

INCTR

**International
Network**

for Cancer Treatment and Research



Cancer in Africa

Where does our knowledge come from ?

D. Maxwell Parkin

**Nuffield Department of Population Health
University of Oxford**

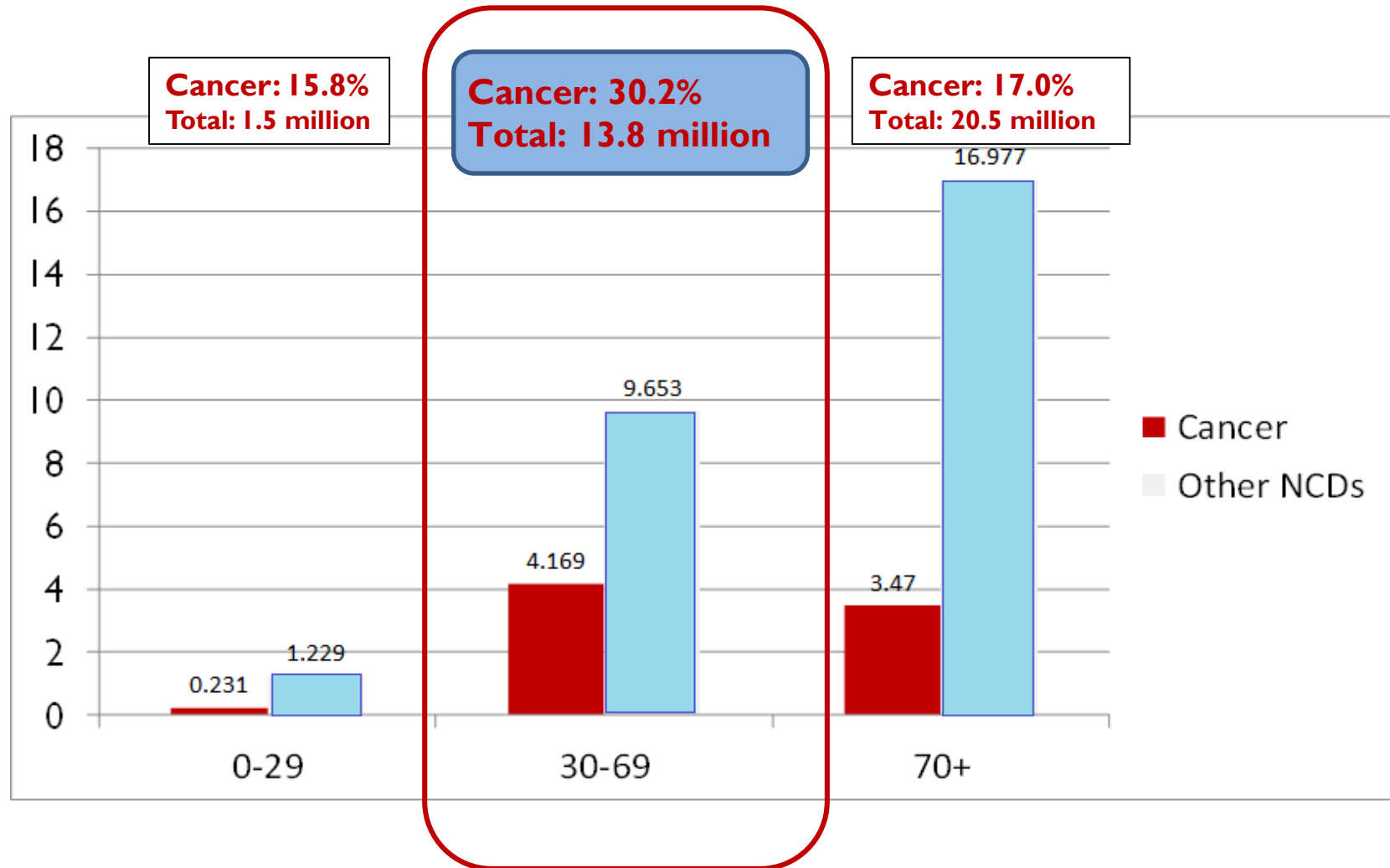
The changing world: transitions

- **Epidemiologic** transition
 - Age of 'degenerative & man-made diseases'¹
 - Increasing prominence of NCDs
- **Demographic** transition
 - Changes in fertility and life expectancy
 - Population ageing and growth
- **Cancer** transition
 - Displacement of infection-related cancers with those more associated with 'risky' behaviour²
 - Lowering rates of some NCDs

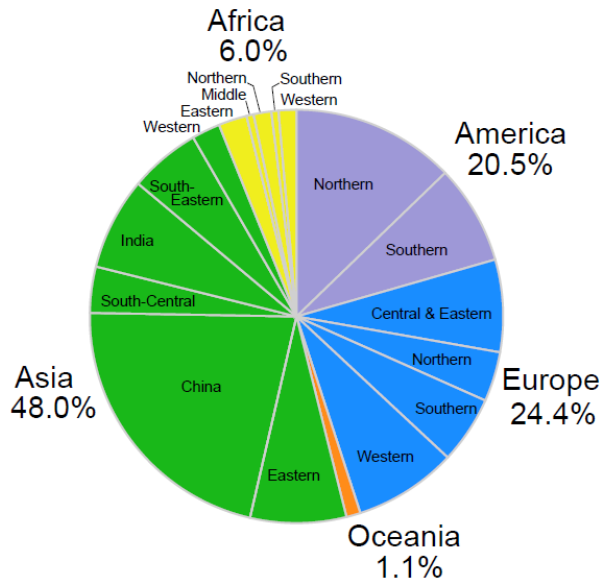
1. Omran, 1971

2. Gelsten & Wilmouth, 2002

Premature deaths (30 to 69 yrs) from cancer and other non-communicable diseases, 2011

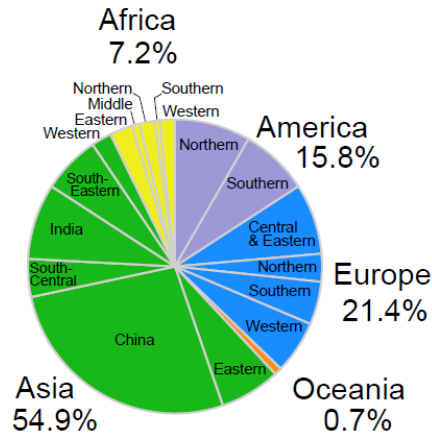


Incidence



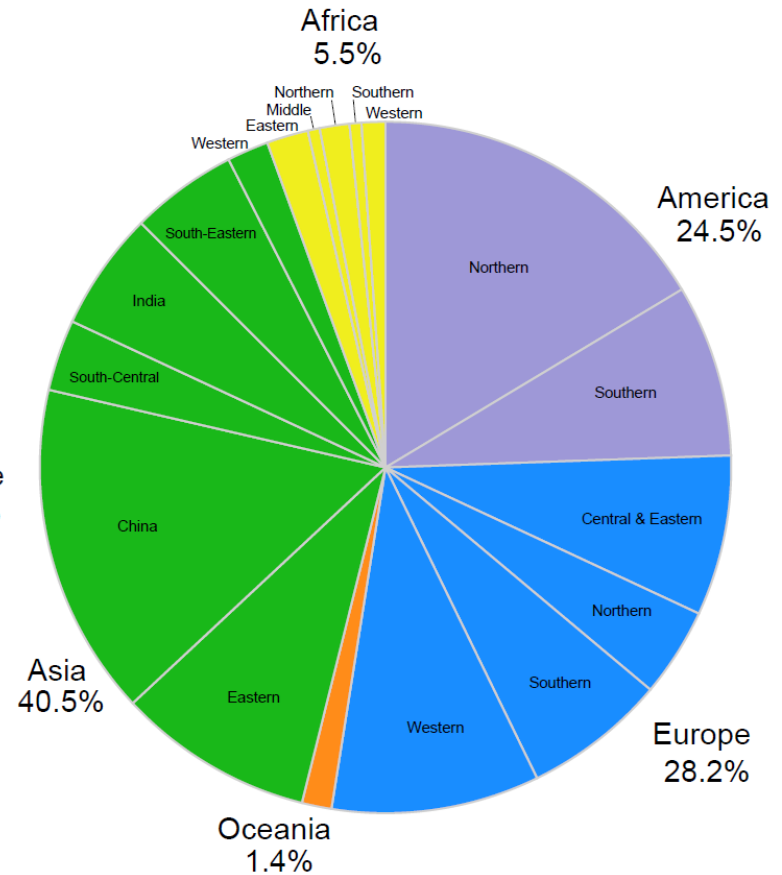
14 100 000
new cases

Mortality



8 200 000
deaths

Prevalence (5 years)



32 500 000
persons

57% of cancer cases and 65% of cancer deaths occur in less developed regions of the world

