The Next 25 Years
Beginning the End of Cancer
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MISSION STATEMENT
PCF funds the world’s most promising research to improve the prevention, detection, and treatment of prostate cancer and ultimately cure it for good.

25 years at the forefront of bleeding edge cancer research affords a lot of perspective. With more than 1.5 million more men alive today because of PCF’s innovative cure model, we have earned the right to look forward, and here’s what we see: this is the beginning of the end of cancer.

It has been a long fight – a valiant fight – with many plot twists and turns. So, you might ask, what’s suddenly different?

Investments in big data and global information sharing are bringing together great minds to collaborate in ways they never could have imagined. This convergence allows PCF not only to learn from research across all cancer, but to bring treatments to market that go beyond prostate cancer and into more than 67 other forms of human cancer.

The fight is not over, but inside you’ll find many of the reasons why we think the final chapter has begun.
## The Next 25 Years
### Beginning the End of Cancer

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Dear friends,

For 12 of the last 25 years, it has been my life’s greatest privilege to serve as CEO and President of the Prostate Cancer Foundation. Some might say I’m a peculiar kind of CEO: I’m not a businessman, I’m a physician and a scientist. But, along with Chairman and Founder Mike Milken at the helm, this kind of unconventional thinking has yielded extraordinary results.

Tenacity. Intellectual curiosity. Ability and willingness to learn. Perseverance. Deep thinking. Hustle mindset. Creative problem-solving. These are a few of the qualities that Forbes reports are most desirable in the modern workplace, and these are the qualities that PCF has been fostering for decades in the relationships, science, and researchers that we support.

Here are just 10 of the revolutionary ways PCF continues to shake things up in the research world so that we can catalyze progress, innovate, and deliver the best treatments for patients and families:

1. We actively bring together the world’s best and brightest, working on the most promising ideas.
2. We lead prostate cancer out of the shadows and into the forum of public discussion.
3. We actively require researchers to share unpublished data with each other.
4. We were transparent with every dollar we spend – even before transparency was trendy.
5. We have always given scientists the flexibility to fail in order to succeed boldly.
6. We reward nimble, entrepreneurial behavior and speed progress.
7. We fund interdisciplinary teams of scientists – across institutions and continents – who make innovative drugs that drug companies couldn’t even conceive of.
8. We invest in brilliant (but yet unknown) young researchers with the most game-changing ideas and fearless drive to help patients.
9. We attract and catalyze mutually beneficial partnerships among government, biopharma, academia, and other foundations.
10. We’ve begun to democratize the delivery of precision healthcare. For all the problems the internet has created for medicine – not the very least of which is the dissemination of false information – there’s one amazing feature that supersedes all of its shortcomings combined: PCF has been able to scale and speed the development and delivery of treatments to patients. We can now put the best, most accurate “PCF-blessed” care directly into the hands of patients who previously might not have had access. And, because we can’t take care of patients without taking care of their whole family, we’ve done even more. Thanks to research funded by PCF, we now know that some of the most aggressive prostate cancers are based on genetic mutations that cross
over to other cancers. As just one example, if you have prostate cancer, your daughter may be at increased risk for breast cancer. That’s critical research for patients and families to know about, and for PCF to fund.

Much of what we have been able to accomplish is a product of PCF’s innovative thinking and bold action. PCF has truly transformed the culture of how the cancer community does research. As a patient fighting for your life or your livelihood, you might wonder whether that’s a necessary and important thing to pay attention to (and I might agree). But as an oncologist-physician and CEO whose job it is to make sure we make progress on your behalf, let me assure you that it is.

So, what has building up 25 years of first-in-field research revealed? Here are my top 10 investments from the PCF Research Enterprise that promise to make a difference in the number of patient lives saved in 2019 and beyond:

1. **Precision Radiopharmaceuticals.** PSMA is a protein that lives on the surface of all prostate cancer cells, and we’re learning how to use it as a homing device. PCF is studying radioactive molecules which, when injected into the bloodstream, can seek out and destroy dangerous cancer cells while leaving normal cells alone.

2. **Checkpoint Immunotherapy.** PCF was an early investor in Nobel Prize winner Jim Allison’s work to bring checkpoint immunotherapy to solid tumors. The full benefit of this critical immunotherapy has yet to be seen in prostate cancer, so look for more trials on the horizon.

3. **Natural Killer Cells.** NK cells, i.e. natural killer cells, can kill thousands of chemotherapy-resistant cancer cells (many more than a CAR-T cell can). They are part of the innate immune system, traveling around the body taking out “stressed” cells, such as cancer. PCF researchers are looking at cost-effective ways to isolate, grow, and transfer colonies of these cells – in a directed way – into the body. Our aim is to genetically engineer or “program” these cells to better target cancer.

4. **Microbiome.** There are 30 trillion cells in your body, but there may be as many as 100 trillion micro-organisms living in and on your body. Science is revealing that for cancer treatment (particularly immunotherapy) to be maximally effective, the 100 trillion organisms – referred to as your microbiome – must be in harmony. PCF is investing in precision nutrition research to optimize the care and feeding of your microbiome.
5. **Dark DNA.** For years scientists have been focusing on the “hardware” of cancer: the genes themselves. Dark DNA refers to the software that runs the system; it is inherited from your parents and provides scientists with clues to which people may be more likely to develop cancer. Researchers are discovering that they can do more damage to cancer by tweaking the software code rather than the hardware itself.

6. **Microelectronic Noses that Sniff Out Prostate Cancer.** Dogs are able to smell prostate cancer at a sensitivity that is 10x more effective than our current PSA blood test. PCF has teamed with scientists at MIT to investigate the possibility of developing a robotic nose to detect prostate cancer at a very early stage.

7. **AI for Big Data at the VA.** Prostate cancer is the most common disease among our nation’s heroes: veterans. PCF and the VA are partnering to prevent, screen, and promote research to speed the development of treatments and cures for prostate cancer among veterans. The wealth of electronic data collected in this program will have an extraordinary impact across the entire field of prostate cancer research – involving hundreds of thousands of patients – and beyond.

8. **Neuronal Protection to Reduce Erectile Dysfunction.** Trauma to the body can cause tissue damage. Fortunately, with prostate cancer surgery, we know when the trauma is going to take place (unlike, say, in the case of a stroke), and we know exactly what tissue area will be affected. Researchers are looking into what preventive action might be taken to strengthen and preserve the nerves around the penis before surgery.

9. **Liquid Biopsy.** A PCF Challenge Award team is developing a “liquid biopsy” blood test to assess tumor mutations, replacing the need for invasive, painful, and expensive biopsies of tumors. Results from this test could revolutionize predictions of tumor recurrence and patient prognosis.

10. **Precision Treatment Across Cancer Types** – Unique cancers in unique patients require unique cures. The recent advent of affordable genetic sequencing panels, combined with the cutting-edge innovations listed above, means that the research that PCF has been doing for years – to identify gene targets and develop targeted treatments for prostate cancer – can finally be put to good use. It also means that a drug developed for prostate cancer could be equally useful, if not more so, in colon, breast, lung, or any number of other cancers and has the potential to impact millions of lives.

In 1985, as a young physician-scientist coming out of Johns Hopkins, among the most important lessons imparted to me by my mentor Donald S. Coffey, PhD, was this: experimentation isn't about being right or wrong, but rather about learning something new or unexpected. We are confident that the rewards of that thinking will be bestowed upon everyone from patients, to inventors, to investors.

Here’s the last and final thing I think you need to know: stay tuned. In the next few years, through the amazing work of the Prostate Cancer Foundation, we’ll see medicine so revolutionary that science will finally begin to catch up to science fiction.

Yours in service,

Jonathan W. Simons, MD
President and Chief Executive Officer
PSMA (prostate-specific membrane antigen), is a protein that is expressed on the surface of prostate cancer cells. Because of its properties, PSMA is considered one of the most promising targets for both imaging and treating prostate cancer. **PSMA theranostics** is an emerging field of medicine that combines precise imaging and very specific therapy, using the same molecular target – and the Prostate Cancer Foundation has been involved in this exciting research from the very beginning.
In 1996, PCF-funded scientist and Weill Cornell Medicine physician Neil Bander, MD created an antibody that can target PSMA, and in a series of clinical trials, demonstrated that when attached to a radioactive molecule, this agent could be used to both image and treat prostate cancer. In 2002, a Johns Hopkins team led by another PCF-funded investigator, Martin Pomper, MD, PhD, developed a similar weapon: a PSMA-targeting small-molecule imaging agent. In 2011, with PCF and Movember funding, Pomper’s colleague, Steve Cho, MD, now at the University of Wisconsin, led the first human PET imaging study using Pomper’s agent and found that it was especially good at picking up high-grade Gleason tumors within the prostate – something that men considering active surveillance or treatment for localized cancer really need to know.

