009. This trial tests the safety of a therapy to treat the metabolism of tumour cells that develop resistance.

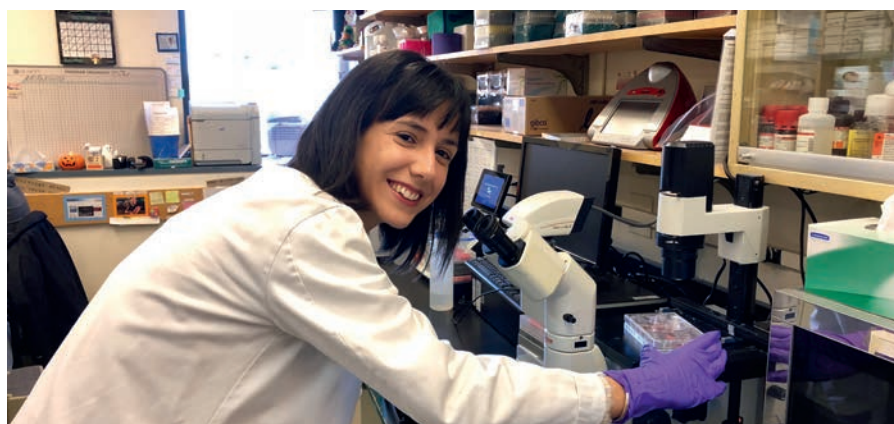
Principal investigator: Dr Miguel Quintela

Rogabreast: This study assesses the safety of a triple treatment for hormone-positive breast cancer.

Principal investigators: Dr Miguel Quintela, Dr Ramón Colomer and Dr Luis Manso

→ Bowel cancer:

Dermia: This is a study to control the side effects on the skin of a



Researcher Cristina Jiménez, University Hospital of Salamanca

drug used to treat bowel tumours.

Principal investigator: Dr Patricia Ramírez

→ Bladder cancer:

Dutreneo: The study evaluates whether the prospects of patients who have bladder cancer can be improved by applying immunotherapy before surgical therapy.

Principal investigator: Dr Enrique Grande

Nicaragua: This study evaluates the safety and efficacy of a new drug combination in patients with bladder cancer who do not respond to other therapies.

Principal investigators: Dr Albert Font and Dr Daniel Castellano

CCTG BL.13: Checks the effectiveness of using the immunotherapy drug durvalumab after initial treatments, including chemotherapy, surgery or radiotherapy, for invasive bladder cancer.

Principal investigator: Dr Ignacio Durán

→ Myeloid Leukemia:

ResToP: This trial studies the therapeutic value of a new treatment regimen for patients with chronic myeloid leukemia.

Principal investigators: Dr Joaquín Martínez, Dr Valentín García Gutiérrez and Dr Juan Carlos Hernández Boluda

→ Lymphoma:

MDA-BTG-2020-01

Voraxaze: This trial evaluates the effectiveness of a drug in decreasing the toxicity of methotrexate when used to treat lymphoma.

Principal investigator: Dr Adolfo de la Fuente

→ Prostate cancer:

(CPRCm)-BioChiP: This is a Phase II trial in which the efficacy of a drug, carboplatin, will be tested in various groups of patients with metastatic prostate cancer.

Principal investigator: Dr David Olmos

OBSERVATIONAL STUDIES:

→ Prostate cancer:

PROREPAIR SEQ: A study examining the relationship between some aggressive forms of prostate cancer and certain mutations that occur in genes related to DNA repair.

Principal investigators: Dr David Olmos and Dr Elena Castro

→ Immune thrombocytopenia:

FCR-PTI-2017-01: This is an observational study of cell morphology abnormalities in patients with immune thrombocytopenia that may have myelodysplastic syndrome.

Principal investigator: Dr Tomás González

REVOGEN: This treatment seeks to provide insight into the relationship between certain genetic variations and resistance to a treatment used for immune thrombocytopenia (eltrombopag).

Principal investigator: Dr Tomás González

→ Myeloid leukemia:

Midostaurin: This study analyzes the efficacy of the drug midostaurin in those patients with Acute Myeloid Leukemia (AML) who have a mutation in a specific gene, called FLT3.

