In memory of the LIVES LOST, in honor of the LIVES SAVED, and in loyal service to the END OF PROSTATE CANCER
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.
Renewing a Lease on Hope

Today, I am here to write to you about progress against prostate cancer.

Without doubt, it is impossible to dismiss the loss and suffering that has occurred this past year, in our country and around the globe, as a result of the SARS-CoV-2 pandemic. Moreover, COVID has overburdened all health systems—a sting that some men with prostate cancer, because of delayed treatment, may have felt. The increased life stresses of prostate cancer are hard enough, even without a pandemic.

Still, there is so much cause for optimism. Earnestly, I can say to you: 2020 was an enormous year of progress for men with prostate cancer, with 3 GROUNDBREAKING developments in detection and treatment:

1. In one historic week in May, 2 new treatment options received FDA approval. Last spring, olaparib was approved by the FDA for certain metastatic prostate cancers that are not responsive to hormone therapy. Just one week earlier, rucaparib was also approved to treat men with advanced disease. This is the culmination of 11 years of PCF-funded research into the effectiveness of this class of drugs (PARP inhibitors): Finally, we cracked open the “Achilles heel” of PARP mutations in the DNA code.

2. PCF, in collaboration with philanthropist Robert F. Smith, announced the world’s leading new effort to reduce excessive deaths in Black men from prostate cancer, one of the largest health disparities in all of medicine. Men with diverse genetics and diverse risk of getting prostate cancer around the world will soon have “precision prostate cancer screening.” The “Smith Test” is a simple blood test that can easily and affordably indicate the lifetime risk of prostate cancer of any man. This will be transformational—like a cholesterol test, but for prostate cancer genetic risk—in helping reduce disparity in prostate cancer for Black men, who are 76% more likely to develop the disease.
3. **PSMA imaging technology was FDA-approved to hunt down even the smallest prostate cancer metastasis** anywhere in the body. This is a game-changer for finding and treating metastatic disease before it becomes more problematic. No other cancer can boast this level of precision imaging for patients. “If we can see it sooner, we can cure it sooner” is the new maxim in all prostate cancer care delivered by PCF funding and researchers.

Without too much fanfare, I want to quickly share with you our R+D action item list for 2021:

- **c-MYC** – We are researching breakthroughs into this new genetic target in metastatic prostate cancer, one that not only drives prostate cancers but might also make a treatment impact on 70 other forms of cancer driven by the c-MYC oncogene. We call this R+D “drugging the previously undruggable.” Innovative new chemistry and molecular pharmacology developed by PCF Young Investigators (who have not been discouraged by decades of frustration) are causing palpable excitement at this writing.

- **TMPRSS2** – 20 years of PCF-funded research continues to work for the public good. Anti-TMPRSS2 experimental drugs that block one of the key proteins in prostate cancer metastasis also block entry of the coronavirus into lung cells. Literally, by April 2020, PCF also stood for “Prevent Coronavirus Fatalities.” With PCF TMPRSS2 expertise and “Rapid Response Funding,” infectious disease experts on SARS viruses and prostate cancer researchers collaborated to launch multiple clinical trials in 3 countries. Anti-TMPRSS2 and anti-prostate cancer drugs are being tested in COVID patients as antivirals to reduce the occurrence of pneumonias that become fatal. “PCF-propelled data” are forthcoming for the global COVID-19 medical research effort.

- **EVOO** – All eyes are on extra virgin olive oil (EVOO) as we continue our precision nutrition quest for “anti-inflammatory” lifestyle and prevention superstars that could help men to better prevent and survive prostate cancer.

Now, as we look forward to another year, it feels as if we can finally say goodbye to all the trappings of 2020. If 2020 taught us nothing else, it taught us this: there is no obstacle that will keep us from continuing the vital work of developing more treatments to save your life. Together, with your partnership, **PCF is unstoppable.**

Best wishes and Godspeed to you and your family,

Jonathan W. Simons, MD
*President and Chief Executive Officer*

P.S. Should you have the means and the inclination to help us support life-saving research this year, please go to [pcf.org/donate](http://pcf.org/donate) to make your tax-deductible gift.
So in August of 2018, when David started feeling some mild pain in the back of his legs – it almost felt like a hamstring pull – he did the usual, the same thing many of us would have done: he sucked it up and pushed through the pain. For the next couple of months, the pain would come and go, but never fully went away. By early November, David was running a fever in the evenings and he sensed something more was awry than just a muscle pull.

By the time David finally decided to see a doctor in late November, his PSA came in at 350, about 500% above average for a man in his 50s. He was sent straight to an oncologist. A bone scan revealed cancer metastasis in David’s right hip, the top of his right femur, his rib cage, and both shoulders.

When you spend half your adult life in the military, you envision yourself in a lot of tough situations. You spend time in your head strategizing your approach, your attack, your escape. You don’t spend a lot of time imagining a silent killer like prostate cancer.

David was put on one of the standard of care drugs for his stage and type of cancer. Abiraterone is part of a newer suite of “androgen directed therapies” whose foundational research was funded by PCF to meet the needs of patients for whom standard ADT was no longer an option. David’s cancer did initially respond to treatment. “The good news,” says David, “is that treatments for advanced prostate cancer have come a long way. Six years ago, my only option would have been chemo and a death sentence.”

Over time, however, there was some bad news, as David had been warned when he started treatment: eventually, and often, the cancer learns to adapt and outsmart the drugs that are keeping it at bay. For David, that happened about a year after his diagnosis. That’s when he was referred to PCF-funded researcher Julie Graff at Oregon Health & Science University, who put him on a Phase III “combination therapy” clinical trial. Half of the men got the androgen receptor antagonist enzalutamide plus immunotherapy with pembrolizumab, and the other half got enzalutamide and placebo.

While David’s PSA initially decreased, it soon started climbing again. Now he was in a race against time.

“Prostate cancer adapts to its environment,” says Graff. “It’s like a car engine – you can cut off the gas supply, but then the engine learns to keep running on a new fuel. What we needed to do was rebuild some parts of the engine.” Graff decided to sequence David’s tumor. “What we’re looking for are clues as to where the defects might be in the engine, so we can target the exact sections that need rebuilding.”

David’s results indicated that his cancer would precisely respond to pembrolizumab. Since this was the drug from the other arm of the clinical trial, Graff immediately knew David had in fact been on the placebo arm of the trial.

Sometimes, finding the right drug for the right cancer is like looking for a needle in a haystack. But not this time: Graff knew the exact drug that David needed. They approached David’s private insurance
company with the results of his tumor sequencing and asked if he could be taken off the trial and put directly on the trial drug – pembrolizumab – an exact match for his cancer. Twice they asked, and twice they were denied by the private insurance. Meanwhile, David’s condition was worsening.

That’s when Graff realized the path forward. “You’re a Vet,” she said, “I’m the chief oncologist at the Portland VA. We need to get you over to there for your care.” David, however, was skeptical. “I was commissioned in ’87. Back in the 80s, 90s? You heard all kinds of horror stories about VA medical care.” David enrolled at the VA and was served under the PCF-VA precision oncology program, designed to deliver the best and latest precision medicine to our nation’s heroes.

