

LEADING A REVOLUTION

*Improving Patient Outcomes
With Precision Medicine*





PROSTATE CANCER FOUNDATION

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In the past three years, six new drugs supported by PCF research have been FDA-approved and are improving treatment and outcomes for men with advanced prostate cancer. Without clinical trials, there would be no new drugs. Without participating patients, there would be no trials.

Clinical drug trials are crucial to moving new treatments to patients who need them most and securing data so regulatory approvals can be obtained and new drugs can move into clinical practice. Patients participating in clinical trials provide an invaluable service both to treatment science and fellow patients.

This report is dedicated to more than 3,500 patients who have participated in drug trials conducted by PCF's Prostate Cancer Clinical Trials Consortium, and to the memories of S. Ward "Trip" Casscells, David Emerson and Larry Stupski, who so tirelessly participated in trials and prolonged their lives. Their contributions will shape and improve future treatments for others.

On the Cover

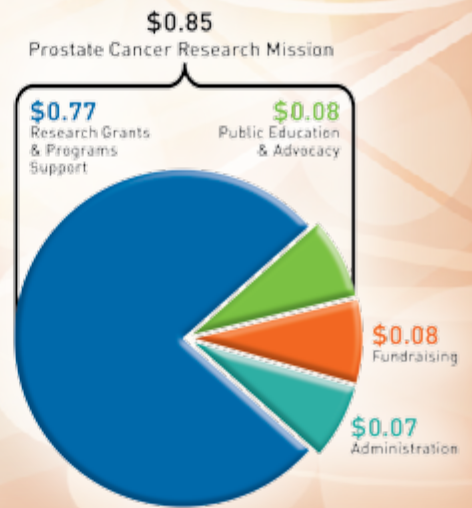
REVOLUTIONIZING PATIENT TREATMENT AND OUTCOMES

With the identification of 27+ varieties of prostate cancer, a robust pipeline of new drugs, a rapidly expanding library of patient data and two Dream Teams focused on matching optimal treatments to patient tumor types, the promise of precision medicine is rapidly taking shape. A future of curing more and overtreating less is now within reach.

5-Year Revenue History
\$Millions



2012 Spending
Per Dollar



REVOLUTIONIZING THE SCIENCE OF PROSTATE CANCER TREATMENT



Every program funded by PCF has improved treatments and outcomes for every patient diagnosed.

Dear Friends:

As we celebrate the Prostate Cancer Foundation's upcoming 20th anniversary, we look back with pride and gratitude. Thanks to the generosity of our donors and the tenacity of the scientists we fund, the prognosis for men and their families affected by prostate cancer is better than ever.

In 2012, we raised \$47 million, nine percent above our aggressive target of \$43 million. That funding came from 46,000 donors, including 14,476 first-time givers. PCF research benefited from gifts of every size, ranging from the proceeds of a charity dodge ball game organized by elementary school children that raised \$42.00, to Stewart Rahr's incredible gift of \$7 million to support an international PCF Stand Up to Cancer Dream Team and nine new PCF Young Investigators.

A Continuing Stream of New and Better Drugs

Over the past three years, six new FDA-approved drugs for prostate cancer patients came to market, each with PCF's "fingerprints" on their

scientific development:

- Jevtana (a novel chemotherapy agent for men whose metastatic disease becomes resistant to both hormone therapy and conventional chemotherapy)
- Provenge (a first-of-its kind immunotherapy that stimulates a patient's immune system to attack cancer cells)
- Xgeva (a bone-targeting medicine that works to prevent weakening of bone and bone fractures in men who are undergoing hormone therapy)
- Xofigo (a unique alpha particle that has been shown highly effective in treating metastatic tumors)
- Xtandi (another innovative oral anti-androgen that inhibits multiple signaling pathways and is used for Lupron-resistant disease; the drug reduces PSA level up to 89% after one month on the drug)
- Zytiga (a novel oral anti-androgen that puts more than 40% of men with Lupron-resistant disease back in remission)

We're also actively involved in a seventh drug expected to receive FDA approval in 2013:

- XL 184 (cabozantinib is an orally-administered tyrosine kinase inhibitor that shows unprecedented promise for reducing bone metastases in patients)

Looking further ahead, the pipeline remains strong: PCF is currently funding 34 early-stage clinical trials, and we hope to share positive news about many of those soon.

PCF-funded researchers are transforming the market for prostate cancer medicines, which has gone from a wasteland for failed drugs between 1980 and 2000 to a robust and fertile market today. Each month we review the latest portfolio list of new drugs and actionable targets and proactively forge partnerships with universities and bioscience companies. We have more traction than ever with leaders in the biotechnology and pharmaceutical sector. In 2012, we gained unrestricted research support from 32 biotechnology and pharmaceutical companies totaling \$1.8 million. This, too, is a new record.

Continued Investments in Research

Patient-centered prostate cancer research is accelerating. In the past 12 months, PCF:

- issued 199 research award checks totaling \$29.4 million
- expanded our international research enterprise; and
- launched two \$10 million Dream Teams for three years, enabled by the support of Stand Up to Cancer, Movember, and PCF donors.

The Dream Teams were created to address the most urgent need in prostate cancer treatment research: defining and predicting, with genomics, which patients will and will not respond to new drugs; and identifying the reasons why or why not. By 2015, the research teams will have collected real-time data on 800 prostate cancer patients—an invaluable resource of information that will help us accelerate our understanding of the disease and move to precision oncology.

Bioscience is increasingly a global collaboration, and this holds true for prostate cancer research as well. Last year we reported on our progress expanding internationally, with the launch of PCF China in 2012.

For 2013, we're evaluating opportunities in Norway, the Netherlands and Brazil. These countries have investigators and capabilities that present unique opportunities for "first-in-field" research. We also have plans for our first PCF European Research Symposium in 2013, based on the significant PCF funding European investigators have secured in the past three years.

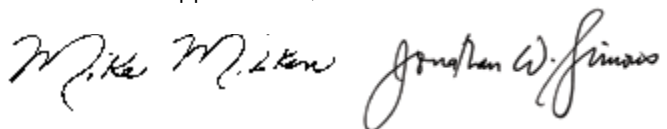
Maintaining the Momentum

For two decades, PCF has worked tirelessly to stay at the scientific forefront of prostate cancer research. Today, with the explosive growth of biomedical knowledge in our field, staying current is more important than ever. To that end, we're designing a *Treatment Science Network (TSN)* with the capacity to integrate real-time insights from the clinic and build on our successes and existing assets. We're also conceptualizing the next major round of team science and Creativity Award RFAs that could lead to the next set of game-changing ideas.

And, as always, we'll continue to leverage the knowledge, insights, and data from our 120 Young Investigators, 25 Challenge Awards teams, and 20 Creativity Award recipients.

As we work together to pursue our mission of eradicating lethal prostate cancer, we cannot thank you enough for your crucial support. You make all the difference.

With sincere appreciation,



Michael Milken
Founder and Chairman

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



DISCOVERIES IMPROVING OUTCOMES TODAY AND FOR GENERATIONS TO COME

The pace at which we are making progress against prostate cancer continues to accelerate and change clinical practice. Men who are diagnosed today are living longer, more productive lives despite cancer, as a result of better treatment options and decisions. And, every child born today may very well be free of the fear of prostate cancer.

Less Overtreatment Moves Towards Reality

To Treat or Not? Fifteen years of PCF investment in genomics has expanded our understanding of what makes prostate cancer grow or remain non-life-threatening. Drawing on millions of dollars of PCF-sponsored research, Genomic Health, Inc., a cancer-diagnostics company based in California that specializes in developing genomic biomarkers used to personalize treatment for cancer patients, released topline results from a study conducted with UCSF. The data demonstrates that a multi-gene signature can be used at time of initial biopsy to predict the probability for high-risk cancers—even when the initial biopsy shows low risk cancer.