Principal investigator: Dr Tomás González

→ TRANSACTIONAL STUDIES: Paediatric brain cancer

Eusapharma: This study looks at the development of a promising combination of next-generation cell therapies and antibodies to combat tumours of the central nervous system.

Principal investigator: Dr Antonio Pérez Martínez

Dr Enrique Grande

Director, MD Anderson Hospital Oncology and Bladder Cancer Researcher

Each year, 22,000 new cases of bladder cancer are diagnosed in the UK. The good news is that 70% can be removed by surgery and therapy, such as chemotherapy or radiation. Approximately 30% of the tumors are aggressive and invasive. Positive results of new immunotherapy drugs for a range of different cancers are opening a door to hope for bladder cancer patients. However, immunotherapy has not worked for all patients, and it is difficult to predict which patients will benefit.



Dr Enrique Grande and a group of doctors have proposed the Dutreneo study to refine the use of immunotherapy in patients with invasive bladder cancer. The study has been presented at conferences sponsored by relevant international organisations. Among the results obtained so far, treatment with Durvalumab and Tremelimumab has been found safe in patients with invasive bladder tumours that have been identified as "immunologically hot." Tumours identified as "immunologically cold" respond better to chemotherapy. Thanks to molecular analysis, we can identify which patients will benefit most from immunotherapy or conventional therapies. Although early, with investigation continuing, this study offers promise for the use of tumor molecular analysis.

Interview with Dr Astero Klampatsa

Dr Astero Klampatsa PhD is the Team Leader of the Thoracic Oncology Immunotherapy Group at The Institute of Cancer Research, London, UK and a Senior Honorary Lecturer in King's College London, UK. She earned a PhD in Research Oncology from Queen Mary's College, University of London.

Why do you have an interest in thoracic tumours?

Thoracic tumours are devastating diseases, with lung cancer being the leading cause of cancer death worldwide. Most thoracic tumours are caused by known carcinogens: tobacco for lung cancers and asbestos in the vast majority of mesotheliomas. Mesothelioma develops from five to 40 years after exposure to asbestos fibres. Its production and use were banned in the western world in the late 1950s, but it's still being mined and used in Asia, so exposure to asbestos is a grim reality for millions of people, many of whom will eventually develop mesothelioma.

Who are the people most affected by this tumour?

The risk for asbestos-related illnesses is highest for people who worked daily with the raw mineral or with products containing asbestos. Asbestos was used in thousands of commercial, industrial, and domestic products. Second-hand exposure also increased risk. Workers came home with asbestos fibres on their hair, work clothes, shoes, and tools, exposing their family members to the toxic substance. Construction tradesmen, firefighters, teachers in buildings with boiler rooms, hairdressers, car mechanics, and people living near large deposits or near former mines are exposed and at risk.

What does your work involve?

We are working to characterize multiple immune cells within mesothelioma tumours. This provides information about tumour dynamics, behaviour, and treatment resistance. We are also developing innovative CAR T-cell therapies for mesothelioma and lung cancer. These types of therapies have transformed blood cancer treatment and are now being tested for efficacy in treating solid tumours. CRIS is helping



us develop a CAR T-cell therapy that targets "scaffold" cells of mesothelioma to see if destroying the matrix on which the tumour grows will negatively affect the tumour.

What have you found so far?

Mesothelioma is very resistant to treatment. Prior research showed CAR T-cell therapies can be effective, but not curative, because of several pro-cancer cells and molecules within these tumours. We are currently developing advanced, engineered CAR T-cells that can overcome these challenges and eliminate tumours.

What do you hope this work will lead to?

Ultimately, a cure. We want to understand why mesotheliomas are so resistant to treatment. We also want to know why some patients respond to treatment and others don't.

Why has the support of the charity been so important?

CRIS support has been critical in setting up our new lab at The Institute of Cancer Research and enabling our immunotherapy research. It is essential to our programme.

Why should CRIS supporters get behind work like yours?

