

Prostate Cancer Foundation Curing Together.

Curing Together.

ABOUT THE COVER

The Prostate Cancer Foundation (PCF), the world leader in prostate cancer research funding, has unveiled a new corporate identity with the tagline "Curing Together." This refresh represents PCF's evolution as a patient-centric brand that humanizes science to connect with audiences on a personal level.

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.





PCF Launches New, Patient-Centric Brand

PCF's new tagline, "Curing Together," reflects a new vision and affirms our commitment to saving lives.

PCF's new helix-inspired logo signals the Foundation's emphasis on personalized, genomics-driven precision medicine. A fully redesigned website features a sleek, simplified interface with enhanced capabilities and information to help men at their critical time of need.

Our new public-facing brand will help us bring precision oncology to the global community of men with prostate cancer along with their families, friends, and loved ones. Our goal is to be patient-centric with personal, actionable messaging that improves the lives of all men.

Curing together, we can change the future.



bbb.org/charity

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



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

There are several risk factors for prostate cancer, including family history, age, and race. Know your risks for prostate cancer and talk to your doctor about early detection and screening.

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Curing Together, We Can Change the Future.

Dear Friends:

When the Prostate Cancer Foundation (PCF) was founded in 1993, we faced a challenge. Roughly one in six men was diagnosed with prostate cancer, and more than 40,000 died each year. With the aging population, the numbers were projected to get much worse. Yet most people knew little about the disease, and research funding was scant. Thanks to your support, that has all changed.

Prostate cancer deaths are down 52%, a full 80% lower than what experts had projected. That translates to 1.5 million men who weren't expected to be with us

today but are alive

And thanks to advances in precision oncology, discoveries made in PCF-funded labs PCF discoveries now save lives in 16 other forms of cancer, including breast, myeloma, colon, lung, ovarian, melanoma, pediatric neuroblastoma, bladder, and thyroid cancers.

now extend to saving lives across 16 other forms of cancer. Patients and families everywhere owe an immeasurable debt to PCF's supporters.

Investing in Human Capital

Since our founding, PCF has awarded more than \$435 million to 5,000+ physician-scientists across 2,000 research programs at 200 cancer centers and universities spanning 19 countries, and we've contributed to every significant discovery in the fight against prostate cancer.

At the same time, each dollar invested in PCF-supported research has been further leveraged by an average of 13 follow-on dollars, largely from federal research agencies and biopharma companies.

But our work isn't finished yet, and the stakes are clear:

- Every 3.3 minutes a man is diagnosed with prostate cancer, and one dies every 20 minutes.
- Prostate cancer continues to affect one in eight American men—and their families—making it the most common non-skin cancer.

- Roughly 161,000 men will be diagnosed this year; 27,000 will die from the disease.
- The U.S. spent \$125 billion on cancer care in 2010 and could spend \$156 billion each year by 2020.

In 2016 alone, PCF funded a global research network spanning 145 physician-scientists, including 26 Young Investigators (YIs) and 74 active Challenge Award teams.

Our YIs have truly changed the course of cancer history. Over the years we've discovered that our most impactful investments have gone to these early-career researchers, many of whom have big, risky ideas that are otherwise difficult to fund. They're the engine of innovation in the field. The 26 YIs in the Class of 2016 bring the total number of PCF YIs to 204. They're collectively pursuing 21 "first-in-field" anti-prostate cancer therapies.

Your support in 2016 also helped launch 20 new PCF Challenge Awards, funding the projects of 119 "Team Science" researchers from 30 institutions in eight countries. These multidisciplinary teams of investigators work on the most crucial unmet needs for advanced prostate cancer patients, and in 2016 they introduced into the clinic 19 first-in-field therapies.

Serving Those Who Served Us

Prostate cancer is the most frequently diagnosed cancer among United States veterans, accounting for a third of male cases. Roughly 180,000 veterans suffer from the disease, with 12,000 new cases diagnosed each year.

In 2016, PCF partnered with the U.S. Department of Veterans Affairs (VA) for an ambitious five-year, \$50 million program to establish a network of precision oncology Centers of Excellence. This partnership will improve care and increase options for our veteran servicemembers while granting researchers access to troves of voluntary and anonymized patient data, thereby advancing cancer research to benefit patients everywhere.

Together, We Change the Future

Historians may one day deem 2016 to have been the beginning of the era of precision oncology—a transformative year in which our knowledge base and technological capabilities merged to unlock new ways of approaching cancer research. Today's researchers are using these advances to unlock novel investigational therapies, designed and targeted to each unique form of cancer.

When we founded PCF, prostate cancer was thought of as a single disease. We now know of at least 28 different forms of the cancer. Tumors today are identified by their DNA code and molecular architecture rather than their location in the body. Triple-negative breast cancer, for instance, is more closely related to treatment-resistant prostate cancer than it is to other forms of breast cancer. PCF's work, therefore, generates "collateral benefits." As just one example, if we were able to cure 28% of prostate cancer patients—those with the WNT genetic defect—we would, as a fortunate byproduct, also cure more than 90% of all colon cancer cases.

Precision genomics will lead to clinical decisions based on the unique genetics of an individual

patient's particular disease. The days of long, debilitating trial-and-error to discover which drugs may work are fading—we now know which genes to look for and which drugs will work on them. A PCF research team recently identified 19 targets for precision interventions and is now advancing

Curing those prostate cancer patients with the WNT genetic defect would also cure more than 90% of colon cancers. Such are the collateral benefits of PCF's leadership in precision oncology.

treatments to address these targets. It's not a question of *whether* they will be successful, but *when*.

Given advances in precision oncology, PCF continues to lead the way for other research organizations. It was, after

all, early PCF support of immunology that yielded two FDA-approved treatments for both melanoma and prostate cancer. Four other PCF discoveries now save lives in 16 different forms of cancer, including breast, myeloma, colon, lung, ovarian, melanoma, glioblastoma, pediatric neuroblastoma, bladder, leukemia, and thyroid cancers.

We Cure Together

We were reminded of our progress together as we honored the 1.5 million more men who were able to celebrate Father's Day this year. We interacted with several of them during our annual Home Run Challenge ballpark tour. Some told us they got to witness their kids' marriages and their grandchildren's births. Some told us about the contributions they've made to society long after they were expected to succumb to disease.

We both feel a deep personal gratitude for your support. One of us, Mike, is a prostate cancer survivor who has lost too many family members to cancer. The other, Jonathan, is the son, grandson, and husband of cancer survivors. We approach our mission systemically, but we're also driven by personal motivation to rid the world of the pain, suffering, and loss caused by cancer.

Your support is crucial to this effort, and it's deeply appreciated by us and by men and their families everywhere.

Thank you,

Michael Milken
Founder and Chairman

Mike Milken

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

Jonathan W. Jimos



WHEN CANCER TAKES THE BACK ROADS: New Strategies for Fighting Resistance



Because—thanks largely to PCF-funded research—understanding of breast cancer and prostate cancer has converged: they share the same genes and pathways. We now know that pancreatic cancer and colon cancer share genes and pathways with prostate cancer, too.

PCF is funding some of the best and brightest scientists who are working on other forms of cancer because their discoveries are going to move our understanding of prostate cancer forward.

The shared target that Suzanne Conzen, a medical oncologist at the University of Chicago, is working on is one that nobody was talking about even two years ago. It is the *glucocorticoid receptor (GR) pathway*, responsible for the stress hormone, cortisol.

What's it doing in prostate cancer? Bad things. Imagine that you're stuck in traffic on the highway. It's a parking lot. Then, you notice movement off to your right—cars moving along unhindered. And you realize, "Hey, there's a frontage road!" Parallel to the highway, this is the back road the locals take. It may not be the four-lane highway, but those cars are getting somewhere, and you're not.

This is pretty similar to what's happening when prostate cancer becomes resistant to the drugs enzalutamide and abiraterone, which target the androgen receptor (AR). When prostate cancer gets blocked on the AR highway, it simply cuts over to the frontage road and keeps on going.

The parallel road in this case involves GR. In groundbreaking research over the last two years, with a PCF Challenge Award, Conzen has been exploring GR's role in *sabotaging antiandrogen drugs*. "We discovered that when GR is over-expressed in triple-negative breast cancer, the prognosis is much worse," she says.

When the GR gets involved, prostate cancer turns ugly, too. It turns out that AR and GR pathways have an overlapping "cistrome"—a subset of genes controlled by a master switch. When the AR is shut down, GR moves in and occupies some of the exact same places on DNA, switching on and off genes that promote tumor growth.



