





PROSTATE CANCER FOUNDATION

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About the Cover

MANHOOD FOR GOOD

PCF has begun a promising and challenging new year. We look forward to fully leveraging our longstanding relationships, creating a consumer brand with global mass appeal and emotional resonance and putting platforms in place for meaningful consumer engagement.

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2014 was truly a banner year for tens of thousands of prostate cancer patients and for prostate cancer research. We are excited by the prospect of new discoveries and scientific breakthroughs, as well as by a new cohort of researchers who have dedicated their careers to our cause.

The theme of this year's Progress Report is taken from our prostate cancer awareness campaign that launched in September 2014: **"MANhoodforgood."** The campaign aims at increasing awareness and sounding a call to action: for men to "Get Checked" and for families and friends to "Spread the Word" about how critical and essential it is to know the facts about prostate health.

MANhoodforgood also offers the idea that the anthropological themes of manhood, including courage and heroism, competitive success, providing and nurturing and community cohesion can be translated into research that brings new treatments and diagnostics to prostate cancer patients which then extend into broader impacts on patients with other cancers and diseases.

Ending cancer deaths and suffering is among humanity's greatest aspirations for good.



bbb.org/charity

PCF meets all 20 of the Better Business Bureau's standards for charity accountability.



PCF has received a 4-Star rating from Charity Navigator, the highest honor attained by less than 25 percent of U.S. public charities.



PCF has been designated a Top-Rated Charity by Charity Watch.

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.



MANHOOD FOR GOOD: ADVANCING THE FIGHT AGAINST PROSTATE CANCER

Dear Friends:

When we launched PCF 22 years ago, prostate cancer was poorly understood and insufficiently funded, despite being the second most lethal form of cancer among men. More than 40,000 American men died from the disease in 1993, a number that was projected to increase dramatically as the baby boomers aged. Your support over the years has helped drive the mortality rate down by more than 50% from that projection, and it has changed the course of medical history by giving men diagnosed with prostate cancer longer and better-quality lives.

Your support has also helped PCF serve as a model for other disease-specific organizations that have adopted the practices we defined when we started, some of which include:

- Funding investigators early in their careers and encouraging them to pursue high-risk/high-reward research;
- Limiting award applications to 5 pages (so investigators can focus on research, not paperwork);
- Making decisions on applications within 60 days, and funding them in no more than 90 days;
- Hosting researchers at our Annual Scientific Retreat, and requiring awardees to share their findings with other researchers; and
- Getting patients, physicians, industry leaders, government agencies and academic medical research institutions *all* involved in the enterprise—an initiative we began with the first-ever Cancer Summit in 1995 and the subsequent 1998 March on Washington

Disease-specific organizations increasingly serve as engines of medical innovation. We offer that as a reminder that PCF's work not only saves, extends and improves men's lives, but also drives progress against *all* life-threatening diseases.

We've made great progress, as you'll see throughout this report, but there's still much work to be done for the 1 in 7 men who will be diagnosed.

2014 Accolades and Investments

Nearly 96% of all the money we raised in 2014 went directly to our research programs, which have increased in each of the past 5 years. That helps explain why we once again earned a perfect 4-star rating from Charity Navigator—the “Good Housekeeping Seal of Approval” for nonprofit organizations. We also added another badge in 2014 when Charity Watch listed PCF among its top-rated organizations on the basis of factors such as transparency, governance and financial efficiency.

In 2014, your research dollars funded 27 new Young Investigators as well as 20 Challenge Awards, which support a total of 120 individual investigators. These programs drive research across 19 countries into drug discovery, immunotherapy, nutrition, precision medicine and other areas where we expect high impact. And those investments continue to pay off: With more than 475 products at various stages, most of them with PCF's “fingerprints” on them, the prostate cancer pipeline is among the most robust across all diseases.

The Next Frontier: Precision Medicine and Big Data

Precision medicine offers great hope for prostate cancer and PCF is leading the way by serving as an international hub of collaboration and research data. The convergence of medicine and big data becomes more apparent each year, and we find ourselves sitting atop one of the largest stores of data ever assembled ... and it's growing exponentially.

New treatments will come from these efforts, and they'll affect not only prostate cancer but all life-threatening diseases. Twenty years ago, prostate cancer was understood as a single disease; we've since distinguished 28 types of the disease, each with unique genomic characteristics that require different approaches. While old models of taxonomy organized cancers by their body organs, new ways of sorting tumors—by their genetic fingerprints—allow for better targeting of treatments across all cancer types. In other words, the prostate cancer research we fund has enormous potential to help those with breast, colon and other forms of cancer.



Continuing the Quest in Immunotherapy

PCF's involvement in immunotherapy, which uses the body's own defense system to fight cancer, dates back 2 decades, when we funded the research of James Allison, PhD, then at the University of California, Berkeley. His work opened the field and led to the ground-breaking medication Yervoy®.

PCF has since funded other targeted T-cell immunotherapy programs, including those led by Nobel laureate David Baltimore, PhD, and Owen Witte, MD, at Caltech/UCLA, Carl June, MD, at the University of Pennsylvania and Stephen J. Foreman, MD, at the City of Hope Cancer Center. Each of these projects has the potential to cure metastatic prostate cancer, even when chemotherapy and hormones have proven ineffective.

Looking Forward

In 2015 we'll continue developing our "PCF Research Braintrust," a new initiative that will help us steer tomorrow's science, not chase it. The Braintrust is comprised of 9 clusters of Young Investigators, each focused on a specific aspect of the disease (e.g., nutrition, tumorigenesis), who share and review unpublished data to identify new research areas. The Braintrust will help us formulate the next generation of research questions.

One such question we hope to see answered in 2015 has vexed researchers for 17 years. We've long known that the "PTEN" gene regulates many diseases, including prostate, breast and brain cancer. What we did not know, however, was how to *do something about it*. PCF-funded researcher Richard Mithen, PhD, director of the UK's Institute of Food Research, made an important discovery in 2014 that may hold the answer. He found that glucoraphanin—an organic compound found in broccoli—can affect the PTEN gene and halt the proliferation of prostate cancer cells.

Another major opportunity in 2015 is the support and development of a new class of epigenetic drugs. Epigenetics, simply put, refers to the minute chemical reactions that affect gene expression; it's what we refer to when we say a gene is switched "on" or "off." Epigenetic drugs toggle the switch. A new class of these drugs, "iBETs," target some of the most powerful chemicals in the epigenome. Dr. Arul Chinnaiyan's

PCF-supported University of Michigan team has demonstrated how iBETs can choke off cancer cells at a more vulnerable point than available drugs.

We also remain focused on the disproportionate impact prostate cancer has on men of African descent. African-Americans, for example, are 2.4 times more likely than any other race or ethnicity to die of prostate cancer, they present earlier and with more advanced disease and they have higher PSA levels and rates of metastatic disease. Our African-American Initiative seeks to equalize patient outcomes. A Challenge Award we funded 2 years ago led to the discovery of a mechanism responsible for a treatment-resistant form of prostate cancer that's more prevalent among men of African descent. Cracking the code of this highly aggressive form of the disease will offer a scalable solution to control prostate cancer in general.

We are, as always, deeply grateful for the support and commitment of our directors, researchers, donors, PCF colleagues and our partners, including the Movember Foundation. Our partnership with Movember dates back 8 years, and in addition to raising money for PCF research (\$8.3 million in 2014), the organization has raised awareness through its innovative programs.

We're closer than ever to a world in which prostate cancer is viewed in the same light as polio or smallpox—a *disease primarily of the past*. Thanks to you—our friends, partners, patient-advocates and supporters—we're more hopeful than ever.

With sincere appreciation,

Michael Milken
Founder and Chairman

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



THE EVE OF BREAKTHROUGH: NEW DRUG TARGETS MEAN MORE LIVES SAVED

New Drug Targets Today, More Lives Saved Tomorrow

A wealth of recent research reports forecasts major scientific breakthroughs. This is an unprecedented

6 FDA-Approved Prostate Cancer Drugs in 4 Years:

- Provenge® (Apr. 2010)
- Jevtana® (Jun. 2010)
- Xgeva® (Nov. 2010)
- Zytiga® (Apr. 2011)
- Xtandi® (Aug. 2012)
- Xofigo® (May 2013)

time of significant medical discovery. Thanks in large part to the work of the Prostate Cancer Foundation, between 2010 and 2013, the number of drugs approved to treat prostate cancer doubled—taking us from just 6 drugs approved in nearly 30

years to *another 6 drugs* approved in *just 4 years*.

Of those 6 drugs, 5 were approved because they actually prolonged patients' lives, rather than just eased symptoms.

Despite these recent advances, our work is far from over. Whereas many prostate cancer patients diagnosed with early-stage disease can be effectively cured with surgery or radiation therapy, approximately 20% of patients will develop aggressive disease that will recur, progress and metastasize.

PROBLEM: Metastatic, treatment-resistant prostate cancer, a lethal form of the disease that is resistant to most first-line therapies, remains the number one cause of prostate cancer deaths in the United States.

Frustratingly, over the past 2 decades, while we have successfully reduced the overall rate of prostate cancer deaths by more than 50%, deaths from advanced prostate cancer remain the second most common cause of death from cancer in men.

Current therapies have helped make enormous strides against prostate cancer—particularly for localized

disease. However, none offers a permanent solution for lasting remissions that advanced prostate cancer patients urgently need. Surgery is effective only for localized disease. Chemotherapy is toxic to healthy cells and not always effective. Hormone therapy often produces initial patient responses, but most patients ultimately develop treatment resistance. Even next-generation androgen inhibitors, such as abiraterone and enzalutamide, which have shown improved efficacy in patients over earlier drugs, will eventually cease to control the disease.

What we need are revolutionary new solutions for prostate cancer—drugs that arrest progression entirely, eliminate tumors and put patients with the worst form of the disease into permanent remission. These solutions require approaches that not only will refine and expand prior discoveries, but will test brand new strategies against novel targets. Thanks to recent developments in biotechnology, this is truly a new era of prostate cancer discovery, the likes of which have not been seen since the advent of PSA testing in the 1990s.

PCF is uniquely poised to fully leverage this opportunity, and is currently spearheading global research on new targets that will ultimately realize long-term prostate cancer solutions. In the past year alone, the collective efforts of the PCF Research Enterprise have put 23 chemically distinct, “first-in-field” prostate cancer medicines in the pipeline.

What follows is a review of PCF's most cutting-edge treatment research.

Precision Medicine: Developing Targeted Therapies for Prostate Cancer Patients

A major challenge for successful treatment is that prostate cancer is a notoriously heterogeneous disease with a number of genetic subtypes. Currently, there is no failsafe method for distinguishing aggressive tumors from indolent ones, or predicting how tumors will respond to a given therapy. For this reason, there is no “one-size-fits-all” manner of treating prostate cancer. With no



clear way of predicting patient response, therapies are prescribed until they fail, and this trial-and-error approach often results in potentially damaging overtreatment—or worse, a waste of valuable time—for prostate cancer patients.

Precision medicine, or “personalized” medicine, is a new, transformative model of healthcare that is poised to revolutionize cancer treatment, and especially the long-term management of metastatic prostate cancer. This approach utilizes information in the DNA code of each tumor to predict the most effective course of treatment, whether FDA-approved or experimental. Precision medicine aims to improve

outcomes by tailoring treatment to individual patients’ unique disease and targeting their specific molecular alterations at the time of diagnosis.