Thoracic tumours, like lung cancer and mesothelioma, are fatal diseases with poor prognosis and limited treatment options. Immunotherapy has opened up game-changing avenues in cancer treatment. New CAR-T cell therapies are needed to treat resistant solid tumours. I am hopeful that continued funding will allow us to successfully treat millions of thoracic cancer patients.

Why we fund scientific research

Our fellowship programmes

We promote the importance of cancer research in finding effective treatments and support scientists in carrying out their work. Knowledge of cancer is constantly evolving so keeping up to date is essential. That's why it's important to lay the foundations for solid research careers that offer stability and attract the best and brightest researchers.

Our fellowship programmes support researchers of the future by giving them training and mentoring opportunities, professional development, and knowledge of new trends and techniques. This helps them to remain at the cutting edge of research.

Our fellowship programme:

- Promotes cancer research projects carried out by outstanding physicians and researchers
- Makes sure researchers have the support they need to develop their independence and creativity
- Support professionals in carrying out pioneering research
- Allows researchers to transform their hospitals and research institutions into world-leading centres for cancer research
- Provides financial support and incentives to stabilise careers in cancer research



Our International Scientific Committee

We want to make sure only the most innovative, creative and promising research is funded. Our International Scientific Committee, made up of eminent cancer specialists, selects which research projects we fund. The committee members give up their time voluntarily to assess, review and judge the fellowship applications we receive each year. Evaluation by our committee guarantees that we are funding scientific researchers who excel in their field.

The international committee is made up of:



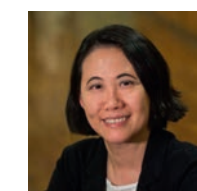
**Committee Chair
Prof Paul Workman**
The Institute of Cancer Research (UK)



Prof Kevin Harrington
The Institute of Cancer Research (UK)



Prof Veronika Sexl
University of Veterinary Medicine of Vienna (AT) and Vice-Chair



Prof Lillian Siu
Princess Margaret Cancer Centre (CA)



Prof Rajesh Chopra
Apple Tree Partners VC (UK)



Prof Paul S Mischel
Stanford University (US)



Prof Trey Westbrook
Baylor College of Medicine (US)



Prof Fabrice André
Gustave Roussy (FR)



Prof Joaquín Martínez
Hospital 12 Octubre (SP)

Lucía Fernández Casanova, CRIS scholarship researcher at St Jude Children's Research Hospital in Memphis, USA—a world-leading research hospital for childhood cancer.

A global benchmark for cancer research: CRIS Programmes of Excellence and Talent

Promoting the most innovative research projects, identifying research talent and supporting of the medical researchers are the engines that drive The CRIS Excellence, CRIS Clinical Talent and CRIS Post-Doc research programmes.

The only way to cure cancer is through scientific research. To advance research more quickly, CRIS Programmes emerged from careful analysis of the critical moments in a researcher's career and the needs of the various researcher profiles. In just three years, the CRIS Programmes have become global benchmarks for cancer research funding and supporting new scientific talent.

The CRIS Excellence, CRIS Clinical Talent and CRIS Post-Doc research programmes promote ground-breaking research projects, identify research talent, and support indispensable medical researchers. Through generous funding and a five-year duration, recipients can develop their research projects under the best possible conditions.

The CRIS Excellence Programme is the largest programme with £1,050,000 awarded over five years. This funding level is comparable to the most significant European calls for applications. In each edition, this programme is awarded to two researchers who develop and lead research projects with the potential to transform the current cancer treatment landscape.

The CRIS Clinical Talent programme's objective is to develop the role of the medical researcher.

The financing and duration of the CRIS Programmes are very attractive for researchers

The CRIS Post-Doc programme offers incentives and competitive funding to attract and secure outstanding researchers with the potential to become leading researchers.

Last year was the third call, with winners joining 2019 and 2020 editions. CRIS provides £9.5 million for five years to support these 17 scientists.

FIRST EDITION WINNERS

The CRIS Excellence Programme awarded to projects led by:

→ **Dr David Olmos Hidalgo (CNIO):** Studies cell mutations to develop new strategies for treating patients with prostate cancer.