Source: GLOBOCAN 2012
<http://globocan.iarc.fr>

Cancer is a major cause of disease everywhere

The cancer burden is increasing everywhere

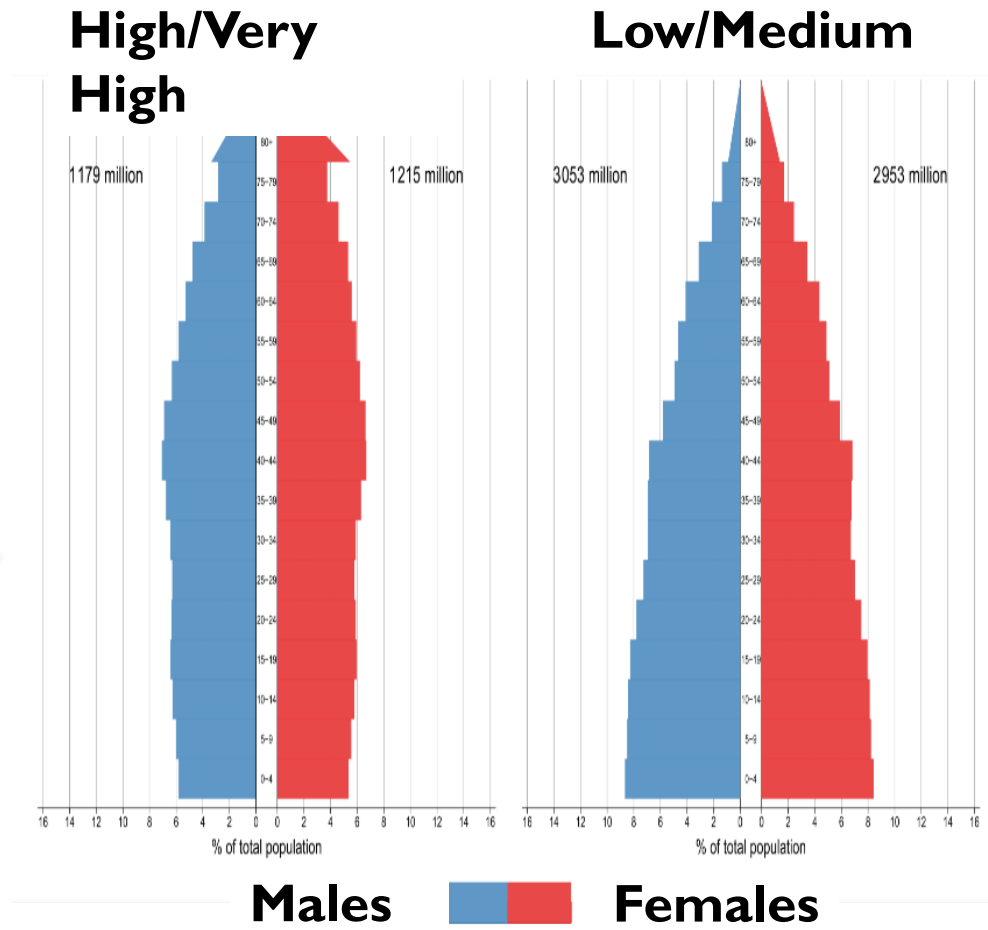
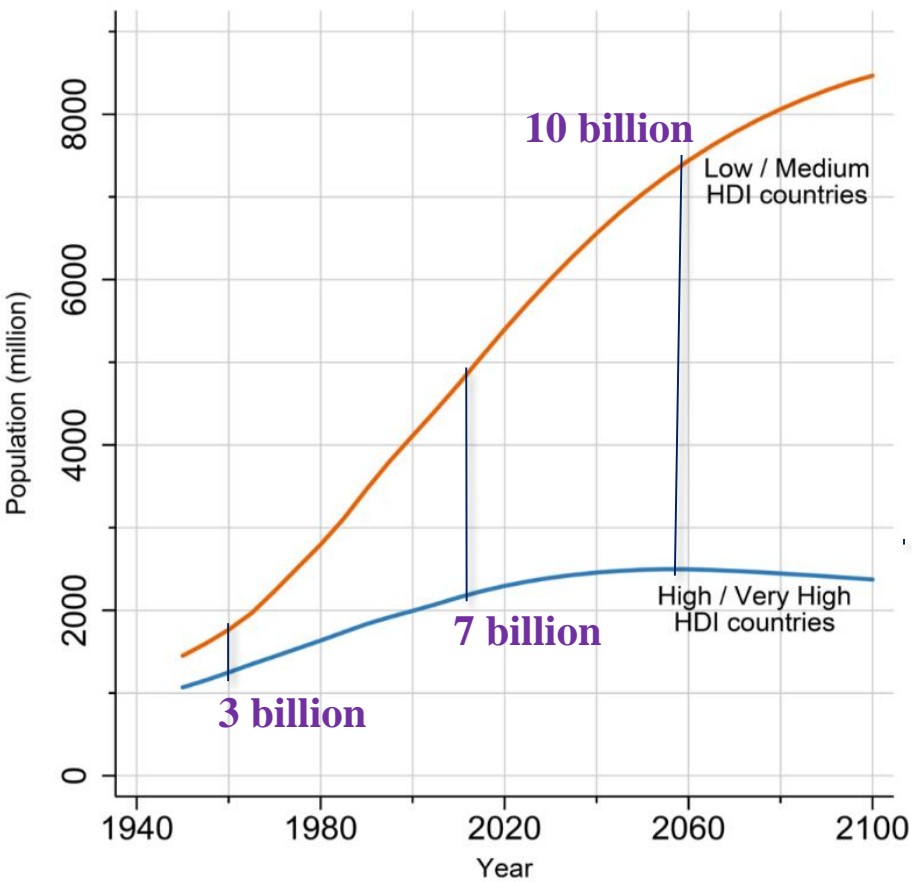
Developmental transition

The scale of cancer incidence 2012 and 2030

- Increasing number of cases linked to demographic change
- Changing risk linked to socioeconomic and lifestyle change

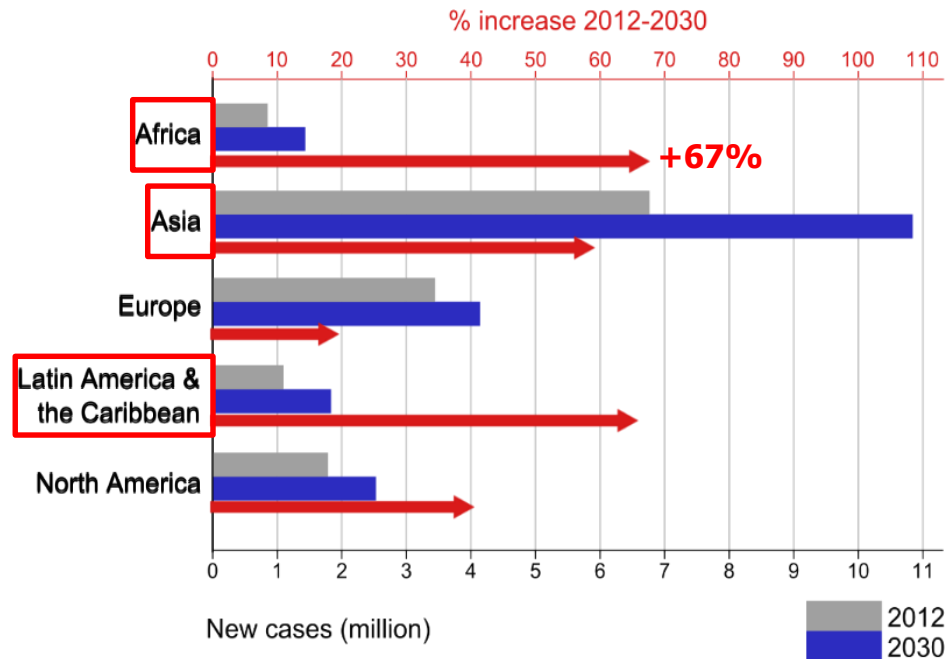
Population growth and ageing by HDI 1950-2100

Source: UNPD



**14 million new cases
in 2012**

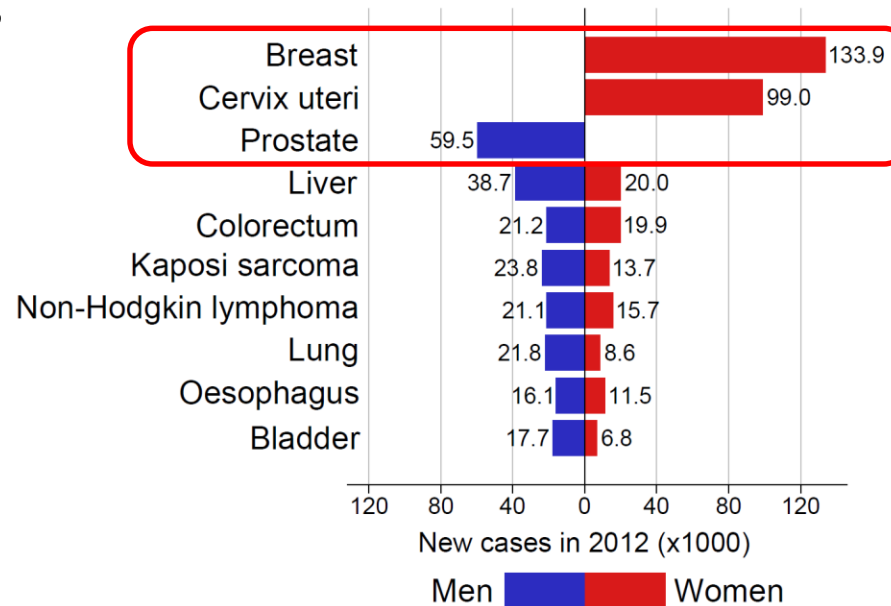
**% increase 2012-2030 by
region**



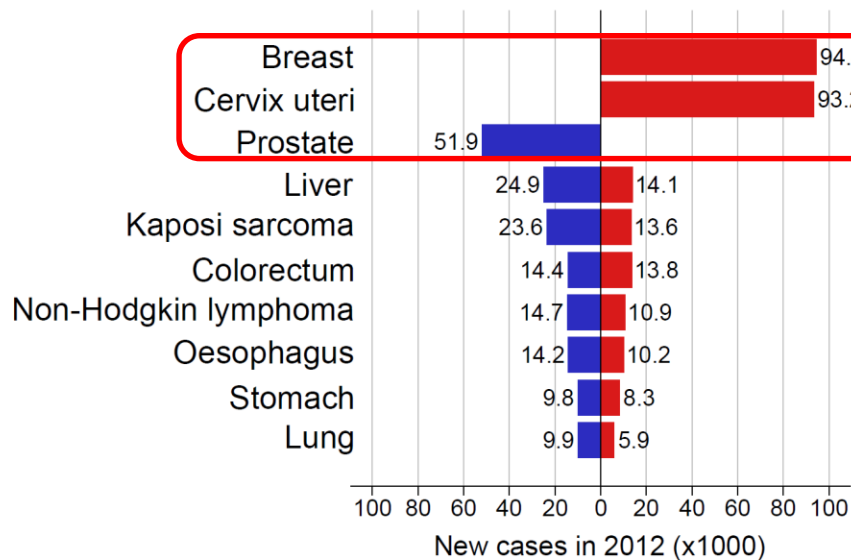
**22 million new cases
by 2030**

Contribution of different cancers to the total burden of incidence 2012

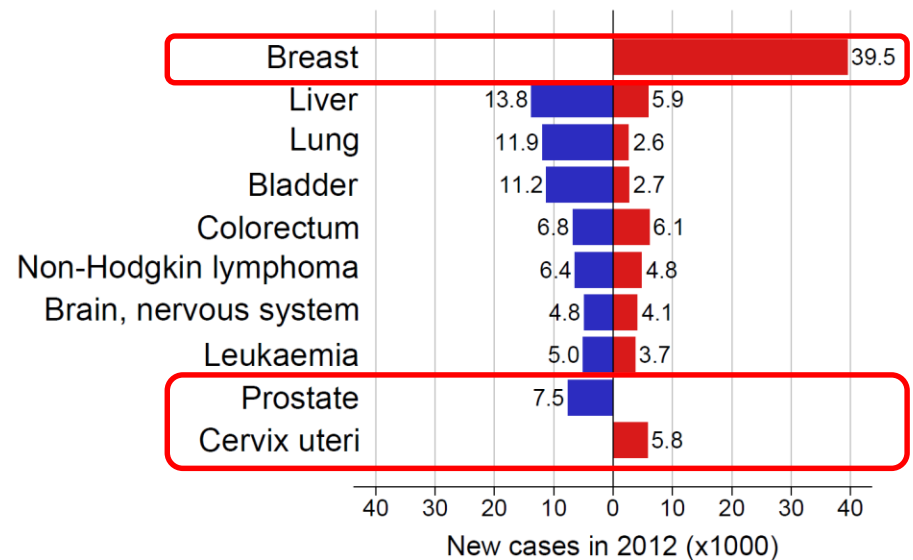
Africa (847 000 new cases)



Sub Saharan Africa (629 000 new cases)



