Prostate Cancer Foundation
Curing Together.

25 YEARS OF IMPACT
Bold Research. Life-Saving Results.

2017–18 Progress Report
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.

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For 25 years now, PCF has sought out the best and the brightest researchers in the world to work on the most innovative ideas, all in service of expediting treatments to prostate cancer patients.

Now, 25 years later, the death rate from prostate cancer has been cut by a full 52% and we're at the dawn of a new era in medicine: precision screening can sometimes tell not just if you have cancer, but if someday you might get it; precision treatment is replacing traditional chemotherapy and its collateral damage.

Today, our drive, our compassion, and our commitment to the preservation of human capital remains steadfast. Now, with access to big data from PCF-funded research around the world, we are seeing the cancer problem in a way that was not possible in 1993... and that means we may finally be able to pull ahead in the race against cancer.

Bold research, life-saving results.
Dear Friends,

For 25 years, the Prostate Cancer Foundation has been saving lives. We’ve supported the world’s best researchers in pursuit of the most innovative ideas, all in service of expediting treatments for patients. We’ve rewritten the way research is conducted; we’ve joined forces with Major League Baseball in the oldest pro-sports charitable partnership in the country; and along the way we’ve partnered with business leaders, philanthropists, research institutions, entertainers – and, of course, with patients and their families.

In addition to PCF’s 25th anniversary, we’re also celebrating the 20th anniversary of the 1998 March on Washington, where our mission was to increase funding and accelerate science against all life-threatening diseases. In the five years following the March, Congress doubled the life-saving resources of the National Institutes of Health and National Cancer Institute. To date, those increases have translated to an incremental $350 billion in additional federal investment in the NIH and NCI.

Indeed, PCF has funded more research and medicine than any other prostate cancer organization in the world. Our global research network – spanning 372 Challenge Award investigators from 220 active Challenge Award teams and 255 Young Investigators – has changed the course of cancer history. The death rate from prostate cancer has been cut by 52% since 1993, and by 80% compared with what was predicted at the time, as the baby boomer generation reached the age of greater risk.

PCF truly changed the culture of research: we cut red tape, decreased the time it takes to fund good ideas, and fostered collaboration between scientists – all in the service of patients.

Now, 25 years later, we’re at the dawn of a new era in medicine. Cancer is not just anatomic – it’s also genetic. PCF’s research pipeline reflects a monumental shift.
Two decades ago, doctors could offer only “one-size-fits-all” treatments until they failed. Today, thanks to PCF-supported research on the molecular landscape of prostate cancer, we know that more than 90% of patients with advanced prostate cancer harbor genetic mutations that are clinically actionable.

This means doctors may soon be able to write precision prescriptions based on simple blood tests. It means patients may soon be free from the oppressive side-effects of chemotherapy and hormone therapy.

The bottom line? More lives saved, extended, and lived well. That’s great news for men with advanced prostate cancer disease. But the impact is far more wide-reaching.

We now know that 38 PCF-identified gene targets for prostate cancer have overlap into 67 other forms of human cancer, including breast, ovarian, lung, colon and brain cancers, as well as other chemotherapy-resistant disease and three forms of childhood cancer. So, as PCF is actively working on ending all death from prostate cancer, another miraculous effect is happening: your support is safeguarding entire families.

PCF has a long history of funding the most innovative science in the cancer field. As just one example, we were early supporters of 2018 Nobel laureate James Allison’s immunotherapy work. At the time, this research still sounded, to some, like science fiction. With your support, more “impossible” science may become a reality in the coming years: blood tests that not only identify existing disease but also predict future disease; PSMA radioactive molecules that hunt down and kill cancer; and robotic “noses” that have the potential to detect prostate cancer ten times earlier than the existing PSA test.

When we launched, there were no FDA-approved prostate-cancer treatments. Today there are 15, and more are in the pipeline. Future Nobel laureates in PCF labs are defining the cutting edge of research, and we’re supporting the work of scientists who are making today’s treatments more effective not only in treating disease but also in improving quality of life.

We recently saw the approval of apalutamide (Erleada ™) for men with non-metastatic castrate-resistant prostate cancer (CRPC) as well as the expansion of the FDA indication for enzalutamide, another drug discovered and delivered with PCF funding. Before these recent developments, patients with CRPC had no treatment options.

For years, cancer has always seemed one step ahead of research. Now, big data is allowing us to see the cancer problem in unique ways that we couldn’t have imagined 25 years ago.
PCF is once again taking the lead in this emerging field of medical discovery – in research labs, and as part of our $50 million partnership with the U.S. Department of Veterans Affairs (VA). The program, which establishes Centers of Excellence at VA facilities across the country, helps physicians and nurses learn and apply the latest precision oncology breakthroughs to our veterans. We want to ensure that those who served our country have access to the same or better science as our most fortunate private citizens.

As we mark the 25th anniversary of PCF, we celebrate the hundreds of thousands of prostate cancer survivors and remember those who lost their battle to the disease. In particular, we celebrate patients who courageously participated in clinical trials that may have saved countless others.

Ultimately, the greatest measure of progress against prostate cancer is not just the millions of men living full lives with the disease today. It’s also about the innumerable men in future generations who will never be terrified about prostate cancer as a potential death sentence; it’s about their family members diagnosed with numerous other cancers who will be spared suffering; and it’s about the loved ones who will never have to endure the loss of their fathers, husbands, and brothers.

All of us can shape the future of cancer care, but it will take a very concentrated and collaborative effort to deliver life-saving advances directly to patients. That gift is ours to deliver.

Thank you for your crucial support of this work.

Sincerely,

Michael Milken
Founder and Chairman

Jonathan W. Simons, MD
President and Chief Executive Officer
In 2018, the FDA approved two new treatments — apalutamide and enzalutamide — for men with non-metastatic castration-resistant prostate cancer (CRPC), a clinical state in which men who are being treated with androgen deprivation therapy (ADT) see their PSA levels begin to rise, but no metastases are visible yet on conventional scans.

These drugs, both developed with PCF funding, are already proving to be game changers. There were previously no approved treatments other than ADT for the 50,000 to 60,000 men in America this year alone whose PSA
doubles every 10 months or less; in other words, men with non-metastatic CRPC had to play an agonizing game of wait and see – typically continuing to receive ADT despite its diminishing benefit – as their PSA levels began to accelerate.

The approval of apalutamide (Erleada™) was based on the SPARTAN clinical trial, led by UCSF medical oncologist and PCF-funded investigator Eric Small, MD. The trial compared adding either apalutamide or placebo to existing treatments (mostly ADT) in 1,207 non-metastatic CRPC patients with rapidly rising PSA. The results were spectacular. Apalutamide delayed the time to metastatic disease by over 24 months on average and reduced the risk of metastasis or death by 72%, compared with placebo. “And further, you could delay the time to pain progression by 50 percent,” said Small.

When prostate cancer starts to progress despite ADT, Small explains, it’s because it “develops escape mechanisms which involve increasing sensitivity to androgens.” Resourceful cancers adapt to run on residual power from the androgen receptors. Androgen receptor-blocking drugs like apalutamide and enzalutamide basically block the little bit of back-up power trickling through to supply the cancer.

What nobody knows yet is whether earlier treatment will lengthen overall survival. “We believe it will,” says Small, “but it’s way too early.” For now, though, “we’re having a dramatic impact on delaying metastasis.” After nearly four years, “50 percent of men in the apalutamide group still have not developed PSA progression. They are doing well, they don’t have metastatic cancer, and haven’t been ravaged by extensive disease. That’s remarkable.”
Just a few months after the approval of apalutamide, the FDA approved a new use for enzalutamide (Xtandi®), in addition to ADT, for men with non-metastatic CRPC. Previously, enzalutamide was a “second-line” form of hormonal therapy recommended only in men who developed metastatic cancer after being on ADT.