“I’m here to tell you,” says David, “in 2021, the VA quality of care is amazing, the staff is amazing, and I’m confident that they all have my best interests at heart.” The Prostate Cancer Foundation is proud to support PCF-VA Centers of Excellence around the country, delivering the best quality care to Veterans with prostate cancer. PCF funding allows doctors like Julie Graff to do cutting-edge research and ensures that all Veterans have access to the best treatments. David is now the VA’s biggest fan: “This is the best care you can get. Dr. Graff would not have known how to treat me if she didn’t have the PCF funding to do genetic testing and research. For folks like myself, I’m in a much better place because of the work PCF has funded.”

Exactly how much better? Just about two years after his initial diagnosis, David received one shot of pembrolizumab every 3 weeks for about 4 months. So far, the results have been positive. Dr. Jonathan Simons, President and CEO of the Prostate Cancer Foundation says guys like David are what it’s all about. “There have been so many drug advances for men with prostate cancer since we opened our doors in 1993. But we are not stopping at drugs that are less toxic; we are not stopping at drugs that are life-extending; we’re going full speed ahead until we find cures.”

“When I was first diagnosed around Christmas in 2018, I spent 4 days just lying on the couch. I was in so much pain that I couldn’t move. My wife and my sons had to do everything for me.” Now? “I’m at my desk and feeling pretty good,” says David. “I wouldn’t be here if it wasn’t for Dr. Graff and the PCF-VA Center of Excellence in Portland. And I’m so grateful.”

DAVID’S ADVICE (He’s still got your back):

1. Get checked. “I was a pretty healthy guy, but that doesn’t mean I didn’t need regular check-ups. I have told every male I have met in the last two years: go get your PSA checked. You just never know. If you doctor says no, tell them about me.”

   Editor’s note: or send them to PCF.org/screen to find out when to start a conversation about prostate cancer screening.

2. Find the right treatment team. “Julie Graff is an amazing doctor. From day 1, she has always had my interests at heart, constantly checks up with me between treatments. It was her idea to do the genetic testing. I have a direct line to her if there’s a problem. We are a team; we talk all the time, if I see an article related to my cancer I send it to her. We are always looking for better ways to treat me.”

3. Try the VA. “When you go to West Point, you develop a special bond, more than any other organization I’ve ever been part of. We trained together, dug foxholes, had each other’s backs. Since getting sick I’ve heard from 300 of my classmates. I replied to every single one, and the main thing I say? Our VA system is amazing. If you haven’t taken advantage of it, you should.”
In December, 2020, the FDA approved a highly sensitive new imaging scan for prostate cancer, PSMA PET. PSMA PET is more sensitive than all previous standard prostate cancer imaging options such as CT, bone scans, and MRI. PSMA research was one of the most promising areas of study identified by the Prostate Cancer Foundation after its founding in 1993, with the first projects on PSMA funded in 1994. Since that time, PCF has invested over $28.5 million in research focused on PSMA biology, and on the development of PSMA-targeted molecular imaging and treatments.

With this FDA approval, PSMA PET can now be used for initial and subsequent management decisions in patients with certain types of prostate cancer, in order to determine if and where they have metastases. This scan can evaluate whether patients have metastases at the time of diagnosis, and look for sites of recurrence in patients who have previously been treated with surgery or radiation but are experiencing a rising PSA. The ability of PSMA PET to detect sites of metastasis – much earlier than previous scans could – will allow doctors to deliver more appropriate treatment for patients. This will help many to live better and longer lives.

PSMA, short for “Prostate Specific Membrane Antigen” is a protein that is highly and specifically expressed on prostate cancer cells. This unique quality makes PSMA an ideal marker for prostate cancer molecular imaging, as well as new targeted therapies.

The PSMA PET agent that has been FDA-approved is $^{68}$Ga-PSMA-11 PET. The pivotal clinical trials that led to FDA approval of $^{68}$Ga-PSMA-11 PET were led by PCF-funded investigators Dr. Thomas
Hope at the University of California, San Francisco (UCSF), and Dr. Johannes Czernin and Dr. Jeremie Calais at the University of California, Los Angeles (UCLA). These trials demonstrated the improved sensitivity of $^{68}$Ga-PSMA-11 PET for detecting sites of recurrent prostate cancer in men with rising PSA levels after surgery or radiation therapy, and for detecting sites of metastases in men newly diagnosed with high-risk prostate cancer.

Because $^{68}$Ga-PSMA-11 is not made by a company and must be made by the medical facility itself, this scan is currently only available at UCSF and UCLA. However, any institution able to demonstrate the ability to make $^{68}$Ga-PSMA-11 can apply to the FDA for abbreviated approval to perform PSMA PET.

In addition, a second PSMA PET agent was recently approved by the FDA. This agent, $^{18}$F-DCFPyL, is nearly equivalent to $^{68}$Ga-PSMA-11 in terms of its ability to accurately detect prostate cancer, with one main difference: it can be commercially produced and shipped, which will make it available to any medical facility able to perform PET imaging. PCF also funded the development and first-in-man clinical trials of $^{18}$F-DCFPyL by Dr. Martin Pomper, Dr. Steve Cho (now at the University of Wisconsin), and others at Johns Hopkins University. The pivotal phase 2 and 3 clinical trials required by the FDA to prove its sensitivity and specificity in prostate cancer were also led by PCF-funded investigators, including Dr. Michael Morris (MSKCC), Dr. Kenneth Pienta (Johns Hopkins University) and Dr. Steven Rowe (Johns Hopkins University).

PSMA PET is currently being investigated for other uses in prostate cancer, including to direct targeted radiation to sites of metastasis in patients with only a few metastatic sites. PSMA is also expressed in the blood vessels of several other cancer types; therefore, the ability of PSMA PET to image other cancer types is being investigated in clinical trials.

PCF is proud to have funded this work by Drs. Hope, Czernin, and Calais in the development of PSMA PET, as well as many other researchers whose studies on PSMA biology laid the foundation for this achievement.

**PSMA-Targeted Therapies on the Near Horizon**

Parallel to the development of PSMA PET for prostate cancer imaging, is the development of PSMA-targeted treatments for prostate cancer.

One of the most promising new investigational treatments for prostate cancer is the PSMA-targeted radionuclide therapy, $^{177}$Lu-PSMA-617. This treatment consists of a radioactive molecule ($^{177}$-Lutetium) attached to a molecule that targets PSMA, thereby bringing a cancer-killing dose of radiation directly to tumors anywhere in the body.

$^{177}$Lu-PSMA-617 is currently being tested in the international randomized phase 3 VISION trial, led by PCF-funded investigators Dr. Michael Morris (MSKCC) and Dr. Oliver Sartor (Tulane University). Results from this trial were recently presented at a highly prestigious international medical conference. The trial was positive, and that $^{177}$Lu-PSMA-617 significantly prolonged both overall survival and radiographic progression-free survival (growth of tumors on scans) compared to a placebo, in patients with PSMA-positive metastatic castration resistant prostate cancer receiving the best standard of care.

