# Bowel Cancer UK

# Annual Report and Financial Statements

For the year ended 31 December 2025

Bowel Cancer UK
Beating bowel cancer together

Credit: Bowel Cancer UK

Every

# 12 minutes

**someone in the UK is diagnosed with bowel cancer.**

**That's over**

# 46,000

**people every year.**

Bowel cancer is the UK's fourth most common cancer. Tragically it's also the second biggest cancer killer, but it doesn't need to be. The disease is treatable and curable, especially if diagnosed early. Nearly everyone diagnosed at the earliest stage will survive.

We're the UK's leading bowel cancer charity and our vision is a future where nobody dies of bowel cancer.

We're determined to save lives and improve the quality of life of everyone affected by bowel cancer. We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about the disease, and campaign for early diagnosis and access to the best treatment and care.

**Join us to build a future where nobody dies of bowel cancer.**

# Contents

# Reflecting on our year and looking ahead together

## A message from our Chair of Trustees and Chief Executive

**Looking back at 2025, we feel both proud and deeply grateful. This has been our first year working together as Chair of Trustees and Chief Executive – a year of learning, listening and real progress, built on the strong foundations created by our outgoing Chair, Richard Anderson.**

The year has not been without challenge. The political and financial climate remains tough, and as a charity entirely reliant on voluntary income, we feel acutely the impact of rising costs and the pressure on household finances.

And yet, thanks to you – our supporters, partners and community – we raised more than £6.5 million to power our work.**That is no small achievement**.

What drives us forward is the simple, urgent truth: bowel cancer is about people. Every year, more than 46,000 people in the UK hear the words no one wants to hear – a diagnosis that changes lives in an instant. Behind every number is a person, a family, a future that matters.

It's these people and their experiences that are at the heart of the change we're driving. Their voices have helped shape a new National Cancer Plan for England and the Government's 10-year health plan. We are also seeing progress in lowering the screening age and improving the sensitivity of screening tests across all four nations.

Early diagnosis remains at the heart of everything we do. Our award-winning 'Tell Your GP Instead' campaign concluded this year, and the results are clear: more people recognising symptoms, more people seeking help, and more people turning to us for support. Together, we are shifting behaviour and saving lives.

We're also meeting people where they are, supporting thousands of people face-to-face, through information, support services and online community at moments when they need reassurance, clarity or connection.

Our partners have helped take our message even further. From supermarket shelves to household bathrooms, bowel cancer awareness is reaching people in new and unexpected ways.

At the same time, we're investing in the future. Our research programme has now committed £2.9 million since 2017.

This year, we've brought together researchers, clinicians and people affected by bowel cancer to tackle some of the biggest challenges – from rising diagnoses in younger people to the long-term impact of treatment.

None of this would be possible without you. Our community of supporters, volunteers, donors, researchers, health professionals, policymakers and partners are the driving force behind everything we achieve.

As we look to 2026, we do so with confidence and determination. We know our strategy is working, but we also know there is much more to do. Our focus now is on building the foundations for future growth: strengthening our fundraising, investing in a new website, advancing our data strategy, working with communities and health systems to improve outcomes.

**We are ambitious for what comes next – because the need has never been greater. Together, we're already changing lives. And together, we will go further.**

## From the bottom of our hearts, thank you.

Credit: Bowel Cancer UK

**Dr Damien Marmion, Bowel Cancer UK Chair of Trustees and Genevieve Edwards, Chief Executive Officer**

# Our year in numbers

We provided over

**3.6 million**

moments of support to people affected by bowel cancer

We supported more than

**49,000**

people through our online communities, Peer Support Line, Ask the Nurse service, awareness and engagement programmes, health information and education

**9 in 10**

patients felt more confident to ask questions and make choices about their diagnosis and treatment after using our health information resources

**100%**

of survey respondents said they would recommend our Peer Support Line to others

Almost **9 in 10** health professionals said they would recommend our resources to a colleague or patient

**444** people volunteered their time for us in 2025

**92%**

of volunteers would recommend volunteering with us

We funded new research grants totalling

**£524,000**

taking our investment in bowel cancer research since 2017 to

**£2.9 million**

We engaged with over

**2,100**

health professionals to improve knowledge of bowel cancer and over

**600**

health professionals joined our Networks to learn more

**16**

parliamentary champions across the UK supported us to make change happen

We visited

**10 locations**

across the UK with our roadshows, speaking to 6,820 people face to face about bowel cancer

**10,670**

incredible people donated and fundraised for us in 2025

Our generous supporters raised more than

**£6.5 million**

from donations of time, money, goods and services

# Financial summary 2025

## Income

Against a challenging fundraising backdrop, total income for 2025 was £6,573,027.

Overall income remained broadly stable year-on-year, despite continued challenges across the fundraising landscape. This reflects the strength and diversity of our income streams and the ongoing commitment of our supporters.

Legacy income performed strongly in the year, contributing to the overall position. Individual giving and community fundraising remained resilient, while corporate income was lower than the prior year, largely due to a reduction in gifts in kind.

Grant income included new funding secured to support key strategic initiatives, demonstrating continued confidence in our work and impact.

We're incredibly grateful to our supporters, partners and fundraisers, whose generosity continues to make our work possible.

## Expenditure

During the year, we continued to invest in delivering our strategic priorities, with total expenditure of £7,215,702.

We maintained a strong focus on early diagnosis, support services and research. Activity levels remained high following the significant expansion in 2024, with continued delivery of awareness campaigns, support programmes and research funding.

Infrastructure expenditure was lower in 2025 than in the previous year as we focused on embedding and optimising the improvements made in 2024 to support efficiency and resilience.

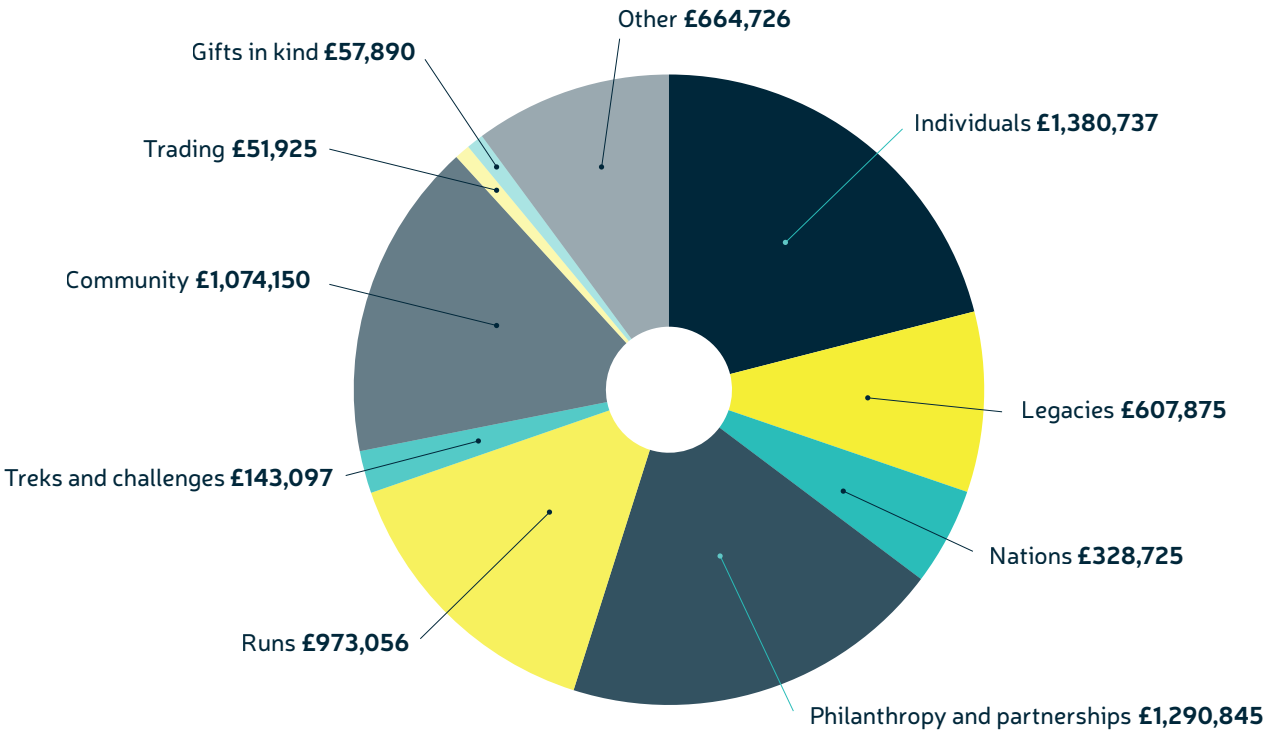
The resulting deficit reflects planned investment as part of our multi-year strategy.

## Thank you to all our supporters

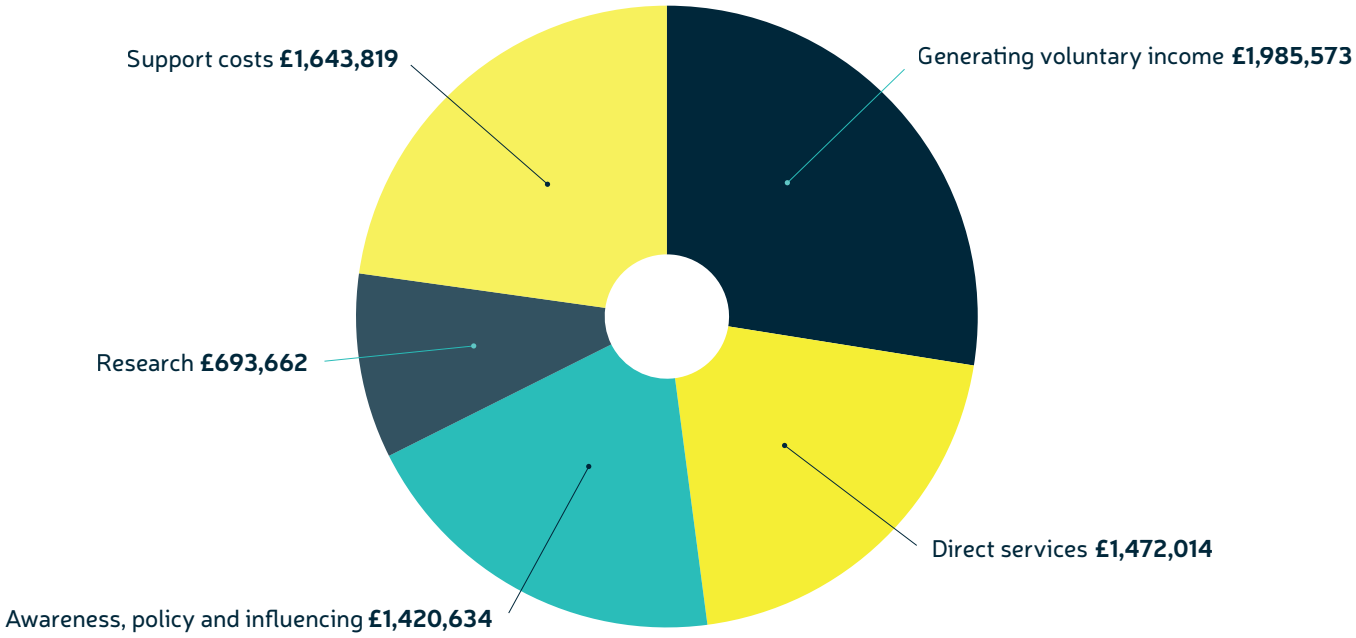
We want to thank every one of our supporters who helped make 2025 an incredible year. Everything you do makes a difference – running, swimming, walking, and even skydiving to raise money, pledging a Gift in your Will, committing to a regular donation, partnering with us, giving awareness talks, sharing personal stories, moderating our Forum and Facebook groups, completing surveys and consultations, campaigning with us, and spreading the word about our services to others who need them.

**Thank you, all of you, for everything you do. You're truly amazing!**

# Where our money comes from




# How we spend our money



# Our strategy: On a Mission

**Our vision is a future where nobody dies of bowel cancer. It's an ambitious aim that we're determined to achieve.**

**And it is possible** – bowel cancer is treatable and curable, especially if diagnosed early when more than 9 in 10 people will survive.

But it's a stark reality that too many people with bowel cancer in the UK are diagnosed at a later stage, when fewer treatment options are available. Fewer than 4 in 10 (37.5%) people are diagnosed at stages 1 and 2.[1] Shockingly, almost 1 in 4 (24.4%) people in England are diagnosed in emergency settings,[2] such as in A&E.

If we can achieve 'earlier' diagnosis – where every diagnosis happens one stage earlier – around 6,900 bowel cancer deaths could be prevented.[3]

At the same time, we'll continue to support everyone affected by bowel cancer, no matter where they find themselves pre- or post-diagnosis.

To do this, we've set four ambitious goals:

| | |
|---|---|
| **Goal 1:** | **Increase awareness and understanding of bowel cancer** |
| **Goal 2:** | **Remove the barriers to people being diagnosed quickly, and at the earliest possible stage** |
| **Goal 3:** | **Get the right treatment and care to every patient** |
| **Goal 4:** | **Support people to cope better with bowel cancer** |

**Join us to build a future where nobody dies of bowel cancer**

1. Proportion of bowel cancers diagnosed at stage 1 or 2 in England in 2022 (includes unknown stage diagnoses) using gold standard dataset, Cancer Research UK Early Diagnosis Hub, data from 2022, https://crukcancerintelligence.shinyapps.io/EarlyDiagnosis/
2. Route to diagnosis data for England in 2020, Cancer Research UK Early Diagnosis Hub, https://crukcancerintelligence.shinyapps.io/EarlyDiagnosis/
3. Calculated by the Cancer Intelligence team at Cancer Research UK, using data from:
   - NHS Digital, Cancer Survival in England for cancer cases diagnosed between 2016 and 2020 - followed up to 2021
   - NHS Digital, Staging Data in England (for 2018)

# Highlights from 2025

## 1 Increase awareness and understanding of bowel cancer

To make a step change in early diagnosis of bowel cancer, we must increase awareness and understanding of the disease. This means more people knowing what to look for and what to do if they experience symptoms, and people being aware of the bowel cancer screening programme and taking part when invited. Our research also tells us that some communities are more likely to develop and die from bowel cancer than others, so we must do more in these areas.

