



PROSTATE CANCER
FOUNDATION



SAVING MORE
IMPROVING ALL **LIVES**

2013 PROGRESS REPORT



PROSTATE CANCER FOUNDATION

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For over 20 years, the Prostate Cancer Foundation (PCF) has stood as a strong force against the onslaught of prostate cancer. Each year, remarkable progress is made—lives are improved, lengthened and saved. Symptoms are reduced, birthdays are celebrated, families are kept intact, and life is more fully lived with this disease than ever before. As the American Association for Cancer Research (AACR) has reported, our research community has reduced the U.S. death rate from prostate cancer by 40 percent. None of this would have been possible without the extraordinary generosity of our donor citizens who give their money and time to support research for the Prostate Cancer Foundation's quest to end death and suffering from this disease. The PCF research community is making a difference for every man, every single day.

As exciting and gratifying as 2013 was, 2014 promises to be even more so for patients at all stages of diagnosis. In 2014, PCF is launching a new initiative called the Global Treatment Sciences Network (GTSN). This initiative will encompass the underfunded and unfunded research questions that have the potential to reduce deaths and put more men into remission with new medicines.

This report is dedicated to the 16 million men worldwide who count themselves as prostate cancer survivors.

On the Cover

SAVING MORE LIVES, IMPROVING ALL LIVES

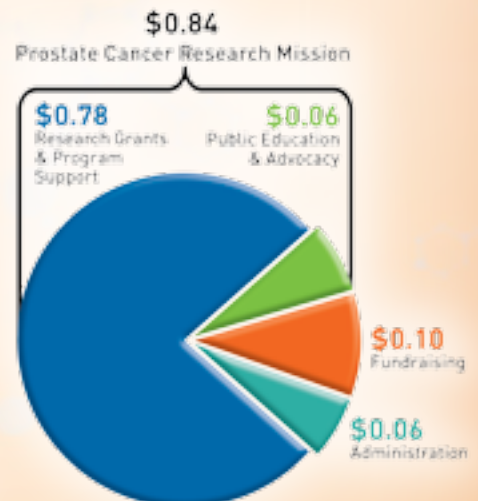
Over 500 members of the PCF Research Community gathered in National Harbor, Maryland, in October 2013 for the 20th Annual PCF Scientific Retreat. The PCF Research Enterprise expands each year. At National Harbor, 119 academic institutions, 35 biopharmaceutical companies, and 10 medical research foundations were represented.

Cover photography: Paul Bliese

5-Year Revenue History
\$Millions



2013 Spending
Per Dollar



There are several risk factors for prostate cancer, including family history, age and race. Know your risks for prostate cancer and talk to your doctor about early detection and screening.

ADVANCING HOPE: ELIMINATING PROSTATE CANCER IN OUR LIFETIMES

Dear Friends:

Two decades, 16 million men and their families, 2,000 programs, 200 research centers in 18 countries, and a global research enterprise whose value in research investments from government, industry and non-profit organizations is nearly \$10 billion. The most important Prostate Cancer Foundation metric is even more impressive: the death rate from prostate cancer is 40 percent lower than it was two decades ago. Health analysts in the early 1990s predicted that demographics—particularly the aging of the baby boomers—would cause a spike in prostate cancer mortality. What those estimates did not account for, however, were the scientific and medical breakthroughs for patients that your support has made possible.

Without doubt, the prognosis for men diagnosed with prostate cancer—and the outlook for their families—has never been more encouraging. Your support is helping change the world in ways that are profound to the world and to many individual lives. A 20 percent reduction in all cancer deaths is estimated to be worth \$20 trillion—greater than the United States' economy. For men with prostate cancer and their families, the prospect of defeating the disease is priceless—granting the gift of more time with loved ones, the opportunity to enjoy grandchildren, and a chance to continue their life's work.

As PCF's Chairman and CEO, respectively, we both feel a deep personal gratitude for your support. One of us, Mike, is a prostate cancer survivor who has lost too many close family members to cancer. The other, Jonathan, is the son, grandson and husband of cancer survivors. PCF approaches its mission systemically, but we're also driven by the personal motivation to rid our families and the world of needless pain, suffering and loss.

With that, we thank you for more than two decades of support.

From Funding to Progress: 2013 By the Numbers

PCF raised \$50.6 million in 2013, an increase of 10 percent over 2012 and a new high-water mark for the organization. Gifts ranged in size from the modest—for instance, the 6-year-old boy who raised \$102 during his Halloween trick-or-treating, all to honor his grandfather—to the incredible. Our largest contribution came from philanthropist Stewart Rahr—a remarkable \$14 million gift he bestowed at the 2013 PCF New York Dinner. As a result, we exceeded all our 2013 targets and are working hard to do it again in 2014.

That funding is creating measurable progress in the fight against prostate cancer. In the past four years, six new drugs have received FDA approval, and PCF's "fingerprints" are on each of them:

- Provenge® (an immunotherapy drug, approved Apr. 2010)
- Jevtana® (a chemotherapy agent, approved Jun. 2010)
- Xgeva® (a bone-targeting medicine, approved Nov. 2010)
- Zytiga® (a novel anti-androgen, approved Apr. 2011)
- Xtandi® (another novel anti-androgen, approved Aug. 2012)
- Xofigo® (a targeted radiation therapy, approved May 2013)

That last treatment, Xofigo, may help as many as 60,000 North American men per year—more than a sold-out day at Dodger Stadium—and shows promise for other next-generation radio-therapeutics in the near future. In addition to these, more than 90 new treatments are in Phase I and II clinical trials, and several are in Phase III. We hope to share positive developments on those soon.

In 2013, the PCF research community accelerated a dozen more projects that will keep advanced prostate cancer in remission, doubling the number of potential life-extending treatments. One of the most significant findings was from a randomized controlled clinical trial—reported by the National Cancer Institute—that men with hormone-sensitive metastatic prostate cancer

who received the chemotherapy drug docetaxel at the start of standard hormone therapy lived longer than patients who received hormone therapy alone.

More good news came from the Institute for Cancer Research at The Royal Marsden Hospital in London, where PCF-funded investigators reported results of a large data analysis that found average survival time *doubled* for British patients compared to a decade ago.

PCF Expands Breadth and Depth

Prostate cancer knows no international boundaries—and neither do we. So PCF continues to expand its presence worldwide. We go wherever we find promising research. We continued to expand internationally in 2013, and the PCF Research Enterprise now extends to 18 countries and territories:

- Argentina
- Australia
- Austria
- Canada
- China
- Finland
- Germany
- Greece
- Ireland
- Israel
- Netherlands
- Norway
- Scotland
- Spain
- Sweden
- Switzerland
- United Kingdom
- United States

But as we've discussed at past Scientific Retreats, the most valuable real estate in the world is not in Beverly Hills, Monaco or Hong Kong—it's online. PCF charted new digital terrain in 2013, crossing the 20,000 mark of Facebook users who have seen and "liked" our research-driven message for patients, caregivers and advocates. Our PCF.org site remains among the most comprehensive resources for men and families—whether the diagnosis is days old or whether they're searching for clinical trials—and we're continuing to expand our web presence internationally with the launch of the PCF Norway website, fresh on the heels of the launch of PCFChina.org.

In 2013, PCF granted 28 new Young Investigator Awards, bringing the total for that program since 2007 to 126. These awards represent the best investment into the field, helping attract and retain the most ingenious research talent, all with the goal of keeping prostate cancer research vibrant. In addition, we invested in eight new Challenge Awards in 2013. These awards range from \$500,000 to \$1.5 million each and support cross-disciplinary teams of investigators in strategic areas that

are not covered by traditional research grants.

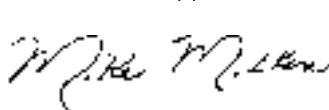
Continuing the Momentum

The entire organization was gratified to receive four stars—the highest possible rating—from Charity Navigator, the "Good Housekeeping seal of approval" when it comes to nonprofit organizations. That recognition—including a 70.00 out of 70.00 for accountability and transparency—reconfirmed something we all know: PCF is committed to the men and families we proudly serve.

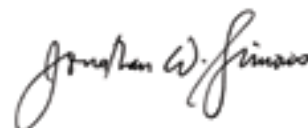
We're energized in 2014 to see more breakthroughs. We see significant progress in the use of T-cells to eliminate prostate cancer cells that may be left after treatment, and every day we learn more about how the body's own immune system can be engaged as a weapon in the fight. Prevention and earlier detection will also remain a key focus in 2014, ranging from the role of nutrition (there's promising research on broccoli's preventative properties, as one example) to the development of a urine test that may eventually replace the PSA blood test and would enable physicians to detect problems as much as 10 years earlier than is possible now.

Eliminating prostate cancer in our lifetimes remains a possibility within our reach, and the day when the disease is considered a chronic but manageable condition, instead of a life sentence, is closer than ever. There's much more to be done, and with your support we'll get there.

With sincere appreciation,



Michael Milken
Founder and Chairman



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



NEW DRUGS, NEW TREATMENTS

The PCF research community is making a difference every single day. As the poet John Donne said, no man is an island. The PCF research community stands to assure that is true for men in their hour of need. The PCF community not only significantly fosters the cross-collaboration of researchers that will be key to curing this disease, but also bands together the many to cure the one, each one, every one.

Over the past four years, PCF has stimulated and accelerated the development of six new FDA-approved drugs for men with prostate cancer (see founder-CEO letter, pg. 1). In 2013, one of those six drugs, Zytiga, became the most-used first-line treatment for men in the U.S. with stage IV prostate cancer. PCF is exceptionally proud to have funded the basic science that determined how the drug worked—by lowering androgen levels inside a tumor—generating the impetus for the clinical trials needed to gain FDA approval.