Since then, PSMA-PET imaging using a derivative of this small molecule, $^{18}$F-DCFPyL, also developed by Pomper, and with a similar agent developed at the University of Heidelberg in Germany, $^{68}$Ga-PSMA-11, has been shown to outperform all standard imaging methods for detecting metastatic prostate cancer. These tests can identify very small sites of metastasis that may not show up on CT or bone scans. The ability of PSMA-PET to detect metastatic or recurrent disease earlier could shift additional treatment earlier, as well. Depending on whether the spread of cancer is localized, “oligometastatic” (just a few spots of cancer outside of the prostate), or more widespread, treatment may be aimed at specific locations – via salvage radiation, salvage pelvic lymph node removal, or stereotactic body radiation therapy (SBRT) – or may involve systemic therapy.

For example, Johns Hopkins University radiation oncologist and PCF-funded investigator Phuoc Tran, MD, PhD. hypothesizes that in men with oligometastasis, by treating “not only the primary disease in the prostate or the pelvis, but also the few metastatic lesions, perhaps men can actually live a long time without disease progression, and might even be cured.” Using PSMA-PET to show spots of cancer
as small as a few millimeters, SBRT can deliver “highly focused radiation given in an intense fashion,” Tran says. “I tell patients it’s like spot welding: focused on a small area, very intense, and theoretically ablative, meaning it kills all the cancer in that spot.” Tran is testing this hypothesis in a randomized clinical trial.

PCF-funded investigators including Kenneth Pienta, MD, Steven Rowe, MD, PhD, and Mark Markowski, MD, PhD, of Johns Hopkins University; Michael Morris, MD, and Steven Larson, MD, of Memorial Sloan Kettering Cancer Center; Steve Cho, MD of University of Wisconsin; Mark Preston, MD, of Harvard; Brigham and Women’s Hospital; Thomas Hope, MD, of the University of California, San Francisco; and Johannes Czernin, MD, of the University of California, Los Angeles, are now leading pivotal registrational clinical trials for the PSMA-PET imaging agents ¹⁸F-DCFPyL and ⁶⁸Ga-PSMA-11. It is likely that FDA approval will be granted in the very near future for these agents.

Equally exciting, is that when PSMA-targeted agents are hooked up to more powerful radioactive isotopes (those that emit DNA-damaging alpha or beta particles), they become potent cancer therapies. **PSMA-targeting radionuclides** can bring a high dose of radiation directly to cancer cells anywhere in the body, with the potential to kill them. Several different PSMA-targeted radionuclide therapies developed by PCF investigators and others are being tested in clinical trials for prostate cancer. Early reports on these treatments have been highly promising. Radionuclides using Bander’s antibody (J591) for instance, have demonstrated both safety and promising efficacy and continue to be tested in several trials. Another of these agents, ¹⁷⁷Lu-PSMA-617, cut PSA levels by half or more in 62% and 33% of patients in two separate Phase II clinical trials led by PCF-funded investigators Michael Hofman, MD, at Peter MacCallum Cancer Centre in Australia, and Jeremie Calais, MD, at the University of California, Los Angeles, respectively. In these trials, ~10%-15% of patients were considered “exceptional responders,” with PSA or tumor burden going almost entirely to zero, although no patients were cured. ¹⁷⁷Lu-PSMA-617 has now advanced to testing in an international, multicenter, randomized Phase III trial.

PCF is funding numerous investigations into developing and optimizing this new class of treatments, testing them in combination with other treatments and identifying which patients are most likely to benefit and why. PSMA-PET imaging, as it turns out, is likely ideal for identifying which patients are more likely to respond to PSMA-targeted therapies, and is being used to select patients for clinical trials. As Howard Soule, PhD, Executive Vice President and Chief Science Officer of PCF, puts it: “If we can see it, then we can treat it.”

Radioactive isotopes are not the only payload that can be delivered directly to prostate tumors by PSMA-targeting agents. PSMA-targeting treatments that deliver cancer-killing immune cells or chemotherapy are also being developed. For instance, PSMA-targeted CAR T cells have been developed by PCF-funded investigators at the University of Pennsylvania and are now in Phase I clinical trials.

Over the past 25 years, PCF has invested more than $15.8 million in investigations into PSMA as a target for prostate cancer treatment or imaging.
Many vs Cancer

Through this grassroots group of caregivers, survivors, family, friends, and fighters, we have raised more than $1.5 million to defeat prostate cancer once and for all.

One observation we often hear from families who have been affected by cancer is “I feel powerless against this disease. What can I do to help?” Many vs Cancer was founded on the idea that anyone and everyone can make a difference in the fight against cancer. MvC helps bring awareness to each of our social circles and provides easy to use tools to activate your network in support of prostate cancer research. To date, funds have been raised from efforts like backyard parties, lemonade stands, running, cycling, and other events like the PCF Pushup Challenge.

Please visit manyvscancer.org today and join our community.

Here are some of our superstar fund raisers for 2018:

Ramiro Siliezar

Ramiro is an LA-based custodian with a passion for running. After his twin sister was diagnosed with BRCA+ breast cancer, Ramiro decided to dedicate his runs to her and to start fundraising for cancer research. When he learned that the BRCA gene is also an area of focus for the Prostate Cancer Foundation, Ramiro joined Many vs Cancer and started inviting friends, family and local business professionals to support him. To date, he has run over 1,000 miles for PCF, raising nearly $70,000.
It takes more than one person to end prostate cancer.

It takes many.

David Frantz (pictured left)

David, a retired high school golf coach, was voted “Coach of the Year” three times, but he could have never anticipated that he and his older brother, Will, would both be diagnosed with prostate cancer. Will lost his life to the disease, which lit a fire under Dave to help fund PCF’s research. While getting ready to undergo surgery, Dave set up his page and rallied friends together to raise more than $2,400.

Milton High School Cross Country Team

Each year, 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. The team raised $7,159, beating their $7,000 goal. Go Eagles!

Steven Malikowski

Steven, a former Education Program Specialist with the Department of Family Medicine and Community Health at the University of Minnesota, is living with advanced prostate cancer and being treated with a drug that was developed with PCF funding. He wanted to give back to the Foundation and his lifelong dream has been to cycle across the continental US. This year, he did it! Starting at the Virginia coastline, Steven cycled over 4,100 miles, crossing mountains, plains and everything in between. After four months on the road, he dipped his front tire in the Pacific Ocean and celebrated the completion of his ride. Through his journey, Steven raised more than $4,500.
Stephen Eisenmann met his wife Elizabeth in 1990 when they were both working together. There was an instant spark, but they didn’t think much of it at the time since they were both married to other people. Much later, after they had both divorced, Elizabeth moved to Switzerland. “He found me when I moved back to the United States,” says Elizabeth. “This friend of mine calls and says, OK, Steve Eisenmann is going to call you and ask you out on a date; he is so bad at this that you are not going to know that he is asking you out on a date… and you’re so bad at it that you are not going to realize what’s happening. So I’m telling you.”

If you’re the kind of guy who waits 12 years for a woman, I think it’s safe to say you’re the kind of guy who doesn’t give up easily.

So, when Stephen was diagnosed with metastatic prostate cancer in 2016, there was no way he was going down without a fight; “I determined this was a problem to be solved. And at that point, I kind of sat back and I said, ‘Hmm. What’s the first step?’” Stephen used every resource at his disposal, called on friends, and made connections. Eventually, he ended up speaking with PCF CEO Jonathan Simons who recommended he meet with PCF-funded researcher and medical oncologist Dr. Dana Rathkopf at Memorial Sloan Kettering Cancer Center.

Dr. Rathkopf put Stephen on the standard of care at the time – continuous hormone therapy combined with chemotherapy for 6 treatment cycles. Stephen responded to the treatment, and his PSA went down to undetectable. Nevertheless, after about a year, Dr. Rathkopf decided to perform repeat imaging to confirm the response. Despite an undetectable PSA blood test, the imaging showed enlarging lymph nodes. The prostate cancer was back, even though Stephen wasn’t making any PSA. “I said, ‘No big deal,’” recalls Stephen. “‘We’ll just go to the next drug.’”

Unfortunately, it wasn’t that simple. Dr. Rathkopf explained that most current treatments and clinical trials assume that the patient’s cancer cells are making some PSA. Approximately 5% of prostate cancer patients don’t make any PSA, and Stephen was one of them. “There are few trials for men in your situation who don’t make any PSA.”

“When you meet the love of your life so late in life – the whole thing is just like this gut punch,” says Elizabeth, “it was just devastating.” But Dr. Rathkopf, never one to give up either, clarified that while there were few treatment protocols for his cancer, there might be a precision drug. She biopsied his cancer to figure out if there were any genomic markers they could use.
Meanwhile, just days before Stephen’s test results came back, a PCF-funded study out of the University of Michigan found that about 6.9% of prostate cancer patients had a mutation in a gene named CDK12, and that some of those patients had responded to pembrolizumab, an immunotherapy drug that was approved for the treatment of other cancers, but not prostate cancer.