Until very recently, the biotechnological capabilities necessary for such an undertaking were virtually nonexistent or prohibitively expensive. Recent advances in biotechnology now permit the relatively rapid and cost-effective characterization of tumors’ genetic profiles, providing an abundance of high-resolution data that can help predict the best course of treatment for prostate cancer patients. To fully leverage these advances, PCF has tasked 2 multi-

Chronological Summary of New Drug Approvals Granted by the FDA for Treatment of Prostate Cancer Includes PCF Contribution that Led to Approval

Drug	FDA Approval	Disease State	PCF Contribution
Emcyt® (Estramustine)	1981	Metastatic PCa	None
Novantrone® (Mitoxantrone + prednisone)	1996	Metastatic PCa	None
Lupron® (Goserelin acetate LHRH agonist)	1998	Locally advanced PCa	None
Zometa® (Zoledronic acid)	2002	Metastatic PCa	Funded survivorship studies uncovering declining bone mineral density with HT use, leading to the Phase III RCT, after which zoledronic acid was approved.
Taxotere® (Docetaxel)	2004	mCRPC	Funded Phase II studies run by PCF clinical investigators revealing that PCa was sensitive to docetaxel, leading to the Phase III RCTs, after which docetaxel was approved.
Firmagon® (Degarelix)	2008	Advanced PCa	None
Provenge® (Sipuleucel-T)	2010	Asymptomatic or minimally symptomatic mCRPC	Funded the Phase II study suggesting efficacy of immunotherapy in PCa, leading to the Phase III RCT led by a PCF clinical investigator after which sipuleucel-T was approved.
Jevtana® (Cabazitaxel)	2010	mCRPC after docetaxel	None
Xgeva® (Denosumab)	2013	Nonmetastatic PCa being treated with androgen deprivation therapy	Brought together the company that had patent rights on denosumab with bone biologists and an expert PCF clinical investigator. The company then turned its attention to PCa, and the Phase III RCT that led to approval was conducted by a PCF clinical investigator.
Zytiga® (Abiraterone)	2012	mCRPC after and before docetaxel	Funded the study that defined the mechanism of action of abiraterone, which generated enthusiasm for the Phase II and III trials led by PCF clinical investigators that led to approval.
Xtandi® (Enzalutamide)	2012	mCRPC after docetaxel	Funded the basic science research leading to our understanding that androgen receptor overexpression drives mCRPC, leading PCF-funded investigators to discover enzalutamide. The landmark RCT was led by a PCF investigator.
Xofigo® (Radium-223)	2013	mCRPC after docetaxel	None

Abbreviations: mCRPC = metastatic treatment-resistant prostate cancer; FDA = U.S. Food and Drug Administration; PCa = prostate cancer; PCF = Prostate Cancer Foundation; RCT = randomized controlled trial.

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Source: D’Amico A: “U.S. Food and Drug Administration Approval of Drugs for the Treatment of Prostate Cancer: A New Era.” J Clin Oncol, [epub ahead of print on Dec.16, 2013]





Treatment Options

There are currently 5 major categories of treatment for prostate cancer:

- 1. Active Surveillance** — This is a viable option that favors a “wait and see” approach versus immediate intervention and is ideal for men with low-grade, low-risk prostate cancer that appears low in volume.
- 2. Prostatectomy (surgery)** — When early-stage cancer is confined to the prostate, the surgical removal of the gland and some surrounding tissue can be effective for eliminating the disease from the body.
- 3. Radiation Therapy** — This treatment can be used both as an initial therapy and as a treatment for men with advanced or recurrent disease.
- 4. Hormone Therapy** — For men with advanced disease, hormone therapy deprives cancer cells of the fuel they need to grow and progress.
- 5. Chemotherapy** — Systemic therapy with medication that can be toxic. Chemotherapy is used to prolong the lives of patients who no longer respond to hormone therapy.
- 6. Immunotherapy** — By activating patients’ immune systems against cancer, immunotherapy allows the body to recognize and destroy tumor cells, and helps fight new tumors and malignancies.

disciplinary “Dream Teams” of precision oncology researchers. The International Dream Team, led by Arul Chinnaiyan, MD, PhD (University of Michigan), and Charles Sawyers, MD (Memorial Sloan Kettering Cancer Center), is currently assembling a data bank of prostate cancer genomics that surpasses anything previously created for cancer research. The West Coast Dream Team, led by Eric Small, MD (University of California, San Francisco), and Owen Witte, MD (University of California, Los Angeles), is conducting a large-scale molecular study of treatment-resistant tumors to assess how they utilize common cellular responses, known as adaptive pathways, to circumvent even the newest therapies for this disease.

It is no exaggeration to say that these Dream Teams are creating the world’s largest publicly available data bank on cancer patients to combine a complete genomic understanding of their tumors with comprehensive, correlated clinical characteristics. “Under the coordination of Dr. Chinnaiyan, Dr. Sawyers, Dr. Small and Dr. Witte, the Dream Teams have successfully afforded unprecedented access to prostate cancer genetics,” says Jonathan W. Simons, MD, president and chief executive officer of PCF. “This democratization of data will improve and expedite the appropriate treatment for all prostate cancer patients.”

The West Coast Dream Team has already collected biopsies from over 90 enrolled patients from the 5 clinical sites, and has begun a comprehensive molecular analysis of patient data. The team is currently developing clinical trials

to evaluate the adaptive pathways associated with metastatic prostate cancer, with the goal of identifying a combination of inhibitors that can stave off treatment resistance and prolong remission. Already, this work has proved fruitful and important discoveries have been made with regard to some of the most significant mechanisms of treatment resistance.

To date, the International Dream Team has systematically evaluated some 150 patients enrolled in 4 clinical trials for novel drugs for metastatic prostate cancer at 5 leading clinical centers, capturing a complete molecular snapshot of each patient’s cancer. Using advanced DNA sequencing, each patient’s changing tumor biology is continuously assessed in real time. This will help researchers identify factors that predict why a certain patient responds to a new drug—when another patient who, on the surface, seems to have the exact same type of prostate cancer, does not—as well as why some patients initially respond to a new drug and later develop resistance.

The team’s web-based portal offers the entire prostate cancer research community access to tumor biopsies, genetic sequences and information about resistance mechanisms and sensitivity biomarkers. This information is key for the development of new medicine and personalized therapies for prostate and other cancers.

Currently, the team has identified 9 distinct subsets of aggressive prostate cancer—each with a unique



molecular “fingerprint”—that could be targeted for a focused, individualized treatment. This would be an unparalleled accomplishment and a major step forward in the understanding and clinical management of metastatic prostate cancer. If we could decipher the molecular determinants of this extremely aggressive prostate cancer, we would have an extraordinarily scalable solution to control and end prostate cancer in general.

Fit to a T (Cell): Immunotherapy

The immune system is a key target for novel prostate cancer therapies. Under normal conditions, immune cells (T-cells) identify and attack foreign materials, including the proteins that are found on the surface of tumor cells. Prostate cancer, however, finds a way to “hide” from the immune system and evade detection, leaving cancer cells to proliferate unchecked. Immunotherapy helps T-cells recognize and eliminate tumor cells—leaving healthy cells intact—while producing a prolonged immune response that protects the patient against recurrence.

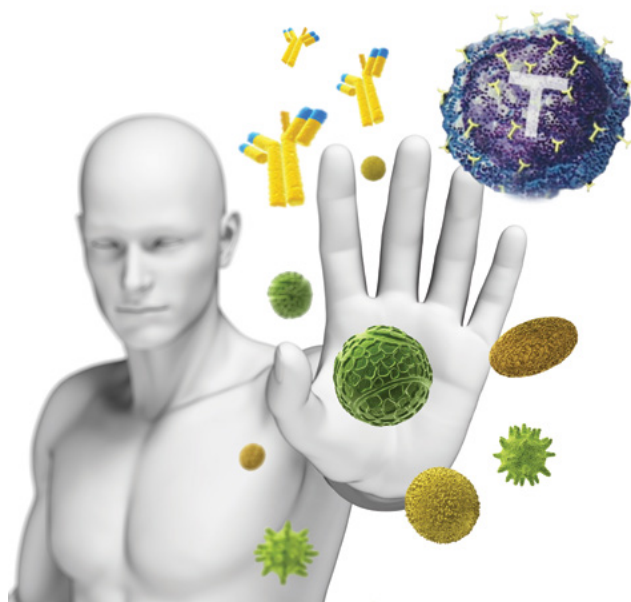
Such targeted immune therapies would greatly improve outcomes for patients suffering from advanced prostate cancer, without the debilitating side effects of conventional treatments. At a time when few people believed in the benefits of immunotherapy for cancer treatment, PCF saw an opportunity to invest in research that would enable us to harness a body’s own immune system to fight prostate cancer and other diseases. PCF has been the “market mover” in early-stage funding of human immunotherapy research, investing more than \$20 million to support the discovery and development of antibodies and therapeutic cancer vaccines and related therapies to boost a patient’s immune response against his specific tumor.

In the case of Provenge®, PCF first provided funding to Dr. Eric Small in 1999 to support clinical research measuring immune responses in patients treated with this immunotherapy. Dr. Small and his colleagues at UCSF provided important early data in patients for the development of Provenge® by Dendreon Corporation, the corporate sponsor of Provenge®. Dr. Small published his first results of Provenge® clinical testing in the *Journal of Clinical Oncology* in July 2000.

PCF also provided initial cancer research funding to James Allison, PhD (then at the University of

California, Berkeley), for research on ipilimumab in 1997. Three years ago, the FDA approved ipilimumab (Yervoy®) for the treatment of malignant melanoma. Since then, thousands of patients with 32 distinct types of human cancers have had access to ipilimumab through over 210 clinical trials, and we are awaiting clinical trial results in prostate cancer.

And this is just the beginning. PCF is currently funding 3 major immunotherapy initiatives and at least 1 new immunotherapy drug developed by PCF-sponsored scientists is likely to enter clinical trials this year. Carl June, MD (Perelman School of Medicine at University of Pennsylvania), who leads PCF’s All-Star T-cell Team, has reprogrammed T-cells to become chimeric antigen receptor (CAR) T-cells, which may recognize the specific protein (PSMA) associated with prostate cancer cells. In the laboratory, these modified “hunter” cells have shown potential to recognize and fight specific types of cancer cells.



Immune cells (T-cells) function to eliminate foreign materials from the body. However, prostate cancer finds a way to “hide” from the immune system and evade detection. Immunotherapy helps T-cells recognize and eradicate tumor cells.

Other PCF-funded projects are likewise advancing immunotherapy for prostate cancer. Challenge Award recipient **Stephen J. Forman, MD, and his team (Beckman Research Institute of the City of Hope)** are developing a new therapy to energize a patient’s own immune system to



recognize and kill prostate cancer cells. A Challenge Award team led by Nobel Prize winner David Baltimore, PhD (Caltech) and Owen Witte, MD (UCLA), is studying how T-cells recognize prostate tumors, to generate an effective, personalized T-cell gene therapy for prostate cancer patients. This work is expected to enter clinical trials in 2015.

Immunotherapy is truly going to offer lifelines to patients and will be a cornerstone of targeted treatment for prostate cancer. Our ongoing work will facilitate patient care with greater specificity than ever. The net effect of this research is not simply improving, but *saving* the lives of men with advanced prostate cancer.

DNA Damage Repair: Sparing the Innocent but Eliminating the Guilty Cancer Cell

Another prime target for new prostate cancer therapies is drugging the process of DNA damage repair. Breaks in DNA occur thousands of times during each cell cycle, and in normal cells, there are about half a dozen ways to combat DNA damage. Most of the time “broken” DNA can be repaired, but if the process fails, and too much damage accumulates, cells die.

Drugs that inhibit enzymes in the PARP (poly ADP ribose polymerase) family provide a targeted attack on cancer cells with deficient modes of DNA damage repair, and are likely to be one of the most important new weapons against prostate cancer in coming years. PARP is responsible for the repair of damage that occurs on a single strand of DNA. When PARP is absent, DNA replication can cause double-strand breaks, forcing cells to switch over to homologous recombination, another form of DNA repair that fixes errors in both strands.

The genes BRCA1 and BRCA2 are key players in homologous recombination. However, mutated BRCA genes prevent a cell from repairing itself via this process. By necessity, tumors with BRCA mutations rely on other modes of DNA repair, including PARP. However, if *both* of these mechanisms are defective, the cancer cells become overwhelmed with damage and die. Normal cells without deficient repair pathways are left relatively unaffected by PARP inhibition.

PARP inhibitors are an elegant solution for the thousands of patients with BRCA-mutated prostate tumors. Recent studies have shown that upwards of 20% of all advanced prostate cancers can be traced to aberrations in all related DNA-damage repair proteins, including BRCA1/2. J. Dirk Iglehart, MD, director of the Susan F. Smith Center for Women’s Cancers at Dana-Farber Cancer Institute, compares the situation to a pair of suspenders: “If one suspender is missing as it is in the tumor cell, all I have to do is cut one suspender and the pants fall down. But all the other cells still have another suspender.”¹

Research has further indicated that PARP inhibitors may also be

¹ From “PARP inhibitors on trial,” by Eric Bender. Dana-Farber Cancer Institute, 2011.



