Together, we are the cure

Our annual report for 2024

MyelomaUK

We are the **17 people diagnosed with myeloma in the UK every day.**

We are the **33,000 people living with myeloma nationwide.**

We are the **carers, the friends, the families, the loved ones, the Support Groups** from Glasgow to Guernsey.

We are the **doctors, the nurses, the researchers, the scientists,** providing care and searching for answers.

We are the **donors, the supporters, the fundraisers and the volunteers,** determined to create a better future.

We are the **Myeloma UK team,** whose energy knows no bounds.

We are Myeloma UK.
Together, we are the cure.

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Welcome from our CEO

When, early in 2024, we chose 'Together, we are the cure' to define Myeloma UK, we wanted to reflect two of our most powerful characteristics. The first – 'together' – is the breadth and strength of our community. The second – 'we are the cure' – is our effectiveness and the scale of our ambition. I think it's clear that all these qualities have shone through our work in 2024.

It was a year ago when we began implementing a new strategy built on real experiences and on input from over 700 people. We have always been led and guided by people affected by myeloma. That will never change. What is new, however, is that three core areas now structure our work. Preventing myeloma. Treating myeloma. Living well with myeloma.

To prevent myeloma we must increase our understanding of precursor conditions that can develop into myeloma. So, in 2024, we hosted the round-table events you can read about on page 9, bringing together leading international experts. That can only happen because we are recognised as pioneers with close connections to so many people whose lives are touched by myeloma.

To treat myeloma, new and better options must be developed and made widely available. As you can read on page 13, this year, we repeatedly challenged decisions that would have prevented people accessing the most promising new medicines. By refusing to stay silent, we overturned these decisions again and again. That's what community power looks like.

And, finally, to support more people to live well with myeloma, we must partner with purpose to keep expanding our support services. Our collaboration with the Race Equality Foundation (see page 19) is a vital example of how this will help us learn, increase visibility of myeloma and reach more people.

2024 has been an exciting year for everyone at Myeloma UK, and I'd like to thank all of our supporters, staff and volunteers for being at the heart of it. I would also like to extend my deep gratitude to our President Judy Dewinter who guided us as Interim Chair during the first half of the year.

We're working together to make sure that people can live longer, better lives with myeloma. Together, we are the cure.

> "We challenged decisions that would have prevented people using the most promising medicines currently available. That's what community power looks like."

Dr Sophie Castell
CEO, Myeloma UK

Welcome from our Chair

As I joined Myeloma UK partway through this review period, I have left it to Sophie to summarise the story of Myeloma UK's progress in 2024. Instead, I would like to use this welcome to reflect on my early months in the role – and on why they make me feel so hopeful for the future.

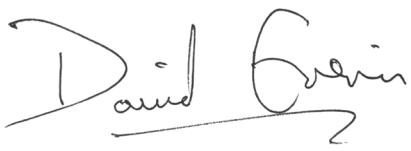
When I first began learning about Myeloma UK earlier in the year, every person I spoke to was incredibly positive – about the charity, its work and its impact. Since having the privilege of becoming chair, I think I've come to understand why. Every person I've spent time with here has such commitment, enthusiasm and positive energy for delivering on the charity's mission. The excitement I felt upon hearing about the role remains undimmed.

That excitement was inspired by the level of transformational change Myeloma UK is looking to deliver through our new strategy, both in terms of the breadth of our work and of our reach. The strategy is hugely ambitious – effectively we're looking to step change our impact – but it has the potential to deliver genuinely profound change.

Together, we can move towards a world where diagnoses become faster and more reliable. Where more advanced treatments and eventually cures are available. Where research is taking place on a greater scale than ever before. And where we are supporting many more communities that we do not currently reach.

As we took the first steps towards delivering on our strategy in 2024, I came to appreciate the unique and invaluable role played by Myeloma UK, as the only organisation focused entirely on this one condition. We're a hub, closely connected to clinicians, to researchers, to policy makers and of course to those who live with myeloma. We understand where change is needed and are in the position to make it happen, and that leaves me with a deep sense of optimism about how much we can achieve together.

I'd like to pass on my thanks to everyone who has made me feel so welcome and encouraged in 2024, and to share my gratitude with all of Myeloma UK's supporters. I hope you enjoy reading just a sample of all you have made possible this year.



David Ereira OBE
Chair, Myeloma UK

"Together, we can move towards a world where diagnoses become faster and more reliable. Where more advanced treatments and eventually cures are available."

About Myeloma UK

Myeloma UK makes it possible to live longer and better lives with myeloma.

- **We're here for everyone affected by myeloma**, for healthcare professionals and researchers – and for anyone who wants to be part of the cure.
- **Everyone's experience of myeloma is different**, and each person has their own journey. But we're here to make sure no one faces myeloma alone.
- **Every day, together with our unique community**, we ensure people affected by myeloma get the support, information and treatments they need.
- **Every time we act together, we increase the pace of change.**
- **We're making amazing progress in the research and treatment of myeloma** – but we need to go further, faster. With your support, that's exactly what we'll do.

Together,
we are the cure.

Our new strategy: 2024–28

We spent 12 months gathering insights from over 700 people with lived experience of myeloma – both people with the condition and those closest to them. We spoke to UK and international myeloma experts, researchers, clinicians, drug developers and policy makers. What we heard led to the three strategic goals that guide this annual report.

Preventing myeloma

By focusing on earlier diagnosis and on precursor conditions that can develop into myeloma, we want to radically reduce the proportion of people who are affected by myeloma.

Treating myeloma

By helping to deliver cutting-edge treatments, policies and care standards, we want more people to move into remission for longer, and we want to help people feel a greater sense of control over their situation.

Living well with myeloma

By improving our understanding of living longer with myeloma and by offering the best support, we want to help everyone live a full life after diagnosis – regardless of their background and the type of treatment they receive.

Our guiding principles

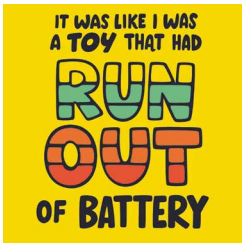
In everything we do, four beliefs shape our thinking and our actions.

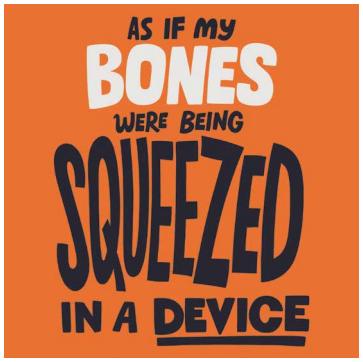
1. **We are led by people affected by myeloma.**
2. **We partner with purpose.**
3. **We are representative of all backgrounds and experiences.**
4. **We invest wisely where we can make a difference.**

For more than 25 years, we have delivered incredible progress alongside people affected by myeloma. We're not stopping now.

Preventing myeloma

In 2024, we focused more than ever on understanding precursor conditions that can develop into myeloma, and we built on our work to raise awareness of myeloma and stop diagnosis delays. In every way we can, we're working to radically reduce the number of people affected by myeloma.





Putting real symptoms in the spotlight

The symptoms of myeloma can be vague. That can make them difficult to describe – and make it harder for GPs to recognise myeloma. So, during our groundbreaking Myeloma Awareness Week campaign in June, we used people's real-life descriptions to demystify myeloma for the public and medical professionals.

We asked our community to describe how their symptoms really feel, and their responses became the #InMyeOwnWords campaign. One person told us their fatigue made them feel like a 'toy that had run out of battery'. Another said their numbness 'felt like (they) had been plugged into the mains'. So, we took those words and turned them into social media animations – and the campaign got noticed fast.

The social posts were seen 250,000 times and led to a 380% increase in visits to our website. Over half of those visits were from people heading to our site for the first time. The campaign got incredible media coverage too and was featured everywhere from the BBC to the Daily Mirror to the Daily Mail. It even led to a motion mentioning the campaign in the Scottish Parliament, backed by 41 MSPs.

And the impact won't stop there. The social posts encouraged people to visit our website and download the symptom translator we launched during Myeloma Awareness Week. It listed people's real-life symptom descriptions alongside the kind of language doctors might use to talk about them. The translator was downloaded 2,500 times during the week and will play a vital role in breaking through the confusion that can stop myeloma being seen.

Bringing precursor experts together

Right now, knowledge of the precursor conditions MGUS and smouldering myeloma is limited. We need to know more about who is most at risk of developing active myeloma and how it might be prevented. We also need to better understand the impact of living with a precursor disease. We are finding out the answers to these questions so we can take action to make life better.

So, in 2024, we brought together world-leading myeloma experts from the UK, Europe and the USA for two round-table discussions on precursor conditions. Professor Vincent Rajkumar, Professor Sagar Lonial and Professor Sigurður Kristinsson were among those who joined us to discuss current treatment approaches and the most promising recent research.

Myeloma UK's position in the myeloma community means we're perfectly placed to curate events like this, and the impact will be felt for years to come. We're now using what we learned to shape our new precursor programme, which we're launching in 2025. Guided by clinicians, researchers and people's lived experiences, we'll do everything we can to turn the tide on precursor conditions.

2,500

downloads of our translator during Myeloma Awareness Week

Sophia's story

As part of our #InMyeOwnWords campaign during Myeloma Awareness Week, Sophia shared her experiences in the media. She had sought medical help several times before finally being rushed to hospital and diagnosed with myeloma. By that time her back was broken, and she had lesions in her hip and spine. Sophia hopes to encourage more people, and especially black people, to seek help if they are worried.

"I couldn't physically move my right leg. I felt like I was stuck in the mud. I would drag it everywhere behind me. I would say to my brain, 'Move your right leg,' but nothing happened. I would have to pick up my right leg and lift it up the stairs.

I went to the GP three times in one week, but they didn't think much of it. They said it was a pulled muscle, but it felt like something more than that.

Once I got a diagnosis, I thought, 'Now I know what it is, let's see what we can do and let's beat it'. But it was a bit daunting at first. You walk in the world of the unknown. I know it can't be cured but things change all the time. There are trials and new drugs. You never know.

I think being black, we don't seem to speak about what we go through as much. But don't be scared. It's OK to ask for help. You're not on your own.

I really hope that my story will reach people who don't necessarily have the words for it but know something doesn't feel right. Listen to your body. You know yourself. If something is wrong go and get it checked and don't give up. Just keep going."

Demanding political action together

Political awareness of myeloma is growing but still nowhere near where it needs to be. So as soon as the results of the 2024 election were announced, we published an open letter – and it got results, fast.

The letter outlined the biggest concerns that you raised in our campaigns survey, meaning it truly represented the voice of the Myeloma UK community. Over 4,500 people from across the UK signed the letter. And as well as sending it to the health secretary, we sent copies to the health spokespeople of every major party.

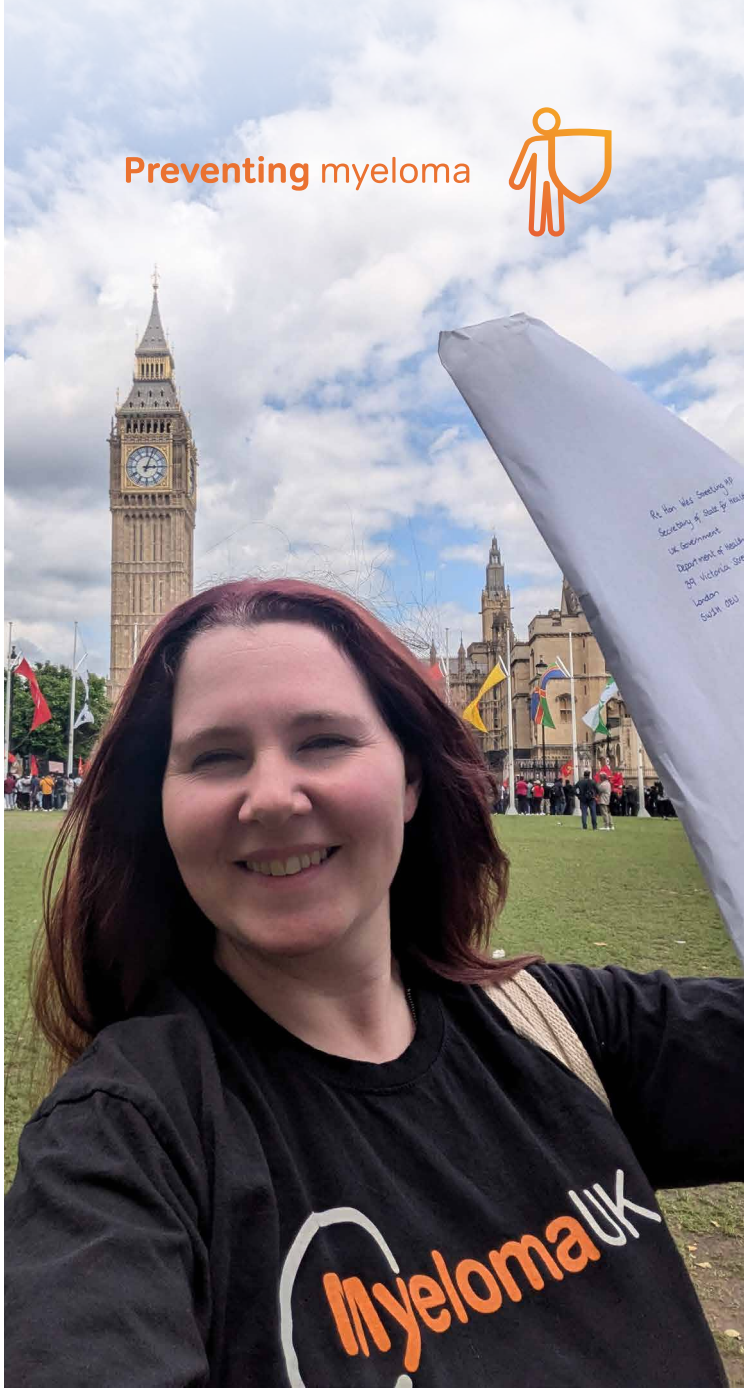
In our open letter, we called for:

- A commitment to work with Myeloma UK and the NHS to reduce delays in diagnosis.
- Investment and support for clinical trials.
- Increased research and development investment in the UK.