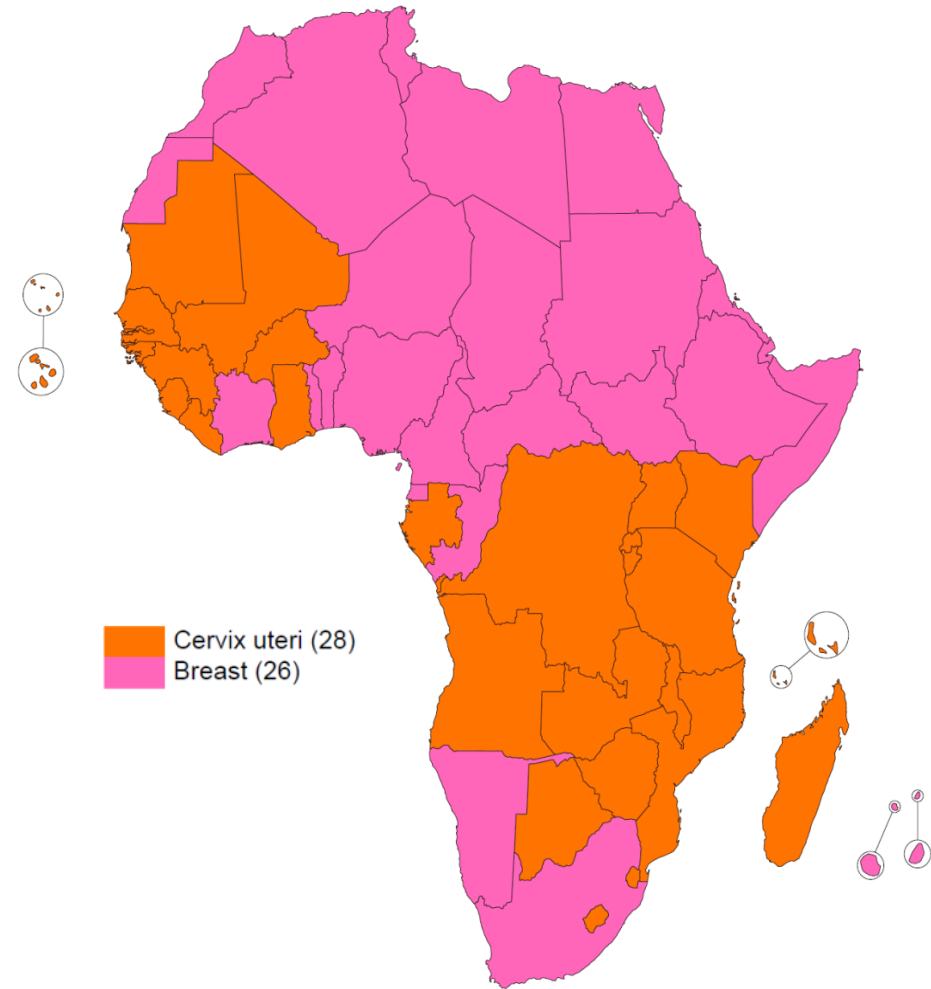
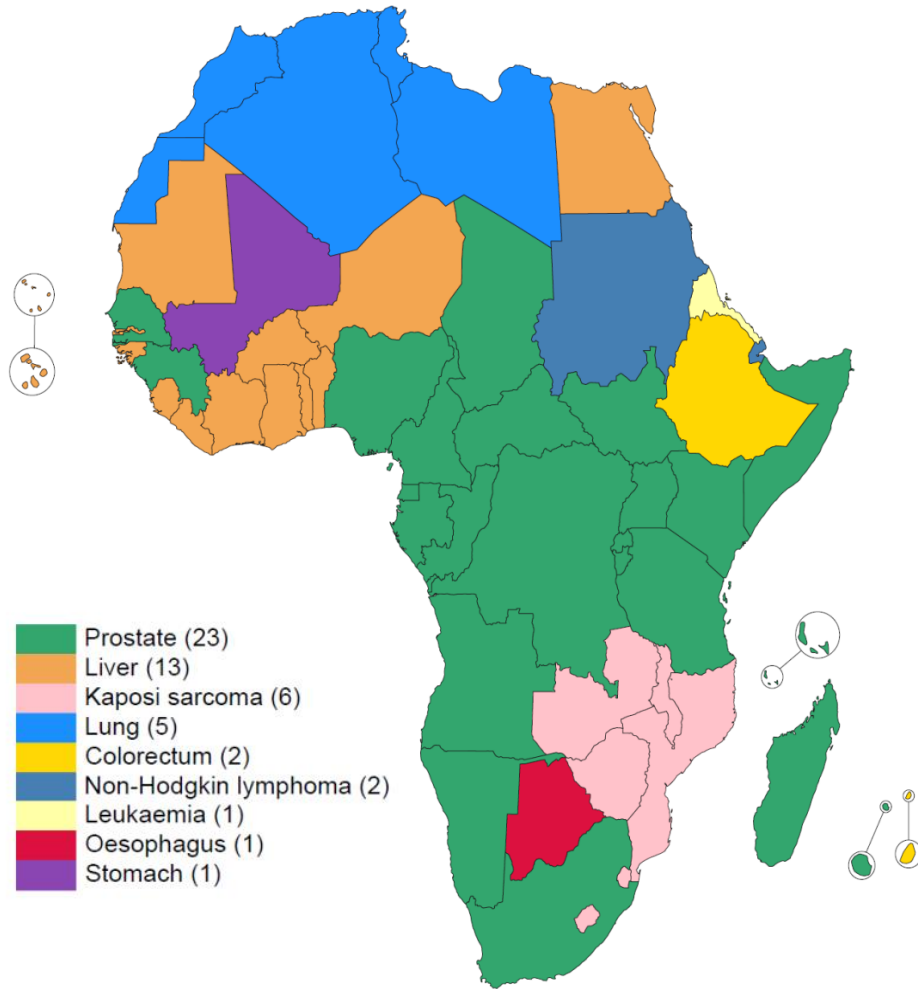
North Africa (221 000 new cases)



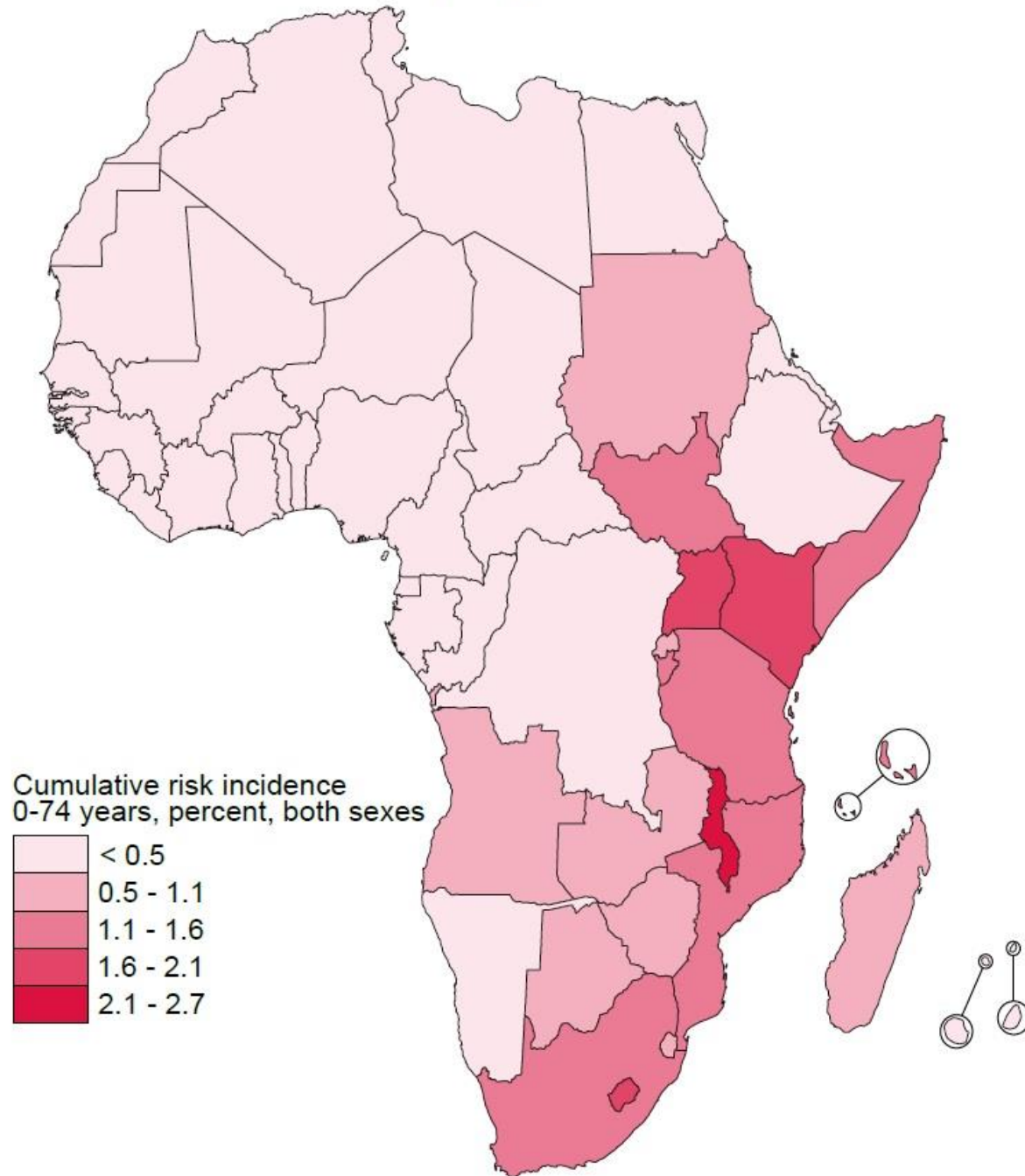
Most frequent cancer, men

2012

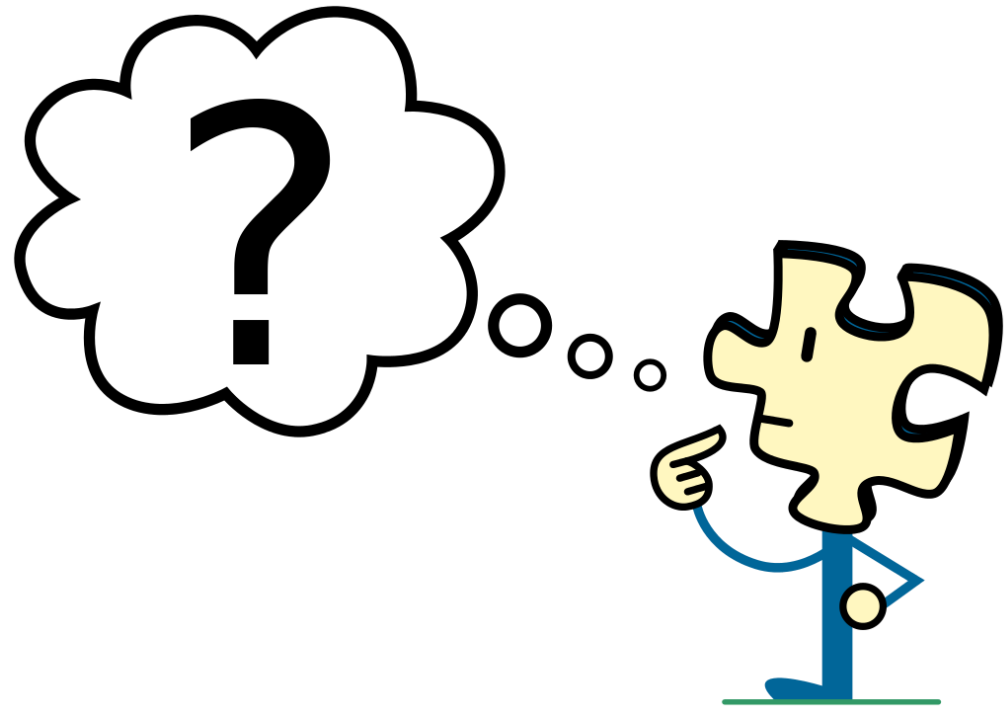
Most frequent cancer, women



Oesophagus



Where does all this information come from?





