Five operations, 33 radiation therapy sessions, several rounds of chemotherapy and now palliative treatment. This is the situation for Villads Jørgensen, 50, who was diagnosed with sarcoma cancer three years ago. “I’m more or less ‘knackered’ by all the treatments. But I’m very grateful that there always have been and still are treatment options for me,” he says. On the days when he is feeling well, he spends time with his boys Mathias, 19, and Frederik, 16.
The Danish Cancer Society Towards 2020

Vision
The Danish Cancer Society’s vision is a life without cancer.

Mission
With its widespread popular support and the expertise and skills achieved through research, patient support and prevention activities, the Danish Cancer Society will work towards:

- reducing the number of cancer cases.
- increasing the cancer survival rate.
- improving life after cancer.

The Danish Cancer Society has described five strategic goals for the cancer cause and the Society’s work towards 2020:

Coherence
Cancer patients must experience coherence and unrivalled quality in their treatment process as well as responsibility in all aspects of the cancer pathway.

This means
THAT no cancer patients must be lost during the process.
THAT cancer patients must benefit from quality improvements.
THAT cancer patients and relatives must experience that their individual needs are being actively met.

Everyone
Everyone’s risk of cancer must be reduced and everyone must benefit from the best treatment results – a particular boost is required for poorly performing groups and areas.

This means
THAT our efforts must be individually organised to ensure that everyone gets the best possible results.
THAT no matter where in Denmark you live, you must have access to the best results.
THAT cancer patients suffering from other diseases and illnesses must receive qualified treatment.

Action
Knowledge about prevention and treatment of cancer must be converted into notable improvements.

This means
THAT the time it takes for new knowledge to be put into action must be reduced.
THAT knowledge about cancer prevention must be implemented.

A good life
People suffering from cancer should be able to lead a fulfilling daily life.

This means
THAT cancer patients and relatives must be offered the best possible framework and conditions for personally being able to lead a good, active life.
THAT cancer patients and relatives must be given support and help when needed.
THAT cancer patients must be given professional help to reduce sequelae.
THAT the necessary knowledge about how daily life is perceived must be obtained.

Effective research
This means
THAT each year, the Danish Cancer Society provides financial support to the best Danish cancer research projects and documents that the results receive international recognition.
THAT the Danish Cancer Society’s own research department generates results that are internationally recognised and which contribute to a strong research climate in Denmark.
THAT the Danish Cancer Society supports and actively promotes the collection of research-based knowledge in areas where cancer patients require particular attention, including knowledge about how to organise and best utilise cancer treatment.
THAT the Danish Cancer Society generally contributes to promoting cancer research in Denmark.
FRONT PAGE:
First, Liff Olivia Bytov (34) and Jakob Kargaard’s now 2-year-old Julius were diagnosed with leukaemia. Less than six months later, Liff found out she had breast cancer. Liff is now undergoing anti-hormone treatment. Julius will complete his therapy in a few months’ time. “Things are starting to look up for us, and we’re so much looking forward to resuming a completely normal life like everyone else,” says Liff Bytov.
FOREWORD

The keyword is responsibility

Whenever I visit one of the Danish Cancer Society’s cancer counselling centres, I am met with responsibility. People are ready and willing to listen, help and support, and I am clearly the centre of attention.

Another place where I also experience great responsibility is in the efforts provided by the Danish Cancer Society’s volunteers. Every single volunteer takes responsibility for the work being performed, and the patient or cause is also in focus at all times.

I do not always have this same experience with the healthcare system. Far too often, the patient is not the centre of focus here. This is not because the healthcare professionals do not want this. Rather it has to do with the organisation and culture of the healthcare system.

This means that one of the major challenges facing the Danish Cancer Society at this moment is to ensure that we get a more responsible healthcare system that puts the individual patient first. It is futile to think that rules will solve the problems. A change of attitude is needed. The individual employee must take their share of the responsibility. And the system must be designed to enable healthcare staff to take responsibility.

It must be a requirement that there is always a staff member who assumes unambiguous responsibility for coherence in the care pathway of every single cancer patient and that the patient’s desires and individual requirements are at the centre of everything they do.

World-class research

I am truly proud to say that the Danish Cancer Society’s research remains world class. In addition, great results have been achieved by the research projects supported by the Danish Cancer Society at hospitals and universities.

A major challenge of this research continues to be identifying the causes of cancer, which will allow us to conduct research into better, increasingly precise therapies. At the same time, we must become far better at preventing cancer.

It is also important to maintain focus on the problems that we – patients, relatives, doctors and nurses – experience in our daily lives. We must not sit on our hands waiting and hoping for something to happen. Instead, we must listen and take action when we encounter problems affecting cancer patients and their relatives. When we see a need for new knowledge, we must ensure that the research will provide us with the necessary knowledge.

Examples could be research into cancer–treatment sequelae, which is something that a great number of cancer patients struggle with.

Rules are also required

Everyone’s risk of cancer must be reduced, and everyone must benefit from the best treatment results. This is one of the Danish Cancer Society’s new goals that must be achieved before 2020.

Every single day, we will do our utmost to realise our goals, including the goal of reducing the risk of cancer. In order for us to succeed, there is no way we can avoid rules and regulations as well. One example is an improved Act on Smoking. It affects most of us and we must bear in mind that rules help regulate the manner in which we behave around others and show concern for each other.

I am very pleased with the results we obtained in 2013, and we are making a targeted effort to reach our 2020 goals to ensure that cancer is not a fatal disease but a disease you can live with.

Enjoy your reading!
The Danish Cancer Society has defined new goals for the cancer effort leading up to 2020. The Society has pinpointed areas that must be improved for the benefit of cancer patients, their relatives and the general public.

Everyone must benefit from the good results. Knowledge about prevention, research and rehabilitation must be translated into notable improvements. The treatment must be coherent to ensure quality and good care pathways, and the patient must be met with responsibility in all aspects of their treatment. In short, people suffering from cancer should be able to lead as fulfilling a daily life as at all possible.

More people get cancer
The number of cancer cases will increase by 30% over the next decade, particularly due to the ageing population. This challenges the capacity of the healthcare system and the municipalities and must not be ignored. One ambition of the Society’s 2020 goals is to help to ensure that the Danish Cancer Society contributes to preparing the healthcare system and municipalities to receive many more patients. The Danish Cancer Society is obliged to ensure that everyone gets the best treatment – without having to wait.

Beneficial cancer treatment
Cancer patients must receive treatment that works. The Danish Cancer Society works to improve the dialogue between doctor and patient when deciding on starting or changing therapies.

Management’s Report

For this reason, the Danish Cancer Society keeps a watchful eye on waiting-time trends and over the coming 12 months will pay particular attention to the time spent waiting for diagnosis and examination before actual cancer treatment begins.
proper choice. Only the patient can decide what is most important, but this decision must be informed.

Cancer rehabilitation
At the end of 2013, 87% of Denmark’s municipalities offered rehabilitation to their cancer-affected citizens, and 12% have this in the pipeline. Only one of Denmark’s 98 municipalities does not offer this yet.

The municipalities are responsible for offering cancer rehabilitation, and the Danish Cancer Society is pleased to note that the municipalities have assumed this responsibility. This is not least due to the large efforts invested by volunteers all over the country to place rehabilitation on the agenda.

Voluntary work
Voluntary work in the Danish Cancer Society is growing by leaps and bounds and an increasing number of Danes wish to make a difference by making an effort that contributes to considerable results for the cancer cause. For instance, it is the long, daily haul of keeping municipalities and regions on track that provides notable results for the benefit of cancer patients.

More than 25,000 people, including 3,000 “fighters”, team members and volunteers took part in Relay for Life in 2013. A total of 25 local units and 25 towns and cities were involved in the event and created a life-affirming – and to many life-changing – experience of strength and belonging.

The volunteer effort has also made Denmark the world leader in HPV vaccinations because volunteers have distributed campaign materials to the target group in the local areas, written letters to the editors of local papers about the importance of getting vaccinated, etc. Overall, the enormous dedication of volunteers makes a difference both directly and indirectly. Their dedication helps heighten awareness of “Beat Cancer”, for instance.

Beat Cancer
A total of DKK 144.7 million were raised during the Beat Cancer campaign in week 43, when TV2 and the Danish Cancer Society teamed up to focus on cancer patients – their hopes and their struggles against the disease. This fantastic fundraising result clearly shows that the fight against cancer is also shared by the Danes and that they are ready to help the Society in its work.

The large amount of funds raised means that research projects can now be launched, for instance in the following areas: Better and gentler cancer surgery. Therapy follow-up. A fulfilling life after cancer. Elderly with multiple diseases, and better medicine for children.

Beat Cancer will raise funds again in 2014 – in week 43.

New cancer counselling centres
The Danish Cancer Society and Realdania will build seven new cancer counselling centres near major cancer hospitals. So far, the Danish Cancer Society has opened new cancer counselling centres in Naestved, Aalborg, Vejle and Odense. Centres in Herning and Roskilde will open in the spring of 2014, and Herlev is the last location awaiting confirmation. The new counselling centres are visible and accessible to cancer patients and their relatives.

One function of the cancer counselling centres is to provide a setting for informal and confidential conversations with professionals. You can meet peers in the same situation as yourself or benefit from physical exercise programmes.

Each centre offers a wide selection of options and activities developed together with the users.

Research
The Danish Cancer Society Research Center generates results that are internationally recognised and contribute to a strong research climate in Denmark.

The Danish Cancer Society enjoys strong collaboration with the professional environments in the healthcare system, at universities and at major foundations. This reinforces the research and improves the effort in areas such as early diagnosis and rapid cancer treatment (Novo Nordisk Foundation); psychosocial support to families after completed cancer treatment (Egtmont Foundation); a donation from the Nordea Foundation for exercise and cycling; and a donation for obtaining more knowledge about the causes of cancer (A.P. Møller Foundation).
Cancer research

The Danish Cancer Society’s research is world-class. The Danish Cancer Society Research Center generates internationally recognised results and the centre contributes to a strong research climate in Denmark.

The Society spends DKK 300 million on research every year.
Almost half of the funding received by the Danish Cancer Society is used for research. The Danish Cancer Society conducts its own research and at the same time supports cancer research at hospitals and universities throughout Denmark.

The Danish Cancer Society Research Center hosts more than 220 researchers and technicians from all over the world. The research centre is located in Copenhagen's Østerbro district and includes sophisticated research labs and office facilities, and the centre has one of Denmark’s largest biobanks with research data and biological samples. The centre enjoys a prominent role in European cancer research, and the size of the centre allows it to conduct front-line research in several areas:

- identifying the causes of cancer to improve prevention efforts and reduce the number of cancer cases;
- developing early diagnosis methods to discover the disease in time and cure more people;
- developing targeted cancer treatment to supplement or replace the side-effect-prone chemotherapy and radiation therapies.

These are the three most important fronts in the fight against cancer. We cannot do without any of them if we aspire to get the diseases under control in the near future.

Goals and vision – well underway
The Danish Cancer Society may have a vision of a life without cancer, but for many years ahead there will still be people who cannot be cured. To them, the goal is for the disease to be brought under control so that no one dies from cancer. The researchers can see that this goal is within reach, thanks to a rapidly growing number of new medicines.

Nine years of world-class research
Since 2004, the Danish Cancer Society’s research organisation has been rated among the best in the world. Each year, the international ‘Scimago Institutions Rankings’, ranks the world’s approximately 3,500 universities and research institutions according to research quality and penetration, and in 2013 it ranked the Danish Cancer Society no. 1 in Denmark and the Nordic region, no. 40 in Europe and no. 68 globally.

The ranking is based on the centre’s many research results which are regularly published in recognised scientific journals. More than 80% of the centre’s articles are admitted, and one in three articles are among the 10% most quoted articles in the world in their respective fields of research.

In 2013, the centre’s researchers were responsible for a total of 244 publications, and 16 young researchers were awarded their PhD degrees.

Innovation
In addition to the many research results in the causes of and mechanisms underlying cancer, 2013 saw focus on research into social inequality in cancer survival rates and the importance of concurrent, chronic disease. 2013 was also the year when a large expansion of the population survey ‘Diet, Cancer and Health’ was implemented. In the years ahead, this survey will be supplemented with data and biological samples from new generations, i.e. children and grandchildren of the current 57,000 participants. This project opens up entirely new possibilities of mapping the relationship between lifestyle, cancer, heredity and environment.

In the course of the year, the centre was further strengthened with a junior researcher group and a new research unit called ‘Cell stress and survival’. The groups contributed some the most sophisticated research methods to the centre in the areas of brain cancer and stress mechanisms at cellular level.

Working closely with the University of Copenhagen, the centre has also established the ‘Applied Cancer Research Unit’ aimed at introducing the centre’s basic research results into patient treatment at hospitals. The partnership between the University of Copenhagen and the Danish Cancer Society has initially been agreed to span a period of five years.
CANCER RESEARCH

New knowledge about the causes of cancer

The Danish Cancer Society’s project ‘Diet, Cancer, and Health’ involves more than 57,000 Danes and is one of Denmark’s largest population surveys. The project is now expanded so that, going forward, the survey will include data and samples from the participants’ children, grandchildren and spouses.

The collection of data for ‘Diet, Cancer and Health’ began in 1993 and ended in 1997. At the time, 57,053 Danes between the ages of 50 and 64 provided detailed data about their diet and lifestyles and gave samples of blood, fat tissue, urine and toenails. Since then, all participants have been monitored in Denmark’s comprehensive disease registers, and so far the biobank has enabled more than 500 scientific investigations.

Comparison of several generations
But how does the genetic and social heredity impact the risk of developing cancer and other serious disease? What is the importance of the social environment in which our children and grandchildren grow up? And how do parents’ lifestyles affect the genes of their children and grandchildren? These are some of the questions that the researchers have not been able to answer up to now, and so they are now contacting the previous participants’ children, sons- and daughters-in-law and grandchildren.

“We’re hoping that the roughly 55,000 family members of the participants will help us carry our knowledge a step further. The expansion of ‘Diet, Cancer and Health’ will enable us to compare several generations and examine possible correlations between a family’s health and issues such as dietary habits, exercise, alcohol consumption and smoking,” says Anne Tjønneland, the research manager in charge of the new project.

The project starts in 2014 when children and grandchildren who have attained the age of 18 will receive a letter from the Danish Cancer Society inviting them to participate in the population survey, as their parents did earlier. The children’s spouses are also invited to take part. If they accept, they will be asked to complete online questionnaires about their health and lifestyle and to have blood samples drawn, etc., at centres in Copenhagen and Aarhus.

Apps and smartphones
As a new initiative, the researchers will also be using smartphones, text messaging and apps to facilitate regular communication with the participants.

“We’re in the process of developing an app which measures the participants’ exercise over 24 hours four or five times a year, for instance. This will provide more credible answers than interviews and questionnaires that depend on memory recall and are thus subject to some uncertainty,” says Anne Tjønneland.

Anne Tjønneland is convinced that within the near future, valuable knowledge will be generated about the causes of cancer, including heredity and genetics.

“And we will be able to answer several of the unresolved questions which our current dataset cannot help with,” she establishes.

**DKK 15 million from Beat Cancer**

Danes donated more than DKK 100 million when TV2 and the Danish Cancer Society raised funds for the fight against cancer in 2012.

The population survey ‘Diet, Cancer and Health’ received DKK 15 million towards expanding its scope with children, sons- and daughters-in-law and grandchildren of the original participants.

The project is planned to start in 2014 and will be carried out by researchers from the Danish Cancer Society together with researchers from, among others, the Danish National Biobank, the University of Copenhagen, Aarhus University, Novo Nordisk Foundation Center for Basic Metabolic Research, Lundbeck Foundation Center for Medical Science and the Danish Multidisciplinary Cancer Groups.
Professor Nils Brünner is in charge of the new department and works at the Faculty of Health and Medical Sciences at the University of Copenhagen. His department possesses in-depth expertise in point-of-patient-care research and commands a strong network of national and international partners that enables the dissemination of basic research results to clinical practice for testing among therapists and patients.

**Life without cancer**

“Research usually starts as basic laboratory research using cancer cells cultivated in the lab. But the results must be tested in practice among patients, which we call point-of-care research. And this is where we can contribute by providing advice and contact to the oncologists who will be testing the results in practice,” says Nils Brünner.

One of the first, major joint research efforts initiated by the new department aims to find the path to a life without cancer, i.e. a life where cancer is excluded by preventing the disease from ever arising. This goal is sought to be achieved by uniting epidemiological knowledge about risk factors for the development of cancer with biological research into efficient prevention, and the effort is coordinated by the new department.

In addition to providing advice, the researchers run a number of cancer research projects, both as clinical trials and classic basic research. And this work will continue with new and old partners alike:

“One area of collaboration concerns the development of new biomarkers that can reveal the sensitivity and resistance of cancer cells to chemotherapy. Biomarkers function as a type of road map indicating the way to more precise and efficient therapies,” says Nils Brünner.

The department consists of some 20 employees from the University of Copenhagen. They are remunerated by the University but work at the Danish Cancer Society’s laboratories in close partnership with the other researchers, including Professor Jiri Bartek and Anne Lykkesfeldt, head of the centre’s breast cancer group. Jiri Bartek has set up a collaboration with the university concerning resistant cancer cells and DNA repair mechanisms in the cells:

“The new department enables us to strengthen the daily collaboration and realise amazing synergies. Combining our knowledge of basic research with experience from point-of-care research at the hospitals allows us to give cancer research a further boost,” says Jiri Bartek.

2013 saw the beginnings of a new partnership between cancer researchers from the Danish Cancer Society and the University of Copenhagen. The aim is to speed up research and enable patients to benefit from new laboratory results as quickly as possible. The partnerships resulted in the joint Department for Applied Cancer Research.
People living in areas with a high level of particulate pollution in the air are at greater risk of contracting lung cancer. This is the outcome of a major investigation performed by the Department of Diet, Genes and Environment together with colleagues from eight European countries. The results enabled the WHO’s International Agency for Research on Cancer (IARC) for the first time ever, in the autumn of 2013, to classify outdoor air pollution and particles in the air as carcinogenic to humans.

Previous studies have indicated a correlation between lung cancer and air pollution, but the results of a joint European study provide a substantial foundation for the new classification.

“Air pollution increases the risk of lung cancer”

Previous studies have indicated a correlation between lung cancer and air pollution, but the results of a joint European study provide a substantial foundation for the new classification.

“The study is unique because we have compared data from many different European areas and populations from north to south. All studies follow the same methodical framework and the same calculation models. It carries much weight when a joint analysis documents that air pollution increases the risk of lung cancer,” says Ole Raaschou-Nielsen, team leader, who is behind the Danish part of the study.

Also dangerous below the threshold value
The European study shows that the air pollution typically found on congested roads in large Danish cities increases the risk of developing lung cancer by around 25%, compared to the level of pollution found in cleaner air outside the cities. This corresponds to the risk of lung cancer when exposed to tobacco smoke in your surroundings.

As is the case for several other European countries, Denmark has for several years exceeded the EU threshold values for nitrogen dioxide (NO2) on the most trafficked roads in major Danish cities whereas the thresholds for particles are not exceeded.

“The study shows that air pollution, even when it is below EU threshold values, increases the risk of lung cancer,” says Ole Raaschou-Nielsen.

The study also finds that the air is more polluted in major Mediterranean cities such as Athens and Rome than in North European cities such as Stockholm, Oslo and Copenhagen.

Air pollution must be reduced
The study results will place sharp focus on air pollution in the future,” predicts Ole Raaschou-Nielsen:

“The conclusion that air pollution causes lung cancer in people will make clean air a much higher priority.”

Where do particulates come from?
Particulates derive from a multitude of sources, including diesel cars, industrial activities and wood-burning stoves. Particulate pollution is a known, major environmental culprit and has now been classified as carcinogenic for humans.

Scan and learn more
Scan the QR code below to learn more details about particulates (in Danish).

What to do
• Download and install a free app (e.g. Scanlife) on your smartphone and scan the code.
• Or send a text message with the word ‘scan’ to 1220. Follow the instructions and scan the code.

Please note that when using 2D codes and sending text messages, your carrier’s standard messaging and data charges apply and are paid via your phone bill.

274,000
people in eight European countries participated in the study.
Cancer cells share a number of special characteristics that set them apart from normal cells. For instance, they divide at an unregulated, quickened pace and at the same time they manage to avoid the suicidal tendency which usually sets in if cells are damaged beyond repair. And where normal cells faithfully replicate their DNA in exact copies when dividing, cancer cell genes often change. These changes may result in one of the major challenges in the treatment of cancer: the resistance of cancer cells to treatment.

Consequently, a major question facing cancer researchers is: are there any characteristics of cancer cells that are so fundamental that they are preserved even in resistant cancer cells? The answer to this question may be the key to a precise therapy with few or no side effects and to which the cancer cells cannot develop resistance.

The answer lies within the cell
In 2013, researchers from Department of Cell Death and Metabolism showed that the answer might well be lysosomes.

Lysosomes are small sacs filled with digestive enzymes that resemble small water-filled balloons inside the cell wall. They function as a type of rubbish bin where waste substances are decomposed, such as cell residue and bacteria. Lysosomes are present in normal cells as well as cancer cells but are larger and more instable in cancer cells. The lysosome walls consist of various fats and it is important that the wall is impermeable and keeps the enzymes inside. Because the cell will die if they spill out. And this is the Achilles heel of cancer cells, because researchers have identified an enzyme, ASM, which helps reinforce the membrane. As an extra bonus, we already have medicines that contain a substance that impairs ASM by affecting the fats in the membrane, causing it to leak. These drugs are currently used to treat a number of very different diseases such as depression, allergies, cardiovascular disease and malaria.

“In itself, the medicine is not enough to fight the cancer cells. But by combining one of these medicines with chemotherapy, for instance, you can enhance the process and fight cancer cells more efficiently. Apparently, the therapy can also overcome cancer cells’ resistance to chemotherapy, and the combination therapy can kill the new and more die-hard cancer cells,” says Professor Marja Jäättelä, who heads the Department for Cell Death and Metabolism.

Additional treatment with few side effects
The combination treatment may prove to be a major step forward, both because the treatment is effective for almost all types of cancer that the researchers have examined so far and because the medicines are well-known with only very few side effects.

Going forward, the next step will be to examine epidemiological data from population surveys to find the answer to which of the existing medicines is most effective in combination with chemotherapy. To ensure a sufficient data pool, the researchers are hoping to conduct a joint Nordic study with Sweden, Norway and Finland. In time, the goal is to initiate clinical trials offering the new combinatory treatment to cancer patients.
RESULTS IN 2013

• 2013 was the EU ‘Year of Air’, with researchers focusing on particulate air pollution in Europe. A large study called ESCAPE documented that Europeans living in areas with massive particulate pollution have a higher risk of lung cancer. See page 14.

• Establishing a new research unit: Cell stress and survival, conducting biological research into the complex cell mechanisms that protect against cancer.

OUR AIMS TOWARDS 2020

• Strengthen the fight against cancer through research at the highest international level.

