



Putting **YOU** First



ABOUT THE COVER

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

PCF is changing. We are augmenting our reach to a global mass audience that includes men on their prostate cancer journey along with their family, friends and the communities that surround them. Our patient-centric goal—**Putting YOU First**—is to reach those who need us most: brothers, fathers, sons, mothers, daughters, and sisters.

As we move forward, 2016 is full of new possibilities. We are excited to see how these landmark discoveries will impact patients and how the field will grow to solve this disease for good.

PCF prostate cancer doctors and scientists have gotten a glimpse of what the finish line looks like, and it is precision medicine—tailoring treatment after re-biopsy to individual patients' unique disease and then targeting their specific molecular alterations any time the disease comes out of remission. **PCF: Putting YOU First.**

MISSION STATEMENT

To accelerate the world's most promising prostate cancer research for better treatments and cures



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.

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Putting YOU First:

UNPRECEDENTED OPPORTUNITIES

Dear Friends,

One million four-hundred thousand. That's how many more men are alive today than was projected when we founded PCF. Enough to fill 28 Yankee Stadiums. One of us is among that fortunate group.

Ninety-nine. That's the percentage of American men diagnosed with prostate cancer today who can expect to survive beyond the all-important five-year mark.

Because of your support over the years—and because of the leverage we're able to obtain from follow-on biopharma investments and research grants—PCF has been involved with every major breakthrough of the past two-plus decades. On behalf of patients and their loved ones everywhere, thank you for that support.

Because of the investments made with that support, 2015 will be remembered as the year precision oncology for advanced prostate cancer became reality. Precision oncology is transforming cancer care by predicting which treatments will be most effective based on the molecular changes in each patient's cancer. The landscape of genetic mutations that occur in lethal prostate cancers was unmasked for the first time in 2015 by the PCF International Prostate Cancer Dream Team. They discovered 17 targets that can be exploited with new and existing FDA-approved drugs used for other cancers. Currently, first-in-field treatments are working their way through the clinical trial pipeline for 11 of these 17 “precision oncology targets.” We're committed to channeling more resources to team science that will tackle all 17.

Thanks to these discoveries, we're rapidly approaching the day when a simple blood test will allow a doctor to write a precision prescription. The patient will be treated with the right medicine precisely at the right time. The result: more permanent remissions for men with the worst forms of prostate cancer. Perhaps even more exciting is that this research shows how the prostate cancer “precision prescription pad” will result in game-changing new treatments for breast, ovarian, lung, colon, and brain cancers, as well as other chemotherapy-resistant human cancer types. The bottom line: more lives saved.

More than ever, advances against one form of cancer may translate to treatments for other types, as we begin to understand cancer by its

unique genetic fingerprint rather than by where it arises anatomically. A precision treatment that's effective for certain types of prostate cancer, for instance, cures all colon cancers that are driven by the same pathway. The same is true for specific breast and lung cancer mutations as well as for some children's cancers. So while we're still laser-focused on prostate cancer, the work we support increasingly benefits all cancer patients.

Getting the Word Out

Much of our work is focused on treatments and cures, but if we can use public health programs to help men avoid getting prostate cancer altogether, that's even better. One of the simplest and most effective means of reducing prostate cancer deaths is convincing men to get screened—particularly those men at higher risk.

In 2015, PCF partnered with former world heavyweight champ Evander Holyfield and sportscaster Brian Custer for a series of public service announcements encouraging men to “Man Up, Get Checked.” Holyfield and Custer were featured in a new public service announcement and a special print and digital supplement in *USA Today*. Combined, these efforts reached an estimated 144 million viewers and readers. Even a modest conversion rate would yield thousands of men whose lives are saved or extended because they heard the call to action to get screened.

Looking to the Future

Under the leadership of PCF Board member Andy Astrachan, we're launching an exciting new initiative tentatively titled the Movement. We've always worked to share essential treatment information directly with patients so they can be proactive. Now, a newly redesigned patient-facing PCF website (along with new mobile apps) will give anyone in the world with a connected device the ability to access the “PCF Brain.” Information will be communicated in a way that's easy for patients and home caregivers to understand, and the application will allow patients to talk to their doctors about precision Rx clinical trials, genetic counseling and optimal nutrition and exercise regimens.

The Movement is also a rallying tool to help us finally eliminate prostate cancer as a cause of death. Aimed directly at 14 million prostate cancer patients and those who love and support them, the PCF-led initiative will be the largest and most powerful patient community ever assembled for any disease. Using technology to connect, information to unite, and motivational messaging and communications to inspire, the Movement aims to harness the immense collective power of prostate cancer patients and their

loved ones. Movement members will share and regularly receive crucial information from PCF, advocate for PCF, and crowdfund \$1 billion or more to PCF-led research.

As the originators of team science, we continue to advance interdisciplinary research among our own investigators and across other disease areas. Given the wide applicability of our work to other forms of cancer, we're recruiting researchers with different primary areas of focus, including lung, colon, ovarian, breast, and bladder cancer specialists. They'll work with us on developing new treatments that target shared precision oncology targets—that is, the genetic vulnerabilities of cancer.

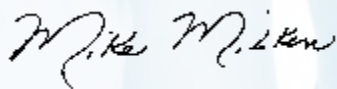
This report should make it clear that we're in the midst of a research renaissance with limitless possibilities, and prostate cancer patients today have more reason to be hopeful than at any time in history.

The founding of PCF in 1993—and the continuing generous support of our donors—has been an essential reason why the prostate cancer death rate has decreased by more than 50%. But it's not just about the 14 million men living with the disease now. It's also about the innumerable men in future generations who will never have to think about prostate cancer as a lethal disease, about patients suffering from all cancers, and about their loved ones.

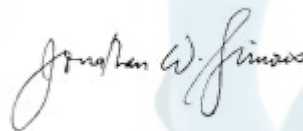
We're so close, but until we have solutions for all patients, our work is not done.

As always, we thank you for your support.

Sincerely,



Michael Milken
Founder and Chairman



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



TOP 5 DISCOVERIES OF 2015 MEAN MORE LIVES SAVED IN 2016

A Great Leap Forward

While every year brings new discoveries and greater understanding, 2015 stands out as an exceptional year for science. And not *just* science—genetics-based science that will, in the very near future, directly affect the care and improve the outcome for thousands, if not millions, of prostate cancer patients worldwide. Not since we reported the approval of six new drugs in just four years in 2013 are we seeing the potential for more lives lived longer, better, and more fully. What's most exciting is that PCF's efforts to treat prostate cancer precisely according to its myriad genetic profiles is helping to decipher other genetically complex diseases that have challenged traditional therapeutic approaches. By the end of the year, PCF came to stand for "Precision Cures" Foundation for all human cancer.

Of 9,656 research papers published in 2015, five dominate with research results for patients. Significantly, all of these were funded by PCF and represent a total investment of \$9.6 million.

1 Complete Genomic Landscape of Prostate Cancer Mapped

In 2012 PCF provided funding to the East Coast-International Prostate Cancer "Dream Team," led by Arul Chinnaiyan, MD, PhD (University of Michigan), and Charles Sawyers, MD (Memorial Sloan Kettering Cancer Center), to analyze the genetic profiles of 150 advanced prostate cancer tumors. Despite the enormous scope of this proposed work, the anticipated results promised an unprecedented look at this lethal disease.



From left: Drs. Chinnaiyan and Sawyers

Just three short years later, the team unveiled a complete digital image of prostate cancer to the world.

Described as the tumor's *genomic landscape*, these results identified

17 new molecular targets that may be our best weapon in the fight for permanent remissions. In many ways, these 14 new targets set the entire agenda for the prostate cancer biopharma industry.

This work is highly significant in that it holds the potential to tell doctors precisely who to treat and *how they should be treated*. Doctors have

long recognized that prostate cancer is not a single disease, and that its variations are associated with a wide variety of outcomes. However, with only a microscope to guide them, there was no way for doctors to match a patient to his optimal treatment. Leveraging recent advances in biotechnology—which permit the relatively rapid and cost-effective characterization of tumors’ genetic profiles—the Dream Team has effectively smashed the “one-size-fits-all” treatment paradigm that has prevailed in the clinic for decades.