The implications of this are huge. What Conzen, co-principal investigator, Russell Szmulewitz, MD, and colleagues are learning has the potential to transform the care of men with metastatic prostate cancer. Their hypothesis—that blocking GR could force cancer back on the main road, and make drugs such as enzalutamide work better—is being tested in clinical trials now, in breast cancer as well as prostate cancer. One GR-blocking drug, mifepristone, is already FDA-approved for use in other conditions. Others are in development.

"This is why we are actively funding precision research on GR and other genetic targets," says PCF President and CEO, Jonathan W. Simons, MD, who is a medical oncologist. "If you have metastatic prostate cancer and you took enzalutamide and had a very short remission—your PSA dropped, and then it came right back—then you probably have a GR-driven tumor."

If GR activity is one of the major reasons that treatment for metastatic prostate cancer fails—if, as Conzen suspects, it is causing "even more nastiness and proliferation," and an effective drug can block that activity, "hopefully there will be significantly longer remissions."

Conzen, Szmulewitz and colleagues are hoping to answer other questions sparked by their discoveries. Among them:

When does the GR pathway get involved?

ADT (androgen deprivation therapy, the first-line hormonal therapy for men with metastatic cancer) may trigger this crossover to the bypass road of GR, although some men's tumors may have very high GR activity even in earlier stages of prostate cancer.

Could a GR-blocking treatment make a difference in high-risk men before surgery? Could it even alleviate the need for ADT?

Men whose tumors have a variant androgen receptor (AR), called ARV7, are resistant to enzalutamide and abiraterone. Would blocking GR allow antiandrogens to work in these men?

Could blocking the GR pathway somehow make immunotherapy more effective?

A combined study of mifepristone and pembrolizumab, an immunotherapy drug, is being planned for patients with triple-negative breast cancer.

Conzen's work is "first in field," says Simons. This means that her findings are really exciting—and that we're just at the beginning here. If the clinical trials of GR-blocking drugs show as much promise as Conzen, Simons, and PCF hope they will, "we may see use of these drugs as soon as there is a recurrence in PSA after initial treatment, and we may see men who have failed enzalutamide going back into a long-term remission."



manyvscancer.org

A Decisive Moment: The Beginning of the End of Prostate Cancer Many vs Cancer Will Power Prostate Cancer Research to the Finish Line

For the first time ever, a cure is within our reach. Science has shown us how we will conquer prostate cancer—now we just need to end it once and for all. Thanks to the amazing foresight of PCF's leadership, we know what it will take: one billion dollars to fund the research that will drive this revolution. While that might sound like a lot of money to one person, it's not a lot for *Many*.

And that's how the idea for Many vs Cancer was born.

Many vs Cancer (MvC), brainchild of PCF board member Andy Astrachan, is set to be the greatest crowd funding effort since the March of Dimes. Many individuals all around the world who have been touched by prostate cancer will rally to raise the funds to do the research that will defeat prostate cancer in just five years. MvC features a peer-to-peer fundraising platform that allows patients, survivors, and the people who love them to be real agents in the fight. After a cancer diagnosis, many people feel powerless to do anything or affect any kind of real change. But with a cure for prostate cancer in our sights, each and every person who participates in MvC will be able to say to that they were part of the movement that ended death from prostate cancer.

A Monumental Moment

After more than a year of development, PCF's MvC launched in May of 2017. The new branded website and fundraising platform features relatable human interest content and precision medical information written specifically for patients and fundraisers. The peer-to-peer fundraising platform allows the public to take part in fundraising for PCF via a set of state-of-the-art precision crowdfunding tools. **PCF.org** and **manyvscancer.org** share content across platforms and audience members.

MvC marketing campaigns are designed to steadily bring new audiences of donors to PCF, while also developing an acquisition channel for prospective major gift donors who might otherwise have never heard of PCF. When they visit manyvscancer.org, people have the option of becoming a fundraiser or making a direct donation.

Donate, and 100% will go to the Prostate Cancer Foundation.

Fundraise in honor of a patient you love.

Challenge your friends and family to join you.

MvC supporters are able to host any sort of DIY (do-it-yourself) fundraiser for PCF—from hosting car shows to wine parties, BBQs to golf games—while simultaneously honoring the men in their lives who have struggled with prostate cancer.

With the thought that a shared goal is a more powerful goal, MvC has also created affinity groups to help people find others in similar careers, life situations or interest groups: Many Patients vs Cancer, Many Daughters vs Cancer, Many Classic Car Lovers vs Cancer, and so on. MvC's new team of in-house fundraising and marketing specialists are on hand to closely manage our community and to cultivate one-off donors into long-term fundraisers.

Curefunding is the New Crowdfunding

According to the latest industry figures, the top 30 crowdfunding foundations raised \$1.57 billion in 2016. Passionate, motivated individuals raised money from walks, runs, bikes, DIY campaigns, and virtual events through non-profit peer-to-peer fundraising platforms. The market for peer-to-peer fundraising continues to grow and MvC will open a new line of donations for the Prostate Cancer Foundation.

Starting in 2017 MvC will run various smaller campaigns to mobilize fundraising around specific themes, such as Father's Day, Prostate Cancer Awareness Month, and End of Year. MvC will also create innovative "CureFunding" campaigns to give the public the opportunity to directly invest in and follow specific investigators, teams, and research areas.

Together, we are building the greatest crowdfunding effort the world has ever seen—and we are going to cure a disease that affects 14 million men around the world and the many people who love them. But that's not all; because prostate cancer shares genetic similarities and will share treatments with at least 16 other cancers—including breast, ovarian, lung, and colon—the funds we raise will save millions more lives.

Please visit manyvscancer.org today and join the movement.

It takes more than one person to end prostate cancer.

It takes many.

TREATING THE GENE:

A Survivor Story

In the last six
months, I've gone
from shockingly,
disastrously ill to
feeling great. I'm still
cautious; nobody
knows how long this
is going to work.
There's no data on
people like me.

- Mark Meerschaert



In a matter of weeks, Mark Meerschaert went from being an athlete to someone who could barely walk. Metastatic prostate cancer had come from nowhere and spread like wildfire throughout his body. A highly respected mathematics professor and researcher—the kind who fills up the blackboard in his classroom with labyrinthine calculations to answer questions of probability, statistics, physics, and the like—he did what he does best: looked at the numbers. Men with widespread prostate cancer that is not responding very well to standard-of-care treatment don't live very long.

So then Mark did what we at PCF believe all men should do: He became his own advocate, did some research, and found a different doctor, Heather Cheng, MD, PhD, a medical oncologist at the Seattle Cancer Care Alliance at the University of Washington School of Medicine and the Fred Hutchinson Cancer Research Center. Dr. Cheng started the world's first prostate cancer genetics clinic.

It turns out that Mark has a bad gene that runs in his family, called BRCA2. When it is mutated and not working as it should, BRCA2 is notorious for increasing the risk of breast and ovarian cancer. But recently, scientists discovered that it also increases the risk of prostate cancer.

Because of Mark's bad copy of BRCA2, Cheng immediately focused on this gene and suggested a very different type of treatment: off-label use of a drug called olaparib, currently approved by the FDA to treat ovarian cancer. Olaparib is a PARP inhibitor; it blocks a protein that cancer cells need to repair themselves, and has worked especially well in people with defects in the BRCA2 gene. Olaparib and other PARP inhibitors such as rucaparib and niraparib are currently being studied in clinical trials for prostate cancer patients.

"She said, 'Let's try something else," Mark recalls. Cheng told him that the medicine may take a few months to kick in fully. "I started olaparib in October of 2016. At the end of 2016, we did a bone scan, and saw that there was cancer all over the place: my ribs, hips, legs—I can't remember all the places—some lymph nodes. One day, I walked my dog, and I had to sit down," right in the middle of the walk, "and rest for 20 minutes." That fall, Mark—on the faculty in the Department of Statistics and Probability at Michigan State University in East Lansing—organized a conference. As the moderator, Mark was supposed to stand up for five minutes between talks and moderate discussions. "I couldn't stand up for five minutes."