Xtandi, another drug that won approval in 2012 for men with treatment-resistant prostate cancer for use after chemotherapy, is currently being evaluated for use in earlier stages of the disease. In fact, studies now suggest that Xtandi may benefit men who have not yet progressed to the point of requiring chemotherapy. FDA approval for expanding the use of this drug to the pre-chemotherapy setting is expected in the near future.

These new drugs give men more choices and longer lifespans; however, much work remains to be done to determine the best possible time to use the drugs. Researchers must determine the right drug for the right patient at the right time. This is especially important for men diagnosed with high-risk tumors—a group that comprises approximately 20 percent of all men with localized (and potentially micro-metastatic) prostate cancer, but for whom surgery is rarely curative, says Mary-Ellen Taplin, MD, of the Dana-Farber Cancer Institute, a PCF-funded investigator.

To find better options for these patients, Taplin led a Phase II clinical study of men with high-risk localized prostate cancer who received Zytiga as a neoadjuvant, or before-surgery, treatment in an attempt to lower intra-

tumor levels of androgens that fuel prostate cancer growth and shrink their tumors prior to surgical removal of the gland.

“The stunning results of this study indicated that high-risk tumors shrank to the point of disappearance in one-third of the men who received Zytiga along with the drug Lupron as neoadjuvant therapy,” says Howard R. Soule, PhD, chief science officer at PCF. Taplin added, “There are some men in this study who may have died of

prostate cancer, who instead may have been cured because they got this treatment.”

Why did only a third of the men respond so well to this neoadjuvant therapy with Zytiga? Will some men respond better to Xtandi as a neoadjuvant therapy

as well? What about using a combination of Zytiga and Xtandi, either before a primary treatment like surgery—neoadjuvant use—or after? (Adjuvant therapy is given after the primary treatment.) If used in combination, which order would be best for which men? Zytiga first? Or Xtandi? Philip Kantoff, MD, of the Dana-Farber Cancer Institute and a PCF-funded researcher wrote in the journal *Oncology*, “Integrating the use of these novel agents with other multimodality options opens the door for curative therapy for high-risk patients who frequently die of their disease.”

ICECaP Launched

This group’s aim is to find the best way to use new drugs that may cure up to 8,000 more men per year.

To get the answers on how best to cure men with these new drugs, PCF in 2013 launched the Intermediate Clinical Endpoints in Cancer of the Prostate (ICECaP) working group—a multidisciplinary, multinational group of researchers who are collaborating and sharing data so answers to these and other questions about

“There are some men in this study who may have died of prostate cancer, who instead may have been cured because they got this treatment.”

— Mary-Ellen Taplin, MD
Dana-Farber Cancer Institute



Mary-ellen Taplin, MD, and Christopher Sweeney, MBBS, of the Dana-Farber Cancer Institute are two key scientists involved in PCF's ICECaP working group.

Photos courtesy Dana-Farber Cancer Institute

neoadjuvant and adjuvant use of novel anti-androgens can be gained more quickly, potentially moving life-saving treatments into standard clinical practice sooner. "This ICECaP group of researchers under the leadership of Christopher Sweeney, MBBS and with collaboration from other PCF-funded researchers, such as Drs. Taplin and Philip Kantoff, and numerous others, will absolutely speed the timelines of information needed to find the best use of prostate cancer drugs in patients," says Jonathan W. Simons, MD, president and CEO of PCF. "And, it was PCF that funded many of the neoadjuvant studies that motivated the formation of ICECaP," adds Soule. Taplin is currently funded through the PCF-Department of Defense Prostate Cancer Clinical Trials Consortium (PCCTC).

"The overall goal of this project," says Soule, "is to use ICECaP's big dataset to find reliable indicators of a drug or drug combination's success, other than overall survival." Using survival as a primary indicator to measure a therapy's success can take up to a decade or more of follow-up, whereas alternate indicators, such as lack of disease progression or new biomarkers that show positive response to treatment, offer a more timely way to measure the effectiveness of a treatment. In addition, ICECaP will assess the economic benefits of preventing or slowing prostate cancer progression; this may also be used to move neoadjuvant treatments into mainstream clinical use sooner.

"The ICECaP working group, with PCF funding, will allow us to show cure rates years ahead of what would be the normal process for these studies," says Simons.

And the prostate cancer community—researchers, patients, families and loved ones—knows what years

ahead of the normal process means. It means more lives saved and improved, both now and in the future.

Xofigo Approved by FDA—May 2013

This novel radiopharmaceutical is the first bone-targeted drug to extend survival in men with advanced prostate cancer; it also significantly improves quality of life.

Xofigo (or Radium-223) is the sixth new life-extending medicine for advanced prostate cancer patients approved by the FDA in the past four years. The drug, a first-in-class injectable alpha-particle radiopharmaceutical, is used to shrink metastatic bone tumors in men with advanced prostate cancer. "The drug has the potential to benefit as many as 60,000 men annually," says PCF's Simons. Research published in the *New England Journal of Medicine (NEJM)* in 2013 showed that, overall, Xofigo reduced the risk of death by 30 percent in men taking the drug, compared to men given a placebo. Men whose cancer had not advanced to the point where they needed chemotherapy experienced a 26 percent lower risk of death compared to the placebo group. Men given this drug receive a total of six injections—one administered each month.

Not only did the men given Xofigo live longer, they lived better.

Xofigo: Quality-of-Life Benefits

- **Less pain medication is required to control symptoms from bone pain caused by cancer.**
- **Fewer men (36 percent compared to 50 percent) who received Xofigo required opioid drugs, such as morphine, for relief of their metastatic bone pain.**
- **Less use of pain medications means fewer side effects from these drugs.**
- **Men experienced more time free from debilitating complications; e.g., bone fractures or spinal cord compression.**
- **Xofigo halved the risk of spinal cord compression, which can cause paralysis, severe pain and incontinence.**

“PCF has long been involved and interested in bone-targeted radiopharmaceuticals,” says Oliver Sartor, MD, the senior author on the 2013 *NEJM* study and a member of PCF’s Global Research Council. “It was through PCF-funded early research conducted by Christopher Logothetis, MD, at MD Anderson Cancer Center on beta-particles that provided a conceptual framework that allowed the field to progress and keep alive the hope that bone-targeted radiopharmaceuticals could prolong life,” says Sartor. Once alpha-particle technology came of age for drug development, about a decade ago, Sartor was immediately attracted by the pharmaceutical possibilities, especially the tolerability of alpha particles compared to beta particle compounds. Indeed, says Sartor, there are very few negative side effects from Xofigo.

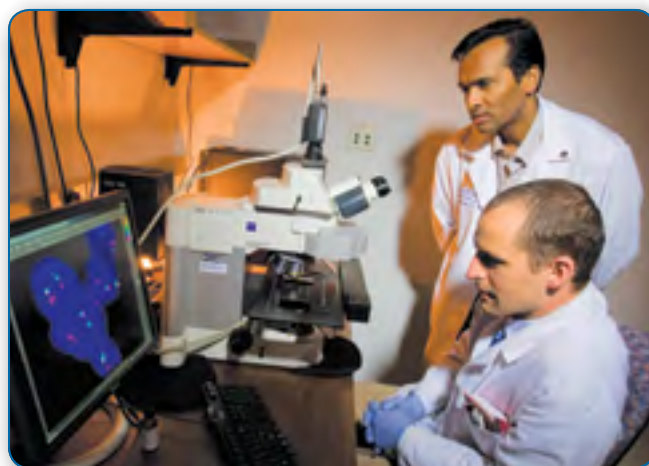
PCF Announces New Urine Test Available for Prostate Cancer

This test measures two molecular markers of prostate cancer; unlike the PSA test, it is ultra-specific for prostate cancer and is expected to spare men unnecessary biopsies.

Because of the serious drawbacks associated with PSA (prostate-specific antigen) screening—finding too many incidental and, ironically, too few lethal prostate cancers—better screening tests are needed. And because the PSA test lacks specificity for prostate cancer, widespread reliance on the test has led to overtreatment as well as under-treatment, as some 15 percent of men with prostate cancer have PSA levels too low to trigger a biopsy. In a nutshell, the PSA test can’t tell the difference between indolent cancers (that may safely be observed under a program of active surveillance) and aggressive cancers that require treatment. Clearly, better tests for prostate cancer are needed.



New urine test measures two molecular markers for prostate cancer



Arul Chinnaiyan, MD, PhD, and Scott Tomlins, MD, PhD, of the University of Michigan in the lab reviewing fluorescence in situ hybridization images showing ERG rearrangements in prostate cancer

Photo courtesy University of Michigan Center for Translational Pathology

PCF-funded investigators Scott Tomlins, MD, PhD, and Arul Chinnaiyan, MD, PhD, discovered a prostate cancer gene-fusion biomarker (T2:ERG) that is present in about 40 percent of prostate cancer tumors. And unlike the controversial PSA biomarker that may be elevated in men with non-cancerous conditions such as an enlarged or inflamed prostate gland, the T2:ERG biomarker is highly prostate cancer specific. That is, if T2:ERG is found at high levels in urine, a man likely has prostate cancer, whether or not his biopsy is positive for cancer, says Tomlins.

The Mi-Prostate Score (MiPS) urine test also improves upon the PSA test.

