



ANNUAL REPORT 2014

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Foreword

“2014 was an exceptional year for the Dutch Cancer Society (KWF Kankerbestrijding/DCS). A year that has certainly had a major impact on our organization. We put together a policy vision for 2015 to 2019, and created a new structure for our research funding. With this new structure, we expect to speed up the transformation of research results into treatments for patients and to improve their implementation. In retrospect, 2014 was a year in which we modified the proverbial foundations of the building while the shop stayed open. And while all this was happening, we were also celebrating our 65th anniversary!

During the past 65 years, the DCS and those working in various areas of the research field have been very successful. A lot of money has been donated for cancer research, and our spending has led to landmark achievements in areas such as breast cancer, colorectal cancer, and prostate cancer. In 1949, the five-year survival rate for an average cancer patient was just 25%. During the intervening 65 years it has improved greatly, and now stands at 62%.

It is not only patient prospects that have changed over the last 65 years, society in general and cancer research in particular have also changed. Society has become more critical and rightly wonders whether the euro it entrusts to us actually has an impact on patients. Also, the topic of “science in transition” is hotly debated within the research community. This topic involves the way science should be conducted and how science can maximize its links with society at large.

These changes create the opportunity for us to shoulder our social responsibilities

and move with these shifts. Accordingly, the new policy vision focuses on boosting our impact. I have already presented this policy vision on a number of occasions, and it has always been well received. I’m very proud of that.

The “old” policy vision was completed last year. That vision placed special emphasis on four focal points: eradicating smoking in the Netherlands, getting research results to patients as soon as possible, improving cancer care in the Netherlands, and setting up KankerNL, the online patient platform. In recent years, everyone has done their utmost to achieve results in these areas.

In 2014, that effort generated several new landmark achievements, including a decline in the number of smokers, an increase in the minimum age for buying tobacco from 16 to 18, and the reintroduction of the smoking ban in small cafes. The Translational research focal point also produced a new structure for funding and facilitating cancer research. And with it, paved the way for the new policy vision for 2015 to 2019.

Finally, there is the matter of our 2014 household finances. For the first time, there was a slight decline in the DCS’ total income, however, the income from our own fundraising activities rose slightly, to over € 110 million. Revenues from the Alpe d’HuZes (an important partner) were lower than in the previous year. However, this was a direct result of shortening the event from two days to one.

In 2014, we spent no less than € 154.1 million on our mission: less cancer, more cure, and a better quality of life for cancer patients. Never before has the DCS been able to spend such a large amount on its mission. We are very grateful to all of our donors and volunteers.

Thanks to their support, and that of doctors, scientists and patients, we can still press ahead at full speed, even at the advanced age of 66.

We hope to celebrate many more landmark achievements in cancer control with them!"

Michel Rudolphie
Director of the Dutch Cancer Society (DCS)

The Dutch Cancer Society at 65

In 1948, Queen Wilhelmina (the ruling monarch at that time) celebrated her Golden Jubilee. To mark the occasion, the Dutch people gave her a National Gift equivalent to € 1 million. This sum was used to establish the Queen Wilhelmina Fund for Dutch Cancer Control (the Dutch Cancer Society), in 1949. Sixty-five years on, the Dutch Cancer Society celebrated its anniversary in the DeLaMar Theater in Amsterdam, under the watchful eye of its patron, Princess Beatrix.

On 31 October 2014 at the DeLaMar Theater, the DCS reviewed a number of the foundation's landmark achievements over the past 65 years and looked ahead to the future of cancer control. Two prizes were awarded on that occasion: the Professor P. Muntendam Award for outstanding achievements in the field of cancer control in the Netherlands and the Queen Wilhelmina Research Prize (the QWR Prize), a grant of € 2 million for scientific research into cancer control in the Netherlands.

Landmark achievements

Scientific research, patient support, education and prevention run like a golden thread through the history of the DCS. For example, the many years of calling attention to the dangers of smoking, has helped to dramatically reduce the number of smokers. This prevents thousands of deaths each year. The DCS has also made great advances in the psychosocial field. As a disease, cancer is now open for discussion and patients receive intensive support in dealing with the consequences of their illness. By investing in scientific research, the DCS has improved the prospects of most cancer patients. Cancer can now be detected at

ever earlier stages, and treatments are becoming safer and more effective. Two recent advances in this area are personalized medicine (tailor-made treatment) and immunotherapy, a form of treatment in which the patient's own immune system is used to fight cancer.

Over the past 65 years we've seen the average survival rate more than double, but the DCS can't retire just yet. Our dream is that nobody will die from cancer ever again. Together, we are pushing forward to this ultimate landmark achievement.

The Muntendam Award: Prof. Liesbeth de Vries

Every year since 1976, the DCS has awarded the Prof. P. Muntendam Award to individuals who have made outstanding contributions to cancer control in the Netherlands. These are contributions in the fields of cancer research, patient care, education, fundraising, or voluntary work. The Muntendam Award consists of a certificate and a medallion. In addition, the prize-winner can award € 50,000 to a specific area of cancer control.

The 40th Muntendam Award was awarded to the 64-year old Prof. Liesbeth de Vries for her outstanding contributions to cancer control. Prof. De Vries has established new national and international partnerships in the fields of cancer research and oncological patient care. She also got to grips with the issue of making research findings applicable in practice. For instance, she has coordinated large consortia whose primary focus was the use of molecular imaging techniques in tailor-made treatments for cancer patients.

Liesbeth de Vries is also involved in a range of voluntary activities related to cancer control. Prof. de Vries is head of the Department of Medical Oncology at the University Medical Center Groningen.

QWR Prize: Prof. Ton Schumacher

The DCS awarded its main research grant to Prof. Ton Schumacher of the Antoni van Leeuwenhoek Hospital for further research into the action and potential of immunotherapy in cancer patients. At the end of 2013, the journal Science referred to this therapy as “The Breakthrough of the Year”.

For the purposes of this unique study, Ton Schumacher and his team use technology that they developed “in house” at the NKI-AVL. The work itself involves a remarkable collaborative effort between researchers and physicians.

The Queen Wilhelmina Research Prize (the QWR Prize) is an award that the Dutch Cancer Society offers to researchers with excellent research proposals in the field of oncology. The winner can use the € 2 million prize to fund multidisciplinary research in the fight against cancer for a period of six years. It is the largest cancer research funding award in the Netherlands. It is partly funded by the Ride for the Roses (an international cycling tour in the fight against cancer). Immunotherapy achieves more lasting positive effects

Immunotherapy has proven to be effective in treating a number of tumour types. Immunotherapy is a treatment in which the body's natural immune system is enhanced and manipulated to fight cancer. Thus, patients become their own cancer fighters, as it were. Sufficient data has been collected in clinical studies to demonstrate that immunotherapy can cause tumours to shrink, or even disappear. Research has also shown that the positive effects of treatment, such as tumour non-recurrence, were often longer lasting (or possibly definitive) than those obtained using chemotherapy or radiation.

“We now know that immunotherapy is effective against various types of cancer and that tumour tissue can be controlled by activating our body's immune system. As yet, however, we don't know exactly how this works. How is the body able to distinguish between normal cells and tumour cells? Which cellular characteristics enable the immune system to make this distinction? That is the subject of our research.” says Prof. Schumacher.

Over the past 65 years we have seen the average survival rate more than double

The policy vision is completed.

Long live the new policy vision!

The year 2014 marked both the completion of the 2011-2015 policy vision, and the formulation of a new policy vision for the next four years. The recently concluded policy period had strongly focused on four focal points. These key areas (in which the Dutch Cancer Society made a special effort during this period) were: eradicating smoking in the Netherlands, getting research results to patients as soon as possible, improving the quality of care, and setting up KankerNL, the online patient platform. Using the substantial body of knowledge generated from these focal points, we have laid a foundation to formulate the new policy vision for 2015 to 2019.

Impact on our mission is the central feature of this new policy vision. The DCS' ideal world is one in which nobody dies from cancer ever again. We want fewer people to get cancer, more people to be cured, and patients to have the best possible quality of life while they are ill and after they have been cured. That's why we fund and facilitate scientific research, engage in policy advocacy, and share our knowledge about cancer and its treatment.

To make this possible, we raise funds and establish links with other parties involved in cancer control, both in the Netherlands and elsewhere.

To this end, we have set ourselves the following goals:

- Prevent people from getting cancer by reducing their exposure to risk factors.
- Help to ensure that more people

survive cancer, by providing better treatment and by encouraging them to adopt a healthier lifestyle during and after treatment.

- Improve the physical, psychological and social functioning and well-being of those living with, and those who have survived cancer.

The new research funding scheme (see below, under the Translational research focal point) is an important instrument for achieving our goals. We will intensify our efforts in the area of policy advocacy: The DCS will be tackling the government, the health sector and industry to influence policy and to ensure that opportunities and sticking points in cancer control are placed firmly on the agenda. We will also update our fundraising tools to attract as much funding and support as possible from the people of the Netherlands.

The Dutch Cancer Society as a social partner

By taking on the role of a partner, and by maintaining an ongoing dialogue with those working in the field, we are expanding our understanding of the trends, opportunities and knowledge gaps in the field of cancer. The DCS initiates and subsequently funds research in these areas. We boost cooperation with other organisations that fund research, to generate more money for scientific research and to deliver results faster, through substantive coordination.

As a partner that cooperates with, – and serves – society, we will be making our

other stakeholders. We will actively encourage and support initiatives from society at large to raise money for cancer control. This involvement is triggered by our mission, our vision and our own choices, more than ever before, in consultation with patients, with those working in the field of oncology, and with experts. We continually assess the choices we make in the light of state-of-the-art scientific understanding and if we meet the needs and expectations of society.

A PDF file containing the full text of the policy vision can be downloaded from our website.

How did the new policy vision come about?

As a social partner, you simply can't draw up a new policy vision on your own. Based on this conviction, the DCS consulted a range of stakeholders when drafting the new policy vision. These included physicians and researchers, experts with first-hand experience, our councils (Scientific Council, Social Council, and our Patients Advisory Committee), volunteers and action takers. This resulted in a comprehensive evaluation of the previous period's results and a trend analysis of current developments. In addition, the contours of our new policy vision began to take shape. The mission goals remained unchanged from the previous policy period. The results of the Translational research focal point in particular clarified the tools: funding and facilitating scientific research, sharing information and policy advocacy.