Awareness is vital for policymakers to ensure they prioritise measures that promote the early diagnosis of bowel cancer. It's critical they understand how many people are living with bowel cancer and the pressures in the system that prevent early diagnosis. That's why we're working with others – from patients and their families to health professionals, politicians and NHS partners – to make early diagnosis a priority.

## Out on the road

Our roadshow rolled into 10 new locations* in 2025, taking bowel cancer awareness right to the heart of communities with some of the lowest screening uptakes and toughest bowel cancer outcomes. Our dedicated staff worked shoulder to shoulder with a team of brilliant awareness volunteers and health professionals to raise symptom awareness, talk about the importance of screening and share support and information. We spoke to more than 6,800 people, handing out 26,000 publications – including new translated resources – and offering the chance to ask questions or share any concerns about bowel cancer. Local media also showed their support, encouraging more people than ever to come and visit the roadshows.

**Our thanks go to our #GetOnARoll partners Co-op, Morrisons and Asda who generously provided the space for our roadshow in 9 of the 10 locations.**

Credit: Bowel Cancer UK

Funded by

Bowelbabe Fund for Cancer Research UK

Our roadshow programme is funded by the Bowelbabe Fund for Cancer Research UK, which was created by our late patron Dame Deborah James in 2022 to fund work she was passionate about. We're honoured to have been awarded funding to create and run targeted roadshows and a GP education programme and are grateful to everyone who donated to the Fund, and to Cancer Research UK and Dame Deborah's family for generously awarding the funding.

*Isle of Wight, Manchester, Portsmouth, Falkirk, Thurrock, North East Lincolnshire, Swansea, Edinburgh, Burnley, Leicester

# Working together for Bowel Cancer Awareness Month

April is Bowel Cancer Awareness Month and we used this opportunity to highlight the symptoms of bowel cancer with our #PassItOn campaign. A survey to find out how many people could name the symptoms of bowel cancer was picked up by the media, with TV and broadcast interviews featuring our ambassadors Adele Roberts, Dr Anisha Patel and Nathaniel Dye MBE appearing on Good Morning Britain, Sky News, ITV's Lorraine and the BBC.

NHS partners, politicians, patients and supporters across the UK downloaded our toolkit and information and ran awareness events, while more than 140 people shared their personal bowel cancer stories to our virtual story wall, helping more people feel less alone. We saw 286 people across the four nations of the UK joining us as micro volunteers, helping to spread awareness throughout the month, while people flocked to our shop to buy their Bowel Cancer UK merchandise to raise awareness and raise funds to support our vital work. We're grateful to every person who took part in Bowel Cancer Awareness Month. By working together, we're reaching more people with information that will make earlier diagnosis possible.

# Let's #LookBackAndTrack

2025 saw us breaking down barriers once again, as part of our partnership with Andrex®. Our partnership mission is to help more people get comfortable talking about their toilet habits so they can spot the symptoms of bowel cancer earlier. In July, Andrex® launched their eye-catching Look Back and Track campaign, in partnership with us. Focusing on the importance of getting to know your normal, the campaign appeared across out of home sites, video on demand, retail, PR and media encouraging people to track their toilet habits and contact their GP if they spot something that's not normal for them. We showed up across supermarkets, London Tube stations, festivals, social media, display windows and beyond. We even had a very special takeover of Stevenson Square in Manchester for the duration of the Oasis tour.


Credit: Bowel Cancer UK

Bowel Cancer UK x Andrex® Look Back and Track Manchester takeover

As well as helping millions of people to know their normal, we were incredibly proud to see our partnership win two awards in 2025. The year was topped off with a three-year renewal of the partnership from 2026 to 2028, meaning we'll continue to ensure more people than ever know how to spot the signs of bowel cancer earlier.

**The partnership between Andrex and Bowel Cancer UK quite literally saved my life. An educational meeting, that happened as a direct result of this collaboration, made me stand up for myself and get symptoms I had been ignoring for too long checked out. I was diagnosed with Stage 2 bowel cancer. I have since been through tough but successful operations and treatment. I am cancer free and here to tell my story. I can't bear to think about how different things might have been if it wasn't for that conversation. Thank you.**

Gareth, who was diagnosed as a direct result of hearing about bowel cancer through our partnership with Andrex®

**Being diagnosed with bowel cancer at 39 changed my perspective on life, but it also gave me a new purpose. Through Bowel Cancer UK, I've been able to support others facing similar challenges, particularly people with stage 4 disease, BRAF mutations and those starting treatments I've experienced myself. I'm an active member of the Charity's online community, sharing practical advice, encouragement and hope with people at difficult points in their journey. I've also supported fundraising through my business and community activities. Volunteering gives me the opportunity to turn my experience into something positive and help others feel less alone.**

**Matt,** bowel cancer patient and Bowel Cancer UK volunteer

## We just keep rolling

Three years on and our award-winning #GetOnARoll campaign continues to gain momentum. We're delighted that the world's largest online retailer, Amazon, has committed to join our community of incredible #GetOnARoll partners, by sharing bowel cancer symptoms on their own brand 'by Amazon' toilet roll packaging from 2026. They'll be in good company, joining 11 other supermarkets and brands, all committed to putting life-saving symptom awareness information in bathrooms across the country, where people might experience red flag symptoms like blood in their poo.

The campaign began in the summer of 2022, when Marks & Spencer (M&S) employee and bowel cancer patient advocate Cara Hoofe, pitched her idea of putting bowel cancer symptoms on M&S own brand toilet roll packaging to CEO Stuart Machin, via an employee suggestion scheme.

Since then, we're proud to feature on the loo roll packaging of influential and forward-thinking brands, including Aldi, Asda, B&M, Co-op, Lidl, M&S, Morrisons, Ocado, Sainsbury's, Waitrose and Andrex®.

**"I was diagnosed with stage two bowel cancer... and was aware of the symptoms due to a campaign run by Bowel Cancer UK. Being aware of what to look out for played a key part in my decision to visit my GP, which resulted in a success story where I'm now cancer-free. I am extremely supportive of the #GetOnARoll campaign, which raises greater awareness of the signs and symptoms to look out for, effectively bringing the campaign into people's homes."**

Leigh, consultant at Waitrose, who was diagnosed early as a result of seeing our symptoms posters in their toilets

## Community awareness

We continued to take awareness into the heart of communities and reached more than 4,600 people through volunteer awareness talks and 7,600 people through community stands and events in locations across the UK.


Credit: Bowel Cancer UK

In Lincolnshire, we were thrilled that South Kesteven District Council chose Bowel Cancer UK as one of five charities to feature on the side of waste collection lorries, meaning their team of refuse collectors are quite literally driving life-saving awareness in the region.

While in Scotland, we worked with Glasgow City Health and Social Care Partnership to drive awareness in an area with particularly low screening uptake. There we spoke to nearly 300 people across four locations about symptoms and screening and provided GPs with packs of resources to support their patients.

Bowel cancer outcomes are often worse in communities who find it harder to access information and support, so in 2025 we expanded our health information offer, translating materials about bowel cancer for Polish, Punjabi and Romanian speaking members of our community.

We know better outcomes for bowel cancer start at home, so we're incredibly grateful to our volunteers and our partners across the UK for giving their time, knowledge and experience to ensure every community across the UK has the right support and information to diagnose bowel cancer sooner.

# Building parliamentary support and influence

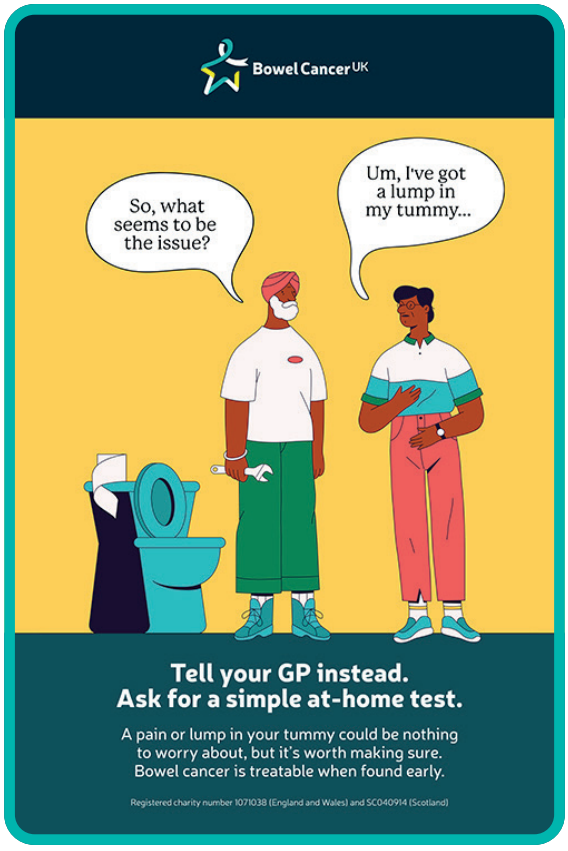
As well as making change at community level, we're driving awareness among change-makers. For early diagnosis to improve, decision-makers, including policymakers and politicians, need a clear picture of how bowel cancer is experienced, the issues facing patients and the scale of the challenge. In 2025, we strengthened our approach by building a network of 16 parliamentary champions across the UK – including representatives from each of the devolved nations – to raise the issues facing people affected by bowel cancer and to increase political visibility and pressure for change.

# Highlights from 2025

## 2 Remove the barriers to people being diagnosed quickly, and at the earliest possible stage

### Worried about symptoms? Tell Your GP Instead

Around a third of adults in the UK can't name a single symptom of bowel cancer and we need to change that. But we also know that some people who experience worrying symptoms like blood in their poo can wait six months or more before talking to their GP. So, awareness alone isn't enough – we need to tackle the barriers getting in the way of someone getting in touch with their GP when they have symptoms.




In May 2024 we launched 'Tell Your GP Instead'. Running until March 2025, this innovative behaviour change campaign focused on chipping away at the deeply entrenched barriers that prevent people from seeing a GP when they experience symptoms of possible bowel cancer and encouraged them to see their GP and ask for an at-home test.

Throughout the campaign we consulted bowel cancer patients, representatives of the target audiences and stakeholders including governments, health system leaders, primary care and sister charities to identify opportunities to collaborate.

**An evaluation of the final campaign results showed that:**

- The campaign successfully reached millions of people, through paid advertising across posters, radio, newspaper and digital channels
- **6 in 10** people in the target areas recalled seeing at least one element of the campaign
- **84%** of our target audience said they were very likely to contact their GP if they had symptoms after seeing the campaign
- We saw a **228%** increase in visits to relevant sections of the website when the campaign was running
- In the areas where the campaign ran, there was an increase in people contacting their GP with symptoms and an increase in people asking for an at-home poo test
- A third of GPs in the target areas were aware of our campaign, while more than a third recalled a patient raising it when presenting with symptoms

Following the success of the campaign, we're using the learnings and the approach to focus on targeted community-based partnerships in 2026 and beyond.

## Campaign success

We campaign to change the systems that impact people affected by bowel cancer from government policy and NHS priorities to how care is delivered in practice. By bringing together people with lived experience, health professionals and decision makers, we push for earlier diagnosis and better treatment and care.

## Influencing national policy and reform

In November 2024, following our campaigning work in partnership with a coalition of cancer charities known as One Cancer Voice, we were delighted to see the Government announce a new National Cancer Plan for England. Throughout 2025 we worked to ensure the plan reflects the needs of people affected by bowel cancer, submitting evidence from more than 400 people, alongside insights from clinical experts, building a stronger case for earlier diagnosis and improved care.

Alongside this, we influenced wider NHS reform by contributing to the Government's 10-Year Health Plan for England and responding to the national workforce call for evidence. We highlighted the urgent need for investment in early diagnosis, screening and community-based care and the impact of workforce shortages on timely diagnosis and treatment.

## Strengthening the evidence for change

Robust evidence is critical to driving policy change. In 2025, we commissioned independent modelling in association with Heriot-Watt University to assess the impact of improving bowel cancer screening, including lowering the screening age to 50


Credit: Simon Way

Nathaniel Dye MBE at the Houses of Parliament for One Cancer Voice

**We were deeply saddened to learn that our incredible supporter Nathaniel Dye MBE died on 31 January 2026. Since being diagnosed with advanced bowel cancer in 2023 he had made it his personal mission to raise awareness of cancer and was awarded an MBE for his campaigning efforts.**

Nathaniel was a huge advocate for our policy and influencing work, helping drive changes to policy so that no one else would have to go through what he had. He wrote the foreword for our policy report, shared his story to the media and helped us highlight the challenges experienced by people affected by bowel cancer both in Parliament and with health ministers.

Nathaniel will be greatly missed by everyone who knew him. His spirit further strengthens our resolve to do all we can to achieve our vision of a future where nobody dies of bowel cancer.

and increasing the sensitivity of the faecal immunochemical test (FIT). This work will help demonstrate how earlier diagnosis can save lives while supporting planning for diagnostic capacity.