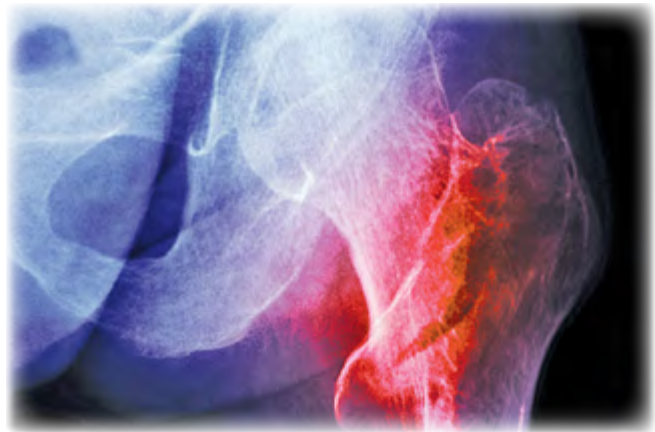
Finding this predictive “signature” began with studies conducted by Dr. Eric Klein at the Cleveland Clinic. His team looked at cancerous tissue taken from some 700 men whose prostates had been surgically removed. In men who went on to develop metastatic prostate disease, a pattern of gene signature expression became apparent where certain genes were either predictably up-regulated, making excess RNA, or down-regulated, making too little RNA.

This finding has promising applications, not only for men who are deemed to test “positive” for the high-risk multi-gene signature, and for whom aggressive treatment may be the best option; it may allow also men who test “negative” for the high-risk multi-gene signature to more confidently opt for a program of active surveillance of their disease, deferring surgery and radiation and avoiding side effects such as incontinence or erectile dysfunction.

A final, clinical grade assay based on this signature was tested in a clinical validation study at UCSF in patients undergoing initial biopsy, under the guidance of lead investigator, Dr. Peter Carroll. This new 17-gene signature test (the Oncotype DX Prostate Cancer Test) can eliminate a decision faced by hundreds of thousands of men each year around the world: to treat or not to treat?

Better Treatments Now Available for Every Stage of the Disease

With six new drugs—Provenge, Jevtana, Zytiga, Xtandi, Xgeva and Xofigo—approved for patients in the past three years, improved outcomes are now a reality for many patients with advanced, metastatic disease, who have become resistant to traditional hormone therapy. What’s more, there is a robust pipeline of new therapeutics in the Phase I/II and Phase III clinical trials pipeline. As a result of PCF-supported research, an additional drug is rapidly working its way through Phase III trials: XL 184 (cabozantinib).



Xofigo can be easily administered intravenously and finds its way into the skeleton within 10 minutes.

Approved in May 2013, Xofigo is a pharmaceutical containing an alpha-particle emitting nuclide for treating cancer patients with bone metastases. The alpha particle has a “short range throw” when delivered to remote tumors. Thus it effectively kills cancer cells and reduces damage to surrounding healthy cells.

While most chemotherapy is administered intravenously, XL 184 (cabozantinib), is a small molecule tyrosine kinase inhibitor (TKI) that can be taken orally. Tyrosine kinases are part of the complex

network of proteins involved in many different kinds of cancer functions, including several that drive prostate cancer cells to replicate.

Trial results released in 2012 showed that cabozantinib treatment resulted in high rates of bone scan response, durable pain relief and reductions in bone turnover markers in patients previously treated with docetaxel chemotherapy.

The spectre of potentially having seven new drugs at the disposal of physicians for patient treatment raises new opportunities. Researchers are beginning to test these new drugs in combination with each other and earlier in treatment plans to assess if more durable—or even life-lasting—remissions can be achieved. Xtandi and Zytiga are currently being evaluated in Phase III trials in patients who have failed hormone therapy but *prior* to chemotherapy for early recurrence. Both drugs are also being tested in the pre-surgical setting—prior to prostatectomy—with funding from PCF Challenge Awards, with curative intent for primary high-risk prostate cancer.

A Bright Horizon

Engineering “Killer T-Cells” Targeting Cancer. Dr. Carl June, a recipient of a PCF Creativity Award at the University of Pennsylvania is developing a therapeutic method that successfully programs a patient’s own lymphocytes to treat a type of leukemia. In the first 10 patients treated, seven had complete remissions and two had partial remissions.

A billion T-cells, are removed from patients and modified in the laboratory with a novel biotechnology to target tumors. This synthetic biology process makes them more powerful than nature designed them. Unlike other therapies that need to be delivered every three to four weeks, the engineered T-cell therapy generates an “immune memory” that continues to create “killer cells,” prolonging the effect of this immunotherapy for years in leukemia patients.

A *New York Times* article was written by Denise Grady shortly after Dr. June’s research was published in the *New England Journal of Medicine*. Grady wrote: “*This discovery may signify a turning point in the long struggle to develop effective gene therapies against cancer. And not just for leukemia patients: other cancers may also be vulnerable to this novel approach. In essence, the team is using gene therapy to accomplish something that researchers have hoped to do for decades: train a person’s own immune system to kill cancer cells.*”

Clinical trials of this promising therapy are currently underway in myeloma, leukemia, pancreatic, breast, ovarian and lymphoma cancer patients. With research support from PCF, Dr. June will be opening clinical trials for prostate cancer patients in 2013.

Circulating Tumor Cell Technology Comes of Age.

Prostate circulating tumor cells (CTCs) are often found in the bloodstream of men with cancer that has spread throughout the body. Current technology allows scientists to capture these cells and study how they react to drug treatments. Their unique genetic composition can also be identified, which may ultimately lead to tailored drug treatments. Circulating tumor cells can also act as a prognostic factor and alert doctors that metastatic disease is progressing.

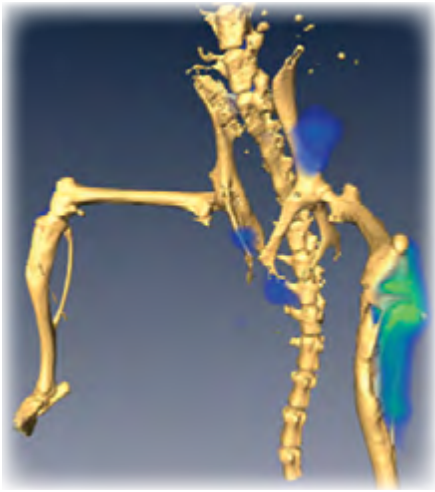
One of the most important research breakthroughs of 2012 came from one of our youngest scientists in the field. Dr. Joshua Lang is a PCF Young Investigator working on the development of VerIFAST, an integrated, microfluidic platform—CTC technology “V3.0”—used for molecular analysis of rare cells. It operates in four ways: CTC capture and purification, live cell staining, protein analysis and nucleic acid extraction, all from the same sample. The platform capture is so sensitive; it can capture one cell out of 20 million blood cells.

This advanced CTC platform provides both high sensitivity and high specificity in tumor analysis that will enable researchers to assess CTCs for their unique mechanisms of drug resistance and study variations between CTCs and tumor cells in the prostate and in metastatic regions like bone.

Dr. Lang’s ultimate goals include understanding the mechanism of treatment resistance, creating a prospective trial of assessing CTC technology in patients on androgen receptor targeting therapy, assessing CTCs for therapeutic targets and, finally, understanding the heterogeneity between CTCs and primary or metastatic lesions. His work will enhance both our understanding of prostate cancer and patient treatment sooner than later.

Targeting Treatment and Measuring Response with Better Tools.

As our global research community works to discover better CT scanning technologies, another PCF Young Investigator, Dr. David Ulmert at Memorial Sloan-Kettering Cancer Center has developed a novel radiotracer (89Zr-5A10). It consists of a monoclonal antibody that targets PSA, a known biomarker of prostate cancer, with a



A PET/CT scan using a novel radiotracer (^{89}Zr -5A10), is able to detect tumor-associated PSA, enabling better detection of metastatic prostate cancer and treatment response monitoring. The green coloring shows an area of tumor-bearing bone in a mouse.

radioactive tag attached. His work demonstrates that this radiotracer not only allows physicians to visualize sites of metastatic tumor spread, but exceeds current capabilities with its unique ability to identify both soft tissue and bone

metastasis. It also differentiates between true metastatic tumor sites and non-malignant lesions such as compression fractures. Most significantly, it can measure a metastatic tumor's response—as measured by intratumor PSA decreases—to a chemotherapeutic. Measuring response to different therapeutics will enable personalization of treatment tailored to the level of each discrete tumor in a patient's body. Non-responding tumor sites could be targeted with radiation to that site alone and drug dosages could be adjusted if tumors were more non-responsive.