The letter led directly to multiple questions about myeloma being asked in parliament. It also made sure awareness of myeloma grew fast among MPs – which is vital to help prevent myeloma and to improve support. Politicians from every party need to take action so people can live longer, better lives with myeloma. Together, we'll make sure that's what they do.

4,500

signatories to our open letter to raise awareness of myeloma



In 2025 we will:

- Deliver a route map for precursor conditions that will lead to better research, support, and treatment for conditions like MGUS and smouldering myeloma.
- Set out how to improve the diagnostic pathway, especially for people living with high risk myeloma and under-represented groups.
- Use our research strategy to develop partnerships to tackle precursor conditions.

Treating myeloma

Every day, we fight for more treatments to be made available to more people. We've seen amazing advances lately, but we have to go further and faster. In 2024, we successfully challenged multiple decisions that threatened to keep treatments out of reach, and we updated our hospital accreditation programme to prioritise people's experiences.

A year of huge treatment victories

It's been a very big year for making the voices of the Myeloma UK community heard in drug approval processes. Again and again, people's experiences led directly to groundbreaking treatments being made available when it was looking like access might not be granted or was going to be restricted.

In February, people affected by the related condition AL amyloidosis could celebrate after DaraCyBorD – the first bespoke treatment for this incurable disease – was made available on the NHS. NICE had initially rejected the drug for newly-diagnosed patients in England and Wales, claiming that it wasn't cost-effective. So, the Myeloma UK community got to work.

We appealed against the decision, arguing that NICE had acted unfairly by not asking an AL amyloidosis expert or a haematologist to join the review process. We also outlined the huge benefits of DaraCyBorD by sharing the stories of dozens of people who had accessed it privately or in clinical trials. Supporters also campaigned with us by emailing their MPs. And the result? NICE overturned its original decision. When we take action together, we are heard.

> "Patients deserve to receive the best, most effective treatments, no matter where they live. We will continue to push for the system to work faster and deliver for those who need it most."
>
> Sophie Castell, CEO of Myeloma UK, speaking after the DaraCyBorD decision.

It was a similar story with elranatamab, a game-changing drug that helps the immune system find and kill cancer cells. In clinical trials, elranatamab had shown promising results, improving remission times even for people who have had many treatments before.

NICE initially approved the drug for use in England and Wales but with strict limitations that meant some people who had already had other treatments weren't eligible. At a similar time the treatment was approved in Scotland with no restrictions, meaning that there was inequity of access across the UK. We challenged these limitations, working closely with clinicians and again sharing evidence of the impact people had experienced during trials. In July 2024, NICE agreed to review its initial decision. In October, it lifted all previous restrictions. That only happened because people's voices were heard.

In November, our approach worked once again, when Myeloma UK joined with the UK Myeloma Society to lodge an appeal on the unfair withdrawal of IsaPD, a treatment combining istuximab (Sarclisa®), pomalidomide (Imnovid®) and dexamethasone, by NICE. IsaPD had been shown to improve remission times by more than 12 months. It was available on the NHS in England and Wales, but then a change in NICE's processes meant IsaPD no longer met the cost-effectiveness threshold and was taken off the approved treatments list. We urged NICE to reconsider, again led by people's experiences. In November, an independent panel agreed that NICE should review this decision, and they will now have to reconsider. In the meantime, hundreds of people have been able to access IsaPD thanks to our appeal.

These are just a few victories in a year where our collective power created change again and again. We also successfully convinced NICE to lift restrictions on another treatment teclistamab (Tevayli®). This next-generation treatment can increase remission times and give some people who have never fully responded to treatment their first complete remission. We successfully pushed for the treatments SVD and SD to be made available across the UK. And we were involved in 11 drug appraisal processes in total, repeatedly proving that people's experience count.

Every one of these victories matter. They turn into better futures for people affected by myeloma. They give people more time to do what they love; with the people they love. They transform people's quality of life. That's the power of our incredible community in action.

Graeme's story

Graeme was diagnosed with myeloma in 2014. By 2024, he was running out of treatment options. But then he was able to try elranatamab. In 2024, we successfully campaigned for restrictions on the availability of this treatment to be lifted in England and Wales, and it was made available in Scotland (where Graeme lives) too. As a result of the treatment (a combination of selinexor, bortezomib and dexamethasone), and SD (selinexor and dexamethasone), Graeme is now in remission. His experiences show why our work to increase access to treatments matters so much.

"I call [elranatamab] a wonder drug. It's like a dream. I'd run out of treatments – at that stage I felt it was the end of the line for me. I thought I'd go home and possibly survive three months. How do you focus on that? Unfortunately for me, that was the chat.

But then I started using the new drugs.

It's absolutely outstanding. I couldn't believe the results I was getting. A small injection goes a long way. It's a lot of treatments I've had in ten years, but this could be the one. You keep fighting.

There are new treatments coming through to give people a quality of life. When I'm sleeping, someone is working on another treatment behind the scenes. I hope it lifts someone's spirits to see the good results I got. When your door gets chapped with incurable cancer, your reality is here. You're forced to slow down.

My prayers were answered. If this one fails, there could be something again. Never give up."

Rishi Sunak MP presenting the CSEP award at the Friarage Hospital

100%

of hospitals said CSEP was useful to highlight good practice

Recognising hospital care – and putting lived experiences first

Our Clinical Service Excellence Programme (CSEP) celebrates hospitals that deliver patient-first treatment and care across England, Northern Ireland, Scotland and Wales. In 2024, we accredited 15 new hospitals through CSEP and re-accredited seven more, as well as refreshing the CSEP programme to focus more than ever on the experiences of people with myeloma.

The updated programme – CSEP 2.0 – has been co-designed with people affected by myeloma and with clinicians. Feedback on hospital treatment from those affected by myeloma has now been given even more importance. Four hospitals tested a pilot version of CSEP 2.0 in the summer, and we'll begin using the full version for all accreditations from 2025 onwards.

100%

of hospitals said CSEP was helpful to identify areas to review and improve

As we continued accrediting hospitals throughout 2024, we saw many examples of outstanding practice across the UK:

- The **Antrim Area Hospital** in Northern Ireland has created a screening and management checklist so everyone receives care as recommended by the British Society for Haematology.
- **Gloucestershire Hospitals NHS Trust** has achieved outstanding levels of recruitment to myeloma clinical trials.
- **Friarage Hospital** in Northallerton is deeply committed to supporting people at home and to helping families and carers do the same.
- **Poole Hospital** is focused on providing holistic care, including complementary therapies such as reflexology and acupuncture.
- **St Bartholomew's Hospital** strive to increase diversity and inclusion within clinical trial recruitment.

What we learn through CSEP doesn't only help hospitals to keep improving – it has a wider impact too. We presented CSEP data at the British Society for Haematology's annual meeting and at the UK Oncology Nursing Annual Conference in 2024. It's a powerful way to share best practice and ensure people's experiences of myeloma treatment keep moving forward.

Shaping and sharing the latest research

People affected by myeloma shared their stories, questions, challenges and insights with researchers throughout 2024, making sure new studies are focused on the issues that matter most. Our 100 member strong Patient and Carer Research Panel helped to inform and guide research projects in response to 30 researcher requests looking at issues from PhD studentship applications to new UK clinical trials in myeloma. It's a vital process that makes sure we and the UK invest in the right research and that researchers have the biggest impact on people's lives.

As part of our work to tackle inequalities in myeloma care, we also published an article in the British Journal of Radiology, highlighting the stark variation in the use of potentially life-saving imaging across the country. And we presented eight posters at national and international conferences. By using findings from our pioneering Unmet and Emerging Needs Research Programme, and from our collaborations with researchers, this work helps to drive innovation in diagnosis and treatment of myeloma across the globe.

In 2024 Myeloma UK continued to fund

10 research projects

Launching our digital innovation for health care professionals

Launched in 2024, our new online HCP Hub has created a much-needed place for healthcare professionals, researchers and academics to learn, share insights and collaborate.

Thanks to our connections across the myeloma community, we see how knowledge thrives when people with different professional interests connect. Fill a room with scientists, GPs, policy makers, clinical nurse specialists and researchers and it's amazing how quickly people begin to think in new ways.

The trouble is, though, that we also often hear how people wish they had more ways to connect and learn, but that finding time and opportunities can be difficult. That knowledge inspired us to launch the Myeloma UK HCP Hub.

The Hub is a digital space where healthcare professionals, researchers and academics working in myeloma can stay up to date with the latest myeloma news, learn, collaborate and discuss any subject connected to myeloma. It's now home to all of our tools and resources, helping professionals to diagnose and treat myeloma and support people to live well. Many of these resources are externally accredited to be part of formal professional development.

Our Myeloma Nurse Learning Programme is also now hosted at the Hub, so haematology and oncology nurses can build their knowledge. And our Clinical Service Excellence Programme (see page 15) is hosted at the Hub too, supporting hospitals to deliver the highest levels of treatment and care and see what best practice looks like across the UK.

It's the perfect place to share multi-disciplinary expertise and build a community of practice, and it's also a safe space for professionals to ask questions and engage in discussions. The Hub was designed together with myeloma specialists, and hundreds of professionals signed up within weeks of its October launch. We're already seeing how these conversations between clinicians can help improve outcomes for people living with myeloma.

In 2025 we will:

- Launch a new clinical trials investment programme to support key academic myeloma trials.
- Deliver the next phase of unmet and emerging need research to inform the design and delivery of treatment, care and support.
- Develop policy proposals to overcome the barriers to drug approvals, to increase the possibility of new innovative treatments being approved on the NHS.

Living well with myeloma

By improving our understanding of living longer with myeloma and by offering the best support, we want to help everyone live a full life after diagnosis. So, in 2024 we funded cutting-edge research, strengthened our support groups and formed a powerful partnership to tackle inequality.

Partnering for racial equality

Black people are two to three times more likely to develop myeloma than white people. But right now, Myeloma UK reaches too few people from black communities, and we need to work harder to raise awareness of myeloma. To help bridge that gap, in 2024 we formed a new partnership with the Race Equality Foundation.

Addressing health inequalities is at the heart of our new strategy, and so is connecting with and learning from organisations that have greater expertise and experience than we do. So, the partnership presents a really exciting opportunity.

We began by developing a co-production steering group which means that at every stage we'll be led by black people with lived experience of myeloma. We want to hear people's experiences of being diagnosed and trying to access care, as well as asking for suggestions to help us raise awareness and communicate about myeloma in black communities.

Based on what we learn, we will co-produce a relevant awareness-raising campaign specifically co-designed with the black community to raise awareness, help reduce diagnosis times and ultimately improve lives.

We know cancer – and myeloma – does discriminate. Through this partnership and others like it, we're determined to be part of the solution.

> "It is essential we push forward in addressing health inequalities for people affected by myeloma. Working with an expert organisation like the Race Equality Foundation with so much proven experience in this area will allow us to move further and faster."
>
> Gizelle Madurai, Myeloma UK
> Head of Lived Experience

> "We're excited to partner with Myeloma UK on this important project addressing the disparities that people from black African and black Caribbean backgrounds face in relation to myeloma. Black people are at higher risk of developing this blood cancer, yet their experiences with diagnosis, treatment, and care are often overlooked. Through this partnership, we aim to better understand these challenges so we can raise awareness and support early detection within Britain's black communities."
>
> Dr Jahan Foster Zabit, Senior Researcher
> at the Race Equality Foundation

Maureen's story

Maureen Martin was diagnosed with myeloma in 2017. Maureen is a member of the Co-production Steering Group and helping steer our work with the Race Equality Foundation.

"Any effort to engage the black community and raise awareness is a step in the right direction. Even if just one person gets diagnosed early, that's a life saved, and the word will spread.

It's crucial to promote awareness of myeloma, especially in the black community. People need to recognise symptoms like bone fractures, tiredness or chronic pain. I didn't realise my inability to lift my hand on the Tube was related to myeloma. People need to know that these could be signs of something more serious.

The level of awareness simply isn't there right now. The black community is more likely to develop myeloma, and yet the general knowledge about this disease is low. Awareness and education will spark conversations, make people think twice about their symptoms, and lead to earlier diagnoses."

Introducing the Chapman-Livanos Survivorship Fellow

Dr Romi Carriere joined the team at Myeloma UK in September 2024. As the first Chapman-Livanos Survivorship Fellow, Romi is passionate about helping people to live longer and better with cancer.

In December 2023, former Myeloma UK trustee Sir Frank Chapman joined forces with the George P. Livanos Foundation to announce a new £100,000 research project. The Chapman-Livanos Survivorship Fellowship was launched to investigate the possible connection between myeloma and cardiovascular issues. Building our knowledge of this area could make a significant difference to everyone affected by myeloma.

We began the recruitment process to find our first fellow in February 2024 and were delighted to announce that Dr Romi Carriere had been selected. Romi's PhD focused on cancer survivorship, and she's also motivated by a deep personal connection to the issue.

"One of my mum's friends passed away from hereditary cancer. This deeply motivated me to conduct research that could help people live longer and better with cancer.

Now, through this fellowship, we're aiming to understand the source of heart and circulatory issues in myeloma. The first stage has involved scanning the current evidence for heart and circulatory issues to find out more about what is already known about these challenges. We're looking for insights from previous research we have carried out – including Myeloma UK's Unmet and Emerging Needs research, which so many patients and their families were involved in – to begin to look at why these issues arise.