→ **Clara Montagut Viladot (Institut Hospital del Mar de Invetisgacions Mèdiques):** Analyses of cells in metastatic cancers of the colon and immune system to reverse the resistance of these cancers to treatments.



The CRIS Researcher Talent Programme awarded to:

→ **Raquel Pérez López, from the Vall'dHebron Institute of Oncology:** Conducts an immunotherapy imaging project that seeks to improve imaging techniques used in the diagnosis and monitoring of cancer and combine them with genomic data.



The CRIS Excellence Programme

Two outstanding researchers (clinical or translational) are selected to lead prominent research groups in the fight against cancer. The programme not only supports the development of doctors or researchers—it also provides them with competitive funding and an opportunity to lead in the transformation of hospitals and research centres.

The CRIS Clinical Talent Programme

The objective of this programme is to support medical researchers in the search for and development of new therapies and cancer treatments. Their proximity to the patient enables these researchers to design studies that are closely aligned with their application within the clinic. Furthermore, as doctors, they can launch their own clinical trials.

The CRIS Post-Doc Programme

Aimed for young researchers, this programme offers competitive and attractive funding, allowing them to develop their innovative and promising new lines of research. Two candidates are selected from the applications submitted.

Financial Provision

Maximum amount of
£1,050,000 allocated over 5 years

5 annuities of **£210,000**

The top programmes for leading and transforming the landscape of cancer research

Financial Provision

£335,000 allocated over 5 years

5 annuities of **£67,000**

We support key medical researchers to develop new treatments

Financial Provision

£335,000 allocated over 5 years

5 annuities of **£67,000**

We assist young researchers who need support in the early years of their career

Our CRIS community

The CRIS Research Insight Hub

In 2021 we were still affected by Covid and unable to connect with our donors as much as we usually would in person. Meeting online platforms became very popular and the new normal. Wanting to find a way to connect with our donors again and have some personal interaction, we launched The CRIS Research Insight Hub.

The online event featured several projects. This allowed our researchers to share their insights into new diagnosis, research, or treatment advances. Professor Alan Melcher PhD MRCP FRCR, Professor in Translational Immunotherapy at the ICR Centre for Translational Immunotherapy discussed the importance of immunotherapy in treating cancer. Dr Matthew Clarke BSc (Honours), MBChB (Honours), MRCS, DipRCPath, PhD provided new insight into childhood brain tumours.



Professor Alan Melcher



Dr Matthew Clarke



Royal Parks Half Marathon 2021

The Royal Parks Half Marathon has always drawn a very enthusiastic response from our fundraisers.

After it got cancelled in 2020, we saw a strong team of 14 runners commit to the 13.1 mile test of tenacity and perseverance. Each runner set their individual fundraising target for CRIS and exceeded it. They were not just running for CRIS, but for a personal story that made them realise the importance of research in beating cancer.



Cris
cancer foundation
13th November
Annual Ball
2021

Gala 2021 - A Night to Remember

On Saturday 13th of November, we celebrated **10 years of CRIS** at our Annual Ball. Held in the luxurious Great Room at the prestigious Grosvenor House Hotel, in Mayfair, London, the Ball was truly an evening to remember. Festivities were live-streamed to in-person events in Madrid, Paris and Mexico City. With more than 750 guests, we raised an incredible **£1.77million** that evening to use in our ongoing mission to beat cancer.

Thanks to the support and generosity of our lead sponsor R.J.O'Brien Limited and support from Tradeweb, **100% of the funds raised will go directly to cancer research.**

Generous pledges and bids in our silent auction from guests at the event and from CRIS supporters online in their homes contributed to our outstanding success. Exclusive prizes were generously donated by individuals and organizations. The silent auction raised **£701,671.**

"A Night to Remember" would not have been possible without the crucial support of our UK Ball Committee, donors, volunteers, prize donors, researchers, patients, and corporates. We are truly honoured to have seen the support shown that memorable evening. It demonstrated once again that the outstanding generosity of our donors has a high impact in our mission to cure cancer.