The approval of enzalutamide was based on the PROSPER clinical trial, led by PCF-funded investigator Maha Hussain, MD, of Northwestern University. In this study, 1,401 men with non-metastatic CRPC whose PSA levels were doubling every 10 months or sooner were randomly given either ADT with a placebo, or ADT plus enzalutamide. The results were similar to those seen for apalutamide in the SPARTAN trial. The addition of enzalutamide delayed the time to metastatic disease or death (whichever came first) by a median of 21.9 months compared with placebo, representing a highly significant 71% reduction of risk for metastasis or death. Enzalutamide also significantly delayed the time when men needed additional cancer therapy by an average of almost 22 months.

The big difference with this new application of enzalutamide and the addition of apalutamide is timing: patients no longer have to wait for metastasis to rear its ugly head before being treated and, furthermore, using these drugs may very well change the course of the cancer, slowing it down considerably, delaying the time to metastasis by approximately two years longer than ADT alone. In fact, for some men in these studies, doctors aren’t even sure how long metastasis can be delayed – because their cancer still hasn’t progressed.

We at PCF are particularly proud of both of these new additions to the arsenal of treatments for advanced prostate cancer because we helped get these drugs developed. We provided the initial funding for the synthesis of both enzalutamide and apalutamide at UCLA by Michael Jung, PhD, and Charles Sawyers, MD. We also funded early preclinical studies on both of these agents and we continue to fund research with the promise of finding even more effective treatments for advanced prostate cancer.

“These are very important findings for patients,” says scientist Howard Soule, PhD, PCF’s Chief Science Officer, who directs PCF’s worldwide research programs. However, he adds, “the work is far from over, because every day, men are still dying of prostate cancer. This is why we fund research: to extend life and improve quality of life and to cure prostate cancer, and even cure other cancers that may involve the same genes or disease processes as prostate cancer. Apalutamide is the first FDA-approved drug for non-metastatic CRPC, and the second drug to come out of our initial outlay of research funding to a single research group at UCLA; both of these drugs started with small amounts of leveraged PCF dollars.”
2017 Impact: The Power of Many

Thank you for joining over 1,200 others this past year in the Many vs Cancer (MvC) fundraising movement. Through this grassroots community of caregivers, survivors, family, friends, and fighters, you have raised more than $1.2 million to defeat prostate cancer once and for all.

More than 14 million men worldwide are living with prostate cancer, and every year more than 300,000 lose their fight. These are our fathers, uncles, grandfathers, brothers, and friends. With an estimated 1 in 9 men diagnosed in their lifetime, we all know someone who has been impacted by this disease.

Empowering You

So often the number one complaint from families who have been affected by cancer is “I feel powerless against this disease.” Many vs Cancer was founded on the idea that anyone can make a difference in the fight against prostate cancer. MvC helps bring awareness to each of our social circles and provides a source of action anyone can take. The $1.2 million you raised in MvC’s first year has come from efforts like BBQs, volleyball games, runs, and other events like the PCF Pushup Challenge. Each time you share your events and your goal, you bring more donors to PCF and all of us closer to ending death from prostate cancer.

How It Works

The MvC platform has everything you need to be a successful fundraiser for PCF. Host activities, physical challenges, or community events in support of PCF’s research mission and use your passion to engage your network in a meaningful conversation about prostate cancer, while simultaneously honoring the men in your life who have been affected by the disease.

Please visit manyvscancer.org today and join our community.
Here's an introduction to just a few of our inspirational Many vs Cancer fundraisers:

Julie Rose Dodson Baisinger
When Julie’s dad, Norman, passed away from advanced prostate cancer, the family was all-in to help cure the disease. During Norman’s last months, he always reminded his family that “today is a great day to be alive”. In that same spirit, Julie joined Many vs Cancer and gathered friends and family to celebrate Norman’s life while raising funds through a fun “wine-pull” event. With the support of her network, Julie has raised nearly $4,000.

Cory Anderson
When Cory’s mentor and fraternity brother, Anthony Hytche, shared that he had been diagnosed with prostate cancer, Cory decided he wanted to do something about it. He and his fraternity brothers started a Many vs Cancer page in honor of “Brother Hytche” and gathered over $250 in small donations in less than two weeks. More than that, Cory helped rally Anthony’s network together to share words of support and encouragement, giving much needed hope and positivity to their friend.

Milton High School Cross Country Team
Each year in Milton, Georgia, the Milton High School Cross Country Team tasks its captains with selecting a charity to support. After learning that one of their coaches and two fathers of team mates were diagnosed with prostate cancer, it was an easy decision. To date, the team has raised over $2,300 from friends, family, and alumni, and is working toward a $7,000 goal. Go Eagles!

It takes more than one person to end prostate cancer. It takes many.
In February 2018, PCF celebrated a month-long TRUE Love campaign and contest that honored caregivers for their tireless work in caring for loved ones living with prostate cancer.
The campaign was designed to drive greater awareness of PCF by exposing us to new audiences. TRUE Love is a tribute to the unsung heroes – whether they are spouses, partners, nurses, doctors, siblings, children, or friends. PCF accepted “TRUE Caregiver Stories” from all perspectives that reflected love, honor, and care for prostate cancer patients throughout the Valentine’s season when love is celebrated. Those with the most inspirational stories won a special care package personally curated by award-winning actress Kristen Bell, who also served as the spokesperson and face of the campaign.

Kristen, known for her accomplished work in Veronica Mars, Frozen, and Bad Moms, helped create awareness about the TRUE Love contest and how a prostate cancer diagnosis affects the entire family. The cause hit close to home for Bell. Her mother is a nurse, and her father-in-law had fought prostate cancer and has sadly passed away after a multi-year battle. She understands first-hand how caregivers are an essential part of a support system and how they often lack support and are underacknowledged compared with caregivers of other diseases. PCF, along with Kristen, changed this narrative by sharing TRUE inspirational stories of the people who live TRUE Love everyday by providing care to men – many of whom have debilitating metastatic disease.

There are nearly 4 million men in the U.S. currently battling prostate cancer – a diagnosis that not only impacts patients, but also all those who love and care for them. The TRUE Love campaign was our opportunity to provide a public platform to honor supporters and caregivers of patients and acknowledge them for the critical role they play in a prostate cancer patient’s journey. We are so grateful to Kristen for helping us raise awareness about prostate cancer with this campaign. Her generosity, authentic compassion, and broad reach played an integral part in the campaign’s success and also helped shine a spotlight on all the resources we have available for patients and their caregivers.

“I am honored to support the Prostate Cancer Foundation with their TRUE Love contest honoring caregivers for the month of February. Their selflessness and hard work is so admirable and I wanted to give love and recognition to all of these unsung heroes over this Valentine’s season.”

— Kristen Bell
PCF Receives $2.5 Million Gift from Robert Frederick Smith

In January 2018, philanthropist Robert F. Smith generously donated a gift of $2.5 million to PCF. Smith, who is Founder, Chairman and CEO of Vista Equity Partners, has donated these funds to focus research on African-American men and launch The Robert Frederick Smith Center of Precision Oncology Excellence in Chicago, Illinois to aid U.S. veterans in the metropolitan area and beyond who are battling prostate cancer. The Smith Center will serve as a precision oncology hub in PCF’s preeminent network of centers working to fulfill the ambitious mission of improving the care of U.S. veterans with prostate cancer. These new funds honor the spirit of Dr. Martin Luther King Jr.’s legacy and represent the

“I am delighted to support the life-saving work of accelerating promising medical research to serve our nation’s veterans who urgently need better treatments and cures and access to cutting-edge precision oncology.”

— Robert F. Smith
largest donation ever dedicated to advancing revolutionary prostate cancer research in African-American men.

“I am delighted to support the life-saving work of accelerating promising medical research to serve our nation’s veterans who urgently need better treatments and cures and access to cutting-edge precision oncology,” said Robert F. Smith. “With these resources, we will do right by those brave veterans who served our country, and we will change the odds for millions of African-American men who should be surviving prostate cancer.”

The timing of Mr. Smith’s philanthropy is crucial. For veterans with late-stage disease who are running out of choices, this gift will enable PCF to accelerate the work of clinical investigators working to solve some of the most lethal forms of prostate cancer while also advancing the quality of healthcare for African-American men who are, statistically, 74 percent more likely to develop prostate cancer than any other race or ethnicity.

