



Patient-Centered Science



2010-2011 Progress Report

Better Outcomes Through Accelerated Discovery

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Meet the Patients

Learn more about the patients featured in this report. View their videos at www.pcf.org/ourstories.

About the Graphs

PCF's expertise enables us to maintain revenue levels despite economic fluctuations. Agility allows us to fund crucial research immediately and ensure progress.

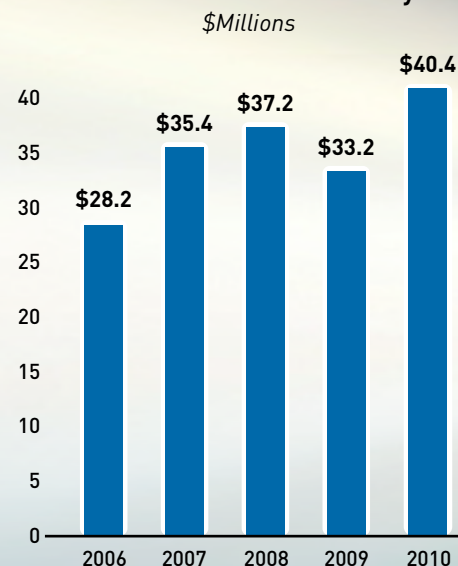
The Prostate Cancer Foundation (PCF) is accelerating the world's most promising research for prostate cancer and delivering better patient outcomes. Since 1993, donors have given more than \$475 million to PCF to fund over 1,600 research projects at nearly 200 institutions in 15 countries around the world.

PCF donors have supported research on four new medicines for advanced prostate cancer that were approved by the FDA in the past two years. These new FDA-approved medicines will extend the survival and quality of life for men with metastatic disease. PCF's active coordination of scientific collaborations has been pivotal in making this progress possible for patients.

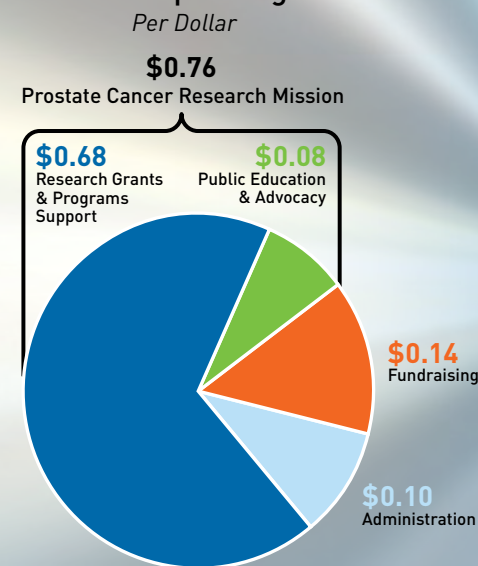
PCF's Global Research Enterprise brings together the brightest minds in not only prostate cancer research, but in other scientific disciplines—across borders and institutional lines—working on innovative projects that deliver results.

PCF is acknowledged as the source of hope for more than 16 million men and their families around the world affected by prostate cancer. We are closer this year than ever before to our ultimate goal of personalized oncology to eliminate death and suffering from prostate cancer for **every** man.

5-Year Revenue History



2010 Spending



PATIENT-CENTERED SCIENCE

Delivering Better Patient Treatment Decisions and Outcomes



Dear Friends:

The day when prostate cancer is considered a chronic disease—not a life-threatening condition—is much closer than it has been at any time since the founding of the Prostate Cancer Foundation (PCF) in 1993. Much of the credit for this magnificent achievement goes to you and 170,000 other PCF donors who have contributed more than \$475 million to support some 1,600 game-changing research projects that accelerated discovery. That research contributed to breakthroughs that has reduced the projected prostate cancer death rate by nearly 40 percent, extended lives and improved the quality of life for every patient. Our progress to date makes the prospect of eliminating prostate cancer completely in our lifetimes a real possibility.

In just the past two years, five major PCF-supported treatments have been approved to treat prostate cancer. In 2011, the Food and Drug Administration (FDA) cleared two

new drugs, Zytiga (abiraterone) for men who have failed hormone treatment and chemotherapy, and Xgeva (denosumab) which helps prevent bone-related complications from hormone treatment. The outlook for 2012 and beyond is equally encouraging:

- Six drugs are in Phase III clinical trials including three novel drug treatments targeting bone metastases that are expected to be approved soon—Alpharadin (radium-223 chloride), Cabozantinib (XL184) and the use of Zytiga to *prevent* metastases.
- Some 28 new compounds are in early Phase I/II trials.

We're also supporting exciting genetics research. Thanks to the work of several enterprising investigators, doctors will soon be able to stratify patients more effectively and develop highly personalized treatment plans. And, new biomarker technologies,

such as circulating tumor cells—the Evans Test for Prostate Cancer—offer the promise of better diagnostic and prognostic tools and new endpoints for clinical trials that can speed the approval of new drugs.

PCF has funded nearly all major progress in prostate cancer research and our investment has been leveraged more than 20 times by other studies that further develop PCF-supported proofs of concept. During the past 18 years, the National Cancer Institute, academic research centers, pharmaceutical companies and biotechnology ventures have taken our early research and built it into a \$10 billion research enterprise for the benefit of prostate cancer patients everywhere.

Our emphasis on global collaboration among institutions and scientists, and our support of effective public-private partnerships, continue to accelerate discovery and make prostate cancer research one of the most productive and promising areas for both scientists and patients. But, there's much more work ahead.

At a time when all budgets are tight and policymakers are seeking ways to reduce healthcare costs, our mission to overtreat less and cure more takes on added urgency. These goals are not opposed. Supporting cancer research and prevention is an investment, not an expense. We can save millions of lives and trillions of dollars with greater investment in medical research. For example, the National Cancer Institute has estimated that a 20-percent reduction in cancer mortality would be worth \$20 trillion to the U.S. economy—far more than the federal debt.

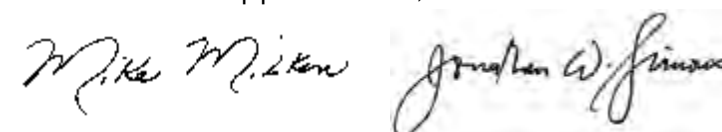
In 2011, the PCF invested in 10 new Challenge Awards, 14 Creativity Awards, and 24 new Young Investigator Awards. We've now supported three generations of Young Investigators, cultivating one of the greatest

teams of medical scientists ever assembled. This year, we completed funding for our third generation. Collectively, these 100 scientists represent more than 1,400 years of advanced training. Their innovative thinking and their drive to achieve the impossible will continue accelerating progress not only against prostate cancer, but all cancers.

In October, we announced the formation of a prostate cancer Dream Team, a \$10 million project that will be funded jointly by PCF and Stand Up 2 Cancer, in association with the American Association for Cancer Research. The Dream Team Translational Cancer Research Grant will provide funding to address therapeutic interventions in advanced metastatic prostate cancer. Cross-institutional research teams around the world are currently submitting research proposals for peer review. The winning team will be announced in April 2012.

PCF remains a *source of hope* for all men and their families. With your continued support, we'll move patient-focused science forward even faster. Together, we can speed progress toward ending the suffering and death caused by this devastating disease.

With sincere appreciation,



Mike Milken
Founder and Chairman



Jonathan W. Simons, MD
President and
Chief Executive Officer
David H. Koch Chair

“I was faced with two choices — either succumb to the disease, or fight the battle of my life. I chose the latter.”

David Emerson, 48

David was diagnosed at age 42. His prostate cancer was aggressive and had metastasized to his bones and lymph nodes. In his blog he wrote: “... I’ve got it. My instant thought – I do not want to die, this is harder than I ever expected, pray for me.”

Almost seven years later, David is fighting his cancer with vigor, participating in PCF-supported clinical trials for two new drugs: abiraterone (Zytiga) and XL184 (cabozantinib). He has also fought back by starting the Faith, Love, Hope, Win (FLHW) Foundation, raising more than \$200,000 for PCF-sponsored research.

David is a survivor advancing the field of prostate cancer research both through FLHW and his participation in clinical trials.