We also worked with health professionals, academics and policymakers in Scotland to highlight gaps in Lynch syndrome care. Through a roundtable, we identified clear priorities for action, including improving access to surveillance and preventative treatment for patients at increased genetic risk.

## Driving real world impact through our campaigns

Our campaigning is already contributing to tangible change. In England, the NHS completed the roll-out of bowel cancer screening to people aged 50–74 in January 2025, while in Wales the expanded programme continued to embed throughout the year. These changes mean more people can benefit from early diagnosis and the removal of polyps, which can prevent the cancer from occurring.

At the same time, we've been building the foundations for future change. In 2025, we launched a new, patient-led campaign to tackle emergency diagnosis. By working closely with people diagnosed in crisis and their families, we captured powerful insights into the realities of late diagnosis. These experiences are now shaping a system-focused campaign to reduce emergency diagnosis and improve outcomes.

## Changing lives through research

In 2025, we focused on bringing together researchers, health professionals and patient advocates to strengthen our research community and ensure that the work we fund reflects the experiences of everyone affected by bowel cancer.

In spring, we hosted a one-day, in-person 'Research Together' event welcoming newly funded researchers, current grant holders, people with lived experience and charity staff. The day combined scientific presentations with personal stories from people affected by bowel cancer, alongside sessions from charity staff on our work and how researchers can get involved, with dedicated time for networking and discussion. The day was made possible through sponsorship from 18 Week Support.

To ensure our research benefits from diverse perspectives, we refreshed our Research Network and Lay Review Panel. After identifying gaps in representation, we adapted our recruitment approach by partnering with organisations supporting underserved communities and by promoting workplace volunteering opportunities.

We continued to collaborate on key research partnerships, including the UK Early Onset Colorectal Cancer Research Consortium (now COLOREACH UK), a group of UK academics, health professionals and people with lived experience, which Bowel Cancer UK both partners with and supports. In June, we joined experts from 25 countries at the Global Early-Onset Colorectal Think Tank (GEOCRCTT) to focus on the sharp rise in bowel cancer cases in people under 50 and to agree shared priorities for coordinated global action.

In November, we brought together health professionals, researchers and people with lived experience for a roundtable to identify the most important research questions for addressing the challenges people face following bowel cancer treatment. The day combined expert-led talks with facilitated discussions, resulting in a set of agreed research

priorities to guide future research funding and activity. The day was made possible through support from Merck, though sponsors had no influence over the content or outcomes of the day.

We were also thrilled to approve funding for four new projects totalling more than £524,000 for projects that address key challenges in bowel cancer diagnosis, including early onset cancer, risk prediction and genetic diagnosis. These new grants bring our total investment in research since 2017 to £2.9 million, with each project running for up to two years.

Together, these activities reflect how Bowel Cancer UK is connecting research, lived experience and clinical expertise to shape funding, inform priorities and ultimately drive change for people affected by bowel cancer.

**We were delighted that our trusts and foundations alone generously donated over**

**£266,000**

**towards our early diagnosis research projects**

## The four projects are:

**Professor Suzanne Scott and Dr Yin Zhou** at Queen Mary University of London are analysing data on people who develop bowel cancer in the years after tests for a suspected cancer come back clear

**Dr James Whitworth** at the University of Cambridge is studying special cases of Lynch syndrome that would be missed by standard genetic testing

**Dr Christina Dobson** at Newcastle University is investigating how young people are diagnosed with bowel cancer and the difficulties they can face reaching a diagnosis

**Dr Annie Baker and Professor Trevor Graham** at the Institute of Cancer Research, London, are developing a non-invasive way to predict bowel cancer risk in people who have inflammatory bowel disease

## Engaging communities

Our Community Services Engagement team focused on reaching diverse and deprived communities across Northern Ireland, Scotland, Wales, Birmingham and Manchester, raising awareness of bowel cancer and our services, and building connections with other local organisations. During 2025 the team delivered 20 patient events and 115 awareness stands, engaging directly with over 6,000 people.

We delivered an event in Newport, Wales for patients affected by bowel cancer. Working alongside four other cancer charities, speakers delivered sessions on the psychology of a cancer diagnosis and managing cancer-related fatigue. All participants in the session rated it excellent or good and 100% of participants asked to hear more from Bowel Cancer UK.

In Scotland, we teamed up with local community-based charity Spark in West Lothian. Spark provides social and volunteering opportunities with the aim of reducing social isolation and loneliness. Learning that more formal information stands had been less successful in the past, we attended a social morning to chat informally with their members. This resulted in 40 in-depth conversations, demonstrating the power of local partnerships.

In Birmingham and Manchester, we recruited new volunteers from diverse ethnic communities to help us better understand and overcome the varying barriers to early diagnosis.

## Supporting health professionals

**Our comprehensive programme of education and support for health professionals in primary care included:**

- Attending seven conferences, where we engaged directly with over **1,000** primary care health professionals.
- Delivering education to almost **1,200** primary care professionals to improve early diagnosis for suspected bowel cancer patients and reaching thousands more through our newsletters and updates.
- Developing best practice guidance on Lynch syndrome, supporting primary care health professionals to identify those at risk and support the diagnostic pathway.
- Ensuring access to free online learning modules on topics including early diagnosis, symptomatic FIT, bowel cancer screening, Lynch syndrome and younger people. These were completed by nearly **1,200** professionals, with **94%** saying they would apply what they've learned in their practice and change their clinical decision-making behaviour.

We recognise the important role pharmacists play in earlier diagnosis of bowel cancer and continued to engage with pharmacists in 2025. We attended the Pharmacy Show in Birmingham where we spoke to over 200 delegates, sharing our professional support, pharmacy toolkits and health information for patients.

> **"Claire really engaged the audience and made her talk interactive. It was a pleasure to hear her speak."**
>
> **Health professional who attended talk at Nursing in Practice LIVE**

# Highlights from 2025

## 3 Get the right treatment and care to every patient

We're proud to be a part of the vibrant, supportive bowel cancer community of patients, health professionals and researchers, all striving to secure improvements for each and every patient, today and in the future. We're ambitious for our community and know we're stronger together, so we'll continue to advocate for better treatment and care for patients in our four nations.

### Providing high quality health information

We maintained our library of high-quality health information publications and webpages covering topics from diagnosis through to treatment, for patients and health professionals. Over the year, we distributed over 270,000 printed publications and had more than 17,000 downloads of our publications and factsheets. Our online health information pages were viewed over 1.5 million times.

New and updated publications included our 'Younger people with bowel cancer', 'Treating advanced bowel cancer', 'Living well' and 'Practical tips' booklets.

We were delighted to maintain our accreditation from the Patient Information Forum (PIF), an independent membership body for people and organisations working in health information and support. The PIF TICK programme is the only independently assessed quality mark for print and digital health information and helps people identify trusted, evidence-based information.

We saw 230 responses to our annual health information user survey, from patients, family and friends and health professionals. The results offer invaluable insights into what information people want and when, and what formats are most useful. This helps us to identify gaps in our information offering and improve our resources to better meet the needs of our community.

**9 in 10 patients**

felt more confident to ask questions and make choices about their diagnosis and treatment after using our health information resources

Almost

**9 in 10 health professionals**

said they would recommend our resources to a colleague or patient

# The National Colorectal Cancer Nurses Network (NCCNN)

We're passionate about working closely with Colorectal Clinical Nurse Specialists (CNSs) to enhance, complement and improve care for people with bowel cancer. We support the National Colorectal Cancer Nurses Network and in 2025 we delivered online education events focusing on anal cancer, treatment options in early colorectal cancer and updates in chemotherapy and radiotherapy. Attendance resulted in more than 600 hours of learning.

In September we delivered our annual face-to-face education event in London. We brought together over 100 CNSs, endoscopists and specialist screening practitioners from across the UK to further their knowledge and understanding of colorectal cancer and improve the care of those affected by the disease. There was the opportunity to learn from experts as well as to meet colleagues and peers.

We also launched our new Professional Development framework for Colorectal CNSs at the event. The framework, which has been accredited by the Royal College of Nursing, was developed by Bowel Cancer UK and the NCCNN Education Advisory Group to support nurses, management and employers with the knowledge, skills and training that CNSs will gain and demonstrate as they progress in the role.

At the study day, our ambassador Dr Anisha Patel presented the prestigious Gary Logue Colorectal Cancer Nurse Awards. The awards were set up in honour of Gary, a nurse who worked for our charity, who sadly died in 2014. The awards showcase the achievements of Colorectal CNSs who make a significant impact to those affected by bowel cancer, provide exceptional care and show outstanding initiative, and nominations are made by colleagues and patients.

## This year's Gary Logue Colorectal Cancer Nurse Award winners:

**The winner of the award for a nurse nominated by their colleagues**
Rachel Quinn, Colorectal Nurse Specialist Team Leader from the Liverpool University Hospitals Trust

**The winner of the award for a nurse nominated by a patient or their family**
Charlotte Browne, Clinical Nurse Specialist in Colorectal Oncology at the East Suffolk and North Essex NHS Foundation Trust

Dr Anisha Patel (centre) with winners Rachel Quinn (left) and Charlotte Browne (right)

Credit: Bowel Cancer UK

## Delivering health professional education

The second cohort of students completed our MSc module 'Fundamentals of Colorectal Nursing'. The module was developed by our Clinical Lead Claire Coughlan and Lewisham and Greenwich NHS Trust Clinical Academy to support Colorectal Clinical Nurse Specialists (CNSs) to increase their knowledge and confidence to deliver service improvements. Students were enthusiastic about the course content and agreed that they would not only apply their learning to their clinical practice but would also recommend the course to colleagues.

> **"The course has been fantastic, up to date, relevant and absolutely on point for [this] specialised field of nursing. The leaders Claire and Tracey and of course Beth have all been so supportive, approachable and engaging. I would recommend anyone to participate in this course."**
>
> **2024-25 MSc module student**

## Amplifying patient voices

When new cancer treatments are being considered for use on the NHS, it's vital that the experiences of patients help shape those decisions. We supported people affected by bowel cancer to share their experiences as part of national approval processes across the UK.

By submitting patient experiences to decision-making bodies, including the National Institute for Health and Care Excellence (NICE), the Scottish Medicines Consortium (SMC) and National Cancer Medicines Advisory Group (NCMAG), we helped ensure the real-life impact of bowel cancer was understood. This led to important decisions that will improve access to treatment:

- **In England and Wales**, NICE approved bevacizumab, alongside chemotherapy, for people with advanced bowel cancer. This means more than **7,000** people could now benefit from a treatment that can help extend life. NICE also approved fruquintinib (Fruzaqla) for eligible advanced bowel cancer patients.
- **In Scotland**, SMC approved fruquintinib (Fruzaqla) after it had previously been rejected, widening access for patients. NCMAG approved bevacizumab (Avastin and biosimilars), alongside chemotherapy, for first- and second-line treatment for advanced bowel cancer patients.

Sadly, advanced bowel cancer patients often face limited treatment options. These decisions widen people's choices and can improve patients' quality of life, help them cope better with the disease and possibly give them more precious time with their family and loved ones.

# Highlights from 2025

## 4 Support people to cope better with bowel cancer

People may react to being diagnosed with bowel cancer in many ways. Understanding a cancer diagnosis and the available treatment and support options at each stage after diagnosis can have a real impact on the decisions a patient makes, their outcomes and their emotional wellbeing. We know that those close to someone with bowel cancer can also need support and information to cope. We've always been there, every step of the way, for everyone affected by bowel cancer with expert information, advice and support. We'll continue to find better ways to support more patients when they need us the most, both UK-wide and at community level and make it easier and faster for people to access our services.

### Providing support services

In 2025 we provided over 3.6 million moments of support to bowel cancer patients, their families and carers, and to health professionals and others in the bowel cancer community. Our Ask the Nurse service continues to provide high-quality advice and support. In 2025 our nurses responded to more than 800 direct enquiries. Over 90% of users would recommend the service and, if necessary, use it again.

During 2025 our Peer Support Line received a total of 85 enquiries via phone or email, asking to speak to someone who understands what it's like to have a diagnosis of bowel cancer. In response, our trained volunteers completed 31 support calls. The others who enquired either didn't engage with the service, were signposted to more suitable services, or were asked to contact us once they had received their diagnosis.

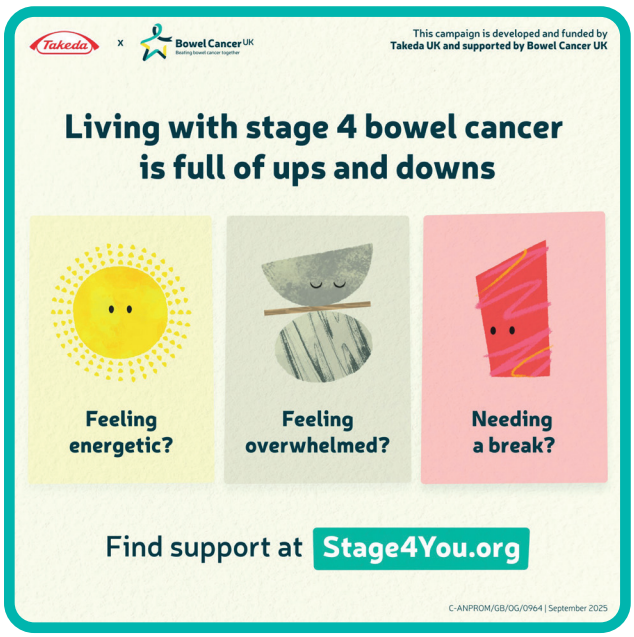
100% of those people who responded to our feedback survey said they would recommend the Peer Support Line to others.