Dr. Ulmert is also playing a lead role in the development of a novel automated software system—automated bone scan index—that rapidly quantifies the extent of total bony tumor load in a patient. This BSI index number is a predictor of the aggressiveness of the disease and can be put into widespread use as a clinical trial measure to more accurately measure patients' responses to treatments.

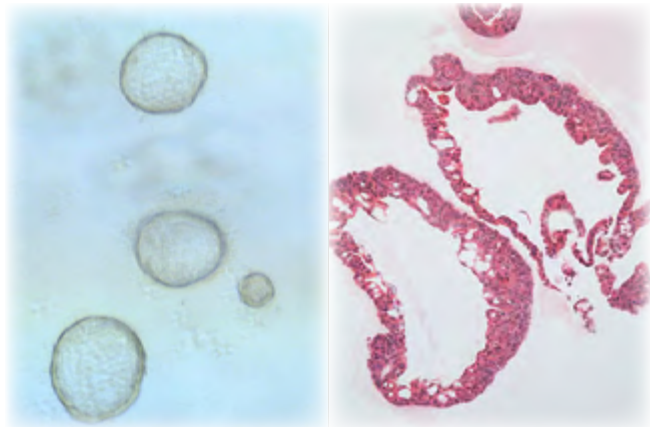
Avatars: Replicating Human Tumors for Precision Medicine

One of the biggest game-changing ideas for 2012 was presented at PCF's Scientific Retreat. Imagine medical teams being able to grow an actual, genetically-accurate replica of a patient's tumor that enables them to assess the response of that tumor's "avatar" to various treatments. Such an ability would enable them to eliminate multiple treatment attempts

and deliver the precise treatment combination to kill the patient's cancer cells. With more than 27 varieties of prostate cancer, patient avatars would save crucial time and money and reduce physical and mental stress for patients.

Dr. Charles Sawyers at Memorial Sloan-Kettering Cancer Center, in collaboration with Dr. Hans Clevers in the Netherlands, are pioneering the technology of growing masses of human tissue, or "organoids", in the laboratory using a mixture of growth factors and cellular signaling compounds. These "organoids" are genetically indistinguishable from human tissue in architecture, cell type composition and cell dynamics. They can be grown, frozen and shipped around the world. The process was repeated in Dr. Sawyers' lab.

The lab-generated tissues are sensitive to male hormones and shrink when deprived of testosterone, precisely mimicking the biology of hormonal response in man. They also require less time to create than genetically-engineered mouse models. These models will enable researchers to answer pertinent questions about prostate cancer that, to date, have been difficult to answer. They also hold immense promise by providing a useful platform for drug discovery and ultimately assessing select drug candidates and their effectiveness in the highly unique tumors of individual patients.



Lab-grown organoids, or tumor "avatars" (left), accurately mimic actual patient cancer cells (right), opening a new door to assessing tumor response even before treatment begins.

Better drugs and treatments, enhanced biomarkers, better tools for precision medicine, less overtreatment and more cures—there has never been a more promising time for prostate cancer patients. 🏠

A MILESTONE FOR PCF YOUNG INVESTIGATORS

Last year, PCF and its Young Investigators joined more than 1,000 leaders in medical research, bioscience, patient advocacy, industry, philanthropy and public policy who participated in A Celebration of Science in Washington D.C., September 7-9. The goal was to reaffirm the importance of bioscience and, in doing that, to change the world for future generations (see page 18). As of mid-2013, PCF has funded 120 Young Investigators in 9 countries.

Visit: www.celebrationofscience.org





PRECISION MEDICINE

Identifying the Right Treatment for the Right Patient

New drug therapies, identification of more than 27 varieties of prostate cancer tumor types, growing patient data and even the ability to grow biologically-correct replicas of a patient's tumor are all pointing us to improved patient outcomes with precision medicine. We asked Dr. Mark Rubin, PCF-funded researcher and director of the new Institute for Precision Medicine at Weill Cornell Medical College and New York Presbyterian/Weill Cornell Medical Center, to explain precision medicine and its future impact on cancer patient care.

Q. There is growing talk of precision medicine and how it is going to change clinical treatment for men with prostate cancer. Can you, in simple terms, explain what precision medicine is?

A. Most people are familiar with the term personalized or precision medicine. We have new ways and opportunities for sequencing and exploring the genome that we never had before. We can now ask on an unbiased basis: what type of mutations and alterations does a patient have? That's not for one specific gene, but for any gene that might be altered in their entire genomic landscape. The advantage of this is that we can then tailor each clinical trial and intervention based on a patient's specific genetic alteration and not as one trial or one treatment plan fits all.

Q. This is very encouraging news for newly diagnosed patients, considering we now know there are at least 27 varieties or genotypes of prostate cancer. How are we going to be able to match precision treatment to patients?

A. The concept that prostate cancer is not one cancer, but rather many cancers is important for patients and clinicians to think about. This is going to lead us in the direction of breast cancer or lung cancer where there are very well-defined subtypes and known drugs that provide specific responses.

Q. How will precision medicine enable us to eliminate the question of overtreatment?

A. You've hit the nail on the head. The critical issue when we diagnose patients is to do a risk assessment. These are the types of diagnostic and prognostic molecular markers we are developing with various groups such as the Early Detection Research Network and a trial we are working on with the University of Michigan and Harvard University. We are working on biomarkers to address that question. Can we distinguish between indolent and aggressive tumors? The role of precision medicine will be to incorporate this into the screening process and make an accurate assessment so we can identify which patients can go into active surveillance. I think you're right that it will give patients greater peace of mind. It's as important as identifying those patients who have an aggressive tumor that could lead to a life-threatening event.

Q. In the past three years, we have seen 6 new drugs come to the market for patients. One more—XL 184—is expected to be approved soon in the U.S. Is it correct to say these new drugs, used either in various combinations or earlier in the treatment cycle, will play an important role in precision medicine?

A. It is tremendously exciting to see that there are new ways to treat men with advanced disease. Some of the new drugs may be used earlier in cases of locally aggressive disease. The PCF-Stand Up To Cancer Dream Team, led by Dr. Charles Sawyers of Memorial Sloan-Kettering Cancer Center and Dr. Arul Chinnaiyan



“The advantage of precision medicine is that we can tailor each clinical trial and intervention based on a patient’s specific genetic alteration.”



at the University of Michigan, is looking at exactly that. We will be setting up clinical trials using state-of-the-art treatments in which precision medicine is used. We will be sequencing patients' genomes. In this setting we will be able to see which combinations or sequencing of drugs works best. For the very first time we will be able to understand why a person does well in a trial or why a patient fails a trial.

Q. You are the director of the recently announced Institute for Precision Medicine. What can we expect from this new entity?

A. We are very interested in cancer and are currently recruiting a young investigator to run a prostate cancer precision medicine clinic that targets men with advanced disease. We will run patients through a series of precision medicine tests—biopsies and molecular tests—that will inform us how to best treat each patient.

Q. These are promising times for prostate cancer patients. Some clinicians are even beginning to use the word “cure” for some types of the disease without raising an eyebrow. What are your thoughts?

A. The challenge for patients with advanced prostate cancer is to make use of all these new drugs that are becoming available and hopefully make an

“One role of precision medicine will be to distinguish between indolent and aggressive tumors and make an accurate assessment so patients can go into active surveillance with peace of mind.”

positive impact on their quality of life while extending their lives. What we also hope is that we will be able to detect men who will have advanced disease earlier through new blood and urine tests and treat them sooner before the disease progresses.