In September of 2013, a new urine test for prostate cancer became commercially available. The new test (MiPS), offered by the University of Michigan MLabs, incorporates blood PSA levels and the two molecular RNA markers (T2:ERG and PCA3) that are specific for prostate cancer into one final score that provides men and their doctors with a personalized prostate-cancer risk assessment. (The test measures snippets of RNA made from PCA3 and the abnormal T2:ERG gene fusion.) In a study published in *Science Translational Medicine*, Tomlins, Chinnaiyan and their colleagues found the highest rates of prostate cancer in men with the highest levels of T2:ERG and PCA3 RNA in their urine. The MiPS test improves the utility of the PSA blood test, increases a physician’s ability to differentiate high-risk prostate tumors from low-risk tumors in patients, and may help tens of thousands of men avoid unnecessary biopsies. 🏠

PCF SCIENTIFIC KNOWLEDGE EXCHANGE

The PCF Knowledge Exchange brings together unpublished data, human capital, and real-time knowledge sharing in a diverse global community focused on finding solutions for prostate cancer patients.

PCF chief science officer Howard Soule, PhD, receives the special Partners in Progress Award from the American Society of Clinical Oncology's (ASCO) past president Michael P. Link, MD, at the 2013 ASCO Annual Meeting in Chicago.



LEADERSHIP

With the most comprehensive and up-to-date view of the field, PCF's chief science officer plays a central role in implementing our Knowledge Exchange strategy through brokering connections between investigators in government, academia and industry, and by encouraging peer-to-peer knowledge sharing that addresses critical unmet medical needs for prostate cancer patients.

On Young Investigators

"This program is a passing of the torch between this younger generation of highly qualified investigators and the future of prostate cancer research and medicine. These junior scientists and physicians represent every discipline and all parts of the world."

— Howard R. Soule, PhD

MENTORSHIP

For the last two decades, PCF mentors have immeasurably shaped the course of history, not only as luminaries in the field, but also as champions for the next generation of talent. To celebrate those who have advocated for, coached and trained PCF Young Investigators for success, PCF initiated the Mentor of Excellence Awards.

PCF selected four leaders for the inaugural Mentors of Excellence Awards in 2013: Philip Kantoff, MD, Elizabeth Platz, ScD, Mark Rubin, MD and Shuk-Mei Ho, PhD (not shown).



COMMUNITY

At PCF, we believe in the power of teams and individuals to advance prostate cancer science through research, making discoveries that benefit the 16 million men who battle prostate cancer worldwide.

PCF Young Investigators meet to share unpublished data at PCF's Annual Young Investigator Meeting in Lake Tahoe, NV.

The PCF Scientific Retreat is the ultimate global knowledge exchange for prostate cancer research. The event has grown to over 500 participants and boasts a scientific roster of attendees who join from five continents.

COLLABORATION

PCF empowers exceptional scientists to collaborate and work together to answer fundamental questions in prostate cancer research.

In July 2013, PCF organized a pathology workshop at Weill Cornell Medical Center in New York that brought together top-flight prostate cancer researchers from around the country to better define a subtype of highly aggressive prostate cancer. Researchers representing 11 institutions and two countries were in attendance.





Bob Pohlad is one of three sons of the legendary Carl Pohlad, who founded the family's Minnesota-based business empire encompassing real estate, automobiles, motion pictures, radio, finance and The Minnesota Twins. With his brothers, Jim and Bill, Bob runs the family businesses from offices in Minneapolis. The Pohlads are highly respected in that city, where they take a very active role in community affairs that they support through generous donations from the family foundation, valued at over \$170 million. Since 1994, the foundation has donated more than \$97 million to worthy causes.

Q. How did you become connected to the Prostate Cancer Foundation?

A. We've had several touch points. My dad was diagnosed with prostate cancer 25 years ago. That was our first "in person" contact. Two years ago, a close friend of my brother's and mine was diagnosed. That was around the time our baseball club, and all of Major League Baseball, was partnering with PCF to increase awareness. It so happened that Mike Milken was at an event with us at which my brother, Jim, mentioned our friend's diagnosis. We had no idea what we had put into motion! Mike was like a dog with a bone in terms of advice, advocacy, care, interest—you name it, he was there. Less than a year later, I was diagnosed. My first call was to Mike. If I thought he was a force of nature for our friend, I had seen just the tip of the iceberg. There was literally a cascade of information, calls, outreach, and support from Mike. He and PCF helped me sort through the options and guided me toward a course of treatment with which I was fully satisfied.

Q. What treatment course did you ultimately decide to follow?

A. I opted for a radical prostatectomy, performed robotically by Dr. Peter Carroll at the University of California, San Francisco. And for what it was, it was a very positive experience. I certainly did not "enjoy" being operated on. But I view it as a positive experience because through PCF's resources, I was able to solve a problem I did not expect to have, and came out the other end (no pun intended) in better shape than how I went in.

Q. Could you expand on that a bit?

A. Simply put, when I first went in, I had cancer. Now I don't. But it really is more than that. Through the process of consulting with Mike and PCF, I learned a lot about the disease and various methods of treatment. Most importantly,

I learned that it is essential for every man to take an active interest in his health and be his own advocate. Knowledge is the key and PCF can help with that. Men should be able to have conversations with their doctors based on knowledge. Don't take anything for granted. My PSA, for example, was elevated when I had my annual physical, but was below 4.0. Some might think that's all they need to know and everything is fine. Not always. In fact, my internist did not like the rise, and referred me to a urologist who performed the biopsy that led to the diagnosis.

Q. What would you say to men is the most important lesson you have learned on the journey so far?

A. Be part of your care team. Don't just let things happen. Know what's going on. Talk to your doctor about prostate cancer. Ask questions. If something develops, it is essential that you find a physician whom you trust and are comfortable with. I found that with Dr. Carroll and his team. It's important to discuss *everything*. The ability to go to the bathroom and have an erection are highly personal subjects, but they are part of prostate cancer, and with knowledge and the right care, the outcome can most often be positive. This is about your life. Spend a lot of time on the PCF website so you can have useful conversations, know what to ask, and what to expect. And once you and your doctor have together come to a decision about treatment, let him or her do his or her job. The good news is that so much is happening in the prostate cancer field—literally every day—that men diagnosed today face a much different future than those diagnosed last year.

Q. Finally, how are you doing?

A. Great, thanks. Really feeling good. So far so good with my post-operative PSAs, and I expect that will continue. I take care of myself through exercise and diet, but in a balanced way. I still enjoy ballpark food during Twins games, of course!



From left: Bob Pohlada, Mike Milken and Jim Pohlada. Mike is wearing promotional stickers that MLB players wear on Father's Day to promote PCF's Home Run Challenge to "Keep Dad in the Game."

“This is about your life. Spend a lot of time on the PCF website so you can have useful conversations, know what to ask, and what to expect. And once you and your doctor have together come to a decision about treatment, let him or her do their job.”

Denny Terry with wife, Judy, and dog Gabriel, at home in Jackson, Mississippi

“Over the years, Oliver [Dr. Sartor] has always had something in his back pocket to encourage me, and when he mentioned this clinical trial, I jumped at it. This drug is designed to kill tumors. I said let’s go!”



Oliver Sartor, MD, a member of the PCF Global Research Council, Medical Director, Tulane Cancer Center, and medical oncologist to Mr. Terry



ANOTHER ARROW IN THE QUIVER

Living Better, Longer

In May of 2013, the FDA approved Xofigo, the first bone-targeted drug shown to extend survival in men with advanced prostate cancer. Meet Oliver Sartor, MD, a member of the PCF research community and the North American principal investigator on the ALSYMPCA study that led to Xofigo's approval, and Mr. Denny Terry, diagnosed 19 years ago, and a beneficiary of that study.

When Denny Terry first came under the care of medical oncologist Oliver Sartor, MD, 17 years ago, he knew immediately this was a physician and a scientist with a quest to keep him and others like him alive. "He's brilliant and he cares," says Mr. Terry, a mechanical engineer and small business owner from Jackson, Mississippi. "I saw that right away. Cancer cells have but one aim, to keep themselves alive, which too often means killing their host, and that's me," says Terry. "Over the years, Oliver has always had something in his back pocket to encourage me, and when he mentioned this clinical trial [of Xofigo] I jumped at it. This drug is designed to kill tumors. I said let's go!"

Terry was the second man in the U.S. to receive Xofigo through an expanded access program following the ALSYMPCA study, a Phase III randomized, double-blind, multinational study of men with treatment-resistant prostate cancer (TRPC) that has spread to bone. Bone metastasis is a major cause of death in men with metastatic TRPC; more than 90 percent of men at this disease stage have bone metastases. Aside from robbing men of life, prostate cancer that spreads to bone can cause severe pain and disability, and even paralysis if tumors compress the spinal cord. Xofigo is a first-in-class injectable radiopharmaceutical; it naturally homes in to bone, especially areas of bone invaded by cancer cells. Once at the microenvironment of the bony tumor site, the drug emits tiny radioactive alpha particles that blast tumors apart. Because the effect of the drug is limited to a 10-cell radius, healthy tissue is spared and toxicity and side effects to the patient are minimal.

Men enrolled in the ALSYMPCA trial received either the current best standard of care along with injections of Xofigo or the best standard of care and placebo

injections. (At the time of the study, Xofigo was known as either Alpharadin or Radium-223. Best standard of care was liberally defined for this study, and men might have received a variety of hormone therapies, but none received chemotherapy concurrently with Radium-223.) Ultimately the study was stopped early as the benefits of receiving the drug over a placebo became apparent and all men were offered the drug. As explained in the *New England Journal of Medicine*, Xofigo both extended men's lives and enhanced their quality of life, delaying the onset of complications resulting from bone cancer such as fractures and spinal cord compression. Xofigo won FDA approval for men with bone-metastatic TRPC on the basis of Phase III ALSYMPCA results.

