SIGHT RESEARCH UK

Turning Science into Sight

Charity Report 2020-22

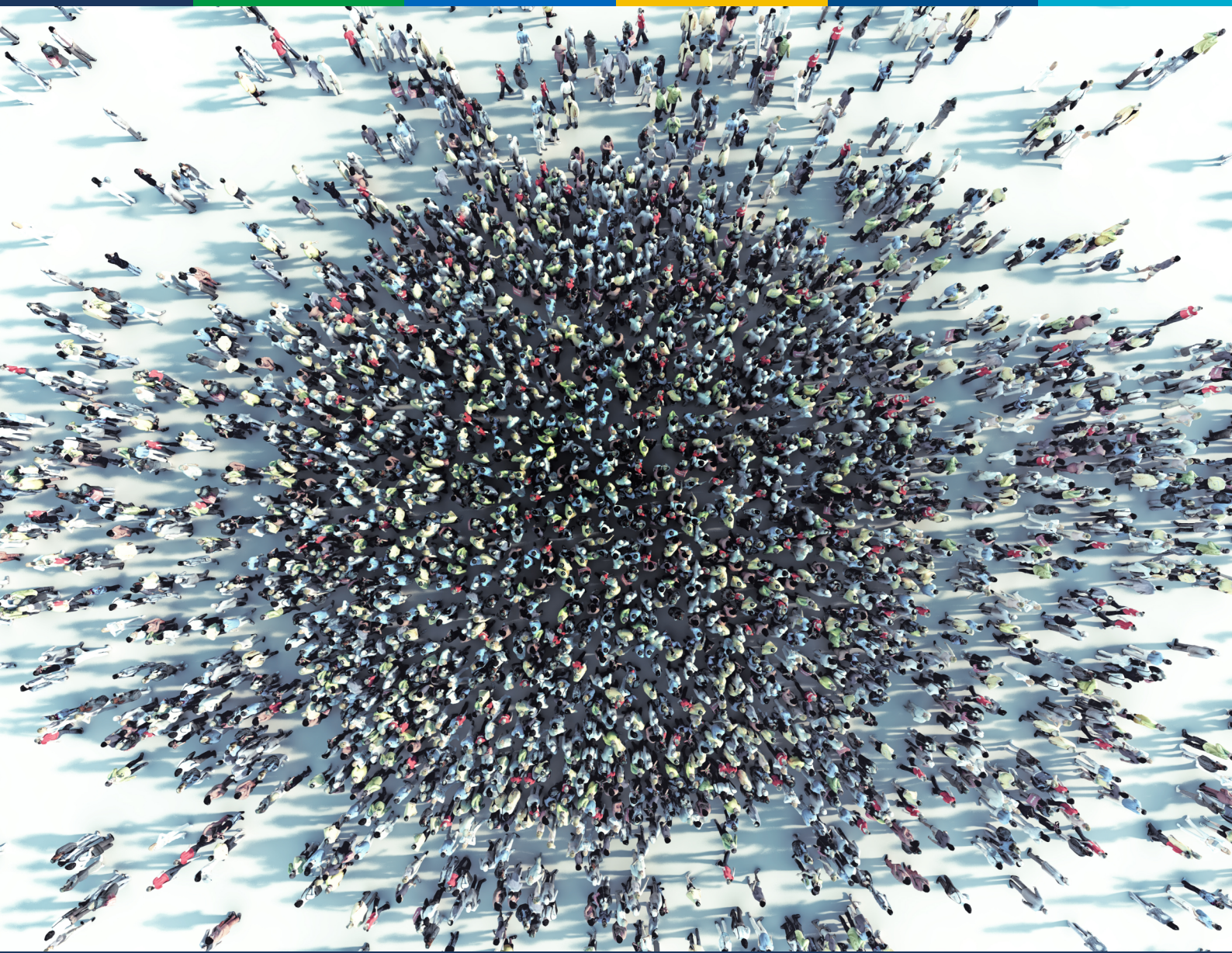
Who we are

We are a community of supporters, researchers, patients, healthcare professionals, and fundraisers, working together towards our shared goal: to bring forward the day when sight loss and blindness are a thing of the past.

What we do

We fund research that is poised to provide new and more effective solutions for patients - be it in diagnosis, prevention or treatment.

Together, we can beat sight loss faster.



Message from the Chair

As I reflect on the last 12 months of change, I am proud of the foundations now in place, and of our vision, shaped by you, of beating sight loss faster.

I am hugely grateful for all your support, whether through regular donations, single gifts or a pledge to support us in the future with a gift in your Will. Alongside your most generous donations, your feedback too has been crucial to our new research funding strategy.

In June this year we were sad to lose our Chief Executive, Laura Serratrice, who has been instrumental in the transition from the National Eye Research Centre to Sight Research UK and helping us to become a truly national organisation.

I am delighted however to welcome Charlotte Parkin as our new Chief Executive. Charlotte joined us on 1 November and will bring a wealth of knowledge and expertise to lead the charity in its next exciting phase of development.