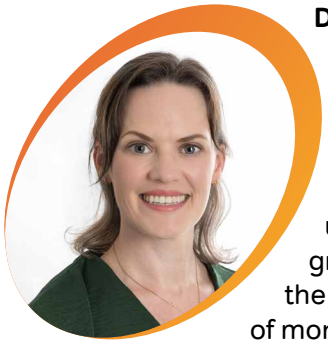
We have collected a lot of information – about patients' family health history, the other conditions they have in addition to their myeloma that are associated with heart and circulatory disease, the treatments they have taken and a whole range of other things that may help us understand these issues.

If we know what the challenges are and why these occur, we can begin to think about ways in which we can avoid heart and circulatory issues arising. This first phase helps us to begin to tease out why this may happen, but it is just the first step. We want to develop interventions or new ways of perhaps treating or supporting people to live well and have the best quality of life they can achieve.

I'm inspired by being intentional in anything I do and with my whole heart. My family are a big part of that journey. They were immigrants to the United States who left everything behind and moved to another country where they had no ties, family or friends. They gave up everything to give me and my younger brother the opportunities we have had. So, I figure I should pass it on."

Investigating the challenges of new treatments

As people live longer with myeloma and new treatments keep being developed, we have to understand how people's experiences are changing and what new support might be needed. We launched our new Survivorship Grants in 2023 to help us learn more, and in 2024 we awarded the first two grants to researchers determined to improve people's quality of life.



Dr Orla McCourt, a Clinical Specialist Physiotherapist in myeloma at University College London Hospitals, is using her survivorship grant to explore the emotional impact of more personalised treatments. Increasingly, doctors are able to analyse people's genetic risk of developing myeloma and to change people's treatments based on how they are responding. But what impact can it have on people to hear that information? How can doctors support people effectively and reduce their anxieties? Orla's wide-ranging study is seeking to answer those questions, with significant potential benefits for patients and clinicians.

> "Through this study, we want people to be better informed about what their test results mean. We know from what people have told us that conversations about diagnosis and test results can be highly distressing, and we want health professionals to understand what people are going through and to support them both with information and with adjusting and managing how they feel."
>
> Dr Orla McCourt

Dr Marquita Camilleri, a Haematology Consultant at Cambridge University Hospitals, is also exploring the impact of a new treatment. She's analysing whether new anticoagulants, taken as tablets, are as safe and effective for people with myeloma as traditional anticoagulant injections. We know tablets are easier to take and mean fewer visits to see doctors, but do they work as well to prevent thrombosis caused by myeloma? Dr Camilleri will be seeking to answer that question as our second Survivorship Grant recipient for 2024.

Supporting our Support Groups to go further

Found across the UK and Ireland, the 72 Myeloma UK Support Groups show just what makes our community so special. Some are run by people with myeloma. Others are run by family members and carers. Others are run by nurses. But every one gives anyone affected by myeloma the chance to share experiences, ask questions, access resources and simply spend time with others who understand. No one should face myeloma alone.

In 2024, we wanted to keep improving the support we offer to Support Group leaders. So, after listening to members of our leaders working group, we launched a new online Support Group Partnership Hub. Leaders had told us they wanted to share best practice with other leaders, swap resources and hear more from Myeloma UK. The hub makes all of that possible and more.

Co-designed and co-produced with groups, the hub makes it easier to do everything from creating a poster to finding a speaker. There's an area for Myeloma UK to share updates with groups, alongside training modules, networking areas and a resources library.

We initially piloted the hub with 15 Support Group leaders, who then gave feedback that led to us tweaking the site before inviting 20 more groups to get involved. By 2025, we'll start encouraging all of our groups to use the hub. Together, we'll keep empowering our community so more people get the sensitive, tailored support they need.

> "Being aligned with Myeloma UK makes you feel a lot more empowered as a Support Group to actually go forward and support people with myeloma as a Support Group."
>
> Support Group Hub pilot participant

Putting more information in more hands

Far too often, uncertainty stops people with myeloma living life to the full. It delays diagnosis. It makes people unsure what to do after a diagnosis. It stops people understanding their treatment options.

Uncertainty leaves people in the dark, so we're determined to help people find answers and find new confidence. That's why, in 2024, we once again provided a huge range of information through our publications, events, Infoline and peer support:

97% of people who called our Infoline or received our information felt more supported.

100% of people felt more informed after using our support services.

90% of people who called our Infoline had greater clarity on how to talk to their health team.

100% of people who called the Infoline would use it again.

We held 6 Infodays last year.

Demand for our Myeloma Infoline and Ask the Nurse email service remains high with 2,097 calls to our Infoline and 514 emails to our Ask the Nurse service.

In 2025 we will:

- Use our research strategy to investigate how we might reduce toxicity in treatments.
- Evolve our services to be more accessible so we increase and diversify the people that we support.
- Investigate what good support and living well looks like with members of our community so we can co-produce a Live Well Pathway.

Our fundraising in 2024

It is thanks to our supporters that the work in this annual report can happen. All our services, charitable activity and research are funded by voluntary donations, fundraising and gifts in wills, with us receiving no government or NHS funding. We owe an enormous thank you to everyone who supported us during 2024, raising an incredible total of £5,366,703, which is already helping people live longer, fuller lives with myeloma. Together we are the cure.

Our fundraising year in numbers

- Over **390 people** fundraised through coffee mornings, craft and bake sales, head shaves, sports tournaments and more, **raising £658,000**.
- **37 people left a gift in their will** to Myeloma UK totalling **£995,000**.
- **739 people took on challenges**, like runs, walks, cycles, swims, treks as well as our virtual Challenge 24 and 100 Miles for Myeloma. **Together they raised over £1million**.
- **2,089** people give a **regular gift,** and **1,918** play our **lottery, which together raised over £530,000**.
- Over **400 individuals and companies** supported the **Myeloma UK Gala** and raised over **£506,000**.
- **86 organisations** provided grants, donated or fundraised, raising **£338,000**.

This is just a snapshot of the fantastic fundraising that our community carries out. Our work is only possible because of you.

Thank you all!

A gala to bring the community together

Our new strategy requires us to be more ambitious than ever before, and that includes in our fundraising. In May 2024, we hosted our first Gala Dinner in almost a decade, an unforgettable evening which raised over £506,000. The night helped us to reconnect with many people whose support has helped change lives, as well as to develop new relationships we hope will last for many years. We owe a huge thank you to everyone who supported the event.

Some 320 guests, old friends and new, joined us at The Londoner Hotel in Leicester Square for the evening, hosted by Myeloma UK colleagues, partners and volunteers. Guests heard inspiring, real-life stories about the difference the work of Myeloma UK makes to people affected by myeloma.

We were delighted that so many of the guests were attending a Myeloma UK event for the first time, as we keep building the community of people ready to help us create even more progress. Many guests pledged to support us with an annual gift, and numerous companies donated by buying tickets, donating auction prizes and advertising in the event brochure.

The total raised will play a vital role in turning our unprecedented strategic ambition into much needed progress for people affected by myeloma. We can't say thank you enough to everyone who came along.

A journey to the Pride of Britain Awards

To get a sense of the resilience and optimism that define the Myeloma UK community, you only need to spend a few minutes with Ian Hensley.

Ian was diagnosed with myeloma in 2021. He was already well aware of the condition, as his mum died from myeloma in 2000. And when doctors told Ian he was likely to only have a few years to live, he became determined to raise more awareness of myeloma and to fundraise to help find a cure.

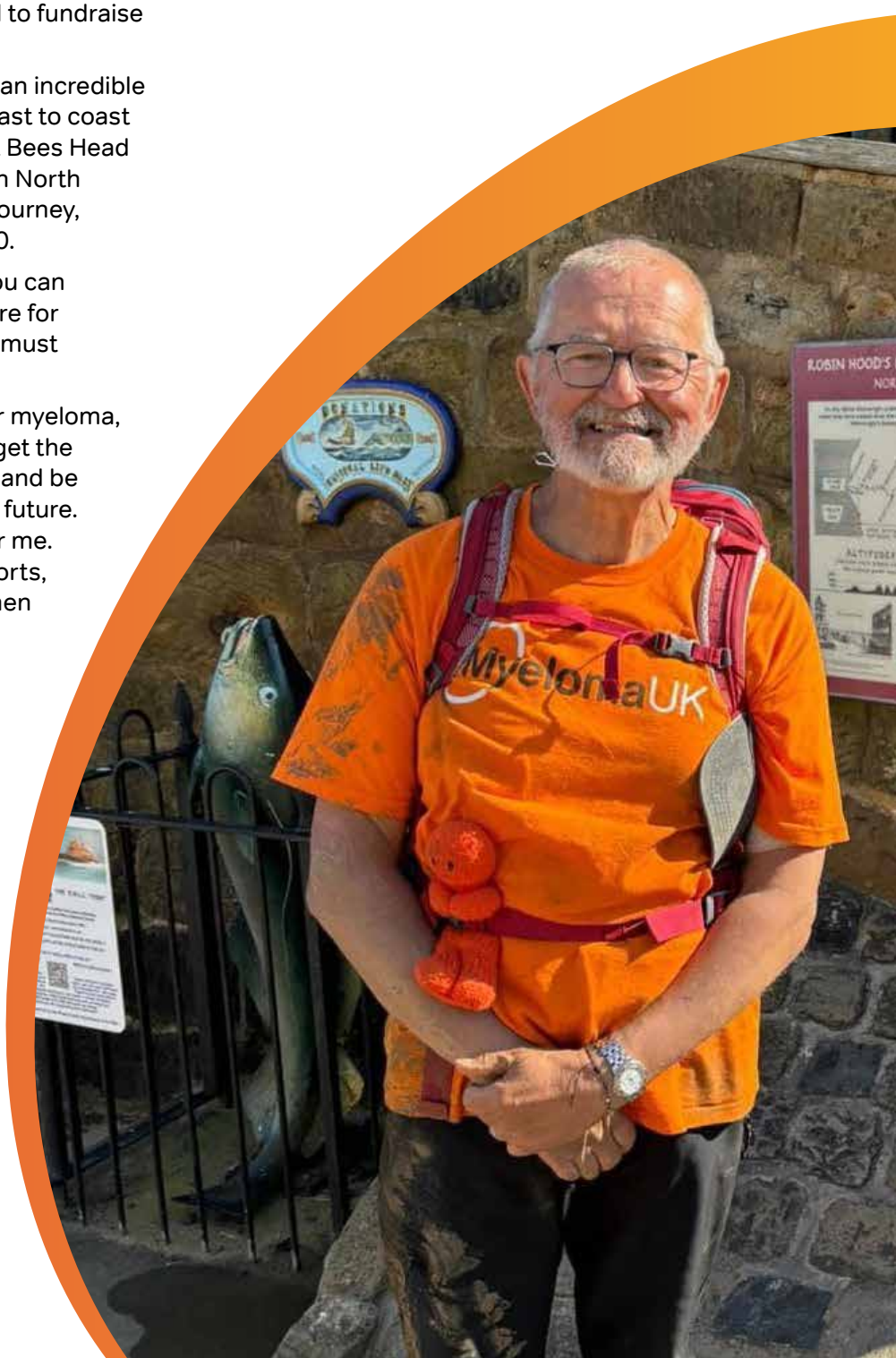
In 2024, this led him to complete an incredible challenge – walking 190 miles coast to coast across northern England, from St Bees Head in Cumbria to Robin Hood's Bay in North Yorkshire. By taking on this epic journey, Ian raised an astonishing £15,000.

"There are numerous charities you can support," he said, "but with no cure for myeloma, I thought Myeloma UK must be the one.

"I've joined the research panel for myeloma, and I hope that together we can get the message about myeloma across and be in a position to have a cure in the future. Any cure is likely to be too late for me. But if, through my and others' efforts, we can get a cure in the future, then I will be happy."

Ian was named ITV Anglia's Regional Fundraiser of the Year at the 2024 Pride of Britain Awards. We are so grateful for his support and want to congratulate him for this amazing achievement.