Q. What else should patients and caregivers know about precision medicine?

A. People need to understand the current limitations of precision medicine. Right now we will be able to identify mutations that are treatable. In many cases, we won't. So the rewards of this approach may not always go to the patient, but rather to a family member or the next generation. We need to recognize that this is going to be a process of learning and that we need to invest not only in the clinic, but the research efforts that support what we do with our growing knowledge.



View a video interview on precision medicine with Dr. Rubin at: www.pcf.org/precisionmed



“The concept of curing patients with currently incurable but treatable prostate cancer is one that we now discuss openly without being criticized for generating inappropriate enthusiasm.”



TIPPING POINT

Changing Prostate Cancer to Prostate Cures

With a growing number of new treatment tools at their disposal, researchers are documenting improved outcomes in clinical trials using new drugs both earlier in the treatment spectrum and in new combinations. This has given rise to more clinicians using the word “cure” for the first time ever. Dr. Christopher Logothetis is Department Chair, Department of Genitourinary Medical Oncology, Division of Cancer Medicine at The University of Texas MD Anderson Cancer Center in Houston, Texas.

Q. At the 2012 American Society of Clinical Oncology (ASCO) meeting you were very excited about some of the news that was being shared. You called it a tipping point for prostate cancer. Why?

A. Prostate cancer is among the cancers where there is justified optimism for advances that will alleviate suffering and prolong survival in the near future. Multiple new drugs have been approved and new therapy concepts have gained hold. The confirmation that bone targeting and immunotherapy prolong survival adds to the confidence that further advances are on the horizon. However, the reality is that the advances are, individually, modest improvements. They point to a realistic possibility that emerging knowledge on how to apply these agents in more efficacious sequences and combinations will further improve the outcomes for men with prostate cancer.

Q. How excited should patients be at this point? How many can we move to cures and when?

A. The concept of curing patients with currently incurable but treatable prostate cancer is one that we now discuss openly without being criticized for generating inappropriate enthusiasm. This is based on findings both at MD Anderson Cancer Center and Dana-Farber Cancer Institute which report remarkable responses using preoperative hormone-blocking therapies. An equivalent magnitude of cancer cell reduction has not been observed with standard hormonal therapy alone or with chemotherapy. This

points to therapeutically-exploitable differences in potentially-lethal prostate cancers detected early from those detected late. This difference can be leveraged for the benefit of the patient.

Q. What roles do clinical trials and the idea of precision medicine play in moving from prostate cancer to prostate cures?

A. Patients should be encouraged to participate in trials because we have the prospects of objectively personalizing therapy based on biomarker data and optimizing our drug combinations. This progress provides a realistic chance of applying therapies in a risk-adapted way where the side effects are balanced by the potential therapeutic benefits. The ability to distinguish men who will benefit from hormonal therapies, need the second-generation hormonal therapies, require microenvironment targeting therapies, or require chemotherapy, is realistic. The effort will result in a new classification of prostate cancer that will link understanding of the biology of specific prostate cancers to clinical decision making. A 30 percent reduction in mortality is the goal we have set with the presently available tools.

Improving the efficacy and developing markers to integrate immunotherapy in the complex therapeutic environment are critical knowledge gaps that need to be addressed. Strategies to improve immunotherapy using checkpoint blockade (impeding the body's natural defense to immune system attacks), vaccines, or a combination of checkpoint blockade are on the horizon; however, much work needs to be done to optimize combinations of different agents.



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

*—In Loving Memory...
David Emerson
1963–2012*



UNENDING COMMITMENT

One Patient's Legacy for Others

Once diagnosed, David Emerson participated in several clinical trials, blazing new treatment paths for him and others. At the same time, he and his wife, Mary, started the Faith, Love, Hope, Win Foundation (FLHW) to raise awareness for prostate cancer and much needed funding for research. Shortly after David's passing, Mary contacted PCF to say that the FLHW Board unanimously decided to continue operation and raise funds for PCF-sponsored research. We remain grateful to Mary and her family. David's legacy will benefit millions of other men and their families long into the future.

Q. In the midst of treatment and keeping up with the demands of traveling to clinical trial sites, you and David decided to start Faith, Love, Hope, Win. What was the driving decision?

A. After David's initial diagnosis, we started to research the treatment options for advanced prostate cancer. We quickly realized that our treatment options were limited. Through the research process, we discovered PCF and were so grateful that this organization existed and was leading the way to pursue more and better treatments, and of course, a cure. The PCF website was an important tool for us. It was our primary source for information, from updates on cutting-edge research to nutritional recommendations. We whole heartedly wanted to do our part to support the effort to raise awareness and support the research. When one is diagnosed with advanced prostate cancer, there are many variables that are beyond one's control. Starting our organization and being able to reach out to others battling this disease was something we could do to make a difference.

Q. Since 2005, FLHW has raised more than \$250,000 to support prostate cancer research. Did you ever think your efforts would be so successful?

A. We did not have previous experience leading a fundraising effort. We have been very blessed to be supported by wonderful people who so generously support our cause. We are also amazed by the reach of our organization. We have received

responses from people all over the country, as well as Australia, England, South America and Canada. Prostate cancer knows no boundaries! We are proud of the success of our small foundation.

Q. Why did the FLHW Board vote to continue operation to support the work of PCF?

A. First and foremost, to carry on David's legacy. David was passionate about the mission of FLHW. I believe he was comforted by helping other men and their families battle this dreadful disease. I made a commitment to David that I would continue to support PCF. I am very blessed to have such an exceptional team of gentlemen who comprise our FLHW Board. They were with us every step of the way through David's personal journey with prostate cancer and are committed to continuing the fight. The success of our foundation would not have been possible if not for the nucleus of our organization, the FLHW Board. I am so grateful to each of them for their dedication to our family and to the success of our foundation.

Q. If David were alive today, what would he tell his fellow patients and families?

A. David would first and foremost encourage those battling prostate cancer to never give up hope. When battling prostate cancer, it is an emotional roller coaster. David faced this disease, his fear and his pain with grace and tenacity. He would remind others to appreciate each and every day. Life is not measured by its length. It is measured by its depth.

2012 AWARDS: EXPANDING PCF'S GLOBAL RESEARCH ENTERPRISE



PCF YOUNG INVESTIGATOR AWARDS

The achievements of PCF Young Investigators now represent some of the most game-changing work in our field. They keep the field of prostate cancer research vibrant with new ideas. In 2012, PCF funded 18 new Young Investigators, reaching the goal of 100 by 2012. By mid-year 2013, PCF has funded a total of 120 Young Investigators. The awards were inspired by Donald S. Coffey, PhD, the Prostate Cancer Research Director at Johns Hopkins University 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 2012 Sternlicht Family Foundation-PCF Young Investigator Award

Dimple Chakravarty, PhD, DVM
Weill Cornell Medical College, New York, NY

The 2012 John A. Moran-PCF Young Investigator Award

Junjie Feng, PhD
Wake Forest University, Winston-Salem, NC

The 2012 Steve Wynn-PCF Young Investigator Award

Stephen Finn, MBBS, PhD
University of Dublin, Trinity College, Dublin, Ireland

The 2012 Lowell Milken-PCF Young Investigator Award

Terence Friedlander, MD
University of California, San Francisco, CA

The 2012 Mortimer Sackler-PCF Young Investigator Award

Matthew Galsky, MD
Mount Sinai School of Medicine, New York, NY

The 2012 Leon and Debra Black-PCF Young Investigator Award

Kalpana Kannan, PhD
Baylor College of Medicine, Houston, TX

The 2012 Michael Milken-PCF Young Investigator Award

Stacey Kenfield, ScD
Brigham and Women's Hospital, Harvard University, Boston, MA