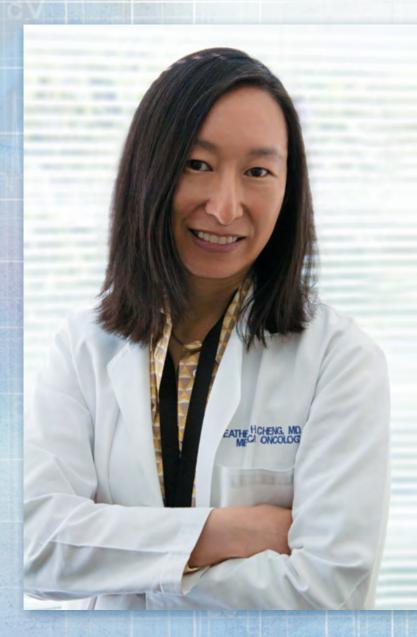
He used a cane, then a walker, then a wheelchair. He took a leave of absence from his job. "I didn't teach. I stand at the blackboard, walk around, write things on the board, move around, talk to the students. Math is like music; it's a skill. You actually have to do it with your hands. You have to pick up a piece of chalk and write on the blackboard. I couldn't do what I do."

But now he is looking forward to returning to work. "The great thing is," starting early in 2017, "I just slowly started to feel better and better," he says. "At some point, I said, 'Maybe I can go for a walk again. I had a little numbness in my foot, but I said, 'I'm going to keep walking,' so I did. I walk my dog every day, a couple of miles. Now even the numbness is gone."

He has not had a follow-up bone scan yet. But "I know how it felt to have tumors in my spine and my hip. I couldn't walk and I couldn't stand, and now I can. I'm pretty sure when they do another scan what it's going to show. In any case, I don't care what it shows, because I feel good.

"When you're 61 and in two or three months you go from an active life, running, walking, and riding my bike—to not being able to stand up for five minutes and your wife is pushing you through the airport in a wheelchair - I am overly enthusiastic to feel normal, because normal seems so good. Just being able to go for a walk: I always enjoyed it, now I really cherish it. Because when you take it away, you really realize how much it means to you.

"In the last six months, I've gone from shockingly, disastrously ill to feeling great— I'm still cautious, still waiting for the other shoe to drop; nobody knows how long this is going to work. There's no data on people like me. But now I feel great."



Heather Cheng, MD, PhD Seattle Cancer Care Alliance, University of Washington School of Medicine, and Fred Hutchinson Cancer Research Center 2015 Kelsey Dickson-PCF Young Investigator Award recipient

Bombshell: The Family History He Didn't Know About

Mark is one of the pioneers of gene-targeted treatment for prostate cancer—medicine that is, as Cheng explains, "tailored to the weakness of his cancer resulting from a specific gene mistake in that cancer, rather than just treating it the same as all prostate cancers."

"I knew that I was BRCA2 positive before I was diagnosed with prostate cancer," he says; after his brother was diagnosed with breast cancer, several members of Mark's family got genetic testing.

But he never expected to get prostate cancer. In fact, although Mark had gotten a PSA test every year, he had stopped. "My doctor said, 'We don't need to do PSAs.' The concern was that there were unnecessary biopsies and even surgeries, and they've actually dissuaded people from screening." So he stopped getting the PSA test. "For two years I didn't get a PSA."

Mark believes the policy of not screening men because of a fear of overtreatment is misguided. "A PSA costs almost nothing. To me it's a misreading of the statistics," somehow saying it's worse for some men to get unnecessary biopsies than for other men to miss their shot at an early cancer diagnosis.

In 2013, Mark developed some urinary symptoms, and went to see a urologist. "It was Black Friday, the day after Thanksgiving. When everyone else was going to the mall, I went to the hospital and got a biopsy." Cancer was found.

Around this time, he received some bombshell news: "My dad had had prostate cancer, but I never knew that until after I was diagnosed. Had I known that, I would have kept PSA screening." Mark's father had other health problems, as well, and died of lung cancer. He had been treated for prostate cancer many years before when Mark was away in college, and his parents had never said a word. "I'm a big fan of sharing knowledge with your family, even though it might be a little embarrassing. You might not feel comfortable talking to your kids about things like impotence, but they really need to know."

Mark was put on a two-year course of androgen deprivation therapy (ADT) and given 42 daily treatments of external-beam radiation therapy. "ADT is not that bad," he says. "Radiation is not that bad. I was feeling okay. I was living my life and going to work." Well-meaning people told Mark the same things that many men with prostate cancer hear—that "prostate cancer is one of the good ones, the progression is really slow." The two-year course of ADT ended in March 2016.

"By July of 2016, something just felt a little off. I went to see a urologist. He said, 'There's some scar tissue, I don't think it's anything to worry about, I saw something kind of weird, so I sent it off for a biopsy.' It came back as high-grade cancer," Gleason grade 9. The prostate cancer had come back with a vengeance. His PSA peaked at 36.



Genetic Tumor Sequencing

When Mark went to the Seattle Cancer Care Alliance, "they retrieved the tissue from last July and sequenced it." This is an essential step in precision oncology, because prostate cancer can change over time. The genetic makeup of the cancer in Mark's first prostate biopsy in 2013 was not the same as the tissue removed in 2016, after the cancer had time to mutate and become more dangerous. "They found out that I have the BRCA2 mutation in one of the two copies in my germline, but in the metastatic cancer cells, it was mutated in both copies.

"Dr. Cheng said, 'Your cancer is very aggressive, but that might work in your favor going the other way." That turned out to be absolutely correct. It got bad really fast, and it got better really fast." His PSA is now down to 7 and he is still taking the olaparib. "I guess I'll keep taking it as long as it works." The question is, what happens next?

"I'm very interested in things like the five-year survival rate for people like me. Nobody knows. They've only been using olaparib since 2015, and the studies were on ovarian cancer."

So there are no guarantees. However, Mark says, "I can deal with that. I will be happy for what I get. I'm cautiously optimistic. The only thing prostate cancer has to do with my day-to-day life is, I take a bunch of pills, and I usually take a nap after lunch. If I'm back at work in the fall, I'll probably take a nap after lunch.

"I do feel like this is something pretty remarkable. My God, what if this had happened five years ago?"

ONE IN NINE ADVANCED PROSTATE CANCERS ARE CAUSED BY HERITABLE GENES

Prostate Cancer Isn't Just About Men Anymore

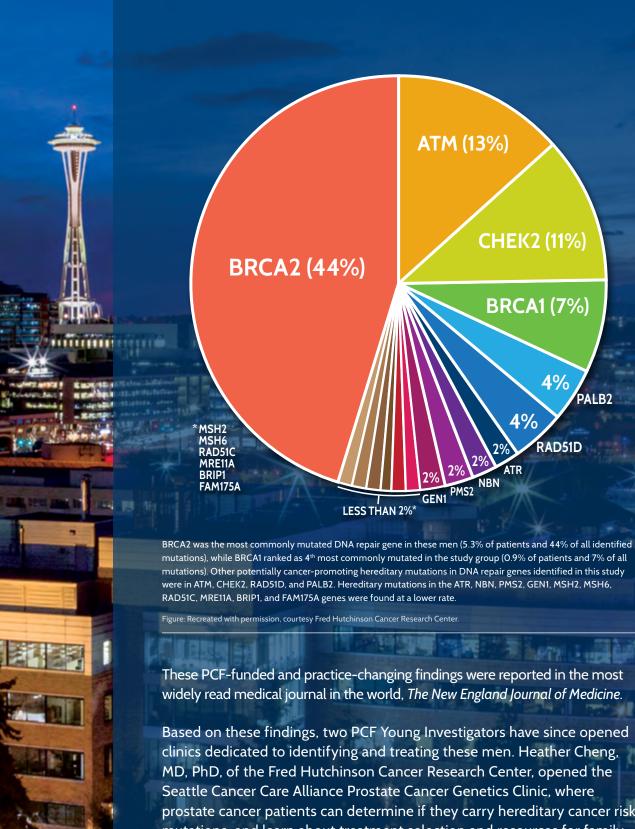
Prostate cancer isn't just about men anymore. A recent study led by PCF Dream Team member Peter Nelson, MD, and PCF Young Investigator, Colin Pritchard, MD, PhD, both of the Fred Hutchinson Cancer Research Center in Seattle, WA, has shown that 12% of advanced prostate cancers may be caused by mutations in 16 different genes that can be passed down in families. This means that men's cancers and women's cancers are not exclusive – they can be caused by the same genes and run in the same families.