This work stands to dramatically improve the care of all prostate cancer patients. The Dream Team’s results mean that if a doctor were to biopsy a tumor, there would be nearly a 90% chance that there would be something actionable—“treatable”—in its DNA. The doctor could then write a precision prescription for the most effective course of treatment, whether FDA-approved or experimental.

2 Resolving Health Disparities in Prostate Cancer: New Signatures Identified

In 2015, discoveries in prostate cancer genetics helped us better understand the disproportionate disease burden carried by African-American men, who are 70% more likely to develop prostate cancer than any other race or ethnicity, and 2.4 times more likely to die from the disease. A pioneering study by PCF Young Investigator Kosj Yamoah, MD, PhD (Moffitt Cancer Center), identified six new gene biomarker signatures of aggressive disease in African-American men with prostate cancer. These findings, published in the September 1st issue of the *Journal of Clinical Oncology*, shed much-needed light on the biological factors that predispose African-American men to early, aggressive disease, and provide important targets for future drug development.



Kosj Yamoah, MD, PhD,
Moffitt Cancer Center

This major breakthrough carries with it a new, unanticipated problem: we don’t know the function of most of these genes. In order to address this inequality, we need to get basic science on the function of these genes funded. It is time to invest resources strategically in this arena and solve this disparity for good.

3 Key Mechanism of Metastasis Discovered

When considering prostate cancer genomics, there is nothing more significant than identifying new vulnerabilities in the disease—targets that can be exploited with new drugs to put patients into lasting remissions. A team of researchers led by Karen Knudsen, PhD (Thomas Jefferson University), has done just that—their studies revealed that a



Karen Knudsen, PhD,
Thomas Jefferson
University

single molecule called DNA-PK drives cancers from being a slow-growing, benign disease into a killer.

Under normal conditions, DNA-PK, along with half a dozen other molecules, helps to combat routine DNA damage. However, Dr. Knudsen's team, funded in part by the Movember Foundation and the Edward P. Evans Foundation, found that it also helps cancer cells evade many forms of treatment. In men with prostate cancer, they discovered, DNA-PK molecules are recruited by the androgen receptors (AR), which are responsible for feeding male hormones to tumor cells, allowing these mutated cells to survive. By identifying DNA-PK as a key mechanism of metastasis, the team's research has enormous clinical implications for rationally designed new precision drugs.

4 Treating BRCAness Precisely

In a landmark clinical trial, a new class of cancer drug—originally approved in 2013 for women with rare, inherited forms of breast and ovarian cancer—proved extraordinarily effective in treating men with certain types of chemotherapy- and hormone therapy-resistant prostate cancer. **This clinical trial is a major milestone as it is the first study to show the benefit of precision medicine in prostate cancer.** The oral drug, olaparib from AstraZeneca, halted tumor growth in 88% of prostate cancer patients with defective BRCA genes, a condition that affects roughly 30% of men with the disease. Even more promising, the drug was also found to benefit many patients who did not harbor BRCA mutations. These exciting findings were published in a PCF-driven report in the *New England Journal of Medicine* in October. Now PCF is catalyzing a U.K.-U.S. group in partnership with AstraZeneca to do the Phase III trial to secure Breakthrough FDA Designation for olaparib. Plus, we plan to expand R&D on other DNA damage repair drugs, which may work even better than olaparib, in 2016. In North Carolina, one patient with BRCA-mutated prostate cancer, Richard Mackey, reached out to PCF to share his story on how olaparib gave him a new lease on life after all of his other treatment options had been exhausted.

5 Exercise and Healthy Habits Decrease Prostate Cancer Risk

Even with the most sophisticated analyses, genes alone cannot predict with complete certainty if a man will develop prostate cancer in his lifetime. This is why living a healthy lifestyle is imperative. **A new study by Stacey Kenfield, ScD, and June Chan, ScD (University of California, San Francisco), has found that vigorous exercise and other healthy habits may cut a man's chances of developing lethal prostate cancer by up to 68%.** While we have always been aware of the benefits of exercise and nutrition, we now know that they have a direct impact on a man's

prostate health. Not only that, but the same habits that can stave off prostate cancer development and recurrence may also prevent other age-related illnesses including heart disease and diabetes. These findings are especially relevant for older (age 60+) men, men with a family history of prostate cancer, or African-American men, for whom the value of a healthy lifestyle, including a nutritious diet and plenty of exercise, cannot be overstated.

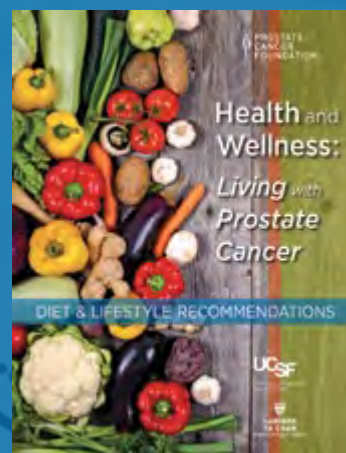
Partners in Precision

These game-changing discoveries would not be possible without the support and dedication of our friends at the Movember Foundation. Since 2007, the Movember Foundation has generously donated \$44 million to PCF to support 33 research awards in the U.S., Canada and the U.K. Movember-funded awards have generated actionable data and enabled the discovery of novel tools to better diagnose the disease earlier and generate precision treatment strategies for new, targeted medicines for advanced prostate cancer. Over the last decade, the Movember Foundation has emerged as an iconic symbol of advancing men's health issues on a global scale, and PCF is forever grateful for this valued partnership.

Future Directions

The totality of this work shows, without question, that an investment in PCF means faster and more precise solutions for not just prostate cancer, but for all cancers that claim 580,000 American lives each year. In 2015 we made the fundamental discovery that curing some prostate cancers means cures for 100% of WNR-driven colon cancer patients. BRCA1/PALB-driven breast cancer patients will likewise get better drugs from prostate cancer treatment research and development. Soon, all p53 mutant lung cancer patients may get prostate cancer precision medicines. Effective drugs for ETS-driven childhood cancers may come from PCF, and redeployment of prostate cancer precision immunotherapy research biotechnology may treat any form of human malignancy. This means that, in the near future, a physician will be able to biopsy any patient's tumor and write a precision prescription that matches his exact molecular profile.

With these exciting new data, we can say with much certainty that 2015 was a landmark year for the Foundation. It was also completely unlike any other in 113 years of academic urology. With genomic precision we now can see the path to conquering prostate cancer as a fatal disease. We have made seminal progress this year in changing the future of the precision practice of prostate cancer oncology. All this goes to show that after two decades, PCF remains the best investment in a cure. 📍



PCF's newly published Health and Wellness guide, co-authored by Drs. Kenfield and Chan at UCSF

ICECaP

Intermediate Clinical Endpoints
for Cancer of the Prostate

NEW CLINICAL TRIAL METHODS ACCELERATING RESEARCH AND DEVELOPMENT

Prostate cancer can be slow to progress, frustrating the development of new therapies for patients with early, high-risk disease. New results from ICECaP (Intermediate Clinical Endpoints for Cancer of the Prostate), a PCF-supported initiative led by Dr. Christopher Sweeney, will cut the time required to assess new therapies for aggressive prostate cancer by 50%. Dr. Sweeney and his team identified a new clinical trial endpoint that will shorten the time taken to conduct trials, enabling the development of novel therapies that can be administered at the earliest—and potentially most curative—stage possible.

“We need to move trials for new precision therapies earlier, as this is the time when patients with lethal but potentially curable cancer have the best chance of being cured,” said Dr. Sweeney, who is a medical oncologist at the Dana-Farber Cancer Institute and Associate Professor in Medicine at Harvard Medical School. “We already have many new treatments that extend the lives of patients in the late-stage metastatic setting but aren’t curative. If we can use them earlier, it is likely we can improve upon proven successes in the adjuvant setting.”

When diagnosed early, prostate cancer is highly treatable, but approximately 20% of patients will experience disease recurrence. However, because of the slow nature of prostate cancer progression, it can take 10-15 years before patients who relapse succumb to the disease. Of the approximate 26,000 deaths per year in the U.S. resulting from prostate cancer, an estimated 17,000 are patients initially diagnosed with localized disease who ultimately experienced progression.