Genes that Discriminate
Racial Disparities in the Molecular Landscape of Prostate Cancer

At a special symposium of the Congressional Black Caucus, oncologist, MD, and PCF CEO Jonathan Simons told the audience: “African-American men are discriminated against by prostate cancer, and for the first time, we know why.”

PCF-funded researchers Kosj Yamoah, MD, PhD, Edward Schaeffer, MD, PhD, and colleagues, recently published results in the Journal of Clinical Oncology, identifying a few “terrorist genes” that target men of African ancestry. On the positive side, this work could lead to a new test that would operate like a smoke detector, telling men years ahead of time that they have the potential for lethal cancer.

The worst offender of racial disparity in prostate cancer is a gene called NKX3-1. “We must understand the NKX3-1 gene if we are going to understand why African-American men are dying of prostate cancer,” says Simons. This gene had been found in prostate cancer before, but had never been looked at carefully in men of European descent vs. men of African descent. “There is a whole set of genes that are equal opportunity offenders in prostate cancer,” Simons explained. “The genes on this list – and it’s not a very big list – kill white men, too. But they are activated earlier, and are disproportionately burdensome in African-American men. It’s not an issue of race, just of the unfairness of life.”

Because this idea was thought to be too risky or too edgy, funding for research from government and other sources was scarce. Due to our mission of investing in high-risk, high-reward research projects, PCF picked up the torch and, along with the Department of Defense, has funded the critical work of Drs. Yamoah and Schaeffer. The initial study involved 154 patients, but Simons notes that a larger study – involving the biopsy tissue samples of at least 1,000 patients – is needed.

Speaking to the Caucus, Simons recalled something former Atlanta mayor Andrew Young – himself a prostate cancer survivor – once told him: “Unequal access to research ideas is just as much a part of the problem as unequal access to care.”

In the same way that people with red hair, blue eyes, and freckles are more likely to develop cystic fibrosis, and women of Ashkenazi Jewish heritage are more likely to have the BRCA1 gene that triggers breast and ovarian cancer, Black men are more likely to develop aggressive prostate cancer, and to die of it. In addition to the NKX3-1 gene, a handful of other genes need to be studied. “This is like a Most Wanted list,” Simons said. “The difference is, this list is life-saving.”
Two years ago, the future looked pretty bleak for Chris Seelye. At just 62, this professional photographer from Washington State thought he had maybe a year to live. “I was facing a terminal illness and was reaching the time where I had to start making decisions,” he says. Decisions like, “Do I continue pursuing my love of photography, or is it time to start selling equipment and cutting back and sitting on the couch dreaming of the days when I could do those things?”

Then Seelye, a U.S. Navy veteran who served in the Vietnam era, joined a clinical study as part of the now 2-year partnership between the VA and PCF. Dr. Bruce Montgomery at the VA Puget Sound Health Care System looks for patients like Seelye who might respond well because of the genetic makeup of their metastatic cancer.

Montgomery never anticipated that Seelye would go into complete remission. “Chris Seelye was a man with metastatic,
castrate-resistant prostate cancer,” Montgomery says, “the kind that kills men. As part of the PCF-VA collaboration, we did deep [genetic] sequencing of his cancer and we found that he has a mutation in his BRCA2 gene. Because we knew he had this, we got him in this study. His PSA has gone from over 200 to 1. The initial scans, which showed metastatic disease, are now essentially normal.” Seelye is now 10 months past treatment, still with no discernable evidence of cancer.

Exceptional responses are what oncologists wish for desperately but, too often, do not see in men with metastatic disease. “It’s hard to actually put into words, to be honest with you,” says Montgomery. “We all, every day, hope for a miracle. And this is as close to a miracle as we get right now.”

PCF funding helped develop gene-targeted therapy – a whole new way to approach cancer. Recent research, also funded by PCF, has found that people with different kinds of cancer – such as breast, ovarian, and prostate – often share mutations in genes. This means that a drug that helps a man with prostate cancer could also help a woman with breast cancer who has the same bad gene. It’s treating the gene, not just treating the specific organ that has cancer.

Going into treatment, Seelye’s expectations were that this was his best, last chance. “I was either going to be dead within a year or this was going to present a better alternative. So far, the results have been pretty stellar.”

Although he’s not ready to call this combination therapy a life-saver, “it certainly is a life-extender. I’m highly optimistic that this quite likely is going to keep me going long enough for the next round of treatments that are in the research phase now.” One day, he believes, his doctors won’t be talking about a terminal illness anymore, but a chronic one. Seelye is keeping his photography equipment for now. “I’ll take chronic over terminal any day.”

If you have just been diagnosed with, or are battling prostate cancer, the Prostate Cancer Foundation is actively working on your behalf, and Seelye has this advice for you: “Don’t just hope, but know that new treatments are coming online, practically as we speak.”

PCF-VA NETWORK OF CENTERS OF EXCELLENCE

**Manhattan, NY** – The John and Daria Barry Foundation Precision Oncology Center of Excellence at the VA Manhattan

**Bronx, NY** – The Blavatnik Family Foundation Precision Oncology Center of Excellence at the VA Bronx

**Durham, NC** – Durham VA Medical Center

**Ann Arbor, MI** – The Stewart J. Rahr Foundation Precision Oncology Center of Excellence at the VA Ann Arbor

**Chicago, IL** – The Robert Frederick Smith Precision Oncology Center of Excellence at the VA Chicago

**Minneapolis, MN** – Minneapolis VA Health Care System

**Seattle, WA** – The Stephen J. Cloobeck Precision Oncology Center of Excellence at the VA Puget Sound

**Portland, OR** – VA Portland Health Care System

**San Francisco, CA** – San Francisco VA Health Care System

**Los Angeles, CA** – The Michael and Lori Milken Family Foundation Precision Oncology Center of Excellence at the West Los Angeles VA

**Dallas, TX** – Dallas VA Medical Center

**Houston, TX** – The Michael E. DeBakey Houston VA Medical Center

**Philadelphia, PA** – Corporal Michael J. Crescenz Philadelphia VA Medical Center

**Washington, DC** – Washington DC VA Medical Center

**Tampa, FL** – James A. Haley Veterans’ Hospital

The PCF-VA partnership is directly changing the lives of 180,000 veterans suffering from advanced prostate cancer, providing the level of care their service to our nation demands. PCF is offering philanthropists the opportunity to support our courageous veterans battling prostate cancer through a network of Centers of Excellence in precision oncology at VA facilities around the country.
2017-2018 was a notable year, with four new FDA approvals for treatments for advanced prostate cancer. PCF has funded pioneering, enabling research directly related to these life-prolonging treatments.

**Precision Immunotherapy**

On May 23, 2017, the field of precision medicine achieved a major milestone with the FDA’s first-ever approval of a cancer therapy based on a tumor’s unique characteristics and not where the tumor developed in the body. Pembrolizumab immunotherapy was approved for the treatment of all solid tumors with MMR gene mutations, which cause extremely high levels of mutations (a phenomenon also called microsatellite instability, or MSI). Eligible patients must have tumors that either cannot be surgically removed or are metastatic, have progressed on prior treatment, or have no other satisfactory treatment options available. Approximately 3% of chemotherapy-resistant metastatic prostate cancers have MMR mutations.

**Earlier Use of Abiraterone**

Abiraterone is a second-generation hormonal therapy that is a standard of care for men who have already progressed on
androgen-deprivation therapy (ADT). On February 8, 2018, the FDA approved abiraterone plus prednisone for men with high-risk metastatic castration-sensitive prostate cancer (CSPC) at the time they start ADT – years earlier than before. This combination delayed cancer progression by an average of 18 months and reduced the risk of death by 38% compared with a placebo. PCF was instrumental in the test tube-to-patient research of abiraterone by funding its discovery science and initial clinical trial, which eventually resulted in its first FDA approval in 2011.