We have a great history over 36 years, and now have the structure in place for an even greater future, which together with your continued support can make a tangible difference to patients faster.

My thanks to all our donors, volunteers, patients, researchers, team and trustees.

Thank you.
Carol Mayo, Chair of Trustees

SIGHT RESEARCH UK

Chief Executive update

From its earliest days as the National Eye Research Centre, this organisation has worked tirelessly to make a real difference to those living with sight loss and sight limiting conditions. Thanks to the generosity of its supporters and volunteers the Charity has funded critical research to progress knowledge, diagnosis and treatment of sight-threatening conditions.

I am delighted to be joining this wonderful charity at such a pivotal time in its history. With our new name, Sight Research UK, and our new research strategy focusing on accelerating the most promising scientific discoveries towards new treatments and diagnostics, there is much to celebrate and indeed much to achieve.

As you will see in the following pages, we have chosen to combine the past two years of activity into one. The past 24 months have been both immensely busy with the creation of our new strategy but also uncertain as we navigated the global pandemic. Thankfully, with the help of our supporters, we find ourselves looking to the future and I hope you will enjoy reading what our researchers have been achieving.

Earlier this year we were saddened to learn of the passing of Professor David Easty, the charity's founder, about whom you can read more later in this report. Professor Easty's passion and dedication to improving outcomes for those with sight-threatening conditions is the lifeblood of our mission, and we owe him an immense debt of gratitude.

As I begin my time here at Sight Research UK, I would like to thank each and every one of our supporters for their involvement with the work that we do. The research that we fund is vital to stemming the growing numbers of adults and children suffering from sight loss and sight limiting conditions. Together we have the potential to improve the lives of so many, for generations to come.

Over the coming months I am very much looking forward to meeting our supporter community and hearing what Sight Research UK means to you. Please can I encourage you to get involved in any way you can. Whether that's spreading the word, making a donation, telling us your story or considering leaving a gift in your Will. Research into eye disease continues to be desperately underfunded and we must do more and shout louder to ensure the future is brighter for everyone.