Then the best of the worst of news came in: Stephen had a CDK12 gene mutation marker.

Dr. Rathkopf wanted to give the pembrolizumab immunotherapy a try, but she also wanted Stephen to get a second opinion to ensure that “no stone was left unturned”. She sent him down to Johns Hopkins to see another PCF-funded investigator and medical oncologist, Dr. Emmanuel Antonarakis.

Stephen’s wife was unrelenting in her questioning of Dr. Antonarakis.

Elizabeth asked if all Stephen’s cancer cells made CDK12. Dr. Antonarakis said they did. Elizabeth asked if pembroluzimab killed all cells that made CDK12. Dr. Antonarakis said that it did.

“So, are you telling me he could be cured?” Elizabeth asked. “We don’t use the word cure, we prefer the term complete remission,” said Dr. Antonarakis.

Elizabeth looked at Stephen and said, “Okay honey, we’re going out to celebrate. We got this. You’re going to be cured. I know, it sounds crazy.”

Since all of the patients in the CDK12 Michigan study had prostate cancer that made PSA, the exact treatment protocol for Stephen was not set in stone. He was basically an “N of 1,” as doctors like to say, or his very own clinical trial of one person. They agreed to give Stephen 4 cycles of pembrolizumab, then retest.

But between cycles 2 and 3, Stephen began to feel that his urination had changed. Dr. Rathkopf decided to order another imaging study to evaluate this change, since PSA was not a reliable measure in this case. Stephen was already on his way to his fourth and final treatment the day he missed a call from Memorial Sloan Kettering about his test results.

When Stephen arrived at MSK within the hour, Dr. Rathkopf brought in her whole staff to tell him the news. After only 3 cycles of pembrolizumab, results of his imaging showed a complete response to the treatment.

“The Prostate Cancer Foundation saved my life,” says Stephen, “Dr. Rathkopf saved my life. My wife and my family saved my life. I’m the beneficiary of all that, and I’m the luckiest person in the world.”

Stephen continues to receive pembrolizumab treatments every 3 weeks to keep his prostate cancer at bay. But he doesn’t mind. “I never looked at this like being defeated. My grandkids are a big motivating factor, you know? I want to be there when they get married,” says Stephen. “My father taught me: Never give up. Always fight. Always find a solution.” 😊
July 2018 – The NIH and the Prostate Cancer Foundation have partnered for the largest coordinated research effort in history. The RESPOND study, or Research on Prostate Cancer in Men of African Ancestry: Defining the Roles of Genetics, Tumor Markers, and Social Stress, will study how biological and non-biological factors contribute to African American men being diagnosed with prostate cancer at alarmingly high rates relative to other ethnic groups. The reason these disparities exist is a critical unanswered question in cancer research.

African American men are 76% more likely to be diagnosed with prostate cancer, are more likely to develop an aggressive, quickly progressing form of prostate cancer, and are 2.2 times more likely to die of prostate cancer than men with other ethnic backgrounds.

This $26.5 million study will aim to enroll 10,000 African-American men with prostate cancer into the RESPOND study. Investigators in the study will examine possible associations between aggressive disease and exposures to neighborhood/environmental stressors such as discrimination, early-life adversity, and segregation. They will also study DNA and tumor samples to identify gene variants associated with aggressive prostate cancer. Once researchers have identified genetic changes associated with aggressive prostate cancer, they will investigate how the social environment interacts with those genetic changes.

RESPOND is supported by the National Cancer Institute (NCI) and the National Institute on Minority Health and Health Disparities (NIMHD), both parts of the National Institutes of Health, as well as by the Prostate Cancer Foundation (PCF). The NCI funding will be provided from the 21st Century Cures Cancer Moonshot Initiative.
Drs. Christopher Haiman and John Carpten of USC are two of the many investigators engaged in the RESPOND African American Prostate Cancer Study.

The RESPOND study is supported by the National Cancer Institute and the National Institute on Minority Health and Health Disparities of the National Institutes of Health, under grant number CA214253 and by the Prostate Cancer Foundation.
New Game-Changing Drugs for Advanced Prostate Cancer

Until recently, androgen deprivation therapy (ADT) alone was the front-line treatment option for men with advanced prostate cancer. Unfortunately, nearly all patients will eventually become resistant to ADT, creating an urgent medical need for new treatments.

Fortunately, due in large part to PCF’s funding of crucial basic science research and the early steps of new drug development, the treatment landscape has rapidly evolved over the last two years, with a slew of clinical trials demonstrating that using stronger therapies earlier can be extremely beneficial.

There are now 5 new treatments that demonstrate significant survival benefit or disease progression slowing when used before ADT resistance develops. These include docetaxel chemotherapy and four “second-generation” hormone therapies – abiraterone, enzalutamide, apalutamide, and darolutamide. PCF-funded research pivoted the development of all of these treatments.

Two categories of advanced prostate cancer have benefited from these new therapies:

1. Metastatic prostate cancer that has not yet been treated with ADT (aka metastatic “hormone-sensitive” prostate cancer, mHSPC)

2. Non-metastatic castration-resistant prostate cancer (nmCRPC), a clinical state of rising PSA after ADT and before clinical metastasis is detectable

In mHSPC, the addition of abiraterone or docetaxel at the time men start ADT extended their lives for an average of 17 months in men with high-risk or high-volume metastatic disease. In 2018, the FDA approved abiraterone for men with high-risk mHSPC who were starting ADT. In early 2019,
clinical trial results show that enzalutamide and apalutamide are also effective for mHSPC, and FDA approval is now being sought. It is premature to know which of these treatments is most effective. PCF is funding precision treatment research to answer this question.

nmCRPC was previously a treatment desert without life-prolonging treatments available. These men typically had no other option but to continue taking ADT, despite its diminishing benefit. In 2018, the FDA approved apalutamide and enzalutamide for men with nmCRPC, in combination with ADT. On the horizon is a third option: darolutamide, as results from a Phase III trial have recently been reported as positive. Each of these treatments, when added to ADT, has been shown to delay the onset of metastases by an average of 22–24 months. It is still too early to know if the addition of any of these treatments to ADT in nmCRPC extends survival, but early results hint in that direction.

We at PCF are particularly proud of these new additions to the arsenal of precision treatments for advanced prostate cancer because we helped get these drugs developed. PCF funded the seminal discovery that second-generation hormone therapies could be effective in ADT-resistant prostate cancer – a finding that inspired their development. PCF funded the initial biology and chemistry of both enzalutamide and apalutamide and their early preclinical studies. PCF was instrumental in funding the early stage trial that led to the development of abiraterone, and eventually its FDA approval in 2011. PCF also funded the therapy consortium that conducted early clinical trials for docetaxel which led to its formal development and FDA approval in 2010. We continue to fund research with the promise of finding even more effective treatments for advanced prostate cancer.

“These are very dramatic findings for improving patient care,” 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. Every day, men are still dying of prostate cancer. This is why we fund research: to discover cures and to improve quality of life.”

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February 2019 launched the first-ever Black History Month Assist Challenge. The Atlanta Hawks teamed up with PCF to be the first NBA team to bring the disparity of prostate cancer rates in African American men to center court.

The Atlanta Hawks donated $250 to PCF for every assist they made in the month of February to fund research that will address the fact that African American men are 76 percent more likely to be diagnosed with prostate cancer, and more than twice as likely to die from the disease.

The spotlight the Atlanta Hawks shined on prostate cancer dramatically increased awareness of this disease. Life-saving information about risks and screening reached more than 120,000 people during the 12 NBA games they played in February and reached hundreds of millions more through digital outreach. Thanks to the Atlanta Hawks, more men of all ethnicities will be screened this year, know their risks, and get the early treatment they need.

PCF Director of Corporate Development, Seth Swerdlow is presented with a donation check for $150,000 by Atlanta Hawks NBA team part-owner and Vice Chair, Grant Hill for a successful first-year Black History Month Assist Challenge.
The John and Daria Barry Foundation Precision Oncology Center of Excellence at the VA NY Harbor Healthcare System Manhattan Campus

Through the generosity of the John and Daria Barry Foundation, PCF’s partnership with the Department of Veterans Affairs continues to expand. On November 8, 2018, PCF held a VALOR Dedication Ceremony honoring hundreds of thousands of courageous veterans living with prostate cancer. During the ceremony, PCF president and CEO, Dr. Jonathan W. Simons, recognized the John and Daria Barry Foundation’s transformational gift of $2.5 million to PCF to establish the John and Daria Barry Foundation Precision Oncology Center of Excellence at the Manhattan Campus of the VA NY Harbor Healthcare System (VANYHHS). This center will address the clinical needs of veterans currently battling prostate cancer in the New York metropolitan area and beyond, delivering precision treatments that are tailored to each patient’s care based on a genetic understanding of their disease. This best-in-class care will be made accessible to veterans to honor the sacrifice of those who have served. The precision oncology and genetic counseling that will be provided in Manhattan will help lead to better treatments and cures for all veterans. This research will advance critical scientific knowledge with broad implications for the medical research community’s ability to deliver life-saving precision treatments and cures to cancer patients globally.