Getting Hairy to Beat Cancer

Since its inception in 2007, the partnership between PCF and the Movember Foundation has been instrumental in realizing innovative prostate cancer research programs. The Movember-PCF Challenge Awards are designed to make large investments to test first-in-field ideas that are expected to have near-term impact on patients. To date, the Movember Foundation has donated more than \$39 million to PCF.

The 7 new Challenge Award winners for 2014 are all involved in important clinical research focused on advanced prostate cancer. They are testing novel medications for treatment-resistant prostate cancer, pursuing immunotherapy projects and studying new diagnostic tools that may contribute to tailored treatments—complementing the work of the Dream Team.

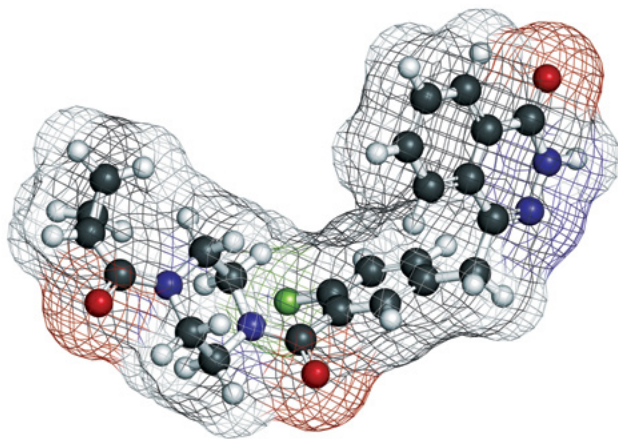
For example, one project, led by Kenneth Pienta, MD, of Johns Hopkins University School of Medicine, tests Targeted Niche Therapy (TNT), a bold strategy for eliminating prostate cancer in bone. Bone metastatic prostate cancer is the most lethal form of the disease. Dr. Pienta’s study will treat participants with a drug designed to release tumor cells from the bone, followed by chemotherapy to kill those detached tumor cells. A true cure for bone metastatic disease would mean thousands of lives saved each year.



effective for tumors that have lost the tumor suppressor gene PTEN.

Conventional modes of treatment, such as chemotherapy and radiation, likewise overwhelm a cell's capacity to repair DNA damage; however, these methods are toxic and systemic, posing a number of harmful side effects to other rapidly dividing, healthy cells in the body. In this regard, PARP inhibition theoretically affords a number of advantages, localizing the DNA damage to cancerous areas and sparing healthy tissue.

Recognizing the importance of PARP inhibitors, PCF is funding a number of research projects designed to assess the applications, possibilities and limitations of these medications. Challenge Award recipients [Karen E. Knudsen, PhD \(Thomas Jefferson University\)](#), [Felix Feng, MD \(University of Michigan\)](#), and [Johann de Bono, PhD \(Royal Marsden Hospital\)](#), are currently testing the efficacy of the PARP inhibitor olaparib in metastatic prostate cancer in a study that is nearing Phase III clinical trials. A second Challenge Award project, led by Christopher Barbieri, MD, PhD (Weill Cornell Medical College), is testing PARP inhibitors in prostate cancer patients harboring mutations in the gene SPOP, which is thought to cause 15% of prostate cancers. Finally, [Maha Hussain, MD \(University of Michigan\)](#), is testing the use of PARP inhibitors in combination with other agents to enhance patient benefit.



Chemical structure of olaparib, a PARP inhibitor that is being tested in metastatic treatment-resistant prostate cancer.

A Great BET

Another molecular approach to treating treatment-resistant prostate cancer is epigenetic therapies. These therapies target epigenetic changes—tiny chemical stickers that accumulate over time and control genetic expression. These changes are responsible for leaving bad genes switched “on” in prostate cancer, and contribute to poor disease outcomes. But epigenetic changes can also be reversed with experimental drugs.

In 2014, research supported by PCF identified a highly promising new class of drugs called iBETs, which put the brakes on the activity of some of the most powerful chemicals in the epigenome, proteins in the bromodomain (BRD) and extraterminal (BET) families. Right now, thanks to the prodigious work of [Dr. Arul Chinnaiyan's team at the University of Michigan](#), there are 4 different iBET-family drugs with unique chemical structures headed toward clinical trials in prostate cancer. The team has shown that these drugs choke off a key pathway for prostate cancer's survival at a more vulnerable point than even the best current therapies, including abiraterone (Zytiga®), Lupron® and enzalutamide (Xtandi®). While we are now celebrating over 70,000 North American men treated with enzalutamide, approved in 2013, we look forward to more patients benefiting from better agents out of our iBETs research in the years to come.

The Future is Now

The solution to prostate cancer will not be found in a single magic pill. But the day when advanced prostate cancer can be precisely managed is on the horizon and within our grasp. The future of prostate cancer treatment—and of treatment for many other types of cancers—requires not only evolutionary approaches, which build on previous finds and results, but also revolutionary approaches that test something brand new. Our knowledge and understanding of prostate cancer has grown exponentially over the past year. Because of this we have identified new ways to tackle the complexity that this disease presents. Over the next several years, we expect that investigations by PCF-funded researchers will change the lives of thousands of prostate cancer patients—and thus the course of medical history. 📌



A NEW GENERATION OF RESEARCH PIONEERS DELIVER LIFE-SAVING SOLUTIONS

Among funding organizations, PCF is distinguished through its outreach to early-career scientists.

The Young Investigator Program gives recent MDs and PhDs the opportunity to conduct breakthrough research at a critical point in their careers as professional scientists. For these researchers, the first 7 or so years following the conferral of the terminal degree is a precarious and uncertain time. Academic positions are in short supply, and opportunities for research funding for junior scholars are sparse in the current climate of shrinking government funding. In many ways, this period represents a serious bottleneck characterized by heavy “sink or swim” undertones.

PCF views this bottleneck as a unique opportunity to tap vibrant young minds, regardless of their field of study, and channel their talents toward prostate cancer research. Since its inception, the Young Investigator Program has awarded 153 early-career researchers and has become a cornerstone to the Foundation’s research model. In 1993, when a career in prostate cancer research was considered a dead-end profession, a talented few were willing to take the risk when PCF provided key funding. Today, we have as vibrant a field as any in life sciences and we have seen an extension of life and better treatments for all prostate cancer survivors.

Young Investigator Awards are instrumental in achieving this goal by helping us build more human capital. These 3-year awards jump-start the research careers of recent PhDs and MDs, and are game-changing investments that attract and retain innovative research talent. As part of the program, grantees are mentored by scientific leaders in the field, and awards are matched dollar for dollar by the researcher’s institution. This emphasis on creative science, mentorship and professional development is what distinguishes PCF from other funding organizations.

Taking Risks To Improve Patient Outcomes

The goal of the Young Investigator Program is to identify exceptional scientists, early in their careers, who will pioneer and transform new biotechnologies into saving the lives of prostate cancer patients.

Encouraging creative, out-of-the-box thinking from early-career scientists, who are often encouraged to follow established lines of research, is a defining characteristic of the Young Investigator Program. Joshua Lang, MD (University of Wisconsin Carbone Cancer Center), who is working on how to make tumors more recognizable to the immune system, pinpoints this feature as one of the most unique aspects of the Young Investigator Program. “For large government organizations, such as the National Institutes of Health (NIH), there is a prescribed path for career development,” he says, describing the conservative nature of traditional funding organizations and the challenges that poses for exploring novel ideas as a recent graduate. “PCF is much more nimble than other organizations. It responds rapidly to new ideas, funds faster and has established the Young Investigator Program as the optimal place for taking risks.”

These risks have paid enormous dividends, and discoveries made by Young Investigators are now reaching and improving the lives of prostate cancer patients worldwide. Since 2008, Young Investigator Award recipients have been responsible for newly FDA-approved medicines, pioneering discoveries related to prostate cancer diagnostics, disease progression and the development of treatment resistance. This includes the discovery of a gene fusion associated with prostate cancer, known as TMPRSS2:ERG, and the development of a diagnostic urine-based test with a specificity far greater than current screenings for prostate-specific antigen (PSA).

The opportunity to impact medical history is a major factor that makes the Young Investigator Program so attractive to scientists, and their enthusiasm is evident. Lauren Harshman, MD (Harvard Medical School and Dana-Farber Cancer Institute), is a medical oncologist who is testing a novel combination therapy in a Phase I clinical trial. “The study epitomizes the translation of basic science discoveries to the bedside with a novel drug combination that may attack resistance mechanisms and improve responses and disease control for our patients,” she says. “To take these



PCF-Funded Pioneer Researchers



- **June M. Chan, ScD**
University of California,
San Francisco,
San Francisco, CA



- **Andrew Goldstein, PhD**
University of California,
Los Angeles,
Los Angeles, CA



- **Lauren Harshman, MD**
Harvard Medical School
and Dana-Farber Cancer
Institute,
Boston, MA



- **Joshua Lang, MD**
University of Wisconsin
Carbone Cancer Center,
Madison, WI



- **Alexander Wyatt, DPhil**
Vancouver Prostate Centre,
Vancouver, BC

discoveries to the clinic, validate them and ultimately improve patient outcomes is what excites and drives me,” she adds.

Researchers Credit Success to Mentorship

In the 1990s, leading researchers created a legacy as mentors with hundreds of new, young, top scientists entering the field. Over 2 decades later, mentorship remains a key element of the Young Investigator Program. Outstanding researchers, PCF believes, are borne from exceptional educators and mentors. Many of these researchers credit their success to good mentorship, something that is hard to find once they are no longer in graduate school and are applying for senior research grants.

“NIH and NSF (the National Science Foundation) are massive, and it’s often hard to figure out where to go or who to talk to,” says Dr. Lang. “PCF is a one-stop shop and the leadership guides you in the necessary directions. I consider Dr. Soule and Dr. Simons among my mentors.”

June M. Chan, ScD (University of California, San Francisco), is likewise thankful for the support and guidance she received directly from Drs. Soule and Simons. As an epidemiologist, Dr. Chan’s research focuses on the relationship between lifestyle and survivorship in prostate cancer. After receiving a CaP CURE Award in 1998 (an earlier iteration of the Young Investigator Award), subsequent research on exercise and prostate cancer—while of interest to PCF—did not fit its main funding mechanisms. Nevertheless, she credits members of the Foundation with helping her secure funds for what they felt was important research. “Even when it was something they couldn’t fund, they shopped our ideas around and made matches,” she says. “The major NIH grant I have now, which is focused on exercise, is based on a collaboration with people I was introduced to by PCF.”

In addition to the numerous thought leaders and internationally renowned scientists that researchers count as their advisors, “the greatest mentor is PCF itself,” says



Alexander Wyatt, DPhil (Vancouver Prostate Centre), who studies the molecular changes associated with the worst forms of prostate cancer. “They are truly invested in us and our successes.”

Dr. Chan agrees. “My project was not directly funded by PCF, but PCF believed in it and championed it.”

PCF Pioneers Comprise Global Research Community

In their award offer letters, newly minted Young Investigators are welcomed to the PCF Research Family. Though she received her award 17 years ago, this is something that has stuck with Dr. Chan throughout her professional career. “I still remember the wording of that letter,” she says. “At the time, I thought that was a funny way to put it, but in reality, it couldn’t have been more accurate. Many of my close colleagues have come from my PCF connections and people I have met through Jonathan [Simons] and Howard [Soule].”

Andrew Goldstein, PhD (University of California, Los Angeles), a stem cell biologist who studies the tumor microenvironment, echoes this sentiment. “In other areas, someone might be lucky to find funding, but they aren’t brought into a community,” he says. “PCF integrates you into the community of established investigators all over the world. Even if we aren’t formally collaborating, we are always inspiring each other.”