The 2012 Steve Wynn-PCF Young Investigator Award

Hung-Ming Lam, PhD
University of Cincinnati, Cincinnati, OH

The 2012 John A. Moran–PCF Young Investigator Award

Heather Montie, PhD

Thomas Jefferson University, Jefferson Medical College,
Philadelphia, PA

The 2012 Lori Milken–PCF Young Investigator Award

David Mulholland, PhD

University of California, Los Angeles, CA

The 2012 Heritage Medical Research Institute–PCF Young Investigator Award

Paul Nguyen, MD

Dana-Farber Cancer Institute, Harvard University, Boston, MA

The 2012 Shmuel Meitar–PCF Young Investigator Award

Shancheng Ren, MD, PhD

Shanghai Changhai Hospital, Shanghai, China

The 2012 Foundation 14–PCF Young Investigator Award

Luke Selth, PhD

University of Adelaide, Dame Roma Mitchell Cancer
Research Laboratories, Adelaide, Australia

The 2012 Drew Foundation–PCF Young Investigator Award

Martin Lukas Sos, MD

University of California, San Francisco, CA

The 2012 Chris and Felicia Evensen–PCF Young Investigator Award

Karen Sfanos, PhD

Johns Hopkins University School of Medicine, Baltimore, MD

The 2012 Joyce and Larry Stupski–PCF Young Investigator Award

David Y. Takeda, MD, PhD

Dana-Farber Cancer Institute, Boston, MA

The 2012 David H. Koch–PCF Young Investigator Award

David Ulmert, MD, PhD

Memorial Sloan-Kettering Cancer Center, New York, NY

The 2012 Shmuel Meitar–PCF Young Investigator Award

Yuxi Zhang, MD, PhD

The First Hospital of China Medical University,
Shenyang, China

PCF CHALLENGE AWARDS

Nine new Challenge Awards were funded by the Foundation in 2012. Through peer review, PCF selected these projects out of 96 proposals from highly-qualified research teams at 70 prestigious cancer centers spanning 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 2012 represents a \$9 million investment in advanced prostate cancer research.

The 2012 Movember–PCF Challenge Awards

Karen Knudsen, PhD

Thomas Jefferson University, Philadelphia, PA

Goal: Targeting Cancer-Causing DNA Repair Problems

John Isaacs, PhD

Johns Hopkins School of Medicine, Baltimore, MD

Goal: Slipping “Commando” Treatments Behind Enemy Lines

Rob Reiter, MD

University of California, Los Angeles, CA

Goal: Halting Migration of Prostate Cancer Cells

The 2012 A. David Mazzone–PCF Challenge Awards

Martin Pomper, MD, PhD

Johns Hopkins School of Medicine, Baltimore, MD

Goal: Unleashing Nanoparticles to Deliver Radiotherapy

Bert O’Malley, MD

Baylor College of Medicine, Houston, TX

Goal: Staying Ahead of Resistance to New Drugs

The 2012 PCF Challenge Awards

Massimo Loda, MD, PhD

Harvard Medical School, Boston, MA

Goal: Understanding “Bio-Discussions” Between Healthy and Cancerous Cells

Richard Mithen, PhD

Institute of Food Research, University of East Anglia,
Norwich, UK

Goal: Unleashing the Power of Vegetables to Stall Aggressive Cancer

Shaomeng Wang, PhD

University of Michigan, Ann Arbor, MI

Goal: Finding New Roadblocks to Lupron Resistance

Charles Swanton, MD, PhD

University College London, London, UK

Goal: Finding New Genomic Markers to Stop Metastases

DREAM TEAMS TO CHANGE STANDARDS OF CLINICAL SCIENCE

In 2012, in partnership with Stand Up to Cancer (SU2C) and Movember, the first two Dream Teams, the first ever assembled for prostate cancer, were announced. These two programs will study the data of more than 800 men over time—the largest such group in the history of oncology. They will have a future impact on treatment for tens of thousands of patients.

1

DREAM TEAM ONE: 7 Centers of Excellence Moving Precision Therapy Forward

- FUNDED BY PCF AND STAND UP TO CANCER
- 3-YEAR, \$10 MILLION RESEARCH AWARD
- IN ASSOCIATION WITH THE AMERICAN ASSOCIATION FOR CANCER RESEARCH

Arul M. Chinnaiyan, MD, PhD, and Charles L. Sawyers, MD, will lead the Dream Team project titled *Precision Therapy for Advanced Prostate Cancer* with scientists drawn from seven leading prostate cancer research centers in New York, Boston, Seattle and London.



Dr. Chinnaiyan



Dr. Sawyers

THE PROJECT

Prostate cancer, like other types of cancer, is not a homogeneous disease. The diversity of genetic aberrations found in prostate cancer suggests that treatment decisions require a personalized or precision approach—matching treatment to specific characteristics of a tumor. Information about the genetic makeup of an individual's prostate cancer may guide physicians to choose "personalized" treatments for each individual patient with metastatic cancer, utilizing the best known treatments for their specific type of prostate cancer. While state-of-the-art technology in DNA sequencing has dramatically accelerated biomedical research, translation into a clinical setting has numerous barriers that limit the potential benefits.

The team will implement a multi-institutional study that systematically evaluates patients enrolling in four clinical trials and assesses novel drugs against the treatment of hormone-refractory prostate cancer. They will identify predictors of why some patients respond to these therapies, as well as predictors of resistance to these therapies. The study will capture a molecular snapshot of a patient's cancer and incorporate this information into the clinical trials. It will also enable a framework that will facilitate progress toward a personalized approach for evaluating new drugs and treating patients with prostate cancer.

The first clinical trials are scheduled to open in 2013.

Learn more at: www.pcf.org/dreamteam1



Weill Cornell Medical College

DREAM TEAM TWO: Identifying the Best Combinations of Drugs for Each Individual Patient



- FUNDED BY PCF, MOVEMBER AND STAND UP TO CANCER
- 3-YEAR, \$10 MILLION RESEARCH AWARD
- IN ASSOCIATION WITH THE AMERICAN ASSOCIATION FOR CANCER RESEARCH

This second Dream Team will be led by Eric J. Small, MD, at the University of California, San Francisco (UCSF), and Owen N. Witte, MD, at the University of California, Los Angeles (UCLA).



Dr. Small



Dr. Witte

THE PROJECT

This Dream Team will explore the idea that resistance to hormonal therapy occurs as a result of the prostate cancer cells using common cellular responses—what the Dream Team calls “adaptive pathways”—to escape the current prostate cancer therapies. By identifying these pathways and inhibiting them, they will be able to overcome treatment resistance and profoundly improve the care of men affected by this fatal disease. The team—composed of some of the best prostate cancer researchers on the U.S. west coast—has devised a three-pronged approach they term “*ACCESS, ASSESS and ACT.*” They will systematically collect patient biopsies and blood samples (*access*), subject these to a comprehensive molecular assessment and pathway-based analysis to determine the activity level of known and novel pathways (*assess*), and will develop treatment approaches for individual patients based on these findings (*act*).

Once the pathways activated in resistant metastatic tumors are identified, the team will devise co-targeting approaches that they will first validate in the laboratory before undertaking molecularly-guided clinical trials that will test novel combinations of therapeutics.

The team also proposes to centralize and integrate the considerable amount of data generated in the course of their work into a new online platform called MedBook. It will use a simple social media concept to support information exchange and discussion. The centralized information will be updated continuously with new data, and contribute to the development of molecular disease models that codify the most actionable adaptive pathways in metastatic prostate cancer that has grown resistant to treatment. This information will help the Dream Team’s Clinical Working Group recruit specific patients to specific trials.

Learn more at: www.pcf.org/dreamteam2



A CELEBRATION OF SCIENCE

REAFFIRMING AMERICA'S COMMITMENT TO BIOSCIENCE AND CURES

In September 2012, A Celebration of Science was held in Washington, D.C. The goal was to reaffirm the importance of bioscience and, in doing that, to change the world for future generations. The Celebration weekend was only the beginning of an ongoing initiative led by FasterCures and the Milken Institute and involving hundreds of individuals—including Congressional members from both sides of the aisle. We can maintain America's leadership in bioscience, reduce our healthcare costs and save lives with cures for those who suffer from a wide range of diseases.