GLOBOCAN 2012

Estimates of
INCIDENCE, MORTALITY and PREVALENCE
of 27 types of cancer

<http://globocan.iarc.fr>

CANCER INCIDENCE

54 countries (>100,000 population)

Estimated for 20

**DATA FROM CANCER
REGISTRIES – 34**

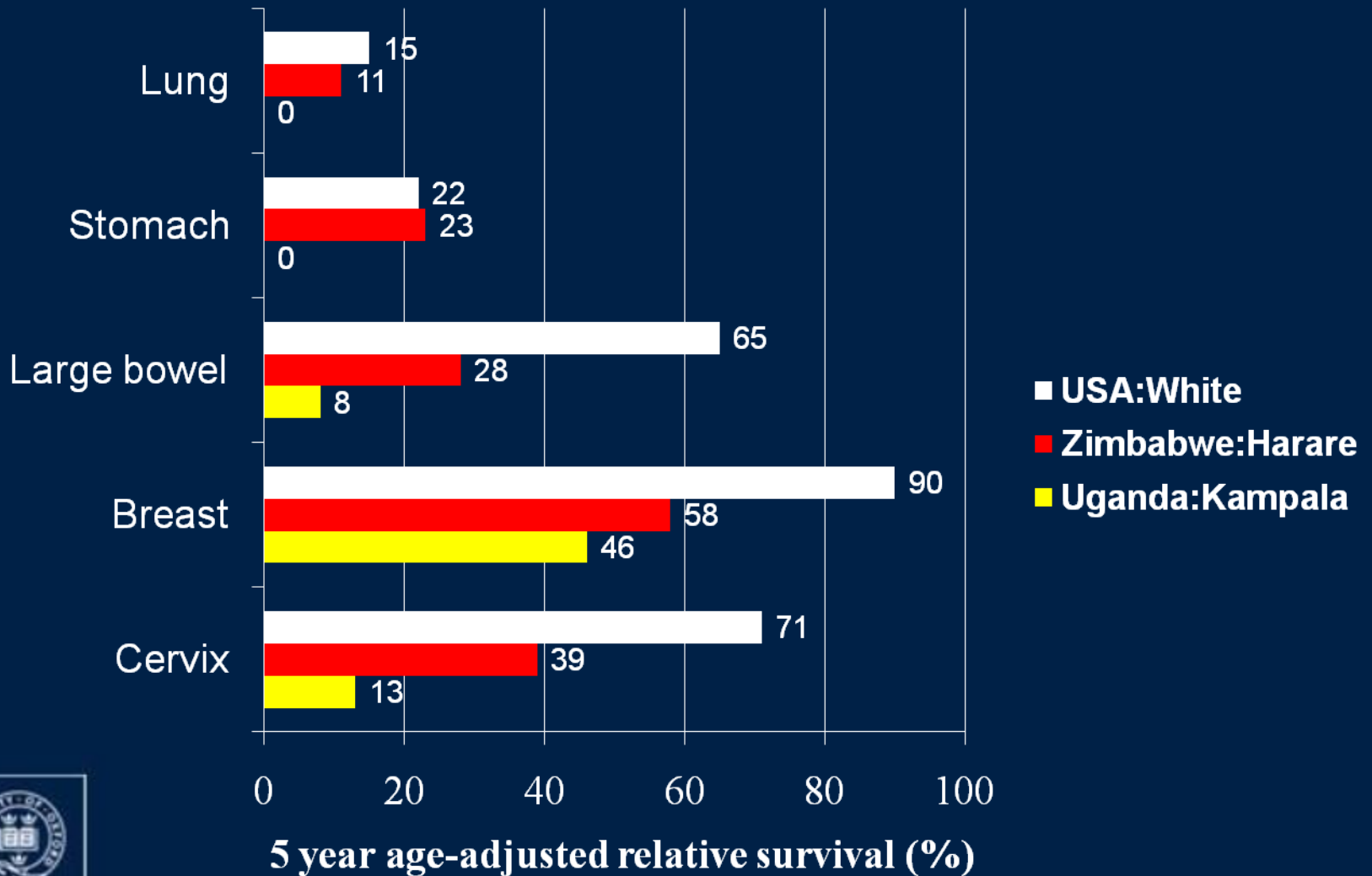


Mortality

METHODS	
	Mortality statistics – 4 countries
	Estimated from national incidence using survival data



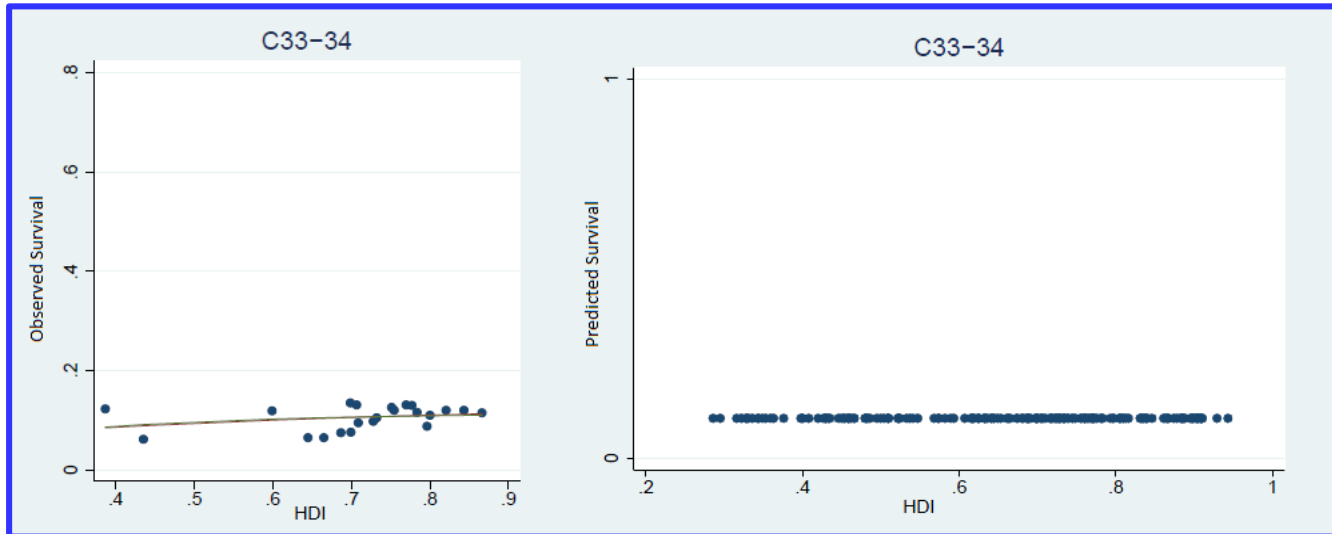
Survival statistics in African populations



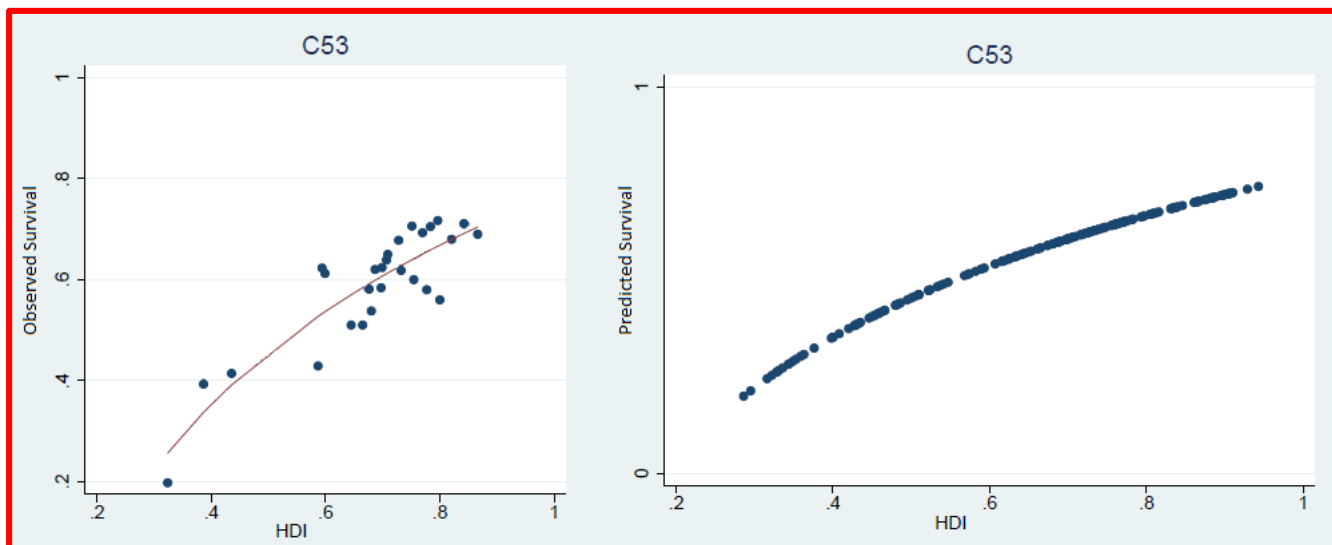
Modelling survival

Data:

- historic survival data from Europe, and some recent results from low- and middle-income countries
- “Human Development Index” for country and year



LUNG



BREAST

HISTORY OF AFRICAN CANCER DATA

1900 –1950 Case reports

1950's Case series (hospitals, pathology)



TABLE IV.—Cancer Sites. Mengo Hospital

Site	1897-1906	1907-16	1917-26	1927-36	1937-46	1947-56	Total
Lip	1	7	5	3	0	0	16
Tongue	1	0	0	0	0	0	1
Salivary gland	4	5	4	6	2	3	24
Floor of mouth	0	0	1	0	1	1	3
Oesophagus	0	4	1	3	2	5	15
Stomach	0	3	1	7	14	17	42
Colon	1	1	2	6	12	20	42
Rectum	1	0	2	1	4	2	10
Anus	0	0	1	0	3	0	4
Liver and gall bladder, primary	1	9	12	5	6	18	51
Liver, secondary, and unspecified abdominal	0	0	0	1	12	12	25
Pancreas	0	2	1	7	3	4	17
Nose	0	0	1	0	1	2	4
Larynx	0	0	0	0	0	2	2
Lung	0	0	3	2	1	4	10
Breast	3	6	14	3	12	17	55
Cervix uterus	3	13	11	8	28	50	113
Body uterus	0	0	0	1	2	2	5
Ovary	4	6	8	3	12	24	57
Female genital	0	1	3	0	4	3	11
Testis	0	0	1	1	1	0	3
Penis	2	13	27	11	4	13	70
Kidney, carcinoma	0	0	0	2	0	1	3
" Wilm's	0	2	0	1	2	4	9
Urethra	0	0	0	0	0	1	1
Bladder	0	0	1	0	0	0	1
Skin, squamous	0	1	10	3	3	5	22
" Kaposi	0	1	2	0	4	8	15
" melanoma	1	5	7	0	2	6	21
Eye/orbit	2	9	12	4	5	5	37
Intracranial	0	0	0	0	0	2	2
Thyroid	0	1	2	0	3	2	8
Bone	1	3	25	8	1	4	42
Soft tissue	1	6	3	4	5	9	28
Lymph nodes	3	8	23	20	7	7	68
Leukaemia	2	1	1	3	6	9	22
Jaw	8	17	26	14	8	10	83
Spleen	0	0	1	1	0	0	2
Palate	0	0	0	1	0	2	3
Lymph nodes, secondary	0	0	0	0	4	2	6
Total	39	127	212	130	178	279	965

tal
897

unity, 1897—1956

tal, Kampala, Uganda : Part I

† M.D., M.R.C.P. ; L. A. R. MTIMAVALYB†
SHAPER†

HISTORY OF AFRICAN CANCER DATA

1900 –1950 Case reports

1950's Case series (hospitals, pathology)