For their groundbreaking philanthropy, the Barry Family accepted a special award and honorary doctors’ coats representing the sacred trust between doctor and patients.

Left to right: James Barry, Elizabeth Barry Swanson, John Barry, Daria Becker Barry, Deborah Scher, Martina Parauda, Daria Morgan Barry, and Matthew Barry.

During the ceremony, Director of the VANYHHS, Martina Parauda, graciously acknowledged U.S. veterans in attendance for their years in service.

The VALOR Dedication Ceremony opened with the National Anthem performed by Sergeant Constance Campbell to honor America and the military veterans in attendance.

On behalf of the Secretary’s Center for Strategic Partnerships, U.S. Department of Veterans Affairs Executive Advisor to the Secretary, Deborah Lafer Scher made special remarks.
The 2018 Daniel Dinner marked our seventh dinner at the famed Daniel Boulud New York restaurant. Held biennially, the dinner only accommodates 130 people and is a much more intimate experience than our larger New York dinner held on alternate years. Having now established such a long and close relationship with Chef Boulud, he takes great pride in personally creating a special menu for our guests that never disappoints.

The dinner provides an unusual, up-close-and-personal experience with our entertainment. In 2018, The Evasons, a mentalist husband and wife duo wowed our guests with their mind reading skills and powers of perception. Our special musical performer was Pat Benatar. The legendary singer, songwriter, and actress, is the recipient of 4 Grammy awards and has 2 multi-platinum albums, 5 platinum albums, 3 gold albums, and 15 Billboard Top 40 singles in a career that spans nearly 40 years.

The evening also focused on additional funding of PCF Young Investigator Awards, Challenge Awards, and establishing additional Centers of Excellence in association with our partnership with the VA. The evening successfully brought in more than $8 million, including $5 million for 2 new Centers of Excellence and more than $2 million in new Young Investigator and Challenge Awards.
In December 2018, a not so extravagant, but certainly not subdued party lit up the night and danced on the links of the Madison Club in La Quinta, CA. The event honored a man who not only survived prostate cancer, but generously funded life-saving prostate cancer research. That man was Jerry Weintraub.

His calling wasn’t to promote or manage great musical talent, or produce and direct Hollywood hits... that was his illustrious career. No, his calling was to serve as a lightning rod, bringing joy and building sacred bonds with everyone he met. Regardless of when they parted company, meeting up with Jerry meant tapping straight into that joy as if no time had passed.

The inaugural Jerry Weintraub Celebrity Pro-Am Golf Tournament brought out Hollywood celebrities, musicians, active and retired professional athletes, and terrific PGA Tour talent, young and old, to join incredibly supportive donors for a two-day affair never to be forgotten.

Here's to Jerry and his legacy of giving!
2018 marked Major League Baseball (MLB) and PCF’s 23rd season partnering together for the annual Home Run Challenge (HRC) to defeat prostate cancer. Since 1996, this campaign has raised more than $47 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.

PCF Chairman Mike Milken shares some pre-game field time with Seattle Mariners outfielder, Ichiro Suzuki and Mariners owner, John Stanton during the 2018 HRC-Seattle tour stop. John has been one of HRC’s strongest supporters since taking over ownership of the Mariners in 2016.

The Shenkman family have supported the Home Run Challenge for years. They joined Mike on-field at Yankee Stadium to cheer on their hometown team.
After witnessing the profound effect the Home Run Challenge had, MLB expanded the campaign from 1 week to the entire 3 weeks leading up to Father’s Day. Thanks to this expansion, MLB players hit 530 home runs during the campaign, which resulted in $2.4 million raised through pledges and donations! HRC continues to prove its efficacy in fighting for men and families battling prostate cancer worldwide.
Since PCF was founded in 1993, the death rate from prostate cancer has been cut in half.

PCF has raised more than $765 million for prostate cancer research to save and extend men's lives.

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

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

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

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.
7
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.

8
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.

9
In 2016, PCF partnered with the Department of Veterans Affairs to help shepherd extraordinary care for the more than 13,000 veterans diagnosed with prostate cancer annually.

10
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.

11
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.

12
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.
13
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 African American men.

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.
Since 2007, the Movember Foundation has generously donated $56 million to PCF to support 45 research awards in the U.S., Canada, and Great Britain. We are honored to be in 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 tumor.
- 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.

Movember Foundation Global Action Plan Program Manager, Mark Buzza (seventh from left), and Executive Director of Programs, Paul Villanti (second from right), pose with recipients of the 2018 Movember Foundation-PCF Team Science Challenge Awards at PCF’s 25th Annual Scientific Retreat in Carlsbad, CA.

PCF is incredibly grateful to the Movember Foundation for this invaluable partnership.
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 loyal supporters devoted to fostering breakthrough science with a monthly recurring contribution

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
▶ Support PCF in your estate planning
▶ 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 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 the ideas of exceptional investigators (generally 35 years old and younger), who are committing their lives to the field of prostate cancer. Their institutions match the award dollar-for-dollar.

PCF-VA Center of Excellence Awards
In 2016, the PCF committed to invest $50 million over five years to advance precision medicine for America’s veterans. Together, PCF and the U.S. Veterans Administration are building a network of Precision Oncology Centers of Excellence focused on expanding access to genomic sequencing and innovative clinical research.
2018 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 2018. We thank you, our friends and supporters, for your continued commitment to PCF’s mission.