This announcement suggests that a new life-extending treatment, developed on the foundation of PCF-funded PSMA research, may soon be available to patients.
PCF Fundraising Community

*Men and Women Across the Country are Helping Realize PCF’s Mission in their Local Communities*

Caregivers, survivors, family, friends, and fighters are joining together with one focus: eradicating prostate cancer. Together, PCF community members have raised more than $2 million for prostate cancer research through a variety of local events and activities.

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?” PCF community members are leading the way, showing that anyone and everyone can make a difference in the fight against cancer. Fundraising for PCF helps bring awareness to each of our social circles, and PCF provides easy-to-use tools to activate your network in support of prostate cancer research.

Please visit [pcf.org/fundraise](https://pcf.org/fundraise) today to learn more and join our community.

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**Featured Fundraising Stories**

During March 2021, we challenged everyone to walk or run 100 miles while raising life-saving funds for prostate cancer research. By the end of the month, through hard work and dedication, the participants collectively completed over 48,000 miles and raised over $140,000 for prostate cancer research!

David M., a prostate cancer survivor, and his wife successfully completed the challenge by walking over 100 miles and raising over $1,000 for research.

Janice T. and her father, a prostate cancer survivor, successfully completed the challenge and raised over $300 for prostate cancer research.

Stan F., a prostate cancer survivor, competed the challenge by walking over 130 miles and raising over $4,000 for prostate cancer research.

Walter O., a prostate cancer survivor, and his wife completed the March challenge and raised over $300 for research.
LaCresha M. and father Wilbert P., a prostate cancer survivor, completed the challenge by walking a combined 241 miles and raising over $300 for research.

Mike P., a prostate cancer survivor, snaps a photo with granddaughter Camila and dog Tully while completing miles for the challenge. Mike completed the challenge by walking 160 miles and raising over $3,400 for research.

Vic O., a prostate cancer survivor, successfully completed the challenge by walking 100 miles and raising over $350 for research.

*It takes more than one person to end prostate cancer.*

*It takes a community. Together, we are making a difference!*
Corporate Philanthropy Makes an Impact

2020 presented unique challenges to many organizations, both non-profit and for-profit, as we all worked to adapt to the pandemic business landscape. With an unwavering entrepreneurial spirit, PCF worked with both new and established corporate partners to accelerate life-saving prostate cancer research. A few of our partners are featured below, with a full list of premier partners on page 30.

A leading supplier of disposable gloves, Sempermed is playing a key role in the fight against COVID-19 by providing valuable personal protective equipment (PPE) to frontline health care workers and essential service workers. Now in its 7th year, the PCF-Sempermed partnership has contributed over $129,000 to medical research.

Republic National Distributing Company (RNDC) is an industry leader and the nation’s second largest wine and spirits distributor. In September 2017, RNDC launched a National Prostate Cancer Awareness Month corporate overlay program with the goal of raising money to fund innovative biomedical research, increase awareness of prostate cancer, and support the health and well-being of its employees. Now entering its 5th year, RNDC’s DoBlue! program has funded two promising Young Investigator Awards totaling over $500,000, with additional breakthrough research award opportunities on the horizon.

In 2020, PCF welcomed Kimberly-Clark as a new corporate partner, working with its Depend® brand to fund life-saving research. PCF was the proud beneficiary of the 2020 Stand Strong for Men’s Health™ campaign, an initiative to destigmatize male incontinence and celebrate the strength of men taking charge of their health. During the campaign, Depend® donated $1 from every purchase of its Guards and Shields products, with a total $200,000 donation to PCF.

JOIN US!

Is your company interested in joining PCF as a corporate partner? Help PCF connect with your business by getting in touch at info@pcf.org. Together, we can accelerate the research to cure prostate cancer.
PCF PRO SPORTS

For the third year in a row, the Atlanta Hawks partnered with PCF for the Black History Month Assist Challenge, an initiative focused on raising awareness of disparities in prostate cancer and funds to support life-saving research. The Hawks committed to donate $250 for every in-game assist made throughout the month of February, with a match from the Ressler Gertz Family Foundation. They closed out February 2021 with their highest amount yet: 370 assists and $185,000 raised!

PCF and NBA Cares also launched a partnership with the goals of increasing awareness, increasing testing, and raising funds for life-saving research. Utilizing their significant social media platform, the league joined PCF in the fight to end prostate cancer once and for all by encouraging men to “know their score.”

PCF MEDIA PARTNERS

Key to PCF’s mission is the ability to reach as many men as possible with a message of early detection and life-saving research. We are grateful for our outstanding media partners who help elevate our voice and educate millions of listeners and viewers across the country.

Atlanta Hawks Foundation Executive Director David Lee presents a check to PCF Board Member Clark Howard for the 3rd Annual Black History Month Assist Challenge at their March 18, 2021 game.
PCF and the VA: Extraordinary Care for Veterans

Two Foundations Integral to the Mission

The Nurse of the Future: A Legacy of Making a Difference

Meet Drew Katz, whose philanthropy is supporting the next generation of nursing.

Something pretty special is happening at Veterans Administration medical centers serving Veterans in Philadelphia; Wilmington, Delaware; the Bronx; and East Orange, New Jersey. It’s a pilot nursing research and training program expanding the role of nurses to provide much-needed clinical genetic services to Veterans with prostate cancer.

The pilot program is part of the VA-PCF Precision Oncology Centers of Excellence collaboration, and it would not have been possible without private philanthropy: Grants from Arthur Rabin (in memory of Selma Rabin), Independence Blue Cross of Pennsylvania, and from the Katz Foundation’s Drew Katz.

“Supporting frontline heroes during the pandemic is as worthwhile an endeavor as there is, and this is a wonderful project,” says Katz. “To me, nurses are at the top of the list of extraordinary heroes.”

Giving back is part of the Katz family’s DNA. This gift honors the philanthropic legacy of Lewis and Marjorie Katz, founders of The Katz Foundation and beloved parents of Drew and his sister, Melissa. The Foundation was started to support education, mentoring, and better health outcomes for those less fortunate.

“My sister and I were raised by two parents, one of whom tried to save the world one kid at a time,” says Drew Katz. “That was my mom. When my sister and I were older, she effectively adopted a Vietnamese family and co-raised a little boy, who grew up in our home. She was just a wonderful, soulful person who had an enormous amount of compassion and empathy for those who were less fortunate. She believed the purpose of having money was to do good in the world.” Lewis Katz was Marjorie’s kindred spirit in giving, and tried to solve major inequity problems by creating scholarships, providing better access to education, and supporting better teaching.

Although the Katz family has ties to all four cities in the pilot program, it is especially meaningful that one of the beneficiary VA centers is in the Bronx, Katz says. “We have a special connection to the Bronx, where we are building a K-12 charter school.”