• Take advantage of the Danish Cancer Society’s strong position in Denmark to coordinate and develop Danish cancer research in a European and international context.

• Build bridges and strengthen the collaboration between the various branches of cancer research.

• Develop a creative, integrated research environment that can generate an incubator for the next generation of cancer researchers.
A strategic partnership with the University of Copenhagen through the establishment of a common unit for translational research at the Danish Cancer Society has been realized. The unit has a goal of testing promising, basic research results as quickly as possible in a clinical context. See page 13.

Research shows that certain commonly used medicines against depression and allergy, for instance, may enhance the effect of chemotherapy. See page 15.

A nation-wide survey has shown that education in particular contributes to survival after cervical cancer. This is mainly due to the fact that women with a long-cycle education stand greater chances of having their cancer discovered before it spreads.

Three important genes have been discovered and they provide new knowledge of why cancer cells develop resistance to therapy. This knowledge can be put to use in treatment through targeted manipulation of these genes.

A new form of cancer immunotherapy has been developed. Researchers have developed a laboratory method that improves the immune system’s ability to recognise and kill cancer cells. The method is now being tested on patients.

Based on an international job ad, a group of very young cancer researchers has been set up. The group has received five years’ funding towards identifying new ways of treating brain cancer (glioblastoma) and gaining an international foothold with their own grant funds.

Develop methods (biomarkers) for early detection or precursors of cancer in order to diagnose the disease while it is still curable.

Identify cancer risk factors, also when acting through a negative interplay between environmental impacts, risk behaviour and genetic predisposition.

Perform quality-of-life surveys among cancer patients.

Examine the impact of traffic pollution on the risk of cancer.

Regularly identify and involve at least three junior researcher groups with room and support for developing their own field of research over five years in international competition.

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Regularly identify and involve at least three junior researcher groups with room and support for developing their own field of research over five years in international competition.

Map health-related sequelae after cancer therapy in children and adolescents and establish a documented basis for a preventive effort against sequelae.

Examine cancer processes that respond to medical treatment.

Provide information about and heighten the awareness of the Danish Cancer Society’s research to the public, including particularly to patients and relatives.
Bolstering the information provided to relatives

The needs of relatives must be given far more focus. A research project will examine whether early and systematic identification of relatives’ need for information, in combination with a conversation with a nurse and possibly a doctor, could improve the satisfaction of relatives and cancer patients with the provision of information by and communication with the healthcare system.

Every second relative has lacked information about how to best support and help the cancer patient. And every second relative states that healthcare staff have failed to show sufficient interest in how the relatives feel. These are among the interim results from ‘Being a relative of a cancer patient’, the first Danish scientific study that aims to contribute more knowledge about how relatives of cancer patients experience and are involved in the patients’ pathways.

The results are unequivocal. Relatives are short on information on issues such as which symptoms and side effects to look out for. How to best support the patient. About nutrition and how you can get help as a relative.

A challenge to get relatives involved
“The healthcare system faces a major challenge of involving relatives in the cancer patient’s disease. This is essential because we often deal with outpatient treatment or very short hospitalisation periods. This makes great demands on relatives. For instance, they must arrange for the care and help navigate a disease pathway that is often complex. Therefore, it’s hopeless if they feel they lack the knowledge required,” says Professor Mogens Grønvold of the University of Copenhagen and Bispebjerg Hospital.

Mogens Grønvold has received DKK 460,000 from the Danish Cancer Society for examining whether early and systematic identification of relatives’ need for information, in combination with a conversation with a nurse and possibly a doctor could improve relatives’ and cancer patients’ satisfaction with the level of information and communication with healthcare professionals.

The study at Herlev Hospital
The study is a randomised trial which will start in 2014. 200 cancer patient/relative couples who have been referred to the Department of Oncology at Herlev Hospital will be invited to enrol. After completing a questionnaire, half the participants will get an interview with a nurse based on the relatives’ desire for information. If the nurse is unable to answer all questions, the requisite knowledge will be obtained or a doctor involved. The rest of the participants will be given the same option, but later on.

The effect will be measured by means of a questionnaire sent to all participants a few weeks after the first interview, after which the results will be compared.

Mogens Grønvold is expecting the project to show a very positive outcome.

“I’m well aware that the oncology wards are busy as bees and that doctors and nurses have their hands full treating patients. But I believe you can gain lots of time and enhance the cooperation with both patient and relatives by making sure to meet the needs for information and communication early on,” says Mogens Grønvold.

Also, Mogens Grønvold believes that the early initiative towards the relatives entails a great added bonus.

“ar both patient and relatives feel secure and well-informed, this could help to reduce fear and depression,” he says.
The Danish treatment of head and neck cancer is of the highest international calibre. 85% of patients are cured, but it is not without cost as many subsequently experience unpleasant side effects from the treatment. A new research project now aims to identify the patients who will benefit from more aggressive radiation therapy and those who won’t. The aim is to offer individual, optimised radiation therapy.

The number of head and neck cancer cases has rapidly increased over the past 40 years and the curve continues to rise. It has long been known that tobacco and alcohol are risk factors for the development of head and neck cancer, but it has become clear in recent years that a specific sub-group of head and neck cancer probably develops due to the sexually transmitted human papilloma virus (HPV). This particularly concerns tonsil cancer.

**Biological matters count**

Head and neck cancer is primarily treated using radiation therapy, and the effect of the radiation therapy on the tumour depends on a number of factors, both related to the patient and to the actual tumour.

“What we’re dealing with here are biological matters. For instance, there are cells which are resistant to radiation therapy. This is because the cells don’t get enough oxygen. Where are those cells? And what can we do about them? For these reasons, we meticulously study tumours and work intensively to characterise them, including the mutual relationship between the cells to optimise the radiation therapy,” says Professor Jens Overgaard from the Department of Experimental Clinical Oncology at Aarhus University Hospital.

Jens Overgaard and the team of researchers have received DKK 4.2 million from the Danish Cancer Society for their work.

**Individualised therapy**

Jens Overgaard explains that already today, we try to take the biological matters into account when administering radiation therapy but it means that patients risk experiencing sequelae due to the aggressive treatment.

“Today we give a standard treatment that works. However, many patients subsequently pay the price of bothersome side effects. But seeing that we are constantly learning more and more about the biological factors, at some point in the future we will be able to identify which patients benefit from more aggressive therapies and which can be cured using gentler therapies,” the professor says, adding:

“The goal is to offer patients an optimal, individualised radiation therapy that is as gentle as possible so that you can return to leading a fulfilling life afterwards.

**More get head and neck cancer**

Even though more people will be diagnosed with head and neck cancer, Jens Overgaard remains confident.

“The good news is that this is due to the increase in the number of HPV cases and we are dealing with a group of patients who we can see are more sensitive to radiation therapy, or who, in other words, respond far better to the radiation therapy and are cured.”
Prevention

Today we know that it is possible to eliminate one third of all new cancer cases and up to half of all cancer deaths. But everyone’s risk of cancer must be reduced. The Danish Cancer Society translates knowledge about prevention into tangible improvements.
Prevention

The Danish Cancer Society works to minimise the number of people who get cancer. We know that up to one in every three cases of cancers is avoidable, as are up to half of all cancer deaths. This requires us to become better at adapting society to the knowledge we have today and that more Danes start following the recommendations.

The cancer rate must be reduced. This is one of the Danish Cancer Society’s stated goals. This requires us to constantly improve our ways of preventing the disease. Our options for achieving this include vaccinating more young women against HPV, increasing the number of screenings and reducing the number of smoking starters. But also to make it easier for Danes to live a healthy life – for instance by maintaining healthier diets and getting more exercise.

This is the work around which Prevention and Documentation revolves. The goal is to be reached through collection and communication of knowledge, research in behaviour and behavioural change, practical and political action as well as collaboration with authorities, researchers and the business community. A total of 64 employees and approx. 30 student assistants were active in 2013.

Another core area for the department is documentation. Prevalence, mortality and survival rates for the individual cancer diseases constitute important information when prioritising the efforts and measuring their effects. For instance, the figures revealed that 36,000 Danes got cancer in 2013. This figure has been rising for a number of years, due to factors like an ageing population. But with all the positive things that are taking place, there is hope that the figure will start declining again. Significantly fewer Danes smoke now than ten years ago, and a record number of young women were vaccinated against cervical cancer in 2013.

The preventive effort is multifaceted. Prohibition, rules and offers are one route. Another involves information and motivation. Both aim to help Danes make the healthy choices they often want to but do not always succeed with.

Tobacco-smoking in childminder facilities

The Danish Cancer Society wants to ensure that there is no indoor smoking in childminder homes, also outside opening hours. This issue received extra attention in 2013. For instance, a mapping showed that the municipalities have done very little. At the same time, volunteers tried to get them to listen during the municipal elections.

The municipalities that have implemented policies for smoke-free childminder facilities can be counted on a few fingers. A few more have started to phase out facilities that do not comply with this rule, but the vast majority of municipalities have done nothing. It is true that they follow the letter of law, but this is vastly inadequate as it does not protect children. This is because according to the rules, children may be minded in homes where smoking takes place in the rooms and kitchen outside opening hours.
Small children are particularly vulnerable to tobacco-contaminated air as their organs are not fully developed. In addition, they spend many hours inside the house, play on the floor and examine things by putting them in their mouths. This brings them in very close contact with the particles found on all surfaces.

This knowledge was not taken into account in the Act on smoke-free environments that was passed six years ago. It does not protect children in childminder facilities, and the Danish Cancer Society consequently believes that municipalities should draw up their own rules protecting children in municipal childminder schemes. Consequently, in 2013 an extra effort was made – in the form of the ‘Clean air for the kids in childminder facilities’ campaign – to convince municipalities to take action.

Dedicated volunteers helped to make the initiative successful. They assisted in the mapping that clarifies the problem, and not least in attracting the attention of local politicians. Letters to the editor and contributions at political rallies made smoking in childminder homes an issue during the municipal election. And it worked. Several municipalities have subsequently contacted the Danish Cancer Society to get advice on their possibilities. The first municipalities have now started looking into their smoking policies, and the number will hopefully increase when the initiative continues in 2014.
World record in HPV vaccinations

The free anti-HPV vaccination for girls born in 1985–1992 expired at the end of 2013. The offer has been very successful, due to, among other things, a large-scale campaign by the Danish Cancer Society which managed to make an enormous impact on the target group.

By the end of the year, six out of ten girls aged 21–29 had received the three injections required for the HPV vaccine. And 70% had received at least one injection and thus started the vaccination process. This is more than any other country in the world. This means that the Danish Cancer Society has comfortably achieved its goal to set a world record. And most importantly: we will see fewer cases of cervical cancer and fewer conisations due to precursors to cancer.

Free HPV vaccine to a large target group was high on the Danish Cancer Society's wish list, and major efforts had been invested in its implementation. When it became a reality in 2012, it was therefore only natural for the Danish Cancer Society to help ensure high participation rates. This was effected with the 'Wonder Life Friends' campaign. A preliminary study showed that the girls nurture an existential anxiety of becoming alone. This insight was converted to a campaign strategy focusing on a girlfriend community. The high Danish vaccination rate is due not least to the campaign which reached a very large proportion of the target group, particularly through social media.

The HPV vaccine offers protection against the two types of HPV which together cause 70% of all cervical cancer cases.

More choose whole grain

Even though a stone-age diet was the buzzword of 2013 and carbohydrates were blamed for all things evil, Danes were successfully convinced to eat more whole grains. Almost twice as much whole grain than before the start of the Whole Grain Partnership in 2009.

Danes have become much better at choosing bread and cereal containing whole grain. This means that today, Danes eat an average of 55 grams of whole grain a day against only 32 grams in 2009. The positive trend is seen for adults and children alike. Today, 36% of all children and 25% of all adults get the recommended amount of whole grain. By way of comparison, the figures were only 5% and 7% respectively before the campaign was launched.

The figures show that it is possible to promote better dietary habits by making whole grain products more accessible and visible by means of the whole-grain logo. There were 150 whole-grain logo products when the partnership started. Today there are 600. It has simply become much easier to choose whole grain.

This is truly good news for public health when Danes increasingly replace white wheat bread with varieties carrying the whole-grain logo. Whole grain is one of the official dietary recommendations and provides vitamins, minerals and other health-promoting substances that are important for avoiding diseases such as diabetes, cardiovascular diseases and certain types of cancer. The official recommendation for whole grain is at least 75 grams a day. The Whole Grain Partnership includes the Danish Cancer Society, a number of other health organisations, the Danish Veterinary and Food Administration and 31 private food companies.
RESULTS IN 2013

- The X:IT programme which aims to prevent 7th–9th graders from taking up smoking has been evaluated by the SDU Centre for Intervention Research after a three-year trial. The results will be available in early 2014. 100 schools participated, but many more used the programme and will continue to do so in the future.

- A new site called KvitOmLidt.dk (“quit soon”) is a quit-smoking offer for anyone in doubt. It gives smokers a non-binding chance to toy with the thought of becoming smoke-free.

- The workplace campaign ‘Healthy Together’ has helped private and public workplaces introduce a smoke-free working life.

- The research project ‘MIT–UV’ was the first of its kind to measure exposure to UV radiation for a representative part of a country’s population. In the coming years, the project will expand our knowledge of how more people can avoid skin cancer.

- ‘Healthy together’ also provided advice and assistance to municipalities in order to reduce tobacco-smoke exposure for staff groups that remain exposed to tobacco smoke in the working environment, such as the home-care service, nursing homes and the psychiatry.

- Gathering knowledge about smoking habits, behaviour and attitudes towards smoking through various questionnaire surveys.

- ‘Schoolyard fun’ develops and realises specific initiatives in the schoolyard to increase pupils’ interest in being more physically active. The project will be implemented in partnership with Realdania, the Danish Foundation for Culture and Sport Facilities and the Danish Cancer Society with a budget of DKK 21 million.

- The ‘Calorie Accounts’ research project examines how supermarkets can reduce the number of calories in customer shopping baskets. The project is funded by TrygFonden and is a partnership between the Danish Cancer Society, the University of Copenhagen and a national daily commodity chain.

- Frederik Fetterlein’s song ‘Shade, sun-hat and sun lotion – listen and learn’ received more than 480,000 YouTube views. This allowed the sun campaign to reach many in the target group of 15–25-year-olds. The campaign also won an award as one of the most efficient campaigns in 2013.

- The Bikeability project, supported by the Danish Council for Strategic Research, studied how to promote cycling in urban areas. The three-year project ended with a conference in January 2014.

- The sun campaign published the first scientific investigation of the costs of treating skin cancer in Denmark.

OUR AIMS TOWARDS 2020

- Reach more people with jobs based on a short-cycle education through ‘Healthy together’ which is the Danish Cancer Society’s workplace project.

- Produce information campaigns about old smoke, such as in childminder homes, and about air pollution.

- Launch an app in 2014 for the X-hale quit-smoking programme which addresses 15–25-year-olds.

- Reach socially at-risk citizens through an educational programme for care staff, including domestic help, social-care workers and healthcare staff.

- Launch a campaign about symptoms of intestinal cancer, targeting men.

- Motivate Danes to integrate cycling into their everyday life. ‘Denmark cycles together’ is a new three-year partnership. The campaign is backed by Denmark’s three largest health organisations, four municipalities and two research institutions, and the project is funded by the Nordea Foundation, the Road Directorate and the partnership.
Patient support

People suffering from cancer should be able to lead a fulfilling daily life. The Danish Cancer Society aims to ensure that all cancer patients and relatives are given support and help when needed.

Contacts with cancer patients, relatives and the bereaved 2003 – 2013
The Danish Cancer Society has started a project where volunteers help socially vulnerable cancer patients to navigate their care pathway. So far, more than 30 navigators have been trained. Else Rasmussen is one of them. “I really feel that I make a difference by equipping people with the tools to help themselves,” she says. Else Rasmussen currently functions as navigator for Augustine Petersen who needs support to get through her lung cancer therapy pathway, but also to sort out her finances.
Patient Support and Community Activities (PLI) works to ensure a fulfilling daily life for everyone affected by cancer. This means that everyone must be offered the best possible framework and conditions for leading a good life themselves. Everyone must be given the support and help needed and everyone must be offered professional assistance to reduce any sequelae. PLI also aims to heighten the visibility of the needs of cancer patients and their relatives and document these needs as well as to develop new offers for patient support and collaborate with relevant players to disseminate these offers.

PLI is responsible for the Danish Cancer Society’s offers to cancer patients, relatives and the bereaved. In 2013, PLI had more than 86,000 contacts with cancer patients, relatives and the bereaved. In 2013, PLI had more than 86,000 contacts with cancer patients, relatives and the bereaved, of whom 13,360 received advice and support from the Cancer Line counsellors. At the Cancer Forum, 7,500 patients and relatives have set up profiles sharing thoughts and experiences with others also affected by cancer.

PLI collects experience from the counselling work. The lessons learnt are used in the Danish Cancer Society’s political work to ensure the best conditions for cancer patients, etc.

More than 1,600 volunteers are associated with PLI. PLI trains, qualifies and supports volunteers who wish to make a difference for patients and relatives, but also volunteers in the Society’s local units and regional committees who work for the cancer cause at municipal and regional levels.

The department has 138 employees, 36 of whom are based at the headquarters and 102 locally throughout Denmark.

Man to man

“We know what it’s about. We can lend a helping hand, and we’re good at it,” says Mogens Kofoed, who is part of a new mentoring scheme in Aarhus, where a more experienced male cancer patient helps out the ‘newbie’ with information and support throughout the care pathway.

Mogens Kofoed, 62, has had more experiences with cancer than most people. He has had head and neck cancer and is now declared terminally ill with prostate cancer. He can no longer work full-time and has had to resign from his managerial position with an IT company and start up on his own instead.

Mogens Kofoed is also a volunteer in the Cancer Society. He is one of the mentors in a project where men help men through their care pathways. Whenever a man is diagnosed with cancer at one of the oncology departments at Aarhus University Hospital, the doctor mentions the mentoring scheme at the same time.

Mogens Kofoed is currently mentoring three patients, and it works really well.

“As men, we’re action-oriented. We want to know more about the disease, about what we can do in relation to our work, finances, family and friends, before we’re ready...
Support for socially vulnerable cancer patients

The Danish Cancer Society has launched a project where volunteers help socially vulnerable cancer patients navigate their care pathway.

“A cancer pathway is often long and complex, and you constantly need to stay on top of things like when is the next consultation, treatment or control? This demands resources. It can be particularly hard for cancer patients who have no relatives or who face problems other than cancer. Therefore we hope and believe that help from a ‘navigator’ can make a big difference to them,” Bo Andreassen Rix says.

Help to help yourself
This is the backdrop for the Danish Cancer Society’s launch of the project ‘Navigator programme for cancer patients’. One of a navigator’s roles is to provide help for self-help, such as for getting an overview of the treatment process or following up on meetings, examinations, therapy and rehabilitation. It could also be a question of functioning as an aide when talking to the doctor to help ensure that the patient has understood the information provided.

You could also be tasked with helping with practical issues such as organising transport to and from therapy or looking into possibilities of financial support or aids from the municipality.

The patients who have accepted the support so far are mainly women aged 25–77. Some patients are newly diagnosed, some have relapses and still others...
A cancer diagnosis results in a number of problems and consequences of great importance to cancer patients’ quality of life which may impede a successful return to daily life. This makes rehabilitation an oft-needed push to regain an independent, meaningful life after cancer.

“Cancer rehabilitation can help to prevent or reduce the perceived limitations, whether physical, psychological or social. Failure to get the necessary rehabilitation may entail a high cost for the individual patient. For instance, it could result in a depression, curb the individual’s recovery of their functional faculties, and ultimately mean having to leave the labour market,” says Laila Walther, Head of Department.

Municipalities are responsible for providing cancer rehabilitation, and it pleases the Danish Cancer Society that local authorities have taken on this responsibility. The Danish Cancer Society is also pleased to have been involved in developing the provisions in virtually all municipalities, including in the psycho-social field. The only municipality still without a rehabilitation offer is Dragør, but they are working on it and expect to offer rehabilitation to their cancer-afflicted citizens during 2014.

Everyone is entitled to lead a fulfilling life after cancer

At the end of 2013, 87% of Denmark’s municipalities offered rehabilitation to their cancer-affected citizens, and 12% have this in the pipeline. Only one of Denmark’s 98 municipalities does not yet offer rehabilitation: Dragør. The Danish Cancer Society will now monitor the content of the municipal options from a professional/scientific perspective.

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Look at the individual human being
But even if the municipalities make options available, not all municipalities meet the professional standards.

“You simply have to consider each individual person. Good rehabilitation has to be based on an assessment of needs for the individual and include options for physical activity and psychological and social support. If you are on the labour market, your offer must involve the job centre and workplace. If you are not on the labour market, your offer must focus on helping you to get by on your own or on giving you the requisite help and support when required,” Laila Walther says.

This is the reason why the Danish Cancer Society will monitor the content of the municipal options from a professional/scientific perspective in 2014.
“And if the professional standards are not up to par, we will sound the alarm,” concludes Laila Walther.

One in three cancer patients needs rehabilitation
There are no exact figures of how many cancer patients require rehabilitation. But international studies show that one in three needs it after completed treatment and 10% more will experience the need in the following months. The Danish Cancer Society believes that the same applies in Denmark.

The hospital is responsible for drawing up a rehabilitation plan, but the Danish Cancer Society has experienced that the collaboration between hospitals, municipalities and general practitioners is far from optimal in all municipalities.

“The Danish Cancer Society definitely also bears a major responsibility for getting the cancer rehabilitation to work. To accomplish this, we are setting up a national working group to ensure rapid implementation of useful research findings and experience in the municipalities. The ultimate objective is for everyone to lead a fulfilling life after cancer,” says Laila Walther, adding:

RESULTS IN 2013

- Opening of four out of seven Living Spaces in Næstved, Aalborg, Vejle and Odense. Herning and Roskilde will open in the spring of 2014. Only Herlev is awaiting confirmation.
- The counsellors at the Cancer Line also offer online advice.
- “Drivkæft” is the Danish Cancer Society’s network for young people with cancer and has become a permanent part of PLI. There are now seven sub-departments around Denmark.
- The navigator project, which trains volunteers to help vulnerable cancer patients navigate the treatment pathway, is off to a good start. See page 29.
- Focus on men and cancer, including a mentoring scheme project about ‘man-to-man’ support. See page 28.
- Cancer rehabilitation and sequelae have reached the national agenda. PLI has worked to get municipalities to establish qualified rehabilitation offers. See page 30.
- 42 grief therapy groups have been set up for children in primary and secondary school who have lost a parent, so far in the municipalities of Lyngby-Taarbæk, Skive and Aalborg.
- The project ‘Children as relatives’ has been launched in partnership with Rigs hospitalet and the Centre for Cancer and Health Copenhagen.
- A number of radio podcasts have been produced where ordinary people talk about various cancer-related issues.