Thank you.
Charlotte Parkin, Chief Executive

SIGHT RESEARCH UK

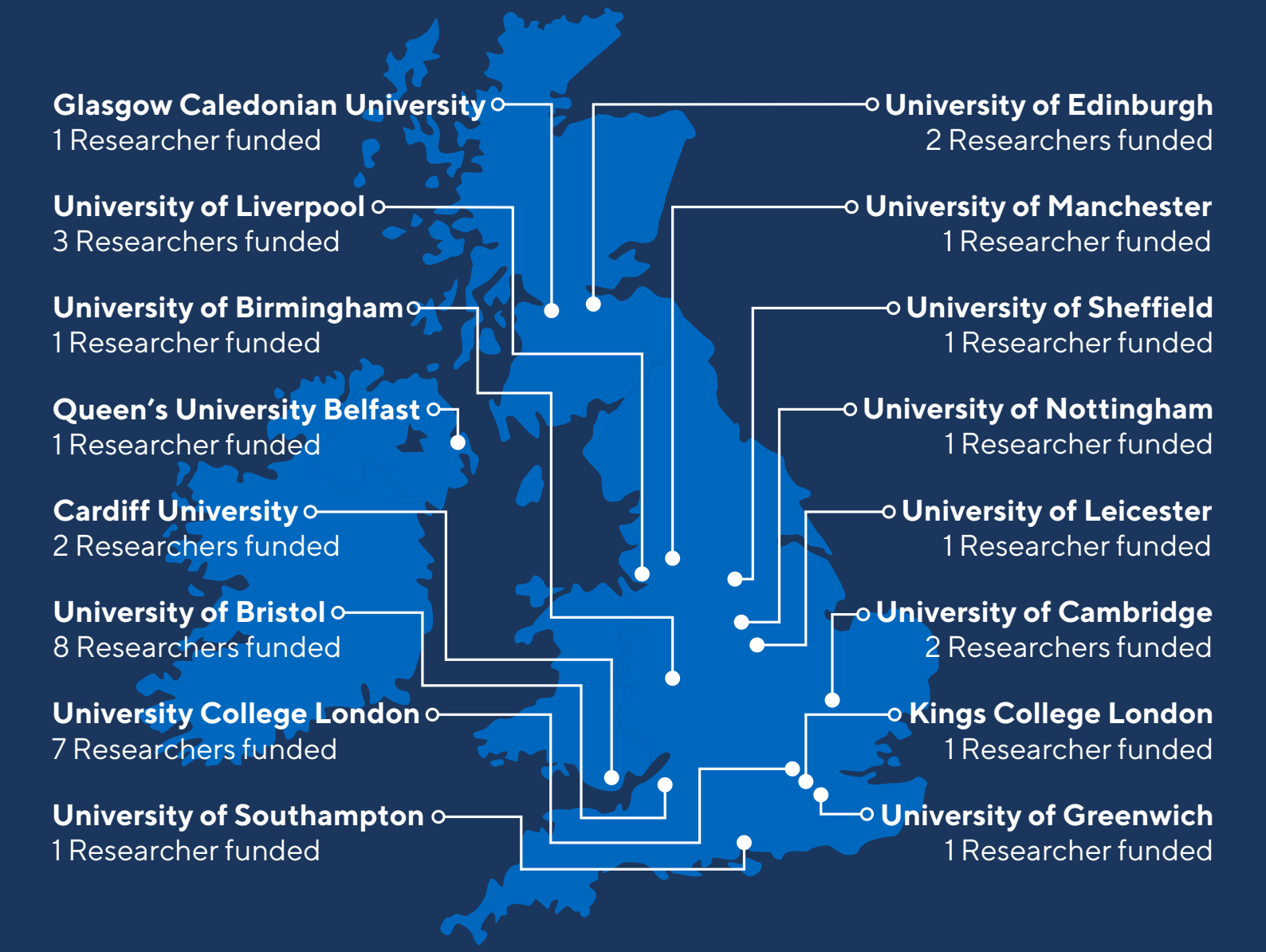
Research we are funding

Our currently funded grants range from proof of concept projects and PhD studentships to equipment grants and our new translational projects, funding research on the cusp of finding new treatments for eye diseases. All of our grants are awarded through open competition and assessed by independent experts in the eye research sector.

In our 2020-21 and 2021-22 financial years, we had 39 active grants, supporting 34 researchers across 16 UK research institutions. In this time we paid £810,040 towards existing grants.

The research sector was greatly affected by the COVID-19 pandemic with many researchers unable to access their laboratories and losing time-sensitive research materials. In order to protect ongoing projects, Sight Research UK committed an extra £45,620 to ensure these researchers could continue their vital work.

As of 30 June 2022, our commitments to existing grant holders totalled £574,810.



SRUK bids farewell to David Easty

In January, we were deeply saddened by the death of the charity's founder, Professor David Easty (MD, DO, FRCS, FRCOph), who will be remembered with great fondness by many of our long-standing supporters.

Professor Easty was a consultant ophthalmic surgeon at Bristol Eye Hospital for nearly 30 years. In 1982, he was also appointed as the University of Bristol's first Professor of Ophthalmology, where he was invited to develop the department.

Frustrated by the lack of funding for ophthalmology research, a problem then as now, Professor Easty founded the National Eye Research Centre (NERC) to generate income. The charity grew out of the gratitude and generosity of the many eye hospital patients in his care, who were keen to support research for new treatments. In its early days, NERC's support was focused on the University of Bristol but as it grew, so did its support of other UK universities.

Sight Research UK, as we are today, owes Professor Easty a profound debt of gratitude. His vision has spurred us on to raise nearly £18 million for research that has helped to answer some of the most fundamental questions about eye disease – with over 20 universities receiving funding.

Professor Easty's contributions to eye research, clinical ophthalmology, and teaching are too many to acknowledge here. His greatest legacy, however, in which we are proud to have played a part, was the establishment of a nationwide corneal transplant service in 1986.

When Professor Easty came to Bristol in 1972, the city was already home to UK Transplant Service, (now part of NHS Blood and Transplant). Professor Easty saw that corneal storage could be a logical extension of the organisation's nationwide distribution of solid organs, and he set about building a team to help realise his vision. He recruited John Armitage (now Emeritus Professor of Cryobiology at the University of Bristol) from the University of Cambridge, and tasked him with researching the potential of cryopreservation to allow unlimited corneal storage time.

As a result of Professor Armitage's work, Bristol's service became the first in the UK to use organ culture storage at 34°C, an innovation that increased the storage time of corneas from just a few days to a whole month. This revolutionised corneal transplantation, transforming it from an emergency into an elective procedure. As well as enabling many more surgeries to be performed, the new storage technique led to better outcomes for patients. The fact that corneas could be kept for longer enabled doctors to find the most suitable match for each patient, meaning better graft results and better vision.

After initial backing from the Iris Fund for Prevention of Blindness, funding for the nationwide corneal transplant service was raised through the generosity of SRUK's earliest donors. In 1986, the Bristol Eye Bank was established and within two

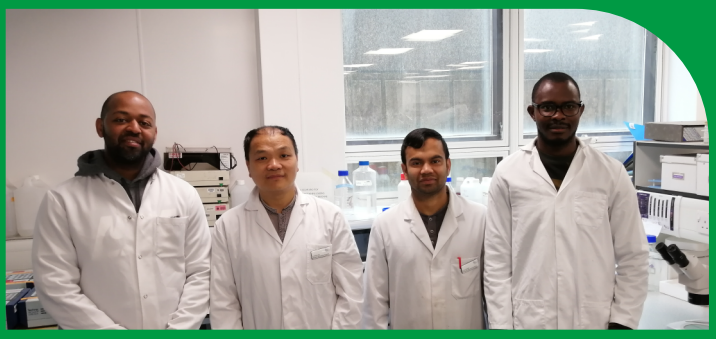
years, 1,000 corneas a year were being distributed through UK Transplant Service to hospitals throughout the UK. Some 30 years later, over 80,000 people have benefited from the advances that came about through Professor Armitage's research and Professor Easty's vision.