Finding ways to prevent recurrence in these patients would pay enormous dividends toward reducing deaths from prostate cancer. Unfortunately, only a fraction of clinical trials for new therapies are conducted in patients presenting



Christopher Sweeney, MBBS,
Dana-Farber Cancer Institute

with localized disease. The overwhelming majority of trials are in recurrent or metastatic prostate cancer, when patients are essentially incurable.

The dearth of trials in early prostate cancer stems from the difficulty of conducting them. In order for international regulatory agencies such as the FDA to approve a new therapy, an improvement in length or quality of life resulting from the therapy must first be demonstrated in clinical trials. The “overall survival” (OS) endpoint, which measures the length of time from randomization to death from any cause, is the gold standard for measuring the impact of a treatment on length of life. In localized prostate cancer, reaching an OS endpoint can require 10-15 years—a prohibitive timeframe for pharmaceutical companies. This fact has translated into only limited improvements having been made in the treatment of early, aggressive prostate cancer in the last decade.

PCF identified this issue as a critical unmet need, and in 2012 supported the establishment of the ICECaP Working Group, funded in partnership with Astellas/Medivation, Janssen, Millennium/Takeda, Sanofi and Sotio. The goal of ICECaP is to undertake the arduous task of identifying an intermediate clinical trial endpoint that functions as a “surrogate” for OS. A successful surrogate would accurately predict overall survival but could be obtained much earlier in the course of the disease. The information on the surrogate endpoint would then be forwarded to regulatory agencies and drug companies around the world to hasten clinical trials and regulatory approvals for new therapies for early prostate cancer patients.

“Using intermediate clinical endpoints in clinical trials will shorten the time to approval for new treatments and will motivate development of therapies in early disease settings where prostate cancer might be curable.”


— Howard Soule, PhD

Executive Vice President and Chief Science Officer, PCF

To accomplish this goal, the team assembled data from 21,140 patients from 24 randomized clinical trials in early-stage prostate cancer for which long-term clinical follow-up information was available. A statistical analysis plan was created in which a candidate surrogate endpoint was required to meet two conditions to be considered suitable: 1) the surrogate must correlate with the true endpoint (e.g., overall survival), and 2) the effects of the treatment on overall survival and on the surrogate endpoint must be correlated (e.g., the treatment must affect both endpoints to similar degrees).

The group found that “disease-free survival” (DFS) rates at five years (a measure of the length of time from randomization until local/regional progression, distant metastasis, or death from any cause) significantly correlated with overall survival rates at eight years (correlation of 0.86). In addition, the treatments were found to similarly affect the OS and DFS endpoints (correlation of 0.73). (A correlation value of 0.70 or greater is considered a reliable surrogate.)

“We are providing the information which regulatory authorities will be able to use as documentation that **disease-free survival is a strong surrogate for overall survival**. We are currently also assessing the more refined endpoint of metastasis-free survival as a surrogate for overall survival and will present the results of this analysis later in 2016,” Dr. Sweeney said. “This project will inform drug developers on how to design their studies. They will then use this to petition regulatory authorities to see if it meets their metrics for approval.

“Although our work is not yet done, we have completed the most difficult task of collecting the data as part of a magnificent and inspiring data-sharing collaboration. I am confident the final product will be able to guide the next generation of clinical trials,” said Dr. Sweeney. “This will help us to more expediently evaluate new therapies and apply all of the advancements we’ve been making in drug development to decreasing the death rate from prostate cancer.” 

PROSTATE CANCER PATIENTS: YESTERDAY, TODAY... TOMORROW

Over the last two decades, the death rate from prostate cancer has declined more than 50%. In itself, this is a monumental accomplishment that can be attributed to a constellation of factors including earlier detection, improved treatments, and better access to care—especially among underserved communities. But this large-scale trend also raises an important question: what, if anything, has changed for the *individual* patient on his prostate cancer journey?



Stuart Holden, MD
UCLA Institute of
Urologic Oncology



Mary-Ellen Taplin, MD
Harvard Medical School

Of course, just as each prostate tumor is biologically unique, so too each patient's journey represents a singular experience. But how does each generation of advances in medicine and technology translate to the patient experience, beyond these broader trends in survival? Moreover, what do these advances mean for men and their families today, and how is this different from the experience of their fathers and grandfathers before them? And finally, what does the future hold?

To delve deeper into the prostate cancer patient experience over the long term, PCF sat down with Mary-Ellen Taplin, MD, Director of Clinical Research, Lank Center for Genitourinary Oncology Institute, Physician and Associate Professor of Medicine, Harvard Medical School; and PCF's Medical Director Stuart Holden, MD, Health Sciences Clinical Professor of Urology and Associate Director, UCLA Institute of Urologic Oncology.

Together, Drs. Holden and Taplin have a combined 70 years of experience in urologic oncology treating prostate cancer patients at all stage of disease. They have both seen the trajectory of how medical trends and technological innovations have inexorably and irreversibly altered the way men are diagnosed, treated, and managed.

One thing that hasn't changed is the years of training required to become a urologic oncologist. After graduating from medical school in 1968, Dr. Holden completed two years of surgery training, followed by two years in the military. He began his training in urology in 1972 and completed it at Memorial Sloan Kettering Cancer Center, having been attracted to the field for its complexity and diversity of cases. "Urology is a fantastic field that encompasses everything: children, the elderly, immunology, and cancer," said Dr. Holden. "It's one of the few fields where you can do both medicine and surgery to take care of people. Many of the most seminal discoveries in oncology were introduced to treat urological cancers."

Dr. Taplin began her research career in cancer immunology in the early 1990s, but began working on prostate cancer (on the androgen receptor) in the laboratory of Dr. Steven Balk. By 1995 she and the team had discovered interesting androgen receptor mutations that became the basis for a *New England Journal of Medicine* article advancing knowledge in prostate cancer treatment resistance.

The Early Days

When he began practicing urology in the early 1970s, prostate cancer represented only about 10% of Dr. Holden's practice. The men who *did* have prostate cancer were diagnosed in one of three ways: following a transurethral prostatectomy (for the treatment of an enlarged prostate), when a patient presented with metastatic disease (e.g., pain from bone lesions) or during a digital rectal exam, which is part of routine exams today.

In the early days, men who were diagnosed with prostate cancer were treated with surgery, radiation, or "watchful waiting," now known as active surveillance. But none of these techniques was particularly sophisticated, and there was no way to properly stage the cancer.

Surgery in particular suffered from a lack of knowledge and technique, often to the detriment of the patient. While generally successful in removing the cancerous prostate, surgical procedures were invasive and dangerous, and with a multitude of after effects. "In the old days," said Dr. Holden, "the operation would take 4-6 hours, and the patient would lose 4-5 units of blood. He would then be hospitalized from anywhere from 10 days to two weeks. Nerve sparing techniques were virtually nonexistent, so men undergoing a radical prostatectomy were guaranteed a complete loss of sexual function, as well as a 5-8% chance of incontinence." But, as Dr. Holden emphasizes, despite the high complication rate, many patients were rendered cancer-free.

It wasn't until the 1980s that Dr. Patrick Walsh pioneered a nerve-sparing technique that has become the gold standard for prostate removal. While the "open" operation remained risky for men, especially those of an advanced age, patients were finally afforded a chance to resume a normal, active life following surgery.

The Dawn of the PSA Age

Unfortunately, a general lack of available screening methods meant that by the time many of these men arrived at Dr. Holden's office, their cancer had advanced beyond the point of cure. This all changed with the introduction of the PSA test in the late 1980s, which led to an explosion of diagnoses and forever changed the face of urology in the United States.

Almost overnight, Dr. Holden's practice skyrocketed from 10% prostate cancer to a staggering 80%. More impressively, the number of men who presented beyond a curable stage dropped to 5% from an astounding 70%. Clearly the PSA test was something of significance.

These initial results prompted a major push among urologic oncologists to make people aware of prostate cancer and to get a PSA test if appropriate. "Routine screening was a product of the PSA era," said Dr. Taplin. "If you can feel a tumor during a DRE, generally the cancer is at a later stage. In many ways the PSA test changed all of that."

The PCF Effect

Despite the many advances that have been made in treating localized prostate cancer, which is now 100% treatable if detected early, roughly 30% of patients will have a poor outcome. PCF was founded precisely for these men, whose aggressive tumors will recur, progress, and metastasize, and whose disease still manages to outsmart even the most sophisticated of therapies.