OUR AIMS TOWARDS 2020

- Work to commence rehabilitation already at the time of making the diagnosis and towards reducing the rate of sequelae. Everyone must have their needs assessed and individualised rehabilitation must be offered at all Danish hospitals and municipalities.
- Work towards a national working group reviewing the current knowledge and identifying national goals for cancer rehabilitation. And promote the introduction of rehabilitation in legislation. In addition, an individual needs assessment for all patients must be ensured.
- Establish at least five patient and relative committees together with hospitals and municipalities.
- Ensure that the healthcare system makes a joint effort in palliative care in order for it to be adapted to the needs of the individual. The Danish Cancer Society’s recommendations for the palliative care must be discussed with relevant professional and political forums.
- Ensure that municipalities focus on the needs of relatives in the palliative phase.
- Involve the relatives; for instance by implementing a project focused on communication with families with children where a family member is seriously ill.
Achievements in 2013

Igen thrift shops

The trend of reusing and buying second-hand things is also felt by the Danish Cancer Society. In 2013, the 11 Igen thrift shops netted a profit of DKK 6.2 million against DKK 4.4 million in 2012.

A customer satisfaction survey was conducted in 2013 in all of the Society’s thrift shops. 84% of customer responses gave the shops an overall assessment of ‘Good’ or ‘Very good’.

Relay for Life

125 cities across Denmark held a Relay for Life event, giving more than 25,000 Danes a life-affirming experience of strength and belonging. Relay for Life bolsters cancer patients and their relatives in the fight against cancer and raises funds for the Danish Cancer Society – in 2013:

DKK 5.5 million.

Relay for Life

Fewer members

At the end of 2013, there were 455,194 members, against 466,215 in 2012. This corresponds to a decline of 2%.

Membership fees, contributions from regular members and contributors generated

- DKK 121.8 m in 2013,
- an increase in income of DKK 1.2 m

Let us fight together

The volunteers at the Danish Cancer Society invest a great effort in many areas that support the Society’s areas of focus leading up to 2020.

The volunteers agree. For instance, a 2013 survey showed that 98% of all volunteers assess that their involvement constitutes an important contribution to the cancer cause.

Almost 1,400 volunteers took part in the satisfaction survey. Their responses show that the Danish Cancer Society has volunteers who are pleased with their colleagues, be it regular staff or volunteers. Volunteers are also satisfied with the tasks they perform.

Success for lotteries

Once again in 2013, we managed to generate a handsome profit from the year’s ten lotteries. The proceeds were DKK 78.8 million, compared to DKK 67.6 million in 2012.

DKK 35 million for the cancer cause

3,000 volunteers and 30,000 Danes pitched in to fight cancer during this year’s national fundraising drive:

- 95% of Danish households were visited by a collector, and these visits generated donations of DKK 35 million.
- Net proceeds: DKK 28.7 million.

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Net proceeds: DKK 28.7 million.
Healthcare system checklist
Quality & Patient Safety have mapped cancer patients’ complaints about their treatment and prepared major projects, such as the use of checklists when prescribing chemotherapy and patient reporting of side effects of the medical treatment.

Support for the Breasts
The Danish Cancer Society’s Support for the Breasts campaign celebrated its 10th jubilee in 2013. The campaign entitled ‘Let us fight together’ looked back on the movement and the results generated by the campaign, but also looked ahead. The campaign raised DKK 7.3 million net, compared to DKK 7.6 million in 2012.

Volunteers have other abilities than employees
When free HPV vaccination for girls born from 1985 to 1992 was announced in 2012, the volunteers were never in doubt that they would take on the extra task of increasing awareness of the free vaccination option. During 2013, the message reached all corners of Denmark, because volunteers all over the country:
- visited local GPs to distribute materials
- handed out campaign materials to the target group in the local areas
- organised events in the local areas
- participated in partnership projects with the municipalities
- wrote letters to the editors of local papers on the importance of being vaccinated.

Beat Cancer campaign on TV2
The Danish Cancer Society joined forces with TV to carry out the Beat Cancer campaign in week 43 for the second time. A vast range of programmes spotlighted cancer and raised funds for the Society.
It all culminated with the big Beat Cancer Live fundraiser show and the end gross proceeds were a fantastic DKK 144.7 million.
The net proceeds were DKK 129 million.

More than 11,000 daily visits at cancer.dk
More than half of all Danes use the internet to look for information about health and disease, and cancer.dk is unparalleled with its level of disseminating knowledge about cancer in Danish.
Cancer.dk is visited more than 11,000 times a day. Patient and relatives are the prime target group for cancer.dk.
The Danish Cancer Society has 12 Facebook pages, each with its own target group. ‘Support for the Breasts’ has 450,000 followers, whereas the Danish Cancer Society’s general Facebook profile is followed by more than 215,000.

Cancer treatment waiting times must be reduced
Among the achievements of Quality & Patient Safety was to ensure a systematic analysis of the quarterly national waiting-time data for package pathways so that they can be explained to the general public.
Focal points in 2014

Volunteering
- Group of volunteers focused on men, younger volunteers and volunteers with an ethnic background other than Danish
- Strengthen volunteers’ work on prevention
- Strengthen the political clout at local and regional level

Fundraising & Membership
- Focus on maintaining the record results of the Beat Cancer campaign
- Intensified focus on recruiting new members and retaining existing ones
- Special effort to increase the number of donations in addition to membership fees

Patient Support & Community Activities
- Establish at least five patient and relative committees together with hospitals and municipalities.
- Enhanced focus on cancer rehabilitation
- Enhanced focus on the palliative effort

Cancer Prevention & Documentation
- Campaign about symptoms of intestinal cancer, targeting men
- Gathering knowledge about smoking habits, behaviour and attitudes towards smoking
- ‘Denmark cycles together’ – a project aimed at motivating Danes to integrate cycling into their everyday life
Policy and Legal Advice
- The policy work of the Executive Committee and Central Board of the Society
- Pursue political goals on a national level
- Work on the Danish Cancer Society’s 2020 goals

The Danish Cancer Society Research Center
- Examine the effects of HPV vaccination in the population
- Develop methods (biomarkers) for early detection of cancer or precursors of cancer
- Map health-related sequelae after cancer therapy in children and adolescents and establish a documented basis for a preventive effort against sequelae

Quality & Patient Safety
- Improve coherence in cancer pathways, for instance through international comparisons and development projects
- Improve treatment outcomes for cancer patients with multiple diseases, particularly in relation to how to best organise the effort
- Identify goals for patient-centred cancer therapy

Communications
- Strengthen the Danish Cancer Society’s high profile in the media and the general public
- Activate the content on cancer.dk across several platforms
- Increase the use of social media
Many people choose to make bequests to the Danish Cancer Society. ‘Friends of Marselisborg Frogman Club’ is an example. The Danish Cancer Society will inherit their club premises in Aarhus when the last man pulls the plug.

**Finances**

From 2009 to 2013, the Danish Cancer Society’s expenses targeting the Society’s main objectives, etc., increased by DKK 42 million to DKK 593 million.
KEY FIGURES FOR FIVE YEARS

Income has grown by DKK 121.8m to a total of DKK 693.5m in the five-year period from 2009 to 2013, equivalent to an increase of more than 21%. Income has fluctuated during the five-year period. From 2009 to 2011, income declined by DKK 15.5m, whereas income rose by DKK 137.3m from 2011 to 2013. This increase coincides with the period where the Danish Cancer Society carried out the Beat Cancer campaign in collaboration with TV2, focusing on the fight against cancer through a series of events and TV programmes.

The item Funds collected, which includes income from legacies and bequests, membership fees, national collections, grants for specific projects, etc., totals DKK 540.3m in 2013, up DKK 118.7m or more than 28% over the five-year period.

Legacy income has declined over the five-year period from DKK 173.6m in 2009 to DKK 139.5m in 2013, equivalent to a decline of DKK 34.1m or 20% due to fewer legacy cases and lower proceeds per legacy case.

Membership fees, etc., increased over the five-year period from DKK 97.3m in 2009 to DKK 121.9m in 2013, equivalent to an increase of DKK 24.5m or almost 25%. In the same period, the membership has increased from 448,050 members to 455,194.

Income from external grants for specific projects rose from DKK 87.6m in 2009 to DKK 106.5m in 2013, equivalent to an increase of DKK 18.9m or almost 22%.

Income from national fundraising drives has increased from DKK 29.3m to DKK 142.1m, equivalent to an increase of DKK 112.8m. The main cause for this increase is the Beat Cancer campaign which started in 2012 and has now been held in 2012 and 2013.

The profit from Lotteries, recycling and sale of goods amounts to DKK 111.9m in 2013, which is an increase of DKK 17.7m or almost 19% during the five-year period.

Capital income, comprising interest, dividends and rental income received, has declined by DKK 11.0m during the five-year period and amounts to DKK 14.4m in 2013. The decline in this income is largely attributable to lower interest rates during the period, as well as declining rental income due to Denmark’s School of Design’s vacating of the Society’s buildings in 2011.

Government grants which include grants from the Danish pools and lottery funds and from the Danish regions for cancer counselling centres reached its lowest level so far with DKK 26.9m in 2013.

The Fundraising & Membership department’s regular and project expenses, consisting of salaries and project expenses for member services, analyses and development of new forms of income and games, amount to DKK 70.6m in 2013. Compared to 2009, the aggregate increase is DKK 8.8m, or almost 14%. The amount should be viewed in relation to the increase in income in the five-year period.

Research expenditure has fluctuated during the period from a low of DKK 240.5m in 2011, to DKK 302.3m in 2013 which is the highest level during the five-year period. The significant increase is mainly attributable to the distribution from Beat Cancer.

Expenses for Patient Support & Community Activities amount to DKK 129.0m in 2013, representing an increase of DKK 5.2m in the five-year period, or some 4% compared to 2009.

Information expenses, including expenditure on Prevention & Documentation, Communications and Volunteering, have increased steadily during the period from 2009 to 2012 while returning to the 2011 level in 2013. The decline is mainly due to a completed campaign for HPV vaccination in 2012.

Administrative expenses amounted to DKK 37.7m in 2013, which represents an increase of DKK 6.7m over the five-year period. The reason is primarily attributable to a rise in common staff expenses and HR costs.

Expenses for improvement of buildings, technical investments, etc., amounted to DKK 26.9m in 2012, against DKK 16.3m in 2012. The increase is due to higher expenses for improving research premises.

The most significant asset item is the Securities portfolio which has varied in the five-year period from a low of DKK 629.6m in 2009 to a high in 2013 where the asset item amounted to DKK 834.1m. The fluctuations are primarily due to value adjustments following changed interest-rate levels and subsequent declines or increases in the securities portfolio and handsome share price increases in 2009 and 2010, followed by declining share prices in 2011. Due to a portfolio restructure, 2012 saw a major shift from securities to cash, precisely on the balance sheet date, 31 December 2012. Cash holdings further increased from 2012 to 2013, due to the purchaser’s deposit of the purchase price in connection with the Society’s sale of properties that had been let out in the past. The amount was made available to the Danish Cancer Society in January 2014, and subsequently invested in accordance with the Society’s investment policies.

The Equity has increased by DKK 196.8m over the five-year period, from DKK 610.8m in 2009 to DKK 807.6m in 2013. Just from 2012 to 2013, the equity has increased by DKK 135m, which is mainly due to a gain of DKK 153.9m realised from the sale of rental properties in 2013. This gain has been carried as extraordinary income in 2013.
### Key figures for five years

#### Income statement (DKK 1,000)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Funds collected</td>
<td>421,607</td>
<td>452,752</td>
<td>415,760</td>
<td>505,294</td>
<td>540,281</td>
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<tr>
<td>Lotteries, recycling, sale of goods, etc.</td>
<td>94,173</td>
<td>96,763</td>
<td>98,953</td>
<td>112,293</td>
<td>111,870</td>
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<tr>
<td>Capital income</td>
<td>25,443</td>
<td>24,211</td>
<td>12,584</td>
<td>11,182</td>
<td>14,427</td>
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<tr>
<td>Government grants</td>
<td>30,482</td>
<td>28,865</td>
<td>28,893</td>
<td>35,641</td>
<td>26,879</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>571,705</strong></td>
<td><strong>602,591</strong></td>
<td><strong>556,190</strong></td>
<td><strong>664,410</strong></td>
<td><strong>693,457</strong></td>
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<tr>
<td>Expenses for the Fundraising &amp; Membership Department’s regular and project activities</td>
<td>-61,809</td>
<td>-64,551</td>
<td>-65,431</td>
<td>-68,294</td>
<td>-70,563</td>
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<tr>
<td><strong>Total net income</strong></td>
<td><strong>509,896</strong></td>
<td><strong>538,040</strong></td>
<td><strong>490,759</strong></td>
<td><strong>596,116</strong></td>
<td><strong>622,894</strong></td>
</tr>
<tr>
<td>Research</td>
<td>279,090</td>
<td>241,729</td>
<td>240,479</td>
<td>278,587</td>
<td>302,324</td>
</tr>
<tr>
<td>Patient Support &amp; Community Activities</td>
<td>123,766</td>
<td>124,575</td>
<td>128,215</td>
<td>130,954</td>
<td>129,004</td>
</tr>
<tr>
<td>Information</td>
<td>84,375</td>
<td>89,558</td>
<td>94,446</td>
<td>103,955</td>
<td>94,992</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>31,020</td>
<td>33,109</td>
<td>34,550</td>
<td>35,483</td>
<td>37,711</td>
</tr>
<tr>
<td>Improvement of buildings and technical investments, etc.</td>
<td>28,003</td>
<td>25,324</td>
<td>19,195</td>
<td>16,303</td>
<td>26,929</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>4,666</td>
<td>4,666</td>
<td>3,785</td>
<td>3,785</td>
<td>1,893</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>550,920</strong></td>
<td><strong>518,961</strong></td>
<td><strong>520,670</strong></td>
<td><strong>569,067</strong></td>
<td><strong>592,853</strong></td>
</tr>
<tr>
<td><strong>For use in subsequent years</strong></td>
<td><strong>-41,024</strong></td>
<td><strong>19,079</strong></td>
<td><strong>-29,911</strong></td>
<td><strong>27,049</strong></td>
<td><strong>30,041</strong></td>
</tr>
</tbody>
</table>

1) Profit before extraordinary items.

#### Balance sheet (DKK 1,000)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties</td>
<td>216,456</td>
<td>177,823</td>
<td>167,225</td>
<td>164,940</td>
<td>8,071</td>
</tr>
<tr>
<td>Securities and shares in Kræftens Bekæmpelses Forlag</td>
<td>629,639</td>
<td>706,312</td>
<td>703,219</td>
<td>678,212</td>
<td>834,133</td>
</tr>
<tr>
<td>Cash</td>
<td>118,609</td>
<td>97,137</td>
<td>43,936</td>
<td>160,151</td>
<td>321,763</td>
</tr>
<tr>
<td>Sundry receivables</td>
<td>64,270</td>
<td>62,147</td>
<td>85,427</td>
<td>104,980</td>
<td>123,956</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>1,028,974</strong></td>
<td><strong>1,043,419</strong></td>
<td><strong>999,807</strong></td>
<td><strong>1,108,283</strong></td>
<td><strong>1,287,923</strong></td>
</tr>
<tr>
<td>Equity</td>
<td>610,755</td>
<td>635,976</td>
<td>592,184</td>
<td>672,661</td>
<td>807,596</td>
</tr>
<tr>
<td>Grants for scientific work not yet used</td>
<td>181,184</td>
<td>173,801</td>
<td>169,432</td>
<td>195,358</td>
<td>254,026</td>
</tr>
<tr>
<td>Sundry payable expenses and legacy amounts on account</td>
<td>237,035</td>
<td>233,642</td>
<td>238,191</td>
<td>240,264</td>
<td>226,301</td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td><strong>1,028,974</strong></td>
<td><strong>1,043,419</strong></td>
<td><strong>999,807</strong></td>
<td><strong>1,108,283</strong></td>
<td><strong>1,287,923</strong></td>
</tr>
</tbody>
</table>
## Income statement, pct.

<table>
<thead>
<tr>
<th>Distribution of income, pct.</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds collected</td>
<td>73.7</td>
<td>75.1</td>
<td>74.8</td>
<td>76.0</td>
<td>77.9</td>
</tr>
<tr>
<td>Lotteries, recycling, sale of goods, etc.</td>
<td>16.5</td>
<td>16.1</td>
<td>17.8</td>
<td>16.9</td>
<td>16.1</td>
</tr>
<tr>
<td>Capital income</td>
<td>4.5</td>
<td>4.0</td>
<td>2.2</td>
<td>1.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Government grants</td>
<td>5.3</td>
<td>4.8</td>
<td>5.2</td>
<td>5.4</td>
<td>3.9</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

## Distribution of expenses, pct.

<table>
<thead>
<tr>
<th>Distribution of expenses, pct.</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>53.8</td>
<td>49.4</td>
<td>48.3</td>
<td>50.7</td>
<td>53.6</td>
</tr>
<tr>
<td>Patient Support &amp; Community Activities</td>
<td>23.9</td>
<td>25.5</td>
<td>25.8</td>
<td>23.9</td>
<td>22.9</td>
</tr>
<tr>
<td>Information</td>
<td>16.3</td>
<td>18.3</td>
<td>19.0</td>
<td>18.9</td>
<td>16.8</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>6.0</td>
<td>6.8</td>
<td>6.9</td>
<td>6.5</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Selected key information</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td><strong>No. of employees</strong> translated to FTEs</td>
<td>619</td>
<td>631</td>
<td>646</td>
<td>652</td>
<td>619</td>
</tr>
<tr>
<td><strong>Membership numbers</strong></td>
<td>448,050</td>
<td>459,850</td>
<td>464,736</td>
<td>466,215</td>
<td>455,194</td>
</tr>
<tr>
<td>Membership fees, etc., received</td>
<td>97,325</td>
<td>104,887</td>
<td>104,120</td>
<td>120,575</td>
<td>121,848</td>
</tr>
<tr>
<td>Contribution per member, DKK</td>
<td>217</td>
<td>228</td>
<td>224</td>
<td>259</td>
<td>268</td>
</tr>
<tr>
<td><strong>Gross income excluding extraordinary items</strong></td>
<td>652,773</td>
<td>683,905</td>
<td>643,055</td>
<td>764,787</td>
<td>793,636</td>
</tr>
<tr>
<td>Gross expenditure</td>
<td>81,068</td>
<td>81,314</td>
<td>86,865</td>
<td>100,377</td>
<td>100,179</td>
</tr>
<tr>
<td>Expenses for the Fundraising &amp; Membership Department’s regular and project activities</td>
<td>61,809</td>
<td>64,551</td>
<td>65,431</td>
<td>68,294</td>
<td>70,563</td>
</tr>
<tr>
<td><strong>Net income excluding extraordinary items</strong></td>
<td>509,896</td>
<td>538,040</td>
<td>490,759</td>
<td>596,116</td>
<td>622,894</td>
</tr>
<tr>
<td>Legacy income</td>
<td>173,557</td>
<td>175,473</td>
<td>150,768</td>
<td>149,379</td>
<td>139,483</td>
</tr>
<tr>
<td>Number of legacy cases completed</td>
<td>284</td>
<td>299</td>
<td>286</td>
<td>272</td>
<td>252</td>
</tr>
<tr>
<td>Proceeds per legacy case</td>
<td>611</td>
<td>587</td>
<td>527</td>
<td>549</td>
<td>554</td>
</tr>
<tr>
<td><strong>External grants for specific projects</strong></td>
<td>87,575</td>
<td>104,891</td>
<td>95,163</td>
<td>96,781</td>
<td>106,485</td>
</tr>
<tr>
<td><strong>No. of collectors for door-to-door fundraising</strong></td>
<td>28,000</td>
<td>29,000</td>
<td>31,000</td>
<td>31,000</td>
<td>31,000</td>
</tr>
<tr>
<td>Profit from door-to-door fundraising</td>
<td>27,706</td>
<td>29,486</td>
<td>25,765</td>
<td>25,670</td>
<td>28,752</td>
</tr>
<tr>
<td>Profit per collector in DKK</td>
<td>990</td>
<td>1,017</td>
<td>831</td>
<td>828</td>
<td>927</td>
</tr>
<tr>
<td><strong>Profit from lotteries</strong></td>
<td>57,289</td>
<td>53,707</td>
<td>57,681</td>
<td>67,540</td>
<td>68,289</td>
</tr>
<tr>
<td><strong>Profit from events and sale of products</strong></td>
<td>34,373</td>
<td>40,732</td>
<td>37,533</td>
<td>40,389</td>
<td>37,356</td>
</tr>
<tr>
<td><strong>Government grants</strong></td>
<td>30,482</td>
<td>28,865</td>
<td>28,893</td>
<td>35,641</td>
<td>26,879</td>
</tr>
<tr>
<td><strong>Return as a percentage of securities portfolio, including market value adjustments</strong></td>
<td>19.6</td>
<td>8.7</td>
<td>-0.6</td>
<td>9.5</td>
<td>4.8</td>
</tr>
<tr>
<td><strong>Solvency ratio (equity as a percentage of total assets)</strong></td>
<td>59</td>
<td>61</td>
<td>59</td>
<td>61</td>
<td>63</td>
</tr>
</tbody>
</table>
Introduction

The Danish Cancer Society’s ordinary net income for the year totalled DKK 622.9m. The year’s expenses for the Society’s activities totalled DKK 592.9m. This results in an operating profit of DKK 30.0m. During the year, the Danish Cancer Society sold buildings that had previously been let out. The sale netted a profit of DKK 153.9m which has been carried as extraordinary income.

Income

The ordinary gross income of the Danish Cancer Society amounts to DKK 793.6m in the 2013 financial year, against DKK 764.8m the previous year. After deducting expenses for activities such as lotteries, national fundraising drives, thrift shops, other events and product sales, capital income and expenses for the Fundraising & Membership department’s regular and project activities totalling DKK 170.7m, the result is a total net income of DKK 622.9m, equivalent to an increase of DKK 26.8m.

Income from Legacies and testamentary bequests (note 1) declined to DKK 139.5m in 2013, from DKK 149.4m in 2012. Fewer legacy cases were completed than last year, with 252 cases in 2013 against 272 cases in 2012. The average proceeds per legacy case are up from DKK 0.549m in 2012 to DKK 0.554 in 2013.

Membership fees and contributions from members and regular contributors (note 1) amounted to DKK 121.8m in 2013, against DKK 120.6m in 2012, equivalent to an increase in income of DKK 1.2m.

At the end of 2013, 455,194 members were registered, against 466,215 the previous year, i.e. a membership decrease of 2%. In 2014, there will be extra focus on increasing the number of new memberships as well as the membership fee renewal rate for existing members.

In 2013, the Danish Cancer Society Research Center, information activities and Patient Support & Community Activities received Grants for specific projects (note 1) totalling DKK 106.5m, which represents an increase of DKK 9.7m compared to 2012.

Contributions from foundations (note 1) amount to DKK 5.6m in 2013 and have thus declined by DKK 3.5m compared to last year. The decline is due to an extraordinarily high 2012 level due to distribution of realised capital gains.