> **"This group is a lifeline and I am so grateful for all the support and posts that have given me advice, positivity and hope on this challenging journey."**
>
> **Peer Support Line user**

Our popular online Forum saw an almost 11% increase in members in 2025, with 954 new people joining this supportive community, which is moderated by volunteers with lived experience of bowel cancer. Our Facebook groups – including our Living With Stage 4 group – saw a 20% increase in people joining, taking us to more than 3,000 members in total.

## Working in partnership

2025 also saw the launch of Stage4You, developed and funded by Takeda UK and Ireland and supported by Bowel Cancer UK. Shaped by insights from patients, patient advocates, caregivers and health professionals, Stage4You is an online platform designed to address the real challenges and unmet needs of people living with stage 4 bowel cancer. Whether seeking practical advice, emotional support or simply a moment of comfort, Stage4You brings together trusted resources to help empower people living with stage 4 bowel cancer.




Credit: Takeda UK and Ireland

**"I've found it helpful to have something I can turn to depending on how I'm feeling. Some days are harder than others, and it makes a difference to be able to access support in a way that fits around that. What works for me is being able to dip in and out when I have the energy. There's no pressure; it's just there if I need it, whether I'm trying to get through the day or feeling a bit more able to take things in.**

**After my diagnosis, I spent a lot of time searching online for information and support, which could feel overwhelming in itself. Having things brought together in one place has made that a bit easier to manage.**

**Stage 4 cancer can be an isolating experience, so hearing from others who understand what it's like has been really important. It helps you feel less alone in it all. I've also found it useful for coping with things like scan anxiety and the uncertainty that comes with living with cancer, especially as a parent. It's a reminder to try and stay present where you can. More than anything, it recognises that we're not just patients. We're still people with families, responsibilities and lives that continue alongside a diagnosis."**

**Stage4You user**

# Highlights from 2025


## Creating greater impact through stronger foundations

### Fundraising

In 2025, our incredible supporters showed up in their thousands to raise millions to drive forward our vision of a future where nobody dies of bowel cancer.

### In the community

From golf days to garden parties, epic cycling, running, swims, raffles, plant sales, coffee mornings and everything in between, our brilliant community fundraisers together raised over **£1 million**.

We saw our first 24-hour nail-athon by Holly, who raised over £1,000 in memory of her aunt, while Ellie and James raised donations from Santa's grotto and a raffle at their Christmas tree farm, raising over £9,000.

We saw more ultra swimming from Amy, who took on Loch Ness, swimming three miles further than the width of the English Channel in one go and raising over £4,700. And we saw epic trekking from Andrew, pictured above, who took on over 1,000 miles of the Great Himalaya Trail, in memory of his wife Cinders, fulfilling a lifelong ambition they both shared to complete this trek and raising over **£20,000** for Bowel Cancer UK.

**Community fundraising couldn't happen without our wonderful, dedicated supporters taking on challenges and encouraging loved ones, and the local community to support them. We are proud of each and every one of our fundraisers. Thank you.**

**"Doing the skydive was my way of turning something painful into a positive. I would say to others, if you're thinking about doing it go for it, it's one of the most powerful things you will ever experience. You don't just jump out of a plane, you jump out of your comfort zone, your fears, and the moment you land, the pride you feel is unbelievable. Not because you were fearless but because you did something meaningful. If you're looking for a way to honour someone, challenge yourself or give something back this is it. You will not regret saying yes."**

**Jessica, #TeamBowelCancerUK skydiver**

## Getting active

Over the course of 2025 we welcomed, supported and cheered on 728 people who took on a challenge event. Together they raised a staggering **£1,127,743**. In 2025 we had:

- **535 runners**, with 194 taking part in marathons racking up 5,044 miles between them and 341 taking part in half marathons totalling 4,467 miles
- **90 walkers**, **trekkers and ultra runners** taking part in Ultra Challenges in some of the most scenic locations across the UK
- **46 cyclists**, with 32 cycling from London to Brighton totalling 1,760 miles
- **57 skydivers** taking to the skies to face their fears in the ultimate challenge

In 2025 we saw our flagship fundraising events, Active April, Swim15 and Walkies Together continue to be a firm favourite in our fundraising calendar, with thousands of supporters signing up and together raising over **£200,000**.

We saw kitchen dancing by Angela every day in April, to support her husband, raising a whopping **£2,000**. In June, we saw Kitty swimming 15km to support her grandad. And October saw hundreds of dogs putting paws to the pavement, as part of Walkies Together, with pup Rollo and owner Katy completing 44 miles after Katy was diagnosed with bowel cancer. Katy said the challenge offered her both a positive focus whilst healing and a special way to involve friends and family. Katy and Rollo raised over **£1,700**.

In Wales, our Spring Cup Golf Day saw 16 teams from businesses battling it out for the coveted trophy and raising more than **£10,000**.

Our London Marathon team blew us away yet again with 153 runners raising **£603,696** including Ali, who with friends and family ran in memory of her husband Toby.

In September 2025, 313 fantastic runners raised **£191,000** in the Great North Run, including Jon, who has run the London Marathon and Great North Run for us every year since his dad Norman's diagnosis of bowel cancer. As well as our runners, we're grateful to our volunteers who cheer from the sidelines and greet runners at our post event venues.


Ali and "Team Toby" who took part in the London Marathon and raised a staggering **£115,488**

**"You don't need to be an athlete or raise thousands to make a difference. Every effort, no matter how small, counts. Fundraising is about showing up, spreading awareness, and being part of a community. You taking part can help change lives."**

**Kitty, Swim15 participant**

## Individuals and Gifts in Wills

In June we launched our 'Shine Bright' campaign, inviting people to make a donation to Bowel Cancer UK, with donors receiving a Star of Hope pin badge to show their support. More than 1,200 incredible people responded to our appeal, together raising more than **£20,000** to ensure more people with bowel cancer get the support they need.

Our Christmas appeal and partnership with the Big Give raised over **£70,000** to support our services. Thanks to our pledgers and supporters, and the brilliant Reed Foundation, people affected by bowel cancer can connect with those who have been there themselves, in safe places like our online Forum.

Gifts in Wills are particularly special and allow our work to continue for years to come. We received more than **£600,000** in Gifts in Wills during 2025, with a further 30 people pledging to leave us a Gift in their Will in the future. Pledges made in memory of a loved one raised over **£639,000**. These incredibly generous gifts bring our vision of a future where nobody dies from bowel cancer even closer as they enable us to invest in the services and research that will change the story for thousands of people facing a bowel cancer diagnosis in the future.


Credit: SJM Concerts/Peter Kay

In November, we were thrilled to be named as one of 12 cancer charities being supported by comedian Peter Kay, as part of a special series of arena nights to end his "Better Late than Never" tour in 2026.

## Corporate partnerships, trusts and foundations

In 2025, our generous corporate partners, trusts and foundations helped us raise a record-breaking **£1.4 million**. We're incredibly grateful for their generosity and commitment.

We were delighted to be awarded a grant of over **£300,000** to invest in a new Strategy and Insight function and to develop a new website. Our website is critical to the support we can offer to our community and this gift will benefit millions of people who come to us for information and support for years to come. Work on the website will begin in 2026, with completion planned for spring 2027.

It has been wonderful to see all our corporate partners showing their support in a variety of ways across the year. From running marathons and jumping from planes to sponsoring our health professional conferences and spreading bowel cancer awareness with their colleagues and customers – we cannot do what we do without them.

In 2025 we were also fortunate to receive valuable pro bono and Gift in Kind support from many of our partners, including Andrex®, Takeda and Randalls, helping us spread our vital message even further.


Credit: Bowel Cancer UK

## Essential infrastructure

We continued our transformation programme to ensure our systems and infrastructure support the charity's growth, resilience and long-term sustainability.

During 2025, the IT and Data teams supported a range of critical projects, providing technical, implementation and integration expertise across new systems including an applicant tracking system (ATS), a volunteer management system (VMS), an HR information system (HRIS) and GoDonate. These have modernised our people, supplier and income processes, improving efficiency and enabling better data-driven decisions.

We successfully implemented the Raiser's Edge NXT customer relationship management (CRM) system, delivering the project end-to-end from initial evaluation and selection through to design, testing and implementation. The first phase included configuration, user training and a complex data migration, improving data quality and creating a more reliable single source of truth. We also began developing our first integrations to support a more connected digital ecosystem.

Alongside this, we achieved Cyber Essentials and Cyber Essentials Plus accreditation, reinforcing our commitment to strong cyber security. We also continued to deliver in-house IT support, refining our ticketing system to improve service delivery.
We began transitioning from on-premises infrastructure to a cloud-first architecture, migrating servers and services to cloud platforms to improve resilience, scalability and flexibility.

**Together, these achievements strengthen our digital capability and position us well for future growth and innovation.**

## Investing in our people

We're committed to ensuring our staff are motivated, treated fairly and rewarded appropriately. Over the past year, we've continued to invest in our people, systems and ways of working to strengthen employee experience, engagement and organisational effectiveness.

We've developed and adopted an applicant tracking system to support our recruitment activity, increasing the visibility of our vacancies, improving the experience for candidates and strengthening efficiency and legal compliance across recruitment practices.

Alongside this, we introduced a new human resources information system (HRIS) for staff, providing a more robust, secure and streamlined approach to managing employee data, processes and reporting. This investment supports greater consistency, accessibility and insight, enabling both managers and staff to engage more effectively with HR processes.

We've also enhanced our employee benefits offering, supporting staff wellbeing, work-life balance and retention. These improvements reflect our commitment to recognising the contribution of our people and ensuring our reward and benefits approach remains fair, inclusive and competitive.

Our focus on employee wellbeing and engagement remains central. We work closely with our employee focus groups to explore employee survey outcomes, develop responsive actions and gather continuous feedback.

Alongside staff, we couldn't do what we do without our brilliant volunteers. In 2025, we invested in a new volunteer management system (Assemble) to improve our ability to recruit, support and report on the impact and contributions of our volunteers.

Over the course of the year, 138 regular and routine volunteers delivered 222 different volunteering roles including moderating our Forum, delivering awareness talks and roadshows, taking calls on the Peer Support Line, reviewing health information and research proposals, cheering on at fundraising events and engaging with pharmacies. We saw 286 'flexible' micro volunteers support us with smaller asks, including sharing awareness materials for Bowel Cancer Awareness Month. We also had 20 'one-off' volunteers, taking us to a total of 444 people who gave their time to us in 2025.

As a result, we've been able to provide more support to people affected by, and at risk of bowel cancer.

Without our volunteers we wouldn't be able to fulfil so many activities as a charity and we're committed to ensuring volunteers feel valued and supported. We provide regular updates to our volunteers through articles on Assemble, monthly round-up emails, and virtual and in-person events, and we invite volunteers to our wider wellbeing initiatives. We nominated nine volunteers to the external 'Room to Reward' scheme for their continued contributions and dedication to their roles. Our volunteer survey showed that **92%** would recommend volunteering with us and **97%** feel supported in their role.

# Public benefit

The Charities Act 2011 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its 'Charities and Public Benefit' guidance requires there are two key principles to be met in order to show that an organisation's aims are for the public benefit: first, there must be an identifiable benefit and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and will henceforth be referred to as such) confirm they have regard to the Charity Commission's guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 17 (5) of the Charities Act 2011.

They are satisfied that Bowel Cancer UK meets the requirements and conforms to the Act's definition of a Charity, meeting all elements of the two key principles.

Everything we do is grounded in the belief that lives can, and should, be saved through earlier diagnosis, better treatment and stronger support. Our beneficiaries are at the heart of everything that we do, and this report demonstrates how our work delivers measurable public benefit across the UK:

1. We raise awareness of bowel cancer through our patient volunteer-led awareness and outreach programme and work extensively with patients and their families in all our policy and campaigns activity.
2. Our awareness training programme ensures that key potential life-saving messages are appropriately cascaded across the UK.
3. We work with patients, alongside policymakers, health professionals and scientists to ensure that the needs of those affected by bowel cancer are identified and addressed.
4. We provide information to bowel cancer patients and their families through developing and disseminating relevant information.
5. We provide a range of training and information materials for health professionals to ensure they have access to the latest research and experience to inform their practice.
6. We fund and enable targeted research to ensure more people in the future have access to an early diagnosis and best treatment and care.

**Our fundraising practices**

Bowel Cancer UK voluntarily subscribes to and registers with the Fundraising Regulator. We're committed to the highest standards of practice and comply with the Code of Fundraising Practice, including the principles-based updates introduced in November 2025. Monitoring our fundraising activities – including those of any external partners or third-party suppliers – is vital to ensure our supporters have a first-class experience and are treated with respect.

We take our responsibility to the public seriously. We ensure that our fundraising never involves unreasonable intrusions on a person's privacy, unreasonably persistent approaches for money, or placing undue pressure on a person to give. Our fundraisers are trained to recognise signs of potential vulnerability and to end engagement immediately and respectfully if a supporter appears unable to make an informed decision.

We take every comment or complaint seriously and maintain a clear, fair complaints procedure. We aim to acknowledge receipts within two working days and provide a full

response within 10 working days. Should a complaint be escalated to the Fundraising Regulator, we commit to working with them to reach a resolution.

In 2025, we recorded 25 formal complaints, with an uphold rate of 56% (14 cases). Analysis identified third-party supplier performance as the primary driver of nearly all complaints made and upheld. A comprehensive supplier audit and service-level review are scheduled for 2026 to mitigate recurrence and strengthen operational oversight.