First Treatments for Non-Metastatic Castration-Resistant Prostate Cancer (CRPC)

Until this year, there were no treatments known to benefit men with non-metastatic CRPC. These are men being treated with androgen deprivation therapy (ADT), who see their PSA levels begin to rise (indicating the cancer has become resistant to ADT and is starting to grow again), but no metastases are visible yet on scans. Previously, these men had no options other than to continue to receive ADT, despite its diminishing benefit, and many would ultimately go on to develop metastases and lethal prostate cancer.

In 2018, the FDA approved two new treatments for men with non-metastatic CRPC who are being treated with ADT – apalutamide and enzalutamide. These treatments, when added to ADT, delayed the time to metastatic disease by an average of 24 and 22 months, respectively, compared with placebo. Apalutamide was approved on February 14, 2018, while enzalutamide was approved on July 13, 2018. PCF funded the synthesis of both of these drugs by scientists at UCLA.

For more on these practice-changing developments, see the feature on page 7.
Prostate cancer is the most frequently-diagnosed cancer in veterans and yet they are the least served. PCF is changing that statistic and joined forces with the U.S. Department of Veterans Affairs by creating state-of-the-art Centers of Excellence at VA facilities across the U.S. These centers will deliver precision oncology diagnostics and treatments to all veterans battling prostate cancer. PCF highlighted this partnership at the 2017 New York Dinner and raised needed funds for these Centers of Excellence and other research awards.

With the Secretary of the VA in attendance, along with veterans who served in World War II, as well as the Korean, Vietnam, Gulf, and Afghanistan Wars, the evening was patriotic and emotional from beginning to end. The evening raised over $11.6 million dollars, including $9.3 million for Centers of Excellence and nearly $1 million for PCF Young Investigators.

In an evening dedicated to honoring our veterans, Jennifer Hudson provided a powerhouse performance to close a night that included special guests Jennifer Lopez and Alex Rodriguez.
PCF Pro-Am Tennis Tournaments
A Look Back Over 20 Years

For 20 years, the PCF Pro-Am Tennis Tournaments have been a platform for some of our most successful fundraising efforts. Since 1998, the tournaments have raised more than $30 million in general support of PCF’s mission to accelerate prostate cancer research and save lives, as well as an additional $12.9 million in PCF Young Investigator Awards and Challenge Awards.

Since PCF does not have local chapters, tennis events in multiple locations provide opportunities not only for a unique and individual experience for the amateur player, but also offer these communities an introduction to the work of PCF that generates awareness of prostate cancer and fosters support for our mission. These events have seen hundreds of professional and amateur tennis players take to the courts, and thousands of weekend attendees have joined in the fight against this disease through their attendance and support.

Our first tournament was in Palm Beach, Florida in 1998, followed by Indian Wells, California in 2001. In 2005, we added New York with the Hamptons weekends and in 2009, we rounded out our Big Four with Greenwich, Connecticut.

In 2010, the Charles Evans Trust joined us as the lead sponsor for the program and has remained in that role. Trustees Joel Pashcow and Bonnie Pfeifer Evans have been enthusiastic supporters and PCF ambassadors for us in each tournament in every city since. Their commitment and engagement have had an important impact on our work.
Support through the PCF Pro-Am Tennis Tournaments has led to the following top science breakthroughs:

- The original university discoveries of 3 new life-extending FDA-approved “precision” drugs for prostate cancer: abiraterone, enzalutamide, and ipilimumab.


- The original discovery of sulforaphane, a chemical in broccoli and cruciferous vegetables that reduces the risk of prostate cancer initiation.

- The original invention of a new PSMA PET scan biotechnology now used for more than 100,000 patients per year in North America, Europe, and Australia.
Since 2007, the Movember Foundation has generously donated more than $53 million to PCF to support 43 team science awards in the U.S., Canada, and Great Britain. We are honored to enter the second decade of this incredible partnership, which has led directly to many life-prolonging and life-improving oncology developments.

Thanks to Movember funding:

- More than 70 clinical trials testing new prostate cancer treatments and imaging technologies have been initiated
- Clinicians have developed the science and technology necessary for conducting precision medicine in men with metastatic prostate cancer
- New precision medicine treatments have been discovered for patients who have DNA repair gene mutations in their tumors
- The discovery that inherited DNA repair gene mutations increase risk for prostate, breast, ovarian, and other cancers has led to precision genetic counseling for family members of men with prostate cancer
- A more sensitive new imaging technology, PSMA PET, has been developed for visualizing prostate cancer recurrences earlier
- Many new drugs have entered the R&D pipeline for treatment-resistant prostate cancer
- Biomarkers, including AR-V7, have been discovered that help doctors to choose the most appropriate treatments for patients
- Blood tests are being developed to analyze tumor mutations so that patients can avoid invasive biopsies of metastatic disease
- Clinical trials are testing new combination treatment strategies that may enable cures in men previously considered to be incurable
- New prostate cancer immunotherapies are being developed, including engineering a patient’s own immune cells to fight their cancer

PCF is forever grateful for this valued partnership.
1. Since PCF was founded in 1993, the death rate from prostate cancer has been cut in half.

2. PCF has raised over $765 million for prostate cancer research to save and extend men’s lives.

3. PCF has contributed to a 20-fold increase in government funding for prostate cancer research over the past 25 years.

4. There have been approximately 1.4 million prostate cancer deaths averted since the founding of PCF in 1993.

5. PCF has funded almost every practice-changing development in prostate cancer in the last 25 years.

6. In the past few years, PCF has discovered that its goal to end prostate cancer will also address 100s of other forms of human cancer. PCF’s influence in treatment and funding currently overlaps with 67 other forms of cancer, including the top three pediatric cancers.
As a foundation, PCF was among the first to fund research into exceptional responders — or patients who respond to treatment with incredible results — so that exceptional response may one day be common for all men and no longer exceptional at all.

PCF was one of the first scientific authorities to invest in research on lifestyle changes to improve health, including nutrition and exercise — areas of research we now know to be incredibly important for both prevention and disease recovery.

In 2016, PCF partnered with the Department of Veteran’s Affairs to help shepherd extraordinary care for the over 13,000 veterans diagnosed with prostate cancer annually.

PCF funded the early-stage research for 8 FDA-approved, life-extending prostate cancer drugs between 2000 and 2018, with many more currently under investigation.

1. Docetaxel
2. Abiraterone
3. Enzalutamide
4. Apalutamide
5. Sipuleucel T
6. Zoledronic acid
7. Radium-223
8. Denosumab

PCF has sped up the development of lifesaving drugs. By eliminating the challenging administrative hurdles most other sources of funding require, encouraging collaboration among researchers, and requiring our researchers to share results, we have created an HOV lane for drug development.

We give millions of dollars in grants to the best and brightest in the field in the form of Challenge Awards and Young Investigator Awards, with 78 Challenge Awards and 227 Young Investigator Awards granted so far.
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PCF funded the cutting-edge biotechnology of circulating tumor cells (CTC), and in doing so, established CTCs as a way to investigate cancer progression, patient genomics, and to provide treatment selection and inform prognosis for patients.

14
PCF’s global funding engine has supported more than 7,000 scientists involved in 2,000 projects at more than 210 cancer centers and universities in 22 countries around the globe.

15
PCF is the beneficiary of the longest running philanthropic pro sports league partnership in history with the MLB-PCF Home Run Challenge.

16
PCF is part of the largest single cohort study to research and rectify disease disparities in men of African descent.

17
PCF has been a consistent advocate for women in science and has supported young women at the early stages of their careers through the Young Investigator Award Program.

18
PCF was one of the original funders of CAR T-cell therapy in solid tumors, which catalyzed great scientific advancement and further funding for the technology.

19
PCF was also one of the first to fund immunotherapy, contributing to our reputation for funding what the government will not.
20
PCF has been a relentless advocate for men living a full life beyond prostate cancer, particularly in precision screening, active surveillance, alternatives to hormone therapy, alternatives to chemotherapy, and education.