Targeted expenditure

The Targeted expenditure department is responsible for spending the Dutch Cancer Society's funds to achieve the maximum possible impact on our mission: less cancer, more cure, and a better quality of life for cancer patients.

Focal points

In the last policy period (2011 to 2015), the DCS focused on four focal points in particular. Before discussing the activities and results associated with these key areas in detail, we will provide a summary of the main results.

1. Eradicating smoking in the Netherlands

Smoking has finally been eradicated throughout the entire hospitality industry!

2. KankerNL

There is an online platform for cancer that offers reliable, independent and constantly accessible information for anyone who has to deal with cancer.

3. Translational research

We have a new research funding structure that, starting from the fundamental concept, is designed to get research results to patients as soon as possible.

4. Improving cancer care in the Netherlands

We awarded grants to projects that broadly improved the quality of cancer care in the Netherlands. This specifically involved the elderly, the field of psychosocial care, and transparency in healthcare.

After 2014, the DCS will dispense with the use of key areas as formal focal points, but these will continue to be embedded in many aspects of the DCS' work.

€ 154.1 million spent on research, grants and activities that contribute to less cancer, more cure, and a better quality of life for cancer patients.

1. Focal point: Eradicating smoking in the Netherlands

Sadly, we cannot guarantee to prevent cancer. But a healthy lifestyle does indeed reduce the risk of cancer. Especially not smoking. Every year, 19,000 people develop cancer as a result of smoking. That's 19% of all new cases in the Netherlands. For this reason, in the previous policy period, we decided to use the focal point "Eradicating smoking in the Netherlands" in a no-holds-barred effort to eradicate smoking in the Netherlands, with a special emphasis on preventing young people from taking up smoking. The main tools of the focal point "Eradicating smoking in the Netherlands" were policy advocacy and education.

Policy advocacy

In 2014, both the Ministry of Health, Welfare and Sport and the Dutch House of Representatives declared their commitment to smoking cessation measures. This led to the introduction of a range of measures.

These included:

- The exemption for small cafes was lifted in October 2014, so smoking has once again been eradicated throughout the entire hospitality industry.
- The government has backed the new Tobacco Products Directive, which includes a ban on the use of misleading flavouring additives in tobacco and the requirement for cigarette packs to bear photographic warnings about the effects of smoking.
- Regulations for e-cigarettes are currently being prepared.
- The price of a pack of cigarettes has been increased by 9 cents.

- The minimum age for buying tobacco was increased from 16 to 18.
- In 2014, support for smoking cessation was also included in the basic health insurance package.

These measures are intended to reduce the number of children taking up smoking and to get smokers to give up the habit. In this way we can reduce the huge amount of damage (including damage to health) caused by tobacco – which includes cancer.

Education

For two and a half years, the "Smoking is outdated" cross-media campaign focused on its target group of individuals aged 15 to 25. The objective was to make it clear that smoking is not the norm.

During this campaign, ordinary Dutch people and celebrities compared smoking with something that is seen as being outdated. The campaign achieved good ratings and was nominated twice for the Golden Loekie Award. The evaluation showed that the percentage of young people in the 15-19 age group who feel that smoking is outdated had risen from 30% in December 2012 (the start of the campaign) to 43% in October 2014.

The message that smoking is now totally outdated is increasingly being adopted by others. One of these was the Ministry of Health, Welfare and Sport, which, in 2015, launched the "Eradicate smoking throughout the entire hospitality industry" campaign.

Termination of focal point

As a result of the focal point period, the "Eradicate smoking" dossier has been firmly

embedded in the DCS' activities. Although the focal point is being formally terminated, the topic itself will continue to be a priority within the "Less cancer" team beyond 2014. To this end, we work closely with the Lung Foundation and the Netherlands Heart Foundation in the context of the Dutch Alliance for a Smoke-Free Environment.

Read more about the "Eradicating smoking in the Netherlands" focal point at our website.

2. Focal point: KankerNL

In June 2013, the KankerNL information platform was published online. That meant that 2014 was both the year in which the online platform celebrated its first anniversary and the year in which the KankerNL focal point was terminated.

Following a thorough evaluation in July 2014, a future-proof course was developed for the platform. This proved effective: a greater focus, higher visitor numbers, and ultimately the first campaign on TV and radio. In the final quarter of 2014, the number of visitors and participants doubled. In 2015, it will be full speed ahead for KankerNL.

In 2011, the Dutch Cancer Society started to develop KankerNL, together with the Dutch Federation of Cancer Patient Organizations (the former NFK, now Levenmetkanker (“Living with Cancer”)) and the Comprehensive Cancer Centre of the Netherlands (IKNL). The objective was to facilitate an online platform where patients (and former patients), as well as close friends and relatives, care providers, and other interested parties can find tailor-made information, contact others who have been touched by cancer, and exchange details of experience gained, tips and knowledge.

Activities and results in 2014

- In 2014 KankerNL received two new information services. Healthcare professionals answer patients’ questions online. In addition, the information on the website is enriched with details of scientific trials, which means that researchers can now use KankerNL to inform cancer patients about their oncological studies.
- In 2014, patient organizations were

given their own space on the site. The Levenmetkanker (“Living with Cancer”) website is hosted by KankerNL, as are those of various other patient organizations.

- To make people aware of KankerNL, in cooperation with the IKNL, a large-scale mailing of flyers and cards was sent to 7,500 caregivers and hospitals at the end of the year.
- In December 2014, the DCS used a multimedia campaign to launch KankerNL into the public arena. This helped to achieve the figure of 267,757 unique daily visitors in December 2014.

In 2014, the KankerNL focal point had a budget of € 2 million, of which slightly less than € 1.5 million was actually spent.

Between August and December 2014, as a result of active campaigning, the number of visitors to – and participants in – the KankerNL interactive patient platform doubled.

3. Focal point: Quality of care

Cancer patients must be able to rely on the best possible care. Even though, on average, care in the Netherlands is of good quality, the Dutch Cancer Society is aware that there are differences, and thus challenges. Accordingly, during the last policy period (2011 to 2015), the DCS established the “Improved cancer care in the Netherlands” focal point. Here, the focus is divided between three secondary focal points: Transparency and task allocation, Psychosocial care, and Cancer & the Elderly. In 2014, these secondary focal points were completed.

Secondary focal point: Transparency and task allocation

The DCS has set itself the goal of improving transparency for patients, in terms of quality of care. We are aware that there is unacceptable variation in the care provided and in the outcomes of such care. The transparent provision of information should enable patients to make a properly informed decision about a given hospital. This can be achieved by showing exactly what hospitals have to offer. For example, whether or not multidisciplinary discussions take place, and how often a specific operation is performed in a given hospital.

Task allocation focuses on the concentration and distribution of care. Task allocation relates to care providers: in the case of less common cancers, concentrating care in a limited number of hospitals is vital to the provision (or continued provision) of good-quality care. Our aim, in using task allocation, is to concentrate treatments in hospitals that have sufficient experience with the treatment in question. This has not yet been fully achieved for all forms of cancer.

Activities and results in 2014

The DCS is not, itself, a provider of care, but it has carved out a role for itself as a facilitator and driving force for professional practitioners.

The DCS funded projects and tools for achieving transparency. The publication of horizon scanning reports enabled certain quality standards to be tightened up, facilitating the concentration of care for a number of tumour types.

The following products were delivered:

- Report by the Signaling Committee on Cancer (SCC) entitled “Quality of cancer care in the Netherlands”.
- Grant awarded to the Pathological Anatomical National Automated Archive (PALGA) for the standardization of pathology reporting.
- Tool development: grants awarded to the Levenmetkanker (“Living with Cancer”) movement for the development of two patient compasses that will provide patients with an insight into the quality of care: one for lung cancer and another for stomach and oesophageal cancer.
- “Focus on the quality of cancer care” research call, in which the Dutch Cancer Society made grants available for research projects in the areas of transparency and task allocation. A total of 27 applications were received by the Dutch Cancer Society, eight of which were approved.

In 2014, € 1.2 million was spent on the “Transparency and task allocation”

secondary focal point, mainly for the funding of research projects aimed at analysing and improving cancer care in the Netherlands.

Secondary focal point: Psychosocial care secondary

Cancer not only involves physical effects, it also has a profound impact at the psychological and social levels. A significant portion of patients need psychosocial care both during and after their treatment. The early provision of adequate supervision can ultimately prevent expensive long-term psychological treatments and the consumption of medical services. It also facilitates faster and better reintegration into society.

To raise awareness about psychosocial care, to improve it and make it more readily available, the Dutch Cancer Society highlighted this theme during the 2011 to 2015 policy period. It did so by formulating the secondary focal point “Psychosocial care” within the focal point “Quality of care”. The following are just some of the achievements from this period:

- Psychosocial care has been placed on the political agenda, with the aim of reversing the cuts that have been made.
- Quality has been highlighted. For example, a roster of experts has been established, to help patients and their close friends and relatives find specialized caregivers.
- The inloophuizen (shelter homes) – where patients can go, without a referral, to talk to someone about their problems and to engage in activities that will help them to

better cope with their illness – are collaborating to improve the quality of their services.

In terms of its specific benefits, the focal point has helped patients locate high-quality care and it has given their close friends and relatives a better understanding of how to support people with cancer in their immediate circle.

Activities and results in 2014

During the focal point period, while these activities were taking place, the DCS took the roles of director and driving force. One of the fine results achieved in these roles during 2014 was designing and implementing a lobbying process for affordable psychosocial care. In this context, working visits to shelter homes were organized for members of the Dutch House of Representatives. Tunahan Kuzu, for instance, made a working visit to De Boei, in his hometown of Rotterdam. Here, he was briefed on psychosocial care. More specifically, he was informed about the purpose of shelter homes, and the methods used there. He also spoke with various patients, who told him what the shelter home means to them.

In 2014, € 2.0 million was spent on the focal point, especially on project funding. One of these projects was a start-up grant for all twelve shelter homes. Each received a grant of up to € 17.000. This was to cover the cost of educational materials, the development and implementation of activities for patients and their close friends and relatives, as well as training sessions for volunteers.

Tool: CQ-index radiotherapy

In 2014, the Radiotherapy “Consumer Quality Index” was completed. While this tool shows that patients are generally satisfied with radiotherapy care, it has also revealed some areas for improvement. For example the provision of information associated with treatment options: Should the patient opt for a treatment that is less frequent and more intensive, or one that is more frequent and less intensive? The patient’s treatment regimen will affect their quality of life. Good-quality educational material provides a basis for an informed decision. The Consumer Quality Index will enable those working in the field to initiate targeted improvement paths.