As well as helping to drive improvements in corneal transplantation, NERC under David Easty's direction funded research in many other areas of ophthalmology, particularly in the fields of immunology, diseases of the surface of the eye, and retinal disease.

David Easty is remembered as a man of passion and formidable determination. He was a great teacher and gathered around him a cohort of outstanding young ophthalmologists to carry his work forward. We are proud and honoured to continue the work that he started at Sight Research UK: driving forward research that will benefit people with sight loss faster.

Completed Research

A new drug therapy for age-related macular degeneration: Dr Xinhua Shu, Glasgow Caledonian University



Dr Xinhua Shu & team, Glasgow Caledonian University

Age-related macular degeneration (AMD) is the UK's leading cause of sight loss. This progressive disease damages the macula: the part of the eye that is responsible for our central, detailed, and much of our colour vision. A poor understanding of exactly what causes the macula to become damaged means that AMD is currently incurable and, for the most part, untreatable.

Dr Shu's project focused on one of the major early symptoms of AMD, to determine whether treating it can halt the progress of disease in patients, and save their sight from deteriorating.

In the first stages of AMD, fatty deposits, called drusen, build up between layers in the retina known as the retinal pigment epithelium (RPE) and Bruch's membrane. The RPE performs many critical functions, including supporting retinal photoreceptors, which convert light into signals that are sent to the brain, enabling us to see. Bruch's membrane lies just beneath it.

Drusen contain a variety of fatty substances, including cholesterol, which contributes to the development of AMD.

In a previous study, Dr Shu showed that a protein called TSPO is involved in promoting cholesterol removal from RPE cells. Furthermore, if the gene that produces TSPO is missing, the removal of cholesterol is significantly decreased, resulting in an accumulation of fatty deposits inside the RPE cells.

In this project, Dr Shu set out to determine whether drugs designed to target the TSPO-producing gene could stimulate the removal of cholesterol from the RPE, and supress the formation of fatty deposits.

Using human RPE cells, his team identified five TSPO-targeting small chemicals that were successful in promoting cholesterol removal from the RPE cells. They also found that these small chemicals enhanced the production of a protein, called CD59, which was shown to inhibit inflammation damage in human RPE cells, and to alleviate symptoms of AMD in mice.

The project's results suggest very strongly that TSPO-targeted therapy could be a new treatment for AMD, and Dr Shu is currently applying for grants to begin early stage clinical trials with patients.

Completed Research

Developing a model of corneal dystrophy to seek alternatives to surgery: Dr Alice Davidson, University College London

Dr Alice Davidson, UCL

Fuchs' endothelial corneal dystrophy (FECD), is a sight-threatening condition that is estimated to affect more than 4% of individuals over the age of 50 (that's around 1.13 million in the UK).

The cornea is the transparent tissue at the front of the eye, which protects it from the external environment (dust, germs, UV rays), and focuses light onto the retina. FECD causes the rapid loss of specialised endothelial cells, which control the flow of fluids and nutrients in and out of the cornea. This cell loss results in a build-up of fluid that causes corneal swelling and clouding, leading to vision impairment or blindness.

Currently, the only treatment for FECD is corneal transplantation surgery, which can result in tissue rejection and is only used to treat disease in advanced stages. Furthermore, there is currently a global shortage of healthy donor corneas.

Recently, researchers have discovered that around 75% of patients with FECD in the UK, have a genetic mutation in a gene called TCF4. Dr Davidson's project aimed to further understand the relationship between mutations of this gene and FECD, using a disease model created from cells donated by patients undergoing planned corneal surgery.

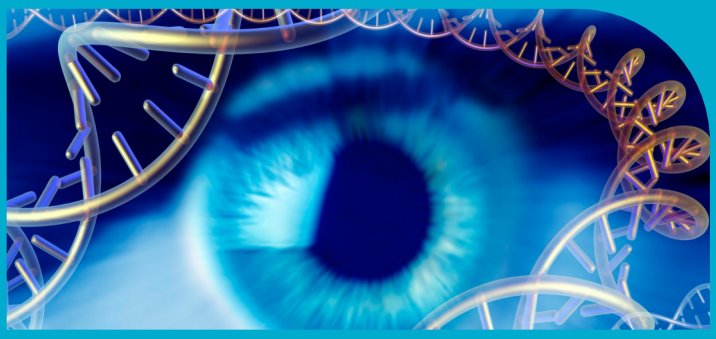
The results of this project have been hugely promising. The cell model enabled Dr Davidson's team to establish a new biological marker of FECD. This discovery allowed them to successfully test a new genetic therapy for the disease in an early-stage clinical trial with patients – a crucial step in the development of a new treatment. The team also used the model to develop a genetic test for FECD that has the potential to identify people at risk of the disease before symptoms appear.

Further findings made through this project, in collaboration with Professor Darren Monckton's group at the University of Glasgow, have provided new insights into the genetic causes of FECD that could help to improve risk predictions for the disease, and aid the development of new diagnostic tools.