> "Ian's resilience, his energy, his enthusiasm, it's got no bounds. He's an incredible fundraiser."
>
> Louise Bucknall,
> Myeloma UK community fundraiser

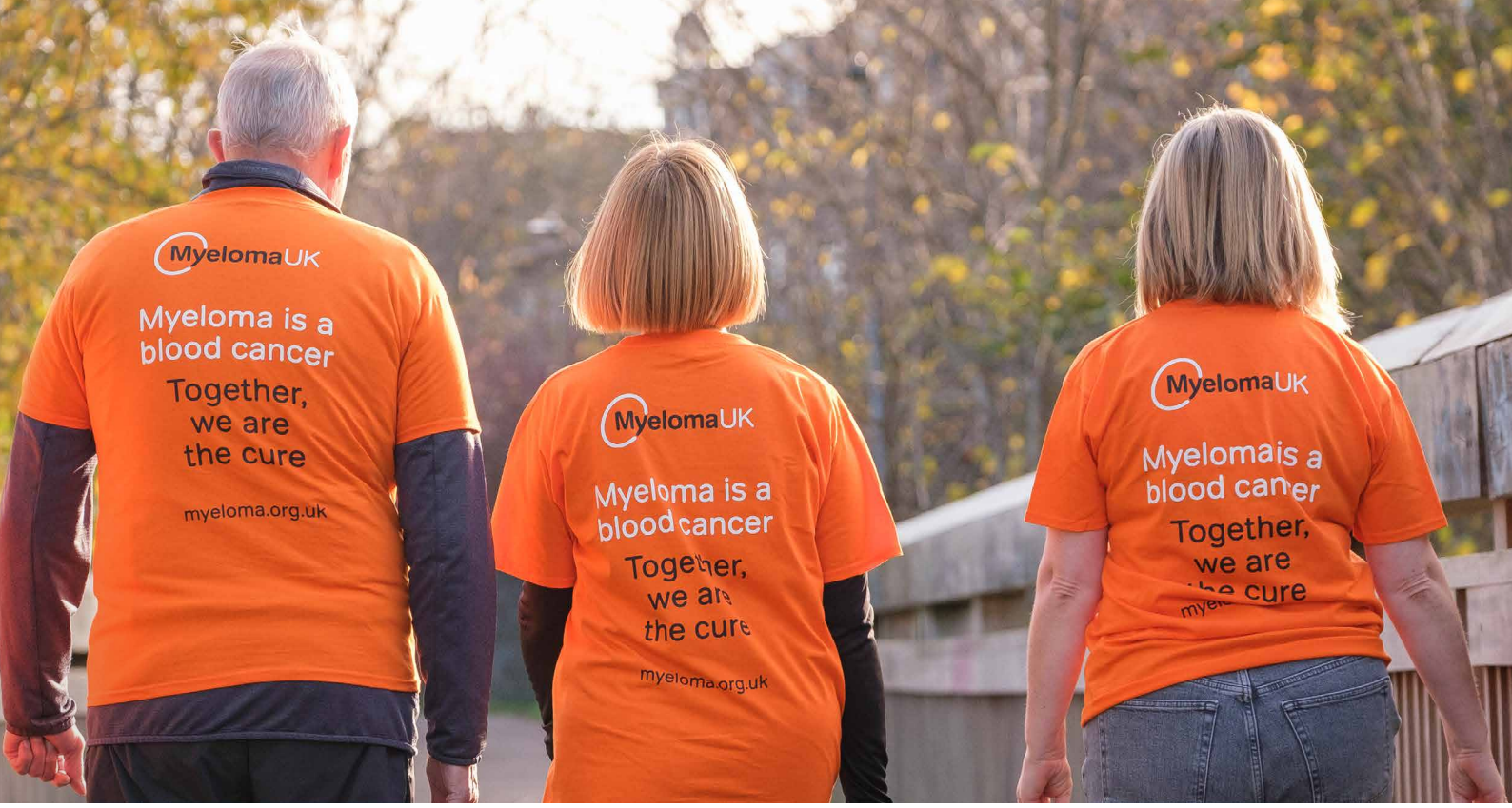


Delivering on our promises

Throughout the year, we worked to achieve the specific ambitions we set out in 2023 for 2024. This is a snapshot of how, together, we moved closer to the cure for myeloma last year.

Preventing myeloma

- We increased our investment in understanding how precursor conditions develop and can be treated, bringing together world-leading experts in this area as we prepared to launch our new precursor programme in 2025.
- We evolved our existing Early Diagnosis Committee – which consists of a range of experts dedicated to identifying the issues that prevent myeloma – to focus on research and policy as well as clinical practice. This means that our future work on diagnosis and precursor conditions will be more joined up and able to tackle the range of challenges that patients experience.
- We launched a series of videos to make information about precursor conditions more accessible, exploring the impact of MGUS on daily life and the difference between MGUS and myeloma. So that everyone has access to accurate information about their condition.



Treating myeloma

- We developed our new research strategy – which will launch in 2025 – to understand where investment will make the biggest impact, as we seek to increase knowledge and drive change for people at every stage of their myeloma journey.
- We launched our online HCP Hub for healthcare professionals, helping to ensure that – no matter where someone is treated – their clinician can connect with experts and keep improving the quality of care they offer.
- We used our unrivalled experience in advocacy and access to look at ways we can accelerate the delivery of personalised approaches to treatment into clinics, so that everyone stands the best chance of living well for longer with myeloma.

Living well with myeloma

- We announced Dr Romi Carriere as the first Chapman-Livanos Survivorship Fellow, seeking to understand more about the relationship between myeloma and cardiovascular issues.
- We formed a new partnership with the Race Equality Foundation, to help ensure we can reach and better support everyone who is at most risk of developing myeloma.
- We expanded the diversity of our Patient Information Panel, Patient and Carer Research Panel and Advocacy Partner Panel, to ensure we are recognising and reflecting more people's experiences and continuing to enhance the support we offer.

Our People

Colleague and volunteer experience has been a significant focus for 2024 as we worked to understand what motivates and inspires our people.

We embarked on a significant cultural co-development project with our colleagues over the course of 2024, looking at ways in which we work together and support each other to deliver better outcomes for the myeloma community. Through workshops, surveys, and taskforces we captured insight from across the charity to develop how our working culture can help us to live our values and deliver our new strategy: Together, we are the cure.

This was supported by our continued commitment to hybrid working and its role in delivering better outcomes and better wellbeing for colleagues. Motivation and productivity have remained high, and we continue to invest in wellbeing resources and wellbeing training for colleagues, with open and regular feedback ensuring that we deliver a relevant offering for the team.

The staff engagement group, alongside the wellbeing leads, continued to offer great suggestions for how we could evolve the ways we contract and communicate with each other.

We continued to provide learning and training opportunities for colleagues over 2024, and we intend to build on this further over the course of 2025 with a new learning framework.

We took a major step forward in the development of our volunteer offer in 2024. Led by the Volunteer Coordinator, we now have a contemporary and robust framework for developing and supporting volunteers in all parts of the charity. We have seen a significant increase in volunteers supporting our work in delivering patient information, support services, lived experience insight, media stories, fundraising and insight into new product development. We intend to develop our offering further in 2025 to improve the volunteer experience and increase opportunities for meaningful involvement. We cannot thank everyone enough for all they do to support people affected by myeloma to live longer and better lives.

Partnership working

Over 2024, we worked in partnership with a range of organisations and individuals who share our vision change for the myeloma community.

As we rolled out the first year of our new strategy, we would like to thank everyone who supported our new approach. In particular, we owe our sincere thanks to the healthcare professionals in the UK and internationally who gave their time and insight to the new HCP Hub, precursor conditions roundtables, and Research Advisory Group (RAG). These programmes have the potential to transform patient experience of diagnosis and treatment and would not have been possible without the generosity of the clinical community.

Our thanks, once again, go to all the people affected my myeloma and healthcare professionals who support our patient information panel, advocacy partner panel, patient and carer research panel, research advisory group, and early diagnosis programme. People across the myeloma community benefit from the time and expertise you give us.

This year, we directed additional resource to addressing equalities of experience within the myeloma community. We secured funding to co-design a bespoke approach increasing reach into the black British community. We have appointed our first Lived Experience Partner to help lead the work with Myeloma UK and launched a new partnership with the Race Equality Foundation. We continue to work with National Voices and the Inequalities in Health Alliance and thank them for all their support. We are hugely grateful to everyone contributing insight and analysis to this important piece of work.

We are delighted to continue our work with the UK Myeloma Society (UKMS) and UK Myeloma Research Alliance (UKMRA) as we jointly support the development of new clinical trials, and the provision of patient access to new treatments and new treatment combinations.

We are proud of the accreditations our work holds, and we continue to be members of the Association of Medical Research Charities (AMRC), to promote investment and support best practice in clinical research. We celebrated our 20th year of being accredited with the Helplines Standard, a national standard that defines and certifies best practice, and we secured our Patient Information Forum's Trusted Information Creator mark, a European assessed quality mark for online and printed information.

We partner with pharmaceutical and diagnostic companies and require that all our partners are committed to working in a responsible, transparent, and accountable way. We expect our work with these partners to be based on achieving clear, patient-focused objectives. We remain grateful for the work they do in ensuring that clinical trials can be developed to help people access new treatments and therapies.

Finally, we remain committed members of the Blood Cancer Alliance, Cancer52, the Scottish Cancer Coalition, the Wales Cancer Alliance and the Northern Ireland Charities Coalition. We are proud to work with our fellow members on representing the views and priorities of all blood cancer patients.

Report of the Directors
incorporating Strategic Report

For the 12 months to 31 December 2024

Financial review

Despite the ongoing challenges of 2024 from the cost of living crisis and an uncertain economic environment in which we operate, we have carefully managed our finances and managed to commence the delivery of our strategy at good pace. Our income has remained resilient, with good growth driven by the initial phase of fundraising investment, and we have been able to make progress in delivery of our strategic objectives. During the year we generated income of £5.5m and incurred operational expenditure of £6.9m, which was broadly in line with our budgeted parameters and our investment plans. We ended the financial year with a deficit of £1,053,544 (2023: deficit £1,416,423).

£5.5m

Our income for the year was £5.5m

£6.9m

Our expenditure on meeting the needs of people affected by myeloma was £6.9m

£2.1m

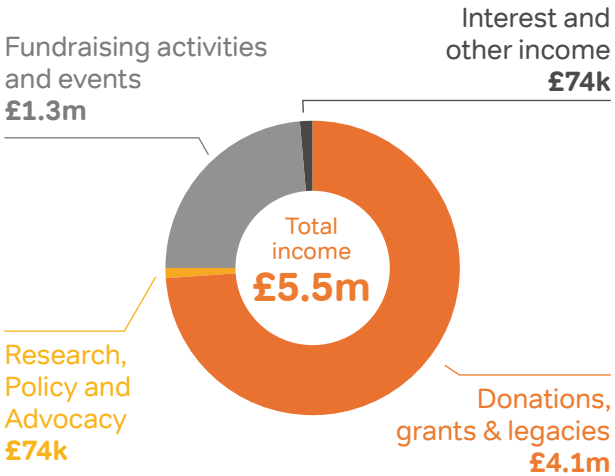
Our expenditure on research totalled £2.1m

67p

From every £1 of expenditure, 67p was spent on improving the lives of people affected by myeloma

Income

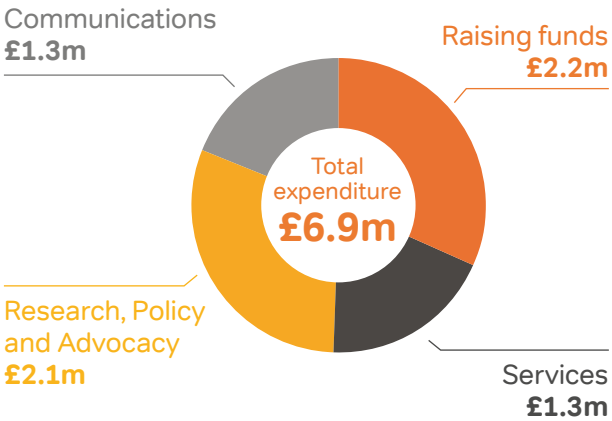
Total income for the year was £5.5 million (2023: £5.2 million). Overall our voluntary income performed well bringing in £4.1m (2023: £4.0m). Within it legacies performed very strongly at just under £1.0m (2023: £0.9m), and our Gala Dinner delivered results above expectation. Income from fundraising activities and events also showed encouraging growth in the year at £1.3m (2023: £1.0m).



We are very grateful for the significant and continuing financial support of all our donors and supporters.

Expenditure

Our expenditure for the year was £6.9m (2023: £6.2m), an increase of £650k on the previous year. The main increase, £426k, was on further developing our fundraising team in anticipation of delivery of our ambitious new strategy.



We continued to operate with efficiency and effectiveness, while investing substantially to enable delivery of our new strategic objectives. Every pound spent on fundraising activity generated £3.10 (2023: £3.5) of income and for every pound spent, 67p (2023: 71p) was available to spend on our charitable activities.

Funds

Our Statement of Financial Position shows that we are in a strong position with a current ratio[1] of 4.6:1 (2023: 4.8:1); this position is largely attributed to significant investments and bank balances which are held in anticipation of funding a portfolio of research activities in the medium term (see note 21) and investment into our new strategic plan for 2024–2028.

Reserves policy

At 31 December 2024 total reserves were £7.7m (2023: £8.8m); the total free unrestricted reserves net of fixed and intangible assets were £7.6m (2023: £8.4m).

Reserves are split between restricted, designated and general reserves as follows:

- **Restricted Reserves, £126k (2023: £291k)**

  This represents funds that have been received to fund research or specific projects; further details of these reserves are provided in note 22.

- **Designated Reserves, £4.7m (2023: £6.0m)**

  This is comprised of a reserve designated for research purposes of £0.5m (2023: £0.8m), a reserve designated for grants payable commitments of £0.5m (2023: £1.2m), strategic investment reserve of £1.5m (2023: £2.0m) and a prudent reserve of £2.2m (2023: £2.0m) which represents 6 months of salaries and overheads costs for the organisation (see Note 22).

  Our research and grant payable reserves reflect our ongoing commitment to fund research within our current portfolio of £1.0m (2023: £2.0m) across several programmes, including funding translational and genetics research at the ICR, and grants exploring prevention and earlier diagnosis at University of Birmingham and University College London. Details of these commitments can be found in Note 21.

- **General Reserves, £2.9m (2023: £2.5m)**

  Our new strategy commenced in January 2024 and is expected to run through to December 2028. It creates a framework that will enable us to prioritise and meet the existing and emerging needs of people affected by myeloma. To facilitate this ambition, we are investing in several initiatives which includes increasing our research capacity and service provision, as well as increasing fundraising activity and capacity, to ensure our future growth is funded in a planned and sustainable way. This investment was initiated in 2023, subsequently reducing our total reserves from £10.2m in 2022 to £7.7m at the end of the current period, and will continue with expected reduction in total reserves by another £1.0m over the coming year.

  This strategic investment is earmarked in our designated reserve, as noted above.