The item Corporate (note 1) amounted to DKK 20.1m in 2013, against DKK 23.7m in 2012. The decline is due to lower sales of research gifts and corporate memberships in consequence of a higher focus on and sales of Beat Cancer support programmes for companies in 2013.

Gifts and Grants (note 1) amounted to DKK 4.6m in 2013, against DKK 3.2m in 2012.

The annual door-to-door fundraising (note 1) was held on Sunday 7 April. The net profit was DKK 28.7 million, compared to DKK 25.7 million in 2012. The fundrai-
singing drive comprised all of Denmark’s 98 municipalities and involved more than 31,000 volunteers as collectors, organisers and assistants. The Danish Cancer Society’s door-to-door fundraising is the largest of its kind in Denmark.

**Door-to-door fundraising**

<table>
<thead>
<tr>
<th></th>
<th>DKK m</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td>34.7</td>
<td>31.6</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td>6.0</td>
<td>5.9</td>
</tr>
<tr>
<td><strong>Net profit</strong></td>
<td></td>
<td><strong>28.7</strong></td>
<td><strong>25.7</strong></td>
</tr>
</tbody>
</table>

**Beat Cancer campaign on TV2**

Teamed up with TV2, the Danish Cancer Society carried out the Beat Cancer campaign in week 43 for the second time. In a number of shows throughout the entire week, TV2 had focus on cancer while raising money for the Danish Cancer Society. This all culminated in the great Beat Cancer Live fundraiser show on TV2 on Saturday, 26 October.

**Beat Cancer**

<table>
<thead>
<tr>
<th></th>
<th>DKK m</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td>144.7</td>
<td>102.5</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td>15.7</td>
<td>11.2</td>
</tr>
<tr>
<td><strong>Net profit</strong></td>
<td></td>
<td><strong>129.0</strong></td>
<td><strong>91.3</strong></td>
</tr>
</tbody>
</table>

The gross income from Beat Cancer 2013 totals DKK 144.7m, including the proceeds from the Beat Cancer lottery delivered to every household. In addition to the Beat Cancer lottery, income sources include lotteries and donations via text messaging/phone, online donations and corporate donations. The net proceeds of Beat Cancer amounted to DKK 129.0m, which are included under National collections in the amount of DKK 112.5m (note 1) and under Lotteries (note 2) in the amount of DKK 16.5m.

**The profit from the 2013 Beat Cancer campaign will be used towards the following initiatives:**

<table>
<thead>
<tr>
<th></th>
<th>DKK m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical research into development of improved, gentler cancer surgery</td>
<td>7.5</td>
</tr>
<tr>
<td>Select research and development themes proposed by patients, relatives, etc.</td>
<td>7.5</td>
</tr>
<tr>
<td>Research into earlier, more precise diagnoses and individualised cancer therapies</td>
<td>10.0</td>
</tr>
<tr>
<td>Research into improved cancer therapy follow-up</td>
<td>10.0</td>
</tr>
<tr>
<td>Research into cancer patients’ possibilities for a good life after cancer</td>
<td>7.5</td>
</tr>
<tr>
<td>Strategic activities: distribution in 2014</td>
<td>1) 11.7</td>
</tr>
<tr>
<td>Strategic activities: distributed in 2013</td>
<td>1) 18.3</td>
</tr>
<tr>
<td>Campaigns to limit adolescents’ use of tobacco and alcohol</td>
<td>7.5</td>
</tr>
<tr>
<td>Support to development and research by young, talented researchers</td>
<td>15.0</td>
</tr>
<tr>
<td>Supplementary grant for cancer research for distribution through KBVU, the Danish Cancer Society’s Scientific Committee</td>
<td>5.0</td>
</tr>
<tr>
<td>Initiative to improve conditions for young cancer patients at hospitals</td>
<td>5.0</td>
</tr>
<tr>
<td>Research into an improved effort for elderly cancer patients and comorbid patients</td>
<td>5.0</td>
</tr>
<tr>
<td>Testing of medicines for children</td>
<td>1) 3.5</td>
</tr>
<tr>
<td>Continuous distributions (patient support)</td>
<td>1) 15.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>129.0</strong></td>
</tr>
</tbody>
</table>

1) The aggregate amount of DKK 37.3m was distributed in 2013.
2) The amount of DKK 11.7m will be distributed in 2014 towards strategic activities within prevention and rehabilitation.

The **Support for the Breasts campaign** generated net proceeds of DKK 7.3m in 2013 compared to DKK 7.6m in 2012. In spite of highly positive growth for Pink Saturday, the sale of breast cancer bracelets has continued to decline as has the number of corporate partners, who are active under the auspices of Beat Cancer instead.

Other activities, such as corporate and individual donations and the Pink Cup golf tournament, raised an additional DKK 4.6m. This means that a total of DKK 11.9m was collected for breast cancer in 2013. In 2012, the amount was DKK 14.7m.
Lotteries, recycling, sale of goods, etc. (note 2) The profit from lotteries was at DKK 68.3m in 2013, against DKK 67.5m in 2012. The proceeds from the individual lottery rounds of the Millionaire Lottery continue to fluctuate greatly and consequently the current modernisation review of the Executive Order on charitable lotteries may have a major impact on the possibilities of maintaining the income from this type of support.

The Danish Cancer Society’s ten Thrift shops (note 2) under the IGEN brand generated their best-ever performance in 2013. The profit increased by 40.9% from DKK 4.4m in 2012 to DKK 6.2m in 2013, partly due to the relocation of a shop in Sorgenfri to larger premises in Virum, and partly due to higher turnover in the shops and a conservative spending policy.

<table>
<thead>
<tr>
<th>IGEN</th>
<th>DKK m</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>21.4</td>
<td>18.9</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>15.2</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td><strong>Net profit</strong></td>
<td><strong>6.2</strong></td>
<td><strong>4.4</strong></td>
<td></td>
</tr>
<tr>
<td>Number of shops</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Number of volunteers</td>
<td>722</td>
<td>672</td>
<td></td>
</tr>
</tbody>
</table>

Other events and product sales (note 2) decreased to DKK 37.4m in 2013 compared to DKK 40.4m the preceding year, which is a decline of DKK 3.0m. The decrease is primarily attributable to lower VAT refunds of DKK 1.5m in 2013. There was also a decline in the Support for the Breasts activities as well as for Trædtil ("Pedal faster") and Children, Young People and Cancer where a partner reduced its already high support by approx. DKK 1.0m.

Relay for Life was held in 25 cities in 2013, generating an aggregate profit of DKK 5.5m, which is an increase of DKK 2.3m compared to 2012. The number of relay events is growing significantly, leading to higher participation and fundraising. Investments are made in assisting with starting up the relays and in the ongoing development of the individual relay events. This means that the Volunteering expenses include salary expenses of DKK 2.1m for the relays, which are not shown in the table below.

<table>
<thead>
<tr>
<th>Relay for Life</th>
<th>DKK m</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>7.0</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>1.5</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td><strong>Net profit</strong></td>
<td><strong>5.5</strong></td>
<td><strong>3.2</strong></td>
<td></td>
</tr>
<tr>
<td>Number of participants</td>
<td>21,000</td>
<td>12,400</td>
<td></td>
</tr>
<tr>
<td>Number of relays</td>
<td>25</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

Expenses related to Fundraising & Members, department and project activities (note 3) is up DKK 2.3m to a total of DKK 70.6m in 2013.

Capital income (note 4) amounts to DKK 14.4m in 2013, against DKK 11.2m in 2012. The return on securities was at DKK 16.3m in 2013, against DKK 15.0m in 2012, which is mainly due to higher bank interest income and other interest income. Rental income resulted in a loss of DKK 1.9m in 2013.

Government grants (note 5) which mainly includes grants from the Danish pools and lottery funds and from the Danish regions, amounted to DKK 26.9m in 2013. Grants from the pools and lottery funds amounted to DKK 18.6m in 2013, against DKK 17.5m in 2012. The grants to the cancer counselling centres amounted to DKK 8.3m in 2013, compared to DKK 6.3m the previous year. As at 1 January 2013, the Dallund Rehabilitation Centre was transferred to the Region of Southern Denmark.

Expenses for improvement of buildings, technical investments, etc., (note 7) amounted to DKK 26.9m in 2013, against DKK 16.3m in 2012. The increase is due to higher expenses for improving research premises.
Expenses for **research (note 8)** amounted to DKK 302.3m in 2013, against DKK 278.6m in 2012, equivalent to an increase of DKK 23.7m. This increase is composed of higher expenses for operating own research departments of DKK 7.5m, higher grants from the scientific committees of DKK 12.8m, a decline of DKK 0.6m relating to quality & patient safety, and an increase of DKK 4.0m concerning the strategic distributions.

The operation of own research departments increased from DKK 120.1m in 2012 to DKK 127.6m in 2013. DKK 5.3m of this increase is attributable to an increase in externally funded projects which accounts for a total of DKK 53.7m of the departments’ activities.

Grants from the research committees and the Central Board amounted to DKK 91.8m in 2013 compared to DKK 79.0m in 2012 and have thus increased by DKK 12.8m. The increase is primarily due to higher grants from the Danish Cancer Society’s Scientific Committee of DKK 17.4m from DKK 59.7m in 2012 to DKK 77.1m in 2013.

Expenses for **Patient Support & Community Activities (note 9)** amounted to DKK 129.0m in 2013, against DKK 131.0m in 2012, and consequently declined by DKK 2.0m. This decline is mainly attributable to the Dallund Rehabilitation Centre which was carried at DKK 11.9m in the 2012 financial statements but was transferred to the Region of Southern Denmark as at 1 January 2013. Conversely, costs for the cancer counselling centres increased by DKK 2.2m, patient grants by DKK 2.3m and externally funded projects by DKK 6.2m.

**Information expenses (note 10)** increased by DKK 9.0m to DKK 95.0m in 2013. The decrease is attributable to Communications in the amount of DKK 2.0m, an increase in Cancer Prevention & Documentation of DKK 0.7m, a decline in Volunteering of DKK 0.6m and in externally funded projects of DKK 6.8m and to a decline in General information via lotteries of DKK 0.3m. The decline for externally funded projects from 2012 to 2013 is attributable to DKK 4.5m being carried in 2012 concerning the HPV vaccination campaign that was completed in 2012.

**Extraordinary income (note 11)** amounts to DKK 153.9m, which concerns the profit from the sale of the part of the buildings on Strandboulevarden that were previously let out to Denmark’s School of Design. As at 1 July 2013, the buildings were sold to the City of Copenhagen.

**Balance sheet**

In 2013, the Society sold properties that had previously been let out. This means that the Society’s **rental properties (note 13)** decline from a carrying amount of DKK 164.9m in 2012 to a carrying amount of DKK 8.1m in 2013. As a result, depreciation and amortisation also decline.

**Sundry receivables, pre-paid expenses (note 14)** increased by DKK 83.4m to DKK 92.3m in 2013. The increase of DKK 8.9m is mainly due to amounts receivable for the Beat Cancer campaign in October 2013 as part of the amounts are yet to be settled by the telecom carriers.

The **Securities portfolio (note 15)**, consisting of bonds, shares and mortgages, is the major asset on the balance sheet. The portfolio increased to DKK 833.2m from DKK 677.2m in 2012, equivalent to an increase of DKK 156.0m. This amount is the result of an increase in the bond portfolio of DKK 137.8m to DKK 683.6m and an increase in the share portfolio of DKK 18.3m to DKK 146.5m as well as a small decline in the mortgage portfolio of DKK 0.1m.

The Danish Cancer Society follows an investment strategy of optimising returns on the Society’s assets for the benefit of cancer patients, with due consideration for composing a widely diversified, long-term and conservative portfolio. To implement this strategy, the Society works with some of the most renowned asset managers, which are Nykredit Asset Management, Danske Capital, Nordea Investment Management and PFA Kapitalforvaltning.

The **operating fund (note 16)** amounted to DKK 540.3m at the end of 2013, against DKK 398.0m at the end of 2012. The operating fund has been allocated in 2014, as the Central Board has approved activities of DKK 591.5m. The elements in the increase of DKK 142.3m are the profit for the year of DKK 183.9m less a
reserve for Beat Cancer and a reserve for strategic initiatives of DKK 30.0m and DKK 11.7m, respectively.

Reserve for Beat Cancer distribution (note 17) The profit of DKK 129.0m from the Society’s Beat Cancer campaign has been supplemented with funds from the 2012 Beat Cancer campaign in the amount of DKK 50.0m that have not yet been distributed, and the year’s total distributions of DKK 69.0m have been deducted together with commitments for strategic initiatives of DKK 30.0m. At the end of the year, the reserves amounted to DKK 80.0m which are expected to be distributed during the first six months of 2014.

The reserve for strategic initiatives (note 18) amounted to DKK 38.4m at the end of 2013, which represents an increase of DKK 11.7m. The increase is composed of the year’s reserve of DKK 30.0m, minus the distribution for the year of DKK 18.3m.

The Value adjustment fund (note 19) amounts to DKK 148.9m at the end of 2013. Compared to last year, this is an increase of DKK 15.0m. This increase is composed of a capital gain on shares of DKK 23.6m, a capital loss on the bond portfolio of DKK 8.1m and a capital loss on the foreign exchange portfolio of DKK 0.5m.

The Revaluation reserve (note 20) was terminated in 2013 in connection with the sale of the revalued properties in 2013.

Grants for scientific work provided, but not yet used (note 22) amounts to DKK 254.0m. The amount comprises grants provided for multi-year research projects which will be paid out as and when the projects are implemented.

Interest rate risk/Price risk The latent price risk resting on the Society’s bond portfolio, with a duration of 3.4 (average remaining maturity), will result in a decrease of DKK 23.0m, if the interest rate increases by 1%. The Society’s value adjustment fund, amounting to DKK 148.9m at year-end 2013, will thus be able to counter a price decline in the bond portfolio corresponding to an interest rate increase of 6.5%.

Number of employees The Society employed 619 people at the end of 2013, translated to full-time equivalents, representing a decrease of 33 employees compared to the previous year. 213 employees were engaged in research, against 232 the previous year. The decline by 19 employees represents a lower number of hourly-paid employees who worked with tasks such as cleaning after the torrential storm in 2012 and a decline in scholarships due to new requirements. 145 employees work in Patient Support & Community Activities, against 165 the previous year. The decline of 20 employees is mainly attributable to the transfer of the Dallund Rehabilitation Centre to the Region of Southern Denmark as at 1 January 2013. 104 employees work with information and communications against 102 the previous year. 91 employees are engaged in fundraising activities, which is the same as the year before, and 66 employees work with administration against 62 the previous year.

Management of foundations The Danish Cancer Society manages five independent foundations whose profits accrue to the Danish Cancer Society in accordance with the charters’ stipulations. At the end of 2013, the capital value of these foundations was DKK 237.3m, against DKK 213.8m last year. The foundations’ returns, amounting to DKK 2.9m in 2013, are recognised in the accounts under Funds collected.

The asset management departments of Danish banks manage a number of funds held on trust for interest
payment to legatees. The capital of these trust funds was computed to be DKK 55.1m at the end of 2012. When the interest payments cease, the capital will accrue to the Danish Cancer Society in whole or in part.

Outlook for 2014

For 2014, the Danish Cancer Society’s expects a modest increase in income compared to 2013, when gross income amounted to DKK 793.6m, which was up DKK 28.8m compared to 2012. This growth was realised by the Beat Cancer fundraising campaign, which was held for the second time in week 43 in partnership with TV2. In 2013, the Beat Cancer campaign attained a record level, and 2014 will consequently focus on maintaining the campaign's high income level.

Some uncertainty remains in relation to legacy income, which is among the Society’s largest sources of income. However, based on the small increase in the number of inheritance cases received in 2013, the total legacy income is expected to increase slightly in 2014.

Efforts to recruit new members will be redoubled in 2014 due to the 2% membership decline seen in 2013. At the same time, the targeted effort aimed at enhancing loyalty and minimising the loss of existing members will be continued. In addition, a special initiative will be launched with a view to increase the number of donations in addition to the membership fee, which is expected to increase the income realised under Membership income in 2014.

In 2013, we successfully managed to maintain the high level of profit from the Millionaire Lottery, among other things due to a great result in the lottery round during the Beat Cancer campaign. However, the performance of the individual lotteries throughout the year has fluctuated greatly, and the chances of maintaining the same high performance in 2014 are consequently subject to some uncertainty.

Income from companies is expected to increase in 2014. However, we expect to see a continued movement towards more support for Beat Cancer compared to the rest of our existing platforms.

Expenses are expected to increase in 2014. This is due to distribution of the remaining funds from Beat Cancer 2013 and adjustment of the grant process in order for a higher proportion of the funds raised during Beat Cancer 2014 to be distributed within the calendar year in which they are received. In addition, there will be expenses for a new construction planned in continuation of the property sale in 2013. This means that the expenses are expected to exceed the income in 2014.

The equity of the Danish Cancer Society

The Society’s equity, consisting of the Society’s operating fund, the Beat Cancer reserve, reserve for strategic initiatives, value adjustment fund and revaluation fund, amounts to DKK 807.6m at the end of 2013, against DKK 672.7m in 2012.

The profit for the year of DKK 183.9m is transferred to the Operating fund, whose balance was DKK 540.3m at the end of 2013. The Operating fund is used for funding the 2014 budget, which balances at DKK 591.5m (see note 16).

Out of the Operating fund, additional reserves have been allocated for Beat Cancer funds of DKK 50.0m that have not yet been distributed. Similarly, reserves have been allocated for the funding of strategic initiatives in the amount of DKK 11.7m which have not yet been disbursed.

One aim of the value adjustment fund is to ensure that capital losses on the securities portfolio do not impede the Society’s planned level of activities. The fund amounted to DKK 148.9m at the end of 2013.

The revaluation reserve, which amounted to DKK 64.0m was dissolved in 2013 in connection with the sale of the revalued properties.

It is the policy of the Danish Cancer Society that funds earned in one year are to be used in the following year. This causes a time lapse between the time of receiving the income and incurring the expense, whereby funds are temporarily amassed. Such funds which remain to be used are temporarily invested in securities to obtain a better return for the benefit of the fight against cancer, as mentioned in the section on securities.
Statement by the management on the Annual Report

The Executive Committee and the management have discussed and approved the financial statements for the financial year 1 January – 31 December 2013 for the Danish Cancer Society on the date written below.

The financial statements have been presented in accordance with the requirements for the presentation of financial statements stipulated by the Articles of Association and in accordance with generally accepted accounting principles.

In our opinion, the financial statements give a true and fair view of the Society’s assets and liabilities and its financial position at 31 December 2013 and of the results of the Society’s activities for the financial year 1 January – 31 December 2013.

In our opinion, the management’s review gives a true and fair account of the matters addressed in the review.

The financial statements are hereby approved.

Copenhagen, 9 April 2014
INDEPENDENT AUDITORS’ REPORT

To the members of the Central Board of the Danish Cancer Society

Statement on the financial statements
We have audited the financial statements (pages 51 – 65) for the Danish Cancer Society for the financial year 1 January – 31 December 2013, comprising accounting policies, income statement, balance sheet and notes. The financial statements have been prepared in accordance with generally accepted accounting policies.

The management’s responsibility for the financial statements
The management is responsible for the preparation and fair presentation of financial statements in accordance with generally accepted accounting principles. The management is also responsible for internal controls considered necessary by the management for preparing financial statements that are free from material misstatement, whether due to fraud or error.

The auditors’ responsibility
It is our responsibility to express our opinion of the financial statements on the basis of our audit. We have conducted our audit in accordance with international auditing standards and additional requirements in pursuance of Danish auditing legislation as well as the Danish Acts no. 696 of 25 June 2010 and no. 848 of 1 July 2010. Those requirements and standards require that we comply with ethical requirements and plan and conduct our audit to obtain reasonable assurance that the financial statements are free from material misstatement.

An audit includes performing procedures to obtain audit evidence for the amounts and disclosures in the financial statements. The audit procedures selected depend on the assessment made by the auditor, including the assessment of the risk of material misstatement in the financial statements, notwithstanding whether such misstatement is due to fraud or error. In making such risk assessment, the auditor considers internal controls that are relevant to the company’s preparation and fair presentation of financial statements in order to design audit procedures that are appropriate under the circumstances, but not with the objective of expressing an opinion on the efficiency of the internal control made by the company. An audit also includes an assessment of the appropriateness of the accounting policies applied and the accounting estimates made by the management together with an evaluation of the overall presentation of the financial statements.

In our view, the audit evidence obtained is sufficient and appropriate to provide a basis for our audit opinion.

Our audit has not given rise to any qualification.

Opinion
In our opinion, the financial statements give a true and fair view of the Society’s assets and liabilities and its financial position at 31 December 2013 and of the results of the Society’s activities for the financial year 1 January – 31 December 2013, in accordance with generally accepted accounting principles.

Statement on the management’s review
We have read the management’s review and the financial review. We have not performed any further procedures in addition to the audit performed of the financial statements.

On this basis, it is our opinion that the information in the management’s review is in accordance with the financial statements.

Copenhagen, 9 April 2014

Deloitte
Statsautoriseret Revisionspartnerselskab

Henrik Wellejus
state-authorised public accountant

Christian Sanderhage
state-authorised public accountant
ACCOUNTING POLICIES

The accounting policies are unchanged compared to last year.

The financial statements are presented in accordance with generally accepted accounting principles.

The financial statements reflect the year’s financial decisions/grants, regardless if they are not realised until subsequent years.

INCOME STATEMENT

Funds collected
Legacies and testamentary bequests are recognised as income upon completion of the final estate inventory and receipt of the legacy or bequest, whereas payments received on account are recognised on the balance sheet under the item Legacy amounts on account for later determination.

Contributions from members and foundations as well as corporate contributions, gifts and grants are recognised as income at the time of realisation.

Grants received for specific research projects are recognised as income as and when utilised.

Income from collections is recognised when the final collection results are available.

Lotteries, etc.
Proceeds from lotteries are recognised as income when the individual games are completed.

Sale of materials, etc.
Recognised at the time of invoicing.

Capital income
Capital income comprises accrued interest income and expenses, dividends and yields as well as rental income less operating expenses for rental properties.

Government grants
Government grants are carried as income at the time of receipt.

Expenses
Expenses are accounted for on a normal accruals basis. The expenses are attributed directly to the departments/activities consuming the funds. Common expenses for operating the premises at Strandboulevarden, IT, etc., are charged to the individual activities in accordance with their consumption.

Inventory and laboratory equipment, etc.
Charged to the income statement at the time of acquisition.

Research grants/multi-year projects
Grants for one-year or multi-year research projects are charged to the income statement at the time of granting. Grants provided, but not yet used, at the balance sheet date, are recognised as payables under the item Grants for scientific work not yet used.

Extraordinary items
Income or expenses not attributable to the Society’s ordinary activities are recognised as extraordinary items.