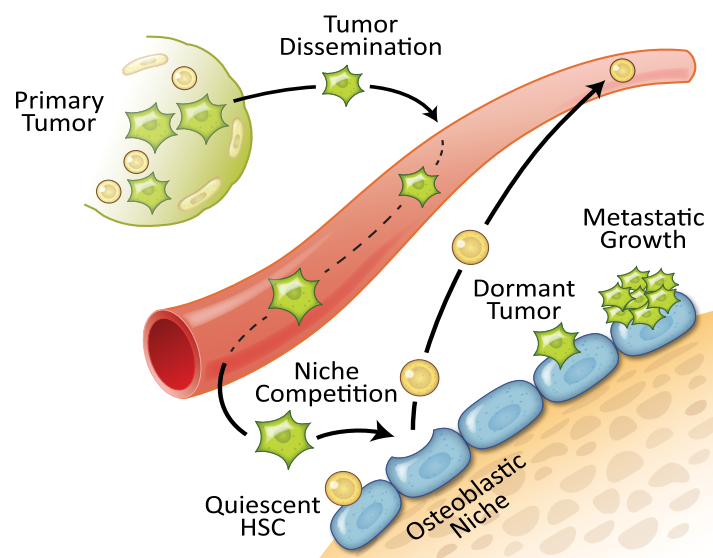
TOP SCIENTIFIC ACHIEVEMENTS 2010-2011

PCF's efforts to accelerate discovery and develop cures for prostate cancer are setting the field of prostate cancer research apart from others. As we continue to make more progress today than in the past decade, we are pleased to share a few highlights of the latest breakthroughs for improving patient care and improving survivorship.

New Understanding and Treatments for Bone Metastases in Advanced Disease

Each year, approximately 300,000 American patients suffer from bone metastases and over 95% of men with advanced prostate cancer develop bone metastases. These metastases contribute to significant morbidity and mortality in patients with advanced cancer. More effective drugs that disrupt the mechanisms a prostate cancer cell uses to inhabit bone are urgently needed. Increased understanding into basic prostate tumor biology is required to develop such drugs. Toward that end, in 2011, a defining discovery was made into the biochemistry of how prostate cancer commonly colonizes the bone.

Russell Taichman, DMD, a dentist-scientist from the University of Michigan has been working on unraveling new targets with PCF-funded researcher, Ken Pienta, MD. Dr. Taichman's research provides



Metastatic prostate cancer cells compete for the Hematopoietic Stem Cell niche in the bone, pushing out HSCs (blood stem cells) and establishing cancerous lesions in the bone.

insight into the mechanisms used by prostate cancer cells to settle in the bone during cancer progression and metastasis. He discovered that circulating prostate cancer cells invade the hematopoietic stem cell niche, an area of the bone, like a nest, where normal blood stem cells reside and produce the component cells that make up blood. Once prostate cancer cells displace the rightful residents and settle into this area, they act as "squatters," and can lay dormant until they begin to multiply and form a tumor in the bone. Surprisingly, metastatic prostate cancer cells are programmed to grow well in this environment. Simply put, untreated circulating prostate cancer cells act like blood stem cells, which circulate and finally "go home" to the bone.

With PCF support, the University of Michigan group studied novel agents that force prostate cancer cells out from bone niches and push them back into the blood stream where anticancer agents can destroy them.

In addition to transformational basic biology on bone metastases, a new effective medicine has been delivered to the clinic that targets the bone niche through short-range delivery of radiation that does not harm the bone marrow stem cells. Alpharadin (radium-223 chloride), a promising new therapeutic, is about to be approved in Europe and the US. It is an investigational radio-pharmaceutical (containing a radioactive alpha particle). This "first in class" compound is atomically like calcium. It mimics many of the behaviors of calcium including quick uptake into the bone, particularly where calcium is being deposited in bone metastases. Alpharadin enters a patient's bone and disperses small amounts of "short-

range, high-energy" radiation, attacking the prostate cancer and preserving healthy cells surrounding the tumor. PCF was the first foundation to fund the proof of concept of radiopharmaceuticals at the University of Texas MD Anderson Cancer Center through Dr. Christopher J. Logothetis' usage of beta particles.

Time Course of Bone Scan Changes with Cabozantinib



The effects of the medication, cabozantinib (XL184) in prostate cancer patients (at a dose of 100mg) evaluated by bone scans in a Phase II trial. Cabozantinib causes dramatic reduction of tumors in the bone. Patients assigned to placebo in the randomized discontinuation protocol of the trial, after 12 weeks on cabozantinib showed an increase in tumors, which is again abrogated when patients are re-treated.

New genomic insight is expanding our understanding into what shifts a dormant prostate cancer cell in bone to a growing prostate cancer metastatic lesion. Of 50 possible genes called oncogenes, a rare gene called c-MET, found in thyroid cancer, has also been recently implicated in prostate cancer bone metastases. In 2011, targeting the c-MET signaling pathway has become a new area for treatment sciences research for prostate cancer. This discovery was achieved by training computers to analyze prostate cancer biopsies. PCF-funded investigators, Matthew Smith, MD, PhD, from Massachusetts General Hospital Cancer Center and Phillip Febbo, MD, at UCSF, are now studying Cabozantinib (XL184) anticancer activity and

its ability to shrink tumors in bone and soft tissue based on the drug's ability to block c-MET activity. Abnormal c-MET activation in cancer correlates with poor prognosis, where aberrantly active c-MET triggers tumor growth, the formation of new blood vessels, and the spread of cancer to other organs (metastasis). Vascular endothelial growth factor receptor (VEGFR2) is a regulator in tumor angiogenesis and the proliferation of tumor cells. In early clinical trials, cabozantinib (XL184), a dual inhibitor of MET and VEGFR2, has shown promising results in shrinking metastatic tumors in both bone and soft tissue, relieving pain in patients with advanced prostate cancer. Neither c-MET nor VEGFR2 were previously identified as culprit genes implicated in bone metastatic disease. Now both are actionable with new experimental drugs and the focus of intense new research support from PCF.

PCF investments in bone therapy research over the last decade

also bore fruit in 2011 with an agent that blocks a factor called RANK ligand. This agent began as an antibody called denosumab developed by Amgen, Inc. for osteoporosis in post-menopausal women. PCF redirected and leveraged denosumab as a treatment for prostate cancer in bone. The research leader for this effort is Matthew R. Smith, MD, PhD, who began as a PCF Young Investigator studying the effects of prostate cancer on bone. He is now a full professor at Harvard Medical School and a mentor to several newly inducted PCF Young Investigators. Dr. Smith's work has changed the standard of care for every man with advanced prostate cancer.

New Insights on More Targeted Chemotherapy

Taxanes (docetaxel, cabazitaxel) are 20th century chemotherapy cancer cell “poisons” that are currently in the first line of therapy for patients with metastatic prostate cancer. Docetaxel was FDA-approved in 2004 before its exact mechanisms of action for slowing or stopping prostate cancer cell growth was understood. Cabazataxel was FDA approved in 2010. Now, taxanes are being restudied for better medication design in patients whose prostate cancers are sensitive to this drug class. Furthermore, deciphering the mechanisms of action of taxanes is expanding our understanding of why chemotherapy works for some patients and not others, and why some patients become resistant to taxane-based therapy.

Scientists understand that taxane drug molecules bind microtubules and prevent their decomposition. As the building blocks for the formation of newer tubules becomes unavailable, the growth of the cancer cell is arrested, eventually leading to cell death; however, in a taxane-resistant situation, the cancer cells may be using microtubule proteins to “beat” the treatment. In doing so, they set up the prostate cancer cell to also “beat” hormonal therapy. This was discovered in 2011 by PCF-funded scientists at Weill Cornell Medical College who showed that the taxanes affecting microtubule organization also interfere with androgen receptor (AR) nuclear localization and growth activity in human prostate tumors.

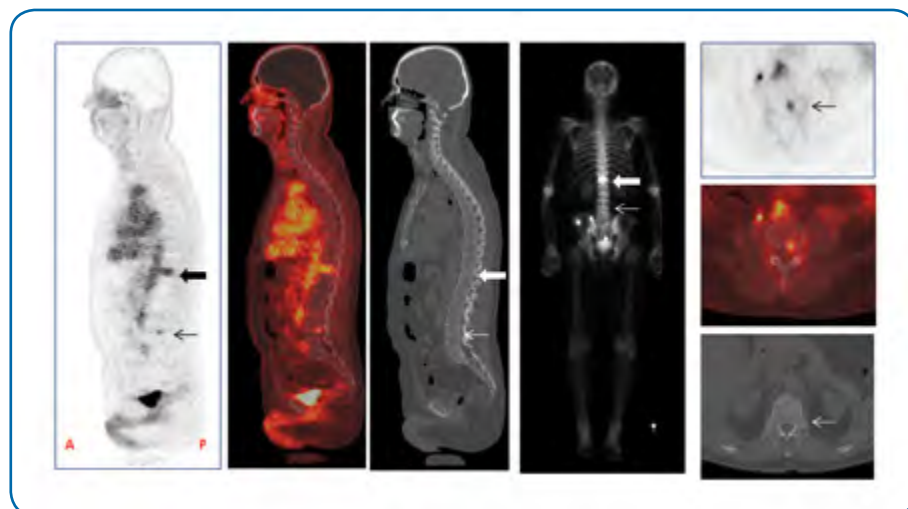
Resistance to hormone therapy develops as cancer cells start overexpressing the androgen receptor (AR), which is transported to the nucleus via the microtubules. The androgen receptor interacts directly with the microtubule-building block,

tubulin. Emerging research on this process will speed the development of a simple new diagnostic test that will stratify which patient tumors will and will not respond to chemotherapy.