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8th Annual Sadie Hawkins GT
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13th Annual FLHW Golf Tournament Annual Prostate Cancer Research Invitational
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Battle at Bella Vista
Battle at Broken Sound
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Battle at Katermaya
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Battle at Palm Beach
Battle at Pelican Point
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Ms. Dolores Clouser
Mr. Cory Compton and Mrs. Jacqueline Compton
Mr. Clay Cook
Mr. and Mrs. Stephen Cornes
Mr. Craig J. Couture
Mr. Bruce Cox
Mr. Charles E. Cree
Mr. Edgardo Cruz Martinez
Mr. Thomas Czajkowski
Ms. Dorothy Delarm
Mr. Todd J. Dokken
Mr. Don Douglass and Mrs. Carolynne Douglass
Mr. and Mrs. Gary Dummitt
Ms. Sandra Duncan
Mr. Willard Easton and Mrs. Joyce Easton
Eden Formulations
Mr. Kenneth L. English
Mr. and Mrs. Daniel J. Feiner
Mr. Peter Ferrara
Mr. Carlos Ferrer
Mr. Tom Fever
Mr. Arelen J. Fisher
Mr. Greg Fishwick
Dr. Rich Fonda
Mr. Richard Fournier
Mr. Michael R. Franchio and Mrs. Francio
Mr. Max Fuentes
Mr. Thomas Fuller  
Mr. Ryan Gilmartin  
Mrs. Joyce Gonzales  
Mr. Gary M. Goodfriend  
Mr. Robert Greenbaum and Mrs. Heidi Greenbaum  
Mr. Michael D. Grills  
Ms. Diana Gutkina  
Mr. James G. Hammond  
Ms. Julie A. Hansen  
Mrs. Hope Hare  
Mr. Kent L. Hastings and Mrs. Libby Hastings  
Mr. William R. Hasty and Mrs. Sara Hasty  
Mr. Barry L. Heath  
Ms. Corrie Henderson  
Mr. Joseph Hewell  
Mr. Bradford L. Hillegass  
Mr. Nevin Hoke  
Mr. Robert Horwitz  
Mr. and Mrs. Mark W. Johnson  
Mr. Robert A. Johnson and Mrs. Paula Johnson  
Mr. Roger A. Jones  
Mr. Tom Joplin and Mrs. Shannon Joplin  
Dr. Robert R. Jorgensen and Mrs. Dorothy Jorgensen  
Mrs. Michael I. Joseph  
Mr. Damian J. Kelly  
Dr. David Kenworthy and Mrs. Sharon Kenworthy  
Mr. Joseph Keyes  
Mr. Stephen Kilpatrick  
Dr. Haydn Kissick  
Mr. William D. Kleeman  
Mrs. Mary Kowalski  
Dr. Robert A. Kraft  
Mr. Albert Latino and Mrs. Madelaine Latino  
Mrs. Janet Lehoullier  
Mr. Steven Leonido-John  
Mr. John A. Lever  
Mr. and Mrs. Todd Lewandowski  
Dr. Tom Lewis  
Mr. Robert Lorion  
Mr. Garry Louers, Sr.  
Mr. James MacDonald  
Mrs. Tania J. Malven  
Mr. Jacob Mandel  
Ms. Andrea Marsh  
Mr. David Mason  
Mr. Dean K. Mathis  
Mr. Kenny D. Maynes and Mrs. Maynes  
Mr. Joseph Mazzeo  
Prof. Michael and Kathryn McCarthy  
Capt. William T. McCluskey  
Mr. Steven McDonald  
Mr. John Mihalchik  
Mr. Dean Minard  
Ms. Denise Moad Hollingsworth  
Mr. Freeman M. Montaque, Jr.  
Mr. and Mrs. Dennis G. Morgan  
Mr. John E. Moseley and Mrs. R. Victoria Moseley  
Ms. Kathy Nickerson  
Ms. Sarah Noon  
Mr. Francis Jerry Norder  
Mr. Steven Nordstrom  
Mr. Raymond V. O’Connor, Jr.  
Mr. Michael Olds  
Mr. Dennis Ortland  
Mrs. Mary H. Ott  
Mr. Gregg H. Overman and Mrs. Leona Strizich Overman  
Mr. Thomas Padrick  
Mr. James Paloyan  
Ms. Lisa Palumbo  
Mr. and Mrs. Richard A. Parrish  
Mr. Mark Payton  
Mr. Robert Peach  
Mr. Ronald L. Perry  
Mr. John Plunkett  
Rev. William W. Prior and Mrs. Mary Prior  
Mr. Sachin Purekar  
Mr. Bradley Quale  
Mr. Frank Quale  
Mr. Ben J. Rainbolt  
Mr. Marcio L. Rangel  
Mr. Mark Recouley  
Mr. Gerard Reynolds  
Mr. Riley Rice  
Ms. Kathryn Rittweger  
Mr. and Mrs. Richard Roberson  
Mr. Dan J. Roessner  
Ms. and Dr. Jeanne Rose  
Mr. Kenneth L. Rose, III  
Mr. Rudolf Rottenfusser and Mrs. Hanna Rottenfusser  
Mr. Blair Samuelson  
Mr. Thomas A. Sawyer and Mrs. Susan Sawyer  
Dr. Richard Schatz  
Dr. Michael Scheerer  
Mr. John Schmoldt  
Dr. David M. Shames  
Mr. Robert H. Sherman and Mrs. Corrine Sherman  
Mr. Joseph Shimian, III  
Mr. Derek Simpson  
Dr. Kirk H. Smith  
Mr. Mark C. Smith  
Mr. Mike Smith  
Mr. Lee Stahl  
Mr. Leland L. Stanford  
Mr. and Mrs. William E. Steggall  
Dr. Michael S. Stern and Mrs. Joan Stern  
Lesley and Robert Stern  
Mr. Jeff Strank  
Mr. and Mrs. Donald Stroh  
Mr. Seth Swedlow  
Mr. and Mrs. Richard Szilasi  
Mr. Richard Taylor  
Mr. Paul A. Thiede  
Mr. Charles Thomas  
Mr. Kenneth Thomas  
Ms. Andrea Thompson  
Mr. and Mrs. James E. Thompson  
Mr. Belal M. Tiba  
Mr. George C. Torres and Mrs. Colette Torres  
Mr. Steven L. Trubey  
Mr. Duane E. Trump and Mr. Edan Trump  
Mr. Thomas R. Utesch and Mrs. Jetta Utesch  
Mr. Heinrich Vaseur  
Mr. Michael Vass  
Mr. Demonso A. Waters, Sr.  
Mr. Kevin Webb  
Mr. Jeff Weemhoff  
Mr. Donald Welch  
Mr. Jeff D. Welch  
Mr. Thomas White  
Mr. Drew Whittington  
Mr. Dave Wilder and Mrs. Mary Wilder  
Mr. Lawrence Williams  
Mr. and Mrs. Howard J. Willis  
Mr. Wayne K. Wilson and Mrs. Renate Wilson  
Mr. Ken Wiseman  
Mr. Leslie Wood  
Mr. Robert Yebuah  
Mrs. Darcy Zalewski  
Mr. Robert F. Zuppert Jr. and Mrs. Emily Zuppert

Memorial Tribute Funds

Funds that contributed $1,000 or more

In Memory of:

Nathan Baden  
Rodd Breman  
Daniel J. Brown  
William G. Bryant  
Kent C. Buehner  
Ralph Bushnell  
Steven P. Caley  
Gary Colbent  
Stephan S. Cole  
Jerry J. Comanico  
Larry G. Cornell  
Chuck Crist  
Moti S. Daswani  
Thomas F. Delaney  
Jimmy Ray Dieringer  
Joseph P. DiNapoli  
Bud Dunham  
Harry Falber  
Stuart Fiore  
Miles D. Freitag  
Edward Gal  
Harold Gantz  
John G. Gilmour  
Sally Goldman  
Robert E. Goulding  
Leo F. Griffin  
Daryl Gross  
John Haas  
Frank J. Heidler  
Thomas Hendricks  
Raymond W. Hine  
Andrew Hruszkewycz  
Thomas E. Jones  
George P. Kelley  
Daniel R. Kramer  
James L. Leachman  
Vincent Lombardi  
David B. Longson  
Chester C. Lucido  
Robert C. Mabry  
Britt M. Moffett  
Ezra Novak  
Anthony L. Pantera  
Mark A. Perrelli  
Harlan Pruger  
Lawrence M. Rhodes  
Alton J. Sadler  
James H. Scherer  
William G. Schmidt  
Douglas H. Simpson  
James T. Sloan  
Reed B. Somberg  
Frederick J. Stabbert  
Richard L. Starkey  
Lawrence J. Stupski  
Tim Taylor  
Robert Temple  
Lawrence Thalmann  
Gary W. Titus  
Jal L. Wallberg  
Jerry Weintraub  
Janet O. White  
Robert H. Young  
David W. Zauel

Honorary Tribute Funds

Funds that contributed $1,000 or more

In Honor of:

Elliott Abramowitz  
Jason Adams  
Andrew J. Astrachan  
Adam P. Dicker  
R. Christian B. Evensen  
Stuart Fiore  
Harold Gantz  
Bob Jee  
Gary Lauderdale  
Edward Lofstrom  
Earle I. Mack  
Simon McKee  
Michael Milken  
John Milko  
Nelsen Money  
Bonnie L. Pfeifer Evans  
Jonathan W. Simons  
Julius H. Zobel  

Represents annual donations (gifts, not pledges) between January 1, 2018 and December 31, 2018.
2018 Research Awards
Expanding PCF’s Global Research Enterprise

All attendees present at the 25th Annual PCF Scientific Retreat on Friday, October 26, 2018

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 2018, PCF funded a Foundation record of 29 new Young Investigators. By mid-year 2018, PCF had funded a total of 255 Young Investigators since the program began in 2007.

2018 Paz Littman & Morris Kahn-PCF Young Investigator Award
Saul AlDubayan, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2018 Clovis Oncology-PCF Young Investigator Award
Mohammad Asim, PhD
University of Surrey, Surrey, England

2018 Lenny Sands-PCF VA lor Young Investigator Award
Hala Borno, MD
University of California, San Francisco, San Francisco, CA

2018 Jay Jordan-PCF VA lor Young Investigator Award
Frank Cackowski, MD, PhD
University of Michigan, Ann Arbor, MI

2018 Tony D. Minella-PCF VA lor Young Investigator Award
Megan Caram, MD
University of Michigan, Ann Arbor, MI

2018 Todd Boehly-PCF Young Investigator Award
Kellie Cotter, PhD
University of Bern, Bern, Switzerland
2018 Jeremy Coller-PCF Young Investigator Award
Anis Hamid, MBBS
Harvard: Dana-Farber Cancer Institute, Boston, MA

2018 National Cancer Institute-PCF Young Investigator Award
Jennifer Jones, MD, PhD
National Cancer Institute (NCI), Bethesda, MD

2018 John & Daria Barry Foundation-PCF VA lor Young Investigator Award
Salma Kaochar, PhD
Baylor College of Medicine, Houston, TX

2018 Michael & Lori Milken Family Foundation-PCF Young Investigator Award
Sheng-Yu Ku, PhD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2018 John & Daria Barry Foundation-PCF VA lor Young Investigator Award
Hui Li, PhD
University of California, San Francisco, San Francisco, CA

2018 ASTRO-PCF Career Development Award to End Prostate Cancer
Brandon Mahal, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2018 Thomas H. Lee-PCF VA lor Young Investigator Award
Danil Makarov, MD
New York University, New York, NY

2018 Thomas Finke-PCF VA lor Young Investigator Award
Megan McNamara, MD
Duke University, Durham, NC

2018 Rebecca and Nathan Milikowsky-PCF Young Investigator Award
Kent Mowu, MD, PhD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2018 James Maguire-PCF Young Investigator Award
Vivek Narayan, MD
University of Pennsylvania, Philadelphia, PA

2018 John & Daria Barry Foundation-PCF VA lor Young Investigator Award
David Oh, MD, PhD
University of California, San Francisco, San Francisco, CA

2018 Foundation 14-PCF Young Investigator Award
Eileen Parke, MD, PhD
Queen’s University Belfast, Belfast, Northern Ireland