1960's Comparative studies- frequencies in different hospitals/laboratories

BRITISH JOURNAL OF CANCER

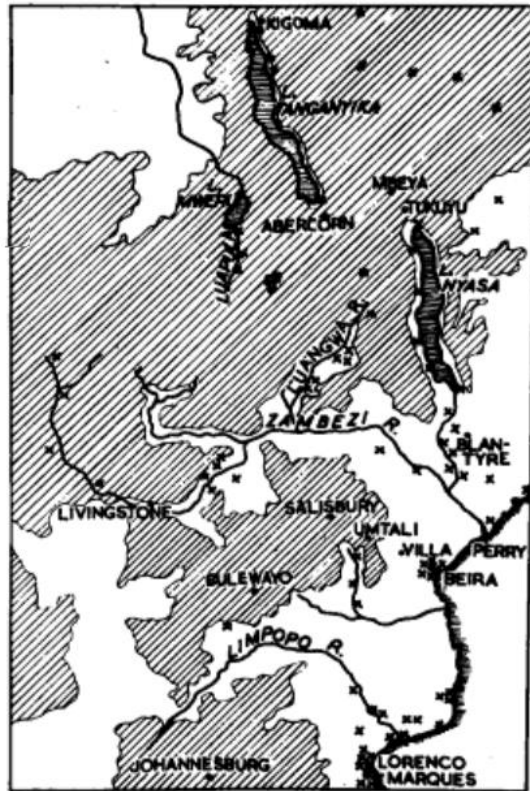
VOL. XVI

SEPTEMBER, 1962

NO. 3

A "TUMOUR SAFARI" IN EAST AND CENTRAL AFRICA

DENIS BURKITT



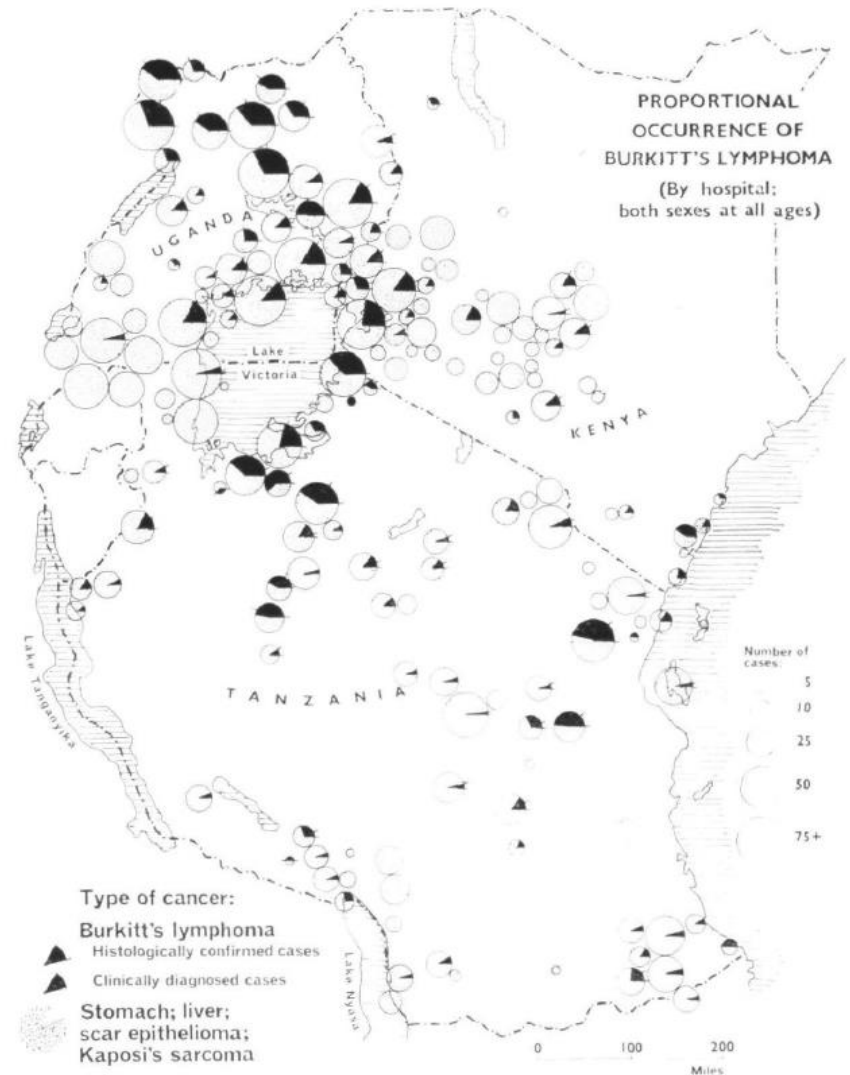
Map of East and Central Africa. All areas above 3000 ft. are shaded. The crosses indicate areas from which tumour patients have been observed.

CANCER IN AFRICA

PAULA J. COOK M.A. B.Litt.

D. P. BURKITT M.D. D.Sc. F.R.C.S.E.

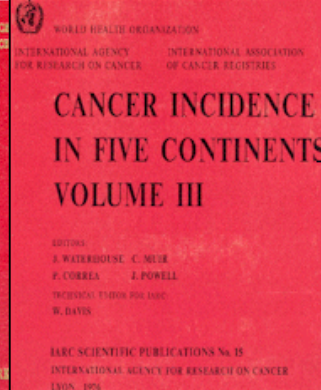
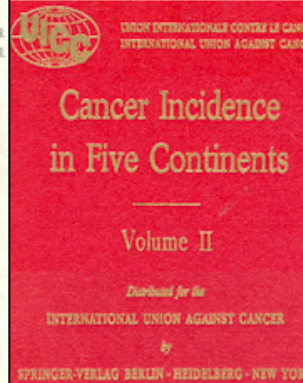
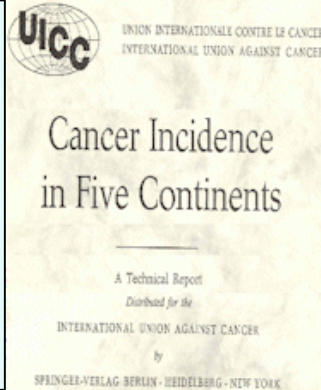
Br. med. Bull. 1971



HISTORY OF AFRICAN CANCER DATA

The first true cancer registries:
Cancer Incidence in Five Continents
Volumes I-III





Johannesburg (Higginson & Oettle)	1953-55		
Capetown (Muir Grieve)		1956-59	
Durban (Natal) (Schonland and Bradshaw)		1964-66	
Kampala (Davis, Templeton)	1954-60		
Lourenco Marques (Maputo) (Prates)	1956-60		
Ibadan (Edington)	1960-62	1960-65	1960-69
Bulawayo (Skinner)		1963-67	1968-72

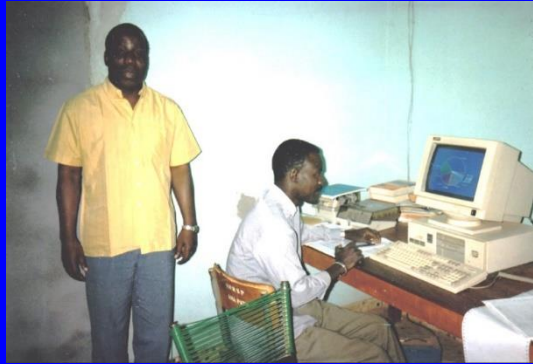


**Vol
IV
1982**
1 entry

**Vol V
1987
0
entries**

1980's Renaissance

1986: Cancer Registry of Mali (Bamako)



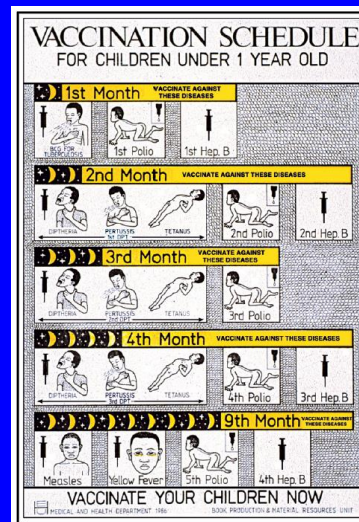
1989 Cancer Registry of Setif (Algeria)



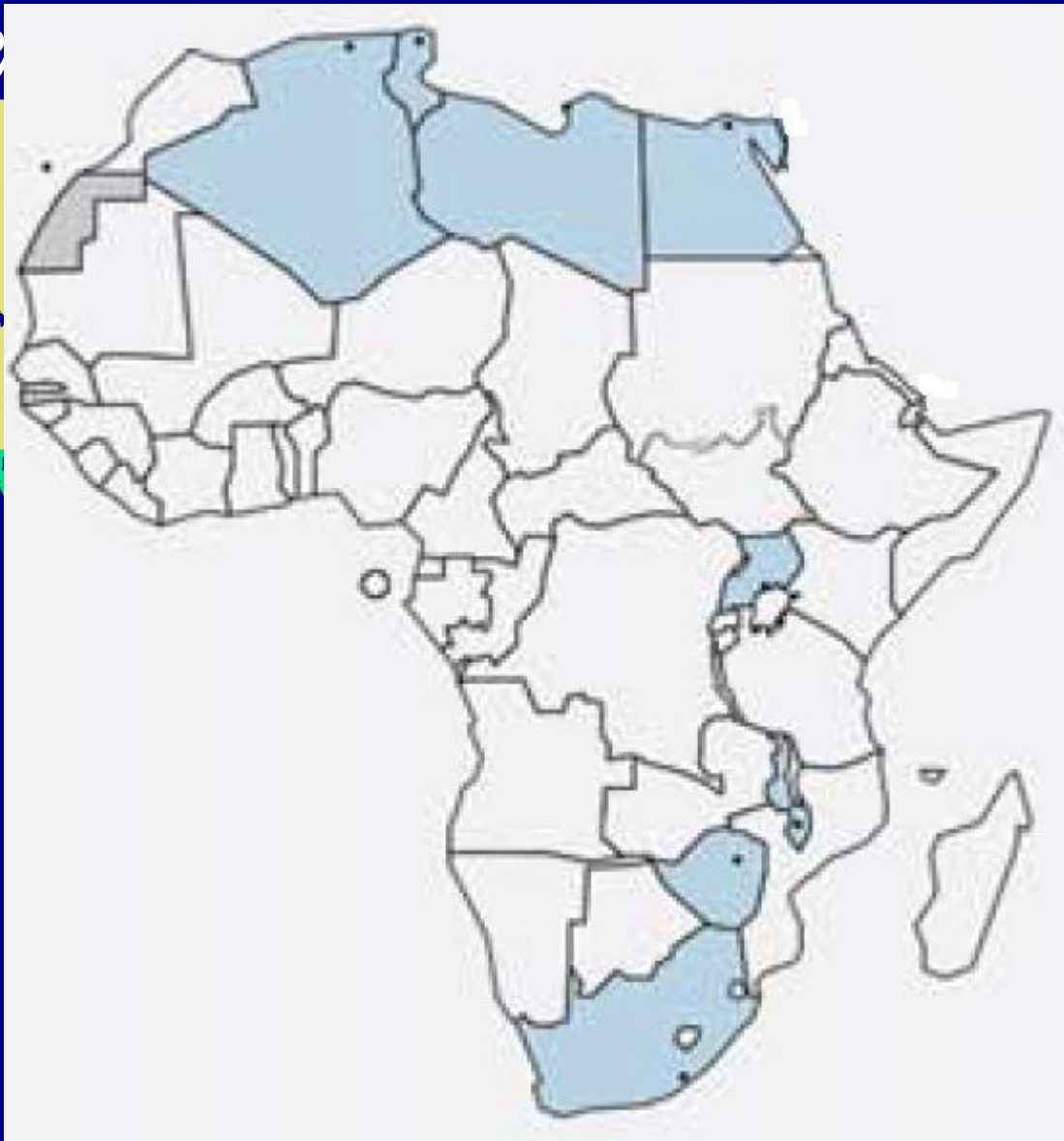
The Gambia (1986)

Gambia Hepatitis Intervention Study (GHIS)

(IARC, MRC, Gambia MOH)



Incidence data



X)