Combinations of taxanes with other experimental classes of agents or the application of chemotherapy earlier in the disease have the potential to amplify the benefits of chemotherapy and hormone therapy, and these strategies are currently also being tested in new PCF-supported clinical trials.

Enhanced Imaging Techniques for “Seeing” Unseen Prostate Cancer

Imaging to detect recurrent metastatic prostate cancer remains a critical unmet medical need. As Safeway-PCF funded investigator Theodore L. DeWeese, MD, of the Johns Hopkins University School of Medicine has said, “with improved imaging, one would no longer have to biopsy the prostate blindly

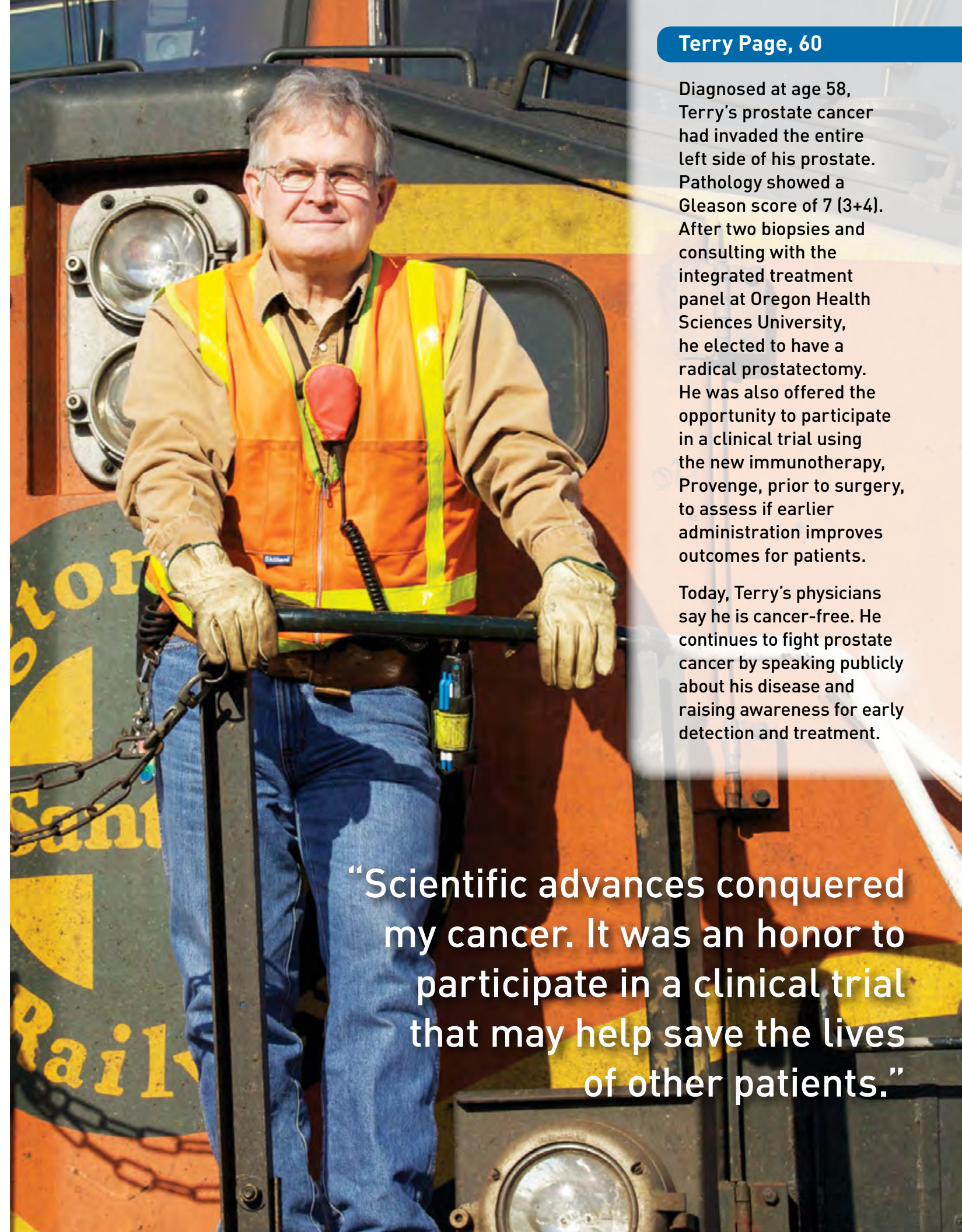


Example of PET/CT scanning using the PSMA-targeted imaging radiotracer, [18F] DCFBC, compared to a standard conventional bone scan (CT) in the same patient.

but instead, would have images to help guide the placement of biopsy needles to the most appropriate and suspicious sites.”

Dr. Steven Cho and colleagues at Johns Hopkins University have conducted early clinical testing of

Continued on page 8 ▶



Diagnosed at age 58, Terry’s prostate cancer had invaded the entire left side of his prostate. Pathology showed a Gleason score of 7 (3+4). After two biopsies and consulting with the integrated treatment panel at Oregon Health Sciences University, he elected to have a radical prostatectomy. He was also offered the opportunity to participate in a clinical trial using the new immunotherapy, Provenge, prior to surgery, to assess if earlier administration improves outcomes for patients.

Today, Terry’s physicians say he is cancer-free. He continues to fight prostate cancer by speaking publicly about his disease and raising awareness for early detection and treatment.

“Scientific advances conquered my cancer. It was an honor to participate in a clinical trial that may help save the lives of other patients.”

an entirely new molecular imaging technology that appears very promising to “see” cancers earlier and see them far more clearly than CT or PET scans currently permit. Supported by Laurie and Peter Grauer as a PCF Young Investigator, Dr. Cho’s project focuses on “lighting up” prostate cancers on their cell surfaces that express Prostate-specific Membrane Antigen (PSMA). The expression of PSMA increases 8-12 times during prostate cancer progression and metastasis; PSMA is linked with more aggressive disease and recurrence. PSMA that chemically “lights up” is being targeted as an imaging biomarker for the detection of early metastatic prostate cancer by Dr. Cho and his research team.

Small molecule binders to PSMA are chemically linked to conventional PET imaging tracers. When injected into patients, the PSMA-directed PET tracer permeates and binds to prostate tumors. Equipment readily available in most U.S. hospitals can detect the harmless “dye” via PET scanning the patient. The early PET scans stunned the medical research community in 2011 by demonstrating the localization of prostate cancers not “seen” by routine bone and CT scans. Earlier detection of progression and treatment now has the potential to prevent widely metastatic prostate cancer with earlier treatment. Developing molecular imaging technology that identifies prostate cancer “smaller and earlier” than ever before moved the field a big step forward in 2011.

Improving Outcomes in Advanced Prostate Cancer with More Experimental Agents

As part of its aggressive plan to fund and accelerate research—and to speed the results to patients worldwide—PCF has invested more than \$45 million in a consortium of 13 leading cancer centers, featuring some of the world’s most respected prostate cancer clinical scientists.

In a public-private partnership, the Congressionally Directed Medical Research Programs of the U.S. Department of Defense has partnered with PCF in



Johann de Bono, MD — Institute of Cancer Research

funding the Prostate Cancer Clinical Trials Consortium (PCCTC) since 1997. The Consortium is currently composed of investigators at 13 centers throughout the United States. Memorial Sloan-Kettering Cancer Center, under the leadership of Dr. Howard I. Scher, serves as the Coordinating Center for the Consortium.

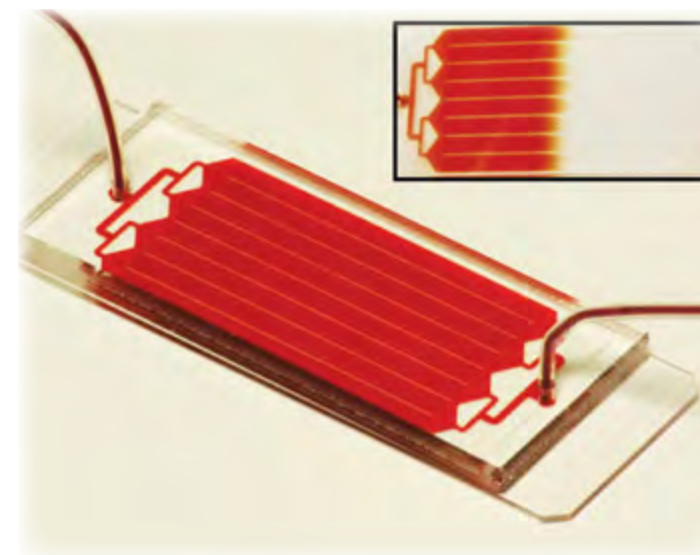
In 2011, PCF expanded its research funding in clinical and translational research to the Royal Marsden Hospital in London, under the leadership of Johann de Bono, MD. Dr. De Bono led the global team for the accelerated approval of Abiraterone.