CRIS GEMs – a regular giving club

CRIS GEMs are a group of incredible supporters who donate every month an amount of their choice to pioneering cancer research. Regular monthly donations can add up to an incredible amount and having long-term funding is vital as it gives researchers the stability that they need to develop new and better cancer treatments to save the lives of patients who aren't responding to traditional therapies.

We cannot depend only on events to raise vital funds. At CRIS we commit to funding researchers' work for at least 3 years, so we need regular donations to help stabilise our accounts. In Spain we have a database of 55,000 supporters who give monthly.

“Having long-term funding gives us the certainty to plan our research projects.”



Prof Kevin Harrington (Professor in Biological Cancer Therapies, The Institute of Cancer Research, London)



gem

/dʒɛm/
noun

1. a precious or semi-precious stone, highly valued, especially when cut and polished or engraved.
2. an outstanding person or thing



“Don’t underestimate the power you have to make a difference and save lives of cancer patients. Becoming a CRIS GEM is not just about the amount you give, it’s about the predictability of that amount. It gives CRIS the certainty to plan its research strategy for the coming years.”

- Snigdha Singh, a CRIS trustee who gives every month

Helping to save lives

Every day, doctors and researchers take up the battle against cancer. Success is hard-won—but each success paves the way for future successes.



Jolene Dyke

Jolene was diagnosed with stage 1 melanoma when she was 18. After treatment, she was apparently cured. Shortly after graduating from University and starting a new job, she received a new diagnosis of stage 4 cancer.

"I had an inkling something was very wrong when I was working, I had symptoms including blurred vision and headaches. I was told my life expectancy would likely be around 18 months."

Jolene underwent brain and lung surgery, and then watched and waited for three years. Her options for chemotherapy were limited. When cancer reoccurred in 2014, she began systemic chemotherapy treatment.

"During this time, my hair fell out, I felt like I lost my identity and personality. The drugs stopped working after 18 months, and I had second reoccurrence in my bowel in 2016 and was rushed to the hospital."

After another surgery in 2016, Jolene began regular three-week cycles of immunotherapy. At the time, it was likely that treatment would be long term and stopping treatment was not an option. In late 2018, the medical guidance changed, enabling Jolene to complete treatment with the assurance that it could be restarted again in the future if necessary. She officially stopped treatment in Jan 2019. After a meeting in January 2020 with her oncologist, the data now suggested that she could now live a long and happy life without treatment, thanks to the immunotherapy drug pembrolizumab.

"Research is saving lives and I am living proof. I started a job working in communications for health and medical science research, bought a flat, and started a new relationship-not bad for someone who was told at 23 I would be dead within 18 months. I am now 34 and hope to live until I am 94. Thanks to immunotherapy, this is now a possibility."

María Rico

At age 12, María was diagnosed with acute myeloid leukaemia (AML), a type of cancer that affects cells in the bone marrow, blood, and sometimes other parts of the body. Since the diagnosis, María has gone through multiple cycles of chemotherapy, a bone marrow transplant from her sister and another from her mother. To this day, she continues to fight so that the disease does not appear again.

"You can't imagine how dreadful this disease is," she said. "What we went through is more than a case and a diagnosis—we are lives. We have a life worth living. We have great things to do, but only by investing in research will we be able to do them. Thank you to all the cases that came before and helped to cure me. Through our doctors' knowledge and skill, we're here to tell our story so that successes like this will inspire the support needed to make a difference. Help us close a circle that saves so many lives."



Our five-year plan

Research holds the key to treating cancer and increasing survival rates. The dedication and hard work of scientific researchers means more adults and children are surviving cancer and living a better quality of life. The pandemic has seriously affected the fight against cancer. There are fewer funds available. Many cancers have been diagnosed at a later stage, requiring more advanced treatments and resulting in more suffering.