Washington, DC • September 7-9, 2012

Visit: www.celebrationofscience.org



Nobel Laureate Dr. James Watson, co-discoverer of DNA structure (left), addressed attendees with Dr. Jonathan Simons of PCF.



Kathleen Sebelius, U.S. Secretary of Health and Human Services, met many of PCF's Young Investigators including Andrew Armstrong, MD, ScM, of Duke University.



Charles Sawyers, MD, spoke on how to make a targeted FDA-approved drug.



From left to right, NIH Director Francis Collins, U.S. Representative Eric Cantor, U.S. Representative Steny Hoyer and Mike Milken opened the Saturday NIH session with a wide-ranging discussion about the impact of bioscience investments on the U.S. economy and healthcare.

PCF MEN'S RETREAT

A First-of-Its-Kind Documentary Lets Fellow Patients Know They Are Not Alone

In 2012, PCF invited 12 men—patients and survivors—to gather on a Saturday in Washington, D.C. to discuss their experiences of living with prostate cancer. The discussions were frank and heartfelt. The emotions were nothing short of real. The result is a documentary that will help many fellow patients understand that they are not alone in their coming to grips with their diagnoses, treatments and emotional responses. PCF remains grateful to those who participated. We believe they represent a new generation of male who is opening up and is willing to discuss prostate cancer openly.

View this unique event in its entirety or by selecting video chapters at: www.pcf.org/mensretreat



A SURVIVOR'S APPEAL FOR SUPPORT



Dear Friends,

Nine years ago, I was diagnosed with prostate cancer. It was a devastating day that I remember well. Today I am pleased to report that I remain in full remission and am leading a healthy, happy and productive life.

My treatment success is due in large part to the work of the Prostate Cancer Foundation, which has fundamentally changed how patients—at every stage of the disease—are treated today. PCF's proven record of success in accelerating scientific discovery and translating it into new treatments for patients is the compelling reason I serve on the Board of Directors and as Chair of PCF's Development Committee.

As you have read in this *Progress Report*, more progress in prostate cancer research has been achieved in the past three years than in the entire previous decade. This is progress we must sustain for the benefit of 16 million men and their loved ones around

the world. Your support of research is evermore important in these times of proposed government cuts for research. I urge you to consider continuing your support for the work of PCF.

As a member of the PCF Board of Directors, I am pleased to report that in 2012, 83 cents of every dollar that came into PCF was deployed rapidly to support game-changing research programs that were stewarded effectively by the Foundation.

Money is research and research is the key to cures for a disease that affects so many men, their families and friends.

With sincerest appreciation for your continued support,

A handwritten signature in blue ink that reads "ROB" followed by a stylized flourish and the initials "CPHS PL".

R. Christian B. Evensen

SUPPORTING CURES

Continuing our momentum in finding better treatments and cures for prostate cancer requires the support of our more than 215,000 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, 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 2-4 year programs)

PCF supports transformational prostate cancer research to accelerate progress toward reducing 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 solve a significant problem in prostate cancer research. These awards cover 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 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

Monthly Giving

- 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
 - 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

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The support of our generous donors makes all that we do at PCF possible. This honor roll acknowledges actual gifts of \$1,000 or more, exclusive of pledges, made to PCF during calendar year 2012. We thank you, our friends and supporters, for making 2012 PCF's best year yet.

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Mr. William J. Constantine
CooperSurgical
Mr. and Mrs. James W. Corbin,
Jr.
Mr. and Mrs. Richard Corcoran
Mr. Harry Costner
Coventry Health Care, Inc.
Cramer-Krasselt
Crown Imports
Crowned Heads, LLC
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Mr. Joseph L. D'Amico
Mr. Patrick F. Daly
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Ms. Cindy Lee Middleton
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Technology
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Ms. Kristen M. Dietrick and Ms.
Esther Dietrick
Mr. E. James Dixon

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Justine Donnelly
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Mr. and Mrs. Robert Epstein
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Ms. Bayla K. Falber
Mr. Michael Farrell
Fedway Associates, Inc.
Stanley M. Feingold
Ms. Ira M. Feldman and Mr.
Stephen Bush
Mr. Joseph T. Ferrara
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Ferring Pharmaceuticals
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D. Wayne and Anne Gittinger
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Goldman, Sachs & Co.
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James R. Barrett
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Foundation
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J.C. Newman Cigar Co.
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Foundation
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Kane Corporation
Karlson Family Charitable
Fund
Mr. Kurtis Kearin
Peter R. & Cynthia K. Kellogg
Foundation
Kevork Kevorkian Estate
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Mr. and Mrs. Larry L. Klopp
Harold and Shirley Kobliner
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Roger and Lorraine Kotch
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Mr. and Mrs. Frank Kulze
Mr. Kevin Kyle and Mrs. Marta
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Mr. and Mrs. Bart A. Landau
Mr. and Mrs. Patrick J. Landers
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Jefferson Health System
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Mr. Guy Laren
Mr. Jeffrey Larsen
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Lawrence, Jr.
Steve Lawrence and Eydie
Gorme
Mr. J. Michael Lekson
Dr. and Mrs. Stephen H. Levine
Barbara & Stan Levy
Liberty High School
Mrs. Cheryl G. Lindholtz

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Rodriguez
Mr. and Mrs. Larry Luck
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Luckhurst
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Alan and Nancy Manocherian
Philip and Marcia Marcus
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Stanley and Pamela Maron
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Mr. Charles W. Martindale
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McAllister
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Mr. George E. McCown
Mr. Jordan McGowen
Mr. and Mrs. David McHenry
Mr. Robert H. McLean
Laureston and Barbara
McLellan
Mr. and Mrs. Harry McMillan/
McMillan and Associates
Mr. William B. McNamara
Estate of Elaine Meltzer
Miami Marlins Foundation
Mr. and Mrs. Craig L. Miller
Mr. David Miller
Mr. James I. Miller
Sherman R. Miller and Mary M.
Sullivan
Mr. Adam T. Milstein
Mr. and Mrs. David Minter

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Molzie-Q, LLC
Monaghan Corp, Inc.
Dr. Karen Moore
Mr. Jeff Moslow
Mr. Paul D. Muller
Mr. Justin G. Murray
Ms. Dyanne Musmacker
Jack Henry Mydlo, M.D.
Mr. and Mrs. John H. Myers
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Charity
Mrs. Mildred Neely
Mr. Alonzo A. Neese, Jr.
NetJets Aviation, Inc.
Blake Lee and Carolyn L.
Neubauer
Cdr. Anna Neville
New England Controls
Mr. Arthur Newberg
Mr. William P. Newhall
Mark and Linda Newman, the
LM Newman Family
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Mr. Reginald B. Newman II
Next Phase Enterprises
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The Northern Trust Company
Northrop Grumman
Corporation
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Dr. James E. O'Brien
Mr. and Mrs. Stephen T. O'Brien
Mr. and Mrs. Frank O'Callaghan
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M.P. Orlando Family Trust of
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The Oxnard Peace Officers'
Association
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Mr. Christopher Padilla
Padron Cigars
Mr. William C. Paley
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The Poth Family
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S. Rubenstein Family
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Ms. Marisa Shapter
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Harvey Silverman Foundation
Mr. Gary Singer
Snoball, Inc.
Mr. Robert D. Snook
Mr. Daniel Snyder and Ms.
Jennifer Brennan
Mr. and Mrs. Michael A.
Sommer
Specialists In Urology
Sarah Spencer Foundation
Irwin and Lorri Spiegel
SPX Service Solutions Charity
Committee
The John R. & Inge P. Stafford
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Mr. Erik Steinfeld
Jacqueline and Eric Stern
Mr. Wayne P. Sticha
Suggs Family Foundation
Mr. Michael W. Sullivan
Mr. and Mrs. Randy Sullivan
Mr. Timothy C. Sullivan
Sunnyland Bulgur Wheat, Inc.
Mr. Joel Surnow
Susquehanna Bank
Mr. and Mrs. Clarence C.
Talley, Jr.
Mr. Richard A. Tanovich
Mr. Neal B. Thomason
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Mr. Paul E. Tinsley
Mr. and Mrs. Tom Tobias
Stephen G. Tolchin
Mr. Pascal F. Tone
Total Wine & More
Mr. Alejandro Turrent
United Way of Dane County
United Way of Greater Los
Angeles
United Way of Southeastern
Pennsylvania
Utah MSBL
Valiance Partners, Inc.
Mr. and Mrs. John B.
Vanderzwaag
Mr. William D. Vanech
Mr. John Viener
Mr. Edgar Volfson
Vorsheck Family Foundation
Mr. and Mrs. Roger A.
Waesche, Jr.
Charles J. Wagner