At the 2011 PCF Scientific Retreat, Dr. De Bono highlighted at least 10 more clinical trial approaches and drugs for men with advanced disease. The “portfolio” of new agents for advanced disease has so expanded for research in 2011, beyond Abiraterone, that newly-minted PCF Young Investigators—including PCF Young Investigators in China—have the opportunity as never before to conduct their own clinical trials in 2012. 

IMPROVING PATIENTS’ LIVES THROUGH TRANSLATIONAL RESEARCH

PCF’s approach to funding patient-focused research, investing in human capital and fostering collaboration within its rapidly expanding global Research Enterprise is catalytic. It both accelerates discovery and makes prostate cancer research one of the most promising and attractive areas for cancer researchers today.

In 2011, PCF committed to advancing progress by funding a total of 48 new research programs through 10 Challenge Awards, 14 Creativity Awards and 24 Young Investigator Awards. Grants from prior years are already improving the lives of patients with advanced disease.



Version 2.0 of an “Evans Test for Prostate Cancer” microfluidic device. It captures circulating prostate cancer cells in blood flowing from one end of the device to the other.

• A \$2.25 million PCF Challenge Award (2008) fast forwarded development of circulating tumor cell (CTC) technology for prostate cancer. The award, made possible by the Charles Evans Foundation and Joel Pashcow through PCF’s Pro-Am Tennis Tour, was granted to Daniel Haber, MD, PhD, and his team, comprised of Massachusetts General Hospital and MIT researchers. Three years later, Dr. Haber’s team, with the help of PCF, secured a five-year, \$30 million partnership with Johnson & Johnson’s Veridex division. The goal is to commercialize a Version 3.0 of CTC technology that is capable of rapid isolation and analysis of CTCs. It assesses patient response to treatment and may also provide new endpoints for clinical trials to speed approvals of new drugs. The “Evans Test for Prostate Cancer” will someday soon provide clinicians with tools to identify patients’ specific gene fusions and prescribe personalized treatment.

• The recent announcement that the Phase III AFFIRM trial for MDV3100 will be stopped and patients in the placebo arm will be offered the drug, based on positive data, is the result of PCF research grants to UCLA and Memorial Sloan-Kettering Cancer Center as well as PCF’s support of the Prostate Cancer Clinical Trials Consortium (PCCTC).

The development of MDV3100 began with a PCF Board of Directors meeting at UCLA where the

Continued on page 11 

2011 Challenge Awards

- Steven Balk, MD, PhD — Harvard Medical School
- Leland W. K. Chung, PhD — Cedars-Sinai Medical Center and UCLA
- Johann S. de Bono, MD, PhD — The Institute of Cancer Research and The Royal Marsden Hospital, University of London
- Philip G. Febbo, MD — University of California, San Francisco
- Dr. Glenn Liu, MD — University of Wisconsin Carbone Cancer Center
- Christopher J. Logothetis, MD — The University of Texas MD Anderson Cancer Center
- William G. Nelson, MD, PhD — Johns Hopkins University
- Mark A. Rubin, MD — Weill Cornell Medical College

- Martin Sanda, MD — Harvard Medical School
- Howard Scher, MD — Memorial Sloan-Kettering Cancer Center

For complete information on the 2011 Challenge Awards, go to www.pcf.org/challenge2011.

2011 Creativity Awards

- Steve Cho, MD — Johns Hopkins University
- Samuel Denmeade, MD — Johns Hopkins University
- Peter B. Dervan, PhD — California Institute of Technology
- Christian R. Gomez, PhD — The Mayo Clinic
- Beatrice Knudsen, MD, PhD — Cedars-Sinai Medical Center, Los Angeles

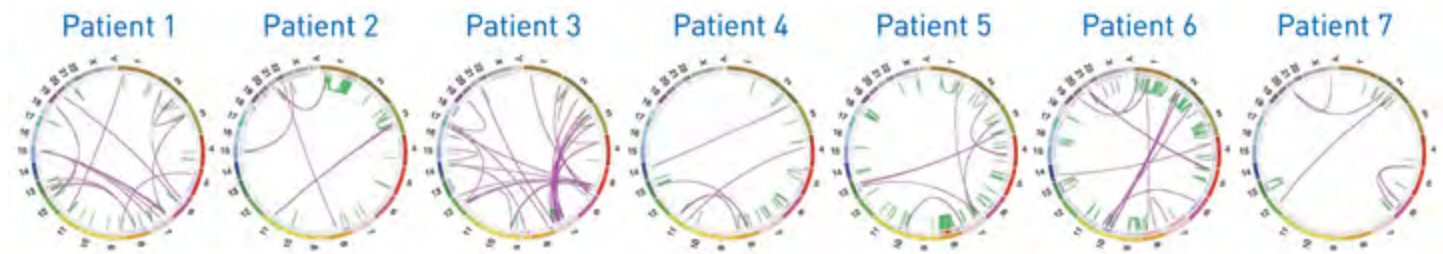


Rusty Keyes, 57

At the age of 54, Oakland firefighter Rusty Keyes was diagnosed with aggressive prostate cancer. With rapidly rising PSA and Gleason 7 scores from his biopsy, Rusty's doctor informed him that they would need to determine a course of treatment within weeks. Together, they considered enrolling Rusty in a clinical trial, but his rising PSA disqualified him as a participant. Rusty elected to have a radical prostatectomy and his cancer was fully contained within the prostate.

Today, as a cancer-free survivor, Rusty is determined to make prostate cancer something to talk about. He provides patient talks within the fire department and is always willing to provide support to newly-diagnosed colleagues in the department.

“Awareness and early detection is important. Clinical trials are also important for patients. More open discussions between men will move both issues forward.”



Green = Loss of Coding

Arcs = Fusion of DNA from the right place to the wrong place in the genome

Whole Genome Sequencing: Circos plots illustrate genome aberrations.

world's top cancer scientists in leukemia were invited to apply for funding and work on prostate cancer. A CaP CURE (PCF) Competitive research award was granted to Owen Witte, MD, Michael Jung, PhD, and Charles Sawyers, MD in 2002. The drug has a novel mechanism of action, inhibiting the androgen receptor (AR) at three distinct points in the signaling pathway.

MDV3100 increased median survival in the most advanced cases by 4.8 months, providing a 37% reduction in the risk of death compared to placebo. Some patients have very durable remissions well beyond the average and some do not respond so the median survival is a statistical description for the FDA and clinical researchers.

Equally impressive as the trials data for MDV3100 is the research and development period of a short nine years. Usually new drugs take over 15 years to move from “microscope to marketplace.” PCF's investment of \$14.75 million in MDV3100 university-centered research accelerated the drug's progression. Medivation plans to meet with the U.S. Food and Drug Administration in early 2012 to discuss approval timelines for MDV3100.

- Progress was made beyond new, effective drugs. Unrestricted funds from Movember enabled

PCF to fund the work of Levi Garraway, MD, PhD, at Harvard's Dana Farber Cancer Institute. His team's historic work explored the genomic landscape of prostate cancer. For the first time, researchers uncovered a comprehensive genetic map of seven patients' prostate tumors, identifying 3 billion data points per patient. Information provided by sequencing individual tumors could facilitate matching up a patient to existing clinical trials targeting DNA fusions and mutations. PCF is currently monitoring more than a dozen experimental drugs for cancers other than



PCF-funded researchers Scott Tomlins, PhD (right), and Arul Chinnaiyan, MD, PhD, at the University of Michigan.

- Kit Lam, MD, PhD — UC Davis Medical Center
- Glenn Liu, MD — University of Wisconsin Carbone Cancer Center
- Peter Nelson, MD — Fred Hutchinson Cancer Research Center
- William Polkinghorn, MD — Memorial Sloan-Kettering Cancer Center
- Ulrich Rodeck, MD, PhD — Thomas Jefferson University
- Marianne Sadar, PhD — University of British Columbia
- Matthew R. Smith, MD — Massachusetts General Hospital Cancer Center
- Owen Witte, MD — University of California, Los Angeles
- Bruce Zetter, PhD — Dana-Farber Cancer Institute, Harvard University

For complete information on the 2011 Creativity Awards, go to www.pcf.org/creativity2011.