Investment policy

The organisation has a responsibility to its supporters, donors and other stakeholders to utilise its funds for its charitable purpose and to use them with efficiency, effectiveness and economy. Appropriate and regularly reviewed processes and procedures are in place to safeguard the organisation's assets, with the Reserves Policy defining the amount of funds available for investment and the Investment Policy Statement defining the terms on which those available funds are invested. The Investment Policy Statement specifies all of the relevant factors such as the organisation's investment time horizon, objectives, attitude to risk and capacity for loss. The organisation's investments are stated at mid-market value at the balance sheet date and are managed by Meridiem Investment Management. The Statement of Financial Activities includes the net realised and unrealised gains and losses arising on revaluations during the year.

In 2023 the trustees reviewed the investments placement and decided to appoint a different firm to take responsibility for the organisation's funds. The change was implemented in April 2024 and through to December 2024 the investments performed well, ending the year with £319k of unrealised gain on market value of the portfolio.

1 Ratio of Current Assets to Current Liabilities

Risk management

Myeloma UK has a Risk Management Policy which defines our approach to risk and the process for identification and management of the organisation's key strategic risks. Effective risk management is at the heart of the successful delivery of our strategy and for protecting the future sustainability of Myeloma UK. Risks are identified and assessed using a common matrix and scoring system. The risks are then reviewed and those considered to be high are discussed by the Executive Leadership Team on a monthly basis, as well as being reported on at all Board and Finance Audit Committee meetings, with action plans put in place to manage them. During the 2024 financial year, major areas of focus in the management of our strategic risks related to the planned growth in fundraising income and ongoing IT and data security challenges. Table 1 provides a summary of the key risks identified and the steps taken in 2024 in order to manage them:

Table 1: Myeloma UK Key Risks

Risk	Mitigating action
Financial risk arising from an increasingly challenging fundraising environment and over-dependence on individual networks for major income streams.	• We focus on maintaining sufficient funds to meet our charitable objectives, through careful monitoring of actual results against the budget on a monthly basis. • Our investments and reserves policies are set to ensure that we have the ability to cope with variations in income and retain adequate liquidity to meet liabilities. • Creating new opportunities to maximise income potential and developing more diverse income streams to include a broader range of income streams.
Delay or non-completion of our research and services programmes due to lack of funds and/or recruitment of patients or research staff.	• Ensure adequate funds are in place through the implementation and delivery of the fundraising strategy and the designated reserve. • Continuous close monitoring of research projects and early action taken when issues arise. • To work closely and collaboratively with our research partners to enable recruitment of research staff.
Risks associated with information governance or security. A breach of IT infrastructure or services results in loss of data or denial of service.	• Action plan and staff training to ensure compliance with GDPR. • Continuous review of IT security and staff training. • Implementation of CyberEssentials completed in the year.
Attracting, developing and retaining talented staff and volunteers in a competitive employment market.	• As part of our People Strategy, we continue to develop and maintain employee reward scheme, performance programmes, and development and training plans to aid retention and ensure staff feel valued.

Grant making policy

All research grants awarded are subjected to a strict peer review process by various independent panels. The grant award process is in accordance with the Association of Medical Research Charities (AMRC) guidelines of which Myeloma UK is a member.

Going concern

Our financial position has remained strong throughout the year. We believe our operating model continues to be cost effective and robust, with ongoing efficient and effective delivery of our programmes and good initial progress on the new strategic plans. As we progress our strategy, we will continue to develop and improve services for our users. The Directors considered whether it remains appropriate to prepare the accounts on a going concern basis, and whether there was any material uncertainty relating to going concern. The Directors have reviewed the five-year financial plan to December 2030 including scenario analysis, stress testing of key assumptions, and risk mitigation proposals and found these to be robust. The large balance of free reserves on 31 December 2024 and the overall outlook for the strategy period provided the Directors with the confidence that Myeloma UK will have sufficient resources to continue to operate for the foreseeable future. These accounts have been prepared on a going concern basis.

Governance, structure and management

Incorporation and commencement: Myeloma UK was registered as a charity on 8 April 1997; it is a charitable company limited by guarantee (Company Number SC190563) incorporated on 23 October 1998. It is allowed to dispense with the word "limited" in its title. The organisation is governed by its Memorandum and Articles of Association and is recognised as a charity (Scottish Charity number SC026116).

Organisational structure

Working closely with the Chief Executive Officer, our Directors assume responsibility for the governance of the organisation; the setting of strategy; approval of budgets; financial planning; risk planning and investment strategy. All other tasks are the responsibility of the Chief Executive Officer, who at the year-end was supported by the Executive Directors and a team of 82 employees. Details of our Directors (during the 12 months and up to the date of this report) are available on page 39 under Company Information. Whilst Directors are elected at the organisation's Annual General Meeting or are co-opted during the year, they have no financial interest in the organisation. Each director is formally inducted and is provided with relevant information on the objectives and aims of Myeloma UK.

An induction programme is in place to enable new Directors to acquire a greater working knowledge and understanding of the organisation. Directors also have the opportunity to attend an annual Board Away Day where they meet with key staff members and learn more about the work of the charity. We also have in place an annual review policy where Directors can meet individually with the Chair to discuss any learning and development opportunities.

There are five sub committees of the board dealing with various areas of charitable activities and governance: the Finance and Audit Committee, the Nominations and Governance Committee, Research, Clinical and Access Committee, Income Generation, Communications and Brand Committee and Lived Experience Committee. The Finance and Audit Committee is responsible for overseeing operations including the consideration of budgets and planning. The Nominations and Governance Committee is responsible for ensuring that the board is comprised of members with the highest level and appropriate mix of skills and experience and HR matters. The Research, Clinical and Access Committee supports the Board in ensuring that the research and advocacy strategy and programmes are aligned with strategy, of high scientific quality and deliver expected outcomes. The Income Generation, Communications and Brand Committee's aim is providing guidance and oversight of fundraising and communication activities and practices. Finally, the Lived Experience Committee ensures that the voice of people living with myeloma is reflected in our programmes and projects, as well as provide monitoring of our safeguarding matters. There are also four groups and

panels which are advisory in nature and do not have the authority to act for or bind the organisation. Their remit is to provide the Chief Executive Officer and Board with additional advice on the development, review and implementation of the organisation's strategy in their respective areas of expertise.

Remuneration Policy

The Board is responsible for considering matters of pay and reward, pensions, volunteering, wellbeing, diversity, and culture. This Nominations and Governance Committee reviews the Chief Executive Officer's performance and advises the Board of Trustees on suitable objectives for the Chief Executive Officer. The Board of Trustees approves both the salary for our Chief Executive Officer and our pay structure. Jobs are evaluated before being placed in a grade and we regularly test a sample of roles against pay rates in the sector. The Board will take advice from officers which includes the benchmarking of salaries and evaluation of terms and conditions before reaching any decisions. Myeloma UK is committed to a policy of equal pay and aims to ensure that salaries reflect knowledge, skills, behaviours and capabilities required for satisfactory performance in each role whilst also demonstrating appropriate use of charitable donations. Decisions on all other staff salary levels are delegated to the Chief Executive Officer, with the Finance and Audit Committee considering the affordability of any proposed annual and incremental pay progression through the yearly budget setting cycle.

Co-operation in pursuit of charitable objectives

In pursuit of our objectives we co-operate and partner with a number of organisations including the Department of Health, the National Institute for Health Research, the Scottish Medicines Consortium, the Association of Medical Research Charities, the Blood Cancer Alliance and other relevant coalitions, networks and groups including other myeloma organisations.

Indemnity insurance

The charitable company maintains liability insurance for its directors and officers, which is qualifying third party indemnity provision for the purpose of the Companies Act 2006. The indemnity insurance was in force throughout the financial year and remains currently in force.

Company information

Directors

The Directors who served during the year ended 31 December 2024 and up to the date of signing were:

Simon Linnett (Chair)
(resigned 22 January 2024)
Judy Dewinter (Interim Chair)
(appointed 23 January 2024;
resigned 10 June 2024)
David Ereira (Chair) (appointed 10 June 2024)
Alexander Montgomery (Treasurer)
Andrea Abrahams
Paul Brocklehurst
Alan Chant
Geraldine Haley
Sarah Henshaw
Polly Hughes
Deborah Lancaster (appointed 31 May 2024)
Karen Paul (resigned 1 March 2025)
Rachel Snow-Miller (appointed 31 May 2024)
Dr Karthik Ramasamy
Dr Fenella Willis

Executive Leadership Team

The Executive Directors, along with Chief Executive Officer are considered to be the key management personnel of the charity.

Chief Executive:
Dr Sophie Castell
Director of Strategy, Communication and Brand:
Jo Nove
Director of Patient Services:
Pippa Foster
Director of Research & Advocacy:
Shelagh McKinley
Director of Fundraising:
Emily Legg (resigned 15 January 2024)
Director of Fundraising:
Matt Wynes
Director of People and Culture:
Barry Dow (appointed 2 October 2024)
Director of Finance & Operations &
Company Secretary: Kevin Craik
(resigned 20 November 2024)
Acting Director of Finance and Company
Secretary: Aleksandra Hadden
(appointed 20 November 2024)

Registered and Principal Office

Myeloma UK
22 Logie Mill
Beaverbank Business Park
Edinburgh
EH7 4HG

Auditor

Henderson Loggie LLP
The Stamp Office,
Level 5, 10–14 Waterloo Place
Edinburgh
EH1 3EG

Legal Advisers

Morton Fraser
Quartermile Two
2 Lister Square
Edinburgh
EH3 9GL

Turcan Connell
Princes Exchange
1 Earl Grey Street
Edinburgh
EH3 9EE

Principal Bankers

The Royal Bank of Scotland plc
2 Bernard Street
Edinburgh
EH6 6PU

Investment Managers

Meridiem Investment Management
Riverside House
2a Southwark Bridge Road
London
SE1 9HA

Statement of Directors' responsibilities

The Directors (who are also trustees of Myeloma UK for the purposes of charity law) are responsible for preparing the Directors' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Directors to prepare financial statements for each financial year. Under company law the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing these financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles of the Charities SORP (FRS 102);
- make judgements and accounting estimates that are reasonable and prudent ;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the organisation will continue in business.

The Directors are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended). They are also responsible for safeguarding the assets of the organisation and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Disclosure of information to the auditor

For each person who is a director at the time the report is approved:

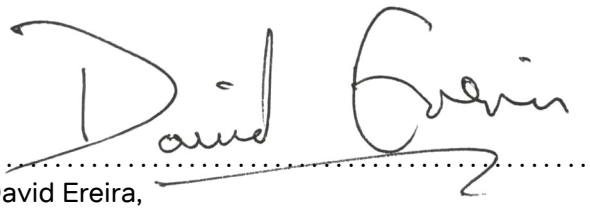
- so far as the director is aware, there is no relevant audit information of which the company's auditor is unaware; and,
- the director has taken all the steps that they ought to have taken as a director in order to make themself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Independent Auditor

The auditors, Henderson Loggie LLP, are deemed to be reappointed in accordance with section 487(2) of the Companies Act 2006.

Approved by the Directors at their meeting on 3 April 2025 and signed on their behalf by:

Signed:



David Ereira,
Chair and Director
Myeloma UK

22 Logie Mill, Beaverbank Business Park, Edinburgh, EH7 4HG

Independent Auditor's Report to the Members and Trustees of Myeloma UK for the Year Ended 31 December 2024

Opinion

We have audited the financial statements of Myeloma UK (the 'charitable company') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cashflows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2024, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis of opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' (who are also the Trustees of the charitable company for the purpose of charity law) use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

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

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Report of the Directors (incorporating the Trustees' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Directors has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Directors, which includes the Trustees' report.

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

- adequate and proper accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Directors

As explained more fully in the Statement of Directors' responsibilities, set out on page 40, the Directors (who are also the Trustees of the charitable company for the purposes of charity law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud, are detailed below.

As part of our planning process:

- We enquired of management the systems and controls the charitable company has in place, the areas of the financial statements that are mostly susceptible to the risk of irregularities and fraud, and whether there was any known, suspected or alleged fraud. Management informed us that there were no instances of known, suspected or alleged fraud;

- We obtained an understanding of the legal and regulatory frameworks applicable to the charitable company. We determined that the following were most relevant: FRS 102; GDPR; Health and Safety; employment law (including the Working Time Directive) and compliance with the UK Companies Act and Scottish charity legislation;
- We considered the incentives and opportunities that exist in the charitable company, including the extent of management bias, which present a potential for irregularities and fraud to be perpetrated, and tailored our risk assessment accordingly; and
- Using our knowledge of the charitable company, together with the discussions held with management at the planning stage, we formed a conclusion on the risk of misstatement due to irregularities including fraud and tailored our procedures according to this risk assessment.

The key procedures we undertook to detect irregularities including fraud during the course of the audit included:

- Enquiries with management about any known or suspected instances of non-compliance with laws and regulations and fraud;
- Reviewing minutes of board and sub-committee meetings for discussions of irregularities including fraud;
- Challenging assumptions and judgements made by management in their significant accounting estimates, in particular in relation to fair value of investments, completeness of legacies and grant accruals and commitments;
- Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness.
- Testing key revenue lines, in particular cut-off, for evidence of management bias; and
- Reviewing the financial statement disclosures and determining whether accounting policies have been appropriately applied.