PCF also played a critical role in driving awareness for prostate cancer during the early years of the PSA era, and these efforts likely contributed to the significant decline in the death rate over the last 20 years. Dr. Holden recalls traveling to Washington, DC, in 1994 with PCF Founder and Chairman Mike Milken and the Reverend Rosey

Grier. The trio parked a truck outside of Congress to perform prostate cancer screenings on the National Mall. It was these sorts of guerilla tactics that elevated public awareness of prostate cancer to a level of national discourse.



Dr. Holden along with PCF representatives and advocates on the Capitol steps in Washington, DC, 1994

Where Are We Now?

“The initial treatment options of surgery and radiation have improved and we are more accurate at cancer risk assessment to direct therapy,” said Dr. Taplin. “Radiation is more exact, whereas it used to be crude. With 3D technology and brachytherapy, there are fewer side effects and cure rates are higher.” Research has specifically shown that combining radiation with hormones provides substantial benefits to patients, with a rate of cure that is equal to that of surgery.

For another example, contrast the risk-laden scenario of yesterday’s “open” radical prostatectomies with today’s advanced surgical methods. The “robotic revolution,” which PCF funded in early clinical research in the early 2000s, pioneered a minimally invasive approach to this complex surgery. Today’s so-called “robotic” prostatectomies are performed by a computer-assisted device that is controlled by a surgeon, giving the surgeon better vision and dexterity, allowing the procedure to be performed with greater precision than ever.

Utilizing the latest in robotic technologies, surgery for prostate cancer now takes 2-3 hours with negligible blood loss, and hospital stays have been reduced to 24 hours. Most importantly, robotic prostatectomies carry upwards of 80% nerve-sparing potential, with only a 1-2% risk of serious incontinence. This means that men diagnosed with prostate cancer today can resume a normal lifestyle in ways that were impossible for their predecessors.

“In addition,” said Dr. Holden, “physicians and surgeons have better education and training, and now, everyone in a urologic oncology fellowship

THEN AND NOW: BY THE NUMBERS



THEN:
Late-stage Diagnoses

70% of men present with metastatic prostate cancer after experiencing symptoms such as bone pain.



THEN:
Risky Surgeries

Prostatectomies take 4-6 hours, with 4-5 units of blood lost.

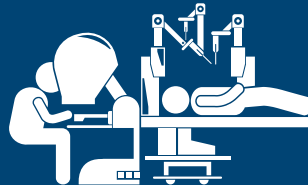


THEN:
Standard Options

“One-size-fits-all” treatments are prescribed until they fail.

NOW:
Early Detection

Most men are diagnosed through routine screening; only 5% present with incurable disease.



NOW:
Robotic Assistance

2 hour procedures and minimal blood loss mean faster recoveries.



SOON:
Precision Medicine

New studies show that 90% of tumors contain “actionable” mutations, allowing for individualized treatment plans.

will train with robots. However, in terms of oncological outcome, the results are the same. But the recovery and quality of life following treatment are better, as is the patient experience in general.”

A major advancement has been improvements in risk stratification, says Dr. Taplin. The ability to identify who is at greatest risk of aggressive disease is a critical step in both curing disease when possible and in improving life after treatment.

Men and their families are more involved in the treatment process than ever before, making the prostate cancer journey a collective family affair. “Men are very engaged these days, more so than in the early 1990s when I started practicing GU oncology. There is so much more information and people are more aware of their choices and they take time to assess these choices,” said Dr. Taplin. “There is much more shared decision making and a focus on education and individualized treatment plans.”

The information available to men with prostate cancer has led to changes in the doctor-patient dynamic. “It’s very important to me to interact with patients, though the Internet has made that more demanding,” said Dr. Holden, referring to the wealth of materials now available online. “I see my job now as a tour guide. I help patients understand what their options are to get the best possible outcome.”

PCF is actively recruiting new research ideas from 19 countries to improve the far earlier detection of aggressive prostate cancer. Much of this effort is in supporting research on the role of genes that turn a normal prostate cell into a cancer cell.

What Does the Future Hold?

Dr. Taplin is adamant: PSA testing is useful while we await additional new technologies to catch prostate cancers even earlier. “Patients who are at risk should be screened. The problem with no screening is that it’s bad for men who are most at risk,” she says. Dr. Holden concurs. “The PSA test is not perfect, but it is the best one we have. To throw out the test would risk going back to the old days, and we cannot turn the clock back,” he says.

Now well into his fifth decade as a urologic oncologist, Dr. Holden remains eager to tackle new trends in patient care. First on the list? Precision medicine—the customization of treatment based on a patient’s unique tumor biology—which is poised to revolutionize clinical practice. While exciting, precision medicine represents a new paradigm for cancer care that will require both a new language and a new way of framing clinical evaluations. “There are many new questions that I’ve never considered,” says Dr. Holden. “Such as, how do I incorporate a genetic counselor into my practice?” And while it may take some time to fully realize the extent of its potential and deliver precision medicine to all men with prostate cancer, “it’s definitely the future,” says Dr. Holden.

Dr. Taplin is also optimistic for new developments in therapeutics—specifically, immunotherapies, advanced hormonal approaches, and other targeted therapies that could provide more effective treatment options for men with fewer side effects. She also believes that “liquid biopsies,” simple blood tests that can provide complete tumor DNA profiles, will obviate the need for invasive bone biopsies and bring us closer to true precision medicine.

Achieving these advances will see individual patients as the agents of change, with an increasingly central role in both treatment and scientific discovery. Dr. Taplin stresses the importance of participation in clinical trials in fast-forwarding new treatments and therapies to the clinic. Currently, “not everyone has access [to trials] but they are important to consider where available,” she said. Collaboration between doctors and patients to increase enrollment in clinical trials—especially as we learn more about the genomic complexity of the disease—will be key to realizing game-changing treatments that will benefit all men with prostate cancer.

With all of its promise, the future holds a degree of uncertainty, but both Drs. Holden and Taplin embrace what seems like endless possibility. “Staying abreast of science and understanding can be a burden, but it is rewarding, exciting, and keeps me engaged in a continuous learning process, which reinforces the satisfaction of being a physician/scientist,” said Dr. Holden. “It’s a joy, really.”

“In the old days, we had little to talk about,” says Dr. Holden. “Today we might ask, how do we use all the arrows in the quiver? That’s a good problem to have, and that’s what I tell patients.” 📌



Recent photo of Dr. Holden (8th from left) with PCF’s “Founding Fathers”—a group of researchers that were present at PCF’s very first Scientific Retreat in 1993

Photography: Paul Bliese

MY PROSTATE CANCER STORY

Muhit Rahman | Santa Monica, CA

There is never a convenient time for a prostate cancer diagnosis, and Muhit Rahman of Santa Monica, CA, knows this first-hand. In 2013, just three weeks before running his first marathon, Muhit, who is originally from Bangladesh, learned that he had prostate cancer. The news came as a shock. After all, Muhit was

only 57 years old, years away from what is generally considered high-risk. Not only that, but with nearly 10 months of marathon training under his belt, he felt he was in the best shape of his life and healthier than ever.

“You can almost say that prostate cancer liberated me and freed me to not put things off ... to live life as it is meant to be.”

— Muhit Rahman

“It’s always life-altering to hear that you have cancer,” said Muhit, who first became involved with the Prostate Cancer Foundation in 2009

through his work in financial services, years before his diagnosis. “Until you get that news, you don’t have cancer. And then all of a sudden, you do.”

After consulting with his doctors, he determined that his best option, given his age, was a radical prostatectomy. After six weeks of recovery, his doctor gave him the “all clear” to resume his normal activities. But what happened next might surprise you: he started training for *another* marathon. Just 11 weeks after his surgery, Muhit crossed the finish line at the 2014 LA Marathon, completing the 26.2-mile course in an impressive five hours and 25 minutes. While it wasn’t his best time, he emphasizes with a laugh, it is an accomplishment he recalls with tremendous pride.

Muhit credits his speedy recovery to a newfound commitment to running and a healthy lifestyle. “For me, my cancer diagnosis was the wake-up call, and a reason to get healthy,” he says. “Because of my age, I have a 30% chance of recurrence, and I’m going to do everything I can to beat those odds.”