To stay in touch with our supporters through post and phone we operate on a Legitimate Interest basis. This means that if someone has supported us in the past, we may contact them with updates about our impact, campaigns and fundraising that we believe are relevant to them, always ensuring our outreach is balanced against their right to privacy.

We're committed to being clear about why we contact people and ensuring they know their absolute right to opt out of marketing at any time. Should they choose to object, we will take immediate action to remove them from our distribution lists. Furthermore, we strictly adhere to electronic communication regulations by requiring explicit consent for email and text marketing.

## Regulatory and administrative details

### Regulatory compliance statements

Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and has a Charity no. 1071038 in England and Wales and SC040914 in Scotland. The principal office address is Unit 301, Edinburgh House, 170 Kennington Lane, London SE11 5DP, which is also the registered office address.

The trustees are also the directors of the Charitable Company for the purposes of the Companies Act. The trustees in presenting their annual report and financial statements for the year ended 31 December 2025 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Statement of Recommend Practice ("SORP").

### Who we are

Established in 1987, we are determined to save lives and improve the quality of life of everyone affected by bowel cancer.

Our main activities include:

1. supporting and funding targeted research
2. providing expert information and support to patients and their friends and families
3. educating the public and professionals about the disease
4. campaigning for early diagnosis and access to best treatment and care

For more information, visit our website bowelcanceruk.org.uk

### Where we are

The London Office (Principal and Registered office): Unit 301, Edinburgh House, 170 Kennington Lane, London, SE11 5DP

Tel: 020 7940 1760
Email: admin@bowelcanceruk.org.uk
Website: bowelcanceruk.org.uk

### Board of Trustees

The Board of Trustees comprises the following individuals:

1. Richard Anderson to 19 March 2025 (Chair, member of FRC, member of Governance and Nominations Committee, member of Marketing and Engagement Committee, member of Research Committee)
2. Damien Marmion (Chair from 19 March 2025, member of FRC, member of Governance and

Nominations Committee, member of Marketing and Engagement Committee, member of Research Committee)
3. Lorraine Lander to 29 January 2025 (Treasurer and member of FRC)
4. Katharine Brown to 16 October 2025 (Deputy Chair, member of FRC, Chair of Governance and Nominations Committee)
5. Stephen Fenwick to 26 June 2025 (Chair of Research Committee)
6. Diana Tait (member of Governance and Nominations Committee, member of Research Committee)
7. Angela Wiles to 16 October 2025 (Chair of Marketing and Engagement Committee, member of Governance and Nominations Committee)
8. Benjamin Butler (member of FRC, Chair of Marketing and Engagement Committee from 13 October 2025)
9. Duncan Rudkin (member of FRC, member of Research Committee, Chair of Governance and Nominations Committee from 25 October 2025)
10. Owen Watson (Treasurer from January 2025, member of FRC, Chair of FRC from 28 February 2025)
11. Alison Hill to 15 September 2025 (member of Research Committee)
12. Alastair McKinlay (member of Research Committee, Interim Chair of Research Committee from 15 October 2025, member of the Governance and Nominations Committee from 3 March 2025)
13. Husna Grimes (member of Marketing and Engagement Committee)
14. Paul Latham (member of Marketing and Engagement Committee, member of the Governance and Nominations Committee from 3 March 2025)
15. Tim Kerr (member of Research Committee)

The following trustees served during the financial year but stepped down prior to the year end: Richard Anderson, Lorraine Lander, Stephen Fenwick, Alison Hill, Angela Wiles, Katharine Brown.

Diana Tait served as a trustee during the financial year and remained in post at year end but resigned in March 2026 prior to approval of the annual report and accounts.

**Our thanks go to these trustees who have given so generously of their time, and whose contributions are key to the successes and progress outlined in this report.**

**Senior Leadership Team**

1. Chief Executive, Genevieve Edwards (member of FRC, member of Marketing and Engagement Committee, member of Governance and Nominations Committee, member of Research Committee)
2. Director of Services, Catherine Winsor to January 2025
3. Director of Research, Policy and Influencing, Lisa Wilde to January 2026 (member of Research Committee)
4. Director of Fundraising, Luke Squires (member of FRC, member of Marketing and Engagement Committee)
5. Interim Director of Finance and Resources, Ajay Patel to May 2025 (member of FRC)
6. Director of Finance, Sue Pankhurst from May 2025 (member of FRC)
7. Interim Director of Services, Sarah Weston from January 2025 to December 2025
8. Director of Marketing, Communications and Engagement, Anna Hayman from February 2025 (member of Marketing and Engagement Committee)

**Members of our Medical Advisory Board are:**

1. Rob Glynne-Jones, Consultant Clinical Oncologist, Mount Vernon Cancer Centre (Co-Chair)
2. Mark Saunders, Consultant Clinical Oncologist, the Christie NHS Foundation Trust, Manchester (Co-Chair)

3. Richard Adams, Consultant Clinical Oncologist, Cardiff University and Velindre Cancer Centre
4. Jervoise Andreyev, Consultant Gastroenterologist, Lincoln County Hospital
5. Tam Arulampalam, Consultant Laparoscopic Surgeon and Service Director, the ICENI Centre, Colchester General Hospital
6. Sally Benton, Consultant Biochemist, Royal Surrey County Hospital; Director, Bowel Cancer Screening Hub – South of England
7. Sir John Burn, Professor of Clinical Genetics, Newcastle University; Non-Executive Director, NHS England, stood down in 2025
8. Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire NHS Foundation Trust
9. Mark Coleman, Consultant Surgeon, Plymouth; Lead Clinician, Lapco National Training Programme for Laparoscopic Colorectal Surgery
10. Stephen Fenwick, Consultant Hepatobiliary Surgeon, University Hospital Aintree
11. Nicola Fearnhead, Consultant Surgeon, Addenbrookes Hospital
12. Janet Graham, Consultant Medical Oncologist and Honorary Clinical Senior Lecturer, Beatson West of Scotland Cancer Centre
13. Willie Hamilton, Professor of Primary Care Diagnostics, University of Exeter
14. Tim Iveson, Consultant in Medical Oncology, Southampton University Hospitals NHS Trust
15. Mark Lawler, Associate Pro-Vice-Chancellor and Professor of Digital Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast
16. Michael Machesney, Pathway Director for Colorectal Cancer, London Cancer, UCL Partners
17. Hassan Malik, Consultant Hepatobiliary Surgeon and Clinical Lead, University Hospital Aintree NHS Trust
18. Kevin Monahan, Consultant Gastroenterologist, St Mark's Hospital, London and Honorary Clinical Senior Lecturer, Imperial College London
19. Eva Morris, Professor of Health Data Epidemiology, University of Oxford
20. Dion Morton OBE, Barling Professor of Surgery and Head of Academic Department of Surgery, University of Birmingham
21. Christine Norton, Professor of Clinical Nursing Research, Kings College London
22. Andrew Renehan, Professor of Cancer Studies and Surgery, the Christie NHS Foundation Trust, Manchester
23. John Schofield, Consultant Cellular Pathologist, Maidstone; South East Coast Pathology Lead, Bowel Cancer Screening Programme
24. John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust; Clinical Director, Surrey Bowel Cancer Screening Centre
25. Bob Steele, Professor of Surgery and Head of Department, University of Dundee, stood down in 2025
26. Clare Stephens, GP Board Member Barnet CCG; Chair, NCL Cancer Commissioning Board, stood down in 2025
27. Diana Tait, Consultant Clinical Oncologist, the Royal Marsden NHS Foundation Trust
28. Mark Taylor, Consultant General and Hepatobiliary Surgeon, Belfast Health and Social Care Trust
29. Ian Tomlinson, Director of Edinburgh Cancer Research Centre, University of Edinburgh
30. Jared Torkington, Consultant Colorectal and General Surgeon, University Hospital of Wales Healthcare NHS Trust
31. Katharine Williams, Senior Research Sister, GI and Gynae Cancers, Cancer Clinical Trials Centre, Weston Park Hospital, Sheffield
32. Richard Wilson, Professor of Gastro-Intestinal Oncology, Institute of Cancer Sciences, University of Glasgow

**Members of our Scientific Advisory Board are:**

1. Suzy Lishman DBE, Consultant Histopathologist, North West Anglia NHS Foundation Trust (Chair)
2. Sunil Dolwani, Consultant Gastroenterologist, Cardiff University School of Medicine
3. Claire Foster, Professor of Psychosocial Oncology and Director of Macmillan Survivorship Research Group, University of Southampton
4. Angus McNair, Consultant Senior Lecturer and NIHR Clinician Scientist, University of Bristol
5. Caroline Young, Clinical Research Training Fellow, University of Leeds
6. Duncan Rudkin, Trustee Observer
7. Stephen Chapman, NIHR Clinical Lecturer in Surgery at the University of Leeds, and Speciality Registrar in General Surgery and Coloproctology (co-opted for 2025)
8. Claire Palles, Associate Professor, University of Birmingham (co-opted for 2025)
9. Fiona Lalloo, Clinical Head of Division Genomic Medicine and Consultant in Clinical Genetics, Manchester University Hospitals Foundation Trust (co-opted for 2025)
10. Cara Hoofe, patient representative on behalf of the Lay Review Panel

We're also very fortunate to have extensive support from many other dedicated senior clinicians and scientists across the UK, and internationally, who are too many to mention individually, and for which we're truly grateful.

## Auditors, bankers and solicitors

### Auditors

Crowe U.K. LLP
R+ Building
2 Blagrave Street
Reading
RG1 1AZ

### Bankers

The Bank of Scotland St James's Gate
14/16 Cockspur Street London
SW1Y 5BL

### Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

## Structure, government and maintenance

### Governing document and constitution

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a Charity its governing instrument is its Memorandum and Articles adopted 15 August 2023.

All the Members of the Charitable Company are trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the trustees are also directors of the Charitable Company for the purposes of the Companies Act.

### Trustees appointment, recruitment, training and induction

Trustees are appointed by resolution of the trustees in line with the Articles of Association. Trustees may serve up to nine years, or up to 12 years where acting as Chair, Deputy Chair or Treasurer on the condition that the members have undertaken a thorough and rigorous review of the appointment. A review of performance is held prior to the third and sixth anniversary of a trustee's appointment.

Several changes to the members have taken place since 1 January 2025. These are detailed alongside the full list of members on page 33. All trustees are unremunerated and are voluntary.

Training of trustees will be given on new legislative issues affecting Charity trustees and directors as needed.

**Organisation structure and decision-making**

A voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The trustees meet four times a year. Our Senior Leadership Team (SLT) meets monthly. The members of the group are shown on page 33.

Alongside the Board of Trustees, who hold overall responsibility for the governance and strategic direction of the Charity, there are several committees to support and strengthen its work. These committees have designated areas of responsibility, with each committee meeting four times a year and being staged between main trustee meetings. They make recommendations both to the SLT and to the main Board of Trustees.

Committees are made up of the following:

- The Finance and Resources Committee is a formal committee of the Board of Trustees which provides strategic oversight of the Charity's finances, people, resources, risk management and compliance.
- The Governance and Nominations Committee is a formal committee of the Board of Trustees which supports, advises and provides assurance on governance and people matters relating to trustees and senior staff, including nominations and remuneration.
- The Research Committee is a formal committee of the Board of Trustees which has responsibility for oversight of the development and management of the research programme and strategy.
- The Marketing and Engagement Committee has responsibility for oversight of the development of Bowel Cancer UK on- and off-line marketing, communications, supporter and community engagement activities.

Membership is detailed on page 33.

**Pay policy for senior staff**

The directors consider that the Board of Directors, who are the Charity's trustees, and the SLT comprise the key management personnel of the Charity in charge of directing and controlling, running and operating the Charity on a day-to-day basis. All trustees give of their time freely and no director received remuneration in the year. Details of trustees' expenses are disclosed in note 6 to the accounts and related party transactions in note 14.

Pay for SLT members and the Chief Executive is set and reviewed by the Governance and Nominations Committee of the Board of Trustees. This ensures senior pay is determined with appropriate independence and oversight.

An external benchmarking review is carried out every three years to ensure the pay structure remains fair, competitive and aligned with the Charity's strategic goals and financial position.

**Risks and uncertainties**

Achievement of our aims and objectives entails taking risks. The trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

1. SLT reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities.
2. SLT prepares a risk register, with all risks graded based on their likelihood

and impact, the controls and mitigations in place, and the required actions to further manage the risk.
3. The FRC reviews the risk register at each meeting, and the fraud risk register annually.
4. The Board of Trustees approves the risk registers twice each year.
5. FRC reviews the Charity Commission internal financial control checklist (CC8) and Charity fundraising trustee duty checklist (CC20).

A summary of our key risks, and associated mitigations, is shown below.

**Income and financial sustainability** – The Charity faces risk that income growth may be constrained by internal capacity, external competition or economic conditions. The Board mitigates this through diversification of the fundraising portfolio, regular financial and cash flow forecasting reviewed by the Senior Leadership Team and trustees, prioritising investment in marketing and communications resource and the transition towards developing multi-year rolling budgets to support longer-term strategic decision-making.

**People and organisational capacity** – High demand on teams, workload pressures and staff retention present a risk to delivery of the Charity's strategy and business plans. Mitigations include a strengthened business planning process, management training and enhanced one-to-one support, staff wellbeing surveys with action plans, regular review of the pay and reward framework and ensuring the Charity's structure is appropriately resourced and sustainable.

**Brand awareness and public engagement** – Insufficient investment in brand could reduce public visibility, trust and the Charity's ability to influence policy or attract talent. The Charity is mitigating this risk by appointing a Director of Marketing and Engagement, establishing a Marketing and Engagement Committee, developing a brand strategy and audience framework, investing in the website and delivering a thought-leadership programme.