International Agency for Research on Cancer
World Health Organization

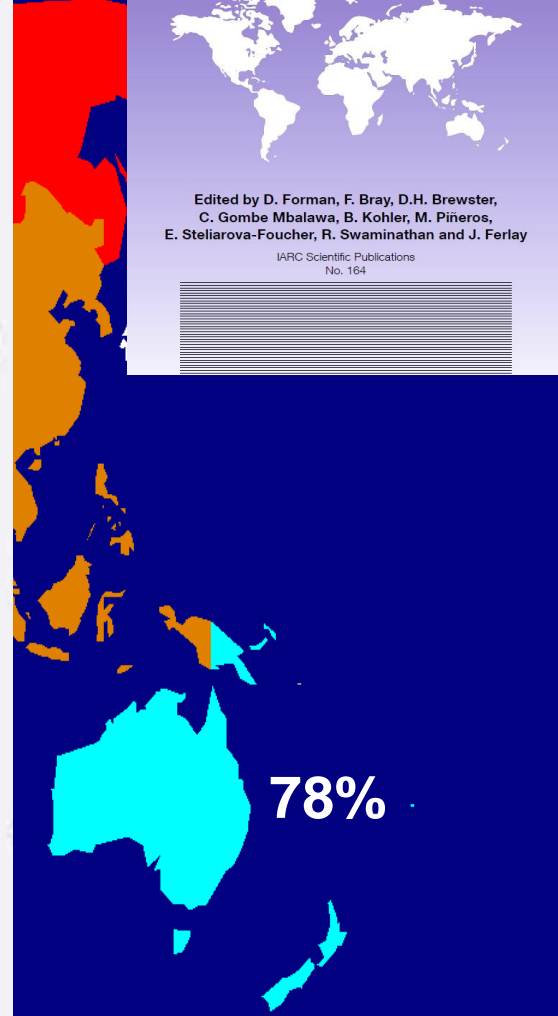
IACR
International Association of Cancer Registries

Cancer Incidence in Five Continents Vol. X



Edited by D. Forman, F. Bray, D.H. Brewster,
C. Gombe Mbalawa, B. Kohler, M. Piñeros,
E. Steliarova-Foucher, R. Swaminathan and J. Ferlay

IARC Scientific Publications
No. 164

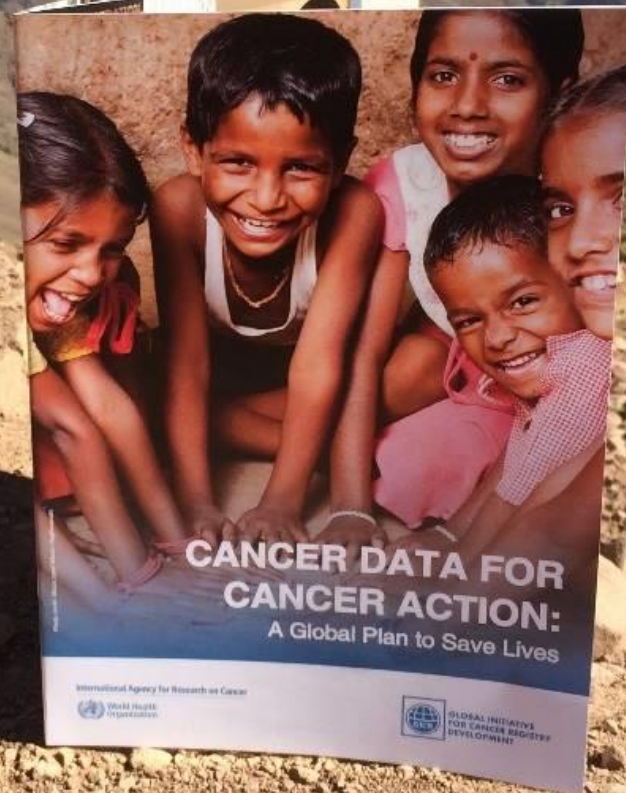


78%

Global Initiative for Cancer Registry Development (GICR)

Making cancer data count

A global strategy to improve the ability to collect, analyse and communicate cancer data



National Cancer Institute
at the National Institutes of Health



International Association of Cancer Registries



INCTR
International Network
for Cancer Treatment and Research

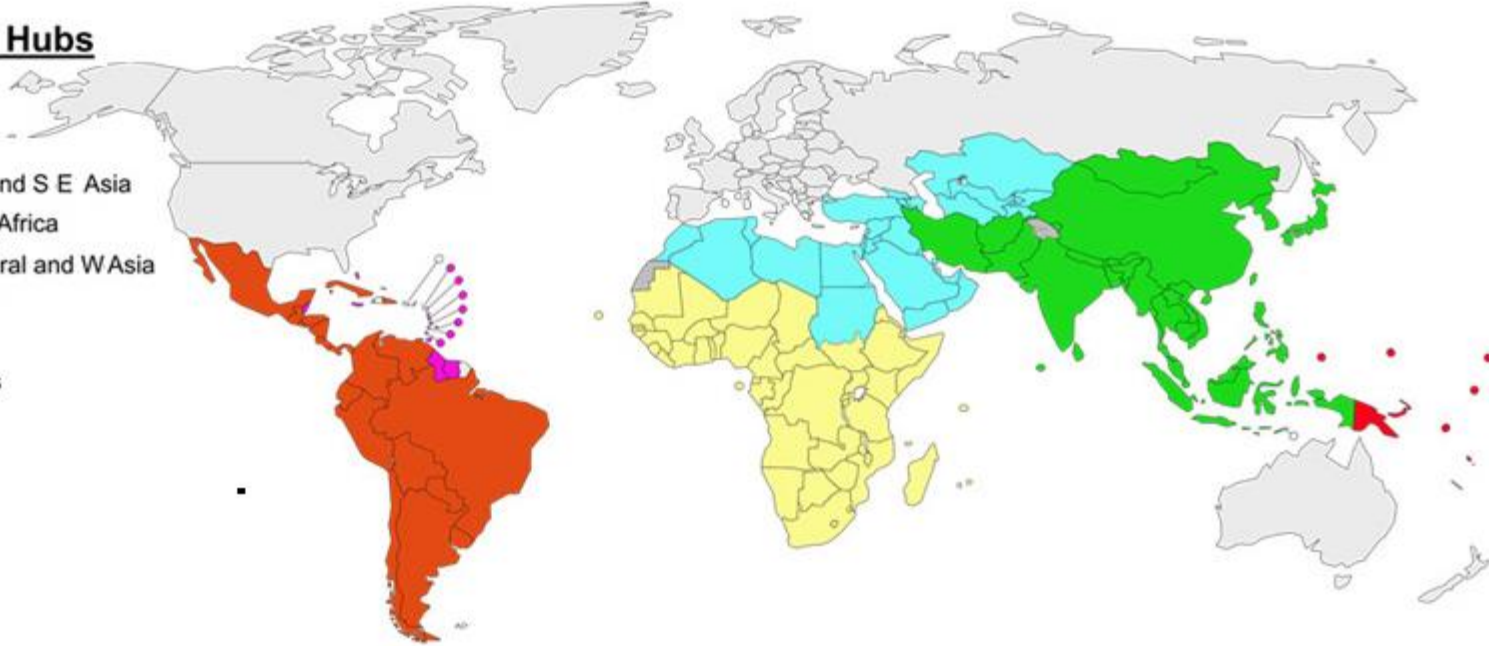


and other national and international partners



GICR Regional Hubs

- South, East, and S E Asia
- Sub-Saharan Africa
- N Africa, Central and W Asia
- Latin America
- Caribbean
- Pacific Islands



African Cancer Registry Network (AFCRN)

www.afcrn.org



AFCRN is a consortium of population-based cancer registries that provides the activities of a Regional Hub role with respect to cancer registry support in sub Saharan Africa

AFCRN Membership Criteria



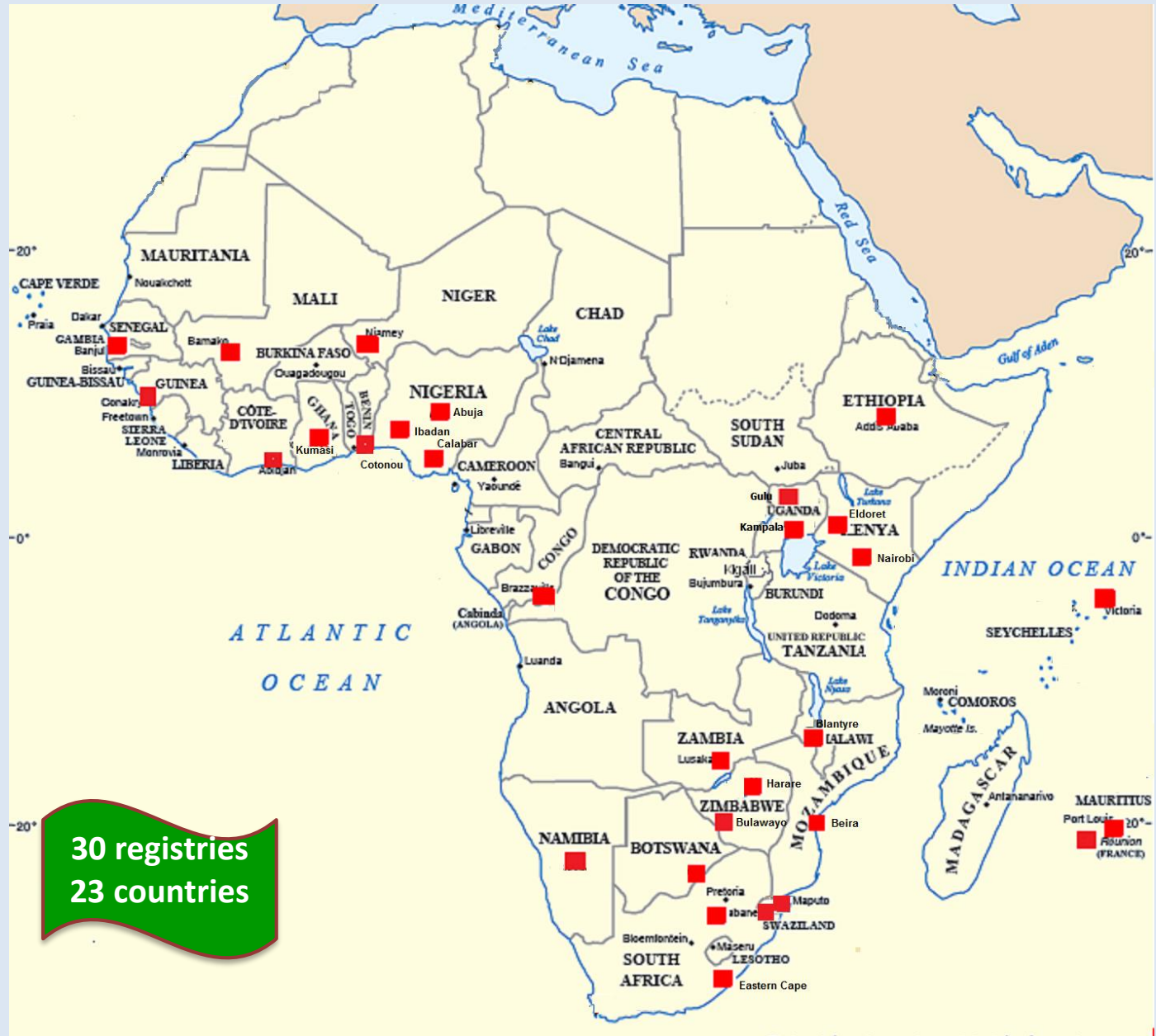
- Membership is by invitation following a consultant visit of evaluation
- Two existing members may propose new members for evaluation
- Registries in the countries of Sub-Saharan Africa (the WHO-AFRO region, minus Algeria) are eligible for membership
- **The registry must be POPULATION BASED, and achieving at least 70% coverage of the target population***
- Members must accept participation in joint AFCRN projects:
 - as approved at the AFCRN Annual Meeting
 - and approved by the AFCRN Research Committee
- Members must adhere to the policy (as agreed at the AFCRN Annual Meeting) on International Collaborative Research
- Members must maintain an up to date Web Page on the Network website
- Member registries should contribute data to the African Cancer Registry Database
- Representatives from member registries should not be absent at two consecutive annual meetings

***Probationary period of 3 years permitted with coverage 50-70%.**

AFCRN membership on April 1st 2017

List of countries:

- Benin
- Botswana
- Congo (Republic of)
- Cote d'Ivoire
- Ethiopia
- Gambia
- Ghana
- Guinea
- Kenya
- Malawi
- Mali
- Mauritius
- Mozambique
- Namibia
- Niger
- Nigeria
- Reunion
- Seychelles
- Swaziland
- South Africa
- Uganda
- Zambia
- Zimbabwe





Global Initiative for Cancer Registry Development (GICR)

Making cancer data count

The role of a regional hub is in:

- ❖ **providing technical and scientific support to countries;**
- ❖ **delivering tailored training in population-based cancer registration and use of data;**
- ❖ **advocating the cause of cancer registration in the region and facilitating setting up associations and networks of cancer registries; and**
- ❖ **coordinating international research projects and disseminating findings.**

Regional Hub function 1:

Providing technical and scientific support to countries

- **Memoranda of Understanding**

Provide funding to resolve identified problems
- equipment, temporary staff, travel...