Mr. James Walker
Mrs. Louise H. Warren
Mr. Christopher Waterson
Mr. Thomas F. Weinman
The Weisberg Group
Mr. David Wesson
Wheeler/Brand Management
Mrs. Janet O. White
Mr. and Mrs. James Wiley
Honorable and Mrs. Richard B.
Wilkens
William Henry Trust
Mr. Gunnar P. Wilmot
Mr. Aaron R. Wimsatt
Mr. Matthew Winkler

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Nicholas Clark
Nancy Clinkenbeard
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Larry Distler
Ed Esposito
Susan Fegelman
Marissa Gonzales
Eric D. Gorman and Katrina
Malis
Lisa Gorsuch

“We are pleased to support the Prostate Cancer Foundation because we know that our funding is being utilized in the most effective way possible to broaden and change the landscape of prostate cancer diagnostics, prognostics, and treatment. We want results that will improve the lives of patients, and PCF provides us such results.”

— Katherine Lorenz
President, Cynthia and George Mitchell Foundation

The Winning Ways Foundation
Winter Survivor's Trust Under
Trust
Wirtz Beverage Wisconsin
Andrew Wise
Wolf Development Services,
LLC
Mr. and Mrs. John Wolfington
Zarett Rehab & Fitness
Mrs. Margaret F. Zepp
Mr. Eugene Zuriff

Athletes for a Cure *Participants who raised \$1,000 or more*

Hans Abate
Shane A. Bell
Erlend Bo
Thomas W. Box
Rick Brandt
Mark and Kevin Buechler
Alessandra M. Castanho
Christy Chaloff

Darrell A. Groff
Kurt Johnson
Erin Koerner
Brett Kurland
Krista Lapan
Katie Martinez
Jordan McGowen
Amanda McIntosh
Kaitlyn Murphy
Andrew Neary
Raul Ortega
Kristine Palmero
Chris Paterson
Bryan Reece
Brian C. Ricker
Peter Ripmaster
Michael Rowan
Rick Senn
Francis J. Sirdevan
Lena Steiner
Richard Swetonic
Sten Thorborg

Billy Wade
Matthew K. Wise
Doris A. Wunsch
Andrew Zitofsky

Special Partnerships and Hosted Events

Special partnerships or hosted events that raised \$1,000 or more

10th Annual Philadelphia Prostate Cancer Fundraiser hosted by Neal Rodin and Clay Hamlin
Adrenaline Black Card Showcase
Bike It!
Bikinis Sports Bar & Grill – Houston Opening
Bikinis Sports Bar & Grill – Softball Tournament
Bocce for Blue
C.A.R.E (Cancer Alzheimer’s Research Event)
Cap 2K
Cruise for a Cause
Cure for the Boys – Jim McDonald

International Stunt Association
Kearney & Company
Keith Family Fundraiser
Kilted to Kick Cancer
Knights of Columbus Don Bosco Council #7784
Lanier Football Officials Association
Lakeland Union High School
Mikel’s Salon - The Paul Mitchell Experience
Money Box Cap 2K, Keith and Nancy Bell
Moose Hunt for the Cure Memorial Golf Tournament
Northeastern Rehabilitation Associates
Papa’s Poker Run
Polo Partners for Blue
Robert W. Baird & Co. Incorporated
Rock For Dads 2 Benefit Concert
St. Mary’s Turkey Trot 2012
Salem Dugout Club
Save Your Classic Rod Car Show at Breezy Point, Minnesota

Robert “Bob” Voss Tribute Fundraiser
USA Volleyball

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

Golf Tournaments that raised \$1,000 or more

Army Navy Country Club
A Charity Challenge at Broken Sound Club
Alamo Country Club
Admiral’s Cove Golf Club
Alto Lakes Golf & Country Club
Battle Against Prostate Cancer at Iron Lakes Country Club
Battle at BallenIsles Country Club
Battle at Bella Vista Country Club
Battle at Valley View Golf Club
Bent Tree Country Club
Boobs & Balls Against Cancer, Inc.
Cahokia Volunteer Fire Department
Canoe Brook Country Club
Carolina Trace Country Club
Casta del Sol Golf Course
Cherry Valley Country Club
Concordia Men’s Golf Club
Cotton Creek Men’s Golf Association, Inc.
El Conquistador Country Club Men’s Golf Association
Estero Ladies Golf Association
Golfers Against Cancer
Golfview Golf & Racquet Club
Hershey’s Mill Golf Club
High Meadows Country Club
Highland Meadows Professional Shop
The Members of Highland Woods Golf & Country Club
HWCC Ladies 9 Hole
IEC - Fort Worth Tarrant County Chapter/IEC - Dallas Chapter
Jonathan’s Landing Golf Club
Lansing Ladies Long League
Legends Golf & Country Club
Lobster Classic
Lords Valley Country Club
Meadow Club
Northgate Ladies Golf Association
Old York Road Country Club
The Olde Course at Loveland – Prostate Cancer Invitational
Palm Aire Country Club (Pompano)
Pelican Pointe Golf & Country Club
Persimmon Woods Golf Club
Polo Partners for Blue
Poppy Ridge Golf Course
Rio Verde Country Club
Sawgrass Country Club
The Schep
Seven Lakes Country Club
Strand CC Hairy Knuckles Tournament
Terravita Golf Club
Texas Propane Gas Association – Pros4Care Tournament
Vasari Country Club
Walden Oaks /Cortland County Senior Golf Open
Wycliffe Country Club Men’s Golf Association

In Memory Tribute Funds

Funds that contributed \$1,000 or more

In Memory of:

Jerry C. Alexander
Antonio Sistos Arredondo
Randall Lee “Randy” Barnard
Jack Barnes
William Barnes
John C. Bentley, Jr.
James F. Brogan
Robert G. Bursey
Samuel W. Casscells, MD
David A. Champeau
Thomas A. Dawes
Harold Brayton Dinius
Robert M. “Bob” Domanic, Sr.
John L. “Jack” Dube
David Emerson
Harry Falber
Dan Fogelberg
William Fritsche
Albert Fuss
Gerald L. Hanes
Nicholas Hanson

“Thank you for the fine work you do and for the hope you bring to the thousands of men who suffer from this dreadful disease and their families (who suffer along with them, and after, mourn their loss). As a memorial to my husband, Alfred, I will continue to support you. I have a son and grandson, several nephews. I give in hope that they will be safe from the ravages of prostate cancer in the future.”