"Through the ALSYMPCA trial, it became quite apparent to me that patients not only were living longer, they were living better," says Sartor, who has been researching bone-targeted radiopharmaceuticals for over 20 years. Early on, he recognized the possibilities of using alpha particles to target tumors. His work on the clinical trials is recognized as central to the drug's success.

Mr. Terry, who has metastatic disease "up and down" his spine, says he "sailed through the six months" he was on Xofigo. "As much disease as I have today, I'm without pain," he says. "Nineteen years ago, when my doctor told me I had a tumor that 'hit me right between the eyes,' I knew, as we like to say in the South, it would be a 'tough row to hoe.' I'd never have thought with a PSA as sky-high as mine is today that I'd be anywhere but on my deathbed." Instead, Terry works daily, travels to his Florida beach home, is active in a Christian charity he founded with his beloved wife, and spends time with his three children, one of whom has Down syndrome, and three grandchildren.



Marvin R. Shanken is the founder of M. Shanken Communications, Inc., and publisher of several well-known and widely read consumer lifestyle magazines, including *Wine Spectator* and *Cigar Aficionado*. For the past 20 years, he has hosted an annual dinner to raise funds for the Prostate Cancer Foundation. His “Night to Remember” black-tie dinners bring together a cross-section of leaders from all walks of life—everyone from Mayor Rudy Giuliani and Jamie Coulter to NBA great John Salley, and have raised millions of dollars for PCF.

Q. You have not had prostate cancer, so how did prostate cancer become the focus of the “Night to Remember” dinners?

A. True, I have not, but many friends do, and my father-in-law did. But what really got me started was when we had the first “Night to Remember” dinner in 1993 to celebrate the success of *Cigar Aficionado*. I asked guests to choose a charity to which they wanted funds to be donated. There were six choices, including some heavyweights such as the American Cancer Society. By far, the single most popular choice was prostate cancer research. Admittedly, the crowd was virtually 100 percent men, but I was still surprised by the strength of support for prostate cancer research. I looked into it, and quickly found out about what PCF Chairman Mike Milken was doing. That’s all it took!

Q. How has the event evolved over the years?

A. What started out as a relatively modest annual gathering at the 21 Club now brings hundreds of people to New York City’s Four Seasons Restaurant, so many that the restaurant is actually closed to the public for our event. That does not happen very often there! It has become a fairly coveted invitation, and attracts a wide variety of people—corporate CEOs, politicians, athletes, actors and many others—all focused on raising as much money as we can to help the Prostate Cancer Foundation do its work.

Q. All of the proceeds go to PCF?

A. Yes, and this year’s dinner nearly set a record for us—\$1.6 million, the highest total in years! What makes everyone in the room so comfortable with giving is that we know exactly where the money is going and what impact it is having. That’s important because a lot of donors are bottom-line people and want to know what bang their buck is getting. So at every dinner, Mike gives a full report on what research PCF has funded and what has resulted. And he lets us in on what is coming

up. Interestingly, there has not been a year when there has not been genuinely good news. Mike’s passion and energy for this cause is like nothing I have ever seen before. You can literally feel the energy in the room when he speaks.

Q. Fundraising dinners in New York are fairly common, some might say routine. What makes “A Night to Remember” special?

A. We have fun. People dress up, we have a fantastic dinner in an elegant setting and everyone enjoys the camaraderie. There is an infectious spirit of generosity, which I think is unique to our event. For example, this year we conducted our “mystery” wine-in-the-brown-bag auction, with a high bid of \$100,000 for one bottle. On the spot, to delighted gasps from the audience, the winner decided to re-auction the bag, which raised another \$100,000. Two subsequent winners did the same thing, finally resulting in \$500,000 being raised. I’d never seen anything like it. Another especially memorable dinner was in 2005 when Michael Jordan, Rush Limbaugh and Sidney Frank (CEO of Grey Goose) got into a bidding war over a cigar humidor, which resulted in \$1.8 million going to PCF. Talk about dramatic... and we raised a total of \$2.5 million that night!

Q. You’ve been doing this for two decades. What keeps you going?

A. I want people to enjoy and really celebrate life. Not just exist, but live and have fun! But in order to do that, we have to be here and be well. Prostate cancer can make that impossible for many men. That’s why I want to do everything I can to make it a disease of the past.

Q. When prostate cancer is finally eliminated, will you still have “Night to Remember” dinners?

A. Good question.

At right: *Cigar Aficionado* editor and publisher Marvin R. Shanken, Rudolph W. Giuliani, Hazel Shanken, Dr. Cliff Hudis, Mike Milken, Ed Millstein, John Salley and Antonio Villaraigosa



“What makes everyone in the room so comfortable with giving is that we know exactly where the money is going and what impact it is having.”

At right: The biggest lot in the “Night to Remember” auction was a magnum of wine that raised \$500,000. Many people played a role in the sale. Posing with the historic bottle are Mike Milken, Jeffrey Gelband, Steve Tallides, Gary Sheffield, Jimmy John Liautaud, Rocky Patel and Jamle Coulter.



WORKING HARD TO EQUALIZE OUTCOMES

African-American men have the highest mortality rates from prostate cancer of any racial or ethnic group in the U.S. New research has uncovered a potential biological reason for this disparity: up to 65 percent of black men with prostate cancer have elevated levels of cancer-stimulating inflammatory proteins in their tumors. The presence of this elevated “protein signature” is linked to aggressive prostate cancer. PCF brings three blockbuster institutions together to find new treatment options for affected patients.

For 20 years, the Prostate Cancer Foundation has imagined a world without death and suffering from prostate cancer, and step by step, year by year, it has brought such a world closer to reality with the research projects it funds and the collaborations and interactivity it fosters. Every man must be included in this envisioned reality. And because prostate cancer takes a particularly harsh toll on the African-American community, it is of the utmost importance to better understand how prostate cancer may uniquely affect men of color.

Recent research has uncovered a protein signature that is strongly associated with treatment-resistant prostate cancer, and found that African-American men are twice as likely as European-American men to harbor this protein signature in their prostate tumors. On the heels of this discovery, the Prostate Cancer Foundation issued a \$600,000 Special Challenge Award to the team of researchers who discovered the signature and the fact that it confers resistance to both radiation therapy and chemotherapy.

“An overarching goal of this grant is to help determine why African-American men are disproportionately affected by prostate cancer,” says PCF chief scientist,

Howard Soule, PhD. In fact, prostate cancer occurs more frequently in black men than in any other racial or ethnic group. During their lives, black men are 60 percent more likely than whites to be diagnosed with prostate cancer and have twice the risk of dying from this disease. Additionally, black men are diagnosed at a younger age than Caucasians and present at the time of their diagnosis with high-risk tumors more often than white men.



Urologist Charles Modlin, MD, director of the Minority Men's Health Clinic at the Cleveland Clinic (left), with Eric Klein, MD, chairman of the Glickman Urological & Kidney Institute at the Clinic. Some patients who are seen at the Clinic will contribute tumor tissue samples that will be studied by researchers on this grant.

Photo courtesy Cleveland Clinic; photography: Stephen Travarca

This PCF Special Challenge Award brings together researchers from the Cleveland Clinic, the National Cancer Institute, and Thomas Jefferson University in Philadelphia to study exactly how this protein signature—a constellation of about 25 proteins with increased expression in some prostate tumors, known as IRDS, or interferon-related DNA damage resistance signature, affects the course of cancer progression. “The goal of our research is to further investigate the biology behind the obvious aggressive behavior of prostate tumors in African-American men in the hopes of

better understanding its biology and identifying new management and treatment options,” said Eric A. Klein, MD of the Cleveland Clinic, a co-principal investigator on the award. Prior work by Dr. Klein led to the development and commercialization of a 17-gene signature test to help sort aggressive from indolent cancer.



Photo courtesy Cleveland Clinic; Photography: Don Gerda

All hands on deck: On February 28, 2014, Howard Soule, PhD, chief science officer at PCF, and all the members of this Special Challenge Award gathered at the Cleveland Clinic for a strategy and planning kick-off meeting.

Interferon Proteins May Be a Key Factor in Interracial Differences in Prostate Cancer Outcomes

Interferon proteins, as their name suggests, run interference—they trigger the immune system to rid the body of invading pathogens (e.g., viruses) or tumor cells. However, in certain tumors, naturally produced interferons can actually enable cancer cells to fend off damage to their DNA caused by radiation or chemotherapy, giving these tumor cells a survival advantage. The researchers will study men of all races (about a quarter of Caucasian men with prostate cancer are IRDS positive) who harbor this protein signature to test whether either novel agents or drugs already used to treat other cancers can block the growth response of prostate tumors when exposed to interferons.

Elucidating the Role of DNA Damage in Treatment-Resistant Prostate Cancer

Karen E. Knudsen, PhD, of Thomas Jefferson University, a long-funded PCF researcher, has pioneered first-in-field work that aims to prevent cancer cells from repairing DNA damage that occurs when tumor cells divide wildly or when they are exposed to treatments—such as radiation or chemotherapy—aimed to mangle tumor DNA. Recent data from her laboratory suggests that alterations in genes that are essential to DNA repair occur with increased frequency during prostate cancer progression and that the androgen receptor is a critical player in the DNA damage response. In this grant, researchers will build on this work by examining whether or not agents that inhibit the DNA damage response can alter outcomes in tumors that are IRDS positive.