The annual Scientific Retreat, a venerated PCF tradition, offers opportunities for interaction and idea exchange that are difficult to come by and virtually nonexistent at large, discipline-wide conferences. “Because it’s still somewhat small compared to other meetings, you get to see this amazing wealth of new and unpublished data and meet so many other investigators,” says Dr. Harshman, describing her retreat experience. “You hear about their successes, but perhaps more importantly about the false starts and failed trials. Those rarely get published, but they can prevent another investigator from going down the wrong path and wasting important time.”

Dr. Wyatt points out that, for a young scientist, the retreat is a singular opportunity to network and interface with senior researchers: “You see other thought leaders present, and then afterwards have dinner with them and discuss ideas.” The retreat has also enabled him to

connect with other young scientists in the field and meet new peers. The net effect of these interactions is a healthy competition, friendship and mutual respect, he says.

It is not only the Scientific Retreat that brings researchers together; many researchers meet monthly, if not more often, in PCF working groups and journal clubs. The vast majority of these meetings are conducted virtually by conference call, coordinated at the Foundation’s Santa Monica, CA, headquarters by Andrea Miyahira, PhD, PCF’s Manager of Scientific Programs.

“The Young Investigator working groups were initiated with the goal of fostering collaboration and community among the next generation of prostate cancer researchers, who we are entrusting with the future of science and medicine,” says Dr. Miyahira. “There is nothing that puts you closer to the heart of research than talking directly to the researcher.”

Dr. Goldstein describes these group calls as one of the most exciting aspects of his relationship with PCF. “None of this dialogue would be happening without PCF,” he says. “Working with people across the country enables us to put things together and build formal collaborations. And informally, the support we receive from each other is very important and inspiring.”

New Breakthroughs for Years to Come

In many ways, the Young Investigator Program is not about simply putting research funds into the hands of early-career scientists. It is about creating a sustainable model for scientific discovery that ensures that new breakthroughs will continue for years to come. By providing the initial funding to a select group of promising researchers, PCF has created a powerful network of some of the most innovative scientists worldwide. Leveraging their PCF awards, these young researchers are able to compete for large senior grants, develop and direct their own research programs and even serve as mentors to future generations of Young Investigators. PCF is especially proud of its Young Investigators who have gone on to become mentors themselves.

Dr. Chan’s career is illustrative of this model. In addition to receiving 15 grants and awards since 1998 (including 2 additional PCF awards), she has mentored more than 25 students, post-docs and faculty—including 2



subsequent PCF Young Investigators—as Professor of Epidemiology & Biostatistics and Urology at the UCSF School of Medicine.

Dr. Wyatt is unequivocal in his narration of how the Young Investigator Program helped him transition to the next phase of his professional career. He describes receiving his award in 2012, when he was a post-doctoral researcher working on “one aspect of prostate cancer.” Three short years later, he is impressed at “how PCF funding credentialed me and got me autonomy to do my own projects and the recognition of my peers, even at the international level.”

When asked what advice they would give to aspiring scientists, many echo the principles that PCF imparts to its researchers, such as passion, creativity and mentorship.

Says Dr. Lang, “you have to dream and then connect with mentors who will help you realize those goals.”

“Choose something you are passionate about, but also keep an open mind and don’t turn down new opportunities just because you are unfamiliar with a topic. Be proactive about finding good mentors and soliciting advice,” says Dr. Chan.

“You have to really love what you do to stay in this field,” adds Dr. Harshman, who also encourages

her students to take advantage of all training opportunities. “We need it all: basic scientists, epidemiologists, statisticians, trialists, clinicians to care for our patients and think of reverse questions from the bedside to the bench and those rare breeds of translational researchers who can have one foot in both the lab and the clinic.”

They also look forward to what lies ahead. “When you are in that in-between stage, before you’re an established investigator and able to compete for big NIH grants, PCF gives you the opportunity to do research you’re passionate about,” says Dr. Goldstein, who has just completed the 3-year funding period of his award. “For me, the next step is to become an assistant professor and compete for an NIH grant. And it would be a huge honor to one day serve as a mentor to future Young Investigators.”

For many, daily inspiration comes from PCF’s focus on patients, who are the heart of the research. The overarching desire to deliver new treatments to patients is what creates an entirely unique atmosphere for early-career scientists. “PCF truly creates an environment in which researchers can thrive,” says Dr. Lang. “They recognize that it takes novel ideas to rapidly change patient care, and by taking these ‘chances,’ PCF has been a part of every major advance in prostate cancer.” 📌

THE IMPACT OF PHILANTHROPIC SUPPORT

To keep the pace of progress moving rapidly and ensure new breakthroughs for years to come, PCF invests in the next generation of promising young scientists through the Young Investigator Program. Named donors make a minimum donation of \$75,000 per year for up to 3 years for each Young Investigator. Our generous family of donors allows us to meet urgent funding needs with the highest potential for near-term benefit to prostate cancer patients. Philanthropic investments in PCF’s Research Enterprise enable innovative research to improve, lengthen and potentially save the lives of millions of men with prostate cancer. Giving back to the community and an opportunity to impact medical history are what motivate PCF’s donors, along with the potential for new discoveries and developments that result in less overtreatment and more lives saved across the globe. One of PCF’s achievements has been that discoveries in prostate cancer now extend to saving lives affected by other forms of cancer (lung, breast, colon, pancreas, bladder and renal cell cancer).



A LABOR OF BROTHERLY LOVE AND A PASSION FOR A CAUSE



What does it take to ignite an entrepreneurial business approach to philanthropic giving and inspire an entire city to impact medical discovery?

Over the past 7 years, the city of Philadelphia has become a renowned leader in immuno-oncology. Philadelphia’s success in this pioneering field, which harnesses patients’ own immune systems to fight cancer, has been a source of inspiration for real estate developer Neal Rodin, who has parlayed his entrepreneurial spirit into scientific breakthroughs. His tireless philanthropic efforts have raised approximately \$7 million for the Prostate Cancer Foundation, and by mobilizing the entire city for this cause, he has effectively made Philadelphia a nexus of prostate cancer discovery and created an everlasting legacy.

“To really believe in something, and see its impact on the lives of so many, has been an incredibly rewarding experience.”

— Neal I. Rodin

Lifelong Philadelphia resident Rodin subscribes to PCF Founder and Chairman Michael Milken’s model of venture philanthropy—an approach that identifies and rapidly funds the most promising research projects. Motivated by a desire to make a difference in his community, he was not content to simply donate and observe from afar. From his perspective, Rodin reasoned that the best approach to a lasting impact would be to infuse the same concepts and techniques that made him a successful businessman into philanthropic activities. His



sincere desire is to funnel much-needed resources directly into leading research laboratories in the Philadelphia area.

When it comes to creating something meaningful and long-lasting, Rodin's passion is palpable. His initial goal was to grow an event that would be attractive to donors and provide valuable insight and support to the mission of the Prostate Cancer Foundation. What started as an intimate dinner among friends first expanded to include a round of golf, then grew to become a much-anticipated local event. Currently,

the event includes a business panel comprised of local Philadelphia talent and fame, as well as a medical panel featuring Philly's outstanding medical researchers, moderated by PCF President and CEO Jonathan W. Simons, MD, and the organization's Chief Science Officer, Executive Vice President Howard R. Soule, PhD. Rodin has adopted the PCF Young Investigator Program to raise funds in 3-year commitments, as PCF has done in other cities. A partnership with the 76ers has enhanced community enthusiasm and hometown spirit. Today, the event includes golf, the medical panel, the business panel, a dinner and auctions.

For Rodin, who currently serves on PCF's Board of Directors, the Philadelphia event is a labor of love fueled by a passion for a cause that he sincerely believes in, and its success can be measured in the research it funds. While the money raised for PCF was originally intended to fund research at hospitals and cancer centers in the greater Philadelphia area, the success of the event has enabled the funding of investigators in other cities as well. To date, the event has funded 13 PCF Young Investigators along with several other research programs. Together, these efforts have resulted in a tangible impact on the treatment of all prostate cancer patients, even those suffering from the worst forms of the disease. "Our success is truly in the research," says Rodin with pride. "To find a cure, we need the right scientists and PCF selects the very best researchers to fund. We are fortunate that we have the time and money to further their breakthroughs."

One of the researchers funded through the Philadelphia event is Carl June, MD (Perelman School of Medicine at University of Pennsylvania), who received a Ben Franklin-PCF Special Creativity Award in 2012. Dr. June, a pioneer in the field of immuno-oncology, has successfully "reprogrammed" immune cells that have been extracted from patients, turning them into cancer-fighting agents. These genetically engineered immune cells, known as CAR T-cells, are infused back into the patient to potentially "hunt" cancer cells.

In 2009, Karen Knudsen, PhD (Thomas Jefferson University), received the Charlie Wilson-PCF Creativity Award, which supported her research on DNA damage repair. Specifically, she studied ways to prevent tumors from repairing damaged DNA—lacking this ability, cancer cells become overwhelmed with DNA damage and die. With funding from the Philadelphia event, Knudsen and her colleagues discovered that prostate cancer cells rely on a protein called PARP1 to survive



Neal I. Rodin


- President, International Financial Company, international financing and investing, since 1975
- Managing Director of the Rodin Group, international real estate investment, since 1988
- Director of Republic First Bancorp, Inc., and its subsidiary, Republic Bank, 1988–2012
- PCF Board member since 2013



and proliferate. In addition to repairing the DNA damage that occurs when tumor cells divide, PARP1 is also required for prostate cancer cells to respond to the hormones that drive cell growth. This was a transformative discovery, as prostate cancer cells of all stages are reliant on male hormones to grow, survive and metastasize.

Agents that suppress PARP1 activity have been developed, and by using sophisticated new ways to test tumor responses, Dr. Knudsen's laboratory showed that these new compounds can block tumor growth and cause their death. These compounds also improve response to hormone deprivation therapy, commonly used as a first-line treatment for advanced disease. Based in large part on Knudsen's findings, new clinical trials were designed, and results show that these compounds may also help extend survival when used in combination with conventional therapies.

Talking about the research he has helped realize "brings tears to my eyes," says Rodin. "To really believe in something, and to see its impact on the lives of so many, has been an incredibly rewarding experience." Beyond funding individual investigators and teams of researchers, Rodin is especially proud of the vibrant research community that the Philadelphia event has helped to cultivate. Local PCF-funded researchers, who once met once a month, now proactively meet as often as needed to collaborate, discuss their projects and share discoveries, which in turn leads to new ideas, solutions and directions for future investigations.

In many ways, Rodin has helped create a new model for mobilizing communities—large or small—against life-threatening diseases like prostate cancer. Guests are especially energized because they know exactly where their donations are going, and they even get a chance to meet and interact with the local researchers they fund. From funding to finding, his business approach, fueled by a love for his hometown, has brought PCF increasingly closer to the ultimate goal of more cures for this disease. 