2018 Gina Rinehart-PCF Young Investigator Award
Raquel Perez-Lopez, MD, PhD
Vall d’Hebron Institute of Oncology, Barcelona, Spain

2018 PCF VA lor Young Investigator Award
Year 1 – Keith Frankel
Year 2 – Michael DeAddio
Year 3 – Thomas H. Lee
Sethuramasundaram Pitchiaya, PhD
University of Michigan, Ann Arbor, MI

2018 Seth Bernstein-PCF Young Investigator Award
Nicholas Reder, MD, MPH
University of Washington, Seattle, WA

2018 Igor Tulchinsky-PCF VA lor Young Investigator Award
Zachery Reichert, MD, PhD
University of Michigan, Ann Arbor, MI

2018 Clay Hamlin-PCF Young Investigator Award
in Honor of H. Ward Hamlin, Jr.
Veronica Rodriguez-Bravo, PhD
Thomas Jefferson University, Philadelphia, PA

2018 Michael & Lori Milken Family Foundation-PCF Young Investigator Award
Joshua Russo, MD, PhD
Harvard: Beth Israel Deaconess Medical Center, Boston, MA

2018 Larry Ruvo-PCF Young Investigator Award
Adam Sharp, MD, PhD
Institute of Cancer Research, The Royal Marsden Hospital, London, England

2018 PCF Young Investigator Award in Honor of Selma Rabin
Min Yuen Teo, MD
Memorial Sloan Kettering Cancer Center, New York, NY

2018 Seth Bernstein-PCF Young Investigator Award
Vasanthi Viswanathan, PhD
Broad Institute of MIT & Harvard, Cambridge, MA

2018 National Cancer Institute-PCF Young Investigator Award
Scott Wilkinson, PhD
National Cancer Institute, Bethesda, MD

2018 John & Daria Barry Foundation-PCF VA lor Young Investigator Award
David Wise, MD, PhD
New York University, New York, NY

2016 Michael DeAddio-PCF Young Investigator Award
(Funding Year 3 of 3)
Alastair Davies, PhD
University of British Columbia, Vancouver, BC

2016 Adrianne and Jerry Cohen-PCF Young Investigator Award
(Funding Year 3 of 3)
Eleonora Dondossola, PhD
The University of Texas MD Anderson Cancer Center, Houston, TX

All PCF Young Investigators present at the 25th Annual PCF Scientific Retreat
PCF CHALLENGE AWARDS

In 2018, 20 Challenge Award teams were funded by the Foundation. Through peer reviews, PCF selected these projects out of 70 proposals from highly qualified research teams at 48 prestigious cancer centers located in 9 countries. The Class of 2018 Challenge Awards represents an investment of nearly $17 million in advanced prostate cancer research.

2018 Movember Foundation–PCF Challenge Awards

Co-Principal Investigators:
Mark Pomerantz, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA
Philip Kantoff, MD
Memorial Sloan Kettering Cancer Center, New York, NY

Goal: To determine the prevalence and prognostic significance of inherited DNA Damage Repair gene alterations in high-risk localized prostate cancer, and model the impact of germline screening and risk-tailored management in this population

2018 Movember Foundation–PCF VAlor Challenge Award

Co-Principal Investigators:
Julie Graff, MD
VA Portland Healthcare System, Portland, OR
Amy Moran, PhD
Oregon Health & Science University, Portland, OR
Karen Sfanos, PhD
Johns Hopkins University, Baltimore, MD

Goal: To conduct a clinical trial testing a therapy targeting TROP-2 and develop biomarkers to select patients likely to benefit

2018 Movember Foundation–PCF VAlor Challenge Award

Co-Principal Investigators:
Steven Patierno, PhD
Duke University, Durham, NC
Daniel George, MD
Duke University, Durham, NC
Jennifer Freedman, PhD
Duke University, Durham, NC
Jiaoti Huang, MD, PhD
Duke University, Durham, NC
Amanda Hargrove, PhD
Duke University, Durham, NC

Goal: To determine whether altered RNA splicing drives more aggressive prostate cancer in African American men, and the therapeutic potential for targeting this biology

2018 Movember Foundation / Distinguished Gentleman’s Ride-PCF VAlor Challenge Award

Co-Principal Investigators:
Susan Halabi, PhD
Duke University, Durham, NC
Christopher Sweeney, MBBS
Harvard: Dana-Farber Cancer Institute, Boston, MA
Jayne Tierney, PhD
University College London Cancer Institute, London, England

Goal: To identify intermediate clinical endpoints that reliably predict overall survival in men with metastatic hormone sensitive prostate cancer, in order to speed and improve clinical trials

2018 PCF Challenge Awards

Co-Principal Investigators:
Emmanuel Antonarakis, MD
Johns Hopkins University, Baltimore, MD
Sushant Kachhap, PhD
Johns Hopkins University, Baltimore, MD

Goal: To evaluate the efficacy of bipolar androgen therapy followed by immunotherapy in advanced prostate cancer patients, and define biomarkers and mechanisms of response

Award Donor: The Morris & Alma Schapiro Fund

Co-Principal Investigators:
Steven Balk, MD, PhD
Harvard: Beth Israel Deaconess Medical Center, Boston, MA
Huihui Ye, MD
Harvard: Beth Israel Deaconess Medical Center, Boston, MA
David Avigan, MD
Harvard: Beth Israel Deaconess Medical Center, Boston, MA

Goal: To develop biomarkers that predict responsiveness to checkpoint immunotherapy, and identify mutated tumor proteins that have potential as tumor vaccine targets

Award Donors: Stewart J. Rahr Foundation and various other donors

Co-Principal Investigators:
George Coukos, MD, PhD
University of Lausanne, Lausanne, Switzerland
Mark Rubin, MD
University of Bern, Bern, Switzerland

Goal: To investigate whether radiation therapy can improve responses to checkpoint immunotherapy in prostate cancer, and develop biomarkers to identify patients likely to benefit from this combination

Award Donor: Stewart J. Rahr Foundation

Co-Principal Investigators:
Claire Fletcher, PhD
Imperial College London, London, England
Charlotte Bevan, PhD
Imperial College London, London, England

Goal: To determine whether the genome-protecting RNA NORAD may serve as a new treatment target and as a biomarker to predict treatment responses

Award Donor: John Black Charitable Foundation

Co-Principal Investigators:
Rakesh Heer, MBBS, PhD
Newcastle University, Newcastle upon Tyne, England

Goal: To develop a prostate cancer organoid model system that recreates tumor mutations from individual patients and aids in selecting precision medicine treatments

Award Donors: John Black Charitable Foundation, John Drew

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Co-Principal Investigators:
Philip Kantoff, MD  
Memorial Sloan Kettering Cancer Center, New York, NY
Lorelei Mucci, ScD, MPH  
Harvard T.H. Chan School of Public Health, Boston, MA
Ellie Papaemmanuil, PhD  
Memorial Sloan Kettering Cancer Center, New York, NY
Michael Berger, PhD  
Memorial Sloan Kettering Cancer Center, New York, NY
Ross Levine, MD  
Memorial Sloan Kettering Cancer Center, New York, NY

Goal: To determine whether clonal hematopoiesis, a condition characterized by the accumulation of mutations in blood cells, promotes worse outcomes in prostate cancer patients and influences the efficacy or toxicity of treatments
Award Donor: Anonymous

Co-Principal Investigators:
Aaron LeBeau, PhD  
University of Minnesota, Minneapolis, MN
Brandon Moriarty, PhD  
University of Minnesota, Minneapolis, MN
Charles Ryan, MD  
University of Minnesota, Minneapolis, MN
Todd DeFor, MS  
University of Minnesota, Minneapolis, MN
Jeffrey Miller, MD  
University of Minnesota, Minneapolis, MN

Goal: To develop a novel CD133-targeted NK cell immunotherapy for the treatment of aggressive variant prostate cancer
Award Donors: Anonymous, The Lawrence R. Souza Revocable Living Trust, Foundation 14

Co-Principal Investigators:
Douglas McNeel, MD, PhD  
University of Wisconsin, Madison, WI
Jamey Weichert, PhD  
University of Wisconsin, Madison, WI

Goal: To investigate the efficacy of combining checkpoint immunotherapy, anti-tumor vaccines, and targeted radionuclide therapy for the treatment of prostate cancer
Award Donors: Janssen Pharmaceuticals and anonymous donor

Principal Investigators:
Kenneth Pienta, MD  
Johns Hopkins University, Baltimore, MD
Johann de Bono, MD, PhD  
Institute of Cancer Research, The Royal Marsden Hospital, London, England
Peter Kuhn, PhD  
University of Southern California, Los Angeles, CA
Bruce Trock, PhD, MPH  
Johns Hopkins University, Baltimore, MD
Tamara Lotan, MD  
Johns Hopkins University, Baltimore, MD
Jun Luo, PhD  
Johns Hopkins University, Baltimore, MD