The results of this project have enabled Dr Davidson to secure a further £300,000 in grants that will help her team to build on their findings, increasing the opportunity for discoveries made through this project to benefit patients with FECD faster.

Current Research

Overcoming immune responses to retinal gene therapy: Dr Dave Copland, University of Bristol



Gene therapy is currently being developed to treat a range of blinding diseases including glaucoma, inherited retinal diseases, diabetic retinopathy, and age-related macular degeneration, which together affect over 1.3 million people in the UK. The process involves delivering a missing or a protective gene directly into specific cells to treat a disorder.

Retinal gene therapy promises huge benefit to people with sight-threatening disease, because the treatment could be administered as a single injection to last the whole of a person's life. By contrast, the most common clinical treatment for wet age-related macular degeneration entails monthly injections into the eye in a procedure that takes around 15 minutes and involves significant NHS resources.

While gene therapy studies show encouraging results, the effectiveness of retinal gene therapy may be hampered by the body's response. Increasing evidence from clinical trials highlights problems with inflammation of the eye and loss of vision in patients undergoing this experimental treatment.

Healthy genes are commonly delivered using a viral vector: a virus that has been stripped of its harmful properties, but which retains its ability to deliver genetic material into cells.

Gene therapy in the eye commonly relies on the use of the adeno-associated virus (AAV) as the vector. Dr Copland's project is exploring the theory that AAV vectors disrupt the normal function of immune cells in the retina - resulting in long-term changes to the retina's health and function.

Using a disease model that replicates the inflammation reported in clinical trials of AAV, Dr Copland's team will isolate specific subsets of immune cells in the retina, to understand what changes are occurring at the genetic level in response to AAV. High resolution imaging will allow researchers to monitor changes within the eye, correlating the timing of the injection and the activation of immune cells.

This much-needed data will highlight the cellular and molecular mechanisms that are contributing to inflammation and potentially limiting the effectiveness of gene therapy.

We would like to thank The T F C Frost Charitable Trust and the Thriplow Trust for making this vital research possible.

Current Research

Improving the diagnosis of retinopathy of prematurity (ROP): A leading cause of childhood blindness: Dr Frank Proudlock, University of Leicester

When a baby is born prematurely, the retinal blood vessels have not had a chance to develop fully. In most cases, these blood vessels will continue to form normally after the baby is born. But sometimes, abnormal blood vessels grow out of the retina, creating scar tissue that can cause the retina to detach. This condition, retinopathy of prematurity (ROP), is a leading cause of childhood blindness.

ROP is classed as mild or severe according to how far it has advanced and how much of the retina is involved. Mild ROP will usually resolve by itself as the retina develops, but severe ROP requires treatment.

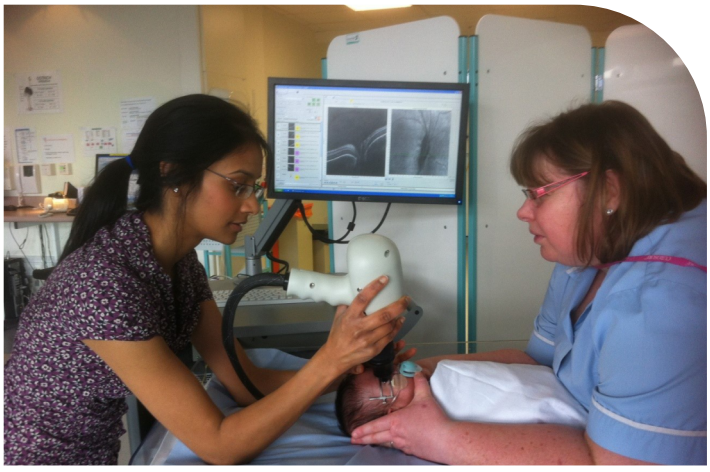
If detected early, ROP can be treated - but the current screening process is invasive, distressing for babies, and is also inefficient.

UK guidelines aim for 100% detection rate for severe ROP, so that no child misses treatment they might need. In fact, fewer than 10% of babies born with ROP will go on to need treatment, but as current screening methods cannot predict which children are most at risk of developing severe ROP, thousands of babies undergo invasive, distressing, and unnecessary, assessments every year.

Currently, premature babies can have up to eight invasive and painful examinations. The imaging equipment needs to be placed in direct contact with the baby's eye, posing a risk of infection, and the procedure can take up to 20 minutes.

Over the past 25 years, optical coherence tomography (OCT), which enables the eye to be examined at near microscopic levels, has revolutionised the diagnosis and treatment of eye diseases in adults. But as the standard table-mounted devices used in OCT screening require the patient to remain still with their head in an upright position, they are impossible to use with babies and infants.

Dr Proudlock's team has developed a new approach to screening using a hand-held optical coherence tomography device (HH-OCT) that completes the scan in less than two seconds without touching the baby's eye.