On the whole, the multiple studies wrapped into this grant will lead to a far better understanding of how cancer cells evade death while undergoing therapy, and why interferon proteins that should help fight off cancer can do the opposite. This research is especially likely to benefit African-American men, as about half of their tumors are IRDS positive.

Dr. Klein was also featured in PCF's 2012 Progress Report—his research led to the discovery of a 17-gene signature that measures RNA levels and helps predict which prostate tumors will behave aggressively. This 17-gene signature test became commercially available in 2013 as the Oncotype DX Prostate Cancer Test, and can be used at the time of biopsy in order to spare men who are deemed low-risk from unnecessary treatments. 🍌



Karen Knudsen, PhD, deputy director for basic science at the Kimmel Cancer Center in Philadelphia, and George Stark, PhD, distinguished scientist, department of molecular genetics at the Lerner Research Institute in Cleveland.

Photo courtesy Cleveland Clinic; photography: Don Gerda

THE POWER OF 220,000

\$8 MILLION FOR MOVEMBER-PCF CHALLENGE AWARDS

Four Potential New Medicines

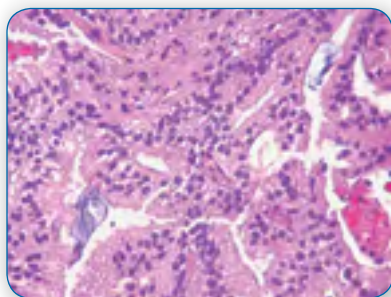
Maha Hussain, MD, at the University of Michigan and her colleagues are developing a novel drug that boosts the activity of a vital tumor-suppressor gene that interrupts cancer cell growth cycles. This work is a study in precision medicine and will lead to the rapid development of a novel drug against prostate cancer and enable doctors to determine, at the outset of therapy, which men will be the strongest responders to this combination therapy.



Photo courtesy University of Michigan

Arul Chinnaiyan, MD, PhD, at the University of Michigan and his team will employ an entirely new approach to treatment-resistant prostate cancer with the discovery of drugs for a new target that will antagonize the androgen receptor (a key driver of prostate cancer growth and survival) in unique ways that are independent from hormonal action. The team will design a rational clinical trial that tests their novel drugs in patients with advanced prostate cancer that is resistant to conventional therapies.

Peter Nelson, MD, at Fred Hutchinson Cancer Research Center will investigate how prostate cancer



that is dependent upon androgen signaling evolves to a state of androgen receptor independence. Nelson and colleagues will do the necessary preclinical work to validate known proteins and their

receptors to test if inhibition of this pathway leads to improved outcomes for prostate cancer patients, which will lead to new drug targets.

Omid Farokhzad, MD, at Harvard Medical School and his colleagues are developing a novel nano-therapeutic that delivers bits of nucleic acid called siRNAs directly to prostate cancer cells to eradicate them. Additionally, because their unique nanoparticles will directly home in to the prostate tumors, healthy tissue will remain largely unaffected and side effects will be limited.

Novel Immunotherapy Project

Stephen Forman, MD, FACP, at City of Hope and his team will create a novel combination therapy that will empower prostate cancer patients' immune systems to eliminate their cancer. They will engineer a patient's own T-cells to recognize and kill prostate cancer cells. Once this T-cell therapy

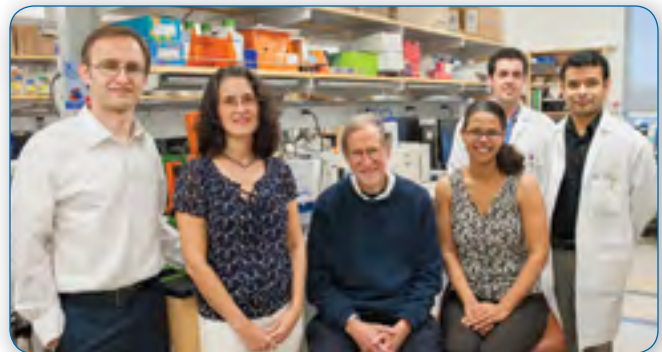


Photo courtesy City of Hope

is administered, T-cells can persist long term and provide ongoing tumor cell surveillance and protection from recurrence.

Engineering Meets Medicine

Developed by PCF Young Investigator Joshua Lang, MD, and his colleagues at the University of Wisconsin, VERSA is able to analyze one circulating tumor cell (CTC) to determine the exact mutations in that cancer cell and compare those mutations to another CTC from the same patient, all with a single blood draw. This understanding can then be used to develop ways to prevent drug resistance and extend patient survival.

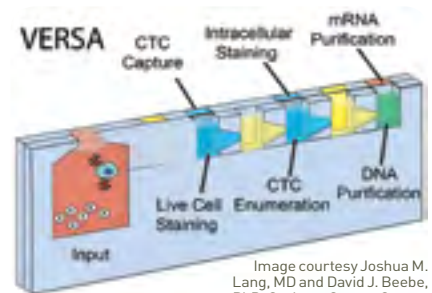


Image courtesy Joshua M. Lang, MD and David J. Beebe, PhD, Carbone Cancer Center, University of Wisconsin



Photo courtesy Memorial Sloan-Kettering Cancer Center

By utilizing human prostate cancer cells and a specific "miracle-grow" mixture of human growth factors and molecules that cells use to communicate with each other, PCF Young Investigator Yu Chen, MD, PhD, at Memorial Sloan-Kettering Cancer Center and his colleagues have generated personalized tumor avatars known as "organoids" or "tumoroids."

Dr. Chen and his team will further develop this technology and investigate how their "organoids" can aid in making clinical decisions such as which drug to give a patient and when.



To Our Friends at the Prostate Cancer Foundation:

As we reflect on another successful Movember campaign, we are grateful for our valued partnership with the Prostate Cancer Foundation (PCF), and we humbly thank all of the nearly 220,000 Americans who committed to changing the face of men's health.

Through the remarkable work of partners like PCF, Movember is able to fund world class, first in field research. The Movember-PCF Challenge Awards are multi-year awards given to teams of cross-disciplinary scientists working together on research that will ultimately impact treatments for men with prostate cancer. The awards are given to teams focused on moving science from the lab to the patient.

Globally, the power of the moustache and the Movember community generously donated their faces for a month to raise awareness and critical funds for testicular and prostate cancer research, and men's mental health. With great moustaches comes great responsibility, and we take that very seriously. Since inception, Movember has raised over \$556 million, and we are enormously proud of all 770 incredible programs we have funded across 21 countries.

While fundraising is a key to Movember's success, raising awareness and education about men's health is equally important. Movember is dedicated to encouraging men to talk about their health and to take action. Our research shows that 62% of Movember participants sought medical help to improve their health, and 75% were more aware of the health risks they faced. It is an exciting time to see that, through Movember, men are taking control and becoming more proactive about their own health.

The Movember Foundation also funds the Global Action Plan (GAP), an international research collaboration that gives scientists from around the world the opportunity to work together on specific research projects. These projects complement our expansive national research initiatives lead by our men's health partners.

Again, Movember USA deeply appreciates our 7-year partnership with the Prostate Cancer Foundation. Together, we are truly having an everlasting impact on the face of men's health by investing and accelerating first in field prostate cancer research to deliver better patient outcomes.

See you this Movember!

Mark Hedstrom
Movember, US Country Director

Patient Marshall Mullins visiting an eagle sanctuary. Mr. Mullins is one of countless men whose lives have been affected by The Safeway Foundation's support of prostate cancer research.



Photo: courtesy Marshall Mullins



PCF Young Investigators show their appreciation for The Safeway Foundation's generous support as a 2013 sponsor of PCF's 20th Annual Scientific Retreat in National Harbor, Maryland.



THE

SAFeway 

FOUNDATION

For more than a decade, retail grocery giant Safeway—through its foundation—has been a strong supporter of the Prostate Cancer Foundation, earning the company the rare and coveted distinction of being PCF’s all-time biggest institutional sponsor.

The sustained and compelling campaign by The Safeway Foundation to generate awareness and significant financial support for PCF that has been conducted nationally in stores is paying off where it counts most—patient care. The Safeway Foundation has helped six new drugs reach FDA approval since 2010, which has benefitted virtually every man treated for prostate cancer since then. One of those men, Marshall Mullins—diagnosed in 2012 with stage IV prostate cancer that had metastasized to his bones—describes one of those drugs, Zytiga, as “a miracle drug,” because it is allowing him to live pain free after everything else, including morphine and oxycodone, had failed.

Such things do not happen by accident. Safeway and The Safeway Foundation have employed a variety of techniques, ranging from keypad point-of-sale donations around Father’s Day, to donating a portion of sales from PCF-branded reusable shopping bags, to posters featuring TV star Marcia Cross, all aimed at making people—men *and* women—aware of PCF’s mission and increasing its financial support.

And 2013 saw The Safeway Foundation serve as the lead sponsor of the 20th Annual PCF Scientific Retreat, the most important annual

gathering of prostate cancer researchers in the world.

Making a difference in the lives of their customers and in the community is part of Safeway’s and The Safeway Foundation’s DNA. The team at Safeway know that prostate cancer affects everyone. “This disease can strike any man. The good news is that when it happens, he isn’t in the fight alone,” said Christy Duncan Anderson, executive director of The Safeway Foundation. “Safeway and The Safeway Foundation, our customers and communities have supported prostate cancer research and the quest for a cure for more than a decade. This united effort is making a difference and we are deeply grateful to our customers for their support and commitment to saving the lives of men.”