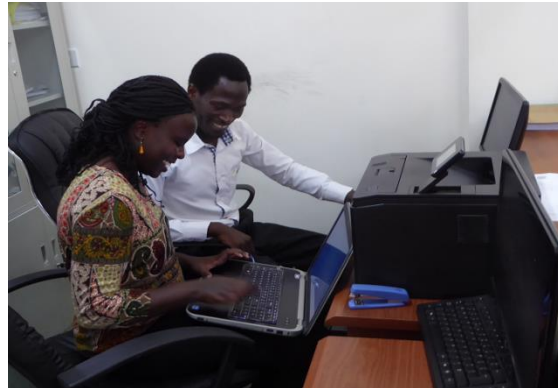
- **Technical assistance by AFCRN Research Fellows**

- **Installation and training in CanReg**



Technical consultancies in 2016

- Brazzaville (Congo)
- Mwanza & Kilimanjaro (Tanzania)
- Beira & Maputo (Mozambique)
- Zambia



Region Hub function 2:

Training in Population-based Cancer Registration, CanReg and Use of Data



Basic course, Accra, Ghana June 2016



Advanced course on CanReg, Kampala, Uganda, October 2016



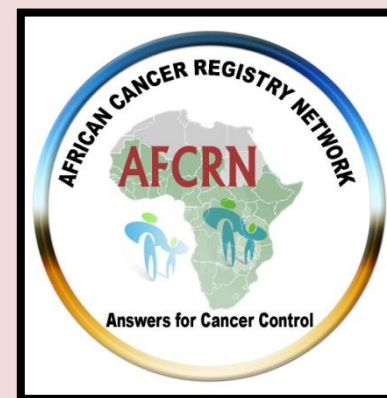
Second IAEA/WHO/AFCRN Workshop on Cancer Registration and Cancer Control, Accra, Dec 2016

Region Hub function 3: Advocating the cause of cancer registration in the region and facilitating setting up associations and networks of cancer registries

In last 4 years, AFCRN consultants had held talks with representatives from Ministry of Health and/or NCD departments of countries e.g.

Rwanda, Senegal, Burkina Faso, Mauritania, Botswana, Liberia, Benin, Togo, Cameroon, Zambia, Nigeria, and Seychelles.

As well as attending world class conferences and organising annual meeting.



PUBLICATIONS

by AFCRN, member registries and/or through collaboration



KAMPALA REGISTRY
for the period 2009-2012

Kampala, Uganda, August 2012

Contents lists available at ScienceDirect



ELSEVIER


CANCER INCIDENCE IN HARARE
TRIENNIAL REPORT
2010-2012



CANCER INCIDENCE IN NAIROBI - KENYA
NAIROBI CANCER REGISTRY



SEYCHELLES NATIONAL CANCER REGISTRY
REPORT FOR 2010-2012



MINISTRY OF HEALTH, SEYCHELLES

Registre des Cancers
Incidence du cancer
Rapport quadriennal 2008-2011




par Gombé Mbatwa Ch, Ibars G, Nankoko B, Poku J, Makwasa E, Datsi Y, Siambo SF, Mbika Caron, Moutou RS

Contents lists available at ScienceDirect

Cancer Epidemiology
The International Journal of Cancer Epidemiology, Detection, and Prevention

journal homepage: www.cancerepidemiology.net



IJC
International Journal of Cancer

Five year cancer incidence in Calabar, Nigeria (2009-2013)

Ima-Obong A. Ekanem^{a,*}, Donald M. Parkin^b

^a Calabar Cancer Registry, Department of Pathology, University of Calabar and University of Calabar Teaching Hospital, Calabar, Nigeria
^b Nuffield Department of Population Health, University of Oxford, OX3 7LF, UK

Five years cancer incidence in rural Eastern Cape Province; South Africa, 1998-2012

Muneko Sithole³ and Debbie Bradshaw³

Research Unit, South African Medical Research Council, Tygerberg 7505, Cape Town, South Africa
Oxford OX3 7LF, United Kingdom
South African Medical Research Council, Tygerberg, Cape Town, South Africa

OPEN ACCESS

country

Edited by: Onyiah A. Arah, University of California, Los Angeles, USA

Reviewed by: Teri Kang Johnson, Food and Drug Administration, USA
Lu Chen, Texas A&M University, USA

Ima-Obong A. Ekanem, University of Calabar, Nigeria
Max D. Parkin, African Cancer Registry Network, London, UK

Christopher Obiorah^{1*}, Okufemi Ogundimu^{2*}, Abikemi O. Cornelius Ukah^{3*}, Patience Osinubi^{4*}, Ramatu Hassan^{5*} and Clement A. Adebamowo^{6*}

Cancer registry features and challenges in Africa

Robai Gakungu¹ and D. Maxwell Parkin²; On behalf of the African Cancer Registry Network (AFCRN)

¹ Consultant, African Cancer Registry Network (AFCRN), INCTR, Prisma
² Honorary Senior Research Fellow, Nuffield Department of Population Health, Drive, Oxford, OX3 7LF, United Kingdom

Short Report

Black-white differences in cancer risk in Harare, Zimbabwe during 1991-2010

Eric Chokunonga¹, Peter Windridge², Peter Sasieni², Margaret Borok³ and D. Maxwell Parkin²

¹ Zimbabwe National Cancer Registry, Avondale, Harare, Zimbabwe
² Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine & Dentistry, London, United Kingdom

IJC
International Journal of Cancer



Incidence of cancer in Nairobi, Kenya (2004-2008)

Anne Korir¹, Nathan Okerosi¹, Victor Ronoh¹, Geoffrey Mutuma² and Max Parkin³

¹ Nairobi Cancer Registry, Kenya Medical Research Institute, Nairobi, Kenya
² The Zambesi Hospital, Nairobi, Kenya
³ Clinical Trials Service Unit and Epidemiological Studies Unit, University of Oxford, Oxford, United Kingdom

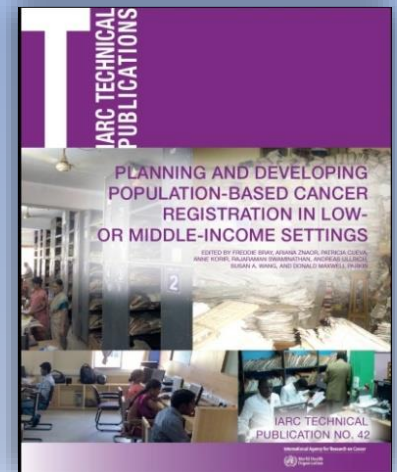
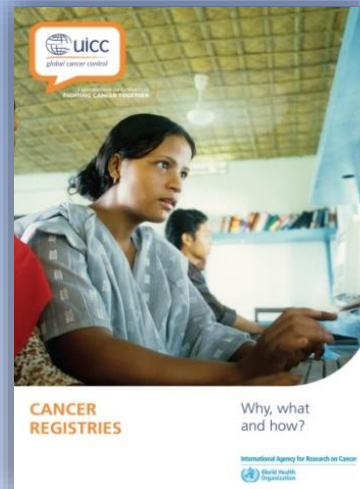
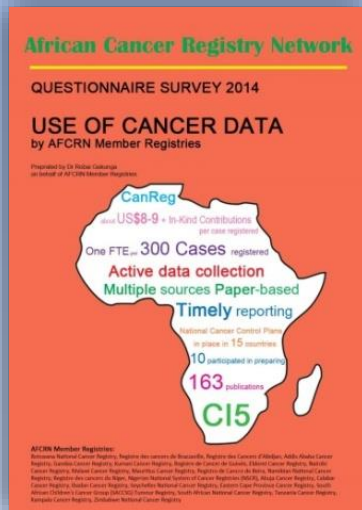
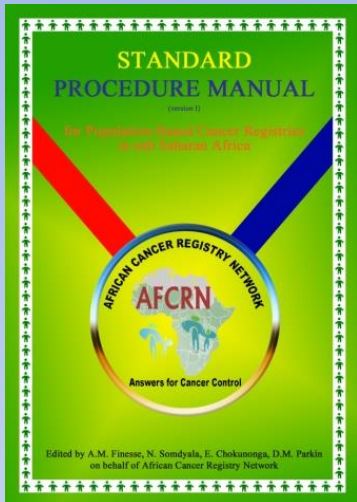
REPUBLIQUE DE COTE D'IVOIRE
URDOR - DISCIPLINE - TRAVAIL

REGISTRE DU CANCER D'ABIDJAN
RAPPORT BIENNAL : 2012-2013

Coordination: N'da GG, Ayemou A, Adoubi I ... et Coll

TECHNICAL PUBLICATIONS



CANCER of CHILDHOOD in AFRICA

I. INCIDENCE



Cristina Stefan, Freddie Bray, Jacques Ferlay, Blyling Liu, D Maxwell Parkin

The website: www.afcrn.org

The screenshot shows the homepage of the African Cancer Registry Network (AFCRN). The browser address bar displays the URL <http://asus.uk.msn.com/?pc=ASU2&ocid=ASUDHP>. The website features a logo on the left with the text "AFRCRN" and "Answers for Cancer Control" around a map of Africa. To the right of the logo, the text "AFRCRN" is written in large red letters, followed by "AFRICAN CANCER REGISTRY NETWORK" in green. A search bar is located in the top right corner with the placeholder text "Enter your keyword...". Below the header is a navigation menu with green buttons for "HOME", "ABOUT US", "MEMBERSHIP", "PROGRAMME OF ACTIVITIES", "TRAINING PROGRAMMES", "RESEARCH COLLABORATION", and "RESOURCES". A "WEBMAIL" link is positioned below the "HOME" button. The date "SUN, 20 JAN 2013" is displayed in the top right. The main content area features the heading "AFRCRN" in large blue letters, followed by a paragraph of text. On the right side, there is a "CONTACT US" section with contact information for INCTR.