PCF Young Investigators in Philadelphia funded by Philly Against Prostate Cancer

- **Robert Den, MD**
Thomas Jefferson University
- **Jihyun Lee, PhD**
University of Pennsylvania
- **Timothy Showalter, MD**
Thomas Jefferson University
- **Matthew Schiewer, PhD**
Thomas Jefferson University
- **Nicole Simone, MD**
Thomas Jefferson University
- **Kosj Yamoah, MD, PhD**
Thomas Jefferson University

PCF Young Investigators outside of Philadelphia funded by Philly Against Prostate Cancer

- **Nathaniel Brennan, PhD**
Johns Hopkins University
- **Jeremy Durack, MD**
Memorial Sloan Kettering Cancer Center
- **Charalambos Kaittanis, PhD, MSc**
Memorial Sloan Kettering Cancer Center
- **Niv Papo, PhD**
Ben-Gurion University of the Negev
- **Jinjun Shi, PhD**
Harvard Medical School, Brigham and Women's Hospital
- **Matthias Stephan, MD, PhD**
Fred Hutchinson Cancer Research Center
- **Kathryn Wilson, ScD**
Harvard School of Public Health

Other awards funded by Philly Against Prostate Cancer

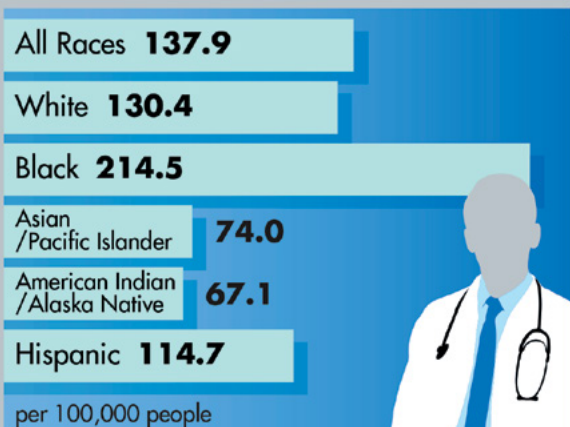
- **2011 Ben Franklin-PCF Creativity Award**
led by Ulrich Rodeck, MD, PhD
Thomas Jefferson University
- **2012 PCF Creativity Award**
led by Carl June, MD
Perelman School of Medicine,
University of Pennsylvania
- **2013 PCF Special Challenge Award—
The African-American Research Initiative**
Cleveland Clinic Foundation,
Minority Men's Health Clinic



HEALTH DISPARITIES IN PROSTATE CANCER

While all men are at risk of developing prostate cancer—in the United States, prostate cancer affects 1 in 7 men—recent research has demonstrated that some men are at greater risk than others. In the United States, men of African descent are more likely to develop prostate cancer than men of any other race or ethnicity and are nearly 2.4 times more likely to die from the disease. **Prostate cancer patients of African descent present with higher-grade disease, are younger, have higher PSA levels and have greater incidence of metastatic disease across all age groups, compared with Caucasian men. Research is urgently needed to discover the causes of exceptionally aggressive prostate cancer in men of African descent.**

Prostate Cancer, U.S. Incidence by Race/Ethnicity



No matter who you are
Get Checked!

Source: National Cancer Institute/SEER Database 2008-2012 and Prostate Cancer Foundation

Current as of May 2015.

correlated with lifestyle and ideology, which may affect healthcare-seeking behavior and other environmental factors. Tied to lifestyle and related to various sociological dynamics, obesity is a predominant factor. Importantly, obesity appears to have a disproportionately greater effect on promoting prostate cancer growth in men of African descent compared with Caucasian men. The reasons are still unknown. Extensive research suggests that weight loss in obese men of African descent may help to normalize their disproportionate burden of aggressive disease.

Armed with this information, PCF researchers are working tirelessly to equalize patient outcomes. Research published in 2014 has zeroed in on certain genetic factors that may contribute to elevated risk for men of African descent. The analysis of prostate tumor biology has indicated a series of significant molecular differences between the cancers of men of African descent and Caucasian men. Specifically, men of African descent tend to harbor a genetic mutation, known as SPINK1 overexpression, which is associated with more aggressive prostate cancers that require immediate intervention and close monitoring.

PCF Researchers Working to Equalize Patient Outcomes

In 2014, a number of PCF-funded researchers reported on the complexity of prostate cancer in men of African descent at our annual Scientific Retreat in Carlsbad, CA, and helped to shed light on the factors that underlie differences in risk across populations. Researchers determined that, in addition to genetic and biological associations, self-identified race/ethnicity is

In 2013, PCF issued a \$600,000 Special Challenge Award to a cross-disciplinary team of researchers who discovered one of the mechanisms responsible for the treatment-resistant prostate cancer that is more common among patients of African descent. The team, led by George Stark, PhD, and Eric Klein, MD, of the Cleveland Clinic and Karen Knudsen, PhD, of Thomas Jefferson University, observed that some prostate cancers are more resistant to radiation therapy and chemotherapy than others. Tumors that are



resistant to radiation express a small group of proteins, termed the IRDS response, that enable them to survive better than normal, healthy cells.

This year, the team determined that patients of African descent have a much higher probability of expressing the IRDS proteins than patients of European descent. Research on IRDS proteins could fast-forward more curative treatments with radiation for men of African descent with prostate cancer. This is due to the genetically determined predisposition of patients of African descent to express high levels of one specific interferon, called interferon lambda 4, which is correlated with a worse prognosis. Currently, the team is working to better understand how best to analyze the IRDS response in all patients, so they can better predict patient outcomes and, eventually, develop strategies to overcome treatment resistance.

Obesity disproportionately affects men of African descent, who have up to twice the risk of developing prostate cancer in comparison with Caucasian men with a similar body mass index (BMI).

Awareness Begins at Home: Mobilizing Communities Against Prostate Cancer

PCF also recognizes that a significant roadblock to improving survival outcomes is a lack of awareness. One organization that recognizes the importance of educating local communities

and spreading awareness is the Indiana Commission on the Social Status of Black Males (ICSSBM). Each year, this group spearheads the Indiana Black Barbershop Health Initiative—an

annual event promoting education about prostate cancer and other diseases that disproportionately affect the male population of African descent. This initiative invites men to take control of their health and take action

against chronic diseases that are particularly prominent among men of African descent.

When the program was initiated in 2011, 6 Indiana cities were supported by this event.


Eighty barbers from 30 local barbershops participated in raising awareness by offering free services while local community partners provided free health screenings and educational materials. Now in its fifth year, the event continues to

grow, serving local communities across the state. In addition to the distribution of health education materials and healthy-eating cookbooks, free blood pressure and blood glucose screenings are provided by the event's medical volunteers. It is estimated that over 1,000 men received free screenings during the 2015 program.



Evansville, Indiana, Human Relations Commission Executive Director Diane Clements-Boyd (left), James E. Garrett, Jr., Executive Director of the Indiana Commission on the Social Status of Black Males (center) and Kerseclia L. Patterson, Academic Outreach Coordinator for Southwest Indiana AHEC (right) at the kick-off event for the Indiana Black Barbershop Health Initiative, March 27, 2014.

Photo and images courtesy: James E. Garrett and Darren M. Thomas (ICSSBM).

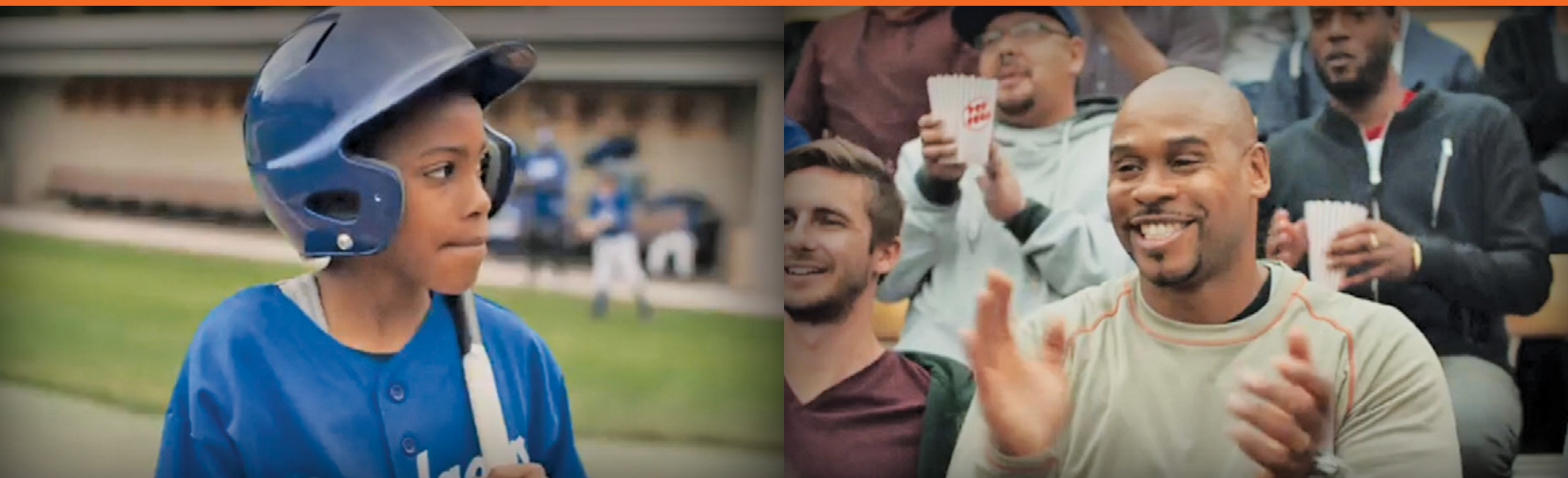
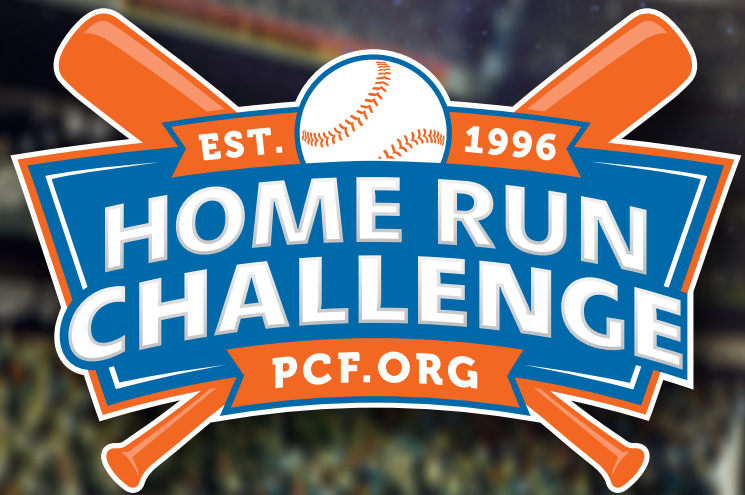
In 2015, research among patients of African descent will continue to be a highly significant priority for PCF. This work will ultimately benefit all men battling the disease. 



PCF & MLB Celebrate

2015 marks the 20th season of the partnership between Major League Baseball (MLB) and the Prostate Cancer Foundation (PCF), a relationship that has raised approximately \$45 million through the MLB-PCF Home Run Challenge. MLB-PCF's "Keep Dad in the Game" Home Run Challenge, over its run of 1,200 games leading up to 19 Father's Days, has created hope and awareness for millions of U.S. men.

In 2014 there were 148 home runs hit, raising nearly \$13,000 per home run for a total of approximately \$1.9 million for ground-breaking research. That investment has helped to reduce U.S. prostate cancer deaths by more than 50%.



20th Season Together



Our 20-year partnership with MLB has been vital and life-saving, and we are excited to augment this relationship even further by giving MLB the visibility it deserves for its impactful support, resulting in extraordinary medical achievements. No sport has done more in seeking to find the cure for prostate cancer than Major League Baseball.

An added marketing element is a 30-second public service announcement video (see some images below) that depicts how Dad is always right there for the growing years of his son as he learns the game of baseball, and concludes with his adult son being there for Dad when he is in a doctor's waiting room. The call to action is to donate to the Home Run Challenge to help PCF find a cure.

Public Service Announcement created and produced by POSSIBLE



A SURVIVOR'S APPEAL FOR SUPPORT

Photo courtesy Drew Pinsky, MD

**GUYS:
DON'T PUT
IT OFF LIKE I DID.
GET CHECKED.**

— DR. DREW —

#MANHOODFORGOOD



Dr. Drew Pinsky, host of “Dr. Drew On Call” on HLN, PCF Director and prostate cancer survivor.

While each patient’s battle with prostate cancer is an individual one, my experience is hardly unique. My story began 4 years ago, back in 2011, when my wife Susan literally begged me to see a doctor for a physical exam. At the time, I was dismissive—even incredulous at this suggestion—even though 2 of my close relatives, my father and uncle, had both been diagnosed with prostate cancer. *I’m a doctor!* I thought, what’s the point in visiting *another* internist for a physical exam? But Susan was insistent, and so, against my instinct, I went. I was surprised when my routine blood work revealed something unexpected: my PSA had risen from 1 to 4. My doctor advised me not to worry; an ultrasound revealed prostatitis, so he prescribed some antibiotics. I felt I was in the clear.

However, when my PSA levels remained elevated despite treatment, my doctor was prompted to look further. A subsequent biopsy revealed a new diagnosis: prostate cancer. Following the initial diagnosis, I was on a program of active surveillance, also known as “watchful waiting,” for 2 years while my doctor monitored the status of the tumor. Ultimately,

upon observing some suspicious changes in the tumor, my doctor was no longer comfortable with active surveillance, and strongly urged surgery.