Breaks in DNA occur thousands of times in each cell cycle, and normal cells have about half a dozen wavs to combat DNA damage. However, mutations in DNA damage repair (DDR) genes can lead to the accumulation of mutations that promote tumor formation. Most

Peter Nelson, MD
Fred Hutchinson Cancer Research Center
PCF International Dream Team
2016 V Foundation-Stewart J. Rahr FoundationPCF Challenge Award recipient;
2011, 2013, 2015 Movember FoundationPCF Challenge Awards recipient

notable of these are defects in BRCA1/2 genes, which are infamous for increasing a woman's risk of breast and ovarian cancer.

The researchers are now encouraging all patients with metastatic prostate cancer, regardless of age or family history, to obtain genetic testing and counseling for inherited mutations in DNA repair genes for two reasons. First, PCF-funded research has found that patients may benefit from specific therapies, such as PARP-inhibitors like olaparib, and platinum chemotherapy, that are particularly active against tumors with DNA repair gene mutations. Second, both male and female family members of men found to have these inherited DDR mutations should seek genetic counseling and talk with their physicians to determine their own risk and recourse for prostate, breast, ovarian, pancreatic, and other cancers.



Based on these findings, two PCF Young Investigators have since opened clinics dedicated to identifying and treating these men. Heather Cheng, MD. PhD. of the Fred Hutchinson Cancer Research Center, opened the Seattle Cancer Care Alliance Prostate Cancer Genetics Clinic, where prostate cancer patients can determine if they carry hereditary cancer risk mutations, and learn about treatment selection and resources for family members who may be at increased risk for cancer. Todd Morgan, MD, of the University of Michigan, opened the University of Michigan Prostate Cancer Risk Clinic, where men who have not been diagnosed with prostate cancer but are carriers of hereditary mutations known or suspected to cause prostate cancer, undergo an individualized prostate cancer screening plan and receive counseling and follow-up care.

PALB2

PCF-VETERANS ADMINISTRATION PRECISION ONCOLOGY PARTNERSHIP

A Veterans Health Initiative to Support Our Heroes



Prostate Cancer: A Critical Health Issue for Veterans

There is national consensus that the approximately 21 million men and women who served in the U.S. military deserve the very best health care available. These veterans have sacrificed so much—life and limb in some cases, health and wellness in many cases—and



we, as a nation, owe it to them to provide high-quality, advanced medical care. Only the best for the best!

The Department of Veterans Affairs (VA) is committed to developing new treatment and prevention options and, through rigorous scientific research advances, improving the quality of life for veterans diagnosed with prostate cancer. This is why the VA and the Prostate Cancer Foundation (PCF), a leading philanthropic organization that has raised more than \$700 million and provided funding to more than 2,000 research programs at more than 200 cancer centers and universities, have created a new research partnership.

Approximately 40,000 veterans are diagnosed with cancer each year. Prostate cancer is the second most common cause of cancer death, and an estimated 12,000 Veterans are diagnosed with prostate cancer annually. A number of options are available to treat prostate cancer, including medicines and surgical procedures, but some of them come with serious side effects, which can have a significant impact on a veteran's quality of life. Left untreated, prostate cancer can cause death.

During the next five years, this PCF and VA partnership will expand research into prostate cancer treatment options. The partnership will increase the number of clinical trials conducted at Veterans Health Administration hospitals, and will encourage veterans to participate in these studies so they can help bring new treatment options to millions of men with prostate cancer around the world.

Precision medicine is the cornerstone of this unique partnership. Precision medicine uses a person's unique DNA to identify the best treatment option for that individual. In recent years, doctors across the country have used precision medicine techniques to select treatments for lung cancer patients. Precision medicine has the potential to bring more individualized, targeted treatments to cancer care.

The goal of the PCF-VA agreement is to bring precision medicine to prostate cancer patients, too. We believe the research community is closing in on new treatments, and more targeted therapies will ease the burden of prostate cancer for many patients.

The PCF-VA agreement is an example of a public-private sector partnership, which has the potential to improve health care for veterans by providing access to impactful clinical trials and critical advances in genomics and molecular medicine.

This partnership is modeled after similar, successful programs that expand veterans' access to a variety of goods and services. This initiative holds great promise in advancing our knowledge about prostate cancer, and, ideally, will result in new treatment options for patients. In short, the PCF-VA program has the potential to be one of the most efficient and effective ways to fulfill our commitment to our veterans, who deserve the best we can offer.

PCF-VA LAUNCHPAD SUMMIT

November 29, 2016



On November 29, 2016, PCF President and CEO, Jonathan W. Simons, MD together with the Honorable David J. Shulkin, MD, Secretary of the Department of Veterans Affairs, signed a Memorandum of Understanding (MOU) to facilitate PCF's partnership with VA. Joining them, from left to right: Dr. Andrew von Eshenbach, the Honorable Matthew S. Collier, Dr. Poonam L. Alaigh, Mike Milken, John Weston, R. Christian Evensen, and Rebecca Levine.



Dr. Michael Kelley, National Director of Oncology, Dept. of Veterans Affairs (center), moderates a panel on cancer care among Veterans with (left to right): Dr. Jeff Hersh, Chief Medical Officer, GE Healthcare; Dr. Jan Kimpen, Chief Medical Officer, Philips; Dr. Jason Dominitz, National Director of Gastroenterology, Department of Veterans Affairs; Dr. Jonathan Simons, President and CEO, Prostate Cancer Foundation; Dr. Bruce Johnson, President-elect, American Society of Clinical Oncology.



Dr. Bruce Montgomery, Medical Oncologist, Department of Veterans Affairs, VA Puget Sound and Co-leader of the VA-PCF POPCAP Program discusses germline testing of veterans with advanced prostate cancer and exceptional responders at the 2016 LAUNCHPAD Summit.



Jennifer Lee, MD, deputy under-secretary for Health for Policy and Services, Department of Veterans Affairs discusses innovations in cancer diagnosis and treatment at the 2016 LAUNCHPAD Summit.

MOVEMBER FOUNDATION



Since 2007, the Movember Foundation has generously donated more than \$50 million to support 39 team science awards in the U.S., Canada, and Great Britain. As we embark upon the 10th year of our profound relationship, we are honored to continue our journey as partners as we strive to end prostate cancer deaths with precision oncology. Over the years, the Movember Foundation has emerged as an iconic symbol of advancing men's health issues on a global scale. Our partnership has improved and changed the care of every patient with advanced prostate cancer. The strengths of the Movember Foundation and PCF, with our collective global reach, provide a unique ability to raise both funding and awareness for prostate cancer while also identifying the brightest research minds in the world.

The Movember Foundation's partnership with PCF is pivotal to the fulfillment of our mission to save lives."

— **Jonathan W. Simons, MD**President & CEO, Prostate Cancer Foundation

Many newly improved oncology decisions for increasing quantity and quality of life are a direct consequence of the Movember Foundation's support for PCF driven research.

Thanks to Movember funding:

- 7 completely new precision drugs have advanced to testing in patients with advanced prostate cancer;
- The identification of "DDR inheritance genes" allows precise genetic counseling for the sons and daughters of 1 in 10 men with prostate cancer;
- New drugs that co-target both breast and prostate cancer along with a drug that targets ROR-gamma entered the R&D pipeline;
- Prostate cancer recurrences are being discovered sooner in PET scans;
- New prostate cancer destroying T-cells were developed in men with hormone and chemotherapy resistant disease.

PCF is forever grateful for this valued partnership.



Movember Foundation co-founder and Chief Mo Bro, Adam Garone with PCF CEO, Dr. Jonathan Simons at PCF's 2016 Scientific Retreat in Carlsbad. CA.

2016 FUNDRAISING EVENTS



PCF had an exceptional year for events. The Charles Evans PCF Pro-Am Tennis Tour consists of four tournaments in Indian Wells, CA; Greenwich, CT; The Hamptons, NY; and Palm Beach, FL. These popular events are scheduled during peak tennis season in each city. They provide an exciting and unique experience for amateur tennis players and are the ideal way to foster new relationships with PCF. They have become a successful platform for connecting with new audiences in these communities to help raise awareness and funds that provide vital support for our most innovative life-extending research programs. In 2016, the tour raised nearly \$2.5 million and more than \$1 million in Young Investigator commitments. The tennis program has raised \$26 million over its 18-year history.