Search

CPANEL

HOME ABOUT US MEMBERSHIP PROGRAMME OF ACTIVITIES TRAINING PROGRAMMES RESEARCH COLLABORATION RESOURCES

WEBMAIL

SUN, 20 JAN 2013

AFRCRN

The African Cancer Registry Network (AFCRN) was formally inaugurated on 1st March, 2012. It is supported via the Cancer Registry Programme of the International Network for Cancer Treatment and Research (INCTR). AFCRN has succeeded and expanded the activities of the East African Cancer Registry Network (EARN), which was established in January 2011, thanks to the support of the [Doris Duke Charitable Foundation \(USA\)](#). The aim of the project was to improve the effectiveness of cancer surveillance in five east African countries by providing expert evaluation of current problems and technical support to remedy identified barriers, with long-term goals of strengthening health systems and creating research platforms for the identification of problems, priorities, and targets for intervention. The success of the EARN project has attracted further support, as a grant from the pharmaceutical company GlaxoSmithKline (GSK) - Oncology division. This has permitted expansion of activities to the whole of sub-Saharan Africa. These financial contributions to the work of cancer registration in Africa are a recognition of the increasing burden of non-communicable diseases, and especially cancer, in the continent, and the need for adequate surveillance as a fundamental part of any rational programme for cancer control. In

CONTACT US

For all enquiries about AFCRN, including training and research collaboration enquiries, please contact the AFCRN secretariat:

INCTR,
African Cancer Registry Programme,
Prama House,
267 Banbury Road,
Oxford,
OX2 7HT

Regional Hub function 4:

Coordinating international research projects and disseminating findings



AFCRN
AFRICAN CANCER REGISTRY NETWORK



ABOUT US

MEMBERSHIP

ACTIVITIES

TRAININGS

RESEARCH COLLABORATION

A cancer registry is only making a valuable contribution when its data are being used for surveillance, health care planning and evaluation and research into cancer cause, prevention, and care.

Member registries welcome the opportunity to collaborate in programmes of evaluation and research

Research Projects within AFCRN

	Leading PI	No. of centres	2012	2013	2014	2015	2016	Status
Breast Cancer size and stage	ACS	10	x	x	x			completed
Costing study	CDC	4-6	x	x	x	x	x	on-going
Survival of four cancers (C15, 50, 53, 61)	AFCRN	5	x	x	x			Not yet fully analysed
Oesophagus from East Africa	Uni of California	4	x	x	x			completed
Childhood survival study	SA MRC	4		x	x	x	x	on-going
Breast cancer bio study	Uni of Halle	8		x	x	x	x	final stage
AFCRN Database	AFCRN	all		x	x	x	x	on-going
Cancer in Africa (monograph)	ACS/IARC	all			x	x	x	final stage
Questionnaire survey: Use of Data	AFCRN	all			x			completed
Procedure Manual	AFCRN	N			x	x	x	2nd version
Oesophagus by sex and geography	IARC	??					x	on-going ??
Essential TNM pilot study	UICC	3				x	x	Phrase I completed
Childhood incidence study	SA MRC	16				x	x	final stage
Treatment and follow-up	Uni of Halle	6					x	on-going
SurvCan 3	IARC	12					x	on-going
Nutrition	IARC	all					x	on-going ??

Outcome: Papers / Résultat: article

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**African Cancer Registry Network, 5th Annual Review Meeting
Kumasi, Ghana 18-20th December 2016**



Annual Review Meeting of AFCRN, Kumasi, December 2016

Problems of cancer registration in Africa

1. Structural

- 1. Lack of institutional framework**
- 2. No legal provision for cancer registration**

2. Technical

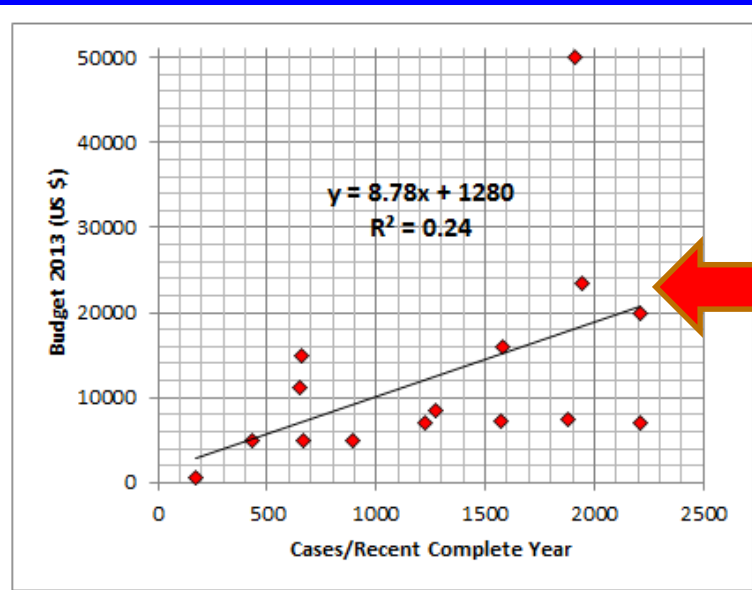
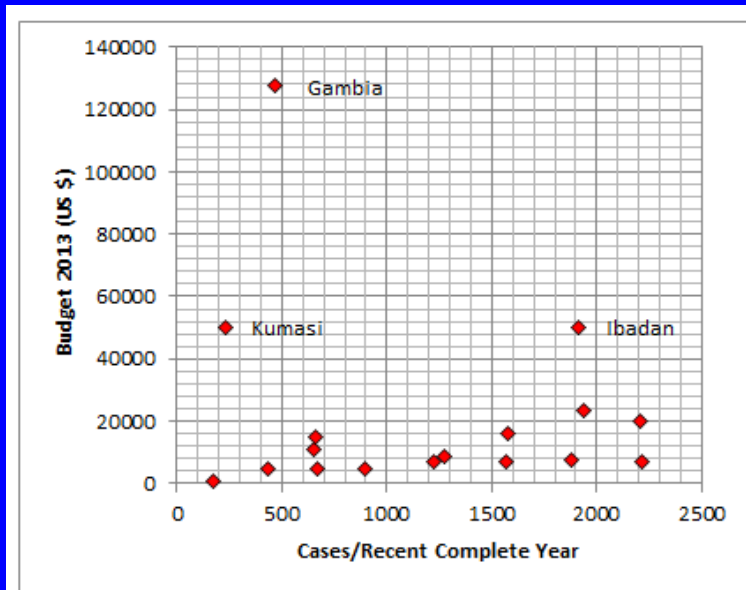
- 1. Some patients may never attend medical facilities (never diagnosed)**
- 2. Difficulties in case finding and abstracting**
- 3. “Place of residence” is difficult to define, and to collect**
- 4. Regular population estimates not be available, or in insufficient detail.**
- 5. Follow – up studies (survival) very difficult**
- 6. Recruiting, training and retaining good quality registry staff is difficult**

3 Financial

Local funding is difficult to obtain and maintain

HOW MUCH DOES IT COST?

(left): Survey of 17 AFCRN member registries' budgets by number of cases registered
(right)(excluding Gambia & Kumasi).



About
\$9 per
case

FUTURE DIRECTIONS FOR AFRICA



- **Increase the registry network**
- **Improve quality (completeness & validity)**
- **Expand dataset**
 - **Stage (?Essential TNM)**
 - **Outcome (survival)**
 - **Treatment**
- **Automation – linkage of files**
 - **Speed and simplify data collection**
 - **Expand range of activities**
 - **Surveillance of disease**
 - **research**

African Cancer Registry Network (AFCRN)

www.afcrn.org



Our supporters (with thanks for their contributions)



International Agency for Research on Cancer



Other significant partners



International Association of Cancer Registries

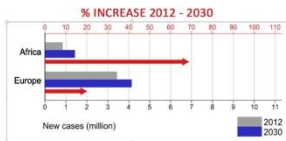
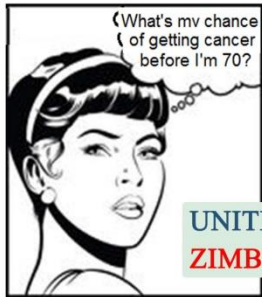




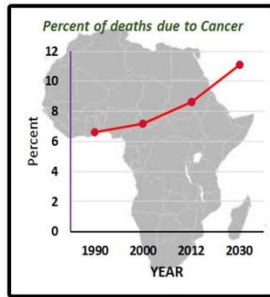
Network of Population-Based Cancer Registries in Sub Saharan Africa African Cancer Registry Network

KNOWLEDGE is key to NATIONAL CANCER CONTROL PLANNING in SUB SAHARAN AFRICA

In the fight against CANCER, knowledge of the problem to be confronted is just as important as knowing the solutions. Cancer has never been rare in Africa. As populations age and become urbanised, cancer is emerging as a major challenge to health and wellbeing.



UNITED KINGDOM = 1/5
ZIMBABWE = 1/6



MUST KNOW:

Patterns of cancer
Change of burden
Affected population
Available treatments
Patients' choices
Treatment outcomes

TO PLAN:

Prevention
Early detection
Treatment
Palliative care
Budgeting; marketing
Health education

POPULATION-BASED CANCER REGISTRIES (PBCR) is

WHO WE ARE

Network of Population-Based Cancer Registries, International Organisations and Research Institutes.

We aim to cover all PBCRs in Sub Saharan Africa. So far, 30 PBCR in 22 countries are members: Benin; Botswana; Cote d'Ivoire; Congo Rep; Ethiopia; Gambia; Ghana; Guinea; Kenya (2); Malawi; Mali; Mauritius; Mozambique; Namibia; Niger; Nigeria (4); Reunion; Seychelles; South Africa (3); Uganda (2); Zambia; Zimbabwe (2).

Significant Partners: University of Halle, South African Medical Research Council, Union for International Cancer Control, American Cancer Society, etc.

www.afcrn.org | +44 (0)1865 743663 | Prama House, 267 Banbury Road, Oxford OX2 7HT, United Kingdom

WHO BENEFITS

- * Hospital staff in Africa: 100+ cancer registrars trained; 9 training instructors;
- * Cancer registries: general funding support; research grants; fellowship;
- * African researchers: 10+ international joint publications;
- * Policy makers (local government and international organisations e.g. WHO): by improving data quality and making information available;
- * Countries in SSA: more effective and efficient cancer control planning and evaluation possible.

Through the support of AFCRN we have provided essential information to researchers, the Ministry of Health and other stakeholders for use in prioritizing cancer prevention and control programmes. In Kenya, cancer registration is now well recognized as the best surveillance method that can provide accurate data on cancer incidence and mortality.

As a leader in cancer registration I am often consulted by Ministers of Health to help develop registries in other regions of Kenya.

AFCRN is like a family that share common goals, values and aspirations. We learn from each other... ..the Network gives us guidance and courage to do much more.

-- Anne Korir
Director, Kenya National Cancer Registry



WHAT WE DO

We aim to provide mentoring and advice, staff training, to foster research on cancer cause and prevention, and to advocate for policies for cancer control. The expertise for these tasks is provided by the AFCRN members, guided by a coordinating centre, which works closely with the International Agency for Research on Cancer (IARC) - the cancer agency of World Health Organisation (WHO).



Join the mission:

\$100,000 Mission support
Acknowledged in all activities; invites to annual meeting.

Training:
\$40,000 international training course
\$20,000 regional training course
Acknowledged on all course materials.

Registry development:
\$3,000-5,000 per year registry sponsorship
\$5,000 individual fellowship
Acknowledged on all publications.

Research:
£40,000 per annual - Oxford DPhid student
\$20,000 per research project
Acknowledged on all publications.

We have many more ongoing projects concerning different areas, countries and studies. For more information please email

admin@afcrn.org

AFCRN relies entirely on donations to support its work. Donations may be for specific activities, and/or for limited periods. The AFCRN is funded through The INCTR Challenge Fund (registered charity in England and Wales. Charity number: 1079181). Its account is audited annually. UK company may receive tax relief by making a donation to a registered charity.



Thank you