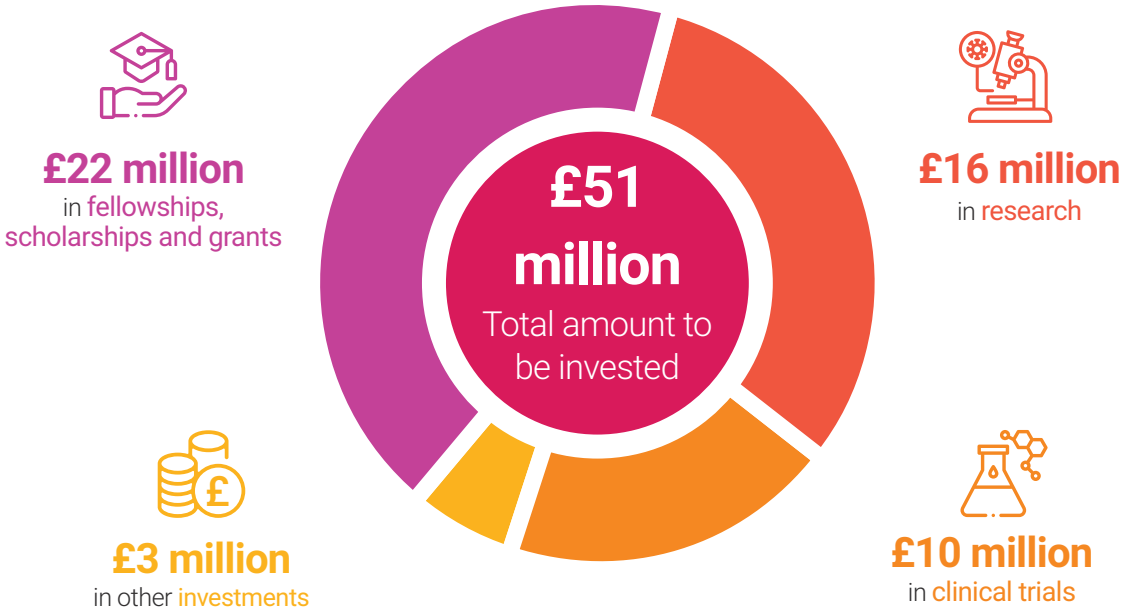
Now, more than ever

More than ever, we need to fund pioneering cancer treatments. CRIS plans to invest £51 million in cancer research over the next five years to help researchers develop new therapies. This will give thousands more cancer patients a chance of a better future.

Not all research projects need millions of pounds in funding.

An investment of £80,000 can launch a new research project, allowing more scientists to develop treatments and test them in clinical trials. Their research findings provide the support for additional funding requests to advance the work. There's still a lot more to be done. Together with our supporters, we aim to give every cancer patient—adult or child—the best chance of survival possible.

CRIS would like to continue its strategy of investing in innovative and collaborative research over the next 5 years.



	2021		2020	
	Unrestricted	Restricted	Total	Total
Incoming resources from:				
Donations and legacies	137,287	15,000	152,287	248,124
Other fundraising activities	1,666,598	-	1,666,598	790,473
Investments	1,448	-	1,448	2,156
Total income resources	1,805,333	15,000	1,820,333	1,040,753
Expenditure on:				
Fundraising events	207,365	-	207,365	93,011
Overheads	50,339	-	50,339	40,079
Donations made to research	673,321	15,000	688,321	450,898
Total expenditure	931,025	15,000	946,025	583,987

Ratios	2021	2020
Overheads/total income	3%	4%
Total expenses/income	14%	13%
Every £1 spent in fundraising raises	£9	£11

We are immensely grateful for the support we have had from our committed CRIS community—individual donors and their families, community fundraisers, corporate partners and our diligent volunteers. Without whom we would not be able to continue funding pioneering research.

CRIS CANCER FOUNDATION, A COMPANY LIMITED BY GUARANTEE (CHARITY NO. 1140193)
Annual Report and Financial Statements for the period ended 31 December 2021
The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard in the UK and Republic of Ireland.



Marta Brime

Why did you want to get involved with the charity?

At the beginning, I got involved in the charity for personal reasons. My dear friend Lola was diagnosed with a rare type of cancer and after surviving it, she decided to set up a charity to fund new treatments to save patients lives. She wanted to give to others the chance she got. I wanted to help her achieve this goal.