21
25 years of PCF-funded research has extended the lives of men with advanced metastatic disease by an average of 18 months.

22
PCF has spearheaded a culture of collaboration in a field notorious for competition, requiring all of our funded researchers to share their data to help accelerate treatments.

23
PCF was an early adopter of using big data to solve the cancer problem, including funding a data sharing platform for scientists to share information about genetic abnormalities that might overlap all cancers.

24
PCF is not just interested in keeping men healthy and free of prostate cancer, but in keeping the whole family safe. That is why we actively fund research into the genetics of all types of cancer to identify genes that will lead to not only prostate cancer cures, but cures for many other forms of cancer including breast, colon, ovarian, and most major forms of pediatric cancer. To quote PCF’s CEO Dr. Jonathan Simons, “You can’t cure prostate cancer without curing a whole bunch of kids along the way.”

25
With enough funding, we project we can end 99.9% of all death from prostate cancer within 5 years.
2017 marked Major League Baseball (MLB) and PCF’s 22nd season partnering together for the annual Home Run Challenge (HRC) to defeat prostate cancer. Since 1996, this campaign has raised more than $50 million to fund prostate cancer research and has helped reduce the U.S. prostate cancer death rate by more than 50% since its inception. All 30 teams participate annually to help raise funds for our cutting-edge research and bring awareness to the journey ahead to defeat prostate cancer.

Mike Milken joins PCF-funded researcher Nicole Simone and PCF Board member Neal Rodin at the annual Philadelphia HRC Luncheon, which raised a record $1 million thanks to Neal’s leadership and commitment.

2017 Home Run Challenge Smashes Number of Home Runs Hit Tripled During MLB and PCF’s
After witnessing HRC’s profound effect, MLB expanded the campaign’s duration from one to three weeks leading up to Father’s Day. Thanks to this expansion, MLB players hit a record 692 home runs during the campaign, which resulted in a record $4 million raised through pledges and donations! HRC continues to prove its efficacy in fighting for men and families battling prostate cancer worldwide.

John Stanton and Mike Milken share a laugh prior to the HRC-Seattle tour stop. John has been one of HRC’s strongest supporters since taking over ownership of the Mariners in 2016.

PCF Board member Jason Safriet joins Mike Milken on the field at Yankee Stadium after launching a partnership with Credit Suisse to raise more than $500,000 for prostate cancer research.
A Call to Action

The Tough Guy

Never let it be said that women don’t own prostate cancer, that it’s just a man’s disease.

Charlie Robison was surrounded by women: his wife, Gail, his daughters, Gwen Poth and Erin Robison, and his three granddaughters. He so fiercely loved his family that he fought prostate cancer with all his might for 13 years. His family loved him so fiercely in return that they were beside him every step of the way during his valiant battle. And now that it has ended, they continue to honor him by working in his name to defeat this heartbreaking disease.

After Charlie’s diagnosis and initial treatment for prostate cancer, and after it came back, his family was the reason he pushed himself so hard to keep going. They rode bikes, traveled, skied, hiked, and laughed with him, made sure he ate healthy, and got him into clinical trials. Undoubtedly, without their steadfast encouragement, without that foundation of exercise, good diet, and emotional support, Charlie would not have lived so long – and for most of those years, would not have lived so well.

When he was diagnosed in 2002, Charlie – age 59, running a multinational corporation, exercising, at the top of his game – underwent a radical prostatectomy. For two years, his PSA was undetectable and the cancer appeared to be gone. Then it started to creep back up. In 2007, Charlie and Erin hiked to the summit of Mount Rainier in Washington. He and Gail, who would have been married for 50 years in August 2016, continued to travel around the world and to spend time in Copper Mountain, Colorado. An avid skier in a ski-loving family, Charlie made sure his granddaughters got on skis soon after they learned to walk.

The family kept right on fighting his cancer with him, and he tried many different treatments, including external-beam radiation therapy and a clinical trial of chemotherapy.

Charlie started ADT when the cancer started to make itself noticeable. As the cancer progressed, “he physically started to change,” says Erin. “He lost muscle mass and he became very weak, sleeping in a little bit longer – and by that I mean maybe 10 minutes. He still got up and made the bed, got dressed, and kept pushing.”

But as hard as he fought it, prostate cancer pushed back. The PSA kept climbing, and scans showed more cancer in his body. “He wanted to do everything. He tried to do everything,” says Erin. “Up until weeks before he passed, my mom and I were filling out forms for different pharmaceutical companies where they had found treatments for breast cancer that could potentially work. It got to a point where he couldn’t take any more.”

Gwen and Erin credit both their parents with Charlie’s strength. “Dad was naturally very athletic and very active, but my mom had a lot to do with keeping him active, too,” notes Gwen. Even toward the end, Erin adds. “Mom would say, ‘Let’s go walk around the park.’”

The clinical trial was rough. There weren’t many people in it to begin with, says Erin, but “everyone dropped out before my dad. They called him the tough guy.” His family hung tough, too, right alongside him to the end. And now, Gwen and Erin are raising money to help fund the cure with PCF and Many vs. Cancer. “I’m so grateful to have this opportunity to honor him, and hopefully help some others,” says Gwen. “We want to do what we can to make a difference. We need to do more.”
Supporting Cures

There are millions of 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. Precision Immunotherapy
2. Precision Medicine
3. New Precision Drug Discovery

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 from established senior scientists.

Young Investigator Awards
($225,000 for 3-year career investment)
The Young Investigator Awards offer early-career and project support for exceptional investigators (generally 35 years old and younger) and their ideas, who are committing their lives to the field of prostate cancer. Their institutions match the award dollar-for-dollar.
2017 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 2017. We thank you, our friends and supporters, for your continued commitment to PCF’s mission.

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Tyson Family Foundation

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2017 Research Awards
Expanding PCF’s Global Research Enterprise

PCF YOUNG INVESTIGATOR AWARDS
The achievements of PCF Young Investigators represent some of the most game-changing work in all of cancer research. They keep the field of prostate cancer research vibrant with new ideas. In 2017, PCF funded 22 new Young Investigators. By mid-year 2017, PCF had funded a total of 227 Young Investigators since the program began in 2007.

2017 Stewart Rahr-PCF Young Investigator Award
Sarah Amend, PhD
Johns Hopkins University, Baltimore, MD

2017 PCF Young Investigator Award
Year 1 – Don Marron
Year 2 – Rebecca & Nathan Milikowsky
Year 3 – Republic of Tea
Michael Augello, PhD
Weill Cornell Medicine, New York, NY

2017 Milken Family Foundation-PCF Young Investigator Award
Maria Carlo, MD
Memorial Sloan Kettering Cancer Center, New York, NY

2017 Stewart Rahr-PCF Young Investigator Award
Elena Castro, MD, PhD
Spanish National Cancer Research Centre, Madrid, Spain

2017 PCF Young Investigator Award
Year 1 – Tony D. Minella
Year 2 – Tony D. Minella
Year 3 – Richard LeFrak
Michael Cheng, MD
Harvard: Dana-Farber Cancer Institute

2017 David Blitzer-PCF Young Investigator Award
Robert Flavell, MD, PhD
University of California, San Francisco, San Francisco, CA

2017 National Cancer Institute-PCF Young Investigator Award
Stephanie Harmon, PhD
National Cancer Institute, Bethesda, MD

2017 Judy and Ronald Baron-PCF Young Investigator Award
Stefanie Hectors, PhD
Icahn School of Medicine at Mount Sinai Hospital, New York, NY

All attendees present at the 24th Annual PCF Scientific Retreat on Friday, October 6, 2017
2017 Jonathan Kovler–PCF Young Investigator Award
Thomas Hope, MD
University of California, San Francisco, San Francisco, CA

2017 PCF Young Investigator Award in Honor of Earle Mack
Wouter Karthaus, PhD
Memorial Sloan Kettering Cancer Center, New York, NY

2017 National Cancer Institute–PCF Young Investigator Award
Fatima Karzai, MD
National Cancer Institute, Bethesda, MD

2017 Andy Astrachan and Marc Utay–PCF Young Investigator Award
Ping Mu, PhD
University of Texas Southwestern Medical Center, Dallas, TX