My doctor’s discomfort with the situation was good enough for me, and, trusting his judgment, I underwent surgery in July 2013. While many of you were celebrating the 4th of July, I was at home on my couch recovering from a radical robotic prostatectomy. Four hours of surgery had left me in great pain, without an appetite and in need of help from my college-age son, Jordan, to get up and lie down. But I was cancer-free for the first time in at least 2 years. I have since made a full recovery and returned to all of my normal activities with no lasting adverse effects. The

only remnant of cancer surgery is 6 small scars on my torso, and they are fading fast.

In September, to celebrate the launch of the **MANhoodforgood** campaign and raise awareness for prostate cancer, I filmed a PSA with Susan urging men to “get checked.” Throughout this experience, I have been grateful for the support of my wife, and I now have the opportunity to support other men with this exceedingly common disorder from the perspective of a patient. I have had the great privilege of supporting other men through their journey with prostate cancer and I have had the opportunity to become active with the Prostate Cancer Foundation. I am increasingly convinced that the research we are funding has and will continue to provide breakthroughs that will transform the prognosis not only for prostate cancer, but for many other malignancies as well.

Drew Pinsky, MD



SUPPORTING CURES

It is estimated that there are nearly 3 million American men currently living with prostate cancer. To support the urgent need for better treatments and cures, the Prostate Cancer Foundation offers individuals and charitable foundations various options for becoming involved and supporting crucial research.

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

Blue Ribbon Society

- Join our elite group of recurring donors with an automatic monthly payment using a credit card, debit card or bank account.

Memorial or Tribute Gifts

- Honor the memory of a loved one or celebrate the accomplishments of a friend or family member by helping others with a tribute gift.
- If desired, PCF can also set up a special webpage to honor your loved one and collect donations.

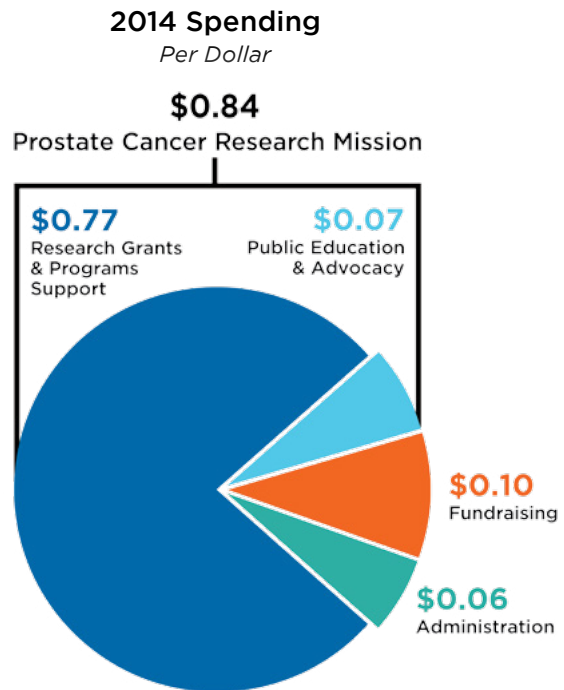
Matching Gifts

- If your company offers an Employee Matching Gifts program, you can make your hard-earned dollars go twice as far with a matching gift to PCF.

Other Gift Suggestions

- Gifts of stock
- Remember PCF in your will.
- Name PCF as a beneficiary of your IRA or life insurance policy.
- Federal employees and retirees participating in the Combined Federal Campaign (CFC) can designate PCF as a beneficiary.

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



PCF Research Awards

PCF is currently focusing on 3 research priorities:

1. Immunotherapy
2. Precision Medicine
3. New Drugs

PCF advances its research priorities through 3 competitive award types:

Challenge Awards (\$1,000,000 and above for 2- to 4-year programs)

Challenge Awards make large investments in multi-year team science projects that have a high potential for delivering new treatments.

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

Creativity Awards support the development of high-risk, high-reward ideas.

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

The Young Investigator Awards offer early-career and project support for young, proven investigators (generally 35 and younger) who are committing their lives to the field of prostate cancer.



2014 DONOR ROLL

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 2014. We thank you, our friends and supporters, for your continued commitment to PCF's mission.

\$5,000,000+

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Family Foundation

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The Cecile and Fred Bartman
Foundation

Mr. Bill M. Beverage

Arthur and Eva Byrnes

Ray and Patti Chambers

Chevron Products Company

Chicago White Sox

Robert D. Collins Fund

Howard Cox

Neil and Sandra DeFeo Family
Foundation

Don Engel

Mr. Javier Estadis

R.S. Evans Foundation

Faith, Love, Hope, Win
Foundation

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John R. and Kiendl Dauphinot
Gordon Fund

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Greene

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Estate of Thomas E. Horner

Jerry Katell, Katell Productions,
LLC

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Mr. and Mrs. Glenn Myles

Miles Nadal

The Nerney Foundation

George and Sandra Norcross

Philadelphia 76ers

Joseph Reece

Research for Good, Inc.

Marc J. and Carolyn Rowan

Mr. Alan Rubin

Ellen and Richard V. Sandler/
Richard and Ellen Sandler
Family Foundation

Howard Shore

Ms. Edna Shostak

Sternlicht Family Foundation

Roger and Susan Stone

The Steele Foundation

Charles J. Wagner

The Wagner Family Foundation/
GoldenTree Asset Management

Dennis and Phyllis Washington
Foundation

Gregory and Mindy White

\$15,000-\$24,999

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Robert W. and Deanna Adler

Roger Barnett

Mr. and Mrs. Seth Bernstein

Mr. and Mrs. Richard Chadakoff

Cherotti Family Fund of Akron
Community Foundation

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Mr. and Mrs. Ralph Eads, III

Mr. Mark D. Ein

Frank M. Ewing Foundation

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Jones Lang LaSalle Americas

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Herbert & Roselle Mack Charitable
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The Robert & Jane Toll
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Otto Winzen Memorial Advised
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 Applovin Corporation
 Eric Aroesty
 The Elias, Genevieve and
 Georgina Atol Charitable Trust
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 Mr. and Mrs. David C. Brown, Jr.
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 Anthony and Jamie Carr
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 Crane Foundation, Inc.
 The Elsie A. Doerrie Trust
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 Malsi Doyle and Michael Forman
 Mr. and Mrs. Christopher J. Eykun
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 Philip H. Geier, Jr.
 Anne K. Gilhuly
 Mr. Evan Goldberg
 Mr. James Gray and Mrs. Aimee
 Gray
 The Daniel B. and Florence E.
 Green Foundation
 Richard J. Green and Firstrust
 Bank
 Mr. Jay Grossman
 Haarlow Family Charitable
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 Mr. and Mrs. Thomas F. Herche
 Lane and Clark Howard, Clark
 Howard, Inc.
 Ingersoll Rand Charitable
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 Mr. and Mrs. Lewis Katz
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 Mr. and Mrs. William Mackintosh
 Mr. Keith McCullough
 William McDaniel Charitable
 Foundation, Inc.
 Lee and Sylvie Millstein
 Mr. Jonathan E. Newhouse
 Mr. and Mrs. Martin John Newson
 Mr. and Mrs. Jorge L. Padron
 Parkway Corporation
 Mr. Rocky Patel
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 Schwartz, Kales Accountancy
 Corp.
 Richard and Phyllis Sharlin
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 Mr. G. Michael Stakias
 Tarnopol Family Foundation, Inc.
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University of Pennsylvania
 Varhegyi Foundation
 Mr. and Mrs. Daniel Weingeist
 Will K. Weinstein
 Mr. and Mrs. Harry J. Wild
 WSFS Bank

\$5,000-\$9,999

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 Dr. Elliot Abramowitz
 Actavis
 Amgen, Inc.
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 Ballard Spahr LLP
 The Bancorp Bank
 Barack Ferrazzano Kirschbaum &
 Nagelberg LLP
 The Frances & Benjamin
 Benenson Foundation
 David and Pamela Berkman
 Mr. Herb Biggers
 Biltmore Family Office
 BPW Sciences
 Bravelets LLC
 Dr. Ron Carter
 Mr. Michael Cellucci
 Gary Charlesworth
 Allen and Jill Chozen
 Kelly Chung and Kerry Hagen
 Robert and Beverly Cohen Family
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 Mr. and Mrs. Eric K. Davidson
 Mr. Jordan Dickstein
 Diplomat
 Stephen Edelmann, Edelmann
 Family Foundation
 David and Marsha Ederer
 Bethany and Niko Elmaleh
 Dr. Jeffrey P. Feingold
 Ed and Patsy Garno
 General Cigar Co.
 Gilhuly Family Foundation
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 The Hartnett Foundation
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 Hersha Hospitality, LP
 Douglas J. Hertz Family
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 Mr. Paul J. Hondros
 Lynne and Harold Honickman
 INTECH Construction
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 Mr. and Mrs. David H. Kelsey
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 Stacey and Larry Kohl
 Mr. Rick D. Kruit

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 Medivation Field Solutions
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 Mushinsky Voelzke & Associates/
 MV+A Architects
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 Obermayer Rebmann Maxwell &
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 Art Winkleblack
 Wolfington Foundation
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\$2,500-\$4,999

Anonymous [4]
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 ARRIS Group, Inc.
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 The Caesar Foundation
 Cassin & Cassin, LLP
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 Context Capital Partners
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 The Ewell Family Trust
 First National Bank in Sioux Falls
 Flyers Charities
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 The Gibson Family Foundation
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 Mr. Patrick B. Gillespie, Jr.
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 Mr. Mitch Jacobs
 The Kandell Fund
 Mr. Adam Katz
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 Ms. Zoya Kuznetsova
 Mr. Jack Lepping
 Fran and Leon L. Levy
 Loeb Charitable Foundation
 Douglas Lowe
 Mr. Frank Lowe
 Tom Wallace Lyons
 Stewart Manheim
 Mr. Edward S. Manukian
 Mr. Charles W. Martindale
 Mr. Alan Merson
 Louis and Patricia Meshon
 Harold M. Messmer, Jr.
 Ms. Mary Moore
 Mr. Thomas Noble
 Oakland Athletics
 Ocean Partners USA, Inc.
 Palm Bay International
 Pearl Properties
 Philadelphia Phillies
 Plymstock Philanthropic Fund of
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 Greater Atlanta
 William L. Price
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 Relay Network, LLC
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Catherine Stupski
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Robert E. and Helen A. Wright

\$1,000-\$2,499

Anonymous [23]
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American Gas Association
Mr. Jason Anderson
Sarah and Marquard Anderson
Ariel Investments
The Asset Preservation Group,
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The Beach Foundation
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Bubik
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Horowitz
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Clearline Capital LP
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Mr. Robert Colangelo
Coleman Law Firm
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Commonwealth Land Title
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ECBM Insurance Brokers and
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M. Engel
Enterprise Holdings Foundation
The Epstein Family Foundation
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Ms. Bayla K. Falber
Mr. David Farrell
FCP Fund Manager LLC
Mr. George Feldenkreis
Mr. Dan Felder
Dan Fellman
Mr. Brian Feltzin
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Gardiner Charitable Fund
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Influenster, Inc.
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Mr. Joshua Javits and Mrs. Sabina
Golding Javits
J.C. Newman Cigar Company
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Mr. and Mrs. John Jester
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Mr. Toby Jose
K2 Capital Group
Mr. Craig R. Kallman
Kane Corporation
Mr. and Mrs. Gary Karlitz
Karlson Family Charitable Fund
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Mr. Victor Keen
Said, Simin, Reza and Gita Khadiri
Mr. Joseph A. Kiat and Mrs. Penny
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Mr. Charles Kincade
Ms. Kathryn L. King
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Douglas and Jennifer Schoen
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Kathryn Shepley
Mrs. Marjorie Sherman
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Mr. and Mrs. George Shiner
Dr. and Ms. Joel Shoolin
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Mr. Robert I. Spiegel
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Pier Luigi Tolaini
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Dr. Robert S. Toth
Mr. Donald J. Toumey
Mr. Peter L. Townsend