Psychosocial care in the new policy period This focal point has been successfully launched. From 2015 onwards it will be embedded in our regular activities. We are going to actively pursue the implementation of research results, to ensure that psychological treatments of proven value are made available to patients as soon as possible.

Secondary focal point: Cancer & the Elderly

Tailored care for elderly patients with cancer, to offer them a greater chance of survival, and a better quality of life. In recent years, with this objective in mind, the Dutch Cancer Society has made extra efforts in the context of the “Cancer & the Elderly” secondary focal point. This was prompted by the findings of an internal SCC report entitled “Cancer in the elderly” (2010), which revealed numerous sticking points in cancer care for the elderly, who make up the largest group of cancer patients.

Activities and results in 2014

Using the tools of research, policy advocacy and knowledge sharing, the DC S

set to work to bring the issue of “Cancer & the Elderly” to the attention of relevant stakeholders.

- On 17 May 2014, the DCS staged a second Meeting of Minds on the topic of “Cancer & the Elderly”. This year’s meeting was entirely dedicated to communications. In the above-mentioned SCC report, communication with and about patients was identified as a major sticking point. During the Meeting of Minds, professionals and patients shared their knowledge, ideas and details of their experiences. They also conducted brainstorming sessions on specific improvement initiatives.
- In 2014, the DCS issued two calls (calls are appeals to those engaged in this field of study to submit project applications to the DCS). Sadly, the research call failed to deliver applications of sufficiently good quality. The call for policy projects in the field of communications resulted in 27 applications, six of which were approved. One of these came from Spektor Storytelling (a multimedia company), which will develop a series of informational films to answer questions raised by elderly cancer patients and to guide them to information that is available on internet. The Patients Advisory Committee for Research (PACR) was very excited about this project.
- On 28 April 2014, the TV presenter Catherine Keyl drew attention to this issue in her “Catherine in action against cancer” show on the RTL4 channel, which was entirely devoted to elderly cancer patients.

A total of € 2.9 million was budgeted for this secondary focal point in 2014, mainly in the form of grant funding for research projects and policy projects. Of this, € 1.2 million was spent.

Ultimately, the grants for research projects (budgeted at € 2.0 million) were not spent on research projects in this secondary focal point, but were instead used to support other areas

of cancer research.

This was because the research call yielded only seven applications, none of which were found to be of sufficient quality or relevance. In early 2015, a survey was carried out among researchers to identify the causes of this problem.

Termination of the Cancer & the Elderly secondary focal point

Although the secondary focal point ended at the end of the previous policy period, a framework has been set out for the coming years that will enable those working in the field to take additional steps. Accordingly, results from the approved, short-term policy projects will become available within a few years. In addition, in partnership with the GeriOnNe (Geriatric Oncology Netherlands) Foundation and researchers working in the field, the DCS established a working community. This community will identify ways in which those operating in the research field can develop potential solutions for sticking points in the field of cancer and the elderly. Over the next one to two years the DCS will safeguard and integrate the theme of the elderly, both internally and externally.

4. Focal point: Translational research

enabling patients to benefit from research results as soon as possible

The bulk of the Dutch Cancer Society's spending has traditionally been earmarked for scientific cancer research. It is essential that the results of this research is quickly and effectively channeled into applications for patients. Within the context of the Translational research focal point an effort is made to establish cooperative ventures with researchers, to identify and resolve any barriers and sticking points. The sole purpose here was to speed up and improve the implementation of research results in everyday practice.

A number of pilot studies funded within this focal point revealed that the DC S could play a greater role, in conjunction with those working in the research field, in managing our mission goals. Not only by funding research, but also by facilitating it. However, the structure and organization of research funding had not been designed with such management in mind. For instance, there was a risk of knowledge gained from research being left "on the shelf", because there was no follow-up or implementation path.

Therefore, a great deal of hard work has been devoted to developing a new structure for our research funding scheme. While the quality of research proposals will, obviously, remain an important assessment criterion, a number of new dimensions have also been introduced into the research funding scheme:

- From the very outset, the DCS requires researchers to consider the best ways of following up their research, to implement applications in everyday practice. In the role of knowledge broker, the DCS actively facilitates

such follow-up steps. One approach, for example, is to bring relevant research parties into contact with one another, and to encourage cooperation.

- The introduction of flexible funding enables us to respond better to the diversity of contemporary cancer research. It also facilitates more compliant approaches to the specific resources needed for a given research project. Furthermore, it makes it possible to initiate follow-ups to promising studies more quickly.

For patients, the true significance of these results is that research results will be channeled into healthcare applications more quickly in the future.

In 2014, this focal point operated on a budget of € 4.7 million. This money was mainly spent on funding research in the context of the new partnerships. To achieve its objective, the DCS issued research calls in partnership with the Life Sciences & Health top sector, The Netherlands Organisation for Health Research and Development, the SGF (Cooperating Healthcare Funds) and the European translational TRANSCAN care network (see box).

Following the termination of the focal point, the new research organization will be implemented from the "More cure" team, which houses all aspects of the Research tool. Moreover, the knowledge gained in this focal point acted as an important pillar when formulating the new policy vision for 2015 to 2019.

TRANSCAN

The Dutch Cancer Society is part of the European Research Area Network on Translational Cancer Research (ERA-Net TRANSCAN). This network is a partnership of 26 European government bodies in 20 countries that fund translational research (including cancer research). In 2012, European health funds, including the Dutch Cancer Society, were asked to participate and invest in TRANSCAN. Every year, this European network initiates a round of grant funding by issuing research calls. This is financed from funds contributed by the participating countries. In 2014, a call was issued for research projects in the field of tertiary cancer prevention (preventing the recurrence of cancer). Dutch research groups were involved in three of the eight projects funded:

- Prof. Ellen Kampman (Wageningen University) is researching the role of folate in the recurrence of colorectal cancer. Folate is a compound that has the same vitamin effect as folic acid. It is taken in dietary supplements, but there is evidence that this substance actually stimulates tumour growth. Research to determine if this is correct can be carried out in a wider European context.
- At the Radboud University Medical Center, Prof. Iris Nagtegaal is researching the clinical application of a new method in which the characteristics of immune cells (density, location) are used as prognostic factors in colorectal carcinomas.
- At Leiden University Medical Center (LUMC), Dr Nelleke Gruis is researching the way in which genetic changes are associated with the metastasis and recurrence of cancer in patients who have been surgically treated for primary melanoma.

More cure

In 1949, when the Dutch Cancer Society was founded, only 25% of patients were still alive five years after being diagnosed with cancer. By 2014, that percentage had risen to 62%. An excellent result, but the war is far from over. Our goal is that fewer people will die of cancer. We believe that scientific research is getting us closer to that goal, which is why we are one of the biggest funders of cancer research in the Netherlands.

The “More cure” team is responsible for spending our income on effective cancer research that has an impact on the DCS’ mission. Within the Translational research focal point, 2014 was a year in which a great deal of energy was invested in creating a new funding structure. Above all, though, 2014 was a year in which the objective – spending funds responsibly on research that contributes to the mission of “More cure” – was achieved with great verve.

By funding and facilitating research, we made an important contribution to the development of personalized medicine and immunotherapy.

Activities and results in 2014

In 2014, the “More cure” team spent € 115.2 million on the objectives. Mainly on research, but also on the focal points. Such a high level of spending has never before been done in the history of the DCS. This record was mainly achieved because the funding for a number of research projects from the Alpe d’HuZes/Dutch Cancer Society fund (total € 21.3 million) that had initially been budgeted for 2013 was shifted to early 2014.

Approving research proposals More cure 2014

Fundamental research	30
Translational and applied research	25
Clinical research	11
Alpe d'HuZes (mainly translational and applied research)	37
TRANSCAN (projects featured in Translational research focal point)	3

- In several of these grant funding rounds, the Patients Advisory Committee for Research (PACR) was involved in the assessment of research proposals. This involvement will be expanded in the upcoming years. You can find further details of the PACR's activities in the chapter "Better quality of life".
- The DCS awarded 28 personal grants. These involved twelve fellowships, five research grants for assistant physicians, four personal grants and two stipends for postdoctoral (PhD) assistant physicians. The Alpe d'HuZes Foundation awarded five Bas Mulder Awards for talented young scientists who want to establish their own line of research (see p. 23).

and a better quality of life for cancer patients. To this end, it has been decided (in a separate agreement) that the NCI will receive 14% of the DCS' revenue (in 2014 this was € 16 million) each year, to conduct high-quality research. This agreement will remain in effect until, at least, the end of 2019.

Netherlands Cancer Institute (NCI) grant

The DCS and the Netherlands Cancer Institute (NCI) – the research institute of the Antoni van Leeuwenhoek Hospital – have committed themselves to a renewed agreement to further enhance the impact of cancer research for patients. The goal of their partnership is less cancer, more cure,

Focus on research

To give an impression of the breadth of our research portfolio, we have highlighted promising projects involving fundamental, translational and clinical research.

Dr Jeroen Hagendoorn

Lymphatics in colorectal liver metastasis: a new avenue

Each year, 10,000 people are diagnosed with colorectal cancer. Half of them have, or will have, metastases in the liver. Dr Hagendoorn and his colleagues have discovered that certain liver metastases synthesize a specific combination of proteins. Patients with these kind of tumours seem to have a far worse prognosis, because the proteins allow the tumour to quickly spread metastases around the rest of the body. The purpose of their research is to discover the role of these proteins, which will lead to the development of tailor-made drug treatments for this group of patients.

(Fundamental research, personal grants)

Dr Birgit Sikkema-Raddatz

A comprehensive new DNA test for genetic diagnosis of hematological malignancies

Different types of DNA mutation cause different types of leukaemia. If treatment is to be successful, it is important to identify the type of leukaemia involved. However, even when a combination of genetic tests is used, the wide variety of DNA changes makes it very difficult to identify these types. Hundreds of mutations have already been identified, and each patient can have their own unique combination. The researchers plan to detect these DNA mutations using the "TLA" technique developed by the Cergentis company. This approach is unique in that it finds all possible genetic changes in the DNA and, after sequencing (reading the nucleotide sequence), these changes are identified. If this proves successful, the researchers want to replace the current profusion of tests with TLA.