It is also meaningful that the pilot program is launching during a global pandemic – a bright spot during a dark time. “The pandemic is insidious in so many ways,” says Katz, “and it has exacerbated what is already an enormous division between those who are privileged and those who are not: food insecurity, child care issues, digital divide for kids doing school at home, loss of incomes, and the mental health issues that come as a result of isolation. It creates a situation where those who have the ability to help should help, and those who are in a position to do more should do more.”

The Katz family has known PCF’s founder, Michael Milken, for many years. “I don’t think I’ve ever met anybody more focused on solving some of the world’s most complicated problems than Mike Milken,” says Katz. “It is truly an honor to support his, Jonathan’s, and PCF’s efforts.”
Edward P. “Ned” Evans was unforgettable: Brilliant, dynamic, an astute businessman who also turned out to be a genius at breeding Thoroughbreds. Spring Hill Farm, Evans’ 2,800-acre horse farm in Virginia, produced generations of fast horses that won top races in the U.S. and Europe, and whose descendants are still winning today. That’s one side of his legacy.

The other, unfortunately, has to do with cancer. Evans, like his father and two brothers, had prostate cancer, and he died in 2010, “but it wasn’t the prostate cancer that killed him,” says his brother, Robert “Shel” Evans, also a longtime Thoroughbred owner and breeder who made his career in industrial manufacturing. Unfortunately, the standard of care for prostate cancer back then included more radiation than is commonly used today. After treatment, Ned developed MDS, a rare, devastating type of blood cancer caused when bone marrow cells are damaged. He passed away from therapy-related MDS, a subtype, which can be caused by radiation or chemotherapy.

Ned Evans left his entire estate to charity, and appointed Shel Evans as one of the trustees. Ned had previously set up the Edward P. Evans Foundation with the help of PCF CEO Dr. Jonathan Simons. The Foundation and the Evans family have been great friends and longtime supporters of PCF.

Most recently, the Foundation’s very generous gift supports the Edward P. Evans-PCF-VA Precision Oncology Center of Excellence, located at the Washington, DC, VA Medical Center, serving Veterans in Maryland, Washington, DC, and portions of Virginia, West Virginia, and Pennsylvania. “The E.P. Evans Foundation, led by Ned’s brother Shel,” says PCF CEO Dr. Jonathan Simons, “is showing the entire country a new model of its kind for precision oncology cancer care for all Veterans diagnosed with cancer.”

Like many families, the Evans family has an unwelcome history of prostate cancer. “Every male member of my family has had prostate cancer,” says Shel Evans. He knows his son, Jonathan P. Evans, who serves on PCF’s Board, is at higher risk. To help other men and their families in the same tough situation, Shel Evans hopes the PCF-funded research at the VA Centers of Excellence — using the massive genetic database of tens of thousands of Veterans with prostate cancer — will help change the course of the disease. “It’s a great partnership that offers an opportunity for research on a scale that’s never been possible before,” he says.

With this support, Evans hopes for two things: First, he wants to cure prostate cancer. Along the way, he hopes to increase awareness about prostate cancer. “Prostate cancer is as big a problem as breast cancer; men just don’t talk about it. And PCF is the only major organization that is funding research to help men with prostate cancer.” His other hope is to help U.S. Veterans. “In addition to conducting research, the PCF Centers of Excellence are providing much-needed precision oncology to our Veterans. They risk their lives to keep us safe, and Veterans deserve the best we can give them.”
A Legacy of Inspiration, Compassion, and Love

Over the course of his seven-decade career, Hall of Famer Tommy Lasorda left an indelible mark not only on baseball but on those around him. A tireless spokesman for the game, his dedication to the sport was unmatched. Tommy not only traveled the world as an ambassador for baseball, he also traveled tirelessly for almost 25 years as PCF’s ambassador. He represented both with dignity, compassion, and humor.

In his honor, PCF created The Tommy Lasorda All-Stars Award – a living legacy that will propel and fund top-tier research that will impact patients and lives for years to come.

“The difference between the impossible and the possible lies in a man’s determination.”

— Tommy Lasorda
Larger than life, charismatic, and with boundless energy, Tommy Lasorda loved people and people loved him. A master storyteller, he made friends easily and was always at the ready to engage any and all, young and old. When PCF partnered with Major League Baseball and created the Home Run Challenge more than 25 years ago, Tommy was right there. Over the years, he traveled thousands of miles, attended hundreds of games, and did more than 60 in-game broadcasts to raise awareness and support for PCF.
Game-Changing New Test for Prostate Cancer Risk Detection

PCF is extraordinarily proud to have announced a partnership with Robert F. Smith in 2020, taking the next steps to support research into a new test that will detect a man’s lifetime risk for prostate cancer. This test will be a game-changer, first for Black men and then for all men.

There are hundreds of genes related to prostate cancer that are inherited from our parents. We now know there are several combinations of genes that can increase risk of prostate cancer. Thanks to the generosity of Mr. Smith, PCF is funding research on a test that looks across these genes, someday allowing doctors to predict how likely it is that any man may get prostate cancer in his lifetime. This “polygenic” risk test (“poly” meaning “many”) will be done as a simple, affordable saliva or blood test in a doctor’s office. The results will provide critical information for true precision prostate cancer screening: hyper-vigilance for certain men at high risk, and less invasive for those at lower risk.

The Smith Polygenic Risk Test will be especially important for Black men, who are over 75% more likely to be diagnosed than non-Hispanic white men, are at higher risk of aggressive disease, and are more than 2x as likely to die of prostate cancer. To ensure that the test works for Black men, researchers need to optimize it in this population. PCF researcher Chris Haiman, ScD, of the University of Southern California, is leading a team to gather data on 100,000 men of African ancestry, including more than 30,000 African American men with prostate cancer. The funding will be used for recruitment and patient sample collection, taking the first step towards ending prostate cancer disparity.

Robert F. Smith’s visionary gift will revolutionize how we find the most deadly prostate cancers much earlier in a man’s life and stop them before it’s too late. A Black man with a high polygenic risk score could start PSA screening in young adulthood, to find the disease earlier, when it is easier to treat. And all men have the potential to benefit from evidence-based, risk-driven precision screening.

PCF Has Been Funding Research on Disparities for Over 25 Years

- Total funding: $19 million and counting
- Total Principal Investigators funded: 34 and counting
- Select projects:
  - Black patients have been historically underrepresented in clinical trials, so we don’t know how well some therapies work specifically in Black men with prostate cancer. PCF is funding research on how to expand clinical trials to diverse populations.
  - There is research suggesting that Black men may have a better response to sipuleucel T, a type of immunotherapy. One project seeks to understand how biomarkers can be used to predict and monitor response to immunotherapy in Black men.
  - Inflammation is a key driver of prostate cancer. By characterizing inflammation in prostate tumors in Black men, we will better understand the biology underlying the observed disparities in outcomes.
- The 13 PCF-VA Centers of Excellence are expanding access to precision medicine for all Veterans. The VA database represents the largest population of Black and brown men with prostate cancer.
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 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](http://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/take-action](http://www.pcf.org/take-action)

**PCF Research Awards**

PCF advances its research priorities through three competitive award types:

**Team Science Challenge Awards**

($1,200,000 and above for 2- to 5-year programs)

Team Science Challenge Awards make large investments in multi-year projects that have a high potential for delivering new treatments and diagnostics.