After the LA Marathon, Muhit prepared for his next challenge: join the 7-continents club. As you might suspect, to join this exclusive roster one must complete a full marathon on each of the seven continents. And yes, that includes Antarctica! Not one to shy away from a challenge, Muhit also vowed to complete all seven races in just seven months’ time. And he achieved that goal. First on the list was Antarctica (“hilly, windy and cold,” he says) in March 2015. Next were Greece and Peru, followed by Kilimanjaro, which he first climbed and then ran with his daughter, in June. Colorado followed in July, and Australia was completed in August. He checked Asia off his list with his completion of the Tazawako Marathon in Japan on September 20th.



Muhit in Antarctica

Photo courtesy Muhit Rahman

Muhit proves that being a prostate cancer survivor is more than simply living a life free of cancer. Quite the opposite—a prostate cancer diagnosis may actually be the beginning of your best, healthiest self. “I got cancer,” says Muhit, “but so what? I’m not going to lie down for it. To hear that you have cancer is terrible, but it is far from the end of the world. It is up to each of us to *live* our lives—to make the most of each and every day. And I’m doing it!” 📌

PCF & MLB Step



Major League Baseball (MLB) and the Prostate Cancer Foundation (PCF) celebrated their 21st season together, a valued partnership that has raised more than \$45 million through the MLB-PCF Home Run Challenge. The Home Run Challenge, over its run of 20 Father's Days, has created hope and awareness for millions of U.S. men.

In 2015 there were 202 home runs hit, raising more than \$1.6 million for essential

Up to the Plate



research resulting in vital medical discoveries. Since its inception, the program has helped to reduce the U.S. prostate cancer death rate by more than 50%.

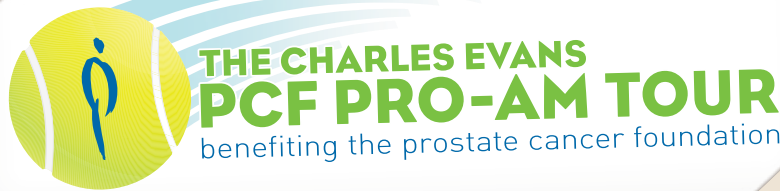
Joe Torre, MLB Chief Baseball Officer, Hall of Famer and prostate cancer survivor, encouraged fans everywhere to support PCF's efforts to end prostate cancer by delivering an important public service announcement, "to step up to the plate, help save lives and get one step closer to finding a cure."

Public Service Announcement created and produced by (add)ventures

FRIENDS OF PCF MAKE A DIFFERENCE

LEVERAGING RELATIONSHIPS AND PASSION INTO RESEARCH DOLLARS

PCF had a banner year for events in 2015. The Charles Evans PCF Pro-Am Tennis Tour—tournaments in Indian Wells, CA, Greenwich, CT, the Hamptons, NY, and Palm Beach, FL—are popular events scheduled during peak seasons. They provide an exciting and unique experience for amateur players, a platform to introduce new relationships to PCF, and opportunities to raise awareness for prostate cancer and our mission to these communities. The tour raised more than \$2 million in 2015.



Palm Beach, FL



Hamptons, NY



Indian Wells, CA



The capstone of 2015 was our biennial New York City event, held at the Pierre Hotel on December 2nd. The theme was to celebrate PCF's 20th season partnership with Major League Baseball and its team owners. Baseball luminaries including Joe Torre, Tommy Lasorda, and Tony La Russa attended, along with celebrities Whoopi Goldberg and John O'Hurley. The evening also honored our Philadelphia partners. The event raised more than \$2 million.



New York, NY



New York, NY

Post Card

In addition to the funds raised, the tennis tournaments and the New York dinner resulted in nearly \$6 million in new PCF Young Investigator Award commitments. In the past decade, these events have helped finance PCF-funded research that turned into life-extending and life-saving FDA-approved drugs for prostate cancer, as well as 9 other cancers.

Without having affiliate chapters, PCF has established events in key cities throughout each year to meet and share our critical work. Connecting with new audiences in these communities helps raise funds and builds relationships that provide vital support for our most innovative, life-extending research programs.



Greenwich, CT



New York, NY



Washington, DC



Palm Beach, FL

SINCE THEIR INCEPTION, PCF SPECIAL EVENTS HAVE RAISED MORE THAN \$131 MILLION FOR LIFE-SAVING RESEARCH



Hamptons, NY



Indian Wells, CA

A SURVIVOR'S APPEAL FOR SUPPORT



Photo courtesy Brian Custer

Brian Custer, Emmy Award-winning sports anchor for Showtime Networks and CBS Sports, SportsNet New York (SNY), and prostate cancer survivor

“Do you want to live or do you want to die?”

That’s a question Brian Custer asks men, especially African-American men, when they aren’t sure whether to get checked for prostate cancer. As an Emmy Award-winning sports anchor at SportsNet New York (SNY) and host of Showtime Championship Boxing, Custer is known for his affable personality, quick wit and healthy lifestyle. (He has a black belt in taekwondo and trains five times a week.)

Custer is also a prostate cancer survivor. And he’s fearless about raising awareness of the disease and encouraging men to get screened regularly. “Getting checked saved my life. Now, it’s my mission to save lives.

“As men, we have this ego ... we think we’re too macho to go to the doctor and undergo this type of check-up,” says Custer. “But the truth is: If you don’t get checked, you’re cheating your family out of having a husband or father around. And you’re cheating yourself out of life.”

Custer knew something was wrong after his doctor felt a lump on his prostate during a routine screening. “After a few tests, my doctor told me, ‘Brian, you’ve got cancer and it’s very aggressive ... you need surgery as soon as possible.’” That was the summer of 2013. Custer was 42 years old.

At first, Custer questioned whether surgery was the best option. His doctor’s reply was sobering. “Without surgery, you’ll probably die within a year or two.”

Telling his family was hard. Custer and his wife of 14 years, Carmen, have three sons. At the time, the boys were 10, eight and three years old. His middle son asked, “Does this mean you’re going to die?” This crushed Custer.

“I had to give my sons confidence,” he recalls. “I told them, ‘It’s a fight and Daddy’s a fighter. We’re going to be ok.’”

Shortly after, Custer underwent surgery to have his prostate removed. Today he is cancer free and continues to get tested every three months.

For Prostate Cancer Awareness Month in September 2015, Custer partnered with PCF to create a public service announcement about his experience. He believes organizations like PCF are important to increase awareness and connect people to inspiring stories.

“I hope when people hear my story, they’re motivated to take action by saying, ‘I’m going to get checked’ or ‘I’m going to make sure my dad, husband or son gets checked.’”

A handwritten signature in blue ink that reads "Brian Custer". The signature is stylized and fluid.

Brian Custer

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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:

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1250 Fourth Street
Santa Monica, CA 90401

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

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- 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.

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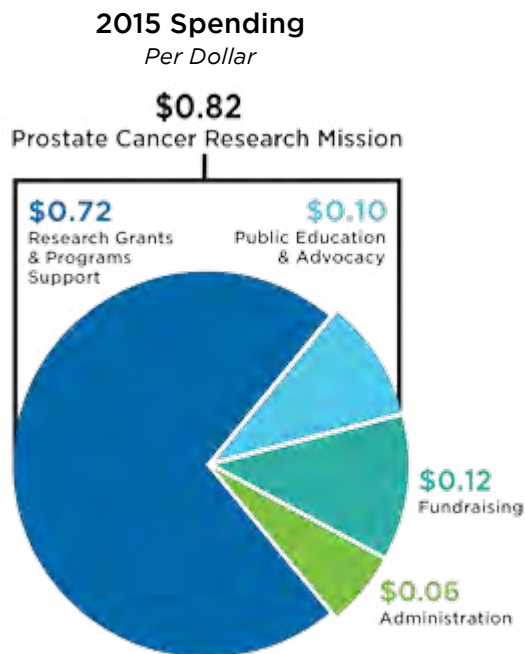
- If your company offers an Employee Matching Gifts program, you can make your hard-earned dollars go twice as far with a matching gift to PCF.

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 and younger) and their ideas, who are committing their lives to the field of prostate cancer. Their institutions match the award dollar-for-dollar.