**Data governance, IT and Cybersecurity** – Inadequate data strategy, security or processes could expose the Charity to data loss, regulatory breach or reputational harm. Controls include achievement of Cyber Essentials Plus accreditation, improvements to internal systems, CRM migration to a more secure platform and ongoing development of a data strategy roadmap.

# Financial review

The results for the year ended 31 December 2025 are set out on page 45 of the financial statements.

Overall results for the year were incoming funds of £6,573,027 and expenditure of £7,215,702, resulting in a planned deficit of £642,675.

Income decreased by £53,210 (1%) compared to the prior year. Legacy income increased significantly by 56% to £607,875, reflecting the inherently unpredictable nature of legacy income and the timing of estates recognised during the year.

Against a challenging external environment, donations from individuals decreased slightly by 5% to £1,380,737, while community fundraising income reduced by 13% to £1,402,876, although both remained resilient, reflecting the continued loyalty and engagement of our supporter base.

Corporate income decreased to £745,269 (down 39%), due to a reduction in Gifts in Kind compared to the prior year. Excluding Gifts in Kind, underlying corporate income had an exceptional performance, supported by continued partner engagement and activity during the year.

Grant income increased substantially to £1,188,631 (up 127%), reflecting new funding secured to support key strategic initiatives.

Income from other trading activities decreased by 10% to £1,168,077, driven by lower-than-expected participation in several of our key mass participation events including Active April and Swim15.

Expenditure decreased by £2,063,089 (22%) compared to the prior year, from £9,278,791 in 2024 to £7,215,702 in 2025, following the significant step-up in investment made in 2024 as part of the Charity's strategic plan.

Expenditure on charitable activities decreased by £1,832,515 (28%) to £4,700,302 (2024: £6,532,817), reflecting the phasing of programme delivery following the peak investment period in 2024. Despite this reduction, activity levels remained high, supporting continued delivery across early diagnosis, awareness campaigns, support services and research.

The cost of generating income decreased by £230,574 (8%) to £2,515,400 (2024: £2,745,974), reflecting a more stable level of investment following significant growth in the prior year.

Support costs totalled £1,643,819 (2024: £1,600,261), a modest increase of £43,558 year on year, reflecting inflationary pressures and incremental investment in central support functions.

As a result of the above, the Charity finished the year with total reserves of £2,813,397, of which £1,215,628 are restricted funds.

**Reserves**

Our free reserves ("General Fund") relate to un-designated unrestricted reserves. The Board of Trustees considers it appropriate to maintain free reserves to protect the financial sustainability of the organisation, allowing it to mitigate financial risks and support ongoing delivery of key activities in support of its community. In setting the

target level of reserves, the Board of Trustees considers financial risk and existing liabilities alongside the Charity's latest strategic and operational plans. The target level of free reserves is reviewed annually by the FRC. The current target level for free reserves is £1,200,000 – £1,500,000.

As of 31 December 2025, the Charity had free reserves of £1,319,453, within the target range. This reflects a reduction in the level of planned reserves drawdown compared to prior years, following significant investment in infrastructure and early diagnosis activity across 2023 and 2024.

During 2025, major infrastructure projects progressed into an embedding phase, resulting in lower levels of investment than in the prior year. The Charity continues to balance the rebuilding of reserves with planned investment to support future growth and delivery of its strategic priorities.

In addition, the Charity held £278,316 of designated funds, reflecting the utilisation of funds previously set aside for early diagnosis and infrastructure investment. Designated funds are amounts identified by the trustees for a particular project or use.

| Designated funds | | |
|---|---|---|
| **Research** | £200,000 | Designated to support future research commitments and the underwriting of research grants, ensuring continuity of our research programme. |
| **Fixed assets** | £78,316 | Reflecting the net book value of the Charity's tangible fixed assets. |

**Statement of trustees' responsibilities**

The trustees (who are also directors of Bowel Cancer UK for the purposes of company law) are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the trustees to prepare financial statements for each financial year.

Under company law, the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of 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 trustees are required to:

1. select suitable accounting policies and then apply them consistently.
2. observe the methods and principles in the Charities SORP.
3. make judgements and estimates that are reasonable and ensure prudent standards have been followed, subject to any material departures disclosed and explained in the financial statements.
4. prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, 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, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the provisions of the Charity's constitution. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**Provision of information to auditors**

Insofar as the trustees are aware:

1. There is no information of which the charitable company's auditors are unaware; and
2. The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

**Staff and volunteers**

The Board of Trustees wishes to record its thanks and appreciation to all staff and volunteers for their devoted work, often beyond the call of duty to ensure that the Charity continues to meet its mission.

**Auditors**

Crowe LLP were reappointed as external auditors during the year.

This report has been prepared in accordance with the special provisions of s415A of the Companies Act 2006 relating to small companies.

This report was approved by the Board of Trustees on 25 June 2026 and signed on their behalf by

Owen Watson, Treasurer

# Independent auditor's report to the members and the trustees of Bowel Cancer UK

## Opinion

We have audited the financial statements of Bowel Cancer UK ('the charitable company') for the year ended 31 December 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2025 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, and the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

## Basis for opinion

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

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's 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 trustees with respect to going concern are described in the relevant sections of this report.

## Other information

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

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

We have nothing to report in this regard.

**Opinions on other matters prescribed by the Companies Act 2006**

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

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

**Matters on which we are required to report by exception**

In light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.
We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 require us to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the trustees' directors' report and from the requirement to prepare a strategic report.

**Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement set out on page 39, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

**Auditor's responsibilities for the audit of the financial statements**

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error,

and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations, are set out below.

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

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

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

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements, including financial reporting legislation and the Charities SORP (FRS 102), and local tax regulations. We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be necessary to the charitable company's ability to operate or to avoid a material penalty. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the trustees and other management and inspection of regulatory and legal correspondence, if any.

We also considered the opportunities and incentives that may exist within the charitable company for fraud. We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the recognition of certain income streams and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Finances and Resources Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained

a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

**Use of our report**

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

Alastair Lyon
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
Reading

Date: 30 June 2026

# Statement of financial activities for the year ended 31 December 2025 (incorporating the income and expenditure account)

| | Note | Unrestricted funds £ | Restricted funds £ | Total 2025 £ | Total 2024 £ |
|---|---|---|---|---|---|
| **Income** | | | | | |
| Donations and legacies | **2** | 3,963,595 | 1,361,793 | **5,325,388** | **5,199,018** |
| Other trading activities | **2** | 1,167,598 | 479 | **1,168,077** | **1,296,577** |
| Income from investments | | 78,204 | - | **78,204** | **130,134** |
| Income from charitable activities | **3** | 1,205 | 153 | **1,358** | **508** |
| **Total income** | | 5,210,602 | 1,362,425 | **6,573,027** | **6,626,237** |
| | | | | | |
| **Expenditure** | | | | | |
| Expenditure on raising funds | **4** | 2,489,215 | 26,185 | **2,515,400** | **2,745,974** |
| Expenditure on charitable activities | **4** | 3,829,429 | 870,873 | **4,700,302** | **6,532,817** |
| **Total expenditure** | | 6,318,644 | 897,058 | **7,215,702** | **9,278,791** |
| | | | | | |
| **Net income and movement in funds** | **5** | (1,108,042) | 465,367 | **(642,675)** | **(2,652,554)** |
| **Transfer between funds** | | 63,107 | (63,107) | **-** | **-** |
| **Net movement in funds** | | (1,044,935) | 402,260 | **(642,675)** | **(2,652,554)** |
| **Total funds brought forward** | | 2,642,704 | 813,368 | **3,456,072** | **6,108,626** |
| **Total funds carried forward** | **12 & 13** | 1,597,769 | 1,215,628 | **2,813,397** | **3,456,072** |

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The notes on pages 48 - 65 form part of these financial statements.

# Balance sheet as at 31 December 2025
# Company number 3409832 (England and Wales)

| | Note | 2025 | 2024 |
|---|---|---|---|
| | | £ | £ |
| **Fixed assets** | | | |
| Tangible assets | 7 | **78,316** | 145,453 |
| Intangible assets | 8 | **-** | - |
| | | **78,316** | 145,453 |
| **Current assets** | | | |
| Debtors and prepayments | 9 | **878,188** | 623,360 |
| Cash at bank and in hand | | **3,568,339** | 2,410,967 |
| Short term deposits | | **-** | 2,000,000 |
| | | **4,446,527** | 5,034,327 |
| **Creditors: amounts falling due within one year** | 10 | **(1,691,669)** | (1,703,014) |
| Net current assets | | **2,754,858** | 3,331,313 |
| Provisions: amounts due in more than one year | 11 | **(19,777)** | (20,694) |
| **Net assets** | | **2,813,397** | 3,456,072 |
| **Funds** | | | |
| Unrestricted funds | | | |
| Designated funds | | **278,316** | 1,482,016 |
| General funds | | **1,319,453** | 1,160,688 |
| | 12 | **1,597,769** | 2,642,704 |
| Restricted funds | 12 | **1,215,628** | 813,368 |
| **Total funds** | 13 | **2,813,397** | 3,456,072 |

These financial statements have been prepared in accordance with the special provisions relating to companies subject to the small company regime within Part 15 of the Companies Act 2006.

The financial statements were approved and authorised for issue by the Board of Trustees and were signed on its behalf on 25 June 2026 by

Owen Watson, Treasurer

The notes on pages 48 - 65 form part of these financial statements.

# Statement of cash flows
# for the year ended 31 December 2025

| | 2025 | 2024 |
|---|---|---|
| | £ | £ |
| **Cash generated by operating activities** | **(920,832)** | (1,660,119) |
| **Cash flows from investing activities** | | |
| Interest income | **78,204** | 130,134 |
| Purchase of fixed assets | **-** | (47,491) |
| **Change in cash and cash equivalents at the end of the year** | **(842,628)** | (1,577,476) |
| Cash and cash equivalents at the beginning of the year | **4,410,967** | 5,988,443 |
| Movement | **(842,628)** | (1,577,476) |
| **Total cash and cash equivalents at the end of the year** | **3,568,339** | 4,410,967 |

| | | |
|---|---|---|
| **Reconciliation of net movement in funds to net cash flow from operating activities** | | |
| Net movement in funds | **(642,675)** | (2,652,554) |
| Depreciation | **66,890** | 64,825 |
| (Increase)/decrease in debtors | **(254,828)** | 519,561 |
| (Decrease)/increase in creditors | **(11,346)** | 535,304 |
| (Decrease)/increase in provisions | **(917)** | 916 |
| Loss on disposal of fixed assets | **248** | 1,963 |
| Interest income | **(78,204)** | (130,134) |
| **Net cash generated by operating activities** | **(920,832)** | (1,660,119) |

| | | |
|---|---|---|
| **Analysis of cash and cash equivalents** | | |
| Cash in hand | **3,568,339** | 2,410,967 |
| Notice deposits (less than three months) | **-** | - |
| Short term deposits (more than three months) | **-** | 2,000,000 |
| **Total cash and cash equivalents at the end of the year** | **3,568,339** | 4,410,967 |

| **Analysis of changes in net funds** | **At 1 January 2025** £ | **Cash flows** £ | **At 31 December 2025** £ |
|---|---|---|---|
| **Cash and cash equivalents** | | | |
| Cash | 2,410,967 | 1,157,372 | 3,568,339 |
| Short term deposits | 2,000,000 | (2,000,000) | - |
| **Total** | **4,410,967** | **(842,628)** | **3,568,339** |

## 1 Accounting policies

### 1.1 Basis of preparation

The financial statements have been prepared in accordance with 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) (effective 1 January 2019) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Bowel Cancer UK meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Bowel Cancer UK is registered as a company limited by guarantee (without share capital) incorporated in the UK with its registered office at Unit 301, Edinburgh House, 170 Kennington Lane, London, SE11 5DP.

The trustees consider that there is a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future and for this reason, they continue to adopt the going concern basis in preparing the annual financial statements.

In their assessment of going concern the directors have considered the ongoing high rate of inflation and cost of living crisis.

As at 31 December 2025 Bowel Cancer UK is in a strong financial position, with free reserves of £1.3m, liquid cash reserves of £3.6m and no borrowing. As such the Charity has sufficient reserves and liquidity to mitigate any financial risks that may materialise.

Further, the directors have updated their annual budgets and two-year forecasts based on current estimates. These have been reviewed and will continue to be updated to ensure that they have sufficient facilities in place to meet their operating cash requirements for the foreseeable future.

### 1.2 Company status

The Charity is a company limited by guarantee. The guarantors are the members of Council named on pages 32 and 33. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

### 1.3 Income

Income is accounted for on an accruals basis, with the exception of donations, which are accounted for when received.

Grants are credited as income in the year in which they are receivable. Grants are recognised as receivable when all conditions for receipt have been complied with. Where donor-imposed restrictions apply to the timing of the related expenditure as a precondition of its use, the grant is treated as deferred income until those restrictions are met. Grants received for specific purposes are accounted for as restricted funds.

Legacy income is recognised in the year that entitlement and probability of receipt is established. Receipt is normally probable when there has been grant of probate, the executors have established that there are sufficient assets in the estate, and any conditions attached to the legacy are either within the control of the Charity, or have been met. Residuary legacies subject to a life interest held by another party are not

included in income until the conditions associated with payment have been fulfilled.

Donated services totalling £57,890 are included as a Gift in Kind and an associated expense. These are included at their estimated value to the Charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised. Refer to the trustees' annual report for more information about their contribution.