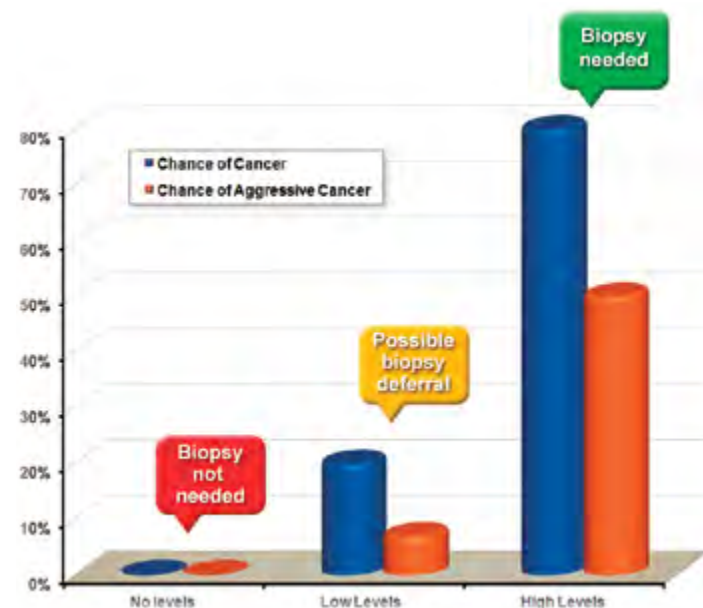
2011 Young Investigator Awards

- Joshi Alumkal, MD — Oregon Health Science University
- David L. Bajor, MD — University of Pennsylvania
- Christopher Barbieri, MD, PhD — Weill Cornell Medical College
- John Chadwick Brenner, MSc — University of Michigan
- Yu Chen, MD, PhD — Memorial Sloan-Kettering Cancer Center
- Matthew Cooperberg, MD — University of California, San Francisco
- Farshid Dayyani, MD, PhD — The University of Texas MD Anderson Cancer Center
- Andrew Goldstein, PhD — University of California, Los Angeles

prostate cancer where genome data could indicate the usefulness of a drug not yet known to work in prostate cancer.

Although these findings have not been translated into widely-employed clinical practices, patients can begin to ask their medical teams about participating in studies that use whole genome sequencing in clinical trials.

- Scott Tomlins, MD, PhD, (2008 YI Award made possible with funds from Safeway) developed a urine test that will provide physicians with greater clarity in diagnosing prostate cancer. Dr. Tomlin's cancer-specific urine test identifies two genetic fingerprints, the TMPRSS2:ERG gene fusion and the PCA3 gene. TMPRSS2:ERG is present in 50% of prostate cancer patients and both biomarkers are expressed at high levels in



Patients with no TMPRSS2:ERG and PCA3 DNA detected in their urine do not need biopsies. Patients with low levels may be able to defer biopsy. Those with high levels can be referred to biopsy with greater confidence.

- Michael Haffner, MD — Johns Hopkins University
- Corrine Joshi, PhD — Johns Hopkins University
- Maria Karlou, PhD — University of Athens
- Jihyun Lee, PhD — University of Pennsylvania
- Richard Lee, MD, PhD — Massachusetts General Hospital Cancer Center
- Tamara Lotan, MD — Johns Hopkins University
- Kathryn L. Penney, ScD — Harvard Medical School
- Antoinette Perry, PhD — Trinity College, Dublin
- Dana Rathkopf, MD — Memorial Sloan-Kettering Cancer Center
- Sameek Roychowdhury, MD, PhD — University of Michigan

95% of prostate cancer patients. This urine test will better stratify patients prior to biopsy and eliminate unnecessary biopsies.

- Nima Sharifi, MD, (2008 YI Award) at UT Southwestern Medical Center in Texas, discovered a new biosynthetic pathway that directly synthesizes DHT, an androgen that typically is created by testosterone. DHT is 10 times more powerful than testosterone for driving the progression of advanced prostate cancer. Dr. Sharifi's discovery of the DHT pathway provides potentially new druggable targets for patients resistant to hormone therapy and drugs such as abiraterone.
- PCF is always exploring new partnerships to fast forward patient-centered science. In late 2011, PCF and Stand Up to Cancer (SU2C) announced plans to assemble a prostate cancer Dream Team. The PCF-SU2C Prostate Dream Team Grant will provide funding of up to \$10 million over a three-year period for a research project that will address discovery of new drugs for advanced prostate cancer.

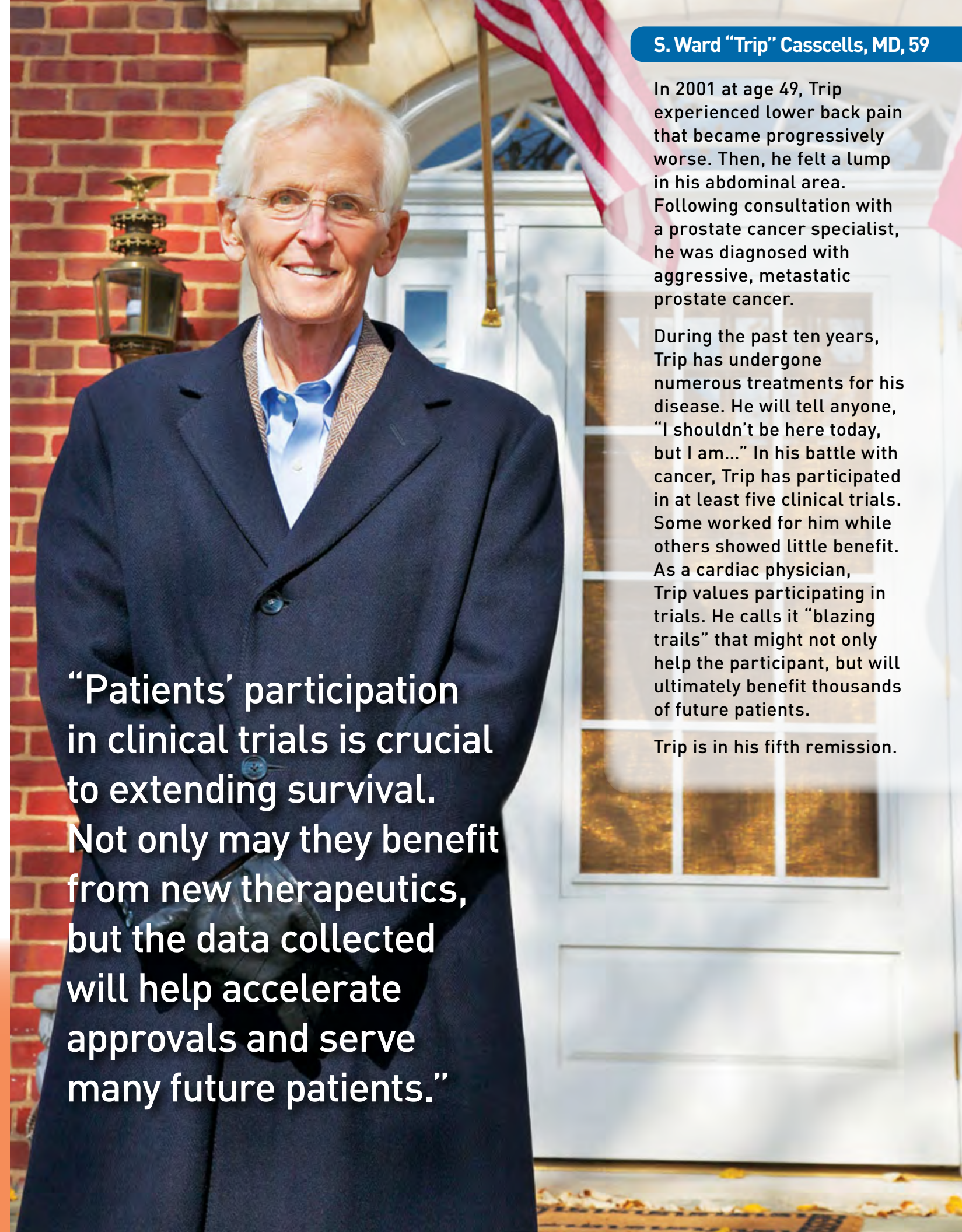


To maximize creativity and collaboration, the Dream Team must include laboratory and clinical researchers, young investigators and senior scientists who have not worked together in the past, as well as patient advocates. The new Dream Team project will be announced in April 2012.

More information on all PCF-funded research programs can be found at www.pcf.org/research.

- Yusuke Shiozawa, MD, PhD — University of Michigan
- Timothy Showalter, MD — Thomas Jefferson University
- Abhishek Srivatava, MD — Weill Cornell Medical College
- Barry Taylor, PhD — Memorial Sloan-Kettering Cancer Center
- Kexin Xu, PhD — Dana-Farber Cancer Institute, Harvard University
- Timothy Yap, MBBS, PhD — Institute of Cancer Research, London

For complete information on the 2011 Young Investigator Awards, go to www.pcf.org/YI2011.