(Translational research, funding in cooperation with The Netherlands Organisation for Health Research and Development)

Prof. Jan van Lanschot

Accuracy of detecting residual disease after neoadjuvant chemoradiotherapy for oesophageal cancer

This study explores the possibility of a new treatment for patients with oesophageal cancer who are eligible for surgery. It will assess the accuracy of predictions about whether patients will still have tumour cells in their oesophagus after pre-treatment with chemotherapy and radiation therapy.

Earlier research showed that, in 30% of patients, the pre-treatment was so effective that surgically removed tissue contained no detectable tumour cells. Based on these data, the value of operating on a group that shows such a good response has to be questioned, especially in view of the gravity and extent of oesophageal surgery. Before dispensing with surgery can become a viable option, it must be possible to reliably identify the group that shows a good response, prior to the operation.

This study will determine whether a combination of diagnostic tests, consisting of PET-CT, endosonography (an internal ultrasound examination), and endoscopy with internal biopsies, can reliably identify the group that shows a good response. If this is the case for all patients (or almost all patients) then it will be safe to test this strategy in a larger group of patients, in the context of a national (or international) phase III randomized trial (the SANO study).

(Clinical research project)

Alpe d’HuZes

On 5 June 2014, no fewer than 4,800 people participated in Alpe d’HuZes the annual event in support of the Dutch Cancer Society. Under the motto “Giving up is not an option”, participants cycle, run or walk up Alpe d’HuZes as many as six times. They do so individually or as teams. Aside from being a sporting challenge, it is a challenge to raise as much sponsorship money as possible, in support of cancer research. In 2014, those participating in the Alpe d’HuZes managed to collect € 13.5 million for cancer control, making this the largest fundraising campaign in the Netherlands.

This flurry of activity was not confined to the cyclists and runners, great changes were afoot behind the scenes as well. In September 2014, the new board of Alpe d’HuZes took up its duties. Following the controversy surrounding Alpe d’HuZes in 2013, the appointment of the supervisory board earlier this year marked a new start for the foundation. In the context of this new start, a number of remedial measures have been implemented. These include the creation of a volunteer board, the drafting of a new spending plan, and the launch of a new website.

Spending in 2014

In 2014, € 44.3 million from the Alpe d’HuZes/Dutch Cancer Society fund was spent on scientific cancer research. It was used to fund 54 new and ongoing projects.

- A number of projects were funded in early 2014 rather than in late 2013. This involved about twenty projects from the innovative treatment call, and the registration and biobank call. There were also seven inter-institute programs and seven “Understanding life” projects.
- The remaining projects come under the Bas Mulder Awards, inter-institute programs, and the “Unique Opportunities” grant funding round.

Bas Mulder Award

Alpe d’HuZes plans to give its mission a powerful impetus by providing young, ambitious cancer researchers with extra encouragement to come up with good research proposals. Accordingly, an annual budget (from the Alpe d’HuZes/Dutch Cancer Society fund) has been made available to young researchers with innovative ideas about the treatment of cancer.

In total, the award amounts to nearly € 4 million. The winners of the 2014 Bas Mulder Award are:

- Dr Wilbert Zwart of the Antoni van Leeuwenhoek Hospital, for his research into the use of existing cancer drugs to treat types of cancer other than those against which they were previously used.
- Dr Tom van Meerten, of the University Medical Center Groningen, who is conducting research into lymphoma patients’ responses to immunotherapy.
- Ms Anniek van der Waart of Radboud University Medical Center, for her supplementary treatment plan for leukaemia patients who have undergone stem cell transplantation, which reduces the risk of cancer recurring.
- Dr Marco de Bruyn, of the University Medical Center Groningen, who is researching the reactivation of suppressed immune cells in tumours.

- Dr Theo Plantinga of the Radboud University Medical Center, for his research into the mechanisms responsible for tumour de-differentiation and for therapy resistance in thyroid tumours.

Inter-institute programs and the “Unique Opportunities” grant funding round

In addition to the Bas Mulder Awards, the Alpe d’HuZes/Dutch Cancer Society fund supported a number of research projects in two other research calls:

- In the grant funding round for inter-institute programs, a total of more than € 13 million was awarded to project applications from consortia in the fields of personalized medicine and “optimal and personalized cancer care”. A maximum grant of € 2 million was awarded to each of the projects approved.
- An amount of € 1.6 million was spent on research projects in the “Unique Opportunities” grant funding round. These are projects that do not fit within the existing grant frameworks but which nevertheless deserve a chance, because of their progressive and unique out-of-the-box character. One of the projects in the latter category focuses on the development of a new medical technology that can be used to screen for cancer optically. The aim is to demonstrate that a simple measurement on the inside of the cheek (using low-cost, patient-friendly, light-based technology) is able to identify individuals with precursors of

cancer of the head, neck, oesophagus or lung. The project leader is Dr A. Amelink of the Netherlands Organisation for Applied Scientific Research (TNO) in Delft.

Spending plan for 2015-2018

In the new policy period, funding from the Alpe d’HuZes/Dutch Cancer Society fund will be integrated in the DCS’ new research funding scheme, which facilitates the translation of research into practice and ensures that the impact on the patient is paramount.

Less cancer

Within the “Less cancer” team, lifestyle has an important part to play. Smoking, sunbathing, overweight, lack of exercise and alcohol all have a proven relationship with an increased risk of developing cancer. Our job is to make people aware of this. One approach used here was the focal point “Eradicating smoking in the Netherlands”, others involved research and communication in the field of cancer prevention.

The need for cancer prevention was highlighted by a study into the contribution made by lifestyle factors to cancer in the Netherlands (the PAF study). This study was carried out by TNO and commissioned by the Dutch Cancer Society. An estimated 30% of new cancer cases in the Netherlands are caused by less healthy lifestyles, so they could, in theory, be prevented. However, only 20% of the population accepts that their own lifestyle actually increases their risk of developing cancer. Accordingly, we believe it is especially important to inform the public properly about the impact of lifestyle factors on their risk of developing cancer.

Activities and results in 2014

- The PAF study and the focal point “Eradicating smoking in the Netherlands” featured prominently among the “Less cancer” team’s activities in 2014.
- A research call in the field of early detection was issued. The DCS’ purpose in issuing this call was to give the medical profession and researchers in the field an opportunity to optimize current and potentially promising screening techniques. In this way, the early detection of cancer will actually lead to less cancer and/or more cure.
- The Prevention Committee was established to assess research calls.
- Seventeen project proposals were received in this grant funding round, of which five projects were approved.

- The DCS’ entire research portfolio has been reviewed to determine which of the studies submitted to, and approved by, the DCS are linked to cancer prevention. This information can be used in the new research funding scheme to identify areas where we have to provide additional incentives and which research groups’ existing prevention research are already having an impact.

Prevention in 2015

The PAF study provides the DCS with practical tools to tackle those case files where we can actually make an impact. Thus, the “Eradicate smoking” case file will continue to be a priority for the DCS in the years to come. In terms of the risk factor “overweight” (which can lead to cancer as well as to other diseases) for example, other parties are already operating very effectively in their roles as knowledge sharers and policy advocates. However, the risk factor “sunbathing” is not being tackled by other major parties. This is a risk factor that has no link with diseases other than skin cancer. Accordingly, it is up to the DCS to actively tackle policy, research and knowledge sharing in this field. We will develop this into a fully fledged strategy in 2015.

Focus on research

- The effect of policy measures intended to discourage smoking will be evaluated in the coming years by Prof. Marc Willemsen of Maastricht University. A representative group of smokers was followed for several years, and data was collected before and after the measures were introduced. This is then compared with data from other countries that have not implemented measures of this kind. This study is part of the International Tobacco Control Policy Evaluation Project, in which more than twenty countries are participating.
- Another study that was approved in 2014 is linked to population screening for breast cancer. In this study, Dr Carla van Gils (of the University Medical Center Utrecht) will attempt to determine whether women with very dense breast tissue might benefit from a supplementary MRI scan, in addition to an X-ray of their breasts. In this group of women, incipient tumours are still sometimes overlooked on mammograms, as it is difficult to distinguish them against the background of dense glandular and connective tissue.

Better quality of life

The fight against cancer involves some very aggressive treatments. This serves to remind us that it is not just about the direct treatment outcome, there is also the matter of the impact that the disease and its treatments have on patients' quality of life. More and more cancer patients are living longer or are even being cured, so their quality of life while they are ill and after they have been cured is an increasingly important issue. The group of those living with cancer and those who have survived the disease is growing rapidly. In the Netherlands, it currently numbers about 650,000 people. Their quality of life is also our concern. In addition, quality of life is extremely important for patients with poor prospects. The Dutch Cancer Society supports these people too. This is why our mission goal "A better quality of life for cancer patients" has its own team within the DCS' organization.

Activities associated with "A better quality of life for cancer patients" involve the provision of patient information via KankerNL, kwf.nl and brochures, information and support from the DCS' Cancer Infoline, financial support for initiatives in the field of patient support, patient participation, research in the area of quality of life, and finally activities associated with the secondary focal point Psychosocial care.

Activities and results in 2014

In 2014, € 24.6 million was spent on the mission goal "A better quality of life for cancer patients". This was very different to 2013, when the level of spending was still at € 13.7 million. This difference is mainly due to the allocation of a major grant, of approximately € 10 million, to the Levenmetkanker ("Living with Cancer") patient movement (the former Dutch Federation of Cancer Patient Organizations). This grant will be dispensed over a period of three years, but – in accordance with the reporting rules – it will be fully booked in 2014.

Total expenditure in 2014 led to the following results:

In the area of providing educational material and information to patients:

- In 2014, the focus was on updating the existing information at the kwf.nl website and in our various brochures. The website focuses on cancer in general, and on the ten most common cancers. This involves the use of infographics, links to other relevant information supplied by the DCS (on topics such as prevention and research), and various personal stories from patients and researchers.
- A substantial part of our editorial capacity was assigned to the information library at the KankerNL patient platform. This involved both text and images. New content was developed for diseases such as anal cancer and rectal cancer, while existing content on prostate cancer and colorectal cancer, for example, was updated. In addition, our medical expertise, and that of our referees, was at the disposal of KankerNL's editors.
- Nine information brochures were updated. Depending on the theme involved, the circulation of these brochures ranges from 2,500 to 40,000 copies. In total, no fewer than 233,000 brochures were requested in 2014. The

greatest demand was for “Diet and cancer”, for which there were more than 26,000 requests.