**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**

($300,000 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.

**PCF-VA Center of Excellence Awards**

In 2016, the PCF committed to invest $50 million over 5 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.
2020 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 2020, PCF funded 27 new Young Investigators. PCF has funded a total of 314 Young Investigators since the program began in 2007, representing more than $65 million in research funding.

2020 Tad Smith & Caroline Fitzgibbons—PCF Young Investigator Award
Juan Arriaga, PhD
Columbia University Medical Center, New York, NY

2020 Tad Smith & Caroline Fitzgibbons—PCF Young Investigator Award
Momeneh Foroutan, PhD
Monash University, Melbourne, Australia

2020 Lowell Milken—PCF Young Investigator Award
Wayne Brisbane, MD
University of California, Los Angeles, Los Angeles, CA

2020 CRIS Cancer Foundation—James Blair-PCF Young Investigator Award
Francesco Giganti, MD
University College London, London, England

2020 Larry Ruvo—PCF Young Investigator Award
Jeremie Calais, MD
University of California, Los Angeles, Los Angeles, CA

2020 Tad Smith & Caroline Fitzgibbons—PCF Young Investigator Award
Rebecca Graff, ScD
University of California, San Francisco, San Francisco, CA

2020 James Maguire—PCF VAlor Young Investigator Award
Lisa Chesner, PhD
University of California, San Francisco, San Francisco, CA

2020 Tad Smith & Caroline Fitzgibbons—PCF Young Investigator Award
Sachin Kumar Gupta, PhD
Baylor College of Medicine, Houston, TX

2020 Rob and Cindy Citrone—PCF Young Investigator Award
Jonathan Chou, MD, PhD
University of California, San Francisco, San Francisco, CA

IN MEMORY OF THE LIVES LOST, IN HONOR OF THE LIVES SAVED
2020 Neil & Sandra DeFeo Family Foundation—PCF Young Investigator Award
Jessica Hawley, MD
Columbia University Medical Center, New York, NY

2020 CRIS Cancer Foundation–Todd Boehly—PCF Young Investigator Award
Anastasia Hepburn, PhD
Newcastle University, Newcastle, England

2020 Foundation Medicine–PCF Young Investigator Award
Daniel Khalaf, MD
BC Cancer Agency, Vancouver, BC

2020 Peter & Laurie Grauer—PCF Young Investigator Award
Vadim Koshkin, MD
University of California, San Francisco, San Francisco, CA

2020 Rebecca & Nathan Milikowsky—PCF Young Investigator Award
Ariel Marciscano, MD
Weill Cornell Medicine, New York, NY

2020 Gary & Allison Lieberman–PCF VAlor Young Investigator Award
Kara Maxwell, MD, PhD
Corporal Michael J. Crescenz VA Medical Center / University of Pennsylvania, Philadelphia, PA

2020 Tad Smith & Caroline Fitzgibbons–PCF Young Investigator Award
Lucia Nappi, MD, PhD
University of British Columbia, Vancouver, BC

2020 David Yurman–PCF VAlor Young Investigator Award
Ravi Parikh, MD
Corporal Michael J. Crescenz VA Medical Center / University of Pennsylvania, Philadelphia, PA

2020 Kovler Family Foundation–PCF Young Investigator Award
Jung Wook Park, PhD
Duke University, Durham, NC

2020 John Black Charitable Foundation–PCF Young Investigator Award
Alec Paschalis, MBBS
Institute of Cancer Research, Royal Marsden Hospital, London, England

2020 Jeff & Loyd Zisk–PCF Young Investigator Award
Antonio Rodriguez-Calero, MD
University of Bern, Bern, Switzerland

2020 ASTRO–PCF Early Career Development Award to End Prostate Cancer–Richard and Ellen Sandler Young Investigator Award
Tyler Seibert, MD, PhD
University of California, San Diego, San Diego, CA

2020 Advanced Accelerator Applications–PCF Young Investigator Award
Alok Tewari, MD, PhD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2020 Michael & Patricia Berns–PCF Young Investigator Award
Jeffrey Tosoian, MD
University of Michigan, Ann Arbor, MI

2020 Emilio Bassini–PCF Young Investigator Award
Elizabeth Wasmuth, PhD
Memorial Sloan Kettering Cancer Center, New York, NY

2020 Todd Boehly–PCF Young Investigator Award
Leanne Woods-Burnham, PhD
City of Hope, Los Angeles, CA

2020 Ms. Lucy Shostak & Dr. Elliot Abramowitz–PCF Young Investigator Award
Samir Zaidi, MD, PhD
Memorial Sloan Kettering Cancer Center, New York, NY

2020 Tad Smith & Caroline Fitzgibbons–PCF Young Investigator Award
Jimmy Zhao, MD, PhD
Memorial Sloan Kettering Cancer Center, New York, NY
PCF CHALLENGE AWARDS

In 2020, 13 Challenge Award teams were funded by the Foundation. Through peer reviews, PCF selected these projects out of 81 proposals from highly-qualified research teams at 54 prestigious cancer centers located in 7 countries. The Class of 2020 Challenge Awards represents an investment of more than $10 million in advanced prostate cancer research.

2020 Movember and Distinguished Gentleman’s Ride—PCF Challenge Awards (2)

Co-Principal Investigators:
Arul Chinnaiyan, MD, PhD
University of Michigan, Ann Arbor, MI
Marcin Cieslik, PhD
University of Michigan, Ann Arbor, MI
Yuzhuo Wang, PhD
Vancouver Prostate Centre, Vancouver, BC
Ulke Vaishampayan, MBBS
University of Michigan, Ann Arbor, MI

Goal: To develop and test treatments targeting the epigenetic regulators SMARCA2/4 as a novel treatment approach for advanced prostate cancer

Co-Principal Investigators:
Phuoc Tran, MD, PhD
Johns Hopkins University, Baltimore, MD
Kenneth Pienta, MD
Johns Hopkins University, Baltimore, MD

Goal: To investigate stereotactic ablative radiation, a highly focused form of radiation therapy, combined with radium-223 or PSMA-targeted radionuclide therapy, as treatment options for patients with oligometastatic prostate cancer

This Challenge Award has also been co-funded by Drew Foundation, Victoria and Vinny Smith, Cummins Family and various other donors.