BALANCE SHEET

Properties
Buildings designated for rental purposes are valued at acquisition cost plus costs of improvement and revaluations and less depreciation. Buildings are depreciated at an annual rate of 2 percent. Buildings for own activities and their costs of improvement are charged to the income statement in the acquisition year.

Properties appropriated by inheritance, which are destined for resale or which are subject to residence rights, etc., are recognised at the original appropriation values.

Revaluations are recognised in equity under Revaluation fund.

Securities
Listed bonds and shares are measured at market value at the end of the financial year. Mortgages, etc., are recognised at an estimated, conservative value.

Realised and unrealised capital gains and losses are recognised directly in the value adjustment fund.
### Income statement

(DKK 1,000)  

<table>
<thead>
<tr>
<th>Income-generating activities</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds collected</td>
<td>540,281</td>
<td>505,294</td>
</tr>
<tr>
<td>Lotteries, recycling, sale of goods, etc.</td>
<td>111,870</td>
<td>112,293</td>
</tr>
<tr>
<td><strong>Total income from income-generating activities</strong></td>
<td><strong>652,151</strong></td>
<td><strong>617,587</strong></td>
</tr>
<tr>
<td>Expenses for the Fundraising &amp; Membership Department's regular and project activities</td>
<td><strong>-70,563</strong></td>
<td><strong>-68,294</strong></td>
</tr>
<tr>
<td><strong>Profit from income-generating activities</strong></td>
<td><strong>581,588</strong></td>
<td><strong>549,293</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other ordinary income</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital income</td>
<td>14,427</td>
<td>11,182</td>
</tr>
<tr>
<td>Government grants</td>
<td>26,879</td>
<td>35,641</td>
</tr>
<tr>
<td><strong>Total net income</strong></td>
<td><strong>622,894</strong></td>
<td><strong>596,116</strong></td>
</tr>
<tr>
<td>Administrative expenses</td>
<td><strong>-37,711</strong></td>
<td><strong>-35,483</strong></td>
</tr>
<tr>
<td>Improvement of buildings for own activities</td>
<td><strong>-26,929</strong></td>
<td><strong>-16,303</strong></td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td><strong>-1,893</strong></td>
<td><strong>-3,785</strong></td>
</tr>
<tr>
<td><strong>Profit for distribution for the objectives of the Danish Cancer Society</strong></td>
<td><strong>556,361</strong></td>
<td><strong>540,545</strong></td>
</tr>
<tr>
<td>Research</td>
<td><strong>-302,324</strong></td>
<td><strong>-278,587</strong></td>
</tr>
<tr>
<td>Patient Support &amp; Community Activities</td>
<td><strong>-129,004</strong></td>
<td><strong>-130,954</strong></td>
</tr>
<tr>
<td>Information</td>
<td><strong>-94,992</strong></td>
<td><strong>-103,955</strong></td>
</tr>
<tr>
<td><strong>Expenses for main objectives</strong></td>
<td><strong>-526,320</strong></td>
<td><strong>-513,496</strong></td>
</tr>
<tr>
<td><strong>Income from ordinary operations</strong></td>
<td><strong>30,041</strong></td>
<td><strong>27,049</strong></td>
</tr>
<tr>
<td>Extraordinary income</td>
<td><strong>153,893</strong></td>
<td><strong>-</strong></td>
</tr>
<tr>
<td><strong>Profit for the year after extraordinary income</strong></td>
<td><strong>183,934</strong></td>
<td><strong>27,049</strong></td>
</tr>
</tbody>
</table>
# Balance sheet

<table>
<thead>
<tr>
<th>(DKK 1,000)</th>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares in Kræftens Bekæmpelses Forlag ApS</td>
<td>12</td>
<td>979</td>
<td>992</td>
</tr>
<tr>
<td>Properties</td>
<td>13</td>
<td>8,071</td>
<td>164,940</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>9,050</td>
<td>165,932</td>
</tr>
<tr>
<td>Sundry receivables, pre-paid expenses, etc.</td>
<td>14</td>
<td>92,316</td>
<td>83,395</td>
</tr>
<tr>
<td>Balance with sundry foundations</td>
<td>14</td>
<td>31,640</td>
<td>21,585</td>
</tr>
<tr>
<td>Securities</td>
<td>15</td>
<td>833,154</td>
<td>677,220</td>
</tr>
<tr>
<td>Cash</td>
<td>15</td>
<td>321,763</td>
<td>160,151</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>1,278,873</td>
<td>942,351</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>1,287,923</td>
<td>1,108,283</td>
</tr>
<tr>
<td><strong>Equity and liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating fund</td>
<td>16</td>
<td>540,294</td>
<td>398,021</td>
</tr>
<tr>
<td>Reserves for Beat Cancer distribution</td>
<td>17</td>
<td>80,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Reserves for strategic initiatives</td>
<td>18</td>
<td>38,413</td>
<td>26,752</td>
</tr>
<tr>
<td>Value adjustment fund</td>
<td>19</td>
<td>148,889</td>
<td>133,888</td>
</tr>
<tr>
<td>Revaluation fund</td>
<td>20</td>
<td>-</td>
<td>64,000</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td></td>
<td>807,596</td>
<td>672,661</td>
</tr>
<tr>
<td>Payable expenses, etc.</td>
<td>21</td>
<td>184,494</td>
<td>207,237</td>
</tr>
<tr>
<td>Balance with sundry foundations</td>
<td>21</td>
<td>77</td>
<td>6,533</td>
</tr>
<tr>
<td>Balance with Kræftens Bekæmpelses Forlag ApS</td>
<td>1,020</td>
<td>894</td>
<td></td>
</tr>
<tr>
<td>Legacy amount on account for later determination</td>
<td>40,710</td>
<td>25,600</td>
<td></td>
</tr>
<tr>
<td>Grants for scientific work not yet used</td>
<td>22</td>
<td>254,026</td>
<td>195,358</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>480,327</td>
<td>435,622</td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td></td>
<td>1,287,923</td>
<td>1,108,283</td>
</tr>
</tbody>
</table>
## Notes to the 2013 Financial Statements

### NOTE 1

#### Funds collected

<table>
<thead>
<tr>
<th>Funds</th>
<th>Gross Income (DKK 1,000)</th>
<th>Direct expenses</th>
<th>2013 profit (DKK 1,000)</th>
<th>Totals 2012 (DKK 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacies and testamentary bequests</td>
<td>139,483</td>
<td>-</td>
<td>139,483</td>
<td>149,379</td>
</tr>
<tr>
<td>Membership fees and contributions from members and private contributors</td>
<td>121,848</td>
<td>-</td>
<td>121,848</td>
<td>120,575</td>
</tr>
<tr>
<td>Grants for specific projects</td>
<td>106,485</td>
<td>-</td>
<td>106,485</td>
<td>96,781</td>
</tr>
<tr>
<td>Contributions from foundations</td>
<td>5,621</td>
<td>-</td>
<td>5,621</td>
<td>9,072</td>
</tr>
<tr>
<td>Corporate</td>
<td>20,116</td>
<td>-</td>
<td>20,116</td>
<td>23,668</td>
</tr>
<tr>
<td>Gifts and grants</td>
<td>4,581</td>
<td>-</td>
<td>4,581</td>
<td>3,244</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>398,134</strong></td>
<td><strong>-</strong></td>
<td><strong>398,134</strong></td>
<td><strong>402,719</strong></td>
</tr>
</tbody>
</table>

#### National collections

<table>
<thead>
<tr>
<th>National collections</th>
<th>Gross Income (DKK 1,000)</th>
<th>Direct expenses (DKK 1,000)</th>
<th>2013 profit (DKK 1,000)</th>
<th>Totals 2012 (DKK 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National collections</td>
<td>34,748</td>
<td>5,996</td>
<td>28,752</td>
<td>25,670</td>
</tr>
<tr>
<td>Beat Cancer</td>
<td>128,135</td>
<td>15,688</td>
<td>112,447</td>
<td>76,528</td>
</tr>
<tr>
<td>Breast cancer month</td>
<td>1,010</td>
<td>62</td>
<td>948</td>
<td>377</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>163,893</strong></td>
<td><strong>21,746</strong></td>
<td><strong>142,147</strong></td>
<td><strong>102,575</strong></td>
</tr>
</tbody>
</table>

### Total funds collected

<table>
<thead>
<tr>
<th>Total funds collected</th>
<th>Gross Income (DKK 1,000)</th>
<th>Direct expenses (DKK 1,000)</th>
<th>2013 profit (DKK 1,000)</th>
<th>Totals 2012 (DKK 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total funds collected</strong></td>
<td><strong>562,027</strong></td>
<td><strong>21,746</strong></td>
<td><strong>540,281</strong></td>
<td><strong>505,294</strong></td>
</tr>
</tbody>
</table>

### NOTE 2

#### Lotteries, recycling, sale of goods, etc.

<table>
<thead>
<tr>
<th>Lotteries/Other events</th>
<th>Gross Income (DKK 1,000)</th>
<th>Direct expenses (DKK 1,000)</th>
<th>2013 profit (DKK 1,000)</th>
<th>Totals 2012 (DKK 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lotteries *)</td>
<td>110,500</td>
<td>42,211</td>
<td>68,289</td>
<td>67,540</td>
</tr>
<tr>
<td>Thrift shops</td>
<td>21,386</td>
<td>15,161</td>
<td>6,225</td>
<td>4,364</td>
</tr>
<tr>
<td>Other events and product sales</td>
<td>49,484</td>
<td>12,128</td>
<td>37,356</td>
<td>40,389</td>
</tr>
<tr>
<td><strong>Total, lotteries, recycling, sale of goods, etc.</strong></td>
<td><strong>181,370</strong></td>
<td><strong>69,500</strong></td>
<td><strong>111,870</strong></td>
<td><strong>112,293</strong></td>
</tr>
</tbody>
</table>

*) The Beat Cancer lottery is recognised with a net income of DKK 16.5m. In 2013, DKK 21.1m were paid out in the lotteries as winnings and related tax.
### NOTE 3

**Expenses for the Fundraising & Membership Department’s regular and project activities**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation of department</td>
<td>19,426</td>
<td>18,554</td>
</tr>
<tr>
<td>Project expenses (member care, analyses and development of new games and maintenance of existing games)</td>
<td>51,137</td>
<td>49,740</td>
</tr>
<tr>
<td><strong>Total expenses for the Fundraising &amp; Membership Department’s regular and project activities</strong></td>
<td><strong>70,563</strong></td>
<td><strong>68,294</strong></td>
</tr>
</tbody>
</table>

### NOTE 4

**Capital income**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income</td>
<td>5,866</td>
<td>7,770</td>
</tr>
<tr>
<td>Expenses related to operation of rental property</td>
<td>-7,742</td>
<td>-11,560</td>
</tr>
<tr>
<td>Result of rental operations</td>
<td>-1,876</td>
<td>-3,790</td>
</tr>
<tr>
<td>Bank interest income</td>
<td>208</td>
<td>-179</td>
</tr>
<tr>
<td>Bond yields</td>
<td>12,695</td>
<td>11,848</td>
</tr>
<tr>
<td>Share dividends</td>
<td>2,549</td>
<td>3,350</td>
</tr>
<tr>
<td>Other income, etc.</td>
<td>851</td>
<td>-47</td>
</tr>
<tr>
<td><strong>Total capital income</strong></td>
<td><strong>14,427</strong></td>
<td><strong>11,182</strong></td>
</tr>
</tbody>
</table>

### NOTE 5

**Government grants**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pools and lottery funds</td>
<td>18,560</td>
<td>17,493</td>
</tr>
<tr>
<td>Grants from the regions to the cancer counselling centres</td>
<td>8,319</td>
<td>6,249</td>
</tr>
<tr>
<td>Grants from the regions to the Dallund Rehabilitation Centre</td>
<td>-</td>
<td>11,899</td>
</tr>
<tr>
<td><strong>Total government grants</strong></td>
<td><strong>26,879</strong></td>
<td><strong>35,641</strong></td>
</tr>
</tbody>
</table>
### NOTE 6

**Administrative expenses**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common staff expenses &amp; HR</td>
<td>13,478</td>
<td>11,547</td>
</tr>
<tr>
<td>Finance and asset management</td>
<td>8,446</td>
<td>8,148</td>
</tr>
<tr>
<td>Central Board, committees and Management and Policy &amp; Legal Advice</td>
<td>8,287</td>
<td>8,055</td>
</tr>
<tr>
<td>Property management</td>
<td>4,153</td>
<td>4,300</td>
</tr>
<tr>
<td>Canteen</td>
<td>3,347</td>
<td>3,433</td>
</tr>
<tr>
<td><strong>Total administrative expenses</strong></td>
<td><strong>37,711</strong></td>
<td><strong>35,483</strong></td>
</tr>
</tbody>
</table>

### NOTE 7

**Improvement of buildings and technical investments, etc.**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research premises</td>
<td>13,082</td>
<td>4,700</td>
</tr>
<tr>
<td>Portal project</td>
<td>8,192</td>
<td>7,030</td>
</tr>
<tr>
<td>Office premises</td>
<td>2,923</td>
<td>4,339</td>
</tr>
<tr>
<td>Expenses towards re-establishing tissue samples in connection with the 2011 torrential rain storm</td>
<td>2,732</td>
<td>234</td>
</tr>
<tr>
<td><strong>Improvement of buildings and technical investments, etc.</strong></td>
<td><strong>26,929</strong></td>
<td><strong>16,303</strong></td>
</tr>
</tbody>
</table>
**NOTE 8**

**Research**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Danish Cancer Society Research Center</td>
<td>73,967</td>
<td>71,588</td>
</tr>
<tr>
<td>Externally funded projects</td>
<td>53,669</td>
<td>48,488</td>
</tr>
<tr>
<td><strong>Total, operation of own research departments</strong></td>
<td><strong>127,636</strong></td>
<td><strong>120,076</strong></td>
</tr>
<tr>
<td><strong>Research grant administration</strong></td>
<td>1,629</td>
<td>1,557</td>
</tr>
<tr>
<td><strong>Quality &amp; Patient Safety</strong></td>
<td>9,463</td>
<td>10,144</td>
</tr>
<tr>
<td>Grants from the Danish Cancer Society’s Scientific Committee</td>
<td>77,136</td>
<td>59,673</td>
</tr>
<tr>
<td>Grants from the Executive Committee and the Central Board (note 8 A)</td>
<td>10,723</td>
<td>15,340</td>
</tr>
<tr>
<td>Grants from the Psychosocial Cancer Research Committee</td>
<td>3,898</td>
<td>3,982</td>
</tr>
<tr>
<td><strong>Total grants</strong></td>
<td><strong>91,757</strong></td>
<td><strong>78,995</strong></td>
</tr>
<tr>
<td><strong>Strategic funds (the DKK 75m pool)</strong></td>
<td>-</td>
<td>24,750</td>
</tr>
<tr>
<td><strong>Strategic initiatives and Beat Cancer, distributions (note 8 B)</strong></td>
<td>71,839</td>
<td>43,065</td>
</tr>
<tr>
<td><strong>Total research (see note 22)</strong></td>
<td><strong>302,324</strong></td>
<td><strong>278,587</strong></td>
</tr>
</tbody>
</table>
### NOTE 8A

**Grants from the Executive Committee and the Central Board**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMM University of Copenhagen</td>
<td>2,300</td>
<td>-</td>
</tr>
<tr>
<td>Grants from the Management Framework</td>
<td>2,949</td>
<td>3,523</td>
</tr>
<tr>
<td>Grants for other projects, etc.</td>
<td>1,464</td>
<td>2,779</td>
</tr>
<tr>
<td>Grants for researchers’ participation in congresses, etc.</td>
<td>1,165</td>
<td>921</td>
</tr>
<tr>
<td>Membership fee, Danish Patients</td>
<td>1,159</td>
<td>1,126</td>
</tr>
<tr>
<td>Nordic Cancer Union</td>
<td>837</td>
<td>2,543</td>
</tr>
<tr>
<td>Repayments to the Hejmdal Joint Foundation</td>
<td>426</td>
<td>414</td>
</tr>
<tr>
<td>Research, water damage</td>
<td>423</td>
<td>1,934</td>
</tr>
<tr>
<td>Intestinal project, Central Denmark Region</td>
<td>-</td>
<td>900</td>
</tr>
<tr>
<td>Regional Chemotherapy, Herlev</td>
<td>-</td>
<td>1,200</td>
</tr>
</tbody>
</table>

**Total grants from the Executive Committee and the Central Board**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,723</td>
<td>15,340</td>
</tr>
</tbody>
</table>

### NOTE 8B

**Strategic initiatives and Beat Cancer, distributions**

**Strategic initiatives**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic DMCG clinical databases 2)</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>Live Life, Centre for Intervention Research 2)</td>
<td>4,748</td>
<td>9,451</td>
</tr>
<tr>
<td>NKF – National Research Centre for Rehabilitation 2)</td>
<td>2,500</td>
<td>2,500</td>
</tr>
<tr>
<td>Rehabilitation, strategic palliation 2)</td>
<td>1,090</td>
<td>691</td>
</tr>
<tr>
<td>Rehabilitation, USCF 2)</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Rehabilitation, strategic palliation</td>
<td>-</td>
<td>2,195</td>
</tr>
<tr>
<td>Rehabilitation, strategic palliation</td>
<td>-</td>
<td>1,369</td>
</tr>
<tr>
<td>Symptom and diagnosis, cancer disease diagnostics in Aarhus</td>
<td>-</td>
<td>625</td>
</tr>
<tr>
<td>Adjustment of the framework</td>
<td>-</td>
<td>-3,766</td>
</tr>
<tr>
<td>Live Life, Centre for Interv. Research 3)</td>
<td>-</td>
<td>7,500</td>
</tr>
<tr>
<td>Rehabilitation, USCF 3)</td>
<td>-</td>
<td>15,000</td>
</tr>
<tr>
<td>Symptom and diagnosis, cancer disease diagnostics, Aarhus 3)</td>
<td>-</td>
<td>7,500</td>
</tr>
</tbody>
</table>

**Total strategic initiatives**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18,339</td>
<td>43,065</td>
</tr>
</tbody>
</table>
**NOTE 8B (continued)**

**Beat Cancer distributions**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research into causes of cancer 3)</td>
<td>15,000</td>
<td>-</td>
</tr>
<tr>
<td>Research into prostate cancer 3)</td>
<td>15,000</td>
<td>-</td>
</tr>
<tr>
<td>Research into other diseases in cancer patients 3)</td>
<td>12,000</td>
<td>-</td>
</tr>
<tr>
<td>Information campaign on colon cancer 3)</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Testing of medicines for children 2)</td>
<td>3,500</td>
<td>-</td>
</tr>
<tr>
<td>Examination of the treatment effect for cancer patients 3)</td>
<td>3,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Beat Cancer distributions</strong></td>
<td>53,500</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic initiatives and Beat Cancer, total distributions 1)</td>
<td>71,839</td>
<td>43,065</td>
</tr>
</tbody>
</table>

1) In addition, the Society's earmarked activities received continuous distributions of DKK 15.5m in 2013 and DKK 11.3m in 2012.
2) The distribution of DKK 21.8m in total is covered by the profit from Beat Cancer 2013.
3) The distributions of DKK 80.0m in total are covered by Beat Cancer 2012, of which DKK 30.0m was distributed in 2012 and DKK 50.0m in 2013.

**NOTE 9**

**Patient Support & Community Activities**

| Description                                                   | 2013  | 2012  |
|                                                              |       |       |
| Cancer Counselling Centres                                   | 51,677| 49,430 |
| Community Activities                                          | 17,806| 18,525 |
| Patient Support & Community Activities, management           | 11,569| 12,038 |
| Cancer line                                                   | 9,729 | 9,656  |
| Projects and other activities                                | 8,765 | 8,393  |
| Patient grants                                                | 6,951 | 4,744  |
| Patients’ associations                                        | 2,423 | 2,433  |
|                                                              | 108,920| 105,219|
| Externally funded projects                                   | 20,084| 13,836 |
|                                                              | 129,004| 119,055|
| Dallund Rehabilitation Centre                                | -     | 11,899 |
| **Total, Patient Support & Community Activities**             | 129,004| 130,954|
### NOTE 10

**Information**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Prevention &amp; Documentation</td>
<td>30,647</td>
<td>29,932</td>
</tr>
<tr>
<td>Communications</td>
<td>21,075</td>
<td>23,175</td>
</tr>
<tr>
<td>Volunteering</td>
<td>13,160</td>
<td>13,753</td>
</tr>
<tr>
<td>General information through lotteries</td>
<td>2,388</td>
<td>2,638</td>
</tr>
<tr>
<td>Externally funded projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total information</strong></td>
<td>67,270</td>
<td>69,498</td>
</tr>
</tbody>
</table>

### NOTE 11

**Extraordinary income**

- **Gain from sale of property**: 153,893
- **Balance, 31 December**: 153,893

### NOTE 12

**Shares in Kræftens Bekæmpelses Forlag ApS**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>992</td>
<td>1,010</td>
</tr>
<tr>
<td>Net profit for the year</td>
<td>-13</td>
<td>-18</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td>979</td>
<td>992</td>
</tr>
</tbody>
</table>

(The Society holds all shares)
### NOTE 13

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rental properties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition price, 1 January</td>
<td>142,276</td>
<td>142,276</td>
</tr>
<tr>
<td>Disposals</td>
<td>-142,276</td>
<td>-</td>
</tr>
<tr>
<td>Acquisition price, 31 December</td>
<td>-</td>
<td>142,276</td>
</tr>
<tr>
<td>Revaluation, 1 January</td>
<td>64,000</td>
<td>64,000</td>
</tr>
<tr>
<td>Disposals</td>
<td>-64,000</td>
<td>-</td>
</tr>
<tr>
<td>Revaluation, 31 December</td>
<td>-</td>
<td>64,000</td>
</tr>
<tr>
<td>Depreciation, 1 January</td>
<td>-48,632</td>
<td>-44,847</td>
</tr>
<tr>
<td>Depreciation for the year</td>
<td>-1,893</td>
<td>-3,785</td>
</tr>
<tr>
<td>Disposals</td>
<td>50,525</td>
<td></td>
</tr>
<tr>
<td>Depreciation, 31 December</td>
<td>-</td>
<td>-48,632</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td>-</td>
<td><strong>157,644</strong></td>
</tr>
</tbody>
</table>

**Properties appropriated by inheritance, subject to residence rights, etc.**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>7,296</td>
<td>5,796</td>
</tr>
<tr>
<td>Additions during the year</td>
<td>775</td>
<td>1,500</td>
</tr>
<tr>
<td>Disposals during the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td><strong>8,071</strong></td>
<td><strong>7,296</strong></td>
</tr>
</tbody>
</table>

(Property valuation as at 1 October 2012: DKK 11,010,000)

**Total properties**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td><strong>8,071</strong></td>
<td><strong>164,940</strong></td>
</tr>
</tbody>
</table>

Properties substantially utilised for own activities are charged to income in the acquisition year. As at 1 October 2012, the public land-assessment value of these properties is DKK 278,404,000.