- In all, the five information officers who handle the DCS’ Cancer Infoline conducted 4,036 telephone calls and responded to 610 emails. The number of calls from patients (1,594) roughly equaled those from close friends and relatives (1,559). Most of those consulting the information officers were women (66%). The conversations dealt with all aspects of cancer. Nevertheless, more questions related to medical issues than to psychosocial matters.
- The information officers also take an active part in moderating some of the discussion groups at the KankerNL platform.

Patients are becoming more actively involved in our core activities. The Patients Advisory Committee for Research (PACR) was involved in the creation of the new policy vision and in the evaluation of a large number of grant funding rounds.

In the area of patient support:

- In 2014, the 21 patient organizations with which the DCS cooperates received individual grants for the last time. From 2015 onwards, they will unite within the framework of the Levenmetkanker (“Living with Cancer”) patient movement.
- A new grant scheme will then take effect, in which Levenmetkanker will receive a fixed amount that it will distribute among the affiliated patient organizations, based on Key Performance Indicators. In this way, the partnership will focus more on impact, which is entirely in keeping with the new policy vision. The renewed agreement between the DCS and Levenmetkanker was signed in 2014, and will remain in effect from 2015 to 2017.
- A total of sixteen incentive grants, totaling more than € 300,000, were awarded. This grant was created to support people who have great ideas but who lack the means to realize them. One such grant was awarded for a book written and published for, and about, people suffering from a mental illness who are facing cancer. This is virgin territory, in which a relatively small grant enabled pioneering work to be carried out. People can use this book to learn from the experiences of others. It enables people to feel better prepared and allows them to get a better grip on the situation.
 - In 2014, grants were also provided in the area of patient empowerment. It involved four grants totaling almost € 100,000. For example, the Images of Cancer Foundation (“Coming to terms with the situation through creative expression”) was awarded a grant enabling it to continue its activities. The Foundation encourages and supports initiatives in the area of creative and visual expression. One example of this is Images of Cancer’s national network of choirs, consisting of singers who are all dealing with (or have dealt with) cancer.

Cancer Care Standard

In 2014, the Cancer Care Standard was presented to the National Health Care Institute (ZiNL) for inclusion in its Quality Register. The document, which was prepared by healthcare professionals and patients, describes the requisite content and organization of cancer care from the patient's perspective. It is a quality framework with a number of target standards. The Cancer Care Standard was conceived by Levenmetkanker, IKNL and the DCS. Levenmetkanker is responsible for its maintenance and management.

Improving the position of workers with cancer

Research shows that one quarter of workers with cancer are fired. The DCS and Levenmetkanker feel that those who can, and who want to, should be able to continue working. In 2014, ambassadors with expert first-hand experience were introduced, to support cancer patients (and ex-cancer patients) in this endeavour. They actively help to find answers to workers' questions or solutions to their problems. Their clients awarded this support an average grade of 8.5. The ambassadors with expert first-hand experience also hold workshops in the workplace.

Patient participation

Patients are the primary stakeholders in the DCS' activities. They know, better than anyone else, what it means to live with cancer. That practical knowledge is valuable and indispensable input in the fight against cancer and in assessing the relevance of the DCS' activities. We believe that proactive patient involvement contributes to the realization of our mission. In 2011, the Patients Advisory Committee for Research (PACR) was launched, as a pilot project. Its purpose was to give patients a voice in the assessment of research. They were primarily tasked with advising on the assessment process for clinical research proposals. Following an evaluation of the project in 2012, the PACR was firmly established as a consultative body within the DCS. Since then, the Committee's role has steadily expanded.

- In 2014, the DCS carried out eight pilot studies on patient participation in the assessment of grant applications, to develop a more streamlined procedure. These pilots included the assessment of Alpe d'HuZes grant applications, of the "Better quality of life" team, and of the focal point Cancer & the Elderly.
- These eight pilot studies were evaluated by the Athena Institute for Research on Communication and Innovation in Health and Life Sciences, VU University Amsterdam. For the purpose of this evaluation study, PACR members, DCS employees and members of the Scientific Council were interviewed. In addition, all activities involving patient participation were monitored. Based on the results of this evaluation, the new procedure was developed.

- In 2014, PACR provided important input in the drafting of the new policy vision.
- The new policy vision includes a major role for patient participation: PACR's role is not restricted to the assessment of spending, indeed, it is involved in all of the DCS' core activities.
- As a result, the Committee has been moved from the "Better quality of life" team to the Targeted expenditure department. The extension of its mandate also means that the membership of PACR (which is currently forty strong) will be expanded.

Research

In 2014, over € 4.1 million was spent on scientific research in the field of psychosocial oncology. We received 47 standard project applications, eleven of which were approved. The subjects of the approved projects were very diverse. They included care optimization, sleep problems in children with leukaemia, return to work, therapy for dealing with anxiety and stress during and after cancer.

Focus on research

Prof. Gert-Jan Kaspers (VU University Medical Center):

Sleep in children with acute lymphoblastic leukemia and its effect on quality of life, fatigue and parental functioning.

In 2014, the DCS awarded a grant to VU University Medical Center, where the head of Paediatric Oncology is conducting a study into sleep problems in children with cancer.

The aim of the study is to improve the quality of life for children with leukaemia and their parents. In the course of this four-year study, Prof. Kaspers and his research group will be asking children and their parents to fill in questionnaires.

They will also measure quality of sleep and the melatonin (sleep hormone) content of urine. The knowledge gained will make it possible to develop better targeted treatment for sleep problems.

Greater focus

Implementing focus in the new policy vision has involved making choices. As a result, certain activities are being phased out. The Dutch Cancer Society focuses on controlling cancer by funding and facilitating scientific research, policy advocacy, and knowledge sharing. One consequence of this is that, with effect from 2016, we will no longer provide support to individual patients via the DCS' Cancer Infoline. In 2015, we will look into the question of whether this service can be transferred elsewhere in 2016 and, if so, where.

The DCS focuses on providing digital access to information. This is because information in this form can be kept as current as possible, it can also be communicated in a combination of text,

image and sound, and it offers the possibility of two-way communication. For this reason, the production and distribution of printed patient brochures will be phased out in 2015. Here too, the DCS will use 2015 to determine whether the patient brochures can be transferred elsewhere and, if so, where.

With regard to quality of life, the DCS wants to have the greatest possible impact. Accordingly, we will no longer be offering fragmented support to individual initiatives and organizations. This means that individual institutional grants, incentive grants and grants related to patient empowerment will no longer be available.

Fundraising and recruitment

Within the Dutch Cancer Society, the Fundraising department is responsible for revenues. The department consists of three teams: Donors, Volunteers, and Major Donors & Partners. Together they took in more than € 135 million in 2014.

Donors

The Donors team is responsible for recruiting donors and for customer relations management with regard to existing donors and DCS lottery players. Compared to the previous year, in 2014 we succeeded in expanding the donor base and in collecting over € 1 million of additional revenue for cancer control.

The DCS set itself a target for 2014 of collecting € 52.1 million in donations, gifts and lottery revenues. That goal has been comfortably achieved. By means of donations, gifts and the lottery, our donors have jointly contributed € 53.8 million.

This excellent result is based on the following success factors:

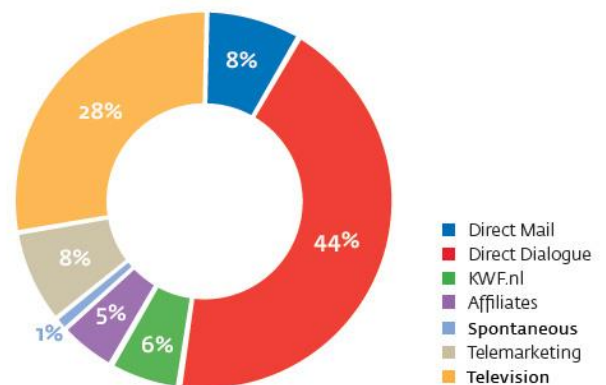
- Successful approaches (in the form of “upgrade” campaigns) were made to donors, asking them whether they might be willing to increase their donation.
- In 2014, special consideration was given to limiting the outflow of donors. In 2013, this was running at 9.4%, but in 2014 the outflow was cut to 8.7%. This means that, in 2014, the DCS managed to retain 91.3% of its donors. This result was primarily achieved by means of process improvements.
- The public service has pursued a more active policy with regard to retaining donors.
- In 2014, the DCS was able to welcome

many new donors, thanks to the “Stand Up to Cancer” campaign (see page 48).

Recruiting donors

The DCS has used a variety of channels to recruit new donors. The chart opposite shows which channels contributed, and to what extent, to the inflow of new donors in 2014. This shows that the main fundraising tools were “Stand Up to Cancer” and street recruitment.

Donor influx in 2014



Donations, gifts and in-house lottery	Actual 2014	Budgeted 2014	Actual 2013
<i>(Revenue x €1.000)</i>			
Donations and gifts from donors	40,707	39,613	39,216
Donations and gifts from Major Donors	3,227	2,486	2,970
Total donations and gifts	43,934	42,099	42,186
In-house lotteries	9,832	9,997	10,193
Total donations, gifts and in-house lottery	53,766	52,096	52,379

Stand Up to Cancer

The Dutch Cancer Society is a partner in the American Stand Up 2 Cancer initiative. This gave rise to the annual “Stand Up to Cancer” TV show. Thanks to this unique partnership, the DCS has been able to provide grant support for Dream Teams, which conduct top research in international partnerships.

We staged two “Stand Up to Cancer” TV shows this year, because the show planned for November 2013 was moved to January 2014. This was because of the Giro 555 fundraiser for the victims of Typhoon Haiyan in the Philippines.

22 January

- The TV show took place on 22 January 2014, at the Agora Theater in Lelystad. It featured special performances by Gers Pardoel, Maaïke Ouboter, Simone Kleinsma and Yes-R.

- DJ Jeroen van Inkel conducted a marathon radio broadcast on the Qmusic station, and from 16:00 to 24:00 he called on his listeners to donate.

19 November

- Lucille Werner and Frits Sissing got the show under way by launching a very special, personal fundraising event for the DCS: a 24-hour telethon. Standing in two phone boxes next to the Luxor Theater in Rotterdam, they publicized the television program, calling on people to become donors. During the 24-hour show, many famous artists dropped by to support the duo and to give performances.
- The whole night long, Radio 2 DJ Jan Willem Roodbeen presented a live radio show from the Luxor Theater.