One need only visit PCF’s virtual “Wall of Thanks” to The Safeway Foundation to feel the impact this campaign has on the lives of real people. Thousands of heartfelt expressions of gratitude from survivors, spouses, children, friends, physicians and others are posted, each one more poignant than the next, and perhaps none more so than this from a woman in Palm Springs, California:

“Thank you so much for partnering with PCF. Funding is the key to the necessary research and information to save important men, like my husband. Thank you from his entire family!!”

2013 AWARDS: EXPANDING PCF'S GLOBAL RESEARCH ENTERPRISE



Photography: Paul Bliese

PCF YOUNG INVESTIGATOR AWARDS

The achievements of PCF Young Investigators now represent some of the most game-changing work in all of biomedical research. They keep the field of prostate cancer research vibrant with new ideas. In 2013, PCF funded 28 new Young Investigators. By mid-year 2013, PCF had funded a total of 129 Young Investigators. The awards were inspired by Donald S. Coffey, PhD, Prostate Cancer Research Director at Johns Hopkins University School of Medicine for four decades. He has mentored more than 50 scientists and physician-scientists and trained more than 30 of today's leading prostate cancer researchers.

The 2013 LeFrak Family-PCF Young Investigator Award

Syed Adnan Ali, MD

Mount Sinai School of Medicine, New York, NY

The 2013 Steve Wynn-PCF Young Investigator Award

Emmanuel Antonarakis, MD

Johns Hopkins University School of Medicine, Baltimore, MD

The 2013 Millennium: The Takeda Oncology Company-PCF Young Investigator Award

Vivek Arora, MD, PhD

Memorial Sloan-Kettering Cancer Center, New York, NY

2013 The Republic of Tea-PCF Young Investigator Award

Irfan Asangani, PhD

University of Michigan, Ann Arbor, MI

The 2013 Millennium: The Takeda Oncology Company-PCF Young Investigator Award

Jennifer Bishop, PhD

University of British Columbia, Vancouver, BC

The 2013 Michael and Lori Milken-PCF Young Investigator Award

Qi Cao, PhD

Houston Methodist Research Institute, Houston, TX

The 2013 Steve Wynn-PCF Young Investigator Award

Charles Chan, PhD

Stanford University School of Medicine, Stanford, CA

The 2013 Steve Wynn-PCF Young Investigator Award

Chia-Yi Chu, PhD

Cedars-Sinai Medical Center, Los Angeles, CA

The 2013 Astellas Scientific and Medical Affairs, Inc. and Medivation, Inc.-PCF Young Investigator Award

Jason Efstathiou, MD, DPhil

Massachusetts General Hospital Cancer Center, Boston, MA

The 2013 David H. Koch-PCF Young Investigator Award

Michael Evans, PhD

Memorial Sloan-Kettering Cancer Center, New York, NY

The 2013 Stanley Zax-PCF Young Investigator Award

Geraldine Gueron, PhD

Iquibicen-Conicet, Buenos Aires, Argentina

The 2013 PCF Young Investigator Award

Lauren Harshman, MD

Harvard Medical School and Dana-Farber Cancer Institute, Boston, MA

The 2013 PCF China Young Investigator in Honor of Stanley Zax

Hao Hu, MD, MBBS

Peking University People's Hospital, Beijing, China

The 2013 David and Judy Fleischer-PCF Young Investigator Award

Theodoros Karantanos, MD

The University of Texas MD Anderson Cancer Center, Houston, TX

The 2013 Steve Wynn-PCF Young Investigator Award

Aaron LeBeau, PhD

University of California, San Francisco, San Francisco, CA

The 2013 Stanley Zax-PCF Young Investigator Award

Rohit Mehra, MD

University of Michigan, Ann Arbor, MI

The 2013 Stanley Zax-PCF Young Investigator Award

Antonina Mitrofanova, PhD

Columbia University, New York, NY

The 2013 Joseph Neubauer-PCF Young Investigator Award

Niv Papo, PhD

Ben-Gurion University of the Negev, Be'er Sheva, Israel

The 2013 D. Wayne and Anne Gittinger-PCF Young Investigator Award

Colin Pritchard, MD, PhD

University of Washington, Seattle, WA

The 2013 Michael and Lori Milken-PCF Young Investigator Award

Jennifer Rider, ScD

Harvard School of Public Health, Boston, MA

The 2013 Ben Franklin-PCF Young Investigator Award

Matthew Schiewer, PhD

Thomas Jefferson University, Philadelphia, PA

The 2013 Ben Franklin-PCF Young Investigator Award

Nicole Simone, MD

Thomas Jefferson University, Philadelphia, PA

The 2013 Steve Wynn-PCF Young Investigator Award

Daniel Thorek, PhD

Memorial Sloan-Kettering Cancer Center, New York, NY

The 2013 Mark R. Shenkman-PCF Young Investigator in Honor of Albert Fuss

Eliezer Van Allen, MD

Harvard Medical School and Dana-Farber Cancer Institute, Boston, MA

The 2013 Ron Perelman-PCF Young Investigator Award

Li Wang, PhD

Mount Sinai School of Medicine, New York, NY

The 2013 LeFrak Family-PCF Young Investigator Award

Shalini Yadav, PhD

Mount Sinai School of Medicine, New York, NY

The 2013 PCF China Young Investigator in Honor of Stanley Zax

Lu Yang, MD

West China Hospital, Sichuan University, Chengdu, China

PCF CHALLENGE AWARDS

Eight new Challenge Awards were funded by the Foundation in 2013. Through peer review, PCF selected these projects out of 79 proposals from highly qualified research teams at 62 prestigious cancer centers located in 10 countries across the globe. These projects represent a range of focus and expertise and will address the most challenging problems in basic or translational research in prostate cancer. The Challenge Awards Class of 2013 represents an \$8.5 million investment in advanced prostate cancer research.

The 2013 Movember-PCF Challenge Awards

Yu Chen, MD, PhD

Memorial Sloan-Kettering Cancer Center, New York, NY

Goal: Establish Tumoroid Cultures to Determine Treatment Using Organ Replication Technology

Arul Chinnaiyan, MD, PhD

University of Michigan, Ann Arbor, MI

Goal: Target BET Bromodomain Proteins

Omid Farokhzad, MD

Harvard: Brigham and Women's Hospital, Boston, MA

Goal: Develop a Novel Nano-therapeutic that Delivers Nucleic Acids Directly to Prostate Cancer Cells

Stephen J. Forman, MD

City of Hope National Medical Center, Duarte, CA

Goal: Develop a Novel Combination Therapy Approach to PCa Treatment

Maha Hussain, MD

University of Michigan, Ann Arbor, MI

Goal: Co-target the Cell Cycle and Androgen Signaling Axis

Joshua Lang, MD

University of Wisconsin, Madison, WI

Goal: Collect Genetic Information on an Individual Tumor from a Simple Blood Draw

Peter Nelson, MD

Fred Hutchinson Cancer Research Center, Seattle, WA

Goal: Define Therapeutic Approaches to Target AR Pathway-independent Prostate cancer (APIPC)

The 2013 A. David Mazzone-PCF Challenge Award

Jennifer Wu, PhD

Medical University of South Carolina, Charleston, SC

Goal: Target Synergistic Immune and Lipid Metabolism for Metastatic Prostate Cancer Therapy

PCF SPECIAL CHALLENGE AND CREATIVITY AWARDS

The PCF Research Enterprise continues to expand its portfolio with special awards that identify the most promising, underfunded research in advanced metastatic prostate cancer. In 2013, PCF funded nine Special Challenge and Creativity Awards.

2013 Koch-PCF Nano-therapeutics Special Challenge Award

Omid Farokhzad, MD

Harvard: Brigham and Women's Hospital, Boston, MA

Robert Langer, PhD

Massachusetts Institute of Technology, Cambridge, MA

Goal: Develop and Translate Novel Nanotechnologies into Effective Therapies for Metastatic Prostate Cancer

2013 PCF Norway Special Challenge Award

Edward Schaeffer, MD

Johns Hopkins University School of Medicine, Baltimore, MD

Goal: Reduce the Morbidity of Prostate Cancer Through Molecular and Clinical Investigations

2013 PCF Special Challenge Award

Felix Feng, MD, PhD

University of Michigan, Ann Arbor, MI

Karen Knudsen, PhD

Thomas Jefferson University

Scott Tomlins, MD

University of Michigan

Goal: Target DNA Repair Pathways to Improve Treatment for Advanced Prostate Cancer