Goal: To develop biomarkers for early identification of prostate cancer patients at risk for lethal disease and determine the steps by which prostate cancer metastasizes
Award Donors: David Fleischer and various other donors

Co-Principal Investigators:
Ganesh Raj, MD, PhD  
University of Texas Southwestern Medical Center, Dallas, TX
Xiankai Sun, PhD  
University of Texas Southwestern Medical Center, Dallas, TX

Goal: To develop novel drugs for neuroendocrine prostate cancer which can simultaneously be used for both imaging and treatment
Award Donors: The Lawrence R. Souza Revocable Living Trust, Jeff Zisk

2018 PCF VAlor Challenge Awards

Co-Principal Investigators:
Thomas Hope, MD  
University of California, San Francisco, San Francisco, CA
Matthew Rettig, MD  
University of California, Los Angeles, Los Angeles, CA
Michael Morris, MD  
Memorial Sloan Kettering Cancer Center, New York, NY
Matthias Eiber, MD  
Technical University of Munich, Munich, Germany

Goal: To determine factors associated with response to PSMA-targeted radionuclide therapy and improve selection of patients most likely to benefit from this treatment
Award Donors: Peter Grauer, Michael Berns, Michael DeAddio, Randy King

Principal Investigator:
Nima Sharifi, MD  
Cleveland Clinic Foundation, Cleveland, OH

Goal: To determine the mechanisms by which the glucocorticoid receptor pathway can drive resistance to androgen receptor-targeted therapies, and develop new treatments to target this pathway
Award Donor: Larry Mizel

Co-Principal Investigators:
Michael Shen, PhD  
Columbia University Medical Center, New York, NY
Charles Drake, MD, PhD  
Columbia University Medical Center, New York, NY
Andrea Califano, PhD  
Columbia University Medical Center, New York, NY

Goal: To identify and validate individualized treatments that target novel prostate cancer drivers in the tumor microenvironment
Award Donor: Stewart J. Rahr Foundation

2018 PCF Special Challenge Awards

Co-Principal Investigators:
Howard Scher, MD  
Memorial Sloan Kettering Cancer Center, New York, NY
Dana Tsui, PhD  
Memorial Sloan Kettering Cancer Center, New York, NY
Patrick Erdman, DO  
Memorial Sloan Kettering Cancer Center, New York, NY

Goal: To investigate the impact of various blood collection methods and patient factors on results from liquid biopsy tests in order to accelerate the development of prostate cancer precision medicine tests that can be used in routine practice settings
Award Donor: Stewart J. Rahr Foundation

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

The ICECaP Initiative: Assessment of Intermediate Clinical Endpoints
Principal Investigator:
Christopher Sweeney, MBBS  
Harvard: Dana-Farber Cancer Institute

Goal: To identify intermediate clinical endpoints that serve as reliable surrogates for overall survival in localized prostate cancer clinical trials in order to accelerate the development of new treatments for these patients
Award Donors: Dendreon and Sanofi Genzyme
PCF VALOR PRECISION ONCOLOGY CENTER OF EXCELLENCE AWARDS

As of October 2018, 10 Precision Oncology Centers of Excellence were funded by the Foundation through PCF’s now 2-year partnership with the U.S. Veterans Administration. The Class of 2018 PCF-VALOR Centers of Excellence Awards represents a commitment of $25.5 million over 5 years to provide U.S. veterans with the same or better precision oncology care and the same access to clinical trials as our most fortunate private citizens.

The 2018 Stewart J. Rahr Foundation Precision Oncology Center of Excellence Award
Principal Investigator:
Ajjai Alva, MD
VA Ann Arbor Healthcare System / University of Michigan, Ann Arbor, MI

The Blavatnik Family Foundation Precision Oncology Center of Excellence Award
Principal Investigator:
Antonio Fojo, MD, PhD
James J. Peters VA Medical Center / Columbia University Medical Center, Bronx, NY

The Robert Frederick Smith Precision Oncology Center of Excellence Award
Principal Investigator:
Joshua Meeks, MD, PhD
Jesse Brown VA Medical Center / Northwestern University, Chicago, IL

The Stephen J. Cloobeck Precision Oncology Center of Excellence Award
Principal Investigator:
Robert Bruce Montgomery, MD
VA Puget Sound Health Care System / University of Washington, Seattle, WA

The John and Daria Barry Foundation Precision Oncology Center of Excellence Award
Principal Investigator:
Danil Makarov, MD
VA New York Harbor Healthcare System / New York University, Manhattan, NY

The Lori and Michael Milken Family Foundation Precision Oncology Center of Excellence Award
Principal Investigator:
Matthew Rettig, MD
VA West Los Angeles Medical Center / University of California, Los Angeles, Los Angeles, CA

The Trailsend Foundation and Elaine Wynn Precision Oncology Center of Excellence Award
Principal Investigator:
Megan McNamara, MD
Durham VA Medical Center / Duke University, Durham, NC

The Andy Astrachan and Marc Utay Precision Oncology Center of Excellence Award
Principal Investigators:
Kyle Robinson, MD
Corporal Michael J. Crescenz VA Medical Center / University of Pennsylvania, Philadelphia, PA
Nevena Damjanov, MD
Corporal Michael J. Crescenz VA Medical Center / University of Pennsylvania, Philadelphia, PA

The John and Daria Barry Foundation Precision Oncology Center of Excellence Award
Principal Investigator:
Kosj Yamoah, MD, PhD
VA Sunshine Healthcare Network, Tampa, FL / H. Lee Moffitt Cancer Center & Research Institute, St. Petersburg, FL
ANNUAL PCF WOMEN IN SCIENCE FORUM

The Prostate Cancer Foundation is acknowledging the amazing contributions that women have made in the field of science and medicine, specifically in prostate cancer research.

Before PCF began to encourage prostate cancer researchers by funding their early careers, the numbers of women in the field were few. Through our Young Investigator Awards and team science Challenge Awards programs, PCF has helped to increase the number of women who are building a long-term career in prostate cancer research.

"The Prostate Cancer Foundation has really led the effort in supporting women in science,” said PCF Young Investigator Stacy Loeb, MD, of New York University.

The prostate cancer field has historically been male-dominated. Beginning in 2016, in recognition of career issues unique to women, three female PCF-funded investigators, Drs. Karen Knudsen, PhD (Thomas Jefferson University), Lorelei Mucci, ScD (Harvard School of Public Health), and Himisha Beltran, MD (Weill Cornell Medicine), organized a PCF Women in Science Forum at PCF’s Annual Scientific Retreat, to which all female (and any interested male) attendees are invited to attend. The goals of the Forum are to create a network of PCF-funded women scientists, to team-build through discussion and social events, to ensure a strong pipeline of female prostate cancer researchers and clinicians, and to identify opportunities for further training, mentoring, and synergy of a stellar network of female prostate cancer researchers and clinicians.

# Consolidated Statement of Financial Position

**December 31**

<table>
<thead>
<tr>
<th></th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2018 Total</th>
<th>2017 Total</th>
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<td><strong>ASSETS</strong></td>
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<tr>
<td>Cash and Cash Equivalents</td>
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<td><strong>LIABILITIES AND NET ASSETS</strong></td>
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<td>Liabilities</td>
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<td>Accounts Payable</td>
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<td>Net Assets</td>
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<td>Without Donor Restrictions</td>
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<td>7,887,245</td>
<td>17,982,398</td>
</tr>
<tr>
<td>With Donor Restrictions</td>
<td>-</td>
<td>17,375,000</td>
<td>17,375,000</td>
<td>10,833,334</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>7,887,245</td>
<td>17,375,000</td>
<td>25,262,245</td>
<td>28,815,732</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$ 33,608,155</td>
<td>$ 17,375,000</td>
<td>$ 50,983,155</td>
<td>$ 54,765,063</td>
</tr>
</tbody>
</table>
## Consolidated Statement of Activities

**Revenue and Public Support**

<table>
<thead>
<tr>
<th></th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2018 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and Contributions</td>
<td>$28,693,134</td>
<td>$13,375,000</td>
<td>$42,068,134</td>
<td>$44,056,615</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>232,741</td>
<td>-</td>
<td>232,741</td>
<td>88,679</td>
</tr>
<tr>
<td>Other Income (Loss)</td>
<td>(274,082)</td>
<td>-</td>
<td>(274,082)</td>
<td>(327,539)</td>
</tr>
<tr>
<td>Total Net Assets Released from Donor Restrictions</td>
<td>6,833,334</td>
<td>(6,833,334)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue and Public Support</strong></td>
<td><strong>35,485,127</strong></td>
<td><strong>6,541,666</strong></td>
<td><strong>42,026,793</strong></td>
<td><strong>43,817,755</strong></td>
</tr>
</tbody>
</table>