Volunteers

The first public collection for the Dutch Cancer Society was held by a group of volunteers in 1949. That spontaneous collection raised 142,000 guilders. A year later, the first official collection took place, in 700 local authority areas. It generated almost half a million guilders. Public collections were still going strong in 2014, generating annual revenues of over € 6.2 million. This would not be possible without the efforts of our volunteers.

The DCS has about 100,000 volunteers. That's a support base to be treasured, something to be proud of. The volunteers are organized into local departments that hold collections and a range of other activities, such as the Relay For Life. Within the DCS, these departments are supported and facilitated by the Volunteer team. In 2014, this team focused on new ways of further improving this support.

Volunteer departments

In 2012, the DCS started to restructure the local departments. The Society's goal in carrying out this restructuring is to create solid, independent departments with greater regional visibility. This will enable our volunteers to present a more clearly united front to the outside world, placing them on firmer footing in their dealings with schools and businesses, in seeking publicity and in staging events.

- Many of these consolidation projects were completed in 2014. At the start of 2012, there were more than 1,600 departments. At the end of the following year, there were just 1,467, and the final count at the close of 2014 was 1,050 departments. The goal is to cut this down to 400 departments, at local authority level.
- We are using a range of new recruitment methods in a bid to find managers for these departments. For

instance, in addition to a careers page on LinkedIn that gives details of our vacant positions, we have launched a Facebook campaign. Moreover, opening up these new channels has resulted in a greater influx of younger volunteers.

- In 2014, development work on Collecteweb was largely completed. This online tool enables departments to update the administrative work associated with their collections. This work includes the registration of collectors, entering collection routes into the system, ordering materials and submitting annual statements. Up until now, this involved individual forms but, since the start of 2015, electronic media have been used for this purpose.
- We have set up a panel of one hundred volunteers, to better involve volunteers with the decisions we make concerning volunteer policy.
- On Saturday 17 May, the DCS held a national Volunteers Day for the managers of the volunteers' departments. It used this occasion to inform those present about the Society's activities, about the conclusion of the policy vision, and about policy for the upcoming period

Relay For Life

In towns and cities throughout the Netherlands, volunteers are staging Relay For Life events. Local communities are joining forces, setting up organizing committees, and jointly organizing this walking-relay fundraising event. Teams will be walking for 24 hours. In this way, the relay symbolizes the ongoing battle against cancer. The teams of participants involved raise money through sponsorship and by staging fun events. In 2014, more than 23,000 people took part in a Relay For Life.

- The 26 Relay For Life events held in 2014 raised more than € 2 million.
- 2014 also marked the 100th Relay For Life, which was held in Oosterhout.
- Many of these Relays involved close cooperation with the local authority's shelter home. Many local authorities have shelter homes, where people with cancer and their close friends and relatives can go, without a referral, to tell someone about their problems, obtain educational material, get in touch with fellow patients, and take part in a range of activities. In the context of the Relay, shelter homes were actively involved in staging certain programs, for example, or in providing somewhere for people to meet.
- The DCS assists the Relays' organizing committees at local level by cooperating with experienced Relay For Life volunteers who have staged such events in the past. Together, they make up a huge group of deeply committed ambassadors.
- During the Relay For Life campaign, the DCS was supported by programs such as Piet's Weather Forecast, in which weatherman Piet Paulusma presented his weather forecasts from

the location of a Relay For Life. The Utopia TV reality series, broadcast by the SBS channel, even held its own Relay For Life. This event was staged by Vanessa, who, the previous year, had taken part in the event in her hometown of Helmond. From the Utopia site, she contacted the DCS to organize a Relay For Life.

Collection

During the 65th collection week, everyone in the Netherlands did their bit. In thirteen cities, selected collection volunteers/collectors were honored by local mayors, as a symbolic "Thank you" to each of the 100,000 collectors. In addition, on the first day of the collection week, Dutch celebrities helped to collect donations in almost every province in the country. Ten companies also got involved (the first time this approach has been tried) by sending out collection teams after the end of the working day. Collection revenues exceeded € 6.2 million, so we are immensely proud of the 100,000 volunteers who made it all possible.

Fundraising events staged by private individuals

Aside from the activities mentioned above, volunteers also staged around four hundred other fundraising events, both large and small, for the DCS. Two examples:

- In 2014, those participating in the Nijmegen International Four-Day Marches had the opportunity to link their participation in these walks to a DCS sponsorship event. One special feature of this fundraising event was the joint effort by the Radboud Oncology Fund and the DCS to recruit walkers. Ultimately, 140 walkers pulled on one of the specially designed T-shirts, and raised approximately € 80,000.
-

- Another first in 2014 was when a team of thirty runners took part in the Dam tot Dam loop (Dam to Dam Run) on behalf of the DCS. Under Maarten van der Weijden's leadership, not only was it a great run, but it also raised about €10,000. A team will be taking part in the 2015 Dam to Dam Run, too, on behalf of the DCS.

Major Donors & Partners

The Major Donors & Partners team is responsible for companies and individuals that make major contributions to the Dutch Cancer Society and for the fundraising campaigns held jointly with university hospitals. Based on solid one-on-one relationships, they advise business associates and involve them in the DCS' targeted expenditure. This is how they conduct customer relations management with business partners and foundations that stage major fundraising events for the DCS. Similarly, they are involved with people who want to leave a legacy to the DCS, or to establish a named fund. In 2014, virtually all of these units surpassed their budgeted revenue stream.

Leaving a legacy

Ever more people are opting to bestow a gift on the DCS after their death. Such gifts may consist of money or possessions, such as art, jewelry or furniture. However, they can also take the form of property, such as a house. The full significance of bequests for the DCS is reflected by the revenues from various estates. In 2014, these amounted to just over € 41.6 million, from 790 bequests.

While it is difficult to predict the income from legacies, the DCS is taking action to interpret data better, and to be less reactive and more proactive in the way it manages this process. For instance, the DCS is expanding its efforts in the area of customer relations management and in the acquisition of bequests.

Volunteers contact interested parties in person or by phone to discuss the details involved in leaving a legacy to the DCS. Given the increasing number of such discussions, the DCS assigned three additional volunteers to this area of work in 2014.

In 2014, just over € 41.6 million was received, from 790 bequests.

Major third-party campaigns

Among all the fundraising events staged by individuals and foundations on behalf of the DCS, there are major annual campaigns that deliver revenues in excess of € 100,000. We refer to these as "Major third-party campaigns".

- Following the commotion surrounding the Alpe d'HuZes in 2013, there was some uncertainty about the level of interest in 2014. However, it turned out to be a wonderful event, with 4,800 highly motivated participants generating revenues in excess of € 13.5 million.
- Since the 1990s, the "Ride for the Roses" international cycling tour has become a household name. On Sunday 7 September, in Goes, more than 11,000 enthusiastic cyclists set off in the 17th edition of the "Ride for the Roses"! The proceeds raised from this event are linked to the QWR-Prize, which is awarded annually by the DCS.
- The climb of Mont Ventoux first started

in response to a call from René Gastra, in 2007, when – right out of the blue – it was announced that he had a brain tumour. He asked fellow athletes and the DCS if they would support him by cycling to the top of Mont Ventoux. Forty-five cyclists responded to this call. The event has grown enormously since the early days. In 2014, 525 people climbed Mont Ventoux, on a mission to “harness sport as a symbol in the fight against cancer”. Together they raised € 637,147, of which € 383,147 is earmarked for the DCS.

- Team Doelbewust (Resolute) from Roosendaal, which organizes the ColSensation, celebrated its fifth anniversary in 2014. This was celebrated by the first Relay For Life in Roosendaal and by the third edition of ColSensation on Mont Ventoux, which raised a record amount of € 221,623, of which € 166,217 is earmarked for the DCS.
- The year 2014 marked the tenth anniversary of the Kippenloop (Chicken run), a walking marathon through the dunes around Katwijk (in memory of Gijs “de Kip” van den Oever). To commemorate this anniversary, the DCS paid tribute to the volunteers who make this event possible, by awarding them special certificates.

In terms of cooperation and bringing people together, during 2014, the DCS has more actively sought cooperation. For instance by recruiting participants via social media.

The two groups that cycled up Mont Ventoux also cooperated, in the joint use of facilities, for example. In October, a fourth inspiration meeting was held for representatives of all major fundraising events. This took place at the end of the DCS65 anniversary event at the DeLaMar Theater.

In 2014, Fight Cancer (formerly part of the DCS as youth label) staged its first major fundraising event: Swim to Fight Cancer. The event, which took place in 's-Hertogenbosch,

was an immediate success. It raised over € 500,000, and will be held again in 2015.

In 2014, it was the ninth time that the Alpe d’HuZes event had been staged. During this wonderful event, those taking part raised over € 13.5 million for cancer control.

Fundraising event	Revenue (x1,000 EUR)	Number of participants
Alpe d'HuZes	13,528	4,800
Ride for the Roses	1,067	11,000
Mont Ventoux	384	525
ColSensation	166	220
Chicken run	114	6,000
Total	15,259	22,645

Companies raised over € 3.1 million for the Dutch Cancer Society. One contributory factor was the increased number of Dutch Cancer Society Business Friends.

Companies

To our delight, many companies are socially committed to our goals. In 2014, revenues from companies amounted to more than € 3.1 million.

The DCS has a number of integral partnerships with companies. Each of these partnerships is carefully tailored to the individual situation. In 2014, Hallmark Cards was welcomed as a new partner. Their Mother's Day and Christmas campaigns demonstrate their support for the DCS. Every year, they donate a tidy sum from the proceeds of the cards sold during those periods.

The Holland America Line offered a free lunch to a select group of companies on board the cruise ship, MS Rotterdam. The DCS was allowed to use this opportunity

as an additional fundraiser. The proceeds amounted to approximately € 50,000.

In 2014, the tally of DCS Business Friends rose from 350 to 550. These are companies that donate a fixed monthly amount. Such donations are used to support specific research projects. The companies involved also become part of the Business Friends network. In 2014, three network meetings were staged for the Business Friends. These highly-regarded events were very well attended.

Major Donors

Major Donors are individuals and foundations that donate at least € 4,000 (either as a single amount or cumulatively, over a period of two years) and individuals who make regular donations amounting to an annual total of € 1,000. A minimum donation of € 100,000 enables donors to set up a named fund. This means that the donor in question commits themselves to long-term involvement with specific targeted expenditure in cancer research. The total revenue from Major Donors in 2014 amounted to more than € 3.2 million, exceeding the budgeted target by more than € 0.7 million. The DCS is attempting to expand this revenue stream by boosting its networking efforts and through active customer relations management (in the form of customized schemes based on specific requirements, and by means of a special newsletter for current and prospective Major Donors).