In 2001 at age 49, Trip experienced lower back pain that became progressively worse. Then, he felt a lump in his abdominal area. Following consultation with a prostate cancer specialist, he was diagnosed with aggressive, metastatic prostate cancer.

During the past ten years, Trip has undergone numerous treatments for his disease. He will tell anyone, "I shouldn't be here today, but I am..." In his battle with cancer, Trip has participated in at least five clinical trials. Some worked for him while others showed little benefit. As a cardiac physician, Trip values participating in trials. He calls it "blazing trails" that might not only help the participant, but will ultimately benefit thousands of future patients.

Trip is in his fifth remission.

"Patients' participation in clinical trials is crucial to extending survival. Not only may they benefit from new therapeutics, but the data collected will help accelerate approvals and serve many future patients."

MOVING TOWARD BETTER DIAGNOSTICS

We are nearing a day when we will be able to more accurately diagnose and stratify patients for appropriate levels of treatment. Until then, existing tools, such as the PSA test, remain valuable tools when used with proper, informed decision making.

The PSA test remains an important tool in the first steps of diagnosing potential problems in the prostate. It is not a cancer-specific test. Yet, since 2009, much debate has centered around its usefulness and the potential of its use to result in overtreatment of men with non-life-threatening varieties of cancer. Recently, the U.S. Preventive Services Task Force (USPSTF) issued a draft recommendation against PSA screening for prostate cancer in healthy, asymptomatic men.

The Prostate Cancer Foundation supports a patient's choice to have a PSA test. The decision should be made between a man and his personal physician based on his individual status with respect to age, symptoms, family history or concerns about prostate cancer. PCF also opposes any attempts to eliminate reimbursement for an informed patient requesting screening and agrees with the American Cancer Society that far better processes of informed patient decision-making both prior to, and after, PSA screening in all men are needed.

Prostate cancer is often asymptomatic with patients experiencing no sign that something may be wrong. Thus, the PSA test still has a role to play in early detection and treatment for millions of men. It should be noted that in the pre-PSA era, approximately 80% of patients who were diagnosed with prostate cancer, were already in advanced stages of the disease with metastatic cancer. Today, the number of patients who are diagnosed with metastatic disease at time of

initial diagnosis is around 20%. With early detection, in the past 15 years the death rate has been reduced from 42,000 to 33,000 annually.

In the abstract, "task force" recommendations can create patient confusion and may result in unquantifiable numbers of men who will get a delayed diagnosis of a lethal yet curable cancer. However, it should be noted that the recommendation clearly states, "...while the USPSTF discourages the use

of screening tests for which the benefits do not outweigh the harms in the target population, it recognizes the common use of PSA screening in practice today and understands that some men will continue to request, and some physicians will continue to offer, screening. An individual man may choose to be screened because he places a higher value on the possibility of benefit, however small, than the known harms that

accompany screening and treatment of screen-detected cancer, particularly the harms of over diagnosis and overtreatment. This decision should be an informed decision, preferably made in consultation with a regular care provider. No man should be screened without his understanding and consent; community-based and employer-based screening that does not allow an informed choice should be discontinued."

The USPSTF's position does provide a teachable and actionable moment for the medical community



"Proactive surveillance is a viable first option for many men. I am pleased to be working with my medical team to ensure the appropriate level of treatment for my disease."

Joel Drucker, 51

Over the course of one year, Joel's PSA continued to rise until it crossed 4.2 and doctors at UCSF suggested he consider having a biopsy. The results showed three of the 14 sample cores contained Gleason 6 (3+3) cancer cells. Joel's physician recommended that he go on proactive surveillance and embark on a new dietary regime, eliminating beef, chicken, dairy, refined sugar and flour. Six months later, his PSA was down to 2.7. Then, three months later, it rose to 4.5.

Joel will soon have a second biopsy to confirm if he can stay on active surveillance or will need to proceed to treatment. For many men with low-grade prostate cancer, the best treatment is sometimes not to treat, sparing them from unnecessary side effects of various treatment options.

Data from patients who elect to pursue proactive surveillance will enable us to better identify, with more confidence, those patients who can best be treated in this manner.

Continued on page 16 ►

to improve targeting of PSA screening in patients, reduce over-testing and improve processes of patient education on the risks of overtreatment from PSA screening.

The USPSTF has heightened awareness with new data on the issue of severe complications and patient suffering from the overdiagnosis and overtreatment of indolent prostate cancers. In addition to the emotional and physical suffering experienced by men and their families, a recent cost-effectiveness analysis of PSA screening estimated that the cost of diagnosis and treatment is over \$5,227,306 per patient to prevent one U.S. prostate cancer death.

Research and Patient Involvement Will Move Us Forward

The PSA debate can become moot with intensive and accelerated research that delivers a better test. For more than a decade, PCF has been supporting research to find new, better molecular biomarkers for prostate cancer. At PCF's 2011 Scientific Retreat, data on 17 new biotechnologies that complement or have the potential to replace PSA screening were presented. Many of these biotechnologies have the potential to discern between indolent and lethal prostate cancers. Essential will be patient participation in clinical trials to evaluate these new tests. New data on urine and blood tests using genetic biomarkers also offer the promise of eliminating a large number of unneeded biopsies and subsequent unnecessary treatment.

PCF also believes that intensified National Cancer Institute (NCI) focus and research investment in better, early detection

tests of lethal prostate cancers is crucial. New public-private research partnerships drawn from substantially increased and coordinated research investments from the American Cancer Society (ACS) and the American Urologic Association (AUA) partnering with the NCI and PCF are also needed. Such partnerships will accelerate the discovery, testing and validation in U.S. men of new biotechnologies for lethal cancer detection that are superior to PSA screening.

Given the enormity of the problem of overdiagnosis and overtreatment, PCF is also supporting a \$5 million research project, with the National Proactive Surveillance Network, to determine which patients can be maintained on proactive surveillance and which patients need to be recommended for surgery or radiation. Additional clinical trials of proactive surveillance are urgently needed to develop guidelines for men whose cancer is not life-threatening.

These activities will require greater patient participation in clinical studies evaluating new genomics-based prostate cancer detection tests and greater eligible patient participation in, and physician referral of patients to, ongoing new clinical trials evaluating proactive surveillance (watchful waiting).



GLOBAL KNOWLEDGE EXCHANGE: 18th ANNUAL PCF SCIENTIFIC RETREAT



PCF's 2011 Annual Scientific Retreat was, according to attendee feedback, the best ever. It was also the largest. Nearly 350 attendees representing 83 academic institutions, 30 biopharmaceutical companies and seven medical research foundations from 11 countries gathered to share their latest data and new research methods.

Saturday morning, a special added session was moderated by Mike Milken. The discussion focused on closing the gaps between research institutions, the pharmaceutical industry and the FDA to improve sharing of data, define new clinical study endpoints and speed approvals of new medicines for patients. Joining the panel were Francis Collins, Director of the NIH, Margaret Hamburg, Commissioner of the FDA, Leroy Hood, co-founder and President of the Institute of Systems Biology, Chris Viehbacher, CEO of Sanofi-Aventis and President of PhRMA, and Elias Zerhouni, former Director of the NIH and advisor to the CEO of the global pharmaceutical and vaccines company, Sanofi-Aventis, on science and technology issues. The discussion was a "call to action" for a new national plan focusing on the need for transparency, more research resources, better coordination and consistency of approaches between government, industry, academic and non-profit organizations. PCF's model is the standard for collaboration and coordination that the Milken Institute recommends for all cancer research.

18th ANNUAL PCF SCIENTIFIC RETREAT



Carolyn Best, PhD, Program Manager for Prostate Cancer Research at the U.S. Department of Defense, received a special recognition from PCF for her efforts in advancing research.



Participants of the 18th Annual PCF Scientific Retreat attended 46 presentations and panels by 27 world-class research scientists.



Members of the Prostate Cancer Clinical Trials Consortium (PCCTC) held additional meetings at PCF's Retreat.



The Scientific Retreat's Poster Session featured research posters and an evening for attendees to share and discuss new data.