**Settlements, etc.**

Properties subject to lifelong residence rights and special obligations of use are carried as assets under Properties at the amount of DKK 8,068,000.
### NOTE 14

**Sundry receivables, pre-paid expenses, etc.**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receivables and pre-paid expenses</td>
<td>82,075</td>
<td>76,532</td>
</tr>
<tr>
<td>Deposits concerning leases</td>
<td>6,531</td>
<td>4,158</td>
</tr>
<tr>
<td>Accrued bond yield</td>
<td>3,710</td>
<td>2,705</td>
</tr>
<tr>
<td><strong>Total sundry receivables, pre-paid expenses, etc.</strong></td>
<td><strong>92,316</strong></td>
<td><strong>83,395</strong></td>
</tr>
</tbody>
</table>

### NOTE 15

**Securities**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonds</td>
<td>683,578</td>
<td>545,815</td>
</tr>
<tr>
<td>Shares</td>
<td>146,525</td>
<td>128,205</td>
</tr>
<tr>
<td>Mortgages, etc.</td>
<td>3,051</td>
<td>3,200</td>
</tr>
<tr>
<td><strong>Total securities</strong></td>
<td><strong>833,154</strong></td>
<td><strong>677,220</strong></td>
</tr>
</tbody>
</table>

### NOTE 16

**Operating fund**

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, 1 January</td>
<td>398,021</td>
<td>447,724</td>
</tr>
<tr>
<td>Net profit for the year</td>
<td>183,934</td>
<td>27,049</td>
</tr>
<tr>
<td>Reserves for Beat Cancer</td>
<td>-30,000</td>
<td>-50,000</td>
</tr>
<tr>
<td>Reserves for strategic initiatives</td>
<td>-11,661</td>
<td>-26,752</td>
</tr>
<tr>
<td><strong>Balance, 31 December</strong></td>
<td><strong>540,294</strong></td>
<td><strong>398,021</strong></td>
</tr>
</tbody>
</table>
### NOTE 16 (continued)

**Breakdown of the operating fund**

*Approved 2014 expenditure budget:*

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>173,071</td>
<td>34</td>
</tr>
<tr>
<td>Strategic funds</td>
<td>30,000</td>
<td>6</td>
</tr>
<tr>
<td>Patient Support &amp; Community Activities</td>
<td>104,835</td>
<td>20</td>
</tr>
<tr>
<td>Information</td>
<td>67,492</td>
<td>13</td>
</tr>
<tr>
<td>Administration and shared staff expenses</td>
<td>32,547</td>
<td>6</td>
</tr>
<tr>
<td>Used for construction and building works</td>
<td>109,038</td>
<td>21</td>
</tr>
</tbody>
</table>

| Total                                         | 516,983| 100  |

2014 expenditure budget for the Fundraising & Membership Department

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Covered by income in 2014

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>540,294</td>
<td></td>
</tr>
</tbody>
</table>

### NOTE 17

**Reserves for Beat Cancer distribution**

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>50,000</td>
<td>-</td>
</tr>
<tr>
<td>Distributed during the year for special projects (note 8 B)</td>
<td>-53,500</td>
<td>-</td>
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<tr>
<td>Earmarked for distribution to strategic initiatives</td>
<td>-30,000</td>
<td>-30,000</td>
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<tr>
<td>Continuous distribution during the year for the Society's earmarked activities</td>
<td>-15,500</td>
<td>-11,317</td>
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<tr>
<td>Beat Cancer profit</td>
<td>129,000</td>
<td>91,317</td>
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| Total                                                       | 80,000 | 50,000 |
### NOTE 18

**Reserves for strategic initiatives**

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<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>26,752</td>
<td>-</td>
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<tr>
<td>Provisions for the year</td>
<td>30,000</td>
<td>90,000</td>
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<tr>
<td>Distributed before 2012</td>
<td>-</td>
<td>-20,183</td>
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<tr>
<td>Distributed during the year (note 8 B)</td>
<td>-18,339</td>
<td>-43,065</td>
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<tr>
<td><strong>Balance, 31 December</strong></td>
<td><strong>38,413</strong></td>
<td><strong>26,752</strong></td>
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### NOTE 19

**Value adjustment fund**

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<td>Balance, 1 January</td>
<td>133,888</td>
<td>80,460</td>
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<td>Value adjustment, bonds</td>
<td>-8,146</td>
<td>35,077</td>
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<td>Value adjustment, shares</td>
<td>23,668</td>
<td>19,678</td>
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<td>Value adjustment, currency</td>
<td>-521</td>
<td>-1,340</td>
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<td>Value adjustment, properties appropriated by inheritance</td>
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<td><strong>Balance, 31 December</strong></td>
<td><strong>148,889</strong></td>
<td><strong>133,888</strong></td>
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### NOTE 20

**Revaluation fund**

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<td>Balance, 1 January</td>
<td>64,000</td>
<td>64,000</td>
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<tr>
<td>Write-downs of rental properties</td>
<td>-64,000</td>
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<tr>
<td><strong>Total revaluation fund</strong></td>
<td>-</td>
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### NOTE 21

**Payable expenses, etc.**

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<tr>
<td>Received grants from providers of external funds not yet used</td>
<td>126,303</td>
<td>135,043</td>
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<tr>
<td>Calculated holiday pay obligations</td>
<td>31,815</td>
<td>31,194</td>
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<td>Accounts payable</td>
<td>24,080</td>
<td>38,664</td>
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<tr>
<td>Deposits and pre-paid rent</td>
<td>1,312</td>
<td>1,378</td>
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<tr>
<td>Payable PAYE tax, etc.</td>
<td>984</td>
<td>958</td>
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<tr>
<td><strong>Total payable expenses, etc.</strong></td>
<td><strong>184,494</strong></td>
<td><strong>207,237</strong></td>
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(DKK 1,000)

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<tr>
<th>NOTE 22</th>
<th>2013</th>
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<tr>
<td>Grants for scientific work not yet used</td>
<td></td>
<td></td>
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<tr>
<td>Balance, 1 January</td>
<td>195,358</td>
<td>169,432</td>
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<tr>
<td>Granted during the year from the scientific committees, the Executive Committee and the Central Board (see note 8)</td>
<td>302,324</td>
<td>278,587</td>
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<tr>
<td>Distributed during the year</td>
<td>-243,656</td>
<td>-252,661</td>
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<tr>
<td><strong>Balance as at 31 December for use in 2013 and later</strong></td>
<td><strong>254,026</strong></td>
<td><strong>195,358</strong></td>
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(Notes not referred to in the financial statements)

Breakdown of the total amount for staff wages, etc.

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<tr>
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<th>2012</th>
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<tbody>
<tr>
<td>Wages and salaries *)</td>
<td>270,982</td>
<td>274,947</td>
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<tr>
<td>Contributions for pension-related purposes</td>
<td>41,693</td>
<td>41,554</td>
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<tr>
<td>Share of expenses for social security</td>
<td>1,289</td>
<td>1,327</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>313,964</strong></td>
<td><strong>317,828</strong></td>
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*) No fee has been paid to the Presidium, Central Board and Executive Committee.

Representation of this amount in the financial statements

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<thead>
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<tbody>
<tr>
<td>Wages and salaries for research, patient support &amp; community activities, information and administration</td>
<td>230,171</td>
<td>260,042</td>
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<tr>
<td>Wages and salaries for income-generating activities</td>
<td>47,060</td>
<td>45,372</td>
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<tr>
<td><strong>Total wages and salaries</strong></td>
<td><strong>277,231</strong></td>
<td><strong>305,414</strong></td>
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<tr>
<td>Wages and salaries included in grants used</td>
<td>36,733</td>
<td>12,414</td>
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<tr>
<td><strong>Total wages and salaries paid out</strong></td>
<td><strong>313,964</strong></td>
<td><strong>317,828</strong></td>
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**Average number of employees**

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<tr>
<td><strong>Average number of employees</strong></td>
<td><strong>619</strong></td>
<td><strong>652</strong></td>
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Contingent liabilities

The Danish Cancer Society has granted a deficit guarantee of up to DKK 1.5m a year. The liability is effective for a period of 9 years.
Management, committees and organisation

**Præsidiet**
- President: Professor Linda Nielsen
- Vice–president: Per Larsen, special advisor, former assistant commissioner
- Vice–president, Jes Dorph–Petersen, reporter/TV presenter

**The Executive Committee**
- Chairman: Professor Frede Olesen, MD
- Vice–chairman: Ester Larsen, MA, former minister of health
- Jørgen Nielsen, attorney–at–law
- Ejnar Pedersen, former chief municipal executive
- Michael Vad, managing director

**The Central Board**
- Chairman: Professor Frede Olesen, MD, Aarhus
- Vice–chairman: Ester Larsen, former minister of health, Kerteminde
- Alice Skjold Braae, former purchasing manager, Fårøvejle
- Iver Enevoldsen, Mayor, Hvide Sande
- Claus Foged, architect, Hjørring
- Hans Grishauge, head of secretariat, Copenhagen
- Mai–Britt Guldin, psychologist, PhD, Egå
- Poul Hvass Hansen, GP, Sneedsted
- Henrik Harling, chief consultant physician, MD, Holte
- Birthe Harritz, adult supervisor and local councillor, Tjele
- Mette Hartlev, Professor, Copenhagen
- Helle Ibsen, GP, Haderslev
- Charlotte Fabricius Kragh, MSc (nursing), associate professor, nurse, Kirke Eskildstrup
- Orla Kastrup Kristensen, farm owner, Aars
- Jan Bjørn Nielsen, consultant doctor, Odder
- Jørgen Nielsen, attorney–at–law, Dronninglund
- Karsten Nielsen, consultant doctor, Næstved
- Anni Elkjær Olesen, retired head of office, Aalborg
- Ejnar Pedersen, former chief municipal executive, Hornslet
- Ronni Sølvhøj Pedersen, PhD student, Copenhagen
- Charlotte Scheppan, Director, Odense
- Lisbet Schænau, project manager, (staff representative)
- Nadja Brandsted Sejersen, MA student (sociology), Copenhagen
- Lisa Sengeløv, head consultant doctor, MD, Copenhagen
- Henrik Steenberg, human resources associate, Copenhagen
- Anne Tjønneland, head of department, consultant doctor, PhD, MD (staff representative)
- Michael Vad, managing director, Hellerup
- Lisbeth Winther, city council member, Gentofte
- Gina Øbakke, former mayor, adult education teacher, Rødvig Stevns
- Karin Østergaard, medical secretary, Galten

**Board of Management (at 1 April 2014)**
- Leif Vestergaard Pedersen, managing director
- Jørgen H. Olsen, head of department
- Hans H. Storm, medical director
- Laila Walther, head of department

**Executive Group (at 1 April 2014)**
- Kurt Damsgaard, communications manager
- Charlotte Dehlie, HR manager
- Una Jensen Hallenberg, head of department
- Mette Lolk Hanak, head of department
- Bjarne Heide Jørgensen, head of department
- Thomas Norling Kielgast, financial director and administrative manager
- Janne Lehmann Knudsen, quality manager
- Poul Møller, fundraising manager
- Jørgen H. Olsen, research director
- Leif Vestergaard Pedersen, managing director
- Hans H. Storm, medical director
- Laila Walther, head of department

**The Danish Cancer Society’s Scientific Committee**
- Chairman: Professor Henrik Ditzel, MD, consultant doctor, University of Southern Denmark
- Vice–chairman: Professor Cai Grau, MD, consultant doctor, Aarhus University Hospital
- Professor Michael Baumann, MD, director, National Center for Radiation Research in Oncology, Dresden
- Professor, Michael Borre, MD, PhD, Aarhus University Hospital, Skejby
- Professor Marianne Ewertz, MD, consultant doctor, Odense University Hospital
- Professor Sten L. Christenson Høög, PhD, Karolinska Institute, Stockholm
- Professor Klas Karre, MD, PhD, Department of Microbiology, Tumor and Cell Biology, Stockholm
- Ulrik Lassen, MSc Medicine, PhD, consultant doctor, Rigshospitalet
- Professor Jiri Lukas, DVM, PhD, managing director, University of Copenhagen
- Professor Anders Henrik Lund, PhD, University of Copenhagen
- Professor Elsebeth Lynge, MSc (soc.), University of Copenhagen
- Professor Gillian Murphy, PhD, Department of Oncology, Cambridge University
- Professor Sven Pålhiilm, University Hospital MAS, Malmö
- Henrik Sengeløv, MD, consultant doctor, Rigshospitalet
- Professor Henrik Toft Sørensen, MD, consultant doctor, Aarhus University
Psychosocial Research Committee
- Chairman: Signe Vikkelsø, associate professor, MSc (psychology), PhD, Copenhagen Business School
- Vice-chairman: Professor Lene Koch, D Phil., University of Copenhagen
- Niels Viggo Hansen, MA, PhD, centre manager, University of Copenhagen
- Professor Marianne Jensen Hjermstad, PhD, Oslo University Hospital
- Marianne Lau, MD, consultant doctor, Stolpegaard Psychotherapeutic Centre in Gentofte
- Susanne Dalsgaard Reventlow, MD, GP, MSc (anthropology), research manager, associate honorary professor, University of Copenhagen
- Professor Per Sjægren, consultant doctor, MD, Rigshospitalet
- Professor Jens Søndergaard, PhD, University of Southern Denmark
- Professor Tine Tjørnhøj-Thomsen, PhD, MSc (anthropology), University of Copenhagen

Local Units Committee
- Chairman: Ole Peter Andersen, local unit chairman
- Professor Thomas P. Boje
- Jesper Thyging Møller, chief municipal executive
- Ejner Frøkjær, local unit chairman
- Connie Yilmaz Jantzen, centre manager
- Anne Kjaer, policy and strategy consultant
- Ulla Solvang, relaxation teacher

Patient Support Committee
- Chairman: Ida Sofie Jensen, group CEO
- Marie-Helene Olsen, managing senior nurse
- Ulla Svendsen, manager
- Mikael Kristensen, medical executive
- Eva Jørgensen, journalist
- Anders Korsgaard Christensen, head psychologist
- Klaus Østergaard-Nielsen, GP
- Dorthe Crüger, medical executive

Prevention and Information Committee
- Chairman, Bente Klarlund Pedersen, professor, physician, Rigshospitalet
- Troels Borring, chairman, Danish association of residential continuation schools
- Professor Gert Almind, MD
- Peter Bork, managing director and partner, Clienti
- Professor Bjarne Ibsen, research and centre manager, University of Southern Denmark
- Jes Sagaard, MA (social science)
- Lizette Risgaard, vice-president of the Danish Confederation of Trade Unions
- Torben H. D. Petersen, prevention manager, Gentofte Municipality
<table>
<thead>
<tr>
<th>Name</th>
<th>Grant holders</th>
<th>Page</th>
</tr>
</thead>
<tbody>
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<td>Anders, Claus Lindbjerg</td>
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<td>Saxild, Sofie Benedicte</td>
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Grants from The Danish Cancer Society’s Scientific Committee (KBVU)

NB: The list contains projects in progress in 2014 that were granted support in 2013 or earlier, as well as projects granted support in 2013 for use in 2013.

* Grants awarded prior to 2013 and charged in 2013.

Grants for external research departments.

Grants for research projects being conducted at the Danish Cancer Society’s own research centre.

Grants for research projects being conducted at external research departments.

Basic research

1. Optimising dose conformity and robustness against uncertainties for spot scanning particle radiation therapy.
   - Professor Markus Alber, MSc, PhD
   - Department of Oncology, Aarhus University Hospital, Aarhus Hospital
   - Granted for 2014–2016: DKK 1,350,000

   - Professor Gregers Rom Andersen, MSc, PhD
   - Department of Molecular Biology and Genetics, Aarhus University
   - Granted for 2014–2015: DKK 1,400,000

3. Inhibition of the tumour-biological functions of matriptase.
   - Professor Peter André Andreasen, DSc
   - Department of Molecular Biology and Genetics, Aarhus University
   - Granted for 2013–2015: DKK 2,250,000

   - Professor Jørn Bætcke, PhD
   - Genome integrity, Danish Cancer Society Research Center
   - Granted for 2013–2015: DKK 4,740,000

5. Identifying new potential epigenetic targets for treatment of myelomatosis.
   - Natalja Buza-Vidas, PhD
   - Biotech Research & Innovation Centre (BRIC), University of Copenhagen
   - Granted for 2014–2015: DKK 1,200,000

   - Ebbe Bødtkjer, PhD, MSc Medicine, assistant professor
   - Department of Biomedicine, Aarhus University
   - Granted for 2014–2015: DKK 1,000,000

   - Kenneth Alfa Bøttrup, MSc
   - Cambridge Cancer Research Institute, Cambridge University, UK
   - Granted for 2012–2014: DKK 1,800,000

8. Examining the function of Ambra1 in gene integrity.
   - Professor Francesco Cecconi, MSc, PhD
   - Cell stress and survival, Danish Cancer Society Research Center
   - Granted for 2014–2015: DKK 2,000,000

9. Development of cancer therapy targeting members of the DNA polymerase β super family.
   - Marianne Skovgaard Christensen, MSc, PhD
   - Sir William Dunn School of Pathology, UK
   - Granted for 2013–2014: DKK 1,298,100

10. Development of cancer therapy targeting members of the DNA polymerase γ super family.
    - Marianne Skovgaard Christensen, MSc, PhD
    - Period of study at Sir William Dunn School of Pathology, UK
    - Granted for 2013–2015: DKK 81,514

11. Modulation of biologically active microRNA in leukemic cells as a consequence of changes to the miRNA:mRNA interactions.
    - Jack Bernard Cowland, MSc, PhD
    - Department of Haematology, Finsen Centre, Rigshospitalet
    - Granted for 2014–2015: DKK 1,200,000

12. Identification of molecules that are potential medicines targeting the suspected breast-cancer oncogene KDM5B.
    - Professor Michael Gajhede, MSc, PhD
    - Department of Drug Design and Pharmacology, University of Copenhagen
    - Granted for 2014–2015: DKK 1,403,400

    - Mariola Monika Golas, MSc Medicine, MSc, PhD
    - Department of Anatomy, Aarhus University
    - Granted for 2012–2014: DKK 1,350,000

    - Anja Groth, MSc, PhD, associate professor
    - Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    - Granted for 2012–2014: DKK 2,250,000

15. GPCR signalling pathways in breast cancer metastasis.
    - Karina Kiilerich Hansen, MSc, PhD
    - Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    - Granted for 2012–2014: DKK 4,500,000

16. Identification and characterisation of new recruitment proteins for polycomb proteins and their role in cell specification and cancer.
    - Klaus Hansen, MSc, PhD, associate professor
    - Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    - Granted for 2012–2014: DKK 1,800,000

    - Steen Henriksen Hansen, MD
    - Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    - Granted for 2012–2014: DKK 1,800,000

18. Function of the TET2 protein in haematopoiesis and cancer.
    - Professor Kristian Helin, PhD, director
    - Biotech Research & Innovation Centre (BRIC), University of Copenhagen
    - Granted for 2012–2014: DKK 6,000,000

19. Identification and targeted treatment of microenvironment and vascular factors in tumours with a view to enhancing the effect of radiation therapy.
    - Michael Robert Horsman, PhD, MD, associate professor
    - Department of Experimental Clinical Oncology, Aarhus University Hospital, Aarhus Hospital
    - Granted for 2012–2014: DKK 1,350,000

20. Regulation of autophagy – a future strategy for cancer therapy.
    - Professor Niels Helenia Jølstrøl, MD
    - Apoptosis Laboratory, Danish Cancer Society Research Center
    - Granted for 2012–2014: DKK 4,500,000
Kim Bak Jensen, MSc, PhD, team leader
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2013-2015: DKK 2,400,000

*22. Connections between non-coding RNA, the nuclear exosome and cancer.
Professor Torben Heck Jensen, PhD
Department of Molecular Biology and Genetics, Aarhus University
Granted for 2013-2015: DKK 2,250,000

Tuula Anneli Kallunki, MSc
Finsen Laboratory, Rigshospitalet
Granted for 2013-2015: DKK 1,650,000

*24. Studies comprising function and expression of the structural homologues C4.4A and Haldisin in benign and malignant skin lesions.
Mette Camilla Kriegbaum, MSc
Finsen Laboratory, Rigshospitalet
Granted for 2013-2015: DKK 1,650,000

25. Modulation of cellular signalling in breast cancer after gene silencing of a specific sialyltransferase
Professor Martin Rassl Larsen, PhD
Department of Biochemistry and Molecular Biology, University of Southern Denmark
Granted for 2014-2015: DKK 1,350,000

26. Mapping of the TLK signalling network and its function in maintaining chromosome integrity and protection against cancer.
Sung-Bau Lee, PhD, MSc
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2014-2015: DKK 1,200,000

27. Functional characterisation of long, non-coding RNA molecules overexpressed in lymphomas.
Michal Szymon Lubas, MSc, PhD
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2014-2016: DKK 1,800,000

28. Discovery of new cancer genes in the undescribed part of the human genome.
Jin Lukas, DVM, PhD
Centre Director
Novo Nordisk Foundation Centre for Protein Research, University of Copenhagen
Granted for 2014-2016: DKK 3,500,000

29. Identification and analysis of cancer-related non-coding RNA molecules.
Professor Anders Henrik Lund, PhD, MSc
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2013-2015: DKK 2,500,000

30. Molecular regulation of translesion DNA synthesis, a double-edged sword for cancer development.
Professor Niels Maland, PhD
Novo Nordisk Foundation Centre for Protein Research, University of Copenhagen
Granted for 2013-2015: DKK 2,250,000

31. Prevention of lymphatic metastases by recreating homeostasis in the stroma of lymph nodes.
Alejandro E. Mayora, MSc, Dental Science
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2013-2015: DKK 1,800,000

32. Dissection of adenosine receptor synergism in metastatic cancer cells using stimulus bias.
Christina Malt, MSc, Pharmacy
Period of study at Depts. of Pathology, The University of Melbourne, Australia
Granted for 2014-2016: DKK 2,112,100

33. Primary cilia and signalling in Tuberous Sclerosis Complex.
Lisbeth Brink Møller, MSc, PhD
Professor Martin Rassl Larsen, PhD, senior researcher
Kennedy Centre, Capital Region of Denmark, Copenhagen
Granted for 2013-2015: DKK 1,650,000

34. How a tumour suppressor protects against aneuploidy and chromosome instability.
Jakob Nilsson, associate professor, PhD
Novo Nordisk Foundation Centre for Protein Research, University of Copenhagen
Granted for 2014-2015: DKK 1,500,000

35. In vivo fluorescent imaging of specific cancer types.
Mikael Parner, MSc
Department of Radiology, Stanford School of Medicine, USA
 Granted for 2012-2014: DKK 1,800,000

36. Characterisation of the Ptc1/Shh complex: structure and functional implications.
Bjørn Panyella Pedersen, MSc, PhD, team leader
Bo Skjødt Rafn, MSc
Department of Radiology, Stanford School of Medicine, USA
Period of study at Molecular Structure Research, University of Copenhagen
Novo Nordisk Foundation Centre for Protein Research, University of Copenhagen
Granted for 2013-2015: DKK 1,950,000