Collaborating parties

Cancer can only be controlled by combining and unifying the strengths of various parties. The DCS achieves its goals through cooperation. This enables us to increase our impact and effectiveness both in terms of raising funds, and spending them.

In 2014, such cooperation generated over € 2.3 million. In 2014, the DCS raised funds together with:

- Cancer Research Fund Limburg (with Maastricht UMC+/Health Foundation Limburg, Maastricht)
- LUMC Cancer Fund (with LUMC Leiden)
- Antoni van Leeuwenhoek Foundation (with the Antoni van Leeuwenhoek Hospital, Amsterdam)
- University Medical Center Groningen (UMCG) Cancer Research Fund (with UMCG, Groningen)
- Radboud Oncology Fund (with Radboud University Medical Center, Nijmegen)

In 2014, the University Medical Centers (UMCs) gained the larger part of their revenue from third-party campaigns and Major Donors.

Communications & Strategy

Corporate Communications

The purpose of Corporate Communications is to contribute to the Dutch Cancer Society's mission of more cure, less cancer, better quality of life. This department's activities are aimed at maintaining and strengthening the DCS' bond with the public at large. This bond is essential to the success of the Society's fundraising activities, and to its ability to effectively achieve its substantive goals. The public's bond to the DCS is based on the Society's strong brand and solid reputation.

"Everyone deserves a tomorrow" is the brand theme that forms the basis of all our communications. The effect of this is that all DCS messages are consistent in terms of content, tone, and appearance. The goals of this brand theme include supplementing the DCS' image – in which expertise and reliability are already firmly enshrined – with more emotional values, such as "close at hand" and "committed". One favourable development revealed by annual assessments of fifteen brand values is that the public now recognizes the "warmer, more personal" approach.

The public must be "familiar" with you before you can be a strong brand. Last year, the DCS' reputation remained as strong as ever. Ninety-nine percent of Dutch people are familiar with the DCS (totaling both spontaneous answers and those where a little help was needed). Compared to other charities, in 2014 the DCS once again had the highest levels of top-of-mind awareness (16%) and spontaneous awareness (51%) (GFK survey of charities).

The Dutch Cancer Society at 65

2014 marked the DCS' 65th anniversary. This 65th anniversary presented an opportunity to show our stakeholders and the general public that, over the past 65 years, significant progress has been made in cancer control. In this context, it was emphasized that the DCS – along with researchers, doctors, scientists, patients, volunteers, donors, activists and many others – had played a significant part in this.

We used a special anniversary logo on all our messages to remind the general public and all our stakeholders of this anniversary. In practical terms, we used the jubilee year to communicate details of our landmark achievements in 65 years of cancer control. And to take a look ahead. How do we ensure that, in the future, nobody has to die from cancer ever again?

The Dutch Cancer Society in the news

Every day, the media publish articles about the DCS. This is a two-way street. Journalists approach us for details about the organization and our policy ("What's the situation regarding...?"). Others contact the DCS as an expert source on new trends in cancer research or patient care, for example ("According to The Scientist.... is that correct? What are your views on this?").

There is also considerable regional interest in the numerous campaigns being staged by our volunteers.

One major DCS theme that hit the headlines in the summer of 2014 was “expensive drugs”. The rising number of cancer patients and the introduction of expensive new cancer drugs will dramatically increase the cost of treating such patients. The DCS expressed the view that, as things stand, the healthcare system is not prepared for this trend. If we do nothing, there is a risk that decisions will be taken on an arbitrary basis and that equal access to expensive drugs will become a thing of the past. As a result, cancer patients will not always get the right treatment. This is an important issue, and we certainly plan to tackle it in the future.

Of course, we have also made every effort to show people how their donations are used, and what we have achieved. In October, for instance, we presented the international Dream Team to the press, and we held award ceremonies for the QWR-Prize and the Muntendam Award, in the presence of journalists.

In the context of our 65th anniversary, we released details to the press of a selection of the DCS’ landmark achievements over the previous years. We also made our views heard on lobbying issues such as tax increases on tobacco, plain packaging, and raising the age at which individuals can

buy tobacco products.

Prior to the “Stand Up to Cancer” TV show, we approached the press with news of the Dutch celebrities’ T-shirt relay, the presenters Frits Sissing and Lucille Werner literally stood up to cancer by calling potential donors from phone boxes for 24 hours immediately before the show, while celebrities and patients told extraordinary stories, using a range of media.

Social media

The DCS feels that social media have great potential, in terms of helping it to achieve its organizational goals. Indeed, it achieved excellent results in that arena in 2014.

The DCS uses the three main channels: Facebook, Twitter and YouTube. We have more than 10,000 followers on Twitter and more than 50,000 fans on Facebook (an increase of more than 20,000 since 2013), in addition to more than 1.6 million views on YouTube. In 2014, we launched a pilot project on LinkedIn, to recruit volunteers. At very low cost and in an extremely short period of time, we have been able to recruit numerous suitable candidates for many pivotal positions (which are normally difficult to fill). This is a very beneficial development, as traditional recruitment methods are more expensive and have a longer lead time. They also have a very much smaller chance of success. By the end of 2014, we had more than 2,000 followers on LinkedIn.

Lobby & Public Affairs

During 2014, policy advocacy within the organization continued to take shape. Policy advocacy will be implemented still further in 2015, as one of three tools for achieving our mission goals.

Less cancer

Partly through joint efforts with our partners in the Dutch Alliance for a Smoke-Free Environment, smoking has been eradicated throughout the hospitality industry in the Netherlands. In the area of prevention, the National Prevention Plan was established. This involved parties from various fields signing pledges to help the Dutch become healthier. In December, for the first time, the Dutch Cancer Society presented data on lifestyle factors that increase people's risk of developing cancer, such as smoking and an unhealthy diet. This study has been the focus of a lot of favorable media attention.

More cure

In 2014, policy advocacy in the field of research funding consisted mainly of influencing other parties by means of cooperation on matters of a substantive nature.

At national level, the DCS provided input for a report by the Advisory council for science, technology and innovation on the role of funding bodies in science in the Netherlands. Additionally, in collaboration with the Ministries of Economic Affairs, Education and Health, as well as other initiating parties, the DCS is exploring ways of allocating government budgets within OncoXL, for cancer research in the Netherlands by means of outstanding cooperation. At international level, we are a partner in ERA-Net TRANSCAN (translational cancer). This is a network of government bodies for the funding of international research projects, in which we fund the Dutch research groups. The ICRP (International Cancer Research Partnership) provided support for an additional classification system developed by the NIH (National Institutes of Health). We then

modified the system for the DCS, after which it served as a basis for the new research organization.

Better quality of life

1. Cancer & the Elderly

For the purpose of this dossier, we primarily reviewed the ways in which we could continue to work together with the Union of Catholic Associations for the Elderly and we have provided the Ministry of Health, Welfare and Sport with information about appropriate care for elderly people with cancer. This year, a Meeting of Minds is once again staged to place the issue of 'cancer and the elderly' firmly on the agendas of relevant parties, as a way of obtaining good-quality input for calls.

2 Quality of care

At the beginning of January 2014, the DCS' Signaling Committee on Cancer launched a report entitled "Quality of cancer care in the Netherlands: progress and looking to the future". This report was a follow-up to the 2010 horizon scanning report entitled "Quality of cancer care in the Netherlands". The latest report shows that considerable dynamism has developed over the preceding three years. The subject of quality improvement in cancer care is high on the agenda and important steps have been taken. In the preceding period, numerous quality initiatives have been launched.

However, this does not mean that the ultimate objective has been achieved. Indeed, right now it is very important to press ahead. Not all of the disciplines

involved in cancer care have yet taken action. The DCS has asked these parties to take up the challenge with this horizon scanning report.

3. Psychosocial cancer care

We have been working with those in this sector, since 2013, to guarantee the remuneration of psychosocial cancer care and to secure its future.

Accordingly, in 2014, we designed a “stepped care model” that we are using to make a case for embedding this whole area of care within cancer care. This process will continue in 2015.

4. Expensive drugs

In late June, the Signaling Committee issued a report entitled “Accessibility of expensive cancer drugs - Now and in the future”. Its main conclusion is that the incidence of cancer is increasing and, as a result, so are the number of new (and expensive) treatments. This means that the cost of the Dutch health service is certain to increase enormously in the near future. However, budgeted expenditure on care is not increasing proportionally. The Committee believes it is crucial that measures are taken to ensure the accessibility of expensive cancer drugs in the near future. It is important to avoid a situation in which, at the level of hospitals or doctor’s consulting rooms, decisions are made about which expensive drug may or may not be prescribed, based on financial considerations. Access to expensive drugs in the Netherlands must be universally uniform and transparent.

In response to the report’s conclusions, Minister Schippers (Health, Welfare and Sport) has asked the DCS to put forward further potential solutions. To this end, a working group will be formed under the chairmanship of the DCS. It will start work in January 2015, and its participants will be relevant parties in the healthcare sector (health insurers, the National Health Care Institute, oncologists, the Dutch Federation of University Medical Centers, etc.).

International affairs

Since its inception, the Dutch Cancer Society has done everything possible to cut cancer rates and to get the disease under control. Our focus is on the Netherlands, but in the international arena, too, we are contributing in various ways to the fight against cancer.

World Cancer Day

On World Cancer Day 2014, DCS' messages focused on the myth that "you can do nothing to reduce the risk of cancer". It referred to the results of the TNS NIPO study into lifestyle factors and cancer, which was commissioned by the DCS. Moreover, the DCS took the initiative, together with various organizations that are active on World Cancer Day, to coordinate their work even more closely and to support the global themes of the Union for International Cancer Control (UICC).

Development cooperation

In 2013, two development cooperation programs were initiated in Latin America. One program was for the reduction of cervical cancer and the other for improving cancer registrations. The DCS is supporting both programs with an annual grant of € 250,000 (approved in 2013) for a period of three years. In the programs' second year, major steps were taken to embed a new approach in the countries concerned.

European Tobacco or Health Congress

In March 2014, a DCS delegation took part in the European Tobacco or Health Congress in Istanbul. This congress was dedicated to the Tobacco Products Directive, that has been adopted by the European Parliament and the European Council. The conference also provided an excellent opportunity for the participants to discuss details of follow-up activities with their counterparts.