Owing to the inherent limitations of an audit, there is unavoidable risk that some material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK). For instance, the further removed non-compliance is from the events and transactions reflected in the financial statements, the less likely the auditor is to become aware of it or to recognise the non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation. The primary responsibility for the prevention and detection of irregularities and fraud rests with the directors.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Signed:

Henderson Loggie LLP

Diana Penny, Senior Statutory Auditor
For and on behalf of Henderson Loggie LLP
Chartered Accountants
Statutory Auditor

Eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

The Stamp Office, Level 5, 10-14 Waterloo Place
Edinburgh EH1 3EG

Date: 16 April 2025

Statement of Financial Activities (incorporating income and expenditure account) for the year to 31 December 2024

	Note	General Funds 2024 £	Designated Funds 2024 £	Total Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £	Total Funds 2023 £
Income and endowments from:							
Donations, grants & legacies	2	3,920,511	–	3,920,511	186,080	4,106,591	4,074,093
Charitable activities:							
• Lived Experience & Clinical Practice	3	6,786	–	6,786	–	6,786	5,677
• Research, Policy & Advocacy	4	42,099	–	42,099	1,500	43,599	82,629
Other trading activities:							
• Fundraising activities & events	5	1,260,112	–	1,260,112	–	1,260,112	1,003,167
Investments	6	74,039	–	74,039	–	74,039	77,683
Total		5,303,547	–	5,303,547	187,580	5,491,127	5,243,249
Expenditure on:							
Raising funds	7	2,178,911	–	2,178,911	69,844	2,248,755	1,822,851
Charitable activities:							
• Lived Experience & Clinical Practice	8	1,190,305	–	1,190,305	70,681	1,260,986	1,208,114
• Research, Policy & Advocacy	9	1,846,578	–	1,846,578	212,250	2,058,828	1,937,552
• Communications	10	1,295,959	–	1,295,959	–	1,295,959	1,240,298
Total		6,511,753	–	6,511,753	352,774	6,864,527	6,208,815
Net income/(expenditure) before investments gains / (losses)		(1,208,206)	–	(1,208,206)	(165,194)	(1,373,400)	(965,566)
Gains / (losses) on investments	17	319,856	–	319,856	–	319,856	(450,857)
Net income/(expenditure)		(888,350)	–	(888,350)	(165,194)	(1,053,544)	(1,416,423)
Transfers between funds	22	1,246,237	(1,246,237)	–	–	–	–
Net movement in funds		357,887	(1,246,237)	(888,350)	(165,194)	(1,053,544)	(1,416,423)
Reconciliation of funds:							
Total funds brought forward		2,566,397	5,937,291	8,503,688	290,778	8,794,466	10,210,889
Total funds carried forward	22	**2,924,284**	**4,691,054**	**7,615,338**	**125,584**	**7,740,922**	**8,794,466**

All results relate to continuing activities.

The notes on pages 47 to 66 form part of the financial statements.

Statement of Financial Position as at 31 December 2024

	Note	2024 £	2023 £
Fixed assets			
Intangible assets	15	–	348
Tangible assets	16	55,337	71,442
Investments	17	5,364,073	6,316,854
		5,419,410	6,388,644
Current assets			
Debtors	18	800,828	1,232,565
Cash at bank and in hand	25	2,165,731	1,802,807
		2,966,559	3,035,372
Current liabilities			
Creditors due within one year	19	645,047	629,550
Net current assets		2,321,512	2,405,822
Total net assets	23	**7,740,922**	**8,794,466**
Represented by			
General funds	22	2,924,284	2,566,397
Designated funds	22	4,691,054	5,937,291
Restricted funds	22	125,584	290,778
		7,740,922	**8,794,466**

The financial statements were authorised for issue by the Board of Trustees at their meeting on 3 April 2025 and signed on their behalf by:

Chair and Director
David Ereira

Treasurer and Director
Alex Montgomery

Company Number SC190563

Statement of Cash Flows
for the year ended 31 December 2024

	Note	2024 £	2023 £
Cash flows from operating activities:			
Net cash used in operating activities	24	(970,202)	(740,552)
Cash flows from investing activities:			
Dividends, interest and rents from investments		74,039	77,683
Purchase of property, plant and equipment	16	(13,551)	(65,676)
Purchase of investments	17	(5,010,000)	–
Disposal of investments	17	6,286,573	–
Net cash provided by investing activities		1,337,061	12,007
Change in cash and cash equivalents in the reporting period		366,859	(728,545)
Cash and cash equivalents at the beginning of the reporting period		1,802,807	2,531,352
Cash and cash equivalents at the end of the reporting period	25	**2,169,666**	**1,802,807**

1. Accounting policies

General information – Charitable Company

The principal activity of Myeloma UK is to help myeloma patients live longer and with a better quality of life. We provide a broad and innovative range of services, from information and support, to improving standards of treatment and care through research, education, campaigning and raising awareness. Patients drive the organisation's sense of urgency and desire to accelerate the delivery of improved care, effective treatments and ultimately to find a cure for myeloma.

Myeloma UK is a charitable company limited by guarantee incorporated in the United Kingdom and registered in Scotland under company number SC190563. It is recognised as a charity for tax purposes by HMRC and is registered with the Office of the Scottish Charity Regulator (OSCR) under charity number SC026116. In the event of the winding up of the charitable company a member is liable to contribute a sum not exceeding £1. Details of the registered office can be found on page 39 of these financial statements.

The financial statements have been prepared under the historical cost convention modified to include certain financial instruments at fair value. The principal accounting policies adopted are set out below.

Basis of accounting

- The financial statements have been prepared in accordance with the charity's governing document, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended), "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)", the Financial Reporting Standard 102 applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.
- Myeloma UK is a Public Benefit Entity as defined by FRS 102.
- Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.
- These financial statements are presented in pounds sterling (GBP) as that is the currency in which the charity's transactions are denominated. All amounts are rounded to the nearest £.

Going concern

- The charity has net deficit for the year ended 31 December 2024 of £1.1m (2023: deficit £1.4m) and at 31 December 2024 has net assets of £7.7m (2023: £8.8m). At 31 December 2024 the charity had unrestricted reserves of £7.6m (2023: £8.5m).
- Due to the level of unrestricted cash reserves held by the charity the Directors are of the opinion that the organisation can meet its obligations as they fall due for the foreseeable future. The organisation makes use of budgets and forecasts to manage and assess financial performance, ensuring that liabilities are met as they fall due. On this basis, the Directors consider it appropriate to prepare the financial statements on a going concern basis.

1. Accounting policies (continued)

Critical judgements and estimates

- In preparing the financial statements the Directors make estimates and assumptions which affect reported results, financial position and disclosure of contingencies. Use of available information and application of judgement are inherent in the formation of the estimates, together with past experience and expectations of future events that are believed to be reasonable under the circumstances. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions of accounting estimates are recognised in the period in which the estimate is revised and in future period where the revision affects both.
- Critical judgements are made in the application of income recognition requirements and the recognition of grants payable in line with performance conditions applicable to individual awards.

Fund accounting

- Unrestricted funds are available for use at the discretion of the Directors in furtherance of the general objectives of the organisation.
- Designated funds are unrestricted income sources which have been reserved for a specific future purpose. This designation has an administrative purpose only and does not legally restrict the Directors' discretion to apply the fund.
- Restricted funds are subject to specific requirements as to their use which are imposed by the donor or through the terms of an appeal or grant.

Recognition of income

- Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the items of income have been met, the receipt is probable and the amount can be measured reliably.
- Donations, fundraising and trading income as well as tax recoveries are included in the period in which they are receivable.
- Investment income is included when receivable.
- Legacies are recognised as income when there is entitlement, probability of receipt and measurability of the legacy. Where legacies have been notified to the charity and the criteria for income recognition haven't been met, the legacy is treated as a contingent asset and disclosed if material. No life interest legacies have been awarded to the organisation.
- Grants are credited to the Statement of Financial Activities and Income and Expenditure Account in the year in which they are receivable. Grants are not recognised as receivable until the conditions for receipt have been met.
- Where there are performance conditions attached to any grants and donations, income is recognised when the conditions have been met or when meeting the conditions are within the charity's control and there is sufficient evidence that they have been met or will be met. Where a grant condition allows for the recovery of any unexpended grant, a liability is recognised when repayment becomes probable.

1. Accounting policies (continued)

Allocation and recognition of expenditure

- Expenditure is recognised when a legal or constructive obligation arises. Where possible, expenditure has been charged directly to charitable expenditure or support costs. Where this is not possible, the expenditure has been allocated on the basis of time spent by staff on each activity.
- Grants payable are payments made to third parties in the furtherance of the charitable objectives of the organisation.
- Provisions for grants are made when the intention to make a grant has been communicated to the recipient and there is uncertainty about either the timing of the grant or the amount of grant payable, but the terms and conditions attached to the grant have been met. Where the performance conditions have not been met, grants payable are only disclosed as future commitments in the notes to the accounts.
- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the organisation and costs linked to the strategic management of the organisation.
- Support costs have been allocated to categories on a basis consistent with the use of resources, e.g. on the basis of total direct costs incurred by each activity.

Intangible fixed assets and amortisation

- Intangible assets are initially measured at cost and subsequently measured at costs less accumulated amortisation and accumulated impairment losses.
- Amortisation is calculated on a straight line basis to allocate the assets cost evenly over its estimated useful life:
  - Campaign database – 7 years straight line
- The amortised value intangible assets are subject to an annual impairment review. Impairment losses are recognised in the Statement of Financial Activities in the year of impairment.
- The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in the Statement of Financial Activities for the year.

Tangible fixed assets and depreciation

- Tangible fixed assets consist of office equipment and leasehold improvements.
- Individual fixed assets costing £2,500 or more are capitalised at cost.
- Tangible fixed assets are stated at cost less depreciation and impairment losses.
- Tangible fixed assets are depreciated on a straight line basis over its estimated useful life:
  - Leasehold improvements – 8 years straight line
  - IT Equipment – 4 years straight line
  - Office equipment – 3–4 years straight line
- The amortised value tangible assets are subject to an annual impairment review. Impairment losses are recognised in the Statement of Financial Activities in the year of impairment.
- The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in the Statement of Financial Activities for the year.

1. Accounting policies (continued)

Fixed asset investments

- Investments are stated at fair value at the year end, which is provided by the charity's investment advisors. Gains and losses are included within the Statement of Financial Activities.

Debtors

- Aged Receivables are recognised at the undiscounted amount of cash receivable, which is normally the invoiced amount, less any allowance for doubtful debts.

Cash at bank and in hand

- Cash and cash equivalents consist of cash on hand, and balances with banks which are readily convertible, being those with maturities of three months or fewer from inception.
- Cash and cash equivalents are measured at amortised cost.

Creditors

- Aged payables are obligations to pay for goods or services that have been acquired. They are recognised at the undiscounted amount owed to the supplier, which is normally the invoice price.

Financial assets and liabilities

- Financial instruments are recognised in the statement of financial position when the charity becomes a party to the contractual provisions of the instrument. Financial instruments are initially measured at transaction price. Subsequent to initial recognition, they are accounted for as set out below.
- Financial instruments are classified as either 'basic' or 'other' in accordance with Chapter 11 of FRS 102. The charity has only entered into basic financial instruments.
- At the end of each reporting period, basic financial instruments are measured at amortised cost using the effective interest method. Quoted equity financial instruments are measured at fair value at the end of the reporting period with the resulting changes recognised in income or expenditure. Where the fair value cannot be reliably measured, they are recognised at cost less impairment
- Financial assets are derecognised when the contractual rights to the cash flows from the asset expire, or when the Charity has transferred substantially all the risks and rewards of ownership. Financial liabilities are derecognised only once the liability has been extinguished through discharge, cancellation or expiry.

Holiday pay accrual

- A liability is recognised to the extent of any unused holiday pay entitlement which has accrued at the balance sheet date and is carried forward to future periods. This is measured as the undiscounted salary cost of the future holiday entitlement.

Operating leases

- Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the Statement of Financial Activities on a straight-line basis over the life of the lease.
- Operating lease commitments disclosure includes irrecoverable VAT where appropriate.

1. Accounting policies (continued)

Pension costs

- The organisation operates a defined contribution pension scheme for a money purchase pension so there is no outstanding liability to the company. Contributions are charged to the statement of financial activities as they become payable in accordance with the rules of the scheme. Pension costs follow staff costs in allocating the liability and expense to activities and restricted funds.

Taxation

- The charity has trading profits from trade which does not relate to the charity's primary purpose, and so are liable to corporation tax. Where the charity exceeds the small trading turnover threshold, corporation tax is due on any profits which arise.
- Current tax is recognised for the amount of income tax payable in respect of the taxable profit for the current or past reporting periods using the tax rates and laws that have been enacted or substantively enacted by the reporting date.
- The organisation is registered, but partially exempt for VAT. Accordingly, expenditure includes irrecoverable VAT where applicable.
- Any Gift Aid repayment due on income receivable is recognised on an accruals basis.

Donated professional services and goods

- Donated professional services and donated goods are recognised as income, if a value can be reliably measured, at the value to the charity when received. In accordance with the Charities SORP (FRS 102), no amounts are included in the financial statements for services carried out by volunteers, including professional services provided directly by volunteers.