2020 PCF Challenge Awards (4)

Co-Principal Investigators:
Rahul Aggarwal, MD
University of California, San Francisco, San Francisco, CA
Lawrence Fong, MD
University of California, San Francisco, San Francisco, CA
Michael Evans, PhD
University of California, San Francisco, San Francisco, CA
Thomas Hope, MD
University of California, San Francisco, San Francisco, CA

Goal: To investigate the combination of various types of radiation therapy with checkpoint immunotherapy as new treatment approaches for patients with prostate cancer

Award Donors: Richard & Laura Solomon, Jim Kennedy, Ronald DeFeo, Eustace Wolflington, Clay Hamlin, Harvey Schwartz. Bob Toll

Co-Principal Investigators:
Johann de Bono, MD, PhD
Institute of Cancer Research, Royal Marsden Hospital, London, England
Andrea Alimonti, MD
Institute of Oncology Research, Ticino, Switzerland

Goal: To study the effects of intestinal microbiota on prostate cancer biology and develop a clinical assay to detect unfavorable gut microbes

Award Donor: The John Black Charitable Foundation

Principal Investigator:
Nigel Mongan, PhD
University of Nottingham, Nottingham, England

Goal: To determine how RNA methylation impacts prostate cancer biology and whether RNA methylation enzymes have potential as therapeutic targets

Award Donor: The John Black Charitable Foundation

Co-Principal Investigators:
Peter Nelson, MD
University of Washington, Seattle, WA
Elisabeth Heath, MD
Wayne State University, Detroit, MI

Goal: To develop an open-access prostate cancer databank of genomic, molecular, imaging and clinical data from patients undergoing various treatments over time, as a resource for the research community

Award Donor: Anonymous

2020 PCF VAlor Precision Oncology Center of Excellence Awards (2)

Oregon Health & Science University and Knight Cancer Institute NCI-CCC

Principal Investigator:
Julie Graff, MD
VA Portland Healthcare System, Portland, OR

Award Donors: Citrone 33 Foundation, Greg Brown, and various other donors

Drew Foundation Precision Oncology Center of Excellence in collaboration with the University of California San Francisco (UCSF) and the San Francisco VA Health Care System (SFVAHCS)

Principal Investigator:
Franklin Huang, MD, PhD
University of California, San Francisco, San Francisco, CA

Award Donor: Drew Foundation
**2020 PCF Special Challenge Awards (4)**

Co-Principal Investigators:
Paul Boutros, PhD, MBA  
University of California, Los Angeles, Los Angeles, CA  
Robert Reiter, MD  
University of California, Los Angeles, Los Angeles, CA  
Huihui Ye, MD  
University of California, Los Angeles, Los Angeles, CA

**Goal:** To study a newly discovered class of RNA, circular RNA, in prostate cancer evolution, and detail how the landscape of circular RNA is impacted by germline genomics

**Award Donors:** Larry and Camille Ruvo

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Principal Investigator:  
Christopher Haiman, ScD  
University of Southern California, Los Angeles, CA

**Goal:** To identify prostate cancer genetic risk factors in the African American population and develop a clinical “polygenic risk score” test to identify those at highest risk for prostate cancer, who may benefit from enhanced prostate cancer screening at earlier ages

**Award Donor:** Robert F. Smith Foundation

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Co-Principal Investigators:  
Dan Robinson, PhD  
University of Michigan, Ann Arbor, MI  
Felix Feng, MD  
University of California, San Francisco, San Francisco, CA  
Ajai Alva, MD  
University of Michigan, Ann Arbor, MI

**Goal:** To investigate checkpoint immunotherapy as a precision medicine treatment for patients with CDK12-mutated prostate cancer

**Award Donor:** Bristol Myers Squibb

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2020 COVID-19 Research PCF Special Challenge Award

Co-Principal Investigators:  
Joseph Vinetz, MD  
Yale University, New Haven, CT  
Geofffrey Chupp, MD  
Yale University, New Haven, CT

**Goal:** To conduct a clinical trial testing the efficacy of camostat, a TMPRSS2 inhibitor, in patients that recently tested positive for SARS-CoV-2 infection

**Award Donor:** Ken Griffin

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Pharmaceutical and Research Enterprise Supporters

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The last decade of research has brought about a transformation in understanding the unique role of anti-inflammatory foods in the fight to prevent, slow, and stop the growth of prostate cancer.

PCF is launching a Food as Medicine research effort to hone in on the most scientifically-backed, nutritious (and delicious!) diet to make every prostate cancer patient a prostate cancer survivor.

We are soliciting support in any amount from food philanthropists who want to be early investors in the creation of a whole new field of nutritional science to prevent cancer and maximize the effectiveness of treatments.

To read more about healthy lifestyle choices, download our guide, *The Science of Living Well, Beyond Cancer* at [pcf.org/guides](http://pcf.org/guides).
## Consolidated Statement of Financial Position

<table>
<thead>
<tr>
<th>December 31</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2020 Total</th>
<th>2019 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>$ 15,209,587</td>
<td>$ 2,433,869</td>
<td>$ 17,643,456</td>
<td>$ 13,750,848</td>
</tr>
<tr>
<td>Pledges Receivable (Net)</td>
<td>11,943,379</td>
<td>12,045,170</td>
<td>23,988,549</td>
<td>31,172,054</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>568,215</td>
<td>-</td>
<td>568,215</td>
<td>230,858</td>
</tr>
<tr>
<td>Property and Equipment (Net)</td>
<td>934,088</td>
<td>-</td>
<td>934,088</td>
<td>1,115,808</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$ 28,655,269</td>
<td>$ 14,479,039</td>
<td>$ 43,134,308</td>
<td>$ 46,269,568</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>$ 859,733</td>
<td>$ -</td>
<td>$ 859,733</td>
<td>591,061</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>1,264,458</td>
<td>-</td>
<td>1,264,458</td>
<td>1,662,070</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>18,001,495</td>
<td>-</td>
<td>18,001,495</td>
<td>22,369,031</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>20,125,686</td>
<td>-</td>
<td>20,125,686</td>
<td>24,622,162</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without Donor Restrictions</td>
<td></td>
<td></td>
<td>8,529,583</td>
<td>3,039,406</td>
</tr>
<tr>
<td>With Donor Restrictions</td>
<td></td>
<td>14,479,039</td>
<td>14,479,039</td>
<td>18,608,000</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>8,529,583</td>
<td>14,479,039</td>
<td>23,008,622</td>
<td>21,647,406</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$ 28,655,269</td>
<td>$ 14,479,039</td>
<td>$ 43,134,308</td>
<td>$ 46,269,568</td>
</tr>
</tbody>
</table>
Consolidated Statement of Cash Flows

<table>
<thead>
<tr>
<th>Year Ended December 31</th>
<th>2020</th>
<th>2019</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>$1,361,216</td>
<td>$(3,614,839)</td>
</tr>
</tbody>
</table>

Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:

<table>
<thead>
<tr>
<th>Adjustment</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiveness of Paycheck Protection Program Loan</td>
<td>(820,000)</td>
<td>-</td>
</tr>
<tr>
<td>Change in Present Value Discount on Pledges Receivable</td>
<td>(117,114)</td>
<td>(1,005)</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>217,426</td>
<td>573,340</td>
</tr>
</tbody>
</table>