Mr. James J. Turner
Mr. Christopher W. Unger and
Mrs. Jayne Unger/Susquehanna
Bank
University Gifts and Apparel
University of Missouri at Columbia
Urology Associates of Central
Missouri
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Andrew Wise
Mr. and Mrs. William M. Wise, Jr.
Mr. Kenneth W. Young and Mrs.
Danielle Young
Mrs. Adele Z. Younkun
ZB Savoy Bowtie Company

Athletes for a Cure

Participants who raised \$1,000 or more

Mr. Taylor Burkett
Ms. Katie Fisher
Mr. Bill Koenen
Mr. Brett Kurland
Ms. Elana MacGilpin
Mr. Don McGruder
Mr. Jack McMahan
Mr. Morgen McVane
Mr. Joe Miles
Mr. Barry Mitsch
Mr. Kevin A. Mundt
Ms. Sherifah Munis
Ms. Lisa Paquin
Mr. Stephen Puiszis
Mr. Ramiro Siliezar
Ms. Claire E. Swindell
Mr. Monty Whatley
Mrs. Maureen Zeccola-Trzelpa



Special Partnerships and Hosted Events

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

1st Annual AWLG Cornhole Tournament at Crop Production Services in Loveland
5th Annual Derric's Day at Thunderhill
10th Annual Turkey Trot - St. Marys, PA
12th Annual Philadelphia Prostate Cancer Event hosted by Neal Rodin and Clay Hamlin, III
2014 Distinguished Gentleman's Ride
Arvada Professional Firefighters Assoc Local 4056
Assist Jeff's Goal; Mr. Krieger
AZ State Rifle and Pistol Association - Shotgun Division Blue Ribbon Clays Tournament
Barleymash
Berkley High School
Blues for Prostate Cancer Awareness Event
Breezy Point Car Show
Brown & Brown Orlando Cate School
Cherry Valley-Springfield Tri-Valley League Coaches vs. Cancer Fundraiser
Chicago Fire Department
Colorado Mule Riders, Inc.
Cooperville High School Student Council's Annual Battle of the Sexes
Corpus Christi Yacht Club
Crew Cuts for Cancer at Freeport High School
Custom Environmental Services
Dubuque Community School District
Edward Don & Company / Employees of Edward Don & Company
EY
Friends of Freddie Bendana and Dolores Corner
Fusion Logistics
General Electric
H&W
Host Hotels & Resorts, Inc.
Hugh O'Neill's Restaurant & Pub
Kearney & Company
Kendra Thomas' Easter Eggs
Knights of Columbus Don Bosco Council #7784
La Salle College High School
Long Beach Bridge Center
m.e.l.t. 30 workout
Margaux Farm, LLC
McCurdy Household Christmas Party
Melissa Milliren Fundraiser
Members of the American Payroll Association
Method to the (March) Madness
Novica

Oxnard Peace Officers' Association
Port Madison Enterprises
The Employees of Rose International
SCW Fitness Education Mania Charity
Simon Says Run/Walk for Prostate Cancer
Small Army For A Cause
STAR Physical Therapy
Tague Lumber
The Employees of Rose International
The Xi Chapter of Theta Chi Fraternity
Tufts University Crew Ergathon
VFW Lone Star Post 2150 Motorcycle Group 33 "Fun Run"
Wheels for Prostate Cancer Research
Wilton Emergency Squad
Wings-Giving at Mudville 9, hosted by Limitless Events NYC

Blue Ribbon Golf Tournaments

Golf tournaments that raised \$1,000 or more

"Drive for the Cure" at Country Club of Roswell
Adams Springs Golf Course
Addison Reserve Country Club
Alpha Tau Omega Golf Tournament
Alto Lakes Golf & Country Club
American Golf Foundation / American Golf Corporation
Annual 19th Hole Classic
Aspetuck Valley Country Club
Battle at Columbia Country Club
Bella Vista Country Club Golf Tournament
Birdies for Buddies Golf Tournament
Boobs & Balls Against Cancer
Broken Sound Country Club
Burlington Golf Club
C.A.R.E Golf Outing
Captain's Cup at Raccoon Hill Golf Club
Carolina Trace Country Club
Chaparral Country Club
Chehalem Glenn Golf Course
The Club at Renaissance
Concordia Golf Club
Country Club of Vermont
Doing It Right In The Fight PCF Fundraiser
Drive For a Cure at Encinitas Ranch Golf Course
Dub White PCa Golf Outing at LuLu Country Club
El Conquistador Golf & Tennis Resort
The Golf Club at Bradshaw Farm
Golfers Against Cancer
Golfview Golf & Racquet Club
Greenbriar Golf Association

H. Smith Richardson Golf Course
Hairy Knuckles at the Strand
Heritage Palms Men's Niners Golf Club
Herons Glen Golf & Country Club
Highland Woods Golf & Country Club
HLT Texas Shootout
Ibis Charities
IEC's Annual Tom Jones Memorial Golf Tournament
ILWU Tri-Party Challenge
Iron Lakes Country Club
Jay Moody Memorial Golf Tournament
Jonathan's Landing Golf Club
Joseph DiNapoli, Sr. Memorial Golf Outing
Katameya Heights Golf and Tennis Resort
La Crosse Country Club
Lago Vista Golf Course
Lake Spivey Golf Club
Lansing Country Club
Legends Golf & Country Club
Lobster Classic
Lords Valley Country Club
Manese Memorial Golf Tournament
Marlborough CC Women's Golf
Sadie Hawkins Tourney
Meadow Club
Moose Hunt for the Cure
Mt. Kisco Country Club
Murphy's Masters at Pehquenakonck Country Club
Oasis Golf Club
The Olde Course at Loveland PCA Invitational
Palm Aire Country Club
Palm Beach Polo Golf & Country Club
Paupack Hills Golf and Country Club
Pelican Pointe Golf & Country Club
Rally for the Cure at Northgate Country Club
Randy Jones Invitational
Rarity Bay Golf Club
Regency at Monroe Golf Course
Rio Verde Country Club
Sabal Springs Golf & Racquet Club
Sandbulte Memorial Golf Tournament
The Schep
The Seawane Club
Southfield Silhouettes "Rally for a Cure"
Steamboat Golf Club
Sunny Hill Resort & Golf Course
Tiburon Golf Club
University Park Country Club
Vasari Country Club
Wild Dunes Golf Resort
Wildwood Golf Club
Wycliffe Golf & Country Club

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Represents annual donations (gifts, not pledges) between January 1, 2014 and December 31, 2014.



2014 AWARDS: EXPANDING PCF'S GLOBAL RESEARCH ENTERPRISE



Photography: Paul Bliese

PCF Young Investigators present at the 21st Annual PCF Scientific Retreat.

PCF YOUNG INVESTIGATOR AWARDS

The achievements of PCF Young Investigators 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 2014, PCF funded 27 new Young Investigators. By mid-year 2014, PCF had funded a total of 153 Young Investigators since the program began.

2014 Clay and Lynn Hamlin-PCF Young Investigator Award

W. Nathaniel Brennen, PhD
Johns Hopkins University, Baltimore, MD

2014 Stewart Rahr-PCF Young Investigator Award

Marcin Cieslik, PhD
University of Michigan, Ann Arbor, MI

2014 Joshua J. Harris-PCF Young Investigator Award

Jeremy Durack, MD
Memorial Sloan Kettering Cancer Center, New York, NY

2014 Stewart Rahr-PCF Young Investigator Award

Leigh Ellis, PhD
Roswell Park Cancer Institute, Buffalo, NY

2014 Bonnie Pfeiffer Evans-PCF Young Investigator Award

Christopher Heaphy, PhD
Johns Hopkins University, Baltimore, MD

2014 Stewart Rahr-PCF Young Investigator Award

Franklin Huang, MD, PhD
Harvard Medical School and Dana-Farber Cancer Institute, Boston, MA

2014 Stewart Rahr-PCF Young Investigator Award

Neema Jamshidi, MD, PhD
University of California, Los Angeles, Los Angeles, CA

2014 David S. Blitzer-PCF Young Investigator Award

Charalambos Kaittanis, PhD
Memorial Sloan Kettering Cancer Center, New York, NY

2014 William B. Finneran-PCF Young Investigator Award

Haydn Kissick, PhD
Emory University, Atlanta, GA

2014 Bari Milken Bernstein and Fred Bernstein PCF Young Investigator Award

Rajan Kulkarni, MD, PhD
University of California, Los Angeles, Los Angeles, CA

2014 Stewart Rahr-PCF Young Investigator Award

Everardo Macias, PhD
Duke University, Durham, NC

2014 Stewart Rahr-PCF Young Investigator Award

Rohit Malik, PhD, MSc
University of Michigan, Ann Arbor, MI



2014 Stewart Rahr-PCF Young Investigator Award

Todd Morgan, MD
University of Michigan, Ann Arbor, MI

2014 Stewart Rahr-PCF Young Investigator Award

David Olmos, MD, PhD
Spanish National Cancer Research Centre (CNIO), Madrid, Spain

2014 Stephen A. Schwarzman-PCF Young Investigator Award

Brian Olson, PhD
University of Wisconsin, Madison, WI

2014 Stewart Rahr-PCF Young Investigator Award

Anirban Sahu, MD, PhD
University of Michigan, Ann Arbor, MI

2014 John A. Paulson-PCF Young Investigator Award

Nikolaus Schultz, PhD
Memorial Sloan Kettering Cancer Center, New York, NY

2014 J. Eustace Wolfington-PCF Young Investigator Award

Jinjun Shi, PhD
Harvard Medical School, Brigham and Women's Hospital, Boston, MA

2014 Rebecca and Nathan Milikowsky PCF Young Investigator Award

Daniel Spratt, MD
Memorial Sloan Kettering Cancer Center, New York, NY

2014 Lori Milken-PCF Young Investigator Award

Matthias Stephan, MD, PhD
Fred Hutchinson Cancer Research Center, Seattle, WA

2014 Stewart Rahr-PCF Young Investigator Award

Tanya Stoyanova, PhD
University of California, Los Angeles, Los Angeles, CA

2014 Stewart Rahr-PCF Young Investigator Award

Sumit Subudhi, MD, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX

2014 Thomas H. Lee-PCF Young Investigator Award

Yu Wang, MD, PhD
New York University, New York, NY

2014 Heritage Medical Research Institute-PCF Young Investigator Award

Kathryn Wilson, ScD
Harvard University, Boston, MA

2014 LeFrak Family-PCF Young Investigator Award

Kamlesh Yadav, PhD
Icahn School of Medicine at Mount Sinai, New York, NY

2014 J. Eustace Wolfington PCF Young Investigator Award

Kosj Yamoah, MD, PhD
Thomas Jefferson University, Philadelphia, PA

2014 Stewart Rahr-PCF Young Investigator Award

Huihui Ye, MD
Harvard Medical School: Beth Israel Deaconess Medical Center, Boston, MA

2013 Richard and Ellen Sandler PCF Young Investigator Award

Li Wang, PhD
Icahn School of Medicine at Mount Sinai, New York, NY

PCF CHALLENGE AWARDS

In 2014, 25 Challenge Awards were funded by the Foundation. Through peer reviews, PCF selected these projects out of 106 proposals from highly qualified research teams at 87 prestigious cancer centers located in 13 countries around the globe. The Class of 2014 Challenge Awards represents an investment of more than \$23 million in advanced prostate cancer research.

2014 Movember-PCF Challenge Awards

Andrew Armstrong, MD, MSc
Duke University, Durham, NC
Goal: Create tools to predict tumor response to existing therapies

Suzanne Conzen, MD
University of Chicago, Chicago, IL
Goal: Target glucocorticoid receptor (GR) proteins

Co-Principal Investigators:
Andrew Dannenberg, MD
Weill Cornell Medical College, New York, NY
Clifford Hudis, MD
Memorial Sloan Kettering Cancer Center, New York, NY
Goal: Examine fat cell-immune cell interaction in prostate cancer

Matthew Freedman, MD
Harvard Medical School and Dana-Farber Cancer Institute, Boston, MA
Goal: Define the genes regulated by the AR and identify proteins that promote cancer progression

Douglas McNeel, MD, PhD
University of Wisconsin, Madison, WI
Goal: Generate a new 2-agent immunotherapy for advanced prostate cancer

Co-Principal Investigators:
Kenneth Pienta, MD
Johns Hopkins University, Baltimore, MD
Russell Taichman, DMD
University of Michigan, Ann Arbor, MI
Goal: Eliminate prostate tumors from bone





Photography: Paul Bliese

Flanked by PCF Chief Science Officer Howard R. Soule, PhD (far left), and PCF President and CEO Jonathan W. Simons, MD (far right), the 2014 Movember-PCF Challenge Award recipients pose with Movember Foundation U.S. Country Director Mark Hedstrom (8th from left), and Movember Foundation Executive Director of Programs Paul Villanti (9th from left) at the 21st Annual PCF Scientific Retreat.