A baby being screened for ROP using a HH-OCT device

In a preliminary study, they analysed HH-OCT scans from over 100 premature babies. For the first time, they were able to detect measurable differences in areas of the retina, optic nerve, and foveas between those babies who went on to develop severe ROP and those who did not - but more evidence is needed to confirm the HH-OCT's diagnostic potential.

Dr Proudlock is now leading a 3-year research study using the HH-OCT to gather data from premature babies in the neonatal units at University Hospital of Leicester NHS Trust and Birmingham Women's and Children's Hospital NHS Foundation Trust.

If the HH-OCT can help to identify those babies for whom screening can be reduced or stopped earlier than is currently recommended, this study could help to transform clinical practice, sparing thousands of premature babies from distressing, lengthy and unnecessary examinations.

Thank you

This project is being made possible thanks to the H B Allen Charitable Trust, Sir Samuel Scott of Yews Trust, The C M Lowe Charitable Trust, The Mackintosh Foundation, The Sir Robert Gooch Trust, The Cowslip Green Charity 1994, Clara E Burgess Charity, as well as four other trusts that wish to remain anonymous.

"HH-OCT is a quick and un-invasive tool that is a potential game changer. The early months of life for a premature baby are particularly worrisome for parents and we hope the introduction of HH-OCT will help to reduce the burden at this difficult time. We cannot thank our donors enough for their contributions to this valuable project!"

Dr Rebecca McLean, Research Associate, University of Leicester

Current Research

Transforming the treatment for Ocular Mucous Membrane Pemphigoid (OcMMP): Professor Saaeha Rauz, University of Birmingham

In June, we were delighted to make our first ever Translational Research Award to Professor Saaeha Rauz at the University of Birmingham. These grants are designed to help scientists take their most promising discoveries forward to the early stages of development of new diagnostics, therapies, or devices for people with blinding diseases.

Professor Rauz and her team have been exploring a potential new treatment for Ocular Mucous Membrane Pemphigoid (OcMMP): a painful, sight-threatening disease for which there is currently no effective treatment. We hope that our grant will help to progress her revolutionary new therapy towards early stage clinical trials.

Mark Noble was diagnosed with Ocular Mucous Membrane Pemphigoid (OcMMP) in 2006, and was admitted to hospital six weeks after first developing symptoms. He told us:

At this point I was in constant pain. The sensation felt like there was sand in my eyes and at the extremes was like blinking over shards of broken glass.

OcMMP is an autoimmune disease that causes chronic inflammation and progressive scarring of the conjunctiva - the clear membrane that covers the white of the eye and the inside of the eyelids.

Most people will be familiar with the symptoms of conjunctivitis: a red and sticky eye that feels sore and irritated. Conjunctivitis usually resolves on its own or can be treated easily, but for people with OcMMP, the condition is persistent and recurrent. It does not respond to antibiotics or currently available eyedrops and can cause debilitating pain and irritation.

As the inflammation and scarring progress, they can cause the eyelids to turn inwards so that the eyelashes scratch the surface of the eyes. This in turn can damage the cornea – the transparent outer layer of the front of eye, which protects the eye from damage and infection and helps to focus light. The scarring and inflammation can also affect the tear ducts, causing severe dry eyes, which compounds the discomfort.

As currently available topical treatments – those put directly into the eye – are ineffective in 80% of patients, most people with OcMMP are treated with immunosuppressive drugs, which can have serious and very unpleasant side effects. Furthermore, their effectiveness in treating OcMMP is limited, meaning that for half of all people, scar formation continues, and one in five patients will become irreversibly blind.

In collaboration with Professor John Dart, (Moorfields Eye Hospital), Professor Rauz's team has discovered that a drug, disulfiram, which is currently used to treat alcohol dependency, is successful at blocking the enzyme that drives the scarring in OcMMP.

Disulfiram, however, has very unpleasant side effects when taken orally. It is also not very soluble and in a conventional eye drop, only about 1/100th of the drug can be absorbed before being lost by tear washout.

To overcome these problems, Professor Rauz is developing a gel-based drop in which to package the drug. The gel thins on blinking, releasing the drug, then forms a soft protective coating when the eyes are open. It is hoped that this will enable the drug to stay in contact with the surface of the eye for longer, greatly improving its ability to supress inflammation and scarring.

SRUK's Translational Research Award will enable Professor Rauz's team to manufacture and test a series of eye drop formulations to determine their effectiveness in treating scarring, their safety, and to ensure that they do not cause harmful side effects.

Data from this project will be key to enabling the research to progress to the next stage - clinical trials in small groups of patients. Mark told us:

OcMMP takes or reduces peoples sight and does it with the maximum pain. The fact that there might be a solution to directly target the eye scarring progression is incredibly exciting.

We would like to say a huge thank you to everyone whose donations to The Big Give Christmas Challenge 2021 are helping to make this research possible – and especially to The Hospital Saturday Fund.

Funds raised through this year's Christmas Challenge will go towards another project, like Professor Rauz's, that is designed to help people with sight loss faster. To find out how to get involved, please see page 16.