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Participants who raised \$1,000 or more

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Lida Bunting
Samantha Frank and Jaclyn Frank
Pat Hannon
Mike O'Bryant
Ramiro Siliezar

Special Partnerships and Hosted Events

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

2nd Annual AWLG Cornhole Tournament at Crop Production Services in Loveland
6th Annual Derric's Day at Thunderhill
10th Annual Tom Dawes "We'd Be Fools Not To" Function
11th Annual Turkey Trot - St. Marys, PA
Adrian Fanus Grooming, Inc.
American Medical Systems Supporting Prostate Health and Prostate Cancer
Anglers For The Cure
Auburn University's Alpha Epsilon Chapter of the Alpha Tau Omega Fraternity
AZ State Rifle and Pistol Association - Shotgun Division Blue Ribbon Clays Tournament
Baseball Heaven, Inc.
The Black Police Association of Greater Dallas
Blowout Biker Productions
Bryant University Pub Hop for Hope
C.A.R.E (Cancer Alzheimer's Research Event)
Castle Heights Elementary "Steps that Cure"
Chicago Fire Department
Colorado Mule Riders, Inc.
Corpus Christi Yacht Club
Corona-Norco Unified School District - Maintenance Dept.
Deacon Corporation "Staches & Lashes" Event
ExxonMobil Ladies Night Out Group
Groove Phi Groove SFI and William Paterson University students
Pat Hannon's Tiger Adventure Ride
Harris & Harris, LTD
Kandahar, Afghanistan APO AE 09355 Event
Kearney & Company
Knights of Columbus Don Bosco Council #7784
Lesa Hess' Kick CANcer to the Curb
LoanCare
Moonjoggers
National Distributing Company Employee Fundraiser
Orange County Imperial Court

Prior Lake - Savage Area Schools
The Redmond Company's "Blue" Day
Reicher Catholic High School
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Saint Tammany Parish Sheriff's Office
SCW Fitness Education Mania Charity
Simon Says Run for Prostate Cancer
SYSCO Sail Races to Benefit the Prostate Cancer Foundation
The Xi Chapter of Theta Chi Fraternity
The Employees of UGI Energy Services, LLC
Unified Grocers
The Urban Electric Company's "Week of Giving"
Urology Central
The Wedding of Lakshmi Mukundan and Hariharan Kannan
Wings-Giving at Mudville 9, hosted by Limitless Events NYC

Blue Ribbon Golf Tournaments

Golf tournaments that raised \$1,000 or more

8th Annual Pros4Care Golf and Motorcycle Event
5th Annual 19th Hole Classic Addison Reserve Country Club
Alpha Tau Omega Golf Tournament
American Golf Foundation/American Golf Corporation Battle at Columbia Country Club
Battle at Katemaya GC (Cairo, Egypt)
Bella Vista Country Club Golf Tournament
Birdies for Buddies Golf Tournament
Boca Delray Golf
BorgWarner Shepherd's Hollow Golf Club
Burlington Golf Club
C.A.R.E Golf Outing
Canoe Brook Country Club
Captain's Cup at Raccoon Hill Golf Club (Ed Griffith Memorial)
Carolina Trace Country Club
A Charity Challenge at Broken Sound, Inc.
The Club at Hidden Creek
Concordia Golf Club
Cottonwood Golf Course
3rd Annual Drive for a Cure at Carmel Mountain Ranch
El Conquistador Golf & Tennis Resort
3rd Annual DIII Father's Day Golf Tournament (Forest Hills Golf Course)
10th Annual Faith, Love, Hope, Win (FLHW) Golf Tournament
Golfers Against Cancer

H. Smith Richardson Golf Course
Hairy Knuckles at the Strand
Heritage Palms Men's Niners Golf Club
Herons Glen Golf & Country Club
High Meadows GC
Prostate Partners Golf Tournament (Highland Woods G&CC)
HLT Texas Shootout
ILWU Tri-Party Challenge
Iron Lakes Country Club
Jay Moody Memorial Golf Tournament
Jonathan's Landing Golf Club
Joseph DiNapoli, Sr. Memorial Golf Outing
La Crosse Country Club
Lago Vista Golf Course
10th Annual MGA Battle at Lake Spivey GC
Lansing Country Club
Legends Golf & Country Club
Lobster Classic
Luetzow Charity Golf Outing at Stoney Links
Lords Valley Country Club
6th Annual W.R. Manese Memorial Golf Tournament
Marlborough CC Women's Golf
Sadie Hawkins Tourney
Meadow Club
Moose Hunt for the Cure
5th Annual Prostate Cancer Invitational - The Olde Course, Loveland, CO
Palm Aire Country Club
Palm Beach Polo Golf & Country Club
Paupack Hills Golf and Country Club
Pelican Pointe Golf & Country Club
Prostate Partners Golf Tournament (Highland Woods G&CC)
Rarity Bay Golf Club
Rio Verde Country Club
1:31 Sabal Springs Club Charity Golf Tournament
The Shep
Southfield Silhouettes
Steamboat Springs Golf Club
Steve Hirons Memorial Golf Tournament
Sweetwater Community Men's Cancer Tournament
Terravita Golf Club
Tiburon Golf Club
Toni Jones Memorial Golf Tournament
University Park Country Club
Wild Dunes Golf Resort
Wycliffe Golf & Country Club (2 events)

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2015 RESEARCH AWARDS: EXPANDING PCF'S GLOBAL RESEARCH ENTERPRISE



Photography: Paul Bliese

PCF Young Investigators attended the 22nd Annual PCF Scientific Retreat and shared their unpublished data.

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Sean McGuire, MD, PhD
Baylor College of Medicine, Houston, TX

2015 David Yurman-PCF Young Investigator Award

Rana McKay, MD
Harvard: Dana-Farber Cancer Institute, Boston, MA

2015 Lori Milken-PCF Young Investigator Award

Saul Priceman, PhD
City of Hope National Medical Center, Duarte, CA

2015 John A. Paulson-PCF Young Investigator Award

Yuan Yuan Qiao, PhD
University of Michigan, Ann Arbor, MI

2015 Peter T. Grauer-PCF Young Investigator Award

Ashley Ross, MD, PhD
Johns Hopkins University, Baltimore, MD

2015 Kelsey Dickson-PCF Young Investigator Award

Michael Schweizer, MD
University of Washington, Seattle, WA

2015 David Yurman-PCF Young Investigator Award

Shabnam Shalpour, PhD
University of California, San Diego, San Diego, CA

2015 Howard Shore-PCF Young Investigator Award

Prasanna Sooriakumaran, MBBS, PhD
University of Oxford, Oxford, England, U.K.

2015 National Cancer Institute-PCF Young Investigator Award

Adam Sowalsky, PhD
National Cancer Institute, Rockville, MD

2015 Genomic Health-PCF Young Investigator Award

Rendong Yang, PhD
University of Minnesota, Minneapolis, MN

2015 James Litinsky-PCF Young Investigator Award

Shuang Zhao, MD
University of Michigan, Ann Arbor, MI

2013 Neil P. DeFeo-PCF Young Investigator Award (Funding Year 3 of 3)

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

PCF CHALLENGE AWARDS

In 2015, 21 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 2015 Challenge Awards represents an investment of more than \$19 million in advanced prostate cancer research.