Income and endowments

2. Donations grants and legacies

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Total 2023 £
Donations (including tax recoverable)	2,044,542	58,681	2,103,223	1,946,992
Legacies	994,700	326	995,026	928,303
Grants from Corporate and Charitable Trusts	144,498	76,448	220,946	318,916
Grants from pharmaceutical companies	79,400	49,000	128,400	145,433
Community fundraising	657,371	1,625	658,996	734,449
	3,920,511	**186,080**	**4,106,591**	**4,074,093**

3. Charitable activities – Lived Experience and Clinical Practice

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Unrestricted Funds 2023 £
Infoday fees	5,886	–	5,886	5,372
Consultancy services	900	–	900	305
	6,786	–	**6,786**	**5,677**

4. Charitable activities – research & development

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Unrestricted Funds 2023 £
Research projects income	9,380	1,500	10,880	80,048
Consultancy services	32,719	–	32,719	2,581
	42,099	**1,500**	**43,599**	**82,629**

5. Other trading activities – fundraising activities & events

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Total 2023 £
Myeloma UK events	396,802	–	396,802	362,865
Fundraising activities	659,915	–	659,915	468,408
Merchandise	53,284	–	53,284	65,913
Lottery	150,111	–	150,111	105,981
	1,260,112	**–**	**1,260,112**	**1,003,167**

6. Investment income

	Unrestricted Funds 2024 £	Unrestricted Funds 2023 £
Interest received	74,039	77,683
	74,039	**77,683**

Expenditure on

7. Raising funds

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Unrestricted Funds 2023 £
Special Events and Major Donors	142,601	62,000	204,601	192,726
Myeloma UK events	201,733	–	201,733	183,022
Fundraising activities	279,056	–	279,056	123,397
Merchandise	52,498	–	52,498	55,371
Other fundraising costs	98,249	–	98,249	70,896
Employment costs (note 12)	975,427	7,844	983,271	815,351
Support costs (note 11)	366,068	–	366,068	333,676
Governance costs (note 11)	63,279	–	63,279	48,412
	2,178,911	**69,844**	**2,248,755**	**1,822,851**

8. Charitable activities – Lived Experience and Clinical Practice

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Total 2023 £
Programme costs	201,923	43,000	244,923	232,443
Employment costs (note 12)	747,625	27,681	775,306	807,295
Support costs (note 11)	205,273	–	205,273	147,042
Governance costs (note 11)	35,484	–	35,484	21,334
	1,190,305	**70,681**	**1,260,986**	**1,208,114**

9. Charitable activities – Research, Policy and Advocacy

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Total 2023 £
Programme costs – grants payable	799,585	122,736	922,321	915,359
Programme costs – other	172,686	15,186	187,872	130,282
Employment costs (note 12)	481,221	74,328	555,549	402,046
Support costs (note 11)	335,152	–	335,152	427,796
Governance costs (note 11)	57,934	–	57,934	62,069
	1,846,578	**212,250**	**2,058,828**	**1,937,552**

Grants payable in the current and previous year are payable to the following institutions:

Institute for Cancer Research	262,503	67,495	329,998	518,820
Leeds University Hospital	256,808	–	256,808	240,712
Queen University Belfast	49,618	25,106	74,724	39,518
University College London	170,063	15,004	185,067	46,069
University of Birmingham	53,311	14,005	67,316	50,119
University of Warwick	1,967	–	1,967	20,121
University of Oxford	5,315	1,126	6,441	–
Total grants payable, as above	**799,585**	**122,736**	**922,321**	**915,359**

10. Charitable activities – communications

	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £	Total 2023 £
Programme costs	308,289	–	308,289	354,447
Employment costs (note 12)	740,237	–	740,237	627,014
Support costs (note 11)	210,965	–	210,965	226,040
Governance costs (note 11)	36,468	–	36,468	32,797
	1,295,959	**–**	**1,295,959**	**1,240,298**

11. Governance and support costs

	Fundraising 2024 £	Services 2024 £	Research 2024 £	Comm 2024 £	Total 2024 £	Total 2023 £
Governance						
Accountancy and audit	8,963	5,026	8,206	5,165	27,360	23,473
Board expenses	18,825	10,556	17,235	10,849	57,465	30,942
Legal and professional fees	13,459	7,547	12,322	7,756	41,084	26,783
Consultancy costs	2,997	1,681	2,744	1,728	9,150	28,926
Employment costs (note 12)	19,035	10,674	17,427	10,970	58,106	54,488
	63,279	**35,484**	**57,934**	**36,468**	**193,165**	**164,612**
Support costs						
Employment costs (note 12)	175,497	98,410	160,675	101,139	535,721	425,660
Office costs	44,099	24,729	40,375	25,414	134,617	132,356
IT costs	48,285	27,076	44,208	27,827	147,396	153,330
Administration costs	34,668	19,440	31,740	19,979	105,827	132,155
HR & Other costs	63,519	35,618	58,154	36,606	193,897	291,053
	366,068	**205,273**	**335,152**	**210,965**	**1,117,458**	**1,134,554**
Total Support costs	**429,347**	**240,757**	**393,086**	**247,433**	**1,310,623**	**1,299,166**

12. Employee remuneration

	2024 £	2023 £
Salaries	2,929,804	2,551,150
Employer's national insurance	303,896	259,717
Employer's pension contribution	414,490	320,987
	3,648,190	3,131,854
Average number of employees	80	75
Employees earning between £60,001 and £70,000	1	1
Employees earning between £70,001 and £80,000	3	3
Employees earning between £80,001 and £90,001	1	–
Employees earning between £110,001 and £120,000	1	1

13. Payments to Directors

	2024 £	2023 £
No Directors received any remuneration or other benefits.		
Board travel and related expenses reimbursed	13,318	5,057
Trustee indemnity insurance paid during the year	2,019	1,835
Total employee benefits of key management personnel	692,526	602,254

12 Board Directors were reimbursed travel expenses in 2024 (2023: 6).

14. Net movement in funds

	2024 £	2023 £
This is stated after charging:		
Auditors' remuneration – audit	14,400	9,500
Auditors' remuneration – non-audit services	11,114	13,972
Operating leases expenses	96,754	95,239
Loss on disposal of fixed assets	4,718	–
Depreciation & amortisation	25,286	21,392

15. Intangible fixed assets

	Capitalised software £
Cost	
At 1 January 2024	4,882
Purchased during period	–
Disposed off	–
At 31 December 2024	**4,882**
Amortisation and impairment	
At 1 January 2024	4,534
Provided during period	348
Eliminated on disposal	–
At 31 December 2024	**4,882**
Net book value	
At 31 December 2024	**–**
At 31 December 2023	348

16. Tangible fixed assets

	Leasehold Improvement £	Office Equipment £	Total £
Cost			
At 1 January 2024	24,075	161,648	185,723
Purchased during period	–	13,551	13,551
Disposed off during period	–	(13,203)	(13,203)
At 31 December 2024	**24,075**	**161,996**	**186,071**
Depreciation			
At 1 January 2024	10,274	104,007	114,281
Provided during period	3,334	21,604	24,938
Eliminated on disposal	–	(8,485)	(8,485)
At 31 December 2024	**13,608**	**117,126**	**130,734**
Net book value			
At 31 December 2024	**10,467**	**44,870**	**55,337**
At 31 December 2023	13,801	57,641	71,442

17. Investments

	£
Listed investments	
Fair value 1 January 2024	6,316,854
Purchases	5,010,000
Disposals	(6,286,573)
Realised investment losses	(30,281)
Unrealised investment gains	350,137
Fair value 31 December 2024	5,360,137
Cash held in the investment portfolio	3,935
Total investments at 31 December 2024	**5,364,073**
Historical cost	5,010,000

During the year the investment management provider has been changed from Ruffer LLP to Meridiem Investments. The investments are held in a global charitable fund. Individual securities within this fund are not identifiable.

18. Debtors

	2024 £	2023 £
Aged Receivables	4,599	67,597
Prepayments and accrued income	796,229	1,164,968
	800,828	**1,232,565**

19. Creditors due within one year

	2024 £	2023 £
Aged payables	294,286	230,490
Accruals and deferred income	201,913	204,088
Accruals for grants payable	68,000	113,669
Taxation and social security creditors	80,848	81,303
	645,047	**629,550**

Deferred income

	£	£
At 1 January 2024	28,133	34,446
Released in year	(14,083)	(20,396)
Income deferred in the year	23,846	14,083
At 31 December 2024	37,896	28,133

Income (registration fees and sponsorship money) relating to sporting events which take place in the following calendar year has been deferred until the event takes place.

20. Operating lease commitments

The organisation had non-cancellable commitments under operating leases as follows:

	2024 £	2023 £
Land and buildings		
Payments due within one year	90,432	90,432
Payments due within 2-5 years	361,728	361,728
Payments due in more than 5 years	7,536	97,968
	459,696	550,128
Equipment		
Payments due within one year	3,483	3,243
Payments due within 2-5 years	10,731	6,012
	14,214	9,255
Total	**473,910**	**559,383**

21. Grants payable commitments

The organisation has the following commitments for grants payable:

Grant awarded to	Total Grant £	Committed 01 January 2024 £	Charged 2024 £	Released 2024 £	Accrued 2024 £	Historic Adjustment 2024 £	New Grants 2024 £	Committed at 31 December 2024 £
ICR – Research Programme Grant	1,985,656	927,355	(315,082)	–	–	(86,235)	–	526,038
University of Leeds – CARP	750,000	250,000	(188,808)	(780)	(68,000)	7,588	–	–
David Forbes Nixon Foundation Fellowship at ICR	1,000,000	45,686	(14,916)	–	–	–	–	30,770
Geographical Inequalities	100,000	52,245	(25,106)	(27,139)	–	–	–	–
Health Informatic Collaborative	99,644	99,644	(99,644)	–	–	–	–	–
MGUS project	58,004	6,441	(6,441)	–	–	–	–	–
Early Diagnosis (MUK2021.ED01)	250,000	203,930	(85,423)	–	–	–	–	118,507
Early Diagnosis (MUK2021.ED05)	240,000	189,881	(67,316)	–	–	–	–	122,565
Bioinformatics – MUK-Informatics 2022	240,000	200,482	(49,618)	–	–	–	–	150,864
Survivorship Grant – The RADIUS Study	98,146	–	–	–	–	–	98,146	98,146
	4,821,450	**1,975,664**	**(852,354)**	**(27,919)**	**(68,000)**	**(78,647)**	**98,146**	**1,046,890**

21. Grants payable commitments (continued)

Grant commitments noted above relate to projects running for longer than 12 months and covering more than one accounting period.

Details of the grant periods and timing are noted below:

Project name	Total grant £	Start date and grant period	Remaining balance £
ICR – Research Programme Grant	1,985,656	August 2019 – 6 years (extended to July 2026)	526,038
DFNF Fellowship at ICR	1,000,000	July 2018 – 6 years (extended to February 2025)	30,770
University College London – Early Diagnosis MUK2021.ED01	250,000	September 2022 – 4 years	118,507
University of Birmingham – Early Diagnosis MUK2021.ED05	240,000	September 2022 – 4 years	122,565
Bioinformatics – MUK-Informatics 2022	240,000	February 2023 – 3 years	150,864
Survivorship Grant – The RADIUS Study	98,146	December 2024 – 2 years	98,146

22. General, Designated and Restricted funds

Unrestricted funds	01 January 2024 £	Income £	Expenses £	Transfers £	Gains £	31 December 2024 £
General funds	2,566,397	5,303,547	(6,511,753)	1,246,237	319,856	2,924,284
Designated funds						
Operating expenditure	1,975,436	–	–	207,058	–	2,182,494
Strategy Investment	1,993,335	–	–	(531,665)	–	1,461,670
Research Programmes	745,479	–	–	(255,397)	–	490,082
Grants payable commitments	1,223,041	–	–	(666,233)	–	556,808
Total unrestricted funds	8,503,688	5,303,547	(6,511,753)	–	319,856	7,615,338
Restricted funds						
Diagnosing Myeloma Earlier:						
• Early Diagnosis	26,135	24,282	(30,135)	–	–	20,282
• Improve Diagnosis	–	32,803	(32,803)	–	–	–
Discover and Share Knowledge:						
• DFN ICR	–	14,916	(14,916)	–	–	–
• ICR Programme Grant	–	52,579	(52,579)	–	–	–
• CARP 2024	–	–	–	–	–	–
• Changing patient experience	52,245	–	(40,793)	–	–	11,452
Living Well With Myeloma:						
• Heart & Circulatory Study Fellowship	112,500	–	(48,867)	–	–	63,633
• Survivorship	20,000	–	–	–	–	20,000
• Infoline	15,907	6,500	(22,407)	–	–	–
• Patient Information	–	5,000	(5,000)	–	–	–
• Peer Programme	1,991	2,500	(3,774)	–	–	717
• Infodays	–	10,000	(10,000)	–	–	–
• Health Inequalities	–	39,000	(29,500)	–	–	9,500
Foundations:						
• Gala Diner	62,000	–	(62,000)	–	–	–
Total restricted funds	290,778	187,580	(352,774)	–	–	125,584
Total charity funds	**8,794,466**	**5,491,127**	**(6,864,527)**	–	**319,856**	**7,740,922**

Designated Funds

Fund name:	Fund purpose
• Operating expenditure	Designated reserve to support the charity in meeting its operational costs for the period of 6 months.
• Strategic Investment	Designated reserve for investment in new strategy.
• Research Programmes	Balance of research grant payable commitment at the year-end not relating specifically to biomedical research programmes.
• Grants payable commitments	Funds relating to grant commitments for biomedical research grants.