— Joyce Descloux

Deric’s Day at Thunder Hill Raceway
Curtis Senior High School POGS 2012
E.R. Munro and Company
EOG Resources Beneficiary Event
Fundraising by Emily McKenney

Service 1st Federal Credit Union
Shawnee Wrestling Booster Club
Silhouettes Rally for the Cure
South Plainfield Prostate Cancer Takedown
Swagbucks Charity Drive
Team Newton at Ironman Canada

Geoffrey Oliver Hartzler, M.D.
William Harvey
William M. Heffley, M.D.
Richard Hippauf
James Hirsig
William L. Jaeger
Tom Jones
Paul Kane
Robert "Bob" Kearin
Kevork "George" Kevorkian
Paul King
Tom Kolb
Roger LaBerge
James Henry "Jim" Lehr
Pietro "Peter" Loscialpo
Warren H. Luening, Jr.
Bruce R. MacCallum
Anthony Armand Malizia, Jr.,
MD
H. Gordon Martin
Jack McGetrick
Howard Clyde Mills, Jr.
Freddie Motley
Bruce W. Neely
John Nelson
Robert "Bob" Novotney
Carl Orlando
Naresh Patel
Lyle Pauley
Eugene Ponzio
Frank A. Poulos
Peter I. Praeger, M.D.
Joseph J. Rand
Mark Redmond
James Evan Roderick, Jr.
Frank Rusinko, Jr.
Arthur Charles Russell
John Charles "Jack" Schadeegg
John Schlimm
Robert L. "Bob" Schmidt, Sr.
Richard Stubstad
Robert Sudack
Richard (Dick) Treat
Erhardt H. Tulgestka, Sr.
Harold J. Wild
Don Wright
Edward J. Zepp
Vincenzo Zinno

In Honor Tribute Funds

*Funds that contributed \$1,000
or more*

In Honor of:

Herb Abramson
Phill and Arlene Barnes
Randy and Debbie Barnes
Ron and Mary Anne Barnes
The Wedding of Casey & Emily
Berman
Joseph Borsa
The Wedding of Mary-Alice
Brady and Robert Miller
Dr. William Catalona
Dylan Crouse
Gerry DeFrancisco
David A. Ederer
Samuel Harding
Chris Huck
Norman Koerner
John & Pam Kollmann
Larry Kurland
James McDonald
Jack McGetrick
Michael Milken
Miguel Oliveira
Carl P. Orlando
Harkjoon Paik
Chris Paterson
Dave Perron
The Postal Family
Evan Poulakidas
The Rausser Family
Rick Reynolds
Jonathan W. Simons, MD
Howard R. Soule, PhD
Verne Spangenberg
Richard L. Starkey
Patricia Supriana
Larry Swetonic
Andrew C. von Eschenbach
Charlie Wilson
Stanley Zax

“Prostate Cancer is a vitally important cause and I am honored to be able to help the Prostate Cancer Foundation with their outstanding work. I continue to make significant contributions to PCF because I know my investment will be leveraged and the resulting research has a positive impact on the world.”

— Stewart Rahr

*Represents annual donations
(gifts not pledges) between
January 1, 2012–December 31, 2012.*

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31	Unrestricted	Temporarily Restricted	2012 Total	2011 Total
ASSETS				
Cash and Cash Equivalents	\$ 25,688,908	\$ -	\$ 25,688,908	\$ 31,568,686
Pledges Receivable (Net)	24,239,832	3,933,333	28,173,165	18,592,463
Prepaid Expenses and Other Assets	261,552	-	261,552	192,221
Property and Equipment (Net)	357,604	-	357,604	643,867
Total Assets	\$ 50,547,896	\$ 3,933,333	\$ 54,481,229	\$ 50,997,237
LIABILITIES AND NET ASSETS				
Liabilities				
Accounts Payable	\$ 74,155	\$ -	\$ 74,155	\$ 280,776
Accrued Liabilities	1,012,846	-	1,012,846	1,166,584
Deferred Revenue	600,000	-	600,000	-
Grants Payable	19,085,239	-	19,085,239	19,001,183
Total Liabilities	20,772,240	-	20,772,240	20,448,543
Net Assets				
Unrestricted	29,775,656	-	29,775,656	24,598,694
Temporarily Restricted	-	3,933,333	3,933,333	5,950,000
Total Net Assets	29,775,656	3,933,333	33,708,989	30,548,694
Total Liabilities and Net Assets	\$ 50,547,896	\$ 3,933,333	\$ 54,481,229	\$ 50,997,237

CONSOLIDATED STATEMENT OF ACTIVITIES

December 31	Unrestricted	Temporarily Restricted	2012 Total	2011 Total
Revenue and Public Support				
Grants and Contributions	\$ 44,919,277	\$ 1,933,333	\$ 46,852,610	\$ 43,112,099
Interest and Dividends	107,286	-	107,286	322,190
Other Income	112,182	-	112,182	-
Realized Loss on Investments	-	-	-	(349,600)
Net Assets Released from Purpose Restrictions	3,950,000	(3,950,000)	-	-
Total Revenue and Public Support	49,088,745	(2,016,667)	47,072,078	43,084,689
Expenses				
Program Services	37,258,841	-	37,258,841	33,841,169
Supporting Services:				
Management and General	2,903,220	-	2,903,220	3,217,658
Fundraising	3,749,722	-	3,749,722	5,778,002
Total Expenses	43,911,783	-	43,911,783	42,836,829
Change in Net Assets	5,176,962	(2,016,667)	3,160,295	247,860
Net Assets – Beginning of Year	24,598,694	5,950,000	30,548,694	30,300,834
Net Assets – End of Year	\$ 29,775,656	\$ 3,933,333	\$ 33,708,989	\$ 30,548,694

CONSOLIDATED STATEMENT OF CASH FLOWS

December 31	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in Net Assets	\$ 3,160,295	\$ 247,860
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Uncollectable Pledges Receivable	122,432	575,000
Realized Loss on Investments	-	349,600
Depreciation and Amortization	360,313	239,332
(Increase) Decrease in:		
Pledges Receivable	(9,703,134)	(3,725,387)
Prepaid Expenses and Other Assets	(69,331)	(70,246)
Increase (Decrease) in:		
Accounts Payable	(206,621)	63,201
Accrued Liabilities	(153,738)	533,757
Deferred Revenue	600,000	-
Grants Payable	84,056	3,938,139
Net Cash Provided by (Used in) Operating Activities	(5,805,728)	2,151,256
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of Property and Equipment	(74,050)	(289,372)
Proceeds on Sale of Investments	-	12,205,658
Net Cash Provided by (Used in) Investing Activities	(74,050)	11,916,286
Net Increase (Decrease) in Cash and Cash Equivalents	(5,879,778)	14,067,542
Cash and Cash Equivalents – Beginning of Year	31,568,686	17,501,144
Cash and Cash Equivalents – End of Year	\$ 25,688,908	\$ 31,568,686

REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Prostate Cancer Foundation

We have audited the accompanying consolidated financial statements of the Prostate Cancer Foundation (the Foundation), which comprise the consolidated statement of financial position as of December 31, 2012, 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. The prior year summarized comparative information has been derived from the December 31, 2011 consolidated financial statements of the Foundation and in our report dated April 24, 2012, we expressed an unqualified opinion on those consolidated financial statements.

Management's Responsibility for the Consolidated 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 of 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 auditors' 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 opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2012, and the changes in its 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 3, 2013
Los Angeles, California

A stylized world map in light blue and white, with several green dots scattered across the continents, primarily concentrated in North America and Europe. The map is set against a background of overlapping light blue circular and diagonal shapes.

YEARS OF GLO

This year, the Prostate Cancer Foundation (PCF) is celebrating twenty years of progress in eliminating suffering and death for prostate cancer patients with advanced disease. PCF is the world's leading private funder of prostate cancer research dedicated to accelerating the world's most promising research and delivering better patient treatments and outcomes. Since 1993, PCF has generated more than



GLOBAL PROGRESS

\$530 million to fund more than 1,600 research projects at nearly 200 institutions in 16 countries. Our continually expanding global research enterprise brings together the brightest minds in prostate cancer research and other scientific areas to collaborate across borders and organization lines. **PCF is *the* source of HOPE for 16 million men and their families** around the world who are affected by this disease.

2012 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.



Premier TAKE AIM Partner



Biotechnology & Pharmaceutical Partners



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Founder and Chairman
Prostate Cancer Foundation

Emilio Bassini
Managing Principal
Bassini & Company

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James C. Blair
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Prostate Cancer Center
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Host, The Clark Howard Show
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