 $Above: Participants\ and\ champions\ at\ PCF's\ Charles\ Evans\ Pro-Am\ Tennis\ Tour\ events\ that\ took\ place\ in\ various\ U.S.\ cities\ in\ 2016.$

In August, PCF celebrated the 12th year of the Charles Evans PCF Pro-Am Tennis Tournament in the Hamptons with our highly anticipated gala at the Parrish Art Museum. The evening featured special musical performances by Grammy award-winning singer Dianne Reeves, double platinum recording artist Billy Idol, the nationally recognized pop vocal group The Company Men, as well as a special performance by Francis Collins, Director of National Institutes of Health. The event raised nearly \$3 million in support of the foundation's work, with 100% of the funds raised throughout the weekend supporting groundbreaking discoveries in cancer research.



PCF CEO, Dr. Jonathan Simons speaks at PCF's "Come Fly With Me" fundraising dinner event, during the Breakers Tennis Weekend in Palm Beach, FL.



Singer Billy Idol performs at PCF's Hamptons Weekend tennis and fundraising event in Water Mill, NY.



Modell's Sporting Goods founder and owner Mitch Modell presents a check to PCF chairman Mike Milken for funds raised for PCF through the Modell's in-store campaign.



Guests (from left) Carmelo Anthony, John Salley, and Ray Lewis attend the 2016 Cigar Aficionado "A Night to Remember" dinner, benefitting PCF and hosted by Cigar Aficionado publisher Marvin Shanken (front).



Long-time PCF donor-supporters attended PCF's 2016 New York Dinner. From left: Ted Virtue, Debra Black Dani Virtue and Leon Black



Entertainers Bernadette Peters and Matthew Morrison performed at PCF's 2016 New York Dinner at DANIEL.

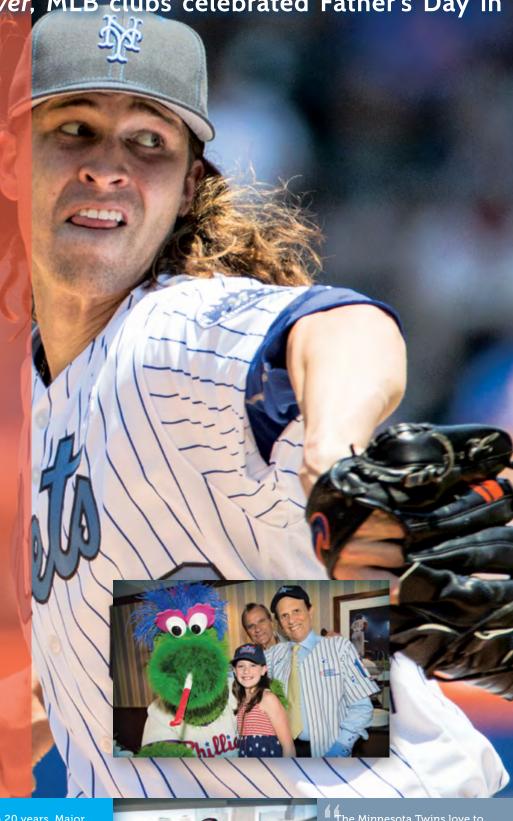
2016 ended with a celebratory dinner at the legendary restaurant DANIEL, with a specially prepared menu by Daniel Boulud on December 7th. Limited to 125 people, the dinner is a highly anticipated event that provides a more intimate setting to expand current relationships and to build new ones. Guests were entertained by the multi-talented Matthew Morrison, of Glee fame, and the evening closed with a special performance by the critically acclaimed, two-time Tony winner, Bernadette Peters. The evening brought in more than \$1.8 million in ticket sales and more than \$1 million in support of team science awards.

MLB & PCF Make History Together

For the first time ever, MLB clubs celebrated Father's Day in



In 2016, Major League
Baseball (MLB) and the
Prostate Cancer Foundation
(PCF) celebrated their 21st
season working together to
cure prostate cancer—
a partnership that has raised
more than \$47 million for
prostate cancer research
through the MLB-PCF Home
Run Challenge. Over the past
21 years, this program has
helped reduce the U.S.
prostate cancer death rate
by more than 50%.





For more than 20 years, Major League Baseball has been proud to support the Prostate Cancer Foundation in the fight against cancer. We look forward to our continued work to support PCF's mission of 'curing together'."

> – Melanie LeGrande VP of Social Responsibility, Major League Baseball

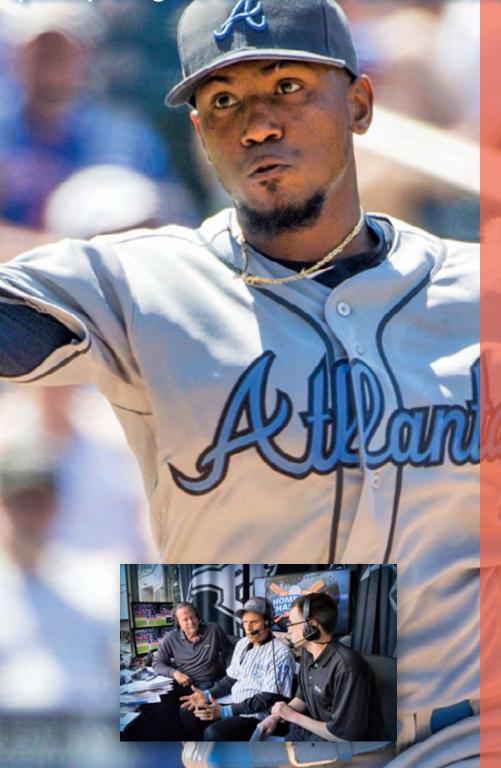


The Minnesota Twins love to participate each year in the Home Run Challenge because we know that our donations support the highest quality research that will change the landscape of treatment for cancer patients."

– Bryan Donaldson Senior Director, Community Relations Minnesota Twins Baseball Club

in the 2016 Home Run Challenge!

specially-designed uniforms to raise awareness for prostate cancer.





For the first time, on Father's Day 2016, every MLB team wore specially-designed blue-accented uniforms in support of the Home Run Challenge and Prostate Cancer Foundation. MLB sluggers hit 241 home runs in 2016, raising more than \$2.3 million from pledges and donations made by 2,140 donors—an all-time record!



– John Stanton Owner, Seattle Mariners



The Milwaukee Brewers support the Home Run Challenge because our team's contribution goes to prostate cancer research projects that deliver the greatest impact for patients. We know we're making a difference."

A SURVIVOR'S APPEAL FOR SUPPORT



PCF Board member and prostate cancer survivor, Andy Astrachan

"There are so many of us."

Today I am healthy, fit, active, and enjoying life very much. But I'm always thinking about my PSA. It is very low. It has always been very low, but the number can be deceptive; it may have nothing at all to do with the actual grade, the seriousness and aggressiveness, of my cancer. And it won't go away. I am here today because I had access to excellent information. I have had surgery, radiation therapy, Provenge®, the prostate cancer vaccine, more surgery to remove cancer in a lymph node, more radiation, and a short course of ADT.

I joined the Board of the Prostate Cancer Foundation because I want to help find the cure for this disease. And I want to talk to you briefly about how I have helped change the PCF's mission with the new movement, Many vs Cancer. Until recently, the PCF communicated mainly with scientists. Our mission was highly focused: to fast-track the research that will find a cure for prostate cancer, to support investigators so they can do the science that otherwise wouldn't get funded, and to save the lives of men who have prostate cancer that currently can't be cured.

Many vs Cancer

The idea to democratize the dissemination of information and mobilize the prostate cancer community really began with the realization that I have access to so much information that most people don't have. The only thing standing in the way of other people having that information is using technology. Many vs Cancer (MvC) represents a major shift in the Prostate Cancer Foundation, to communicate directly to patients, through PCF.org and MvC, and it really is a result of my observation that most information on the web is useless for patients.

Many cancer information websites are sponsored by companies that make cancer drugs, specific surgical equipment, or otherwise have something to sell. Worse, much of what they have to say is just not particularly useful. So I went to the PCF Board and said, "We have all the information. We should be communicating that to patients."

For more than 20 years, the ethos at the PCF was that we're a research organization; we talk to researchers and scientists. That's how the disease is going to get cured. We talked in a language that was understandable to scientists and communicated directly to them, and if patients came on the website and got help, great. The thought was, we're going to help them all by funding the cures and making advancements in the disease.

I believe the people who have the biggest vested interest in funding the research and having it succeed can easily fund it—not in giant grants, but in small gifts from the heart, through the mighty power of sheer numbers. All of us—prostate cancer patients and their loved ones, caregivers, friends, and those who want to see them survive—together can crowd-fund a billion dollars.

The cure is not going to come from the federal government. Nobody else is going to do it. There's great power in our numbers. Huge power in our numbers.