Mark Noble

I've spoken with people, their mums, dads and children of people with OcMMP. They all share one thing in common, they feel terrified, desperate and helpless. At last there is some real hope.

Mark Noble

Our finances 20/21

INCOME

- DONATIONS £187,583
- LEGACIES £177,497
- INVESTMENTS £53,051
- GIFTS IN KIND £5,000
- OTHER TRADING ACTIVITIES £1,431

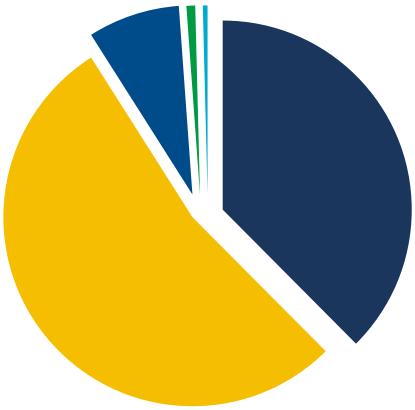
EXPENDITURE

- RESEARCH £370,597
- FUNDRAISING COSTS £149,511
- CHARITY MANAGEMENT AND GOVERNANCE £86,104

TOTAL INCOME	£424,562	TOTAL EXPENDITURE	£606,212

Our finances 21/22 Draft Accounts

INCOME



- DONATIONS £316,416
- LEGACIES £446,244
- INVESTMENTS £56,974
- GIFTS IN KIND £5,000
- OTHER TRADING ACTIVITIES £1,184

EXPENDITURE

- RESEARCH £462,188
- FUNDRAISING COSTS £109,591
- CHARITY MANAGEMENT AND GOVERNANCE £93,464

TOTAL INCOME	£825,818	TOTAL EXPENDITURE	£665,243

Christmas Challenge

BigGive

One donation, twice the impact!

29th November - 6th December

With the festive season nearly upon us, we're hugely excited to be taking part in The Big Give's Christmas Challenge 2022, which runs from 29 November until midday on 6 December.

The Big Give was set up by philanthropist, Sir Alec Reed, who wanted to help people give easily and safely to their favourite charities via the web.

Launched in 2008, The Christmas Challenge is now the UK's largest matched funding campaign – and it has raised millions of pounds for thousands of charities.

Last year, thanks to the generosity of our fabulous supporters, we were thrilled to raise £25,000 through the Christmas Challenge. These funds are supporting research into a new treatment for people with Ocular Mucous Membrane Pemphigoid (OcMMP): a painful, sight-threatening condition for which there is currently no effective treatment. You can read about the project on pages 13 & 14.

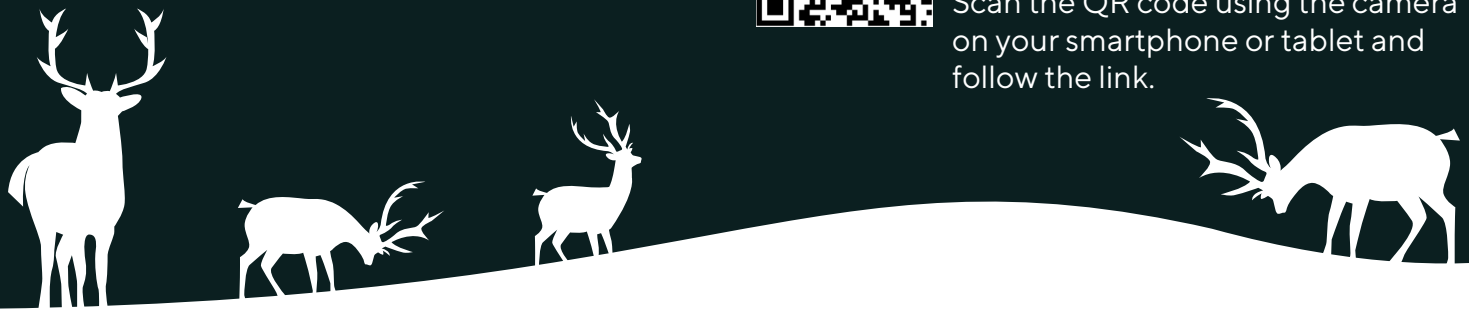
This year, of course, we want to raise even more to beat eye disease. So...please will you help us? Gifts made online during the Christmas Challenge week will help to unlock matching funds, already pledged by SRUK's generous supporters and by our Big Give Champion - The Reed Foundation. This means that your gift will have double the impact and go twice as far to supporting sight-saving research.

Please remember: The Big Give's Christmas Challenge is an online campaign. Only gifts made at **www.sightresearchuk.org/christmas** between **29 Nov and midday on 6 Dec** will be eligible for matched funding.

That said, we do understand that not everyone likes – or is able – to give online. So if you choose to support us, by whatever means you prefer, we will always be grateful to you for helping to beat sight loss and blindness.

Visit:
www.sightresearchuk.org/christmas

Or:
Scan the QR code using the camera on your smartphone or tablet and follow the link.