(Increase) Decrease in:

<table>
<thead>
<tr>
<th>Asset</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pledges Receivable</td>
<td>7,300,619</td>
<td>(3,551,913)</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>(337,357)</td>
<td>778,215</td>
</tr>
</tbody>
</table>

Increase (Decrease) in:

<table>
<thead>
<tr>
<th>Liability</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>268,672</td>
<td>(192,093)</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>(397,612)</td>
<td>(686,404)</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>(4,367,536)</td>
<td>(220,251)</td>
</tr>
</tbody>
</table>

**Net Cash Provided by (Used In) Operating Activities**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>3,108,314</td>
</tr>
<tr>
<td>2019</td>
<td>(6,914,950)</td>
</tr>
</tbody>
</table>

**CASH FLOWS USED IN INVESTING ACTIVITIES:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Property and Equipment</td>
<td>(35,706)</td>
<td>(29,015)</td>
</tr>
</tbody>
</table>

**CASH FLOWS FROM FINANCING ACTIVITIES:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from Paycheck Protection Program Loan</td>
<td>820,000</td>
</tr>
</tbody>
</table>

**Net Increase (Decrease) in Cash and Cash Equivalents**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>3,892,608</td>
</tr>
<tr>
<td>2019</td>
<td>(6,943,965)</td>
</tr>
</tbody>
</table>

Cash and Cash Equivalents – Beginning of Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>13,750,848</td>
</tr>
<tr>
<td>2019</td>
<td>20,694,813</td>
</tr>
</tbody>
</table>

**Cash and Cash Equivalents – End of Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>$17,643,456</td>
</tr>
<tr>
<td>2019</td>
<td>$13,750,848</td>
</tr>
</tbody>
</table>
## Consolidated Statement of Activities

<table>
<thead>
<tr>
<th>December 31</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>2020 Total</th>
<th>2019 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and Public Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and Contributions</td>
<td>$28,361,948</td>
<td>$6,679,039</td>
<td>$35,040,987</td>
<td>$45,217,305</td>
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<tr>
<td>Other Income (Loss)</td>
<td>277,058</td>
<td>-</td>
<td>277,058</td>
<td>(688,762)</td>
</tr>
<tr>
<td>Forgiveness of Paycheck Protection Program Loan</td>
<td>820,000</td>
<td>-</td>
<td>820,000</td>
<td>-</td>
</tr>
<tr>
<td>Interest and Dividends</td>
<td>36,721</td>
<td>-</td>
<td>36,721</td>
<td>190,896</td>
</tr>
<tr>
<td>Net Assets Released from Donor Restrictions</td>
<td>10,808,000</td>
<td>(10,808,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue, Public Support and Other Income (Loss)</strong></td>
<td>40,303,727</td>
<td>(4,128,961)</td>
<td>36,174,766</td>
<td>44,719,439</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Services</td>
<td>28,717,051</td>
<td>-</td>
<td>28,717,051</td>
<td>39,845,792</td>
</tr>
<tr>
<td>Supporting Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>4,031,972</td>
<td>-</td>
<td>4,031,972</td>
<td>3,714,893</td>
</tr>
<tr>
<td>Fundraising</td>
<td>2,064,527</td>
<td>-</td>
<td>2,064,527</td>
<td>4,773,593</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>34,813,550</td>
<td>-</td>
<td>34,813,550</td>
<td>48,334,278</td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>5,490,177</td>
<td>(4,128,961)</td>
<td>1,361,216</td>
<td>(3,614,839)</td>
</tr>
<tr>
<td>Net Assets – Beginning of Year</td>
<td>3,039,406</td>
<td>18,608,000</td>
<td>21,647,406</td>
<td>25,262,245</td>
</tr>
<tr>
<td><strong>Net Assets – End of Year</strong></td>
<td>$8,529,583</td>
<td>$14,479,039</td>
<td>$23,008,622</td>
<td>$21,647,406</td>
</tr>
</tbody>
</table>
## Consolidated Statement of Functional Expenses

<table>
<thead>
<tr>
<th></th>
<th>Program Services</th>
<th>Supporting Services</th>
<th>Total Expenses</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research Grants</td>
<td>Scientific Conferences and Programs</td>
<td>Public Awareness</td>
<td>Total Program Services</td>
<td>Management and General</td>
</tr>
<tr>
<td>Research Grants</td>
<td>$21,704,208</td>
<td>$</td>
<td>$</td>
<td>$21,704,208</td>
<td>$</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>-</td>
<td>$113,314</td>
<td>$192,760</td>
<td>$306,074</td>
<td>$795,430</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>-</td>
<td>$196,304</td>
<td>$627,979</td>
<td>$824,283</td>
<td>$370,641</td>
</tr>
<tr>
<td>Outreach, Events and Meetings</td>
<td>-</td>
<td>-</td>
<td>$590,338</td>
<td>$590,338</td>
<td>$461,952</td>
</tr>
<tr>
<td>Occupancy</td>
<td>-</td>
<td>$73,332</td>
<td>$280,312</td>
<td>$353,644</td>
<td>$283,025</td>
</tr>
<tr>
<td>Media, Public Relations and Publications</td>
<td>-</td>
<td>-</td>
<td>$430,707</td>
<td>$43,0707</td>
<td>$43,450</td>
</tr>
<tr>
<td>Global Scientific Conferences and Unpublished Data and Knowledge Exchanges</td>
<td>-</td>
<td>$383,634</td>
<td>-</td>
<td>$383,634</td>
<td>-</td>
</tr>
<tr>
<td>Travel, Meals and Entertainment</td>
<td>-</td>
<td>$2,984</td>
<td>$23,978</td>
<td>$26,962</td>
<td>$5,747</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>-</td>
<td>$18,456</td>
<td>$116,673</td>
<td>$135,129</td>
<td>$68,449</td>
</tr>
<tr>
<td><strong>TOTAL 2020 FUNCTIONAL EXPENSES</strong></td>
<td>$21,704,208</td>
<td>$2,434,560</td>
<td>$4,578,283</td>
<td>$28,717,051</td>
<td>$4,031,972</td>
</tr>
<tr>
<td></td>
<td>$82%</td>
<td>$12%</td>
<td>$6%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$21,704,208</td>
<td>$2,434,560</td>
<td>$4,578,283</td>
<td>$28,717,051</td>
<td>$4,031,972</td>
</tr>
<tr>
<td><strong>TOTAL 2019 FUNCTIONAL EXPENSES</strong></td>
<td>$29,207,005</td>
<td>$4,463,046</td>
<td>$6,175,741</td>
<td>$39,845,792</td>
<td>$3,714,893</td>
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<tr>
<td></td>
<td>$82%</td>
<td>$8%</td>
<td>$10%</td>
<td>100%</td>
<td></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, 2020, 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, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information
We have previously audited Prostate Cancer Foundation’s 2019 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated May 15, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