Every contribution counts; none is too small and of course, none is too large. Will you be part of the cure, too?

Andy Astrachan

SUPPORTING CURES

There are millions of men currently living with prostate cancer. To support the urgent need for better treatments and cures, the Prostate Cancer Foundation offers individuals and charitable foundations various options for becoming involved and supporting crucial research.

Donations

Please mail your check to:

Prostate Cancer Foundation 1250 Fourth Street Santa Monica, CA 90401

To make an online contribution, please visit our website www.pcf.org

Blue Ribbon Society

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

Memorial or Tribute Gifts

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

Matching Gifts

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

Other Gift Suggestions

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

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



PCF Research Awards

PCF is currently focusing on 3 research priorities:

- 1. Precision Immunotherapy
- 2. Precision Medicine
- 3. New Precision Drug Discovery

PCF advances its research priorities through 3 competitive award types:

Challenge Awards

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

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

Creativity Awards

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

Creativity Awards support the development of high-risk, high-reward ideas from established senior scientists.

Young Investigator Awards

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

The Young Investigator Awards offer early-career and project support for exceptional investigators (generally 35 years old and younger) and their ideas, who are committing their lives to the field of prostate cancer. Their institutions match the award dollar-for-dollar.

2016 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 2016. We thank you, our friends and supporters, for your continued commitment to PCF's mission.

\$5,000,000+

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Many vs Cancer Fundraisers

Participants who raised \$1,000 or more

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Special Partnerships and **Hosted Events**

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

3rd Annual AWLG Cornhole Tournament at Crop Production Services in Loveland 3rd Annual Jerrod Newsom Event 3rd Annual Simon Says Run for

Prostate Cancer

4th Annual Santa Cruz Stache Dash 4th Annual Ted Hughes Memorial

BattleLax Tournament 7th Annual Derric's Day at Thunderhill

Accuray

Alpha Chi Alpha

Anderson Merchandisers, LLC

Anglers For The Cure

AZ State Rifle and Pistol Association

Shotgun Division

4th Annual "Blue Ribbon Clays" Tournament

Bayport Blue Point HS Soccer team fundraiser, led by team captain Joshua Lurie, in honor of Coach Bobby Schmipf

Blank Rome LLP's September leans Day

Cali Holak's backyard prostate cancer awareness fundraiser

Castle Heights Elementary "Steps That Care

Chicago Fire Department Stache Bash Deacon Corporation Event

Embrace Hospice's No Shave November

Employees of Trone Brand Energy Fleetwood Area Middle School Student Council Fundraiser

GoAZ Motorcycles Vintage Bike Show Groove Phi Groove

Hawg Valley Bike Rally August 2016 Hempstead Senior High School

Holy Cross Lutheran Church

Ian McLeod Fundraiser

Moravian College Baseball Team's Strikeout Prostate Cancer "Blue Out" Baseball Game

North Haledon PBA Local 292 Drew Okun's Mitzvah Project

RollerCon

Samford University

St. Tammany Parish Sheriff's Office Employee Fundraisers

SCW Fitness Education Mania Charity

TMNA Services, LLC Jeans Day

Troutman Sanders, LLP's "Denim and Donations" Program

UGI Energy Services and its Employees

USA Volleyball

Washington Township High School Wenatchee High School - ASB

Willy McGee's Pub & Eatery

Wings-Giving at Mudville 9, hosted by Limitless Events NYC

Winton Middle School Student Fundraising

The Worship Center of KC

Xavier High School Cancer Awareness Week

Yough High School's Softball Team's 'Strike Out Cancer"

Blue Ribbon Golf Tournaments

Golf tournaments that raised \$1,000

1:31 Sabal Springs Club Charity Golf Tournament

11th Annual Faith, Love, Hope, Win (FLHW) Golf Tournament

111th Precinct Community Council

4th Annual DIII Father's Day Golf Tournament (Forest Hills Golf Course)

9th Annual Pros4Care Golf and Motorcycle Event

19th Hole Classic

A Charity Challenge at Broken Sound, Inc.

Addison Reserve Country Club Alpha Tau Omega Golf Tournament Bella Vista Country Club Golf Tournament

Burlington Golf Club

C.A.R.E. Golf Outing

Carolina Trace Country Club

Chasing the Sun Challenge -Dandoy Father/Son

Colonial Cup Tournament (Camden Country Club)

Concordia Golf Club

Don't Stop Believin' Invitational -**SDGCSAA**

Friends of Aramark Golf Tournament Glow-in-the-Dark Golf Tournament for PCF

Golfers Against Cancer Heritage Palms Men's Niners Golf Club

Herons Glen Golf & Country Club Highland Meadows Country Club

HLT Texas Shootout

Indian Summer CC Member-Guest ILWU Tri-Party Challenge

Iron Lakes Country Club

Jay Moody Memorial Golf Tournament

Jonathan's Landing Golf Club

Katemaya Country Club

Lago Vista Golf Course

Lehigh Valley (Lords Valley Country Club)

Lobster Classic

Luetzow Charity Golf Outing at Stoney Links

Marlborough CC Women's Golf Sadie Hawkins Tourney

Meadow Club

Palm Aire Country Club

Palm Beach Polo Golf & Country Club Paupack Hills Golf and Country Club

Pelican Pointe Golf & Country Club

Prostate Cancer Invitational at Loveland

Prostate Partners Golf Tournament (Highland Woods G&CC)

Rarity Bay Golf Club

Rio Verde Country Club

Sheffield Pharmaceuticals Golf Tournament for Prostate Cancer

Southfield Silhouettes

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2016 RESEARCH AWARDS

Expanding PCF's Global Research Enterprise



PCF Young Investigators attended the 23rd Annual PCF Scientific Retreat and shared their unpublished data.

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 2016, PCF funded 26 new Young Investigators. By mid-year 2016, PCF had funded a total of 204 Young Investigators since the program began in 2007.

2016 Elliot Abramowitz-PCF Young Investigator Award Rohit Bose, MD, PhD

Memorial Sloan Kettering Cancer Center, New York, NY

2016 David Yurman-PCF Young Investigator Award

Ginevra Botta, PhD

 $Harvard: Dana-Farber\ Cancer\ Institute,\ Boston,\ MA$

2016 Art Kern-PCF Young Investigator Award

Albert Chang, MD, PhD

University of California, San Francisco, San Francisco, CA

2016 Shelley Shorsch-PCF Young Investigator Award (Funding Year 1 of 3)

Alastair Davies. PhD

University of British Columbia, Vancouver, BC

2016 Marjorie Katz-PCF Young Investigator Award

Renée de Leeuw, PhD

Thomas Jefferson University, Philadelphia, PA

2016 Mark Walter-PCF Young Investigator Award

(Funding Year 1 of 3)