2017 Genomic Health–PCF VALor Young Investigator Award
Nicholas Nickols, MD, PhD
University of California, Los Angeles, Los Angeles, CA

2017 Ilan Shalit–PCF Young Investigator Award
Yashar Niknafs, PhD
University of Michigan, Ann Arbor, MI

2017 Progenics–PCF Young Investigator Award
Mark Preston, MD, MPH
Harvard: Brigham and Women’s Hospital, Boston, MA

2017 Brian Sheth–PCF Young Investigator Award
David Quigley, PhD
University of California, San Francisco, San Francisco, CA

2017 Thomas P. Nerney–PCF Young Investigator Award
Ayesha Shafi, PhD
Thomas Jefferson University, Philadelphia, PA

2017 PCF Young Investigator Award
Year 1 – James Fordyce
Year 2 – Stewart Rahr
Year 3 – Leon Wagner
Konrad Stopsack, MD, MPH
Memorial Sloan Kettering Cancer Center, New York, NY

2017 National Cancer Institute–PCF Young Investigator Award
David VanderWeele, MD, PhD
National Cancer Institute, Bethesda, MD

2017 J. Eustace Wolfington–PCF Young Investigator Award
Srinivas Viswanathan, MD, PhD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2017 John Tyson–PCF Young Investigator Award
Di Zhao, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX

2016 Robert Rosenkranz–PCF Young Investigator Award (Funding Year 2 of 3)
Alastair Davies, PhD
University of British Columbia, Vancouver, BC

2016 Brent Nicklas–PCF Young Investigator Award (Funding Year 2 of 3)
Eleonora Dondossola, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX

2015 Pablo Legorreta–PCF Young Investigator Award (Funding Year 2 of 3)
Justin Drake, PhD
University of Minnesota, Minneapolis, MN

2015 Ali and Joe Torre–PCF Young Investigator Award (Funding Year 2 of 3)
Joseph Ippolito, MD, PhD
Washington University, St. Louis, MO

PCF CHALLENGE AWARDS

In 2017, 25 Challenge Award teams were funded by the Foundation. Through peer reviews, PCF selected these projects out of 92 proposals from highly qualified research teams at 63 prestigious cancer centers located in 14 countries. The Class of 2017 Challenge Awards represents an investment of $22.8 million in advanced prostate cancer research.

2017 Movember Foundation–PCF Challenge Awards
Co-Principal Investigators:
Ana Aparicio, MD
The University of Texas MD Anderson Cancer Center, Houston, TX
Nicholas Navin, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX
Theocharis Panaretakis, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX
Peter Kuhn, PhD
University of Southern California, Los Angeles, CA

Goal: Development of biomarkers that can be used to identify patients diagnosed with metastatic prostate cancer who will benefit from treatment of the primary prostate tumor

Co-Principal Investigators:
Felix Feng, MD
University of California, San Francisco, San Francisco, CA
Charles Ryan, MD
University of California, San Francisco, San Francisco, CA
Alan Ashworth, PhD
University of California, San Francisco, San Francisco, CA
Alexander Wyatt, DPhil
Vancouver Prostate Centre, Vancouver, BC

Goal: Identification of how prostate cancers may gain resistance to PARP-inhibitors and investigation of therapeutic approaches for treating these patients
Co-Principal Investigators:
Joshua Lang, MD
University of Wisconsin, Madison, WI
Howard Scher, MD
Memorial Sloan Kettering Cancer Center, New York, NY
Scott Dehm, PhD
University of Minnesota, Minneapolis, MN
Scott Tagawa, MD
Weill Cornell Medicine, New York, NY
Goal: To conduct a clinical trial testing a therapy targeting TROP-2 and develop biomarkers to select patients likely to benefit

Co-Principal Investigators:
Nupam Mahajan, PhD
H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL
Felix Feng, MD
University of California, San Francisco, San Francisco, CA
Goal: To develop a new treatment targeting the androgen-receptor regulating protein ACK1, as a strategy to overcome hormone therapy resistance

Principal Investigator:
Douglas McNeel, MD, PhD
University of Wisconsin, Madison, WI
Goal: To conduct a clinical trial testing the combination of two prostate cancer vaccines plus anti-PD1 checkpoint immunotherapy
Award Donors: Movember Foundation and Distinguished Gentleman’s Ride

2017 PCF Challenge Awards

Co-Principal Investigators:
Ronald DePinho, MD
The University of Texas MD Anderson Cancer Center, Houston, TX
Yaqi Wang, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX
Glen Hart, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX
Goal: To test CHD1 as a therapeutic target in PTEN-mutant prostate cancer, and to identify new precision medicine drug targets
Award Donor: KBBO Group

Co-Principal Investigators:
Karen Knudsen, PhD
Thomas Jefferson University, Philadelphia, PA
Johann de Bono, MD, PhD
Institute of Cancer Research, The Royal Marsden Hospital, London, England
Myles Brown, MD
Harvard: Dana-Farber Cancer Institute, New York, NY
Goal: To determine the role of CBP/p300 in prostate cancer and to develop biomarkers to select patients likely to benefit from treatment with CBP/p300-inhibitors
Award Donors: Janssen Pharmaceuticals, Steve Roth, Neal Rodin

Co-Principal Investigators:
Richard Lee, MD, PhD
Harvard: Massachusetts General Hospital, Boston, MA
Othon Iliopoulos, MD
Harvard: Massachusetts General Hospital, Boston, MA
Goal: To investigate the therapeutic potential for targeting glutamine metabolism pathways for the treatment of prostate cancer
Award Donor: The Stupski Foundation

Co-Principal Investigators:
Alicia Morgans, MD, MPH
Northwestern University, Chicago, IL
Charles Ryan, MD
University of California, San Francisco, San Francisco, CA
Goal: To identify men at risk for cognitive decline during treatment with androgen-targeted therapies, and to develop therapeutic interventions that prevent cognitive decline

Co-Principal Investigators:
Michael Morris, MD
Memorial Sloan Kettering Cancer Center, New York, NY
Steven Larson, MD
Memorial Sloan Kettering Cancer Center, New York, NY
Jens Voortman, MD, PhD
VU University Medical Center, Amsterdam, Netherlands
Goal: To evaluate two new prostate cancer PET imaging methods, F-18 PSMA and FDHT, for their clinical utility and ability to determine tumor heterogeneity
Award Donors: Steve Klinsky, Ted and Dani Virtue, Patrick Racz

Co-Principal Investigators:
Howard Scher, MD
Memorial Sloan Kettering Cancer Center, New York, NY
Mary-Ellen Taplin, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA
Goal: To test an aggressive combination of hormone therapy plus treatment of the primary tumor in high-risk localized or low-volume metastatic prostate cancer
Award Donor: Janssen Pharmaceuticals

Co-Principal Investigators:
Eliezer Van Allen, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA
Alan D’Andrea, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA
Peter Nelson, MD
Fred Hutchinson Cancer Research Center, Seattle, WA
Johann de Bono, MD, PhD
Institute of Cancer Research, The Royal Marsden Hospital, London, England
Goal: Identification of specific mutations in DNA repair genes that render prostate tumors sensitive to treatment with checkpoint immunotherapy
Award Donors: V Foundation, Stewart J. Rahr Foundation

Co-Principal Investigators:
Owen Witte, MD
University of California, Los Angeles, Los Angeles, CA
Goal: Development of a novel CEACAMS-targeting CAR T cell therapy for the treatment of neuroendocrine prostate cancer
Award Donors: Lewis Ranieri, Steve Ross, Anonymous
Co-Principal Investigators:
- Jindan Yu, MD, PhD
  Northwestern University, Chicago, IL
- Maha Hussain, MD
  Northwestern University, Chicago, IL
- Peter Nelson, MD
  University of Washington, Seattle, WA

**Goal:** Determination of the role of the CXCR7/MAPK/ERK pathway in castrate resistant prostate cancer and the therapeutic potential for targeting this pathway

**Award Donor:** The Stupski Foundation

Co-Principal Investigators:
- Amina Zoubeidi, PhD
  Vancouver Prostate Centre, Vancouver, BC
- Himisha Beltran, MD
  Weill Cornell Medicine, New York, NY

**Goal:** Development of a novel therapy targeting BRN2, a driver of the highly aggressive neuroendocrine subtype of prostate cancer, and development of biomarkers to identify patients who may benefit from this treatment.