**1.4 Expenditure**
All expenditure is charged on an accruals basis and is allocated between:
- expenditure incurred directly on charitable activities;
- expenditure on raising funds

Wherever possible, costs are allocated directly to the appropriate activity.

Support costs are those functions that assist the work of the Charity but do not directly undertake charitable activities. Support costs include depreciation, finance, personnel, payroll and governance costs which support the Charity's activities. These costs have been allocated to the charitable activities on the basis of staff numbers.

Grants payable are charged to the statement of financial activities in the year in which the offer is approved and conveyed to the recipient, except in those cases where the offer is conditional and entitlement is yet to be earned. Such grants are recognised as expenditure when the relevant conditions are fulfilled.

**1.5 Fund accounting**
General funds are available for use at the discretion of the Board of Trustees in furtherance of the general objectives of the Charity.

Designated funds comprise unrestricted funds that have been put aside at the discretion of the trustees for particular purposes (see note 12). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance and Resources Sub-Committee.

Restricted funds are funds subject to specific restriction imposed by donors or by the purpose of appeals. The purpose and use of the restricted funds is set out in the notes to the financial statements (see note 12).

All income and expenditure is shown in the Statement of Financial Activities.

**1.6 Tangible fixed assets and depreciation**
Tangible fixed assets are stated at cost including any incidental expenses of acquisition.

Assets with a cost in excess of £500 intended to be of ongoing use to Bowel Cancer UK in carrying out its activities are capitalised as fixed assets.

Depreciation is provided on all tangible fixed assets at rates calculated to spread each asset's cost, less its estimated residual value at current market prices, evenly over its expected useful economic life, which for each class of asset is initially assessed as averaging:
- Computer equipment and software – over four years
- Fixture and fittings – over five years
- Office refurbishment – over three years

**1.7 Intangible fixed assets**
Website development costs have been capitalised within intangible assets as they can be identified with a specific project anticipated to produce future benefits. Once brought into use they will be amortised on the straight-line basis over the four years anticipated life of the benefits arising from the completed project.

**1.8 Debtors and prepayments**
Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**1.9 Cash at bank and in hand**
Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

**1.10 Short term deposits**
Short term deposits are highly liquid investments that include cash on deposit and cash equivalents with a maturity between three months and one year.

**1.11 Operating leases**
Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight-line basis over the life of the lease.

**1.12 Pension costs**
The company operates a defined contribution group personal pension scheme. The charge in the Statement of Financial Activities (SOFA) is the amount of contributions payable to the pension scheme in respect of the accounting year.

**1.13 Creditors and provisions**
Creditors and provisions are recognised where the Charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

**1.14 Financial instruments**
The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

**1.15 Critical accounting judgements and key sources of estimation uncertainty**
Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are as follows:
- Dilapidation provision – the Charity has provided for its possible liability in relation to its leasehold property, which has been estimated, as disclosed in Note 11.
- Residuary legacies – the Charity recognises residuary legacies once conditions set out in 1.3 have been met and a reliable estimate of assets due has been received.

The estimates and underlying assumptions are reviewed on an ongoing basis. In the view of the trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

**1.16 Contingent assets**
The Charity discloses a contingent asset where it has a reasonable expectation of future benefit arising, but the existence or valuation of these benefits is uncertain at the balance sheet date.

| 2. Income from generated funds | 2025 £ | 2024 £ |
|---|---|---|
| **Donations and legacies** | | |
| Donations from individuals | **1,380,737** | 1,451,295 |
| Legacies | **607,875** | 390,449 |
| General grants | **1,188,631** | 523,094 |
| Corporate donations | **745,269** | 1,220,268 |
| Community fundraising | **1,402,876** | 1,613,912 |
| | **5,325,388** | 5,199,018 |
| **Other trading activities** | | |
| Runs | **973,056** | 926,793 |
| Treks and challenges | **143,096** | 324,993 |
| Trading income | **51,925** | 44,791 |
| | **1,168,077** | 1,296,577 |

| 3. Income from charitable activities | 2025 £ | 2024 £ |
|---|---|---|
| Training and events | **1,358** | 508 |
| | **1,358** | 508 |

| 4. Resources expended | Direct costs | | Support costs | | Total |
|---|---|---|---|---|---|
| | Staff | Other | Staff | Other | 2025 |
| | £ | £ | £ | £ | £ |
| **Expenditure on raising funds** | | | | | |
| Costs of generating voluntary income | 1,063,923 | 921,650 | 269,232 | 260,595 | **2,515,400** |
| | 1,063,923 | 921,650 | 269,232 | 260,595 | **2,515,400** |
| **Expenditure on charitable activities** | | | | | |
| Direct services | 1,090,440 | 381,574 | 293,394 | 283,980 | **2,049,388** |
| Awareness, policy and influencing | 1,121,292 | 299,342 | 238,167 | 230,525 | **1,889,326** |
| Grants | 148,648 | 545,014 | 34,517 | 33,409 | **761,588** |
| | 2,360,380 | 1,225,930 | 566,078 | 547,914 | **4,700,302** |
| **Total costs 2025** | **3,424,303** | **2,147,580** | **835,310** | **808,509** | **7,215,702** |
| Total costs 2024 | 3,602,202 | 4,076,328 | 549,194 | 1,051,067 | **9,278,791** |

Support costs have been allocated on the basis of staff numbers employed in each area of activity.

Total governance costs for the year, included in support costs, were £42,647 (2024: £18,645) comprising an audit fee of £19,650 (2024: £18,645) and other governance costs of £22,997 (2024: £nil), including trustee expenses, board and committee costs and professional fees.

| | Direct costs | | Support costs | | Total |
|---|---|---|---|---|---|
| | Staff | Other | Staff | Other | 2024 |
| | £ | £ | £ | £ | £ |
| **Expenditure on raising funds** | | | | | |
| Costs of generating voluntary income | 1,048,525 | 1,048,922 | 222,568 | 425,959 | **2,745,974** |
| | 1,048,525 | 1,048,922 | 222,568 | 425,959 | **2,745,974** |
| **Expenditure on charitable activities** | | | | | |
| Direct services | 1,249,881 | 536,511 | 153,196 | 293,192 | **2,232,780** |
| Awareness, policy and influencing | 1,185,628 | 1,964,339 | 165,722 | 317,164 | **3,632,853** |
| Grants | 118,168 | 526,556 | 7,708 | 14,752 | **667,184** |
| | 2,553,677 | 3,027,406 | 326,626 | 625,108 | **6,532,817** |
| **Total costs 2024** | **3,602,202** | **4,076,328** | **549,194** | **1,051,067** | **9,278,791** |
| Total costs 2023 | 2,690,518 | 2,470,627 | 588,585 | 326,586 | **6,076,316** |

| 5. Net income is stated after charging: | 2025 | 2024 |
|---|---|---|
| | £ | £ |
| Depreciation | **66,890** | 64,825 |
| Operating lease payments | **168,376** | 51,366 |
| Auditors' remuneration: | | |
| - Audit fee for the current period | **19,650** | 18,645 |

| 6. Staff costs | 2025 | 2024 |
|---|---|---|
| | £ | £ |
| Wages and salaries | **3,657,214** | 3,590,973 |
| Social security costs | **422,884** | 358,045 |
| Pension contributions | **178,076** | 172,381 |
| Redundancy costs | **1,438** | 30,000 |
| | **4,259,612** | 4,151,399 |

During the year Bowel Cancer UK paid £1,438 redundancy costs (2024: £30,000).

The number of employees whose emoluments exceeded £60,000 fell within the following ranges:

| | 2025 | 2024 |
|---|---|---|
| | Number | Number |
| £60,001 - £70,000 | **4** | 1 |
| £70,001 - £80,000 | **1** | - |
| £80,001 - £90,000 | **3** | 4 |
| £90,001 - £100,000 | **-** | - |
| £100,001 - £110,000 | **-** | - |
| £110,001 - £120,000 | **-** | - |
| £120,001 - £130,000 | **-** | - |
| £130,001 - £140,000 | **1** | 1 |
| | **9** | 6 |

Pension contributions of £35,764 (2024: £26,047) were paid in respect of the higher paid individuals.

The Charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the Charity in independently administered funds. The pension charge represents contributions payable by the Charity to the fund. Pension contributions outstanding at 31 December 2025 amounted to £nil (2024: £28,450).

The key management personnel of the Charity comprise the trustees, the Chief Executive, Director of Research and Policy and Influencing, Director of Finance, Director of Fundraising, Director of Services and Director of Marketing and Communications. The total employee benefits (gross pay, employer National Insurance and employer pension contributions) of the key management personnel of the Charity were £611,764 (2024: £562,756). Key management had an average FTE of 5.7 compared with 4.4 from the year before.

The average number of staff analysed by function was:

| | **2025 Number** | **2025 FTE** | 2024 Number | 2024 FTE |
|---|---|---|---|---|
| Fundraising | **26** | **23** | 25 | 24 |
| Awareness and Direct Services | **27** | **26** | 30 | 28 |
| Communications and Campaigning | **22** | **21** | 23 | 22 |
| Central Support | **18** | **16** | 15 | 13 |
| Research | **3** | **3** | 2 | 2 |
| | **96** | **89** | 95 | 89 |

**Trustees**
No trustees received emoluments during the year (2024: £nil).

Four of the trustees received reimbursed expenses totalling £3,150 during the year (2024: 3 trustees £1,661).

| 7. Tangible fixed assets | Office refurbishment | Fixture and fittings | Computer equipment and software | Total |
|---|---|---|---|---|
| | £ | £ | £ | £ |
| **Cost** | | | | |
| At 1 January 2025 | 55,396 | 57,983 | 179,644 | **293,023** |
| Additions | - | - | - | **-** |
| Disposals | - | - | (1,080) | **(1,080)** |
| **At 31 December 2025** | 55,396 | 57,983 | 178,564 | **291,943** |
| | | | | |
| **Depreciation** | | | | |
| At 1 January 2025 | 24,278 | 21,655 | 101,637 | **147,570** |
| Charge for the period | 18,465 | 9,396 | 39,029 | **66,890** |
| Disposals | - | - | (833) | **(833)** |
| **At 31 December 2025** | **42,743** | **31,051** | **139,833** | **213,627** |
| | | | | |
| **Net book value as at 31 December 2025** | **12,653** | **26,932** | **38,731** | **78,316** |
| | | | | |
| Net book value as at 31 December 2024 | 31,118 | 36,329 | 78,006 | 145,453 |

All fixed assets are used for charitable purposes.

| 8. Intangible fixed assets | Website | Total |
|---|---|---|
| | £ | £ |
| **Cost** | | |
| At 1 January 2025 | 4,763 | **4,763** |
| **At 31 December 2025** | 4,763 | **4,763** |
| | | |
| **Amortisation** | | |
| At 1 January 2025 | 4,763 | **4,763** |
| **At 31 December 2025** | 4,763 | **4,763** |
| | | |
| **Net book value as at 31 December 2025** | - | **-** |
| Net book value as at 31 December 2024 | - | **-** |

Intangible assets relate to capitalised costs in relation to the refresh of the Bowel Cancer UK website which went live in July 2018.

| 9. Debtors and prepayments | 2025 | 2024 |
|---|---|---|
| | £ | £ |
| Legacy debtor | - | 47,312 |
| Other debtors | **78,378** | 53,303 |
| Prepayments and accrued income | **799,810** | 522,745 |
| | **878,188** | 623,360 |

| 10. Creditors | 2025 | 2024 |
|---|---|---|
| | £ | £ |
| Trade creditors | **152,075** | 199,524 |
| Accruals | **1,518,136** | 1,457,436 |
| Taxes and social security costs | **12,197** | 2,682 |
| Other creditors | **9,261** | 43,372 |
| | **1,691,669** | 1,703,014 |

| 11. Provisions | Property provision 2025 | Income provision 2025 | Total 2025 | Total 2024 |
|---|---|---|---|---|
| | £ | £ | £ | £ |
| At start of the year | 19,777 | 917 | **20,694** | 19,777 |
| Utilised in year | - | (917) | **(917)** | - |
| Additions in year | - | - | **-** | 917 |
| At end of the year | 19,777 | - | **19,777** | 20,694 |

The dilapidation provision relates to amounts provided to reflect the cost of restoring the condition of the leased property in accordance with the lease agreement.

| 12. Statement of funds | Balance 1 January 2025 | Income | Expenditure | Transfers between funds | Balance 31 December 2025 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Total designated funds** | | | | | |
| Fixed assets | 145,453 | - | (67,137) | - | **78,316** |
| Research | 507,309 | - | (361,306) | 53,997 | **200,000** |
| Early diagnosis | 127,763 | - | (79,749) | (48,014) | **-** |
| Infrastructure upgrades | 701,491 | - | (177,966) | (523,525) | **-** |
| | 1,482,016 | - | (686,158) | (517,542) | **278,316** |
| **Total general funds** | 1,160,688 | 5,210,602 | (5,632,486) | 580,649 | **1,319,453** |
| **Total unrestricted funds** | 2,642,704 | 5,210,602 | (6,318,644) | 63,107 | **1,597,769** |

**Designated funds**
Designated funds are amounts identified by the trustees for a particular project or use.

**Fixed assets**
£78,316 (2024: £145,453) has been set aside from the Charity's unrestricted funds by the trustees to reflect the net book value of the fixed assets.

**Research**
£200,000 (2024: £507,309) has been committed to underwrite the funding of new research grants over the next two to three years.

**Early diagnosis**
£nil (2024: £127,763) has been committed by trustees to fund an early diagnosis campaign, which will focus on increasing public awareness and the need to act, by working with GPs and pharmacists to rule bowel cancer out faster and by referring those at risk more quickly.