37. Examination of the role of the mismatch repair system in alternative lengthening of telomeres.
Javier Pena-Diaz, DSc
Department of Neuroscience and Pharma- cology, University of Southern Denmark
Compartmentalisation, Cancer Research Centre, USA
Period of study at Molecular Structure Research, University of Copenhagen
Novo Nordisk Foundation Centre for Protein Research, University of Copenhagen
Granted for 2011-2014: DKK 232,100

Thomas Bjørnskov Poulsen, PhD, MSc
Department of Radiology, Stanford School of Medicine, USA
Period of study at Department of Molecular Oncology, British Columbia Cancer Research Centre, USA
Period of study at BC Cancer Research Centre, Canada
Granted for 2013-2014: DKK 1,950,000

39. Investigation of oncogene-induced ROS as a driver of tumourigenesis and cell change.
Bo Skytt Ravn, MSc
Period of study at Department of Molecular Oncology, British Columbia Cancer Research Centre, Canada
Granted for 2013: DKK 71,800

*40. New role for the breast cancer proteins BRCA2 and PALB2 in the DNA damage response.
Claus Storgaard Sørensen, MSc, PhD
Associate professor
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2014-2016: DKK 1,800,000

*41. Enzymes, including proteases and kinases, and their key function in cancer invasion.
Professor Ulla Margrethe Wewer, MD
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2012-2014: DKK 1,950,000

Granted by KBU in 2013 and charged to the income statement in the 2013 financial statements: DKK 23,900

Thomas Bjørnskov Poulsen, PhD, MSc
Department of Radiology, Stanford School of Medicine, USA
Period of study at Molecular Structure Research, University of Copenhagen
Novo Nordisk Foundation Centre for Protein Research, University of Copenhagen
Granted for 2011-2014: DKK 232,100

*40. New role for the breast cancer proteins BRCA2 and PALB2 in the DNA damage response.
Claus Storgaard Sørensen, MSc, PhD
Associate professor
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2014-2016: DKK 1,800,000

*41. Enzymes, including proteases and kinases, and their key function in cancer invasion.
Professor Ulla Margrethe Wewer, MD
Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2012-2014: DKK 1,950,000

Granted by KBU in 2013 and charged to the income statement in the 2013 financial statements: DKK 23,900

Basic and clinical research

Mette Ørskov Agerbæk, MSc
Period of study at BC Cancer Research Centre, Canada
Granted for 2013: DKK 23,900

43. Characterisation of specific immune responses to immune-regulating proteins in cancer patients.
47. Characterisation of the role of cancer/testis antigens in developing melanoma with a view to improving cancer immunotherapy.
Rikke Sikk Andersen, MSc
Institute of Molecular Medicine, University of Southern Denmark
Granted for 2014–2016: DKK 1,800,000

Janne Assenboe, MSc, PhD
Department of Clinical Medicine, Aarhus University
Granted for 2013–2014: DKK 1,200,000

49. Link between chronic inflammation and cancer: the effect of interleukin 15 on re-programming and neoplastic transformation of CD4 T lymphocytes in coeliac disease.
Leen Baadsvik, MSc, Medicine
Period of study at the La Jolla Institute for Allergy and Immunology (LIIA), California, USA
Granted for 2013: DKK 37,700

50. Translational molecular imaging using nanoparticles for breast cancer diagnostics: pre-clinical and clinical trials.
Tina Binderup, PhD, MSc
Translational and Molecular Imaging Institute, Icahn School of Medicine at Mount Sinai, New York, USA
Granted for 2013: DKK 145,260

51. Clinical validation of Topoisomerase 1 gene copy number as a predictive marker of irinotecan treatment of colon or colorectal cancer patients.
Professor Nils Brünnner, MD
Department of Veterinary Disease Biology, University of Copenhagen
Granted for 2014–2015: DKK 1,200,000

52. Establishment of murine transgene small-cell lung cancer models for identification and testing of new treatment goals.
Camilla Laukud Christensen, MSc
Medical Oncology, Dana-Farber Cancer Institute, USA
Granted for 2013–2014: DKK 1,279,300

Professor Henrik Ditzel, MD, PhD, consultant
Dept. of Cancer and Inflammation Research, University of Southern Denmark
Granted for 2014–2015: DKK 1,900,000

54. Tumour endothelial marker 8 (TEM8) as target for blocking tumour growth.
Janine Erler, MSc, PhD, team leader
Biotech Research & Innovation Centre (BRIC), University of Copenhagen

55. Succinate dehydrogenase (SDH)–targeting mitocans in hepatocellular carcinoma (HCC): role of S-nitrosylation.
Giuseppe Filomeni, PhD, MSc
Cell stress and survival, Danish Cancer Society Research Center
Granted for 2014–2016: DKK 1,800,000

56. Causes of DNA hypermethylation in haematological cancer.
Kirsten Granbaek, MD, consultant
Department of Haematology, Finsen Centre, Righospitalet
Granted for 2013–2015: DKK 1,800,000

57. The importance of genetic polymorphisms for sequelae after testicular cancer therapy.
Ramneek Gupta, MSc, PhD
Department of Systems Biology, Technical University of Denmark
Granted for 2012–2014: DKK 1,800,000

58. Azacitidine treatment increases T-cell recognition of cancer cells and facilitates a potentiation of the clinical effect against myeloid cancers.
Sine Reker Hadrup, MSc, PhD
Centre for Cancer Immune Therapy (CCIT), Herlev Hospital
Granted for 2014–2016: DKK 2,250,000

59. Killer immune cells for treating metastatic colon cancer.
Morten Hansen, MSc (Engineering), PhD
University of Pittsburgh Cancer Institute, Hillman Cancer Center, USA
Granted for 2014–2015: DKK 900,000

60. Can the HMICL protein be the link between the paradigms of leukemic stem cells and minimal residual disease – myeloid leukemias as a model system.
Professor Peter Høflund, MD
Clinical Institute, Aarhus University Hospital, Aarhus Hospital
Granted for 2012–2014: DKK 1,500,000

61. Blocking the immunosuppressant proteins CTLA-4 and IDO in cancer.
Rikke Baek Holmgaard, MSc, PhD
Memorial Sloan-Kettering Cancer Center, New York, USA
Granted for 2013–2014: DKK 1,200,000

Professor Morten Høyer, MSc Medicine, PhD
Department of Clinical Medicine, Aarhus University Hospital, Aarhus University
Granted for 2013–2015: DKK 1,690,000

63. Identification of predictive biomarkers for the EGFR–specific inhibitor erlotinib in NSCLC patients using global proteome analysis of 50 FFPE tissue preparations.
Kirstine Jacobsen, MSc
Period of study at Women’s Health Integrated Research Center at Inova Health System, USA
Granted for 2013: DKK 23,000

64. The significance of Nodal/Activin signalling in initiation and development of testicular germ cell tumours.
70.  3D dosimetry for clinical use of intensity-modulated proton therapy.  
Professor Ludvig Paul Muren, PhD, MSc  
Department of Clinical Medicine, Aarhus University Hospital  
Granted for 2013-2015: DKK 1,500,000

*76. Determination of real-time tumour movement and its application for dynamic tumour tracking during radiation therapy.  
Per Rugård Poulsen, PhD, physicist, associate professor  
Department of Clinical Medicine, Aarhus University Hospital, Aarhus Hospital  
Granted for 2013-2015: DKK 1,650,000

71.  Degree of differentiation and genetic and epigenetic profiles of testicular cancer in relation to prognosis: implications for individual therapy.  
Eva Rager–De Meyts, PhD, MD  
Department for Growth and Reproduction, Rigshospitalet  
Granted for 2012-2014: DKK 1,350,000

*77. MicroRNA expression and function in T-cell lymphomas.  
Professor Elisabeth Ralfkaer, consultant, MD  
Department of Pathology, Rigshospitalet  
Granted for 2012-2014: DKK 1,050,000

72.  Targeting B-cell receptor signalling in CLL patients via the Bruton’s tyrosin kinase inhibitor ibrutinib: clinical and translational trials.  
Carsten Utoft Nemann, MSc Medicine, PhD  
Department of Haematology, Finsen Centre, Rigshospitalet  
Granted for 2013-2015: DKK 1,200,000

*78. Mechanistic insight into current genotoxic therapies applied in the treatment of glioblastoma multiforme.  
Rikke Darling Rasmussen, MSc  
Department of Cancer Genomics and Proteomics, Spanish National Cancer Research Centre, Madrid, Spain  
Granted for 2012-2014: DKK 1,800,000

73.  Epirubicin as second-line treatment for patients with an increased number of copies of the TOP2A gene and oxaliplatin-resistant metastatic colorectal cancer. A phase II study.  
Professor Per Pfeiffer, PhD, MSc Medicine  
Department of Oncology, Odense University Hospital  
Granted for 2014-2015: DKK 900,000

*79. Oxaliplatin-induced polyneuropathy in patients treated for colorectal cancer.  
Professor Sören Hen Sindrup, MD, consultant  
Clinical Institute, Odense University Hospital  
Granted for 2013-2015: DKK 925,000

74.  Conditions for healing of bone damage in bone marrow cancer – a combined approach.  
Professor Torben Pesner, consultant, MD  
Institute of Regional Health Sciences Research, Lillebælt Hospital  
Granted for 2014: DKK 450,000

75.  Identification and evaluation of new points of attack for treating patients with glioblastoma multiforme.  
Hans Skovgaard Poulsen, MD, consultant  
Radiation Biology Laboratory, Finsen Centre, Rigshospitalet  
Granted for 2013-2015: DKK 1,500,000

81. Three-dimensional dosimetry for future therapy techniques in radiation therapy.  
Peter Sandegaard Skyt, MSc  
Department of Oncology, Aarhus University Hospital  
Granted for 2013-2014: DKK 1,200,000

82. Genetic modification of T-cells with a view to increased homing to and functionality in the presence of tumour.  
Professor Per Thor Straten, centre manager, MSc, PhD  
Centre for Cancer Immune Therapy (CCIT), Herlev Hospital  
Granted for 2014-2016: DKK 2,550,000

83. Biomarkers for pancreatic cancer stem cells – towards single-cell cancer diagnostics.  
Morten Drøby Sørensen, MSc, PhD  
Centro Nacional de Investigaciones Oncológicas, Spanish National Cancer Research Centre, Madrid, Spain  
Granted for 2012-2014: DKK 1,800,000

84. Cancer invasion and urokinase receptor cleavage – biomarker potential of the cleaved forms and targeted therapy against the cleavage mechanism.  
Tine Thurøe Sørensen, MSc  
Finsen Laboratory, Rigshospitalet  
Granted for 2012-2014: DKK 1,350,000

85. Genomic and proteomic analysis of tumours of the breast and female genital organs.  
Trine Tranæ, MSc Medicine  
Period of study at Dept. of Pathology, Yale School of Medicine, New Haven, USA  
Granted for 2013: DKK 36,724

*86. Adoptive T-cell therapy (ATCT) as treatment of malignant haematological disease.  
Lars Lindhardt Vindeløv, MD, consultant  
Department of Haematology, Rigshospitalet  
Granted for 2013-2015: DKK 1,500,000

86. In vivo metabolism and growth-inhibiting trials with specific tyrosine kinase inhibitors in glioblastoma multiforme.  
Ulrik Lassen, MSc Medicine, consultant  
Department of Haematology, Finsen Centre, Rigshospitalet  
Granted for 2012-2014: DKK 1,800,000

Malene Krag Kjeldsen, MSc, PhD  
Stanford University, School of Medicine, USA  
Granted for 2014: DKK 600,000

67. Identification of epigenetic alterations driving the development of myelodysplastic syndrome (MDS) to secondary acute myeloid leukaemia (sAML)  
Lasse Sommer Kristensen, MSc, PhD  
Finsen Centre, Rigshospitalet  
Granted for 2014-2015: DKK 1,200,000

68. Latent cervical human papilloma virus infection.  
Anne Hammer Lauridsen, MSc Medicine  
Period of study at dept. of Pathology, University of New Mexico, Health Sciences Center, USA  
Granted for 2013: DKK 93,100

69. The clinical significance of a new cell model for breast cancer that has developed resistance to aromatase inhibitor treatment.  
Anne Elisabeth Lykkefeldt, PhD, MSc  
Cell death and metabolism, Danish Cancer Society Research Center  
Granted for 2014: DKK 754,166

70.  3D dosimetry for clinical use of intensity-modulated proton therapy.  
Professor Ludvig Paul Muren, PhD, MSc  
Department of Clinical Medicine, Aarhus University Hospital  
Granted for 2014-2016: DKK 1,350,000

*65. In vivo metabolism and growth-inhibiting trials with specific tyrosine kinase inhibitors in glioblastoma multiforme.  
Ulrik Lassen, MSc Medicine, consultant  
Finsen Centre, Rigshospitalet  
Granted for 2012-2014: DKK 1,800,000

Malene Krag Kjeldsen, MSc, PhD  
Stanford University, School of Medicine, USA  
Granted for 2014: DKK 600,000

67. Identification of epigenetic alterations driving the development of myelodysplastic syndrome (MDS) to secondary acute myeloid leukaemia (sAML)  
Lasse Sommer Kristensen, MSc, PhD  
Finsen Centre, Rigshospitalet  
Granted for 2014-2015: DKK 1,200,000

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70.  3D dosimetry for clinical use of intensity-modulated proton therapy.  
Professor Ludvig Paul Muren, PhD, MSc  
Department of Clinical Medicine, Aarhus University Hospital  
Granted for 2014-2016: DKK 1,350,000
87. Metagenomic biomarkers in colon cancer patients.
   Professor Jun Wang
   Department of Biology, University of Copenhagen
   Granted for 2014–2015: DKK 3,040,000

88. Targeted nanoparticles for visualising medicine absorption in pulmonary tumours and normal tissue.
   Britta Weber, MSc Medicine
   Period of study at Radiation Oncology, British Columbia Cancer Agency, Vancouver Canada
   Granted for 2013: DKK 143,100

89. Inflammation can aggravate cancer in cutaneous T-cell lymphoma.
   Professor Niels Feentved Ødum, MD
   Department of Clinical Medicine, Aarhus University Hospital, Skejby Hospital
   Granted for 2014–2016: DKK 2,250,000

   Professor Torben Falck Ørntoft, consultant, MD
   Department of Clinical Medicine, Aarhus University Hospital, Skejby Hospital
   Granted for 2014–2016: DKK 2,000,000

*92. Breast cancer risk from mammographic heterogeneity.
   Professor Mads Nielsen, MSc, PhD
   Department of Computer Science, University of Copenhagen
   Granted for 2012–2014: DKK 1,350,000

93. Cryotreatment of renal tumours – correlation between tissue damage and diagnostic imaging presentation.
   Professor Michael Borre, consultant, Department of Urology, Aarhus University Hospital, Skejby
   Granted for 2013–2015: DKK 1,500,000

94. Analysis of personal genomic rearrangements (PAGER) for checks of patients with bladder cancer.
   Lars Dysrøg Andersen, MSc, PhD, associate professor
   Department of Clinical Medicine, Aarhus University Hospital, Skejby Hospital
   Granted for 2013–2015: DKK 2,100,000

95. Strength of respiratory muscles, physical capability and quality of life after pulmonary cancer surgery.
   Professor Jan Jesper Andreasen, consultant, MSc Medicine, PhD
   Heart-Lung Clinic, Aalborg Hospital
   Granted for 2014: DKK 330,000

96. Prognostic and predictive imaging and biomarkers from fluorodeoxyglucose (FDG) PET in locally advanced non-small cell lung cancer.
   Professor Søren Bentzen, MD, PhD
   Radiotherapy Clinic, Finsen Centre, Rigshospitalet
   Granted for 2014–2016: DKK 1,350,000

97. Optimising the sentinel node technique for early diagnostics and treatment of lymph node dissemination in melanoma.
   Annette Hougaard Chakera, MSc Medicine, PhD
   Period of study at: Melanoma Institute, University of Sydney, Australia

98. Shoulder function and sequelae after breast cancer surgery using oncoplastic techniques.
   Professor Peer Christiansen, consultant, MSc Medicine, PhD
   Abdominal Centre, Aarhus University Hospital, Aarhus Hospital
   Granted for 2014–2016: DKK 1,350,000

   Aron Charles Eklund, PhD, MSc, associate professor
   Department of Systems Biology, Technical University of Denmark
   Granted for 2014: DKK 700,000

100. The value of early 18F-FDG-PET/CT scanning of patients suspected of head-and-neck cancer.
    Christian Godballe, MSc Medicine, PhD, consultant, associate professor
    Clinical Institute, University of Southern Denmark
    Granted for 2014: DKK 546,000

    Professor Cai Grau, MD
    Department of Oncology, Aarhus University Hospital, Aarhus Hospital
    Granted for 2014–2016: DKK 1,975,000

*102. Nausea and vomiting in advanced cancer: epidemiology, aetiology, significance, effect of guideline-based therapy and two intervention studies.
    Professor Mogens Grønvold, MD, PhD, consultant
    Department of Palliative Medicine, Bispebjerg Hospital
    Granted for 2013–2015: DKK 1,350,000

    Professor Henrik Hasle, consultant, MSc Medicine, PhD
    Department of Paediatrics, Aarhus University Hospital, Skejby Hospital
    Granted for 2014–2015: DKK 1,000,000

*104. Very early PET response-adapted therapy of advanced stage Hodgkin lymphoma. Randomised phase III non-inferiority study from the EORTC lymphoma group.
    Martin Hutchings, MSc Medicine, PhD
    Oncology and Haematology Clinic, Rigshospitalet
    Granted for 2012–2016: DKK 250,000
105. Molecular imaging for non-invasive tumour characteristics and tailored cancer treatment: translational studies of neuroendocrine tumours.
Professor Andreas Kjer, MD, PhD, consultant Diagnostics Centre, Rigshospitalet
Granted for 2014-2016: DKK 2,250,000

*110. Gastrointestinal toxicity and Prospective, randomised multi-centre A phase III trial of postoperative chronic pain after rectal cancer molecular imaging for non-invasive biomarkers in radically operated non-small cell lung cancer (NSCLC) stage IB. Jens Benn Sorensen, MD, MSc Medicine, consultant Oncology Clinic, Finsen Centre, Rigshospitalet Granted for 2013: DKK 600,000

*111. Investigator-initiated phase II studies of irinotecan in patients with TOP1 gene amplified metastatic breast cancer – two national DBCG studies.
Professor Dorte Lisbet Nielsen, MD Cancer Research Centre, Herlev Hospital
Granted for 2013–2015: DKK 2,100,000

112. Individualised, biologically adapted radiation therapy.
Professor Jens Overgaard, consultant, MD Department of Clinical Medicine, Aarhus University Hospital, Aarhus Hospital
Granted for 2014–2016: DKK 4,200,000

*113. Characterisation of subtypes of immune cells in ulcerated melanomas.
Henrik Schmidt, MD, consultant Associate professor Cancer Centre, Aarhus University Hospital, Aarhus Hospital
Granted for 2012–2014: DKK 1,650,000

*114. Improvement of thiopurine/methotrexate treatment of acute lymphoblastic leukaemia.
Professor Kjeld Schmiegolok, consultant doctor Paediatric Oncology Laboratory, Juliane Marie Centre, Rigshospitalet
Granted for 2013–2015: DKK 4,500,000

Professor Inge Marie Svane, MSc Medicine, consultant Associate professor Department of Oncology and Haematology, Herlev Hospital
Granted for 2012–2014: DKK 1,800,000

116. Individualised post-operative adjuvant chemotherapy based on tumour biomarkers in radically operated non-small cell lung cancer (NSCLC) stage IB. Jens Benn Sørensen, MD, MSc Medicine, consultant Oncology Clinic, Finsen Centre, Rigshospitalet
Granted for 2013: DKK 600,000

Kari Tanderup, PhD, MSc, associate professor Department of Oncology, Aarhus University Hospital, Aarhus Hospital
Granted for 2012–2014: DKK 1,350,000

Km Thielgaard-Mønch, MD, associate professor Biotech Research & Innovation Centre (BRIC), University of Copenhagen
Granted for 2014–2016: DKK 1,550,000

120. Assessment of monitoring frequency following radical surgery in patients with stage II and III colorectal cancer. Peer Anders Wille-Jørgensen, MD, consultant Associate professor Department of Oncology and Haematology, Bispebjerg Hospital
Granted for 2010–2014: DKK 750,000

Peter de Nully Brown, MSc Medicine, PhD, consultant Department of Haematology, Finsen Centre, Rigshospitalet
Granted for 2014–2016: DKK 1,500,000

Susanne Oksbjerg Dalton, MSc Medicine, PhD Life after cancer, Danish Cancer Society Research Center
Granted for 2014–2016: DKK 1,550,000

123. Hodgkin’s lymphoma in children and adolescents in the Nordic region – Large children or small adults?
Lisa Lygnsie Hjalgrim, MSc Medicine, PhD Paediatric Oncology Dept., Juliane Marie Centre, Rigshospitalet
Granted for 2014: DKK 300,000

*124. Epidemiological and clinical differences between Epstein-Barr virus positive and negative Hodgkin’s lymphomas.
Henrik Hjalgrim, PhD, MSc Medicine, consultant Associate professor Department of Epidemiology Research, Statens Serum Institut
Granted for 2012–2014: DKK 1,350,000

125. Breast cancer and immunomarkers.
Lone Winther Lietzen, MSc Medicine Boston University Medical School, USA
Granted for 2013: DKK 75,000

*126. Endocrine disorders and reproductive disturbances after childhood cancer treatment.
Epidemiological research

127. Medicinal products with possible chemopreventive effects and the risk of prostate cancer.
Søren Fris, MSc Medicine, senior researcher
Statistics, bioinformatics and registers, Danish Cancer Society Research Center
Granted for 2013–2015: DKK 1,350,000

128. Statins and skin cancer.
David Gaist, PhD, MSc Medicine, consultant
Department of Neurology, Odense University Hospital
Granted for 2014: DKK 450,000

129. Is 5-HTTLPR part of the cause for depression after cancer?
Professor Lars Vedel Kesing, MD
Psychiatric Centre Copenhagen, Rigshospitalet
Granted for 2014: DKK 480,000

130. Labour market affiliation after haematological cancer.
Professor Claus Vinther Nielsen, MSc Medicine, PhD
Institute of Public Health, Aarhus University
Granted for 2013–2014: DKK 495,000

131. Use of adrenal cortex hormone and colon cancer risk and prognosis
Eva Bjørre Ostenfeld, MSc Medicine

Period of study at Division of Gastroenterology and Hepatology, University of Carolina, USA
Granted for 2013: DKK 110,000

132. The importance of diagnostic variation in Danish general practice for cancer patient prognoses.
Professor Mogens Vestergaard, PhD, MSc Medicine
Institute of Public Health, Aarhus University
Granted for 2013–2014: DKK 648,000