22. General, Designated and Restricted funds (continued)

Fund name		Fund purpose
Preventing Myeloma	Early Diagnosis – Understanding Precursor Conditions	Funding supporting work in early diagnosis, including support from Benecare Foundation and charitable trusts for two ongoing Early Diagnosis grants.
	Improve Diagnosis	Funding received from iTecho for *Using digital health to transform the management of long-term conditions in the NHS* project, as well as funds raised through our Spring Appeal.
Treating Myeloma	DFN ICR Fellowship	Funding provided by David Forbes-Nixon Foundation for Dr Martin Kaiser's Research Fellowship at the Institute of Cancer Research.
	ICR Programme Grant	Restricted research donations allocated to grant funding for a programme of translational research at the ICR to investigate the genetic changes that lead to the development and progression of myeloma.
	CARP 2024	Donations received in support MUK ongoing funding for Concept and Access Research Programme at the University of Leeds
	Changing patient experience	Funding for projects aiming to change myeloma patients experience in care, including funding from Sanofi and Takeda for Geographical Inequalities project.
Living Well With Myeloma	Heart & Circulatory Study Fellowship	Chapman Livanos Fellowship funded specifically to explore impact of heart and circulatory conditions on myeloma outcomes.
	Survivorship Grant	Donations to support new grants exploring survivorship in people affected by multiple myeloma.
	Infoline	Funding received from Janssen, Basil Death Trust and the February Foundation in support of Myeloma UK's Infoline and Ask the Nurse programmes.
	Patient Information	Grant funding received from a major donor to support preparation and distribution of our patient information.
	Peer Programme	Grants received from Alexion UK and charitable trusts in support of our Peer Programme.
	Infodays	Funding received from Alexion to support running our in person Infodays in November 2024.
	Health Inequalities	Funding received from Gilead, MSD and Kyowa Kirin supporting one of our strategic projects focused on expanding reach in minority ethnic communities with higher prevalence of multiple myeloma.
Foundations	Gala Diner	Donations received specifically to support running our Gala Dinner 2024.

For comparative purposes, the 2023 funds note is shown below.

Unrestricted funds	01 January 2023 £	Income £	Expenses £	Transfers £	Gains £	31 December 2023 £
General funds	5,918,506	4,267,475	(5,395,116)	(1,773,611)	(450,857)	2,566,397
Designated funds						
Operating expenditure	1,627,883	–	–	347,553	–	1,975,436
Strategy Investment	–	–	–	1,993,335	–	1,993,335
Research Programmes	801,742	–	–	(56,263)	–	745,479
Grants payable commitments	1,734,055	–	–	(511,014)	–	1,223,041
Total unrestricted funds	10,082,186	4,267,475	(5,395,116)	–	(450,857)	8,503,688
Restricted funds						
Diagnosing Myeloma Earlier						
Early Diagnosis	41,132	25,509	(40,506)	–	–	26,135
Improve Diagnosis	–	6,600	(6,600)	–	–	–
Heart & Circulatory Study Fellowship	–	112,500	–	–	–	112,500
Discover and Share Knowledge						
Biomedical Research	25,512	9,511	(35,023)	–	–	–
DFN ICR	–	161,491	(161,491)	–	–	–
ICR Programme Grant	–	357,329	(357,329)	–	–	–
CARP 2022-2023	–	60,000	(60,000)	–	–	–
Survivorship Grant	–	20,000	–	–	–	20,000
Transform Patient Experience						
Changing patient experience	62,059	–	(9,814)	–	–	52,245
Patients Advocacy	–	40,000	(40,000)	–	–	–
Influencing Positive Change in Care						
Infoline	–	30,894	(14,987)	–	–	15,907
Patient Information	–	54,239	(54,239)	–	–	–
Patient Services	–	31,096	(31,096)	–	–	–
Peer Programme	–	4,605	(2,614)	–	–	1,991
Enablers						
Gala Diner	–	62,000	–	–	–	62,000
Total restricted funds	128,703	975,774	(813,699)	–	–	290,778
Total charity funds	**10,210,889**	**5,243,249**	**(6,208,815)**	**–**	**(450,857)**	**8,794,466**

23. Analysis of net assets between funds

	Unrestricted Funds £	Restricted Funds £	Total £
Intangible fixed assets	–	–	–
Tangible fixed assets	55,337	–	55,337
Investments	5,364,073	–	5,364,073
Net current assets	2,195,928	125,584	2,321,512
	7,615,338	**125,584**	**7,740,922**

For comparative purposes, the 2023 analysis of net assets note is shown below.

	Unrestricted Funds Restated £	Restricted Funds £	Total Restated £
Intangible fixed assets	348	–	348
Tangible fixed assets	71,442	–	71,442
Investments	6,316,854	–	6,316,854
Net current assets	2,116,044	290,778	2,406,822
	8,504,688	**290,778**	**8,795,466**

24. Reconciliation of net income to net cash flow from operating activities

	2024 £	2023 £
Net income for the reporting period (as per the statement of financial activities)	(1,053,544)	(1,416,423)
Adjustments for:		
Depreciation & amortisation charges	25,286	21,391
Loss on disposal of assets	4,718	–
(Gains) / losses / on investments	(319,856)	450,857
Dividends, interest & rents from investments	(74,039)	(77,683)
Decrease/(increase) in debtors	431,737	482,779
Increase / (decrease) in creditors	15,496	(201,473)
Net cash used by operating activities	**(970,202)**	**(740,552)**

25. Analysis of cash, cash equivalents and net debt

	2023 £	Cash flows	2024 £
Cash at bank	**1,802,807**	**362,924**	**2,165,731**
Cash held as part of investment portfolio	**–**	**3,935**	**3,935**
		366,859	**2,169,666**

The charitable company does not have any financial debts such as overdrafts or bank loans.

26. Controlling party

In the opinion of the Directors, there is no controlling party.

27. Related parties

During the year the charity received unrestricted donations of £22,296 from ten trustees (2023: £5,560 from four trustees). Additionally gifts-in-kind for auction at the Gala Dinner with value of £16,700 (2023: £nil) have been received from one trustee.

The charity received a donation in support of Myeloma UK Gala Dinner of £10,000 (2023: £nil) from Mishcon de Reya LLP. One of the partners is a close family member of a Myeloma UK trustee.

Another donation in support of Gala Dinner of £15,000 (2023: £nil) was received from GenesisCare Ltd. One of the trustees of Myeloma UK is also a member of management team at the company.

28. Comparative Statement of Financial Activities

	Note	General Funds 2023 £	Designated Funds 2023 £	Total Unrestricted Funds 2023 £	Restricted Funds 2023 £	Total Funds 2023 £	Total Funds 2022 £
Income and endowments from:							
Donations, grants and legacies	2	3,407,312	–	3,407,312	666,781	4,074,093	4,040,024
Charitable activities:							
• Services	3	5,677	–	5,677	–	5,677	7,814
• Research & development	4	76,029	–	76,029	6,600	82,629	26,728
Other trading activities							
Fundraising activities & events	5	700,774	–	700,774	302,393	1,003,167	1,158,748
Investments	6	77,683	–	77,683	–	77,683	12,716
Total		4,267,475	–	4,267,475	975,774	5,243,249	5,246,030
Expenditure on:							
Raising funds	7	1,822,851	–	1,822,851	–	1,822,851	1,266,222
Charitable activities:							
• Services	8	1,089,677	–	1,089,677	118,437	1,208,114	1,302,911
• Research & development	9	1,242,290	–	1,242,290	695,262	1,937,552	1,784,971
• Communications	10	1,240,298	–	1,240,298	–	1,240,298	858,515
Total		5,395,116	–	5,395,116	813,699	6,208,815	5,212,619
Net income/(expenditure) before investment (losses)/ gains		(1,127,641)	–	(1,127,641)	162,075	(965,566)	33,411
Gains on investment assets	17	(450,857)	–	(450,857)	–	(450,857)	470,091
Net income/(expenditure)		(1,578,498)	–	(1,578,498)	162,075	(1,416,423)	503,502
Transfers between funds	22	(1,773,611)	1,773,611	–	–	–	–
Net movement in funds		**(3,352,109)**	**1,773,611**	**(1,578,498)**	**162,075**	**(1,416,423)**	**503,502**
Reconciliation of funds:							
Total funds brought forward		**5,918,506**	**4,163,680**	**10,082,186**	**128,703**	**10,210,889**	**9,707,387**
Total funds carried forward	22	**2,566,397**	**5,937,291**	**8,503,688**	**290,778**	**8,794,466**	**10,210,889**

29. Company status

Myeloma UK is a company limited by guarantee and the contribution of members to the liability of the Charity is restricted by the Memorandum and Articles of Association to a maximum of £1.

30. Non-audit services

In common with many other organisations of its size, the charitable company engages its auditors to provide other accounting services. Henderson Loggie LLP, Myeloma UK's auditor, were also engaged to provide payroll, VAT advisory and Corporation Tax services. A total of £11,114 was incurred in the current year in respect of these services (2023: £13,972).

31. Donations in kind

During the year the charity received the following donations of goods and services

	2024 £	2023 £
Gala auction items	58,221	–
Professional services	29,275	–

32. Financial assets and liabilities held at fair value through net income

	2024 £	2023 £
Listed investments	5,364,073	6,316,854

Appendix 1

This appendix is for information only and does not form part of the audited financial statements.

Income and cash receipts from pharmaceutical and related healthcare companies

	Accrued / (deferred) at 01/01/24	Cash received	Released in year	Accrued in year	Recognised	Accrued at 31/12/2024
Akt Health Communications Ltd	–	240	–	–	240	–
Alexion Pharma UK Ltd	7,500	17,500	(7,500)	–	10,000	–
The Binding Site Ltd	–	–	–	25,000	25,000	25,000
Bristol-Myers Squibb Pharmaceuticals Ltd	15,000	25,000	(15,000)	–	10,000	–
Gilead Sciences	–	19,000	–	–	19,000	–
GlaxoSmithKline UK Limited	20,026	20,726	(20,026)	–	700	–
ITECHO Health Ltd	1,100	2,600	(1,100)	–	1,500	–
Janssen-Cilag Ltd	440	14,630	(440)	–	14,190	–
Johnson & Johnson	–	19,400	–	–	19,400	–
Kyowa Kirin Ltd	–	5,000	–	–	5,000	–
Merck, Sharp & Dohme	–	–	–	15,000	15,000	15,000
Menarini Stemline UK Limited	–	4,767	–	500	5,267	500
Pfizer Limited	19,536	28,927	(19,536)	–	9,391	–
Oxford Biomedica UK Limited	–	5,000	–	–	5,000	–
Sebia UK Ltd	–	11,192	–	–	11,192	–
Sanofi Specialty Care	–	34,710	–	–	34,710	–
Takeda UK Ltd	30,000	65,389	(30,000)	–	35,389	–
Takeda Farmacêuticos Portugal Lda	–	640	–	–	640	–
Total	**93,602**	**274,721**	**(93,602)**	**40,500**	**221,619**	**40,500**

Income from pharmaceutical companies recognised in 2024:

	Core grant	Research / Project*	Consultancy/ Honoraria	Events
Akt Health Communications Ltd	–	–	240	–
Alexion Pharma UK Ltd	–	10,000	–	–
The Binding Site Ltd	25,000	–	–	–
Bristol-Myers Squibb Pharmaceuticals Ltd	10,000	–	–	–
Gilead Sciences	–	19,000	–	–
GlaxoSmithKline UK Limited	–	–	700	–
ITECHO Health Ltd	–	1,500	–	–
Janssen-Cilag Ltd	–	–	200	13,990
Johnson & Johnson	19,400	–	–	–
Kyowa Kirin Ltd	–	5,000	–	–
Merck, Sharp & Dohme	–	15,000	–	
Menarini Stemline UK Limited	–	–	1,844	3,423
Pfizer Limited	–	9,391	–	–
Oxford Biomedica UK Limited	5,000	–	–	–
Sebia UK Ltd	–	–		11,192
Sanofi Specialty Care	–	–	720	33,990
Takeda UK Ltd	20,000	–	240	15,389
Takeda Farmacêuticos Portugal Lda	–	–	640	–
Total	**79,400**	**59,891**	**4,344**	**77,984**

* Details of restricted projects funding can be found in Note 22 on page 60.

Thank you

Support from individuals, our patrons, trusts and foundations, and corporate partners is vital to funding our crucial work. We are particularly grateful to those listed who have donated to us during the year. A special thank you goes out to our Board of Directors, partners and all the staff at Myeloma UK who make our work possible.

Individuals

Abbie and Mark Joseph
Alex Wilson
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Ali and Paul Rostas
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The McConnachie Family
Timothy Martin
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Toby and Lucy Gosnall
Toni A Coggins
Vanessa Ferrett

We also wish to thank our supporters who chose to remain anonymous.

Gifts in Wills

Alison Mary Goult

Audrey Winifred Sanderson

Barbara Mary Lavina Brand Kembrey

Beverley Jane Cooke

Brenda Elizabeth Knight

Brian Reginald Pudner

Christopher Paul Barwick

Colin Stanley Grigg

Doreen Winifred Edith Relf

George Miller

Gordon Charles Woodall

Graham Benjamin Broadhead

Helen Marguerite Davies

Jean Anne Ainger

John Duncan Hamilton

John Jackman

John Michael Pease

Joyce Christie Wittler

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Laura Enid French

Leslie Alan Killick

Mary Louise Thonger

Mary Wilson

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Dowlwy Turner Real Estate

Ecclesiastical Insurance Group

GenesisCare

Gilead Sciences

GlaxoSmithKline plc

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Icelantic

Johnson & Johnson Innovative Medicine

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Kyowa Kirin UK and Ireland

Lindt & Sprungli (UK) Ltd

London Metal Exchange

Lothian Buses

M7 Real Estate

Macfarlanes LLP

Marex

Martley Capital

Menarini Stemline UK

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National Association of Tangent Clubs

Oat Services

Orbis Investments

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Prada Retails UK

Premier League

R Gordon Roberts Laurie & Co

Recycle 4 Charity

Right Car

Sanofi UK

Scotland Communications

Sebia (UK) Ltd

Skosh York

Spirax Sarco

Squire and Partners

Takeda UK Ltd

Team Lewis

Temple Fortune Club

The Binding Site Ltd

The Graduate Salon

Thomas Miller & Co Ltd

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VetPartners – Head Office

Viridian Solar

William Purves Funeral Director

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Bosphorus Foundation

Brian and Jill Moss Charitable Trust

C.A. Redfern Charitable Foundation

Cruden Foundation

DFN Charitable Foundation

Dischma Charitable Trust

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