Leave a lasting gift

Since we launched in 1986, supporters have been making a lasting impact on sight research through one simple action – leaving a gift in their Will. To date, Sight Research UK has been lucky enough to receive over 170 legacy gifts, each of which has helped progress vital research into the prevention and treatment of sight loss and sight limiting conditions. Legacy gifts have been integral to our work and will be invaluable to the future of our research funding.

Leaving a gift in your Will is not only easy but it is also incredibly powerful. Every day 250 people will start to lose their sight, impacting their own lives and those of their loved ones. With the help of a legacy gift from you, we can fund more projects which have the potential to make a real difference, whether that's developing new treatments, or discovering faster ways to diagnose conditions.

It may surprise you to learn that less than 1.5% of publicly funded medical research in the UK is allocated to eye research. And yet, over 2 million people are already living with sight loss today, with that number set to double to 4 million by 2050, if we do not invest more into eye research over the next 30 years.

The need to grow investment in eye research is unquestionable and our mission is clear. If the time is ever right for you to consider supporting us with a gift in your Will – thank you. Every gift makes a difference regardless of its size.

Leaving a gift in your Will could not be simpler. All you need to do is give your solicitor or Will writer our charity number: 1156134. And, if you would like your legacy used for a specific purpose, we would be delighted to discuss your wishes with you. Just call us on 0117 325 7757 or email us at hello@sightresearchuk.org. Thank you.

Thank you to our donors

Sight Research UK would like say a huge thank you to everyone who made a gift in our last two financial years, including those who prefer to remain anonymous. Every gift, large or small, helps to drive progress in eye research. While space prevents us from acknowledging you all here, we are truly grateful for your help in beating sight loss and blindness faster.

We received donations in memory of:

Charles Anderson
Kathleen Collyer
Joyce Coombs
Basil Crabtree
David Easty
Beryl Georgeson
Gladys Hunt
Grace Olive Kirkpatrick
Helen Leslie
Dorothy Meryl Lobb
Jean Mason
Georgina Mason
Colin Richardson
Janet Marie Robson
Ruth Rowe
Anthony Spivey
Jennifer Wetton

We received legacies from:

Mary Elizabeth Josephine Alston
Roger Bell
Martin Booth
Martin Broker
Ivy Courtney
Michael Day
Sandra George
Gladys Gordon-Crofts
David Hadley
Keith Halliwell
Barbara Hipkins
Kathleen Higgs
Audrey James
Pamela Pascoe
Edith Roberts
Pauline Robertson
Jill Smith
Joan Tilbrook
Beryl Trude
Edna Vaughan
Margaret Vincent
Alan West
Richard Wyld
Edith Yeo

Donors who made gifts over £500:

deceased*

Anonymous donors (23)
Clifford Bell
C M Lowe Charitable Trust
Geoffrey Church
Clara E Burgess Charity
Spencer Cleminson
Barry Cook
John Cottrell
Felicity Crofts
Doctor and Mrs Alfred Darlington Charitable Trust
Robert Drewett
Abbie Durnin
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Alan and Joan Martin
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The Amar Family Charitable Trust
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The Basil Samuel Charitable Trust
The Carr-Gregory Trust
The Cecil Rosen Foundation
The Christopher H R Reeves Charitable Trust
The Condon Family Trust
The Cowslip Green Charity 1994
The David Lister Charitable Trust
The Dowager Countess Eleanor Peel Trust
The Family Rich Charities Trust
The Frank Litchfield General Charitable Trust
The Grace Trust
The Helen Roll Charity
The Helianthus Charitable Trust
The Hospital Saturday Fund The Ian Askew Charitable Trust
The Inman Charity
The Irving Memorial Trust
The Linden Charitable Trust
The Lions Club of Midhurst
The Manja Leigh & William Stockler Charitable Foundation
The Medical Research Council
The Nora Smith Charitable Settlement
The PF Charitable Trust
The Payne-Gallwey Charitable Trust
The Robert and Margaret Moss Charitable Trust
The Robert Luff Foundation Ltd
The Sir Robert Gooch Trust
The T F C Frost Charitable Trust
The Tyldesley Charitable Settlement
The White Oak Charitable Trust
Worshipful Company Of Lightmongers Charitable Trust Ltd
Thriplow Charitable Trust

Thank you to our volunteers

We are so fortunate to benefit from the invaluable support of so many kind volunteers. We simply could not fund the research we do without you so generously giving your time and expertise to make this possible.

We cannot thank you enough for all that you have made and continue to make possible for people living with sight-threatening conditions. Thanks to you, we step closer every day to a world without sight loss and blindness.

We would also like to say a special thank you to our long-standing trustees and Research Advisory Board members whose terms came to an end during these financial years. Without you we could not hope to achieve our mission of beating sight loss and blindness faster.

Trustees

Mr Simon Bowker (Treasurer)
Major Gen Chris Callow CB OBE FFPH**
Dr Dolores Conroy
Dr John Cottrell MA FCA
Mr Robert Drewett DL
Mr Rodney Grey FRCS FRCOphth**
Mr Philip Jackson (Vice-Chair)
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Mrs Carol Mayo (Chair)
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