**Award Donors:** Igor Tulchinsky, Milken Family Foundation

---

**2017 Stein Erik Hagen–PCF Precision Radiopharmaceuticals Program Challenge Award**

Co-Principal Investigators:
- Johannes Czernin, MD
  University of California, Los Angeles, Los Angeles, CA
- Calus Radu, MD
  University of California, Los Angeles, Los Angeles, CA

**Goal:** To conduct preclinical studies and clinical trials testing the efficacy of 177-Lu-PSMA-617, a novel radiation-emitting, prostate cancer-targeted therapy, in advanced prostate cancer

**Award Donor:** Stein Erik Hagen

---

**2017 Stein Erik Hagen–PCF Precision Radiopharmaceuticals Program Challenge Award**

Co-Principal Investigators:
- Shahneen Sandhu, MBBS
  The University of Melbourne, Melbourne, Australia
- Rodney Hicks, MD, MBBS
  Peter MacCallum Cancer Centre, Melbourne, Australia
- Michael Hofman, MBBS
  Peter MacCallum Cancer Centre, Melbourne, Australia
- Scott Williams, MD
  Peter MacCallum Cancer Centre, Melbourne, Australia
- Carleen Cullinane, PhD, ScD
  Peter MacCallum Cancer Centre, Melbourne, Australia
- John Violet, MBBS, PhD
  Peter MacCallum Cancer Centre, Melbourne, Australia
- Paul Neeson, PhD, ScD
  Peter MacCallum Cancer Centre, Melbourne, Australia

**Goal:** To conduct a clinical trial testing the efficacy of a novel radiation-emitting prostate cancer-targeting treatment, 177-Lu-PSMA, in combination with the PARP-inhibitor olaparib, in men with advanced prostate cancer

**Award Donor:** Stein Erik Hagen

---

**2017 Stein Erik Hagen–PCF Precision Radiopharmaceuticals Program Challenge Award**

Co-Principal Investigators:
- Scott Tagawa, MD
  Weill Cornell Medicine, New York, NY
- Neil Bander, MD
  Weill Cornell Medicine, New York, NY
- Shankar Vallabhajosula, PhD
  Weill Cornell Medicine, New York, NY

**Goal:** To conduct clinical trials and correlative studies to understand the efficacy of several highly promising new PSMA-targeted radiation therapies in advanced prostate cancer

**Award Donor:** Stein Erik Hagen

---

**2017 PCF VAlor Challenge Awards**

Co-Principal Investigators:
- Isla Garraway, MD, PhD
  University of California, Los Angeles, Los Angeles, CA
- Beatrice Knudsen, MD, PhD
  Cedars-Sinai Medical Center, Los Angeles, CA
- Peter Kuhn, PhD
  University of Southern California, Los Angeles, CA

**Goal:** To profile mutations and genes expressed in prostate cancer samples from U.S. veterans throughout the course of clinical treatment to identify mechanisms and biomarkers of prostate cancer progression and treatment resistance

**Award Donors:** Todd Boehly, Heritage Medical Research Institute

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**2017 PCF Special Challenge Awards**

PCF AttackJAK Special Challenge Award

**Principal Investigator:**
- Ross Levine, MD
  Memorial Sloan Kettering Cancer Center, New York, NY

**Goal:** Development and validation of JAK2 kinase inhibitors as a novel cancer treatment

**Award Donor:** Arthur Kern

---

Stein Erik Hagen Allmennyttige Stiftelse–PCF Special Challenge Award

**Principal Investigator:**
- Edward Schaeffer, MD
  Northwestern University, Chicago, IL

**Goal:** Identification of genetic and molecular factors that contribute to the development and progression of prostate cancer and can serve as novel therapeutic targets

**Award Donor:** Stein Erik Hagen Allmennyttige Stiftelse
## Consolidated Statement of Financial Position

<table>
<thead>
<tr>
<th>December 31</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2017 Total</th>
<th>2016 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$18,166,964</td>
<td>$6,000,000</td>
<td>$24,166,964</td>
<td>$23,725,932</td>
</tr>
<tr>
<td>Pledges Receivable (Net)</td>
<td>22,763,091</td>
<td>4,833,334</td>
<td>27,596,425</td>
<td>28,451,046</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>1,135,934</td>
<td>-</td>
<td>1,135,934</td>
<td>203,481</td>
</tr>
<tr>
<td>Property and Equipment (Net)</td>
<td>1,865,740</td>
<td>-</td>
<td>1,865,740</td>
<td>709,738</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$43,931,729</td>
<td>$10,833,334</td>
<td>$54,765,063</td>
<td>$53,090,197</td>
</tr>
</tbody>
</table>

| **LIABILITIES AND NET ASSETS** |              |                        |            |            |
| Liabilities                  |              |                        |            |            |
| Accounts Payable             | $1,319,780 | $- | $1,319,780 | $730,582 |
| Accrued Liabilities          | 1,916,705 | - | 1,916,705 | 1,364,526 |
| Deferred Revenue             | 100,000 | - | 100,000 | 200,000 |
| Grants Payable               | 22,612,846 | - | 22,612,846 | 20,442,238 |
| **Total Liabilities**        | $25,949,331 | - | $25,949,331 | $22,737,346 |

| Net Assets                   |              |                        |            |            |
| Unrestricted                 | 17,982,398 | - | 17,982,398 | 23,664,489 |
| Temporarily Restricted       | - | 10,833,334 | 10,833,334 | 6,688,362 |
| **Total Net Assets**         | 17,982,398 | 10,833,334 | 28,815,732 | 30,352,851 |

| **Total Liabilities and Net Assets** | $43,931,729 | $10,833,334 | $54,765,063 | $53,090,197 |
## Consolidated Statement of Activities

### Year Ended December 31

<table>
<thead>
<tr>
<th>Revenue and Public Support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2017 Total</th>
<th>2016 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and Contributions</td>
<td>$33,223,281</td>
<td>$10,833,334</td>
<td>$44,056,615</td>
<td>$41,661,374</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>88,679</td>
<td>-</td>
<td>88,679</td>
<td>39,891</td>
</tr>
<tr>
<td>Other Income (Loss)</td>
<td>(327,539)</td>
<td>-</td>
<td>(327,539)</td>
<td>12,011</td>
</tr>
<tr>
<td>Net Assets Released from</td>
<td>6,688,362</td>
<td>(6,688,362)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Purpose Restrictions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenue and Public Support</strong></td>
<td>39,672,783</td>
<td>4,144,972</td>
<td>43,817,755</td>
<td>41,713,276</td>
</tr>
</tbody>
</table>

### Expenses

#### Program Services:

- Research Grants: 27,813,385
- Compensation, Benefits, and Payroll Taxes: 3,772,146
- Global Scientific Conferences, Unpublished Data, and Knowledge Exchanges: 1,991,482
- Media, Public Relations, and Publications: 941,673
- Professional Fees: 778,077
- Depreciation and Amortization: 380,396
- Outreach, Events, and Meetings: 369,934
- Travel, Meals, and Entertainment: 265,805
- Office Expenses: 204,113
- Occupancy: 165,074

**Total Program Services:** 36,682,085

#### Supporting Services:

- Management and General:
  - Compensation, Benefits, and Payroll Taxes: 1,997,020
  - Office Expenses: 720,302
  - Professional Fees: 380,260
  - Occupancy: 164,195
  - Travel, Meals, and Entertainment: 119,105
  - Media, Public Relations, and Publications: 48,268
  - Depreciation and Amortization: 30,553
  - Other Expenses: 30,000