What impact is the charity making?

The impact of CRIS' work is extraordinary. Funding innovative projects that are saving lives is making a difference. Each and every patient who is still alive because of the new treatments provided counts. We are getting closer to cancer cures.

What role do you have at the charity?

I am a Trustee. As a Trustee, I have the opportunity to collaborate in Foundation decision-making and strategizing for the future. I also get to see the projects and their incredible progress first-hand.

What benefits do you get from volunteering your time as a Trustee?

I love the opportunity of getting to know incredible doctors and amazing researchers. It provides me with the knowledge that cancer can be cured if we support the cleverest minds to work on it. Every time I hear from a patient who had not a chance, that he/she is alive and healthy thanks to our projects, I feel that all our efforts are worth it.

Where would you like the charity to be in the next 5 to 10 years?

CRIS has grown so much since its founding 11 years ago. It is now an international charity with headquarters in UK, Spain, and France, and with projects and grants all over the world. I hope that CRIS will continue its development so we will invest more in research, and we will give the opportunity of surviving cancer to many more patients.

What would your message be to others thinking about getting involved with the charity?

Working for a charity, devoting part of your time to change the world for better, is the most rewarding experience you can ever have. It would change your life for good.

Geraldine Eleonor Creaturo

How did you first get involved with CRIS Cancer?

I became involved with CRIS at its inception in 2011, after my friend Lola Manterola was diagnosed with multiple myeloma. When CRIS was formed to fund cutting-edge cancer research, I was honored to be invited to join the effort. Not only could I help my friend fight a battle with cancer, I could become part of a much larger effort that could potentially benefit millions of people.

Why did you want to volunteer?

Although I've been involved in other charities, CRIS was the first one that had such a personal, emotional connection for me. Many people with cancer receive a harsh prognosis and are desperately seeking answers. The opportunity to volunteer touched my core and I knew in my heart it was right for me to be involved.

What role do you have at the charity?

As a CRIS Cancer Trustee, my role is collaborative. I'm involved in any way needed—it's not just one role. Teamwork and collaboration with many different fundraising stakeholders is vitally important. On any given day, I might be found updating the database, maintaining accounting functions, organising logistical details related to the annual charity ball and other events, fundraising, or handling other challenges that come our way. My mission is to help in any way I can to make CRIS a success.

Why is the subject of cancer important to you?

Cancer affects so many individuals and families that it's impossible to avoid its impact on our daily lives. When someone close to you is affected, it becomes even more difficult to understand. The "why" and "how" are fraught with uncertainty. I believe in the mission of CRIS to bring hope to



one of life's biggest challenges. I'm sure cancer will affect another loved one of mine, but I know I will have helped contribute, even if in a small way, to giving that person hope.

What is your message to others thinking about getting involved with CRIS?

If you have a passion for bringing hope to others, charitable work is your calling. CRIS is very much a part of this process. If you want to be involved in understanding cutting-edge research and the process of discovering, developing, and bringing treatments to those in need, CRIS is critical to the process. If you want to help with fundraising and all of its challenges and gain immense satisfaction when seeing your efforts come to fruition, involvement is essential. At whatever step of the process—from funding to clinical trials to curing individuals—participation is the best decision one can make. It takes commitment and dedication, but the rewards are well worth it.

2021 CRIS UK corporate collaborations

Corporate donations and grants



Matching donations from their employees to CRIS



Employees collaborating as fundraisers



Employees created events and took part in them to fundraise for CRIS.

Annual Ball Sponsorship

Main sponsor



CRIS Partners

We work with research institutions and hospitals in the UK, France, Spain and further afield.





Join the CRIS community

From volunteering to fundraising, there are lots of ways to get involved in our work. Together, we will make sure pioneering cancer research gives every adult and child the best chance of survival.

If you'd like to donate, you can be sure your gift will give hope to people with cancer.



Visit: www.criscancer.org.uk

Email: info@criscancer.org.uk

Address: Second floor office, 3a Harrington Road, London, SW7 3ES

CRIS Cancer Foundation is a registered charity (charity no. 1140193)