"Quality of care" meeting in Berlin

In June 2014, the DCS took part in a meeting in Berlin, about quality of care. This was organized by the UICC and the German Cancer Society. The objective was knowledge sharing at European level. To this end, two articles were also published in international medical journals and the DCS reported the details, on behalf of the participants, at the World Congress in Melbourne (December 2014).

European Joint Action

The DCS participates in the EU Joint Action on Cancer Control (CANCON 2014-2017) which aims to establish a European guide on Quality Improvement in Comprehensive Cancer Control.

We are contributing to that, with a focus on Rehabilitation and Cancer Survivorship. The first working meetings took place in 2014.

World Cancer Congress in Melbourne

In December 2014, a DCS delegation took part in the General Assembly, the World Cancer Leaders Summit, and the UICC World Cancer Congress in Melbourne. The various activities included a presentation on our partnership with the Holland America Line. At the initiative of the DCS and under its chairmanship, a session was held on the position, role and strategy of cancer control organizations in cancer control.

Organisation and management

Dutch Cancer Society

Cancer affects us all. One in three Dutch people will develop cancer during their lifetime, which amounts to more than one hundred thousand people each year. Each year, around 44,000 people die as a result of cancer. The disease is the leading cause of death in the Netherlands. We are not prepared to accept that so many people suffer and die from cancer. This is why, since its inception, the DCS has done everything possible to cut cancer rates and to get the disease under control.

We are here to help people living with cancer, and those who share their lives with a cancer patient.

Our goal is less cancer, more cure, and a better quality of life for cancer patients.

The DCS was founded in 1949, as the Queen Wilhelmina Fund for Dutch Cancer Control (the name given in the articles of association), established in Amsterdam.

100,000

One in three Dutch people will develop cancer during their lifetime, which amounts to more than one hundred thousand people each year.

Consolidated financial statement 2014

Revenue and spending

During the past year, the Dutch Cancer Society surpassed its total budgeted revenue. The sum received in 2014 amounted to € 135.8 million, an increase of € 12.5 million (10.1%) over the budgeted revenue. Proceeds were 8.3% lower than in 2013, when € 148.1 million was received. This fall is mainly the result of lower revenues from the Alpe d'HuZes event.

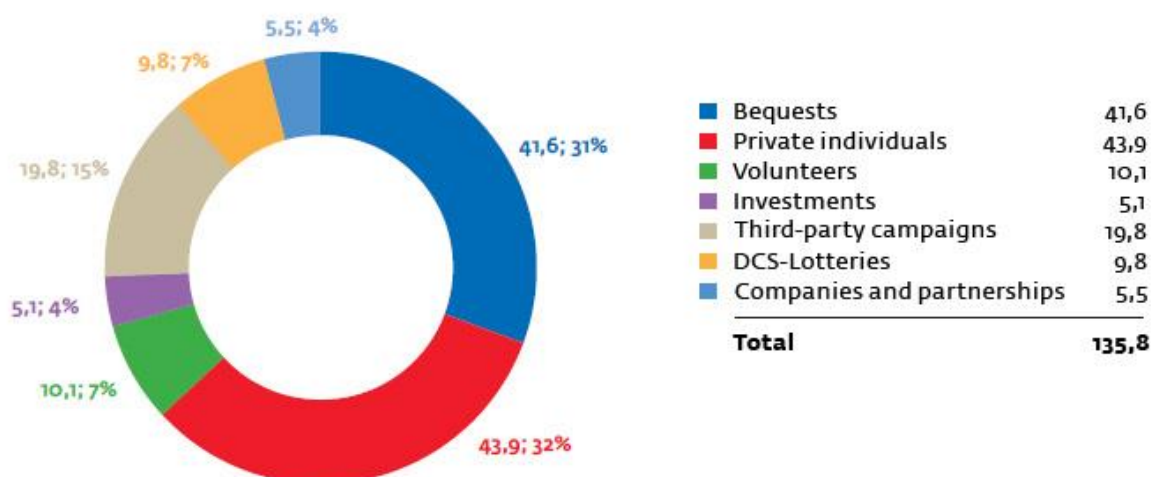
After deducting the costs of fundraising, management and administration, a sum of € 116.2 million remained, to be spent on the objective. Total spending in 2014 amounted to € 154.1 million, which was € 52.7 million higher than in 2013 and € 23.9 million higher than the budgeted target. The main reason for the higher expenditure was that a number of research projects scheduled to be funded by the Alpe d'HuZes/Dutch Cancer Society fund (totaling € 21.3 million) in 2013 were shifted to 2014.

Revenue and spending 2010 to 2014

(in € millions)

	2014	2013	2012	2011	2010
Own fundraising	110,9	107,1	101,9	102,3	89,6
Third-party campaigns and grants from government bodies	19,8	35,0	37,8	25,5	15,1
Investments	5,1	6,0	6,6	5,6	5,4
Total revenue	135,8	148,1	146,3	133,4	110,1
Spent on objectives	-154,1	-101,4	-109,3	-101,4	-106,6
Fundraising revenue	-16,2	-17,9	19,0	-16,8	-15,6
Management and administration	-3,4	-3,8	-4,3	-3,7	-3,2
Total expenses	-173,7	-123,01	-132,6	-121,9	-125,4
Balance of revenue and expenses	-37,9	25,0	13,7	11,5	-15,3
Cost percentage own fundraising	14.3%	16.3%	18.0%	15.9%	16.6%
Cost percentage management and administration	2.5%	2.6%	2.9%	2.7%	3.0%

Division revenue 2014
(in € million)



Consolidated revenue and expenses

Consolidated revenue and expenses

(in € thousands)

		Actual 2014	Budgeted 2014	Actual 2013
Revenue				
Departments	(13)	7,412	7,080	7,592
Volunteers	(14)	2,647	3,180	2,386
Donations and gifts	(15)	43,934	42,099	42,186
In-house lotteries	(16)	9,832	9,997	10,193
Bequests	(17)	41,633	33,500	38,950
Companies	(18)	3,122	2,849	2,981
Partnerships	(19)	2,319	2,412	2,796
From own fundraising activities		110,899	102,117	107,084
Form third-party campaigns	(20)	19,853	16,156	34,697
Grants from government bodies		-	-	375
From investments	(21)	5,097	5,065	5,958
Total Revenue		135,849	123,338	148,114

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Consolidated revenue and expenses				
<i>(in € thousands)</i>				
		Actual 2014	Budgeted 2014	Actual 2013
Expenses				
<i>Spent on objectives</i>				
"More cure"		115,194	98,978	73,816
"Less cancer"		14,343	16,583	13,968
"Better quality of life"		24,559	14,671	13,660
	(22)	154,096	130,232	101,444
<i>Fundraising Revenue</i>				
Cost own fundraising	(23)	15,905	17,691	17,487
Cost of investments		71	110	90
Cost of third-party campaign		208	631	289
Total fundraising revenue		16,184	18,432	17,866
<i>Management and administration</i>				
Management and administration costs		3,449	3,709	3,789
Total expenses		173,729	152,373	123,099
Balance of revenue and expenses		-37,880	-29,035	25,015
Allocation balance 2014				
<i>Added to/subtracted from:</i>				
Continuity reserve	(7)	562	485	-29
Designated reserves	(8)	-5,872	-7,883	10,554
Designated funds	(9)	-32,570	-21,637	14,490
		-37,880	-29,035	25,015

Expenses

Specification spent on objectives (22)

Expenditure is distributed as evenly as possible between the three mission goals: More cure, Less cancer and Better quality of life. Not all spending is specifically attributable to one of the three mission goals, because spending often contributes to more than one mission goal.

Specification spent on objectives (22)

(in € thousands)

	Actual 2014	Budgeted 2014	Actual 2013
<i>"More Cure"</i>			
Fundamental cancer research	17,144	11,802	9,753
Translational and applied research	19,682	17,159	16,060
Clinical studies (data management)	3,995	4,000	2,536
NCI grant	15,791	15,591	16,556
Training opportunities	3,230	5,378	5,219
Research projects Alpe d'HuZes/DCS-fund	44,235	30,000	10,511
Focal point Translational research (getting research results to patients a.s.a.p.)	3,391	4,710	3,896
Focal point Quality of care:			
Better care for cancer in the elderly	1,162	2,914	1,313
Focal point Quality of care:			
Transparency and task allocation	1,249	1,380	780
International/development cooperation in the field of cancer	349	578	1,750
Other targeted expenditure	72	196	774
Administration costs internal organization – staff	2,915	2,690	2,422
Administration costs internal organization – other	1,979	2,581	2,246
	115,194	98,978	73,816

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Specification spent on objectives (22)

Specification spent on objectives (22)			
(in € thousands)			
	Actual 2014	Budgeted 2014	Actual 2013
<i>“Less cancer”</i>			
Early detection research projects	1,602	3,450	-
Public information campaign	238	370	467
Education via fundraising events	8,714	9,663	9,673
Focal point Eradicating smoking in the Netherlands	2,460	1,640	2,483
Other targeted expenditure	80	181	211
Administration costs internal organization – staff	936	843	778
Administration costs internal organization – other	313	436	355
	14,343	16,583	13,967
<i>“Better quality of life”</i>			
Patient support, including LivingwithCancer Movement	14,319	4,476	4,085
Psychosocial Oncology	4,137	3,050	1,895
Focal point KankerNL	1,455	1,992	3,111
Focal point Quality of care: Psychosocial care	1,978	2,332	2,123
Administration costs internal organization – staff	1,920	1,769	1,595
Administration costs internal organization – other	750	1,052	851
	24,559	14,671	13,661
Total expenditure	154,096	130,232	101,444

The above expenditure includes € 5.0 million of released obligations from previous years for scientific research projects and programs and for personal scientific funding.

Specification of costs own fundraising (23)

Specification of costs own fundraising (23)

(in € thousands)

	Actual 2014	Budgeted 2014	Actual 2013
Departments and volunteers	1,642	2,682	2,555
Donors	9,881	9,898	9,455
Cost of in-house lotteries	2,546	3,310	3,339
Companies and partnerships	1,600	1,759	1,519
Education via fundraising events	-8,714	-9,663	-9,673
Administration costs internal organization – staff	5,747	5,935	6,034
Administration costs internal organization – other	3,205	3,769	4,258
Total costs own fundraising	15,905	17,690	17,487