2015 Movember Foundation-PCF Challenge Awards

Co-Principal Investigators:

Adam Dicker, MD, PhD
Thomas Jefferson University, Philadelphia, PA
Lawrence Fong, MD, PhD
University of California, San Francisco, San Francisco, CA
Goal: Develop a new combination neoadjuvant therapy for prostate cancer patients that combines a prostate cancer vaccine with radiation therapy

Co-Principal Investigators:

Haojie Huang, PhD
Mayo Clinic, Rochester, MN
Scott Dehm, PhD
University of Minnesota, Minneapolis, MN
Martin Gleave, MD
Vancouver Prostate Centre, Vancouver, BC
Manish Kohli, MD
Mayo Clinic, Rochester, MN
Goal: Develop a novel combination therapy targeting the expression and activity of the androgen receptor to overcome treatment resistance in CRPC

Co-Principal Investigators:

Peter Nelson, MD
Fred Hutchinson Cancer Research Center, Seattle, WA
Philip Kantoff, MD
Memorial Sloan Kettering Cancer Center, New York, NY
Bruce Montgomery, MD
University of Washington, Seattle, WA
Goal: Characterize inherited and acquired DNA damage repair gene mutations found in prostate tumors to determine sensitivity to various therapeutics

Co-Principal Investigators:

Mark Rubin, MD
Weill Cornell Medical College, New York, NY
Scott Tomlins, MD, PhD
University of Michigan, Ann Arbor, MI
Ronglai Shen, PhD
Memorial Sloan Kettering Cancer Center, New York, NY
Goal: Identify molecular mediators of prostate cancer progression that may serve as therapeutic targets and precision medicine biomarkers

Co-Principal Investigators:

Phuoc Tran, MD, PhD

Johns Hopkins University, Baltimore, MD

Theodore DeWeese, MD

Johns Hopkins University, Baltimore, MD

Adam Dicker, MD, PhD

Thomas Jefferson University, Philadelphia, PA

Charles Drake, MD, PhD

Johns Hopkins University, Baltimore, MD

Mario Eisenberger, MD

Johns Hopkins University, Baltimore, MD

Kenneth Pienta, MD

Johns Hopkins University, Baltimore, MD

Martin Pomper, MD, PhD

Johns Hopkins University, Baltimore, MD

Goal: Develop a new treatment combining stereotactic ablative radiation (SABR) with immunotherapy for patients with oligometastatic prostate cancer

Co-Principal Investigators:

Shaomeng Wang, MD

University of Michigan, Ann Arbor, MI

Arul Chinnaiyan, MD, PhD

University of Michigan, Ann Arbor, MI

Goal: Develop a new therapy for CRPC that targets the MLL complex, which regulates the activity of the androgen receptor

Co-Principal Investigators:

Joshua Lang, MD

University of Wisconsin, Madison, WI

David Beebe, PhD

University of Wisconsin, Madison, WI

Goal: Create a novel technology to isolate and study circulating tumor cells as biomarkers for therapeutic responses in clinical trials

2015 PCF Challenge Awards

Dario Altieri, MD

Wistar Institute, Philadelphia, PA

Goal: Elucidate the role of metabolic alterations in tumor metastasis and developing novel therapeutic strategies that target prostate tumor metabolism

Co-Principal Investigators:

David Baltimore, PhD

California Institute of Technology, Pasadena, CA

Owen Witte, MD

University of California, Los Angeles,

Los Angeles, CA

Goal: Create a novel T-cell gene therapy for the immunotherapeutic treatment of prostate cancer

Co-Principal Investigators:

William Kevin Kelly, DO

Thomas Jefferson University, Philadelphia, PA

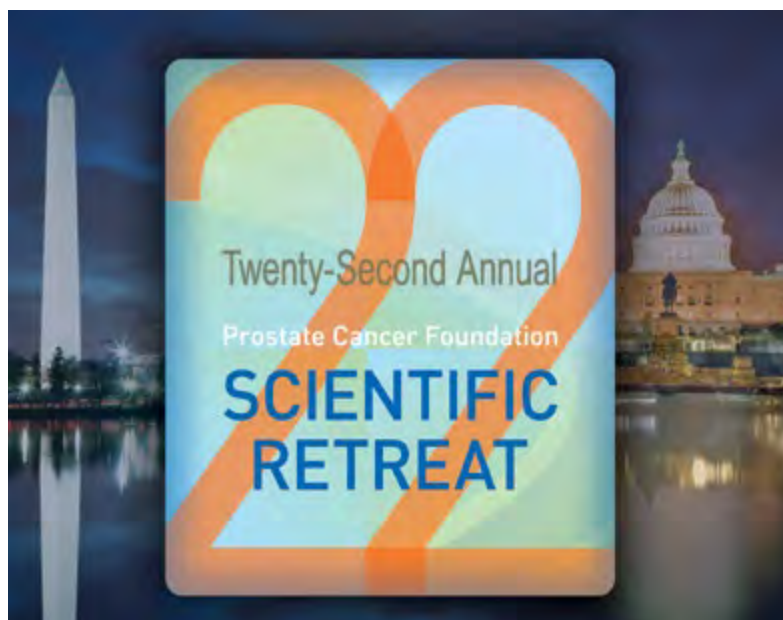
Robert Den, MD

Thomas Jefferson University, Philadelphia, PA

Karen Knudsen, PhD

Thomas Jefferson University, Philadelphia, PA

Goal: Identify biomarkers that predict whether CRPC patients will be more likely to benefit from abiraterone vs. chemotherapy and optimize the duration of chemotherapy treatment



PCF's 2015 Scientific Retreat was held in Washington, DC, October 7-10 and was attended by more than 500 scientists and researchers from 17 countries.

Hing Leung, MBBS, PhD

University of Glasgow, Glasgow, Scotland, U.K.

Goal: Develop strategies to optimize the efficacy of chemotherapy in prostate cancer patients

Co-Principal Investigators:

Paul Nghiem, MD, PhD

University of Washington, Seattle, WA

Peter Nelson, MD

Fred Hutchinson Cancer Research Center, Seattle, WA

Goal: Compare the biology of Merkel cell carcinoma and neuroendocrine prostate cancer to identify new treatment strategies

Co-Principal Investigators:

Ganesh Palapattu, MD

University of Michigan, Ann Arbor, MI

William Kevin Kelly, DO

Thomas Jefferson University, Philadelphia, PA

Karen Knudsen, PhD

Thomas Jefferson University, Philadelphia, PA

David Smith, MD

University of Michigan, Ann Arbor, MI

Goal: Develop a novel immunotherapy by engineering Natural Killer immune cells to target and kill prostate tumor cells

Matthew Rettig, MD

University of California, Los Angeles, Los Angeles, CA

Goal: Optimize strategies to target the MAPK pathway in CRPC patients

2015 PCF Special Challenge Awards

Arul Chinnaiyan, MD, PhD

University of Michigan, Ann Arbor, MI

Goal: Create a comprehensive molecular characterization of CRPC tumors as they progress over time and in response to treatments

Omid Farokhzad, MD

Harvard Brigham and Women's Hospital, Boston, MA

Goal: Develop novel nanotherapies that deliver drugs directly to tumors

Co-Principal Investigators:

Stephen J. Forman, MD

Beckman Research Institute at the City of Hope, Duarte, CA

Saul Priceman, PhD

City of Hope National Medical Center, Duarte, CA

Sumanta Pal, MD

City of Hope National Medical Center, Duarte, CA

Goal: Develop a novel PSCA-targeting CAR T-cell immunotherapy for prostate cancer patients

Martin Gleave, MD

Vancouver Prostate Centre, Vancouver, BC

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

Co-Principal Investigators:

Karen Knudsen, PhD

Thomas Jefferson University, Philadelphia, PA

Johan de Bono, MD, PhD

Institute for Cancer Research, London, England, U.K.

Mark Rubin, MD

Weill Cornell Medical College, New York, NY

Felix Feng, MD

University of California, San Francisco, San Francisco, CA

Goal: Characterize DNA repair gene alterations found in prostate tumors and match patients with appropriate therapies

Co-Principal Investigators:

Christopher Logothetis, MD

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

Gary Gallick, PhD

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

Goal: Develop biomarkers that indicate the efficacy and mechanisms of tumor microenvironment-targeting therapies

Edward Schaeffer, MD

Johns Hopkins University, Baltimore, MD

Goal: Develop novel tools for disease stratification

Eric Small, MD

University of California, San Francisco, San Francisco, CA

Goal: Characterize the molecular landscape of CRPC



Photography: Paul Bliese

All attendees present at the 22nd Annual PCF Scientific Retreat on Friday, October 9, 2015