2013 PCF Special Challenge Award— The African-American Initiative

George Stark, PhD

Cleveland Clinic Foundation, Minority Men's Health Clinic, Philadelphia, PA

Eric Klein, MD

Cleveland Clinic Foundation, Minority Men's Health Clinic, Philadelphia, PA

Goal: Study the IRDS Signature in African-American Prostate Cancer Patients

2013 PCF Special Challenge Award

Charles Sawyers, MD

Memorial Sloan-Kettering Cancer Center, New York, NY

Goal: Generate Patient-derived in vitro Models of Prostate Cancer

2013 PCF Special Challenge Award

Eric Small, MD

University of California, San Francisco, San Francisco, CA

Goal: Accelerate Precision Oncology

The 2013 ICECaP Initiative

Christopher Sweeney, MBBS

Dana-Farber Cancer Institute, Boston, MA

Goal: Establish Intermediate Clinical Endpoints in Prostate Cancer

2013 PCF Special Creativity Award

Sameek Roychowdhury, MD, PhD

Ohio State University, Columbus, OH

Goal: Advance Precision Medicine for Metastatic Prostate Cancer

2013 PCF Pilot Award

Weihua Li, PhD

Academy of Military Medical Sciences, Beijing, China

Goal: Establish the Role of CUEDC2 and PSMD10 in Hormone Resistance



Photography: Paul Bliese

PCF 2013

THE NUMBERS TELL OUR STORY

6

New
FDA-approved
Treatments
in 4 years

\$50.6

**MILLION
RAISED**

40,010
CHARITABLE
DONORS

Every
2.2

Minutes

A Man is
Diagnosed
with Prostate
Cancer

Every
18

Minutes

A Man Dies
of Prostate
Cancer

126

**YOUNG
INVESTIGATORS**

MORE THAN

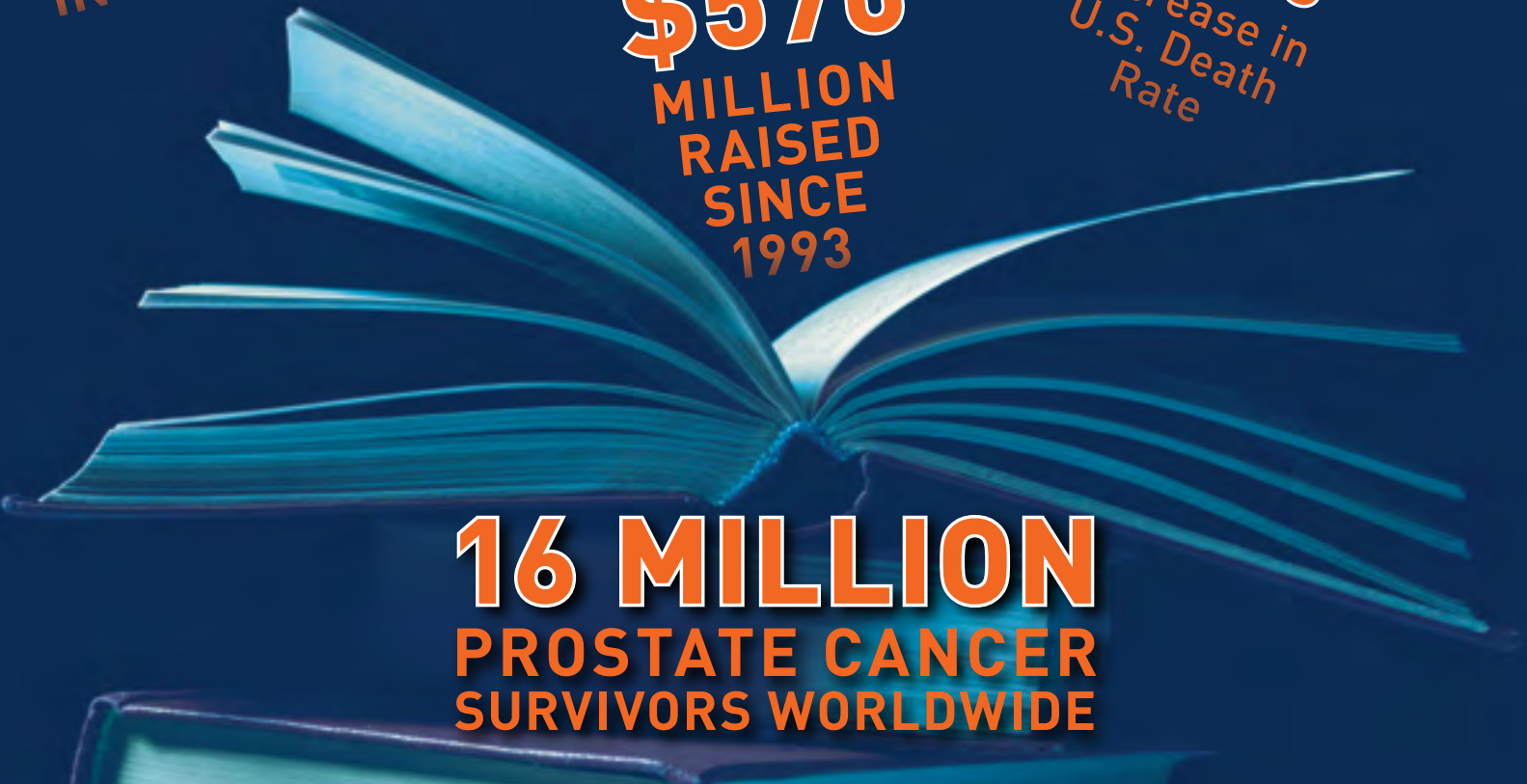
\$570

**MILLION
RAISED
SINCE
1993**

40%
Decrease in
U.S. Death
Rate

16 MILLION

**PROSTATE CANCER
SURVIVORS WORLDWIDE**



A SURVIVOR'S APPEAL FOR SUPPORT



Photo courtesy/Clark Howard

Clark Howard, Host of "The Clark Howard Show" on the *Headline News Network*, PCF Director and prostate cancer survivor.

Dear Friends,

I was diagnosed with prostate cancer five years ago, when I was only 53 years old.

My journey was pretty typical. A high PSA detected during a routine physical exam led to a consultation with a urologist, which led to another PSA, a biopsy (which came back negative) and continued regular testing. After two years of negative biopsies, one finally came back positive for prostate cancer—a small isolated pocket. I was in China the day the report came back saying I had cancer. My wife called me, weeping, with the cancer report. She was frightened that I was going to die.

Even though I watched a particularly aggressive stomach cancer kill my dad 25 years ago, I did not freak out. I did my research and found out that not all cancers are created equal, especially when it comes to prostate cancer. I met with several top-notch specialists who reviewed the variety of treatment options, and together we decided I was a candidate for "watchful waiting." I have been tested regularly,

and so far, so good. If the time comes that I need treatment, treatment I shall have.

For me, that was the right choice. But, obviously, that's not the case for everyone. There is no "one size fits all" when it comes to treating prostate cancer. Every case is different. The important thing is that men find a urologist who is experienced and with whom they can have a good rapport. Fortunately, there are many choices for treatment, and more are being discovered literally every day.

That's what the Prostate Cancer Foundation is all about. Discovering new ways to treat previously unresponsive prostate cancers is their mission. Through the generosity of their supporters, they fund the research that has led, and continues to lead, to new therapies and drugs that are saving the lives of millions of men. What is so exciting about what the Prostate Cancer Foundation is doing is that it is having an immediate and dramatic effect on men and their families today, and will have an even greater impact in the years to come.

Simply put, thousands of men are alive today because of what PCF-funded physicians and researchers have discovered, and thousands more will live because of what is around the corner. More fathers, grandfathers, husbands, brothers, sons, uncles, nephews, partners and friends are—and will be—with us. I am known as the cheapest man alive, but how can we put a price on that?

The more money the Prostate Cancer Foundation raises, the more quickly treatments and cures will be found. It's very exciting and very important.

On behalf of all of us who have survived this disease—and on behalf of all of those who will because of your continued generosity—I thank you.

Clark Howard

SUPPORTING CURES

Continuing our momentum in finding better treatments and cures for prostate cancer requires the support of our more than 40,000 donors from across the globe. It enables PCF to identify the most promising research ideas and attract brilliant individuals and teams of junior- and senior-level scientists to PCF's Research Enterprise, moving discovery forward and ensuring continued progress.

To support this urgent need, the Prostate Cancer Foundation offers individuals and charitable foundations various options for becoming involved and supporting crucial research. We welcome gifts of cash and securities 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 and above for 2- to 4-year programs)

PCF supports transformational prostate cancer research to accelerate medicine's progress toward reducing death and suffering resulting from 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 solve a significant problem in prostate cancer research. These awards cover the direct costs of the research.

Creativity Awards (\$300,000 for 2-year programs)

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 to, and integrated with other PCF award programs.

Young Investigator Awards (\$225,000 for 3-year career investment)

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.

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.

Blue Ribbon Society

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

Other Gift Suggestions

- Appreciated stock
- Bequest—remember PCF in your will.
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Athletes for a Cure *Participants who raised \$1,000 or more*

Ms. Hannah Bayne
Mr. Chris Bland
Mr. and Mrs. Robert J. Corliss
Mr. Jesse Gabriel
Mr. Brett Kurland
Mr. Christopher Orbell
Mr. Brian Overstreet
Mr. Cliff Paige
Vinecki Family
Ms. Kate Zielinski
Ms. Kim Zielinski

Special Partnerships and Hosted Events *Special partnerships or hosted events that raised \$1,000 or more*

The 3rd Annual Papa's Poker Run
4th Annual Derric's Day at
Thunderhill
8th Annual Tom Dawes "We'd Be
Fools Not To" Event
9th Annual Turkey Trot / St. Marys,
PA
11th Annual Philadelphia Prostate
Cancer Fundraiser hosted by
Neal Rodin and Clay Hamlin
ALM First Financial Advisors
The Ann Arbor Track Club
Arizona State Rifle and Pistol
Association Blue Ribbon Clays
Bean Bandit Charity Event
Bentley University Women's Soccer
Team
Mr. Justin Blumentritt
C.F. Patton Middle School
Champions Sunday at the Jonathan
Club
Cook Family Holiday Charity Gifts
Crossfit Tidewater / Barbells for
the Boys
D & H Cares
Doherty Men's Soccer Program
Dreams and Drivers Beneficiary
Event
Dupont Pioneer Hawaii