133. The role of DNA polymerase zeta in the development of mutagenetic and metastatic properties in breast cancer.
Sofie Baek Christie, medical student
Institute of Molecular Medicine, University of Southern Denmark
Granted for 2013: DKK 120,000

134. Genetic characterisation of melanomas from 20 patients with conjunctival as well as multiple primary melanomas.
Jakob Gormsen, medical student
Eye Pathology Section, Department of Neuroscience and Pharmacology, University of Copenhagen
Granted for 2013: DKK 60,000

Emilie Louise Hansen, medical student
Department of Oncology, Cancer Research Centre, Herlev Hospital
Granted for 2013: DKK 110,000

136. Characterization of breast cancer cell lines with acquired resistance to aromatase inhibitors.
Sline Hole, medical student
Breast Cancer Group, Danish Cancer Society Research Center
Granted for 2013: DKK 70,000

137. An examination of the effect of obesity on epidermal tissue homeostasis and stem-cell function.
Kasper Sommerlund Moestrup, medical student
Panum Institute, University of Copenhagen
Granted for 2013: DKK 120,000

Mette Heisë Øndrup, medical student
Department of Plastic Surgery, Aarhus University Hospital
Granted for 2013: DKK 120,000

139. The SN-38 resistance in breast cancer cells.
Kristina Aluzate, science student
Bioinformatics, Department of Biology, University of Copenhagen
Granted for 2013: DKK 120,000

140. Intensified photodynamic therapy in combination treatment with 5-fluouracil, calcipotriol and isotretinoin.
Christiane Marie Bay, medical student
Dermatology Department, Bispebjerg Hospital
Granted for 2013: DKK 120,000

141. Modulation of autophagy as treatment of acute lymphoid leukemia.
Anna Sofie Holm Jonassen, medical student
Cell Death and Metabolism Unit, Danish Cancer Society Research Center
Granted for 2013: DKK 60,000

142. ctDNA as a marker for side-effects in lung cancer patients receiving radiation therapy – and the effect of fibroblasts on tumour cells after radiation therapy.
Hilde Julie Tollefsen, science student
Department of Clinical Biochemistry, Aarhus University Hospital, Skejby Hospital
Granted for 2013: DKK 40,000

143. The effect of Kupffer-cell targeted anti-inflammatory treatment of ischaemia/reperfusion damage in rat liver.
Lin Nanna Okholm Møller, medical student
Surgical Gastroenterological Department, Aarhus University
Granted for 2013: DKK 120,000

144. DNA-thioguanine in children with acute lymphoblastic leukaemia – a potential dose-adjustment parameter during 6-Mercaptopurine therapy.
Silvia De Pietri, medical student
Paediatric Oncology Laboratory, Rigshospitalet
Granted for 2013: DKK 80,000

145. Genetic Characterisation of B-Cell Lymphocytic Leukaemia (B-CLL).
Simone Overby Sand, medical student
Department of Haematology, Aarhus University Hospital, Aarhus Hospital
Granted for 2013: DKK 120,000

146. T-cell immunity to CMV after allogeneic haematopoietic cell transplantation (HCT) assessed by HLA class I and II tetramer staining.
Sofe Benedicte Saxd, medical student
Department of Haematology, Aarhus University Hospital, Skejby Hospital
Granted for 2013: DKK 120,000

147. Bacteremia in children with ALL during induction therapy.
Kristin Thinaa Bergmann, medical student
Department of Paediatrics, Aarhus University Hospital, Skejby Hospital
Granted for 2013: DKK 60,000
148. Plasma kinetics for tablet and liquid formulation of 6-mercaptopurin in children with acute lymphoblastic leukaemia. Emniel Dangaard Brunner, medical student, Paediatric Oncology Laboratory, Righospitalet. Granted for 2013: DKK 120,000

149. Validation of a genetic response profile to predict the efficacy of chemotherapy in clinical samples. Ida Kappel Buhl, medical student, Department of Veterinary Disease Biology, University of Copenhagen. Granted for 2013: DKK 90,000

150. Hereditary renal cancer: Clinical and molecular genetic characterisation of high-risk families and identification of new genes by exome sequencing. Manja Bejerholm Christensen, medical student, Department of Clinical Genetics, Rigshospitalet. Granted for 2013: DKK 120,000

151. Accumulation of DNA-6-thioguanine and bone-marrow toxicity after high-dose methotrexate treatment in children with acute lymphoblastic leukaemia. Sophia Ingeborg Dettner, medical student, Paediatric Oncology Laboratory, Righospitalet. Granted for 2013: DKK 40,000

152. The importance of baseline mutation status for survival in patients with Gastrointestinal Stromal Tumour (GIST). Charlotte Margareta Elowsson, medical student, Department of Oncology, Herlev Hospital. Granted for 2013: DKK 60,000

153. Use of quantitative dot immunohistochemistry for measuring MGMT status in glioblastoma - a new predictive assay. Sigurd Fosmark, medical student, Department of Clinical Pathology, Odense University Hospital. Granted for 2013: DKK 60,000

154. Lymph function in patients treated with docetaxel. Jacob Hinnerup Gronlund, medical student, Thoracic Surgery Department, Aarhus University Hospital. Granted for 2013: DKK 120,000

155. Human Epididymis protein 4 (HE4) measured in blood and tissue as a prognostic indicator for patients with Borderline Ovarian Tumours. Nikoline Marie Schou Karlsen, medical student, Molecular unit, Department of Pathology, Herlev University Hospital. Granted for 2013: DKK 120,000


157. Method optimisation for 18F-FDG PET/CT scanning of hepatic cell cancer. Jacob Horsager Nielsen, medical student, Department of Nuclear Medicine and PET centre, Aarhus University Hospital, Skejby Hospital. Granted for 2013: DKK 120,000

158. Extramedullary tumours (EMT) in children with acute myeloid leukaemia (AML). Heidi Kristine Stave Nielsen, medical student, Department of Paediatrics, Aarhus University Hospital, Aarhus Hospital. Granted for 2013: DKK 60,000

159. Cervical HPV infection in kidney transplanted women. Mette Ransbo, medical student, Department of Gynaecology and Obstetrics, Aarhus University. Granted for 2013: DKK 120,000

160. BRAF changes in low-grade glioma in children: implementation of molecular diagnostic methods with a view to improved diagnostics and treatment. Cathrine Negelgaard Sandager, medical student, Paediatric Oncology Laboratory, Righospitalet. Granted for 2013: DKK 120,000

161. How large a proportion of patients with retinal angioma has von Hippel-Lindaus disease? Anne-Sophie Stendell, medical student, Department of Cellular and Molecular Medicine, University of Copenhagen. Granted for 2013: DKK 120,000

162. Peritoneal flushing as an element in optimised diagnostic examination of cardiac cancer. Rune Bron Strandby, medical student, Surgical Gastroenterological Department, Abdominal Centre, Righospitalet. Granted for 2013: DKK 120,000

163. Production of a bladder-cancer tissue microarray (TMA) with a view to validating previously discovered markers of aggressive disease. Mia Børsmose Trip, medical student, Department of Cellular and Molecular Medicine, Aarhus University Hospital. Granted for 2013: DKK 120,000

164. Possible bias in colon and colorectal cancer screening using sigmoidoscopy. Christine Ditte Bausgaard, medical student, Department of General Practice, University of Copenhagen. Granted for 2013: DKK 60,000

165. Hormonal fertility treatment and the risk of ovarian borderline tumours. Sarah Marie Bjørnholt Nielsen, medical student, University Hospital. Granted for 2013: DKK 120,000

166. Cervical cancer epidemiology and precursors among Greenland women. Signe Holst, science student, Department of Epidemiology Research, Statens Serum Institut. Granted for 2013: DKK 50,000

167. The importance of social conditions for survival after cancer in children and adolescents in Denmark. Karen Sofie Simony, medical student, Life after cancer, Danish Cancer Society Research Center. Granted for 2013: DKK 110,000

168. The incidence of HPV-associated laryngeal cancer and prognostic significance. Claes Hoedt Karstensen, medical student, Department of ENT, Head and Neck Surgery Aarhus University Hospital, Aarhus Hospital. Granted for 2013: DKK 120,000

169. Recurrence, progression or treatment resistance of cancer in children and adolescents in Denmark: frequency, treatment, clinical process and survival. Stine Fischer Mogensen, medical student, Paediatric Oncology Laboratory, Righospitalet. Granted for 2013: DKK 120,000

170. Modification of the Gleason score in 2005: effect on risk assessment and
Clinic of ENT Surgery and Audiology Clinic, Head-Ortho-Centre, Rigshospitalet
Granted for 2013: DKK 50,000

173. Social disparity and physician consultation. An anthropological study of the impact of social disparity on the perception and handling of bodily signs and symptoms. Rikke Sand Andersen, MA, PhD, assistant professor
Research Unit for General Practice, Research Centre for Cancer Diagnosis in Primary Care – (CaP), Aarhus University
Granted for 2014: DKK 460,000

174. Impact of the Advance Care Planning concept on the perceived palliative pathway for patients, relatives and healthcare professionals. Pernille Andreassen, MA, PhD
Department of Oncology, Aarhus University Hospital, Aarhus Hospital
Granted for 2014: DKK 610,000

175. Fatigue after breast cancer: prognosis and significance for return to work. Karin Biering, MSc (Public Health), PhD
Clinical Institute, Aarhus University
Granted for 2014: DKK 400,000

Institute of Regional Public Health, University of Southern Denmark
Granted for 2014: DKK 288,757

177. Improved information to relatives of cancer patients: a randomised intervention study. Professor Mogens Granvold, MD, PhD, consultant
Department of Oncology, Herlev Hospital
Granted for 2014: DKK 460,000

Institute of Public Health, University of Copenhagen
Granted for 2014: DKK 460,000

179. Development and testing of ‘active reading groups’ for improving mental health and promoting physical activity among cancer survivors – the ABC Study
Julie Midtgaard, MSc (Psychology), PhD
University Hospitals’ Centre for Health Research (UCSF), Rigshospitalet
Granted for 2014: DKK 227,000

180. Cancer packages in a psycho-social perspective: consequences for professional roles and patient experience. Kirstine Zinck Pedersen, MA
Department of Organization, Copenhagen Business School
Granted for 2014: DKK 610,000

181. Development of support for cancer patients and relatives with cognitive changes during palliative care.
Professor Per Sjøgren, consultant doctor, MD
Oncology Clinic, Rigshospitalet
Granted for 2014: DKK 400,000

Granted by KPSK in 2013 and charged to the income statement in the 2013 financial statements: DKK 3,765,757
* Granted before 2012 and charged to the income statement in previous financial statements.

KPSK preparatory grants

182. Internet-delivered Mindfulness-based cognitive therapy for symptoms of stress, anxiety and depression among breast and prostate cancer patients.
Eva Rames Nissen, MSc (Psychology)
Department of Psychology, Aarhus University
Granted for 2014: DKK 150,000

Granted by KPSK in 2013 and charged to the income statement in the 2013 financial statements: DKK 150,000 for preparatory grants.

Strategic research initiatives

Pool for “Live Life” – cancer prevention effort

*183. Professor Morten Grønbæk, MSc Medicine, MD, PhD
Centre for Intervention Research, University of Southern Denmark
Granted for 2011-2015: DKK 15,000,000

The grant of DKK 30,000,000 in total is awarded in partnership with the Novo Nordisk Foundation.

Pool for research initiative on palliation

*186. Activity, Cancer and Quality of Life in your own home.
Karen la Cour, PhD, associate professor
Health, People and Society, Institute of Public Health, University of Southern Denmark
Granted for 2012-2017: DKK 3,500,000

The grant of DKK 7,000,000 in total is awarded in partnership with the Tryg Foundation.

Professor Per Sjøgren, consultant doctor, MD
Palliative Section, Unit for acute pain man-
agmentation and palliation, Rigshospitalet
Granted for 2012–2017: DKK 5,000,000
The grant of DKK 10,000,000 in total is awarded in partnership with the Tryg Foundation

*188. Security in palliative processes.
Anders Bonde Jensen, PhD, consultant
Mette Asgbørn Neergaard, PhD, staff doctor
Palliative Team, Department of Oncology, Aarhus University Hospital
Granted for 2012–2016: DKK 4,300,000
The grant of DKK 8,600,000 in total is awarded in partnership with the Tryg Foundation

Research professorships

*189. Clinical professorship in diagnostics and surgical treatment of gynaecological cancer diseases
Professor Jan Blaakær, consultant, MD
Department of Clinical Medicine, Aarhus University
Granted for 2011–2015: DKK 5,000,000

*190. Clinical professorship in surgical application of modern imaging diagnostics
Professor Michael Bau Mortensen, PhD, consultant
Surgical Department, Odense University Hospital
Granted for 2012–2017: DKK 5,000,000

*191. Clinical professorship in palliation, strategic research pool
Professor Per Sjøgren, consultant, MD
Palliative Section, Unit for acute pain management and palliation, Rigshospitalet
Granted for 2012–2017: DKK 7,500,000

*192. Clinical professorship in cancer-treatment sequelae, strategic research pool
Professor Christoffer Johansen, MD, PhD, consultant
Department of Clinical Medicine, Surgery and Internal Medicine, University of Copenhagen
Granted for 2013–2018: DKK 7,500,000

*193. Part of clinical professorship in upper gastrointestinal cancer surgery
Professor Lars Bo Svendsen, MD, consultant
Abdominal Centre, Rigshospitalet
Granted for 2012–2017: DKK 1,000,000

Beat Cancer funds 2012 – raised via TV2 campaign

Diet, Cancer and Health – next generations

*194. Arne Tjønneland, PhD, consultant, head of department
Diet, Genes and Environment, Danish Cancer Society Research Center
Granted for 2013–2015: DKK 15,000,000
Colon cancer information campaign

*195. Iben Holten, MD, consultant
Prevention and Documentation, Danish Cancer Society Research Center
Granted for 2013–2014: DKK 5,000,000
Examination of cancer patients’ perceived treatment effect

*196. Janne Lehmann Krudsen, PhD, consultant
Quality & Patient Safety, Danish Cancer Society
Granted for 2013–2014: DKK 3,000,000
Research into social disparity

*197. PACO – a controlled clinical study of a patient coaching programme for lung cancer patients who have a short-cycle education or who are single and receive oncology treatment
Susanne Oksbjerg Dalton, MSc Medicine, PhD
Life after cancer, Danish Cancer Society Research Center
Granted for 2014–2016: DKK 2,500,000

Professor Finn Diderichsen, MD
Institute of Public Health, University of Copenhagen
Granted for 2013–2016: DKK 2,000,000

199. Cancer and return to work – with focus on social disparity.
Professor Claus Vinther Nielsen, MSc Medicine, PhD, consultant
Clinical Social Medicine and Rehabilitation, Marselisborg Centre
Granted for 2014–2017: DKK 3,500,000

200. The importance of social factors and comorbidity for cancer patients’ rehabilitation in the primary sector.
Professor Jens Søndergaard, PhD, MSc Medicine
Institute of Public Health, University of Southern Denmark
Granted for 2013–2016: DKK 2,000,000

201. Multimorbidity and cancer.
Professor Henrik Toft Sørensen, consultant, MSc Medicine
Department of Clinical Epidemiology, Aarhus University Hospital
Granted for 2013–2016: DKK 2,000,000

Beat Cancer 2012 funds for research into social disparity granted in 2013 and charged to the income statement in the 2013 financial statements: DKK 12,000,000

Research into issues concerning prostate cancer with high and low risk of metastasis, respectively.

Professor Michael Borre, consultant
Clinical Medicine, Aarhus University Hospital
Skejby Hospital
Granted for 2014–2016: DKK 6,265,000

203. Potential biomarkers for risk-based prostate–cancer screening
Susanne Oksbjerg Dalton, MSc Medicine, PhD
Life after cancer, Danish Cancer Society Research Center
Granted for 2014–2016: DKK 3,170,000

204. Effect of low-dose aspirin, other NSAIDs and statins on progression and mortality of clinically localised prostate cancer
Søren Fries, MSc Medicine, senior researcher
Statistics, Bioinformatics and Registers, Danish Cancer Society Research Center
Granted for 2014–2015: DKK 1,000,000

205. Precision medicine for clinically localised prostate cancer.
Professor Torben Falck Brøndt, head consultant, MD
MOMA/Department of Clinical Medicine, Aarhus University Hospital
Granted for 2014–2017: DKK 3,465,000

206. Detection of prostate cancer in urine using DNA analysis.
Per Guldberg, MSc, PhD
Laboratory of Cancer Genomics, Danish Cancer Society Research Center
Granted for 2014–2015: DKK 1,100,000

Beat Cancer 2012 funds for research into prostate cancer granted in 2013 and charged to the income statement in the 2013 financial statements: DKK 15,000,000

Out of the Beat Cancer funds raised in 2012, DKK 30m have been expended towards strategic research initiatives (see grants numbered 183, 184 and 185).
## General overview 2013

Research grants from the Danish Cancer Society’s Scientific Committee (KVBU) and Psychosocial Cancer Research Committee (KPSK)

(DKK 1,000)

<table>
<thead>
<tr>
<th>Granted in 2013 for research projects, cf. overview of grants</th>
<th>KPSK</th>
<th>KBVU</th>
<th>Total</th>
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<tr>
<td>Basic research</td>
<td>22,937</td>
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<tr>
<td>Basic and clinical research</td>
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<tr>
<td>Basic and epidemiological research</td>
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<th>Projects, total</th>
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<td>Granted to projects, ref. above</td>
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<td>Granted for preparatory grants</td>
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<td>Granted for scholarships*</td>
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<th>Granted, total</th>
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<td>Adjustment of grants</td>
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<td>Covered by legacy income</td>
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<th>Total consumption for the year</th>
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<td>3,899</td>
<td>72,117</td>
<td>76,016</td>
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</table>

Comments:

1. Postdoc and junior scholarships are included under project grants.
2. The breakdown by specialist discipline has been based on the applicant ticking one or more of the following headings:
   - basic research
   - clinical research
   - epidemiology
   - psychosocial research
   - other

* Including the Employers’ Reimbursement Scheme (Apprentices and Trainees) (AER)
Patients’ Associations

Danish Ostomy Association – COPA
Chairman: Henning Granslev
Secretariat
Jyllandsvej 41
DK-4100 Ringsted
Tel.: (+45) 57 67 35 25
sekretariatet@copa.dk
(Contact at FAP, special subgroup:
Susanne Jacobsen
Susanne.Elsdyrvej@gmail.com)

DALYFO
Danish Lymphoedema Association
Lise Petersen
Arent Hansens Vej 3,
Smidstrup
DK-3250 Gilleleje
Tel.: (+45) 70 22 22 10
info@dalyfo.dk

Danish Association for Laryngectomees – DLFL
Anne-Lise Steen
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Tel.: (+45) 47 53 63 30
formanden@dlfl.dk
Office
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Tel.: (+45) 26 82 39 29
dbo@brystkraeft.dk
Chairman: Randi Krogsgaard
randi.krogsgaard@brystkraeft.dk

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Acting chairman
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Secretariat, repr. by
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KIU – Patient’s association for women with reproductive cancers
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sekretariat@propa.dk
Tel.: (+45) 33 12 78 28

Danish Association of Cancer Survivors with sequelae – the Sequalae Group
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munord@icloud.com
Postal address:
Senfoelgergruppen.dk@godmail.dk

The national association Break Limits (Bryd Grænser) / Getting back on track with or after cancer
Vivi-Ann Lennartz
viviann.lennartz@outlook.dk
Tel.: (+45) 22 40 02 15
C/o Viborg Cancer Counselling Centre
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info@brydgraenser.cancer.dk

Intestinal cancer patients’ association
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DK-2000 Frederiksberg

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Melanoma network
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nemospot@live.dk

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mail@ingeosvend.dk
info@netpa.dk
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Networks
Network for patients with cancer of the throat and oral cavity
Bodil Feldinger,
Tel.: (+45) 45 83 45 27
Niels Jessen,
Tel.: (+45) 48 17 59 64
c/o Centre for Cancer and Health
Nørre Alle 45,
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HalsMundCancer@hotmail.com

Drivkræfter
– network for young people with cancer
Stine Legarth
slegarth@cancer.dk
Tel.: (+45) 35 25 74 72
Cancer Counselling Centres

**NATION-WIDE**

<table>
<thead>
<tr>
<th>Cancer Counselling Centre</th>
<th>Address</th>
<th>Tel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Counselling Centre</td>
<td>Jernbanegade 16 DK-4000 Roskilde</td>
<td>(+45) 46 30 46 60 <a href="mailto:roskilde@cancer.dk">roskilde@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Øster allé 10 DK-7400 Herning</td>
<td>(+45) 59 44 12 22 <a href="mailto:herhing@cancer.dk">herhing@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Cancerline</td>
<td>(+45) 70 20 26 86 <a href="mailto:veje@cancer.dk">veje@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>REGION SEALAND</td>
<td>(+45) 79 79 72 80 <a href="mailto:kolding@cancer.dk">kolding@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Jyllandsvej 30 DK-6700 Esbjerg</td>
<td>(+45) 76 20 26 86 <a href="mailto:odense@cancer.dk">odense@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Nørre Allé 45 DK-5690 Randers C</td>
<td>(+45) 70 20 26 86 <a href="mailto:veje@cancer.dk">veje@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Ciangkraft</td>
<td>(+45) 59 44 12 22 <a href="mailto:aalborg@cancer.dk">aalborg@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>REGION SOUTH</td>
<td>(+45) 70 20 26 86 <a href="mailto:odense@cancer.dk">odense@cancer.dk</a></td>
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**THE CAPITAL REGION OF DENMARK**

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<td>Stenstrupsvæj 1 DK-9000 Aalborg</td>
<td>(+45) 59 44 12 22 <a href="mailto:aalborg@cancer.dk">aalborg@cancer.dk</a></td>
</tr>
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</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Bellevuevej 7 DK-8660 Kolding</td>
<td>(+45) 76 29 36 75 <a href="mailto:kolding@cancer.dk">kolding@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Peter Sabroes Gade 1 DK-8000 Århus C</td>
<td>(+45) 86 19 88 11 <a href="mailto:aarhus@cancer.dk">aarhus@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Peter Sabroes Gade 1 DK-8000 Århus C</td>
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**CENTRAL DENMARK REGION**

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<tbody>
<tr>
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<td>Norgaards Allé 10 DK-7400 Herning</td>
<td>(+45) 96 26 31 60 <a href="mailto:herhing@cancer.dk">herhing@cancer.dk</a></td>
</tr>
<tr>
<td>Cancer Counselling Centre</td>
<td>Toldbodgade 1 DK-8800 Viborg</td>
<td>(+45) 96 26 31 60 <a href="mailto:viborg@cancer.dk">viborg@cancer.dk</a></td>
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**REGION SOUTH DENMARK**

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**REGION KOLING**

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The Annual Report in Danish can be ordered from the Danish Cancer Society by calling (+45) 3525 7540 or downloaded from www.cancer.dk/regnskaber

The English version is available at www.cancer.dk/regnskaber

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