**Expenses**

**Program Services:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2018 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Grants</td>
<td>28,275,948</td>
<td>-</td>
<td>28,275,948</td>
<td>27,813,385</td>
</tr>
<tr>
<td>Compensation, Benefits, and Payroll Taxes</td>
<td>3,972,609</td>
<td>-</td>
<td>3,972,609</td>
<td>3,772,146</td>
</tr>
<tr>
<td>Global Scientific Conferences, Unpublished Data, and Knowledge Exchanges</td>
<td>2,091,212</td>
<td>-</td>
<td>2,091,212</td>
<td>1,991,482</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>895,647</td>
<td>-</td>
<td>895,647</td>
<td>778,077</td>
</tr>
<tr>
<td>Outreach, Events, and Meetings</td>
<td>882,407</td>
<td>-</td>
<td>882,407</td>
<td>369,934</td>
</tr>
<tr>
<td>Media, Public Relations, and Publications</td>
<td>788,133</td>
<td>-</td>
<td>788,133</td>
<td>941,673</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>466,852</td>
<td>-</td>
<td>466,852</td>
<td>380,396</td>
</tr>
<tr>
<td>Travel, Meals, and Entertainment</td>
<td>335,641</td>
<td>-</td>
<td>335,641</td>
<td>265,805</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>328,654</td>
<td>-</td>
<td>328,654</td>
<td>204,313</td>
</tr>
<tr>
<td>Occupancy</td>
<td>180,390</td>
<td>-</td>
<td>180,390</td>
<td>165,074</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td><strong>38,117,493</strong></td>
<td>-</td>
<td><strong>38,117,493</strong></td>
<td><strong>36,682,085</strong></td>
</tr>
</tbody>
</table>

**Supporting Services:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2018 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation, Benefits, and Payroll Taxes</td>
<td>1,983,550</td>
<td>-</td>
<td>1,983,550</td>
<td>1,997,020</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>858,766</td>
<td>-</td>
<td>858,766</td>
<td>720,302</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>411,229</td>
<td>-</td>
<td>411,229</td>
<td>380,360</td>
</tr>
<tr>
<td>Occupancy</td>
<td>164,525</td>
<td>-</td>
<td>164,525</td>
<td>164,195</td>
</tr>
<tr>
<td>Travel, Meals, and Entertainment</td>
<td>72,596</td>
<td>-</td>
<td>72,596</td>
<td>119,105</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>71,296</td>
<td>-</td>
<td>71,296</td>
<td>30,553</td>
</tr>
<tr>
<td>Media, Public Relations, and Publications</td>
<td>30,073</td>
<td>-</td>
<td>30,073</td>
<td>48,268</td>
</tr>
<tr>
<td><strong>Total Management and General</strong></td>
<td><strong>3,592,035</strong></td>
<td>-</td>
<td><strong>3,592,035</strong></td>
<td><strong>3,489,703</strong></td>
</tr>
</tbody>
</table>

**Fundraising:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2018 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach, Events, and Meetings</td>
<td>1,659,027</td>
<td>-</td>
<td>1,659,027</td>
<td>2,683,645</td>
</tr>
<tr>
<td>Travel, Meals, and Entertainment</td>
<td>1,109,413</td>
<td>-</td>
<td>1,109,413</td>
<td>1,315,149</td>
</tr>
<tr>
<td>Compensation, Benefits, and Payroll Taxes</td>
<td>532,810</td>
<td>-</td>
<td>532,810</td>
<td>529,659</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>380,177</td>
<td>-</td>
<td>380,177</td>
<td>361,721</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>157,198</td>
<td>-</td>
<td>157,198</td>
<td>251,281</td>
</tr>
<tr>
<td>Occupancy</td>
<td>22,322</td>
<td>-</td>
<td>22,322</td>
<td>35,376</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>8,682</td>
<td>-</td>
<td>8,682</td>
<td>2,256</td>
</tr>
<tr>
<td>Media, Public Relations, and Publications</td>
<td>1,123</td>
<td>-</td>
<td>1,123</td>
<td>3,999</td>
</tr>
<tr>
<td><strong>Total Fundraising</strong></td>
<td><strong>3,870,752</strong></td>
<td>-</td>
<td><strong>3,870,752</strong></td>
<td><strong>5,183,086</strong></td>
</tr>
</tbody>
</table>

**Total Expenses**

<table>
<thead>
<tr>
<th></th>
<th>2018 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>45,580,280</td>
<td>45,580,280</td>
</tr>
</tbody>
</table>

**Change in Net Assets**

<table>
<thead>
<tr>
<th></th>
<th>2018 Total</th>
<th>2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Net Assets</td>
<td>(10,095,153)</td>
<td>6,541,666</td>
</tr>
<tr>
<td>Net Assets - Beginning</td>
<td>17,982,398</td>
<td>10,833,334</td>
</tr>
<tr>
<td>Year</td>
<td>28,815,732</td>
<td>30,352,851</td>
</tr>
<tr>
<td>Net Assets - End of Year</td>
<td>$7,887,245</td>
<td>$17,375,000</td>
</tr>
<tr>
<td></td>
<td>$25,262,245</td>
<td>$28,815,732</td>
</tr>
</tbody>
</table>
# Consolidated Statement of Cash Flows

Year Ended December 31

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</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>$(3,553,487)</td>
<td>$(1,537,119)</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>-</td>
<td>30,000</td>
</tr>
<tr>
<td>Change in Present Value Discount on Pledges Receivable</td>
<td>415,854</td>
<td>94,086</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>546,830</td>
<td>413,205</td>
</tr>
<tr>
<td>(Increase) Decrease in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledges Receivable</td>
<td>438,565</td>
<td>730,535</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>126,861</td>
<td>(932,453)</td>
</tr>
<tr>
<td>Increase (Decrease) in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>536,626</td>
<td>589,198</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>381,769</td>
<td>552,179</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>(50,000)</td>
<td>(100,000)</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>(23,564)</td>
<td>2,170,608</td>
</tr>
<tr>
<td><strong>Net Cash Provided by (Used In) Operating Activities</strong></td>
<td>$(3,130,928)</td>
<td>2,010,239</td>
</tr>
<tr>
<td><strong>CASH FLOWS USED IN INVESTING ACTIVITIES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of Property and Equipment:</td>
<td>(341,223)</td>
<td>(1,569,207)</td>
</tr>
<tr>
<td><strong>Net Increase/(Decrease) in Cash and Cash Equivalents</strong></td>
<td>$(3,472,151)</td>
<td>441,032</td>
</tr>
<tr>
<td>Cash and Cash Equivalents – Beginning of Year</td>
<td>24,166,964</td>
<td>23,725,932</td>
</tr>
<tr>
<td><strong>Cash and Cash Equivalents – End of Year</strong></td>
<td>$20,694,813</td>
<td>$24,166,964</td>
</tr>
</tbody>
</table>
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, 2018, 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, 2018, 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 2017 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated August 15, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2017 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Green Hasson & Janks LLP

April 8, 2019
Los Angeles, California
2018 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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  David Geffen School of Medicine,
  Spielberg Family Chair of Urologic Oncology,
  Associate Director, UCLA Institute of Urologic Oncology

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  Moran Group of Companies
  Chairman
  Co-Operation Ireland

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  Vice Chairman
  The Wonderful Company

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  RREI, LLC

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  Head of Security Sales
  Credit Suisse

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  Partner
  Maron & Sandler
  Executive Vice President
  Milken Family Foundation

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  Executive Director, Programs
  Movember Foundation

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  Former Commissioner, Food and Drug Administration
  Former Director, National Cancer Institute
  Senior Fellow, Milken Institute

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  Managing Director
  Surrey Ventures

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  President and Chief Executive Officer

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  Chief Financial Officer, Treasurer, and Secretary

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  Executive Vice President, Chief Science Officer

- **Stuart Holden, MD**
  Medical Director

- **Christine N. Jones**
  Chief Operating Officer

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  Senior Vice President
  Finance and Administration

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  Vice President
  Corporate Development

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  Vice President
  Development Operations

- **Jan Haber**
  Vice President
  Events

- **Julie DiBiase**
  Vice President
  Content

- **Colleen McKenna**
  Vice President
  Communications and Public Relations

- **Rebecca Levine**
  Chief of Staff, Vice President, Government Affairs

- **Kathryn Schwertfeger**
  General Counsel
James Allison, PhD, chair of Immunology and executive director of the Immunotherapy Platform at The University of Texas MD Anderson Cancer Center, was awarded the 2018 Nobel Prize in Physiology or Medicine for launching an effective new way to attack cancer by treating the immune system rather than the tumor. The prize recognizes Allison’s basic science discoveries on the biology of T cells, the adaptive immune system’s soldiers, and his invention of immune checkpoint blockade to treat cancer.

PCF is extremely proud to have provided crucial, initial funding for Dr. Allison’s early prostate cancer immunotherapy research.

The Nobel Prize in Physiology or Medicine has been awarded 108 times to 214 Nobel Laureates between 1901 and 2017.