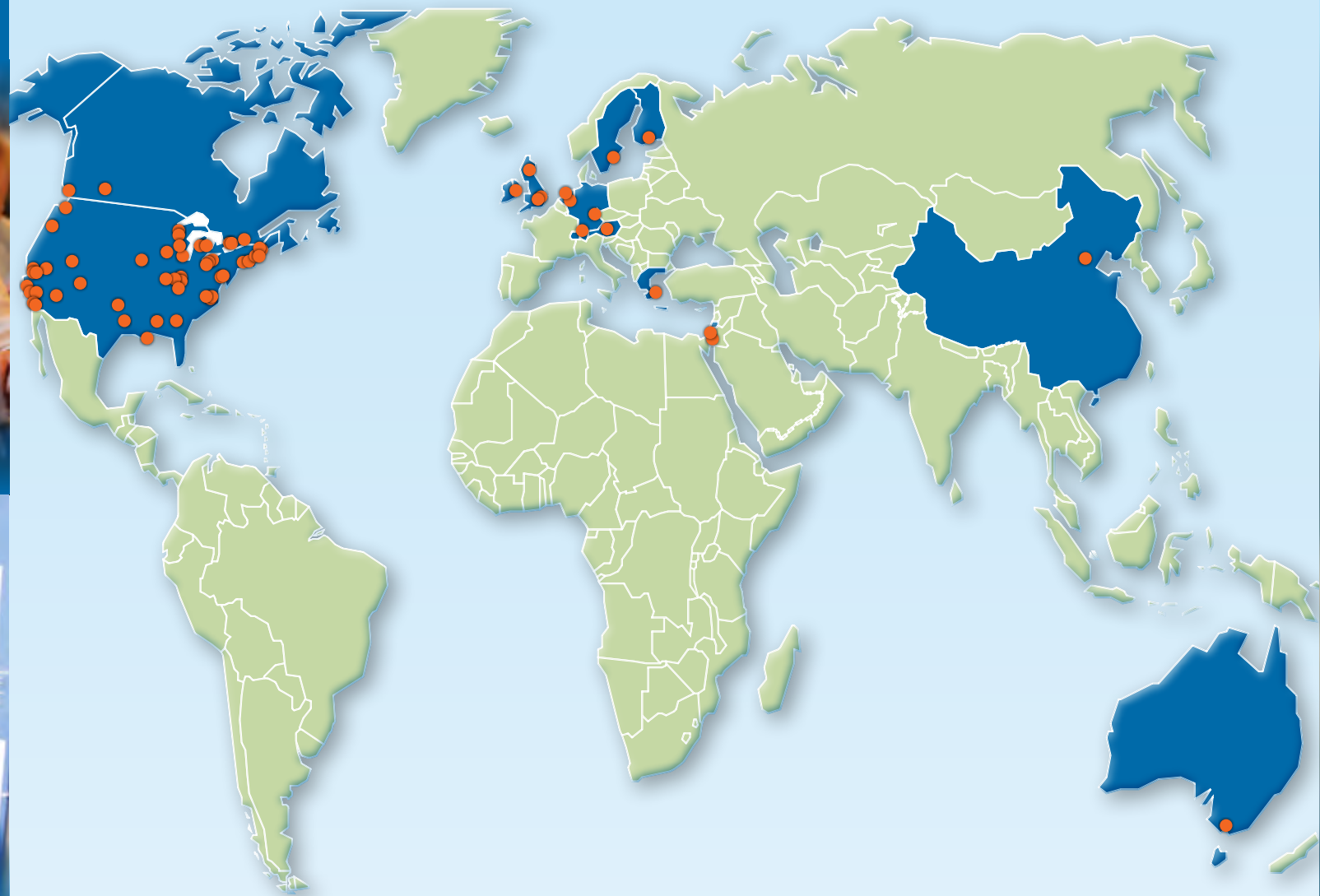


Matthew Smith, MD, PhD, recipient of several PCF Research Awards, moderated a panel with Phillip Febbo, MD, on cabozantinib (XL184) and its promise for treating bone metastases.



Nearly 350 of the world's leading prostate cancer researchers and pharmaceutical representatives attended PCF's 2011 Scientific Retreat.

PCF GLOBAL RESEARCH AWARDS



Australia

Melbourne

Austria

Innsbruck

Canada

Calgary, AB
Hamilton, ON
Montreal, QB
Toronto, ON
Vancouver, BC

China

Beijing

England

London
Surrey

Finland

Helsinki

Germany

Munich
Regensburg

Greece

Athens

Ireland

Dublin

Israel

Jerusalem
Ramat-Gan
Tel-Aviv

Netherlands

Nijmegen
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Switzerland

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Phoenix, AZ
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La Jolla, CA
Los Angeles, CA
Riverside, CA
San Diego, CA
San Francisco, CA
Santa Barbara, CA

Stanford, CA
Denver, Colorado
Storrs, CT
Washington, DC
Atlanta, GA
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Iowa City, IA
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Baltimore, MD
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Seattle, WA
Tacoma, WA
Madison, WI

BUILDING PUBLIC SUPPORT FOR PROSTATE CANCER

Without understanding the scope of the prostate cancer problem, donors cannot be motivated to support our work. Without understanding the pervasiveness and seriousness of prostate cancer, men cannot be motivated to talk to their doctors about their prostate health.



Los Angeles International Airport



Los Angeles City Hall



Capitol Records Building, Hollywood

Each year, PCF engages in highly visible events to aid in getting our message out to the public. These include the **Home Run Challenge** with Major League Baseball each June, **November**—the annual moustache growing campaign to raise awareness and funds for research, **The Charles Evans Pro-Am Tennis Tour**, gala dinners and more.

This year, working with **Blue September California**, major landmarks in Los Angeles and the San Francisco Bay area went blue to support the cause, while the Oakland Raiders became the first NFL team to promote prostate cancer at their home opening game.



San Francisco City Hall



The 2011 Neal Rodin Golf Event raised \$864,000.



NASDAQ's Closing Bell ceremony launched PCF's TAKE AIM program.



The PCF-MLB Home Run Challenge raised \$1.9 million in 2011.



November 2010 raised \$2.6 million for PCF-sponsored research.



The 2011 Charles Evans-PCF Pro-Am Tennis Tour raised \$1.2 million.



Prostate cancer awareness was supported by the Oakland Raiders at their 2011 home opener.



The 2011 PCF Global Gourmet Games raised \$880,000.

2010 DONOR ROLL

The support of our generous donors makes all that we do at PCF possible. This honor roll acknowledges actual gifts of \$2,500 or more, exclusive of pledges, made to PCF during calendar year 2010. We thank you, our friends and supporters, for making 2010 the best year ever in the history of PCF.

\$5,000,000+

The Safeway Foundation

\$1,000,000 - \$4,999,999

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 Country Club
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 Suffolk Stan Musial Baseball
 League, Inc.
 The Oakland Athletics
 Community Fund
 Steve Tino
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 Vasari Country Club
 Verdant & Savant, LLC
 Mr. and Mrs. Warren Weiner
 Wescott Prostate Cancer
 Challenge
 Mahina Young Charitable Fund

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*Athletes for a Cure
 participants that raised
 \$2,500 or more*

Dr. Erlend Bo
 Mr. Scott Burrow
 Mr. Dennis Caponi
 Mrs. Tammie Chopp
 Mr. Chris Danahy
 Mrs. Katie Danahy
 Mr. Patrick Foley
 Mr. Rob Goldberg
 Mr. Frank Hanes
 Mr. Sundee Iyer
 Mr. Ricky Jeffs
 Mrs. Becky Knight
 Mr. Emerson Knowles
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 Mr. Jerry Lee
 Mr. Mark Naphin
 Ms. Stephanie Nogueira
 Mr. Matthew Pellas
 Mr. Jesse Saenz
 Dr. Christina Schlachter
 Mr. Shaune Shelby
 Mr. F. Joseph Sirdevan
 Mrs. Sara Towne
 Ms. Winter Vinecki
 Mr. Eric Weber

Special Partnerships and Hosted Events

*Special partnerships or
 hosted events that raised
 \$2,500 or more*

8th Annual Philadelphia
 Prostate Cancer Fundraiser
 hosted by Neal Rodin and Clay
 Hamlin
 Arnie's Army Battles Prostate
 Cancer
 Bike It!
 Derric's Day at Thunder Hill
 Raceway
 Faith, Love, Hope, Win
 Foundation
 Heritage Propane
 Let's Hit a Grand Slam for the
 Cure
 MANuary
 Muhlenberg College Lacrosse
 Fundraiser
 Office Furniture Recyclers

Convention Fundraiser
 Palmira Play for Blue Tennis
 Tournament
 Small Army for a Cause (Be
 Bold Be Bald)
 Team Winter

In Memory Tribute Funds

*Funds that contributed \$2,500
 or more*

In Memory of:

Jack Barnes
 William J. Bresnan
 William Bowman
 Dr. Martin A. Draper
 Elbert "Tootie" Fernandez
 Dan Fogelberg
 Charles 'Charlie' Germano
 Bruce Allan Hupfer
 Tom Jones
 Joseph B. Knox, Ph.D.
 Ed Kondracki
 Gerard Waters Kurek
 Alex Lee
 Richard P. Lordan
 Steve Millstein
 Bruce W. Neely
 RC Cancer Center Alumni
 Edward F. Sulesky
 Mark Tarnapol

*Represents annual donations as
 of December 31, 2010.*

AN APPEAL FOR MEN AND THEIR FAMILIES

Dear Friend,

It's been 20 months since I was diagnosed with prostate cancer at the age of 51. I know first-hand the struggles of more than two million American men and their families who are challenged by this disease. I've had surgery, radiation therapy and am now undergoing androgen deprivation therapy. As any patient knows, treatment can be extremely challenging.