Eleonora Dondossola, PhD

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

2016 Neal Rodin-PCF Young Investigator Award

Christopher Kloss, PhD

University of Pennsylvania, Philadelphia, PA

2016 Debbie and Mark Attanasio-PCF Young Investigator Award

Christos Kyriakopoulos, MD

University of Wisconsin, Madison, WI

2016 Lew Katz-PCF Young Investigator Award

David Labbé, PhD

Harvard: Dana-Farber Cancer Institute, Boston, MA

2016 Shmuel Meitar-PCF Young Investigator Award

H. Benjamin Larman, PhD

Johns Hopkins University, Baltimore, MD

2016 Tom Murphy-PCF Young Investigator Award

Stacy Loeb, MD

New York University, New York, NY

2016 Stewart Rahr-PCF Young Investigator Award

Reem Malek, PhD

Johns Hopkins University, Baltimore, MD

2016 Lew Katz-PCF Young Investigator Award

Mark Markowski, MD, PhD

Johns Hopkins University, Baltimore, MD

2016 Art Kern-PCF Young Investigator Award

Joaquin Mateo, MD

Institute of Cancer Research, The Royal Marsden Hospital, London, England

2016 Lew Katz-PCF Young Investigator Award

Sean McBride, MD

Memorial Sloan Kettering Cancer Center, New York, NY

2016 Maureen and Steve Klinsky-PCF Young Investigator Award

David Miyamoto, MD, PhD

Harvard: Massachusetts General Hospital, Boston, MA

2016 PCF-AUA-SUO Young Investigator Award

Hao Nguyen, MD, PhD

University of California, San Francisco, San Francisco, CA

2016 Seth Bernstein-PCF Young Investigator Award

Russell Pachynski, MD

Washington University, St. Louis, MO

2016 Lori Milken-PCF Young Investigator Award

Loredana Puca, PhD

Weill Cornell Medicine, New York, NY

2016 Astellas and Medivation-PCF Young Investigator Award

Steven Rowe, MD, PhD

Johns Hopkins University, Baltimore, MD

2016 Jonathan Steinberg-PCF Young Investigator Award

Simpa Salami, MD, MPH

University of Michigan, Ann Arbor, MI

2016 Elaine Wynn-PCF Young Investigator Award

Brvan Smith, PhD

University of California, Los Angeles, Los Angeles, CA

2016 Art Kern-PCF Young Investigator Award

Jean Tien, PhD

University of Michigan, Ann Arbor, MI

2016 Clay Hamlin-PCF Young Investigator Award

Quoc-Dien Trinh, MD

Harvard: Brigham and Women's Hospital, Boston, MA

2016 Laurie and Peter Grauer-PCF Young Investigator Award

Hung-Ji Tsai, PhD

Johns Hopkins University, Baltimore, MD

2016 Ray Chambers-PCF Young Investigator Award

Jelani Zarif, PhD

Johns Hopkins University, Baltimore, MD

2015 Larry Gagosian-PCF Young Investigator Award

(Funding Year 2 of 3)

Justin Drake, PhD

Rutgers University Institute of New Jersey, New Brunswick, NJ

2015 Eustace Wolfington-PCF Young Investigator Award

(Funding Year 2 of 3)

Joseph Ippolito, MD, PhD

Washington University, St. Louis, MO

PCF CHALLENGE AWARDS

In 2016, 20 Challenge Award teams were funded by the Foundation. Through peer reviews, PCF selected these projects out of 55 proposals from highly qualified research teams at 43 prestigious cancer centers located in three countries. The Class of 2016 Challenge Awards represents an investment of \$19.2 million in advanced prostate cancer research.

2016 Movember Foundation-PCF Challenge Awards

Co-Principal Investigators:

Gerhardt Attard, MD, PhD

Institute of Cancer Research, London, England

Himisha Beltran, MD

Weill Cornell Medicine, New York, NY

Kim Chi, MD

University of British Columbia, Vancouver, BC

Francesca Demichelis, PhD

Universita' degli Studi di Trento, Trento, Italy

Alessandro Romanel, PhD

Universita' degli Studi di Trento, Trento, Italy

Mark Rubin, MD

Weill Cornell Medicine, New York, NY

Eliezer Van Allen, MD

Harvard: Dana-Farber Cancer Institute, Boston, MA

Alexander Wyatt, PhD

Vancouver Prostate Centre, Vancouver, BC

Goal: Development of a liquid biopsy-based genomics sequencing test that identifies tumor mutations and can be used to guide selection of precision medicine treatments for patients

Co-Principal Investigators:

Hongwu Chen, PhD

University of California, Davis, Davis, CA

Christopher Evans, MD

University of California, Davis, Davis, CA

Goal: Development of a potent new therapy for castrate-resistant prostate cancer patients that targets ROR-gamma, a molecular partner of the androgen receptor

Co-Principal Investigators:

Andrew Hsieh, MD

Fred Hutchinson Cancer Research Center, Seattle, WA

Brett Carver, MD

Memorial Sloan Kettering Cancer Center, New York, NY

Yu Chen, MD, PhD

Memorial Sloan Kettering Cancer Center, New York, NY

Goal: Advancement of precision medicine by matching various mutations in the cancer-driving PI3K pathway to different PI3K pathway-targeted treatments

Principal Investigator:

Kenneth Pienta, MD

Johns Hopkins University, Baltimore, MD

Goal: Development of methods to identify patients who have prostate cancer cells that have metastasized to bone sites but have not yet grown into tumors and guide their treatment

Co-Principal Investigators:

Russell Taichman, DMD

University of Michigan, Ann Arbor, MI

Laura Buttitta, PhD

University of Michigan, Ann Arbor, MI

Todd Morgan, MD

University of Michigan, Ann Arbor, MI

Kenneth Pienta, MD

Johns Hopkins University, Baltimore, MD

Goal: Identification of the genes most critical to the establishment and growth of prostate cancer bone metastases, and credentialing those which are promising therapeutic targets

2016 PCF Challenge Awards

2016 Victoria and Vinny Smith-PCF Challenge Award

Co-Principal Investigators:

Arul Chinnaiyan, MD, PhD

University of Michigan, Ann Arbor, MI

Elizabeth Heath, MD

Wayne State University, Detroit, MI

Goal: Development of a novel multi-tyrosine inhibitor, ESK981, as a new treatment for metastatic castrate-resistant prostate cancer

2016 Victoria and Vinny Smith-PCF Challenge Award

Co-Principal Investigators:

Johann de Bono, MD, PhD

Institute of Cancer Research, The Royal Marsden Hospital, London, England Myles Brown, MD

Harvard: Dana-Farber Cancer Institute, Boston, MA

Andrew Kato, PhD

Karlsruhe Institute of Technology, Karlsruhe, Germany

Stephen Plymate, MD

University of Washington, Seattle, WA

Goal: Determination of whether disrupting the interaction between the androgen receptor and its protein partner BAG-1 will be an effective therapeutic strategy, and development of novel therapeutic compounds to achieve this in patients

2016 Judy and David Fleischer-PCF Challenge Award

Co-Principal Investigators:

Lawrence Fong, MD

University of California, San Francisco, San Francisco, CA

Felix Feng, MD

University of California, San Francisco, San Francisco, CA

Goal: Development of a new treatment strategy combining androgen deprivation therapy, radiation therapy, and pembrolizumab immunotherapy for patients at early stages of metastasis

2016 Astellas and Medivation-Loyd and Jeff Zisk-PCF Challenge Award

Co-Principal Investigators:

David Karow, MD, PhD

University of California, San Diego, San Diego, CA

Donna Hansel, MD, PhD

University of California, San Diego, San Diego, CA

Christopher Kane, MD

University of California, San Diego, San Diego, CA

Goal: Development of a novel molecular imaging technology, Restriction Spectrum Imaging-Magnetic Response Imaging (RSI-MRI), for detecting metastatic prostate tumors

2016 Stewart J. Rahr Foundation-PCF Challenge Award

Co-Principal Investigators:

Russell Pachynski, MD

Washington University, St. Louis, MO

Robert Schreiber, PhD

Washington University, St. Louis, MO

Goal: Development of a novel immunotherapy for prostate cancer patients that combines an immune-boosting regimen with a patient-specific prostate cancer vaccine

2016 Todd Boehly-PCF Challenge Award

Principal Investigator:

Ramon Parsons, MD, PHD

Icahn School of Medicine at Mount Sinai Hospital, New York, NY Goal: Identification of novel therapies for the treatment of prostate cancer patients whose tumors have mutations in the tumor suppressor genes p53 and/or PTEN

2016 Izzy Englander-PCF Challenge Award

Co-Principal Investigators:

Akash Patnaik, MD, PhD

University of Chicago, Chicago, IL

Thomas Gajewski, MD, PhD

University of Chicago, Chicago, IL

Walter Stadler, MD

University of Chicago, Chicago, IL

Goal: Development of a new precision medicine regimen for patients with PTEN-deficient castrate-resistant prostate cancer that combines a PI3K-inhibitor with checkpoint immunotherapy

2016 PCF VALOR Challenge Award

Co-Principal Investigators:

Matthew Rettig, MD

UCLA, VA Greater Los Angeles Healthcare System, West Los Angeles, CA ${\bf Bruce\ Montgomery, PhD}$

VA Puget Sound HCS, Seattle, WA

Goal: Establishment of a precision medicine clinical trial program in the VA Health system and activation of trials that will identify optimal treatments for prostate cancer patients with hereditary mutations in DNA repair genes

2016 Neil DeFeo, Emilio Bassini, and Brent Nicklas-PCF Challenge Award

Principal Investigator:

Karen Sfanos, PhD

Johns Hopkins University, Baltimore, MD

Goal: Creation of a gut microbiome biobank as an international scientific resource and determination of whether the gut microbiome affects responses to various prostate cancer treatments

2016 V Foundation-Stewart J. Rahr Foundation-PCF Challenge Award

Co-Principal Investigators:

Eliezer Van Allen, MD

Harvard: Dana-Farber Cancer Institute, Boston, MA

Alan D'Andrea, MD

Harvard: Dana-Farber Cancer Institute, Boston, MA

Peter Nelson, MD

Fred Hutchinson Cancer Research Center, Seattle, WA

Johann de Bono, MD, PhD

Institute of Cancer Research, The Royal Marsden Hospital, London, England Goal: Identification of specific mutations in DNA repair genes that render prostate tumors sensitive to treatment with checkpoint immunotherapy

2016 PCF Special Challenge Awards

2016 Stewart J. Rahr Foundation-PCF Special Challenge Award

Principal Investigator:

Suzanne Conzen, MD

University of Chicago, Chicago, IL

Goal: Development of a new therapy for patients with castrateresistant prostate cancer that targets the glucocorticoid receptor, a protein relative of the androgen receptor that mediates resistance to androgen receptor-targeted therapy

2016 Stand Up to Cancer-CCPC Special Challenge Award

Principal Investigator:

Martin Gleave, MD

Vancouver Prostate Centre, Vancouver, BC

Goal: Development of novel androgen receptor-targeted therapies for prostate cancer patients

2016 Art Kern-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

Stein Erik Hagen Allmennyttige Stiftelse-PCF Special Challenge Award

Principal Investigator:

Edward Schaeffer, MD

Johns Hopkins University, Baltimore, MD

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

2016 Stewart J. Rahr Foundation-PCF Special Challenge Award

Principal Investigator:

Mary-Ellen Taplin, MD

Harvard: Dana-Farber Cancer Institute, Boston, MA

Goal: Validation of a novel high-intensity androgen receptor-inhibition strategy as a life-extending and potentially curative treatment for patients with castrate-resistant prostate cancer



All attendees present at the 23rd Annual PCF Scientific Retreat on Friday, October 28, 2016

Dhotograph

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31		Jnrestricted	Temporarily Restricted	2016 Total	2015 Total
ASSETS					
Cash and Cash Equivalents	\$	23,725,932	\$ -	\$ 23,725,932	\$ 28,591,542
Pledges Receivable (Net)		21,762,684	6,688,362	28,451,046	24,138,663
Prepaid Expenses and Other Assets		203,481	-	203,481	118,578
Property and Equipment (Net)		709,738		709,738	130,304
Total Assets	\$	46,401,835	\$ 6,688,362	\$ 53,090,197	\$ 52,979,087
LIABILITIES AND NET ASSETS					
Liabilities					
Accounts Payable	\$	730,582	\$ -	\$ 730,582	\$ 263,203
Accrued Liabilities		1,364,526	-	1,364,526	1,309,901
Deferred Revenue		200,000	-	200,000	300,000
Grants Payable		20,442,238	-	20,442,238	21,355,345
Total Liabilities		22,737,346	-	22,737,346	23,228,449
Net Assets					
Unrestricted		23,664,489	-	23,664,489	25,166,638
Temporarily Restricted		-	6,688,362	6,688,362	4,584,000
Total Net Assets		23,664,489	6,688,362	30,352,851	29,750,638
Total Liabilities and Net Assets	Ś	46.401.835	\$ 6.688.362	\$ 53.090.197	\$ 52,979,087

CONSOLIDATED STATEMENT OF ACTIVITIES

		- 4	2044	2045
Year Ended December 31	Unrestricted	Temporarily Restricted	2016 Total	2015 Total
Revenue and Public Support				
Grants and Contributions	\$ 34,973,012	\$ 6,688,362	\$ 41,661,374	\$ 41,047,944
Interest and Dividends	39,891		39,891	51,342
Other Income (Loss) Net Assets Released from	12,011	-	12,011	(76,401)
Purpose Restrictions	4,584,000	(4,584,000)	-	•
Total Revenue and Public Support	39,608,914	2,104,362	41,713,276	41,022,885
Expenses				
Program Services:				
Research Grants	25,193,943		25,193,943	26,933,248
Compensation, Benefits, and Payroll Taxes	3,710,390		3,710,390	2,763,999
Global Scientific Conferences, Unpublished Data,	2,175,579		2,175,579	1,918,386
and Knowledge Exchanges Outreach, Events, and Meetings	920,675		920,675	537,496
Professional Fees	885,830		885,830	813,079
Travel, Meals, and Entertainment	296,147		296,147	228,372
Office Expenses	238,009		238,009	225,212
Media, Public Relations, and Publications	130,476		130,476	1,864,186
Occupancy	108,880		108,880	117,236
Depreciation and Amortization	47,313		47,313	46,126
Total Program Services:	33,707,242	-	33,707,242	35,447,340
			33, 33,232	
Supporting Services:				
Management and General:				
Compensation, Benefits, and Payroll Taxes	1,654,928	-	1,654,928	1,321,694
Office Expenses	584,824	•	584,824	534,923
Professional Fees	313,759	•	313,759	284,691
Other Expenses	311,000		311,000	
Occupancy	224,431	•	224,431	202,695
Travel, Meals, and Entertainment	41,093	•	41,093	45,881
Media, Public Relations, and Publications	35,886	•	35,886	16,923
Depreciation and Amortization	23,741		23,741	33,187
Total Management and General:	3,189,662	•	3,189,662	2,439,994
Fundraising:				
Outreach, Events, and Meetings	1,662,010	-	1,662,010	3,039,745
Travel, Meals, and Entertainment	1,068,162	-	1,068,162	721,173
Compensation, Benefits, and Payroll Taxes	893,551		893,551	720,216
Office Expenses	346,623	-	346,623	325,944
Professional Fees	190,624	-	190,624	271,672
Occupancy	40,662		40,662	57,380
Depreciation and Amortization	9,712		9,712	15,812
Media, Public Relations, and Publications	2,815		2,815	1,319
Total Fundraising:	4,214,159	-	4,214,159	5,153,261
Total Expenses	41,111,063	-	41,111,063	43,040,595
Change in Net Assets	(1,502,149)	2,104,362	602,213	(2,017,710)
Net Assets - Beginning of Year	25,166,638	4,584,000	29,750,638	31,768,348
Net Assets - End of Year	\$ 23,664,489	\$ 6,688,362	\$ 30,352,851	\$ 29,750,638

CONSOLIDATED STATEMENT OF CASH FLOWS

ear Ended December 31	2016	2015
ASH FLOWS FROM OPERATING ACTIVITIES	\$ 602,213	\$ (2,017,710
hange in Net Assets	\$ 602,213	\$ (2,017,710
djustments to Reconcile Change in Net Assets		
Net Cash Used In Operating Activities		
Uncollectible Pledges Receivable	311,000	
Depreciation and Amortization	80,766	95,125
(Increase) Decrease in:		
Pledges Receivable	(4,623,383)	1,956,482
Prepaid Expenses and Other Assets	(84,903)	4,474
Increase (Decrease) in:		
Accounts Payable	467,379	(876,292
Accrued Liabilities	54,625	321,359
Deferred Revenue	(100,000)	(100,000
Grants Payable	(913,107)	(552,26
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4440.00
et Cash Used In Operating Activities	(4,205,410)	(1,168,823
ASH FLOWS USED IN INVESTING ACTIVITIES		
urchase of Property and Equipment	(660,200)	(68,523
et Decrease in Cash and Cash Equivalents	(4,865,610)	(1,237,346
ash and Cash Equivalents - Beginning of Year	28,591,542	29,828,888
ash and Cash Equivalents – End of Year	\$ 23,725,932	
		\$ 28,591,542

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, 2016, 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, 2016, 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 2015 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated April 26, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2015 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Green Hasson & Janks LLP

April 28, 2017 Los Angeles, California

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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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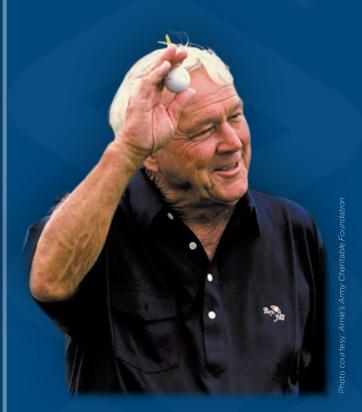
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Many vs Cancer





Arnold Palmer 1929-2016

PCF celebrates the life and contributions of Arnold Palmer, a legend in the world of golf and beyond. We wish to commend him for his 19 years of service as a golf ambassador for PCF. His Arnie's Army Battles Prostate Cancer campaign, benefitting PCF, has resulted in seven \$1 million PCF Challenge Awards, which will ensure the continuity of ground-breaking research breakthroughs for generations to come.