Howard Scher, MD

Memorial Sloan Kettering Cancer Center, New York, NY

Goal: Use predictive biomarkers in drug development to improve patient care

2014 The Safeway Foundation PCF Challenge Awards

Marikki Laiho, MD, PhD

Johns Hopkins University, Baltimore, MD

Goal: Test a novel agent that targets protein synthesis in prostate cancer cells

Charles Ryan, MD

University of California, San Francisco, San Francisco, CA

Goal: Characterize the genomes of CRPC tumors

2014 Janssen-PCF Challenge Award

Co-Principal Investigators:

Christopher Logothetis, MD

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

Gary Gallick, PhD

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

Goal: Develop more effective combination therapies for bone metastases

2014 Janssen-PCF Challenge Award

David Rickman, PhD

Weill Cornell Medical College, New York, NY

Goal: Develop new therapeutic strategies for neuroendocrine prostate cancer

2014 Carl Icahn-PCF Challenge Award

Charles Drake, MD, PhD

Johns Hopkins University, Baltimore, MD

Goal: Develop a new strategy to help the immune system identify, engage and kill prostate cancer cells in the body and make these cells more vulnerable to attack

2014 PCF Challenge Awards

Himisha Beltran, MD

Weill Cornell Medical College, New York, NY

Goal: Define genetic alterations responsible for resistance to AR-targeting therapies

Christopher Barbieri, MD, PhD

Weill Cornell Medical College, New York, NY

Goal: Determine the role of SPOP mutations in prostate cancer

Robert Jeraj, PhD

University of Wisconsin Carbone Cancer Center, Madison, WI

Goal: Generate an imaging method to assess resistance and response to enzalutamide

Christopher Maher, PhD

Washington University, St. Louis, MO

Goal: Identify biomarkers that predict progression and treatment resistance

Nima Sharifi, MD

Cleveland Clinic, Cleveland, OH

Goal: Develop a prognostic test to predict AR-targeted therapy resistance and determine the efficacy of abiraterone

Mary-Ellen Taplin, MD

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

Goal: Test high-intensity AR inhibition and determine mechanisms of resistance



2012-2014 PCF-SU2C West Coast Dream Team Challenge Award

Co-Principal investigators:

Eric Small, MD

Owen Witte, MD

West Coast Dream Team Beneficiary institutions:

University of California, Davis,
Davis, CA

University of California, Los Angeles,
Los Angeles, CA

University of California, San Francisco,
San Francisco, CA

University of California, Santa Cruz,
Santa Cruz, CA

Oregon Health & Science University,
Portland, OR

Goal: Evaluate adaptive pathways of mCRPC and identify an effective combination of inhibitors

2012-2014 PCF-SU2C International Dream Team Challenge Award

Co-Principal investigators:

Arul Chinnaiyan, MD, PhD

Charles Sawyers, MD

International Dream Team Beneficiary institutions:

Broad Institute of MIT and Harvard-Dana-Farber Cancer Institute,
Boston, MA

Fred Hutchinson Cancer Research Center,
Seattle, WA

The Institute of Cancer Research and Royal Marsden Hospital,
London, UK

Memorial Sloan Kettering Cancer Center,
New York, NY

University of Michigan,
Ann Arbor, MI

Weill Cornell Medical College,
New York, NY

Goal: Genetically characterize the tumors of 500 mCRPC patients

2014 All-Star Killer T-Cell PCF Special Challenge Award

Carl June, MD

University of Pennsylvania, Philadelphia, PA

Goal: Test CAR T-cells in advanced treatment-resistant prostate cancer

2014 PCF Special Challenge Award

Martin Gleave, MD

Vancouver Prostate Centre, Vancouver, BC

Goal: Use a genetic approach to develop new therapeutics for advanced treatment-resistant prostate cancer

2014 PCF Special Challenge Award

Edward Schaeffer, MD

Johns Hopkins University, Baltimore, MD

Goal: Develop novel tools for disease stratification

2014 PCF Special Challenge Award for Organoid Research

Charles Sawyers, MD

Memorial Sloan Kettering Cancer Center, New York, NY

Goal: Derive tumoroids from patients undergoing treatment for prostate cancer and determine if each tumoroid can be used as a surrogate for the patient in therapeutic response

2014 PCF Special Challenge Award The ICECaP Initiative for the Assessment of Intermediate Clinical Endpoints

Christopher Sweeney, MBBS

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

Goal: Develop a validated intermediate clinical endpoint in prostate cancer that is a robust surrogate for overall survival



The PCF Research Braintrust is composed of 9 groups that provide expertise on unpublished data. Each one is “self-organized” by **PCF Young Investigators** who interact globally by sharing unpublished data online and in real time.



CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31	Unrestricted	Temporarily Restricted	2014 Total	2013 Total
ASSETS				
Cash and Cash Equivalents	\$ 29,828,888	\$ -	\$ 29,828,888	\$ 29,256,414
Pledges Receivable (Net)	21,275,145	4,820,000	26,095,145	28,211,760
Prepaid Expenses and Other Assets	123,052	-	123,052	122,461
Property and Equipment (Net)	156,906	-	156,906	243,089
Total Assets	\$ 51,383,991	\$ 4,820,000	\$ 56,203,991	\$ 57,833,724
LIABILITIES AND NET ASSETS				
Liabilities				
Accounts Payable	\$ 1,139,495	\$ -	\$ 1,139,495	\$ 211,092
Accrued Liabilities	988,542	-	988,542	1,260,308
Deferred Revenue	400,000	-	400,000	500,000
Grants Payable	21,907,606	-	21,907,606	18,062,430
Total Liabilities	24,435,643	-	24,435,643	20,033,830
Net Assets				
Unrestricted	26,948,348	-	26,948,348	32,949,894
Temporarily Restricted	-	4,820,000	4,820,000	4,850,000
Total Net Assets	26,948,348	4,820,000	31,768,348	37,799,894
Total Liabilities and Net Assets	\$ 51,383,991	\$ 4,820,000	\$ 56,203,991	\$ 57,833,724

CONSOLIDATED STATEMENT OF ACTIVITIES

December 31	Unrestricted	Temporarily Restricted	2014 Total	2013 Total
Revenue and Public Support				
Grants and Contributions	\$ 34,382,776	\$ 6,950,000	\$ 41,332,776	\$ 50,583,088
Interest and Dividends	36,488	-	36,488	47,462
Other	(142,265)	-	(142,265)	(68,027)
Net Assets Released from Purpose Restrictions	6,980,000	(6,980,000)	-	-
Total Revenue and Public Support	41,256,999	(30,000)	41,226,999	50,562,523
Expenses				
Program Services	39,455,799	-	39,455,799	38,853,550
Supporting Services:				
Management and General	3,019,886	-	3,019,886	2,874,788
Fundraising	4,782,860	-	4,782,860	4,743,280
Total Expenses	47,258,545	-	47,258,545	46,471,618
Change in Net Assets	(6,001,546)	(30,000)	(6,031,546)	4,090,905
Net Assets - Beginning of Year	32,949,894	4,850,000	37,799,894	33,708,989
Net Assets - End of Year	\$ 26,948,348	\$ 4,820,000	\$ 31,768,348	\$ 37,799,894

CONSOLIDATED STATEMENT OF CASH FLOWS

December 31	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ (6,031,546)	\$ 4,090,905
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities		
Uncollectible Pledges Receivable	450,000	340,250
Depreciation and Amortization	155,749	260,732
(Increase) Decrease in:		
Pledges Receivable	1,666,615	(378,845)
Prepaid Expenses and Other Assets	(591)	139,091
Increase (Decrease) in:		
Accounts Payable	928,403	136,937
Accrued Liabilities	(271,766)	247,462
Deferred Revenue	(100,000)	(100,000)
Grants Payable	3,845,176	(1,022,809)
Net Cash Provided by Operating Activities	642,040	3,713,723
CASH FLOWS USED IN INVESTING ACTIVITIES		
Purchase of Property and Equipment	(69,566)	(146,217)
Net Increase in Cash and Cash Equivalents	572,474	3,567,506
Cash and Cash Equivalents - Beginning of Year	29,256,414	25,688,908
Cash and Cash Equivalents - End of Year	\$ 29,828,888	\$ 29,256,414

PROSTATE CANCER FOUNDATION

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
Year Ended December 31, 2014
With Summarized Totals for the Year Ended December 31, 2013

	Program Services			Total Program Services	Supporting Services		Total Supporting Services	Total Expenses	
	Research Grants	Scientific Conferences and Programs	Public Awareness		Management and General	Fundraising		2014	2013
Research Grants	\$ 31,727,332	\$ -	\$ -	\$ 31,727,332	\$ -	\$ -	\$ -	\$ 31,727,332	\$ 31,534,259
Compensation, Benefits and Payroll Taxes	-	1,749,030	983,573	2,732,603	1,458,279	1,117,196	2,575,475	5,308,078	5,218,218
Professional Fees	-	232,241	606,183	838,424	363,176	217,976	581,152	1,419,576	1,128,917
Office Expenses	-	190,630	129,514	320,144	493,140	358,094	851,234	1,171,378	1,058,508
Occupancy	-	52,986	80,403	133,389	188,120	41,097	229,217	362,606	305,693
Travel, Meals and Entertainment	-	2,197	146,004	148,201	21,590	945,874	967,464	1,115,665	1,354,815
Global Scientific Conferences and Unpublished Data and Knowledge Exchanges	-	2,191,332	-	2,191,332	-	-	-	2,191,332	2,342,685
Outreach, Events and Meetings	-	-	647,055	647,055	-	2,092,239	2,092,239	2,739,294	2,722,441
Media, Public Relations and Publications	-	-	602,823	602,823	13,928	784	14,712	617,535	190,600
Depreciation and Amortization	-	12,000	102,496	114,496	31,653	9,600	41,253	155,749	260,732
Other Expenses	-	-	-	-	450,000	-	450,000	450,000	354,750
TOTAL 2014 FUNCTIONAL EXPENSES	\$ 31,727,332	\$ 4,430,416	\$ 3,298,051	\$ 39,455,799	\$ 3,019,886	\$ 4,782,860	\$ 7,802,746	\$ 47,258,545	
				84%	6%	10%		100%	
TOTAL 2013 FUNCTIONAL EXPENSES	\$ 31,534,259	\$ 4,386,402	\$ 2,932,889	\$ 38,853,550	\$ 2,874,788	\$ 4,743,280	\$ 7,618,068		\$ 46,471,618
				84%	6%	10%			100%

The Accompanying Notes are an Integral Part of These Consolidated Financial Statements

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, 2014, 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 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 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, 2014, 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

June 9, 2015
Los Angeles, California

2014 PCF SUPPORTING PARTNERS

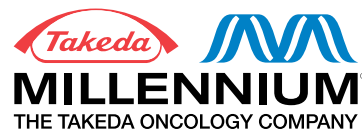
PCF is grateful for our corporate supporters. Contributions and campaigns from these organizations are enabling PCF to move closer to a world without prostate cancer.



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Photo: courtesy Pat Villani

Paul Volpe 1941 – 2014

Paul Volpe, a native New Yorker, had a deep love for New York City. He possessed a profound fondness for his educational roots, especially Regis High School, which taught him to devote the advantages of his education to the service of society and the underserved. He retired to Florida where he survived prostate cancer, but eventually succumbed to complications from bladder cancer. He had an incredible philanthropic spirit. So much so that he left instructions in his will to dedicate 90 percent of his wealth to charities important to him. PCF is proud to be included among the charities chosen.