As a patient with advanced metastatic disease, I know that recurrence of my cancer is always a possibility. But there is great hope. I and many men like me are encouraged to know that if and when we need it, the next new treatment will be available, thanks to the work of PCF, its researchers and the generosity of donors like you. Five new drugs for advanced disease have already been approved. Six are in Phase III clinical trials and more are entering early trials. What's more, rapid progress in genomics and developing better biomarkers for diagnostics and predicting outcomes will one day enable us to better stratify patients and deliver personalized treatment plans, eliminating the possibility of overtreatment for many men.

Your support is still urgently needed so we can continue the momentum we have achieved and realize our ultimate goal—the end of prostate cancer as a lethal disease.

There has never been a more promising time for patients, thanks to your continuing generosity. On behalf of the 16 million men worldwide (like me) and their families (like mine), thank you.



With gratitude and wishes for abundant health,

Dan Zenka, APR
 Senior Vice President, Communications
 Author of the prostate cancer blog:
www.mynewyorkminute.org

DONATION OPPORTUNITIES

STATEMENT OF FINANCIAL POSITION

The Prostate Cancer Foundation welcomes gifts of cash, securities, non-cash assets and gifts by will or living trust. We also welcome contributions made in memory or in honor of friends or loved ones.

Challenge Awards (\$1,000,000-\$10,000,000)

PCF supports transformational prostate cancer research to accelerate progress toward the reduction of death and suffering due to advanced prostate cancer.

Teams may be assembled from one or several institutions and should include at least three investigators capable of providing unique scientific expertise to the solution of a significant problem in prostate cancer research. These awards cover direct costs of the research.

Creativity Awards (\$300,000)

PCF supports innovative and daring research with Creativity Awards. Paid over a two-year period, these awards totaling \$300,000 support exceptionally novel projects with great potential to produce breakthroughs for detecting and treating prostate cancer. They are complementary and integrated with other PCF award programs.

Young Investigator Awards (\$225,000)

PCF provides these three-year awards, totaling \$225,000, to keep the field of prostate cancer research vibrant with new ideas. The awards, matched by recipients' institutions, offer career and project support for young but proven investigators (typically 35 years old or younger) who are committing their lives to a cure for prostate cancer.



PCF has received a Four Star rating from Charity Navigator, the highest honor attained by fewer than 25 percent of U.S. public charities.

Donations

Please mail your check to:

Prostate Cancer Foundation
1250 Fourth Street
Santa Monica, CA 90401

To make an online contribution, please visit our website: www.pcf.org

If you prefer, you can make a donation by phone by calling toll-free (800) 757-CURE (2873).

Memorial or Tribute Gifts

- Honor the memory of a loved one or celebrate the accomplishments of a friend or family member by helping others
- Make a memorial or tribute gift and PCF will send an acknowledgement card to the family or honoree
- PCF can also set up an 'in memory of' webpage to honor your loved one

Monthly Giving

- Set up recurring donations for a convenient and manageable gift process that fits your monthly budget

Other Gift Suggestions

- Assets or property including appreciated stock and real estate
- Bequest – remember PCF in your will
 - Name PCF as the primary or contingent beneficiary for your individual retirement account or a life insurance policy

For more information, visit www.pcf.org/donate.

December 31	Unrestricted	Temporarily Restricted	2010	2009
ASSETS				
Cash and Cash Equivalents	\$ 15,701,144	\$ 1,800,000	\$ 17,501,144	\$ 30,510,823
Investments	12,555,258	-	12,555,258	611,968
Pledges Receivable (Net)	10,802,232	4,639,844	15,442,076	8,421,026
Prepaid Expenses and Other Assets	121,975	-	121,975	179,070
Property and Equipment (Net)	593,827	-	593,827	191,792
Total Assets	\$ 39,774,436	\$ 6,439,844	\$ 46,214,280	\$ 39,914,679
LIABILITIES AND NET ASSETS				
Liabilities				
Accounts Payable	\$ 217,575	\$ -	\$ 217,575	\$ 130,614
Accrued Liabilities	632,827	-	632,827	883,026
Grants Payable	15,063,044	-	15,063,044	16,353,378
Total Liabilities	15,913,446	-	15,913,446	17,367,018
Net Assets				
Unrestricted	23,860,990	-	23,860,990	20,760,744
Temporarily Restricted	-	6,439,844	6,439,844	1,786,917
Total Net Assets	23,860,990	6,439,844	30,300,834	22,547,661
Total Liabilities and Net Assets	\$ 39,774,436	\$ 6,439,844	\$ 46,214,280	\$ 39,914,679

STATEMENT OF ACTIVITIES

December 31	Unrestricted	Temporarily Restricted	2010	2009
Revenue and Public Support				
Grants and Contributions	\$ 32,627,965	\$ 7,591,261	\$ 40,219,226	\$ 33,265,074
Investment Income (Loss)	214,678	-	214,678	(85,830)
Net Assets Released from Purpose Restrictions	2,938,334	(2,938,334)	-	-
Total Revenue and Public Support	35,780,977	4,652,927	40,433,904	33,179,244
Expenses				
Program Services	24,749,774	-	24,749,774	19,407,110
Supporting Services:				
Management and General	3,261,488	-	3,261,488	2,714,456
Fundraising	4,669,469	-	4,669,469	4,502,562
Total Expenses	32,680,731	-	32,680,731	26,624,128
Change in Net Assets	3,100,246	4,652,927	7,753,173	6,555,116
Net Assets – Beginning of Year	20,760,744	1,786,917	22,547,661	15,992,545
Net Assets – End of Year	\$ 23,860,990	\$ 6,439,844	\$ 30,300,834	\$ 22,547,661

STATEMENT OF CASH FLOWS

December 31	2010	2009
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in Net Assets	\$ 7,753,173	\$ 6,555,116
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities		
Donation of Investments	-	(399,533)
Realized and Unrealized Loss on Investments	-	415,074
Depreciation and Amortization	134,750	82,171
(Increase) Decrease in:		
Pledges Receivable	(7,021,050)	(1,604,921)
Prepaid Expenses and Other Assets	57,095	(98,573)
Increase (Decrease) in:		
Accounts Payable	86,961	53,784
Accrued Liabilities	(250,199)	(494,134)
Grants Payable	(1,290,334)	(2,109,377)
Net Cash Provided by (Used in) Operating Activities	(529,604)	2,399,607
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property and Equipment	(536,785)	(141,178)
Purchase of Investments	(11,728,612)	(26,656)
Proceeds from Sale of Investments	-	384,459
Reinvested Interest and Dividend Income	(214,678)	-
Net Cash Provided by (Used in) Investing Activities	(12,480,075)	216,625
Net Increase (Decrease) in Cash and Cash Equivalents	(13,009,679)	2,616,232
Cash and Cash Equivalents – Beginning of Year	30,510,823	27,894,591
Cash and Cash Equivalents – End of Year	\$ 17,501,144	\$ 30,510,823

REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Prostate Cancer Foundation

We have audited the accompanying statement of financial position of Prostate Cancer Foundation (the Foundation) as of December 31, 2010, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the management of the Foundation. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the December 31, 2009 financial statements of the Foundation which were prepared by other auditors and, in their report dated August 27, 2010, they expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Green Hasson & Janks LLP

**Green
Hasson
Janks**

April 11, 2011
Los Angeles, California



Raising Awareness Through Corporate Marketing

PCF's TAKE AIM cause-related marketing program is a collaboration between corporate supporters and the Prostate Cancer Foundation. It is designed to build consumer preference while supporting life-saving research for prostate cancer. TAKE AIM partners are committed to giving back, raising awareness and finding cures. Their partnership is a priceless investment for the 1 in 6 men who will be diagnosed with prostate cancer and countless others that will be affected by this devastating disease.

By supporting our PCF TAKE AIM partners, you too will be supporting a cure for prostate cancer.

Signature Partner



On August 30, 2011, NASDAQ hosted PCF for a closing bell ceremony at the NASDAQ MarketSite in Times Square, New York.

At left, representing PCF during the event were, from left: Dan Zenka, Sr. VP, Communications; Jonathan W. Simons, MD, President & CEO; Gary Dicoivitsky, Exec. VP, Development.

Premier Partners



If your company is interested in becoming a TAKE AIM partner, please contact us at 310.570.4700.

PCF SUPPORTING PARTNERS

PCF is grateful for the support of our corporate partners. These organizations' contributions and campaigns are enabling PCF to move closer to our goal of realizing a world without prostate cancer.



Biotechnology & Pharmaceutical Partners



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