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31	Unrestricted	Temporarily Restricted	2015 Total	2014 Total
ASSETS				
Cash and Cash Equivalents	\$ 28,591,542	\$ -	\$ 28,591,542	\$ 29,828,888
Pledges Receivable (Net)	19,554,663	4,584,000	24,138,663	26,095,145
Prepaid Expenses and Other Assets	118,578	-	118,578	123,052
Property and Equipment (Net)	130,304	-	130,304	156,906
Total Assets	\$ 48,395,087	\$ 4,584,000	\$ 52,979,087	\$ 56,203,991
LIABILITIES AND NET ASSETS				
Liabilities				
Accounts Payable	\$ 263,203	\$ -	\$ 263,203	\$ 1,139,495
Accrued Liabilities	1,309,901	-	1,309,901	988,542
Deferred Revenue	300,000	-	300,000	400,000
Grants Payable	21,355,345	-	21,355,345	21,907,606
Total Liabilities	23,228,449	-	23,228,449	24,435,643
Net Assets				
Unrestricted	25,166,638	-	25,166,638	26,948,348
Temporarily Restricted	-	4,584,000	4,584,000	4,820,000
Total Net Assets	25,166,638	4,584,000	29,750,638	31,768,348
Total Liabilities and Net Assets	\$ 48,395,087	\$ 4,584,000	\$ 52,979,087	\$ 56,203,991

CONSOLIDATED STATEMENT OF ACTIVITIES

Year Ended December 31	Unrestricted	Temporarily Restricted	2015 Total	2014 Total
Revenue and Public Support				
Grants and Contributions	\$ 36,463,944	\$ 4,584,000	\$ 41,047,944	\$ 41,332,776
Interest and Dividends	51,342	-	51,342	36,488
Other	(76,401)	-	(76,401)	(142,265)
Net Assets Released from Purpose Restrictions	4,820,000	(4,820,000)	-	-
Total Revenue and Public Support	41,258,885	(236,000)	41,022,885	41,226,999
Expenses				
Program Services:				
Research Grants	26,933,248	-	26,933,248	31,727,332
Compensation, Benefits, and Payroll Taxes	2,763,999	-	2,763,999	2,732,603
Global Scientific Conferences, Unpublished Data, and Knowledge Exchanges	1,918,386	-	1,918,386	2,191,332
Media, Public Relations, and Publications	1,864,186	-	1,864,186	602,823
Professional Fees	813,079	-	813,079	838,424
Outreach, Events, and Meetings	537,496	-	537,496	647,055
Travel, Meals, and Entertainment	228,372	-	228,372	148,201
Office Expenses	225,212	-	225,212	320,144
Occupancy	117,236	-	117,236	133,389
Depreciation and Amortization	46,126	-	46,126	114,496
Total Program Services:	35,447,340	-	35,447,340	39,455,799
Supporting Services:				
Management and General:				
Compensation, Benefits, and Payroll Taxes	1,321,694	-	1,321,694	1,458,279
Office Expenses	551,846	-	551,846	507,068
Professional Fees	284,691	-	284,691	363,176
Occupancy	202,695	-	202,695	188,120
Travel, Meals, and Entertainment	45,881	-	45,881	21,590
Depreciation and Amortization	33,187	-	33,187	31,653
Other Expenses	-	-	-	450,000
Total Management and General:	2,439,994	-	2,439,994	3,019,886
Fundraising:				
Outreach, Events, and Meetings	3,039,745	-	3,039,745	2,092,239
Travel, Meals, and Entertainment	721,173	-	721,173	945,874
Compensation, Benefits and Payroll Taxes	720,216	-	720,216	1,117,196
Office Expenses	327,263	-	327,263	358,878
Professional Fees	271,672	-	271,672	217,976
Occupancy	57,380	-	57,380	41,097
Depreciation and Amortization	15,812	-	15,812	9,600
Total Fundraising:	5,153,261	-	5,153,261	4,782,860
Total Expenses	43,040,595	-	43,040,595	47,258,545
Change in Net Assets	(1,781,710)	(236,000)	(2,017,710)	(6,031,546)
Net Assets - Beginning of Year	26,948,348	4,820,000	31,768,348	37,799,894
Net Assets - End of Year	\$ 25,166,638	\$ 4,584,000	\$ 29,750,638	\$ 31,768,348

CONSOLIDATED STATEMENT OF CASH FLOWS

Year Ended December 31	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ (2,017,710)	\$ (6,031,546)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used In) Operating Activities		
Uncollectible Pledges Receivable	-	450,000
Depreciation and Amortization	95,125	155,749
(Increase) Decrease in:		
Pledges Receivable	1,956,482	1,666,615
Prepaid Expenses and Other Assets	4,474	(591)
Increase (Decrease) in:		
Accounts Payable	(876,292)	928,403
Accrued Liabilities	321,359	(271,766)
Deferred Revenue	(100,000)	(100,000)
Grants Payable	(552,261)	3,845,176
Net Cash Provided by (Used In) Operating Activities	(1,168,823)	642,040
CASH FLOWS USED IN INVESTING ACTIVITIES		
Purchase of Property and Equipment	(68,523)	(69,566)
Net Increase (Decrease) in Cash and Cash Equivalents	(1,237,346)	572,474
Cash and Cash Equivalents - Beginning of Year	29,828,888	29,256,414
Cash and Cash Equivalents - End of Year	\$ 28,591,542	\$ 29,828,888

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, 2015, 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, 2015, 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 2014 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated June 9, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2014 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Green Hasson & Janks LLP

April 26, 2016
Los Angeles, California

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Biotechnology and Pharmaceutical Supporters



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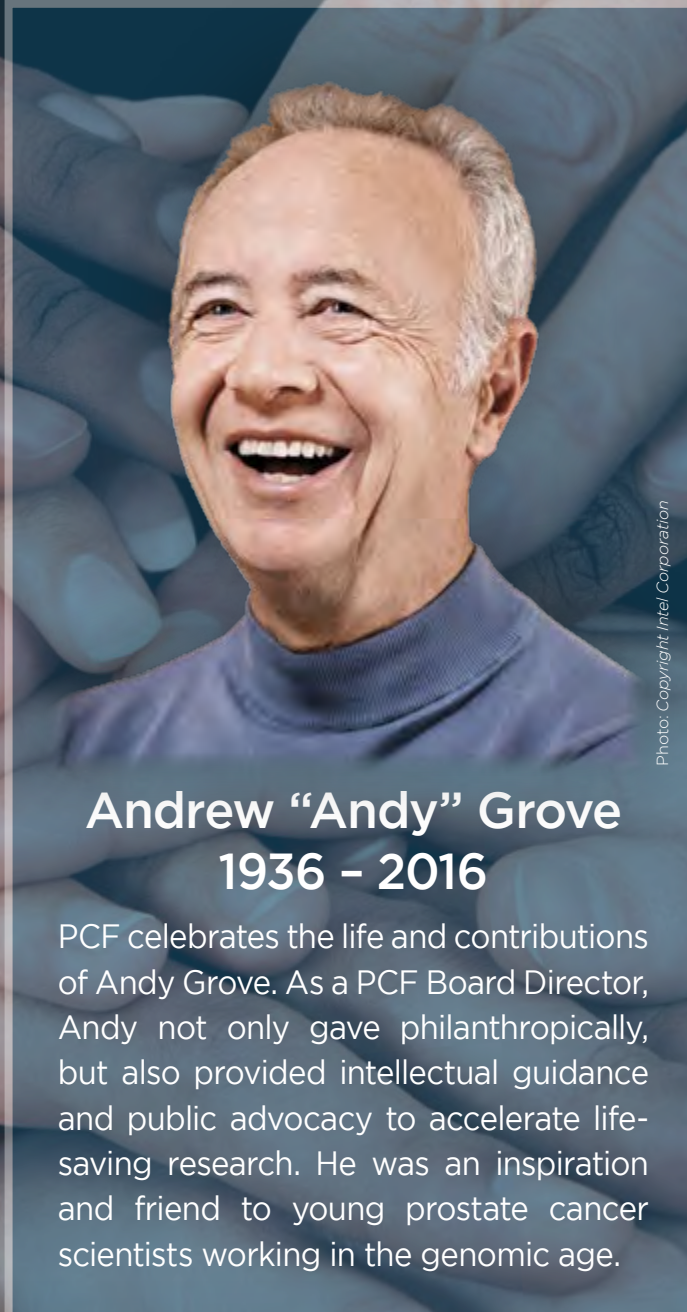


Photo: Copyright Intel Corporation

Andrew “Andy” Grove 1936 – 2016

PCF celebrates the life and contributions of Andy Grove. As a PCF Board Director, Andy not only gave philanthropically, but also provided intellectual guidance and public advocacy to accelerate life-saving research. He was an inspiration and friend to young prostate cancer scientists working in the genomic age.