**Total Supporting Services:** 3,489,703

#### Fundraising:

- Outreach, Events, and Meetings: 2,683,645
- Travel, Meals, and Entertainment: 1,315,149
- Compensation, Benefits, and Payroll Taxes: 529,659
- Office Expenses: 361,721
- Professional Fees: 251,281
- Occupancy: 35,376
- Media, Public Relations, and Publications: 3,999
- Depreciation and Amortization: 2,256

**Total Fundraising:** 5,183,086

**Total Expenses:** 45,354,874

### Change in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2017 Total</th>
<th>2016 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets - Beginning</td>
<td>$(5,682,091)</td>
<td>$(1,537,119)</td>
</tr>
<tr>
<td></td>
<td>4,144,972</td>
<td>6,688,362</td>
</tr>
<tr>
<td></td>
<td>30,352,851</td>
<td>29,750,638</td>
</tr>
</tbody>
</table>

**Net Assets - End of Year:** $17,982,398

---

---
## Consolidated Statement of Cash Flows

<table>
<thead>
<tr>
<th>Year Ended December 31</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>$(1,537,119)</td>
<td>$602,213</td>
</tr>
<tr>
<td><strong>Adjustments to Reconcile Change in Net Assets to Net Cash Used In Operating Activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncollectible Pledges Receivable</td>
<td>30,000</td>
<td>311,000</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>413,205</td>
<td>80,766</td>
</tr>
<tr>
<td>(Increase) Decrease in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledges Receivable</td>
<td>824,621</td>
<td>(4,623,383)</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>(932,453)</td>
<td>(84,903)</td>
</tr>
<tr>
<td>Increase (Decrease) in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>589,198</td>
<td>467,379</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>552,179</td>
<td>54,625</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>(100,000)</td>
<td>(100,000)</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>2,170,608</td>
<td>(913,107)</td>
</tr>
<tr>
<td><strong>Net Cash Provided by (Used In) Operating Activities</strong></td>
<td>2,010,239</td>
<td>(4,205,410)</td>
</tr>
<tr>
<td><strong>CASH FLOWS USED IN INVESTING ACTIVITIES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of Property and Equipment</td>
<td>(1,569,207)</td>
<td>(660,200)</td>
</tr>
<tr>
<td><strong>Net Decrease in Cash and Cash Equivalents</strong></td>
<td>441,032</td>
<td>(4,865,610)</td>
</tr>
<tr>
<td>Cash and Cash Equivalents – Beginning of Year</td>
<td>23,725,932</td>
<td>28,591,542</td>
</tr>
<tr>
<td><strong>Cash and Cash Equivalents – End of Year</strong></td>
<td>$24,166,964</td>
<td>$23,725,932</td>
</tr>
</tbody>
</table>
PROSTATE CANCER FOUNDATION

Independent Auditor’s Report

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, 2017, 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 consolidated financial position of the Prostate Cancer Foundation as of December 31, 2017, 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.

Report on Summarized Comparative Information
We have previously audited Prostate Cancer Foundation’s 2016 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated April 28, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2016 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Green Hasson & Janks LLP

August 15, 2018
Los Angeles, California
2017 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.
## Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Milken</td>
<td>Founder and Chairman, Prostate Cancer Foundation</td>
</tr>
<tr>
<td>Andrew J. Astrachan</td>
<td>Chief Executive Officer, Onyx Partners, Inc.</td>
</tr>
<tr>
<td>Emilio Bassini</td>
<td>Managing Principal, Bassini &amp; Company</td>
</tr>
<tr>
<td>James C. Blair, PhD</td>
<td>Partner, Domain Associates, LLC</td>
</tr>
<tr>
<td>Steven A. Burd</td>
<td>Founder and Chief Executive Officer, Burd Health LLC</td>
</tr>
<tr>
<td>Neil P. DeFeo</td>
<td>Former Founder and Chairman, Sun Products Corporation</td>
</tr>
<tr>
<td>David A. Ederer</td>
<td>Chairman, Ederer Investment Company</td>
</tr>
<tr>
<td>Jonathan Evans</td>
<td>President and Managing Partner, Evans &amp; Co., LLC</td>
</tr>
<tr>
<td>R. Christian B. Evensen</td>
<td>Managing Partner, Flintridge Capital Investments, LLC</td>
</tr>
<tr>
<td>Peter T. Grauer</td>
<td>Chairman, Bloomberg LP</td>
</tr>
<tr>
<td>The Reverend Rosey Grier</td>
<td>Milken Family Foundation</td>
</tr>
<tr>
<td>Stein Erik Hagen</td>
<td>Chairman, Orkla ASA</td>
</tr>
<tr>
<td>Stuart Holden, MD</td>
<td>Clinical Professor of Urology, David Geffen School of Medicine, UCLA Institute of Urologic Oncology, Associate Director, UCLA Institute of Urologic Oncology</td>
</tr>
</tbody>
</table>

## Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jonathan W. Simons, MD</td>
<td>President and Chief Executive Officer</td>
</tr>
<tr>
<td>Ralph Finerman</td>
<td>Chief Financial Officer, Treasurer, and Secretary</td>
</tr>
<tr>
<td>Howard R. Soule, PhD</td>
<td>Executive Vice President, Chief Science Officer</td>
</tr>
<tr>
<td>Stuart Holden, MD</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Christine Jones</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Helen Hsieh</td>
<td>Senior Vice President, Finance and Administration</td>
</tr>
<tr>
<td>Ed Dean</td>
<td>Vice President, Strategic Development</td>
</tr>
<tr>
<td>Benjamin Engel</td>
<td>Vice President, Development Operations</td>
</tr>
<tr>
<td>Jan Haber</td>
<td>Vice President, Events</td>
</tr>
<tr>
<td>Julie DiBiase</td>
<td>Vice President, Original Content</td>
</tr>
<tr>
<td>Colleen McKenna</td>
<td>Vice President, Marketing and Communications</td>
</tr>
<tr>
<td>Rebecca Levine</td>
<td>Chief of Staff, Senior Director, Special Projects and Government Affairs</td>
</tr>
</tbody>
</table>

## Executive Officers

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark Howard</td>
<td>Syndicated TV and Radio Host</td>
</tr>
<tr>
<td>Arthur H. Kern</td>
<td>Investor</td>
</tr>
<tr>
<td>David H. Koch</td>
<td>Board Director, Koch Industries, Inc.</td>
</tr>
<tr>
<td>The Honorable Earle I. Mack</td>
<td>Senior Partner, The Mack Company</td>
</tr>
<tr>
<td>Shmuel Meitar</td>
<td>Chairman and Founder, Aurec Capital</td>
</tr>
<tr>
<td>Lori Milken</td>
<td>Vice President, Prostate Cancer Foundation</td>
</tr>
<tr>
<td>Henry L. Nordhoff</td>
<td>Chairman and Chief Executive Officer, Banyan Biomarkers, Inc.</td>
</tr>
<tr>
<td>Drew Pinsky, MD</td>
<td>Internist, Addictionologist, Assistant Clinical Professor, Psychiatry, University of Southern California Radio and Television Host</td>
</tr>
<tr>
<td>Lynda Resnick</td>
<td>Vice Chairman, The Wonderful Company</td>
</tr>
<tr>
<td>Neal I. Rodin</td>
<td>Managing Director, International Financial Company</td>
</tr>
<tr>
<td>Jason J. Safriert</td>
<td>Managing Director, High Yield and Distressed Sales, Credit Suisse</td>
</tr>
<tr>
<td>Richard V. Sandler</td>
<td>Partner, Maron &amp; Sandler, Executive Vice President, Milken Family Foundation</td>
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PCF celebrates the life and seminal contributions of Dr. Donald S. Coffey of Johns Hopkins University. The most impactful cancer PhD scientist in prostate cancer history, he studied for over 40 years in the lab and mentored over 70 students. Don’s spirit is embedded into how PCF learns, grows, and progresses the entire cancer community. In Dr. Coffey’s living memory, we carry on until not another man dies of prostate cancer.