EOG Resources, Inc.
Gallup Gallop
General Bearing Corporation
Mr. Dakota J. Giltner
Ms. Shelly Hanna
Haverford School's Home Run
Derby
The Hillman Group
Alice and Caroline Hodge
Mr. Thomas Huggins
JM West II, Inc. / Pacific View Mall
Store
Kilted to Kick Cancer
Knights of Columbus Don Bosco
Council #7784
La Salle College High School
Ladies Auxiliary of the Fleet
Reserve Association
Lanier Football Officials
Association
Mad Dogg Athletics
Metrowest Academy of Jiu Jitsu
Northland College Men's Hockey
Northwest Men's Health Defense
Passaic County Technical &
Vocational Association
Pathology Club at West Virginia
School of Osteopathic Medicine
Phi Delta Chi / Beta Chi
Professional Sales Associates
Prostate Cancer Awareness Night
at the Genoa-Kingston
Basketball Game
Results Fitness
Robert W. Baird & Co.
St. Joseph Mercy Hospital
Emergency Department of Ann
Arbor
St. Mary's-on-the-Highlands
Salem Dugout Club
The Samuel Group of Companies
Mr. Joseph J. Sarcona, Jr.
Service1st
Mr. Laurence Solov
Source Refrigeration & HVAC's
Manly March
South Plainfield Prostate Cancer
Takedown
Team Winter
Time & Again Gallery
UNC School of Medicine Class of
2015
USA Volleyball
VMG Health
Westmont Swim Club
Windham Brannon Foundation
The Xi Chapter of Theta Chi
Fraternity
Young AFCEA Bethesda Spring
Fling Event

Arnie's Army Battles Prostate Cancer/Blue Ribbon Golf Tournaments

Golf tournaments that raised \$1,000 or more

2nd Annual D-III Father's Day Tournament at Forest Hills Golf Course
The 3rd Annual Shep Prostate Cancer Golf Outing
4th Annual W. R. Manese Memorial Golf Tournament
6th Annual Lost Balls Charity Invitational at The Shattuck Golf Club
7th Annual C.A.R.E (Cancer Alzheimer's Research Event) at Kettle Moraine
8th Annual MGA Battle at Lake Spivey Golf Club
10th Annual ILWU Tri-Party Challenge
19th Hole Classic at Heritage Golf Links
Adams Springs Golf Course
Addison Reserve Country Club
American Golf Foundation / American Golf Corporation
Artesia Country Club
Aspetuck Valley Country Club
Battle at Estero Country Club at the Vines
Battle Columbia Golf Event
BBAC Golf Inc. (Boobs & Balls Against Cancer)
Bella Vista Country Club
Bethlehem First
Birdies for Buddies Golf Tournament
Broken Sound Country Club
Carolina Trace Country Club
Chaparral Country Club Men's Golf Club
Club at Admiral's Cove
Concordia Golf Club
Country Club of Roswell
Drive for a Cure Tournament at the Crossings
Eagle Crest Resort Golf Course
El Conquistador Golf & Tennis Resort
Gerry Sandbulte Memorial Tournament
Golf Fore Fathers at Rancho Bernardo Inn
Golfers Against Cancer
Golfview Golf & Racquet Club
Greenbriar/Whittingham Golf Association
Hairy Knuckles Golf Tournament at the Strand G&CC
Hendersonville Country Club
Heritage Palms Men's Niners Golf Club
Heron's Glen Golf & Country Club
High Meadows Country Club

Highland Woods Golf & Country Club
Hittin' Small Balls for a Big Cure at Stoney Links
HLT Texas Shootout
Ibis Charities
IEC—Fort Worth Tarrant County Chapter / IEC—Dallas Chapter
Irish Open at Sawgrass Country Club
Jay Moody Memorial Golf Tournament
JC Resorts
Jonathan's Landing Golf Club
Joseph DiNapoli, Sr., Memorial Golf Outing
Katameya Heights Golf and Tennis Resort
KBK Charity Golf Tournament
La Crosse Country Club
Lago Vista Men's Golf Benefit
Lansing Country Club
Legends Golf & Country Club
Lincoln County Wars Couples Tournament at Alto Lakes G&CC
Lobster Classic
Lords Valley Country Club
Marlboro Country Club Ladies Association
Meadow Club
Napa Swing for a Cure at Silverado CC
The Olde Course at Loveland PCa Invitational
Palm Beach Polo Golf & Country Club
Palm-Aire Country Club at Sarasota
Paupack Hills Golf and Country Club
Pebblecreek Men's Golf Association
Pelican Pointe Golf & Country Club
Pros4Care
Prostate Cancer Awareness Fund of the Lehigh Valley (Battle at Iron Lakes)
Raccoon Hill Golf Club
Rarity Bay Golf & Country Club
Regency at Monroe Golf Course
Rio Verde Country Club
Scoreboard Bar & Grill Golf for PC at Prairie Isle GC
Snow Cap Club Championship at Alto Lakes G&CC
Steamboat Golf Club
Sunny Hill Resort & Golf Course
Terravita Golf & Country Club
Tiburon Golf Club
Toni Jones Memorial at Northgate Country Club
Vasari Country Club
Walden Oaks / Cortland County Senior Golf Open
Wycliffe Golf & Country Club

In Memory Tribute Funds

Funds that contributed \$1,000 or more

In Memory of:

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Claud Ballester
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Fernando "Freddie" Bendana
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In Honor Tribute Funds

Funds that contributed \$1,000 or more

In Honor of:

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Represents annual donations (gifts, not pledges) between January 1, 2013 and December 31, 2013.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31	Unrestricted	Temporarily Restricted	2013 Total	2012 Total
ASSETS				
Cash and Cash Equivalents	\$ 29,256,414	\$ -	\$ 29,256,414	\$ 25,688,908
Pledges Receivable (Net)	23,361,760	4,850,000	28,211,760	28,173,165
Prepaid Expenses and Other Assets	122,461	-	122,461	261,552
Property and Equipment (Net)	243,089	-	243,089	357,604
Total Assets	\$ 52,983,724	\$ 4,850,000	\$ 57,833,724	\$ 54,481,229
LIABILITIES AND NET ASSETS				
Liabilities				
Accounts Payable	\$ 211,092	\$ -	\$ 211,092	\$ 74,155
Accrued Liabilities	1,260,308	-	1,260,308	1,012,846
Deferred Revenue	500,000	-	500,000	600,000
Grants Payable	18,062,430	-	18,062,430	19,085,239
Total Liabilities	20,033,830	-	20,033,830	20,772,240
Net Assets				
Unrestricted	32,949,894	-	32,949,894	29,775,656
Temporarily Restricted	-	4,850,000	4,850,000	3,933,333
Total Net Assets	32,949,894	4,850,000	37,799,894	33,708,989
Total Liabilities and Net Assets	\$ 52,983,724	\$ 4,850,000	\$ 57,833,724	\$ 54,481,229

CONSOLIDATED STATEMENT OF ACTIVITIES

December 31	Unrestricted	Temporarily Restricted	2013 Total	2012 Total
Revenue and Public Support				
Grants and Contributions	\$ 46,483,088	\$ 4,100,000	\$ 50,583,088	\$ 46,852,610
Interest and Dividends	47,462	-	47,462	107,286
Other Income (Loss)	(68,027)	-	(68,027)	112,182
Net Assets Released from Purpose Restrictions	3,183,333	(3,183,333)	-	-
Total Revenue and Public Support	49,645,856	916,667	50,562,523	47,072,078
Expenses				
Program Services	38,853,550	-	38,853,550	37,258,841
Supporting Services				
Management and General	2,874,788	-	2,874,788	2,903,220
Fundraising	4,743,280	-	4,743,280	3,749,722
Total Expenses	46,471,618	-	46,471,618	43,911,783
Change in Net Assets	3,174,238	916,667	4,090,905	3,160,295
Net Assets – Beginning of Year	29,775,656	3,933,333	33,708,989	30,548,694
Net Assets – End of Year	\$ 32,949,894	\$ 4,850,000	\$ 37,799,894	\$ 33,708,989

CONSOLIDATED STATEMENT OF CASH FLOWS

December 31	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 4,090,905	\$ 3,160,295
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities		
Uncollectible Pledges Receivable	340,250	122,432
Depreciation and Amortization	260,732	360,313
(Increase) Decrease in:		
Pledges Receivable	(378,845)	(9,703,134)
Prepaid Expenses and Other Assets	139,091	(69,331)
Increase (Decrease) in:		
Accounts Payable	136,937	(206,621)
Accrued Liabilities	247,462	(153,738)
Deferred Revenue	(100,000)	600,000
Grants Payable	(1,022,809)	84,056
Net Cash Provided by (Used in) Operating Activities	3,713,723	(5,805,728)
CASH FLOWS USED IN INVESTING ACTIVITIES		
Purchase of Property and Equipment	(146,217)	(74,050)
Net Increase (Decrease) in Cash and Cash Equivalents	3,567,506	(5,879,778)
Cash and Cash Equivalents – Beginning of Year	25,688,908	31,568,686
Cash and Cash Equivalents – End of Year	\$ 29,256,414	\$ 25,688,908

REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Prostate Cancer Foundation

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of the Prostate Cancer Foundation, which comprise the consolidated statement of financial position as of December 31, 2013, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Prostate Cancer Foundation as of December 31, 2013, and the changes in its consolidated net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Green Hasson & Janks LLP

**Green
Hasson
Janks**

April 25, 2014
Los Angeles, California

2013 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 a world without prostate cancer.



Biotechnology and Pharmaceutical Partners



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Photo: courtesy, San Francisco Chronicle, Photography: Brant Ward

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is dedicated to the living memory,
touched by the achievements
and philanthropy of
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1945 – 2013