June 4, 2021
Los Angeles, California

Green Hasson & Janks LLP
2020 Supporting Partners

PCF is grateful to our major corporate partners for their generous support. Contributions, campaigns, and educational initiative funding from these organizations are helping PCF to move us closer to a world without prostate cancer.
# Board of Directors and Leadership Team

## Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Company/Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Milken</td>
<td>Founder and Chairman</td>
<td>Prostate Cancer Foundation</td>
</tr>
<tr>
<td>Emilio Bassini</td>
<td>Managing Principal</td>
<td>Bassini &amp; Company</td>
</tr>
<tr>
<td>James C. Blair, PhD</td>
<td>Partner</td>
<td>Domain Associates, LLC</td>
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<tr>
<td>Gregory O. Brown</td>
<td>Chairman &amp; CEO</td>
<td>Motorola Solutions, Inc.</td>
</tr>
<tr>
<td>Steven A. Burd</td>
<td>Founder and Chief Executive Officer</td>
<td>Burd Health, LLC</td>
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<tr>
<td>Neil P. DeFeo</td>
<td>Executive Partner</td>
<td>Nonantum Capital Partners</td>
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<tr>
<td>David A. Ederer</td>
<td>Chairman</td>
<td>Ederer Investment Company</td>
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<tr>
<td>Jonathan Evans</td>
<td>President</td>
<td>Evans &amp; Co., LLC</td>
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<tr>
<td>R. Christian B. Evensen</td>
<td>Managing Partner</td>
<td>Flintridge Capital Investments, LLC</td>
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<tr>
<td>Peter T. Grauer</td>
<td>Chairman</td>
<td>Bloomberg LP</td>
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<tr>
<td>The Reverend Rosey Grier</td>
<td>Consultant</td>
<td>Milken Family Foundation</td>
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<tr>
<td>Stein Erik Hagen</td>
<td>Chairman</td>
<td>Orkla ASA</td>
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<tr>
<td>Stuart Holden, MD</td>
<td>Clinical Professor of Urology</td>
<td>David Geffen School of Medicine</td>
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<td></td>
<td></td>
<td>Spielberg Family Chair of Urologic Oncology, UCLA Institute of Urologic Oncology</td>
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<tr>
<td>Clark Howard</td>
<td>Syndicated TV and Radio Host</td>
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<tr>
<td>The Honorable Earle I. Mack</td>
<td>Senior Partner</td>
<td>The Mack Company</td>
</tr>
<tr>
<td>Shmuel Meitar</td>
<td>Chairman and Founder</td>
<td>Aurec Capital</td>
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<tr>
<td>Lori Milken</td>
<td>Vice President</td>
<td>Prostate Cancer Foundation</td>
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<tr>
<td>Christopher J. Moran</td>
<td>Chairman and Chief Executive Officer</td>
<td>Moran Group of Companies</td>
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<tr>
<td>Henry L. Nordhoff</td>
<td>Chairman and Chief Executive Officer</td>
<td>Banyan Biomarkers, Inc.</td>
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<tr>
<td>Drew Pinsky, MD</td>
<td>Internist, Addictionologist, Radio and Television Host</td>
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<tr>
<td>Neal I. Rodin</td>
<td>Chairman</td>
<td>International Financial Company, LLC</td>
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<tr>
<td>Jason J. Safriet</td>
<td>Managing Director</td>
<td>Head of Security Sales</td>
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<tr>
<td>Richard V. Sandler</td>
<td>Partner</td>
<td>Maron &amp; Sandler</td>
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<td></td>
<td></td>
<td>Executive Vice President</td>
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<td></td>
<td></td>
<td>Milken Family Foundation</td>
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<tr>
<td>Keith B. Shoates</td>
<td>Vice President</td>
<td>Office of the CEO</td>
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<td>Vista Equity Partners</td>
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<tr>
<td>Thomas S. “Tad” Smith, Jr.</td>
<td>Former President &amp; CEO</td>
<td>Sotheby’s</td>
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<tr>
<td>Roxann Taylor</td>
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<tr>
<td>Paul Villanti</td>
<td>Executive Director, Programs</td>
<td>Movember Foundation</td>
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<tr>
<td>Andrew C. von Eschenbach, MD</td>
<td>President</td>
<td>Samaritan Health Initiatives, Inc.</td>
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<td></td>
<td></td>
<td>Former Commissioner, Food and Drug Administration</td>
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<td></td>
<td></td>
<td>Former Director, National Cancer Institute</td>
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<tr>
<td></td>
<td></td>
<td>Senior Fellow, Milken Institute</td>
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<tr>
<td>Kneeland Youngblood, MD</td>
<td>Founding Partner</td>
<td>Pharos Capital Group</td>
</tr>
<tr>
<td>Jeff Zisk</td>
<td>Managing Director</td>
<td>Surrey Ventures</td>
</tr>
</tbody>
</table>

## Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Company/Designation</th>
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</thead>
<tbody>
<tr>
<td>Jonathan W. Simons, MD</td>
<td>President and Chief Executive Officer</td>
<td></td>
</tr>
<tr>
<td>Ralph Finerman</td>
<td>Chief Financial Officer, Treasurer, and Secretary</td>
<td>Maron &amp; Sandler</td>
</tr>
<tr>
<td>Howard R. Soule, PhD</td>
<td>Executive Vice President, Chief Science Officer</td>
<td>Milken Family Foundation</td>
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<tr>
<td>Stuart Holden, MD</td>
<td>Medical Director</td>
<td></td>
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<tr>
<td>Christine N. Jones, JD</td>
<td>Vice President</td>
<td>Development</td>
</tr>
<tr>
<td>Helen Hsieh</td>
<td>Senior Vice President, Finance and Administration</td>
<td></td>
</tr>
<tr>
<td>Shavaun Rigler</td>
<td>Vice President, Development</td>
<td></td>
</tr>
<tr>
<td>Michael Vanneman</td>
<td>Vice President</td>
<td>Major Gifts</td>
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<tr>
<td>Jan Haber</td>
<td>Vice President, Events</td>
<td></td>
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<tr>
<td>Julie DiBiase, PhD</td>
<td>Vice President</td>
<td>Content</td>
</tr>
<tr>
<td>Rebecca Levine</td>
<td>Chief of Staff, Vice President, Government Affairs</td>
<td>Maron &amp; Sandler</td>
</tr>
<tr>
<td>Kathryn Schwertfeger, JD</td>
<td>General Counsel</td>
<td></td>
</tr>
</tbody>
</table>
Roger Taylor was a devoted and energetic friend and supporter of PCF. As husband of PCF board member Roxann Taylor, Roger brought tireless energy to every PCF interaction. From his ubiquitous presence at PCF events, to recruiting, organizing, and developing the first-ever PCF-PGA public service announcement, to his years-long battle against prostate cancer, Roger always gave everything he had to everything he did. Roger’s generosity as a donor, a cheerleader, and willing participant in numerous life-saving clinical trials will never be forgotten. For his contributions to PCF and for the legacy of hope he leaves behind, we honor him today.