**Infrastructure**
£nil (2024: £701,491) has been committed by trustees to fund a multi-year programme of digital, IT and data transformation to enhance our infrastructure and provide an efficient, secure operating environment.

| 12. Statement of funds (continued) | 1 January 2025 | Income | Expenditure | Transfers | 31 December 2025 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Restricted funds** | | | | | |
| General patient services | **10,000** | 29,851 | (20,793) | - | **19,058** |
| General work in Northern Ireland | **67,952** | 7,855 | (75,807) | - | **-** |
| General work in Scotland | **12,833** | 17,047 | (27,736) | (2,143) | **-** |
| Services officer Scotland | **247** | - | (247) | - | **-** |
| General work in Wales | **3,412** | - | (3,412) | - | **-** |
| Never Too Young | **50,825** | 24,875 | (57,711) | - | **17,990** |
| Never Too Young patient group | **30,146** | - | (3,396) | - | **26,750** |
| Patient information – Light Fund | **4,710** | - | - | (4,710) | **-** |
| Patient Services - general | **1,178** | 500 | (1,678) | - | **-** |
| Research | **5,082** | 136,872 | (170,857) | 90,911 | **62,007** |
| Surgical chair Scotland | **59,795** | - | (13,913) | - | **45,883** |
| VWG small grant | **2,087** | 1,152 | (3,238) | - | **-** |
| Early diagnosis | **90,000** | 110,000 | - | (100,000) | **100,000** |
| Health professional education and engagement – general | **10,000** | 44,200 | (46,651) | - | **7,549** |
| Health professional education and engagement – Expert Explores | **1,010** | - | (1,010) | - | **-** |
| Bowelbabe Fund – awareness roadshows | **328,581** | 153 | (204,112) | - | **124,623** |
| Volunteer coordinators | **60,553** | - | (35,397) | - | **25,157** |
| Peer support | **23,872** | 42,000 | (65,872) | | **-** |
| Health information booklet 'Eating Well' | **4,500** | - | (4,500) | - | **-** |
| Health information booklet 'Your Operation' | **1,301** | - | (6,011) | 4,710 | **-** |
| Health information work (Christmas appeal) | **45,284** | 15,000 | (60,284) | - | **-** |
| Patient information - general | **-** | 22,900 | (22,900) | - | **-** |
| Bowelbabe Fund | **-** | 585,000 | (6,264) | - | **578,736** |
| Glasgow screening | **-** | 20,833 | (22,977) | 2,143 | **-** |
| Health information – late effects resource | **-** | 1,500 | - | - | **1,500** |
| Health information – translations and printing | **-** | 10,250 | (4,575) | - | **5,675** |
| Health information booklet 'Practical Tips' | **-** | 4,600 | (4,600) | - | **-** |
| Research grants | **-** | 206,837 | (16,699) | (54,018) | **136,120** |
| Strategy and insight lead | **-** | 81,000 | (16,420) | **-** | **64,580** |
| **Total restricted funds** | **813,368** | **1,362,425** | **(897,058)** | (63,107) | **1,215,628** |

**Restricted funds**
Restricted funds are where the donor has imposed restrictions on the use of the funds or by the purpose of appeals.

**General patient services**
Funding has been received to sustain and support our programme of support services for people affected by bowel cancer.

**General work in Northern Ireland**
Funding has been received to sustain and support our work in Northern Ireland.

**General work in Scotland**
Funding has been received to sustain and support our work in Scotland.

**Services officer Scotland**
Funding has been received to employ a Scotland services officer to support services offering in the region.

**General work in Wales**
Funding has been received to sustain and support our work in Wales.

**Never Too Young**
Funding has been received to support the Charity's Never Too Young campaign, which aims to improve the diagnosis, treatment and care of younger bowel cancer patients.

**Never Too Young: patient group**
Funding has been raised by this group to support activities related to younger bowel cancer patients.

**Patient information – Light Fund**
Funding has been received to develop, print and distribute information on bowel cancer.

**Research**
Funding has been received to support our bowel cancer research programme.

**Surgical chair Scotland**
Funding has been received to establish Scotland's first-ever Colorectal Cancer Surgical Research Chair in partnership with The Royal College of Surgeons of Edinburgh.

**VWG small grant**
Funding has been received from the Wales Council for Voluntary Action to support a volunteer officer in Wales.

**Early diagnosis**
Funding has been received to support our work to ensure more people are diagnosed early through bowel cancer awareness campaigns and training healthcare professionals to identify symptoms and refer people for appropriate diagnostic tests.

**Health professional education and engagement – general**
Funding has been received to support our work with healthcare professionals.

**Health professional education and engagement – Expert Explores**
Funding has been received to support an episode of our 'Expert Explores' series.

**Bowelbabe Fund – awareness roadshows**
Funding has been received from the Bowelbabe Fund, managed by Cancer Research UK, for a 3-year programme of awareness roadshows.

**Volunteer coordinators**
Funding has been received to hire volunteer co-ordinators, to support the growth of our pool of volunteers across the UK.

**Peer support**
Funding has been received to sustain and support our peer support services.

**Health information booklet 'Eating Well'**
Funding has been received to support the printing of our 'Eating Well' publication.

**Health information booklet 'Your Operation'**
Funding has been received to support redesign, review and production of our 'Your Operation' publication.

**Health information work (Christmas appeal)**
Funding has been received to contribute to the cost of creating, developing and delivering health information to support our Christmas appeal.

**Patient information – general**
Funding has been received to develop, print and distribute information on bowel cancer.

**Bowelbabe Fund**
Funding has been received to support the delivery of a further awareness programme, which aims to increase public understanding of bowel cancer symptoms and screening through targeted community engagement.

**Glasgow screening**
Funding has been received to support work to improve awareness and uptake of bowel cancer screening within the Glasgow area.

**Health information – late effects resource**
Funding has been received to support the development and production of a health information resource focusing on the long-term and late effects of bowel cancer and its treatment.

**Health information – translation and printing**
Funding has been received to support the translation and printing of health information materials to improve accessibility for a wider range of communities.

**Health information booklet 'Practical Tips'**
Funding has been received to support the design, printing and distribution of the 'Practical Tips' health information booklet.

**Research grants**
Funding has been received to support the Charity's research grant programme. Grants are awarded to academic institutions and researchers to advance understanding of bowel cancer and improve prevention, diagnosis and treatment. Individual research projects are monitored separately but are reported collectively within this restricted fund in the financial statements.

**Strategy and insight lead**
Funding has been received to support the recruitment and employment of a strategy and insight lead to strengthen organisational insight, evaluation and strategic development.

| 12. Statement of funds (continued) | Balance 1 January 2024 | Income | Expenditure | Transfers between funds | Balance 31 December 2024 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| **Total designated funds** | | | | | |
| Fixed assets | **164,751** | 47,491 | (66,789) | - | **145,453** |
| Research | **772,000** | - | (264,691) | - | **507,309** |
| Early diagnosis | **1,402,551** | - | (1,274,788) | - | **127,763** |
| Infrastructure upgrades | **992,291** | - | (290,800) | - | **701,491** |
| | **3,331,593** | 47,491 | (1,897,068) | - | **1,482,016** |
| **Total general funds** | **1,626,917** | 5,837,186 | (6,303,415) | - | **1,160,688** |
| **Total unrestricted funds** | **4,958,510** | 5,884,677 | (8,200,483) | - | **2,642,704** |

| Restricted funds | Balance 1 January 2024 | Income | Expenditure | Transfers between funds | Balance 31 December 2024 |
|---|---|---|---|---|---|
| | £ | £ | £ | £ | £ |
| General patient services | **5,213** | 12,500 | (7,713) | - | **10,000** |
| General work in Northern Ireland | **94,240** | 61,634 | (87,922) | - | **67,952** |
| General work in Scotland | **22,758** | 21,335 | (31,260) | - | **12,833** |
| Services officer Scotland | **26,153** | - | (25,906) | - | **247** |
| General work in Wales | **-** | 12,000 | (8,588) | - | **3,412** |
| Moondance Foundation | **18,852** | - | (18,852) | - | **-** |
| Never Too Young | **72,657** | 21,707 | (43,539) | - | **50,825** |
| Never Too Young patient group | **60,218** | 1,044 | (3,396) | (27,720) | **30,146** |
| Patient information | **17,349** | 21,386 | (34,025) | - | **4,710** |
| Patient services – general | **-** | 23,500 | (22,322) | - | **1,178** |
| Research | **167,877** | 28,115 | (218,630) | 27,720 | **5,082** |
| Research – Lucy Ogilvie | **4,392** | - | (4,392) | - | **-** |
| Surgical chair Scotland | **73,708** | - | (13,913) | - | **59,795** |
| Awareness talks | **-** | 5,000 | (5,000) | - | **-** |
| VWG small grant | **11,239** | 11,058 | (20,210) | - | **2,087** |
| Early diagnosis | **-** | 137,000 | (47,000) | - | **90,000** |
| Health professional education and engagement – general | **34,395** | 28,500 | (52,895) | - | **10,000** |
| Health professional education and engagement – Expert Explores | **5,491** | - | (4,481) | - | **1,010** |
| Bowelbabe Fund – awareness roadshows | **323,182** | 227,000 | (221,601) | - | **328,581** |

| | | | | | |
|---|---|---|---|---|---|
| Bowelbabe Fund – primary care education | **150,512** | - | (150,512) | - | **-** |
| Volunteer coordinators | **41,880** | 25,047 | (6,374) | - | **60,553** |
| APPG | **20,000** | - | (20,000) | | **-** |
| Peer support | **-** | 48,000 | (20,000) | | **23,872** |
| Health information booklet 'Eating Well' | **-** | 4,500 | (24,128) | - | **4,500** |
| Health information booklet 'Your Operation' | **-** | 6,950 | (5,649) | - | **1,301** |
| Health information work (Christmas appeal) | **-** | 45,284 | - | - | **45,284** |
| **Total restricted funds** | **1,150,116** | **741,560** | **(1,078,308)** | **-** | **813,368** |

| **13. Analysis of net assets between funds** | **Unrestricted funds £** | **Restricted funds £** | **Total funds 2025 £** |
|---|---|---|---|
| Funds balances at 31 December 2025 are represented by: | | | |
| Fixed assets | 78,316 | - | **78,316** |
| Net current assets | 1,539,230 | 1,215,628 | **2,754,858** |
| Provisions | (19,777) | - | **(19,777)** |
| Charity funds at 31 December 2025 | 1,597,769 | 1,215,628 | **2,813,397** |

| | **Unrestricted funds £** | **Restricted funds £** | **Total funds 2024 £** |
|---|---|---|---|
| Funds balances at 31 December 2024 are represented by: | | | |
| Fixed assets | 145,453 | - | **145,453** |
| Net current assets | 2,517,945 | 813,368 | **3,331,313** |
| Provisions | (20,694) | - | **(20,694)** |
| Charity funds at 31 December 2024 | 2,642,704 | 813,368 | **3,456,072** |

**14. Related party transactions**

Four trustees made a donation to the Charity in aggregate of £770 (2024: five trustees with donations in aggregate of £5,015).

## 15. Operating leases

The following total lease payments are committed to be paid under non-cancellable operating leases:

| | 2025 Office equipment | 2025 Land and buildings | 2025 Total | 2024 Total |
|---|---|---|---|---|
| | £ | £ | £ | £ |
| Less than one year | 1,791 | 91,227 | **93,018** | 179,902 |
| One - five years | 5,372 | - | **5,372** | 98,390 |
| | 7,163 | 91,227 | **98,390** | 278,292 |

## 16. Capital commitments

The Charity had no capital commitments as at 31 December 2025 (prior year: nil).

**17. Statement of financial activities – comparative figures by fund type**
Year ended 31 December 2024

| | Unrestricted funds £ | Restricted funds £ | 2024 Total £ |
|---|---|---|---|
| **Income** | | | |
| Donations and legacies | 4,459,747 | 739,271 | **5,199,018** |
| Other trading activities | 1,294,288 | 2,289 | **1,296,577** |
| Income from investments | 130,134 | - | **130,134** |
| Income from charitable activities | 508 | - | **508** |
| **Total income** | 5,884,677 | 741,560 | **6,626,237** |
| | | | |
| **Expenditure** | | | |
| Expenditure on raising funds | 2,645,603 | 100,371 | **2,745,974** |
| Expenditure on charitable activities | 5,554,880 | 977,937 | **6,532,817** |
| **Total expenditure** | 8,200,483 | 1,078,308 | **9,278,791** |
| | | | |
| **Net income and movement in funds** | (2,315,806) | (336,748) | **(2,652,554)** |
| | | | |
| **Fund balances brought forward** | 4,958,510 | 1,150,116 | **6,108,626** |
| **Fund balances carried forward** | 2,642,704 | 813,368 | **3,456,072** |

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**Sponsors**

Bayer plc gave financial support to our peer support programme.

Merck gave financial support to our health professional education programme, and research focused roundtable.

Norgine gave financial support to our health information programme.

Servier gave financial support to our health information programme.

Takeda UK and Ireland gave financial support to our health care professional education programme and our NCCNN conference.

**None of our sponsors influenced the content of our resources or events.**


Credit: Bowel Cancer UK

**Together we can build a future where nobody dies of bowel cancer**

Bowel Cancer UK
Beating bowel cancer together

Bowel Cancer UK is the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by the disease.

We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about bowel cancer and campaign for early diagnosis and access to best treatment and care.

**To donate or find out more visit bowelcanceruk.org.uk**

Bowel Cancer UK

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