Prostate Cancer
Foundation
Curing Together.

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.

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 has been designated a Top-Rated Charity by CharityWatch. PCF meets all 20 of the Better Business Bureau’s standards for charity accountability.

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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.
Founder & CEO Letter
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2016 Supporting Partners
Board of Directors and Leadership Team
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 well.

And thanks to advances in precision oncology, discoveries made in PCF-funded labs 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 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

Jonathan W. Simons, MD
President and Chief Executive Officer
David H. Koch Chair
WHEN CANCER TAKES THE BACK ROADS:
New Strategies for Fighting Resistance

Suzanne Conzen, MD, has been doing research on breast cancer for 20 years. So why is PCF so excited about funding her work?

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.

Suzanne Conzen, MD
University of Chicago
2014 Movember Foundation-PCF Challenge Award recipient;
2016 Stewart J. Rahr Foundation-PCF Special Challenge Award recipient
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:

1. **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.

2. **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?

3. **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.”
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.
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.*
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?”
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 ways to combat DNA damage. However, mutations in DNA damage repair (DDR) genes can lead to the accumulation of mutations that promote tumor formation. Most 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.

ONE IN NINE ADVANCED PROSTATE CANCERS ARE CAUSED BY HERITABLE GENES

Prostate Cancer Isn’t Just About Men Anymore

Peter Nelson, MD
Fred Hutchinson Cancer Research Center
PCF International Dream Team
2016 V Foundation-Stewart Rahr Foundation-PCF Challenge Award recipient
2011, 2013, 2015 Movember Foundation-PCF Challenge Award recipient
These PCF-funded and practice-changing findings were reported in the most widely read medical journal in the world, *The New England Journal of Medicine*.

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.

*BRCA2 was the most commonly mutated DNA repair gene in these men (5.3% of patients and 44% of all identified mutations), while BRCA1 ranked as 4th most commonly mutated in the study group (0.9% of patients and 7% of all mutations). Other potentially cancer-promoting hereditary mutations in DNA repair genes identified in this study were in ATM, CHEK2, RAD51D, and PALB2. Hereditary mutations in the ATR, NBN, PMS2, GEN1, MSH2, MSH6, RAD51C, MRE11A, BRIP1, and FAM175A genes were found at a lower rate.*

Figure: Recreated with permission, courtesy Fred Hutchinson Cancer Research Center.
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.
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.
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.

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.
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.’

— Mel 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!

“It was our pleasure to support the Home Run Challenge because PCF uses the funds with relentless efficiency to support the top cancer researchers around the world and monitor their progress to ensure that our philanthropic investment is used wisely.”

~ 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.”

~ Mark Attanasio
Owner, Milwaukee Brewers

Public Service Announcement created and produced by (add)ventures

specially-designed uniforms to raise awareness for prostate cancer.
A SURVIVOR’S APPEAL FOR SUPPORT

“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
The support of our generous donators 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.
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William Henry Trust
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Lisa Winston Hicks
Steven Higger

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Mr. Derek Abel

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Mr. Jon Webster  
Michael and Jill Weinstein  
Mr. Steven B. Weinstein  
Dr. Richard E. Weisblatt  
Mr. Richard Wesslund and Mrs. Maria Wesslund  
Mr. and Mrs. Nigel Weston  
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**Many vs Cancer Fundraisers**  
Participants who raised $1,000 or more  
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Brett Kurland  
ian McLeod  
Shmuel Meitar  
Matthew Nesto  
Richard Prego  
Jason Safriet  
Ramiro Sliiezar  
Jeff Zisk

**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 Derrick’s Day at Thunderhill Accuray  
Alpha Chi Alpha  
Anderson Merchandisers, LLC  
Anglers For The Cure  
A2 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 Jeans Day  
Cal Poly’s back yard 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 Pho 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  
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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  
Watertown High School – ASB  
Willy McCoy’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  
Youth High School’s Softball Team’s “Strike Out Cancer”

**Blue Ribbon Golf Tournaments**  
Golf tournaments that raised $1,000 or more  
1:31 Sabal Springs Club Charity Golf Tournament  
11th Annual Faith, Love, Hope. Win (PLHW) Golf Tournament  
11th Precinct Community Council 4th Annual Dill 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 - Dandy Father/Son  
Colonial Cup Tournament (Camden Country Club)  
Concordia Golf Club  
Don’t Stop Believes’ Invitational – SDGCCAA  
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  
HILT 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  
Katyana Country Club  
Lago Vista Golf Course  
Lehigh Valley (Lords Valley Country Club)  
Lobster Classic  
Luetzow Charity Golf Outing at Stoney Links  
Mariborough 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  
Pelicano 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  
Steve Hirons Memorial Golf Tournament  
Sweetwater Community Men’s Cancer Tournament  
Terravita Golf Club  
University Park Country Club  
Wild Dunes Golf Resort  
Member-Guest  
Wycliffe Golf & Country Club

**Blue Ribbon Society**  
Our community of monthly donors  
Mr. Steve M. Abbott and Mrs. Diana M. Abbott  
Mr. Roy E. Acer  
Mr. Donald Allen  
Mr. Paul N. Anderson  
Mr. Norman B. Antin  
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Mr. and Mrs. Frederick G. Baline  
Mr. Louis A. Baldock  
Mr. Keith Bertolino  
Mrs. B.G. Bramley  
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Ms. Rebecca Brown  
Mr. and Mrs. Stuart Brown  
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Frank and Adrienne Cardone  
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Gerry and Herb Greenman  
Mr. Michael D. Grills  
Mr. Lloyd Lacey Haley  
Mr. James G. Hammond  
Mrs. Verna Hammond  
Ms. Julie A. Hansen  
Mr. Kent L. Hastings and Mrs. Libby Hastings  
Mr. and Mrs. William R. Hasty  
Mr. Michael L. Hawley and Mrs. Patricia D. Hawley  
Mr. Barry L. Heath
Mr. Scott Morgan and Mr. Dennis G. Morgan
Ms. Denise Moad Hollingsworth
Mr. Dean Minard
Mr. John Mihalchik
Mr. and Mrs. Tom Meskel
Mr. James McNasby
Mr. Gregg H. Overman and Mrs. Mary H. Ott
Mr. John O'Shea and Mr. Raymond V. O'Connor, Jr.
Mr. Francis Jerry Norder
Ms. Maeve Nolan
Mr. John E. Moseley
Mr. and Mrs. Robert A. Johnson
Mr. Gerald O. Jones
Mr. and Mrs. Mark W. Johnson
Mr. and Mrs. Mary W. Jones
Mr. Robert F. Zuppert Jr. and Mrs. Darcy Zalewski
Mr. and Mrs. Todd Lewandowski
Mrs. Janet Lehoullier
Mr. and Mrs. Michael I. Joseph
Mr. and Mrs. Joseph Katz
Mr. and Mrs. Douglas W. Keiser
Mr. and Mrs. Damian Kucharik
Mr. Daniel Krider
Dr. Robert A. Kraft
Mr. Edward M. Koch, Jr.
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Mr. Robert Wydra
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Mrs. Corrine Sherman
Mr. Phillip Short
Mr. Alan E. Shreffler
Mr. Thomas Skleba
Mr. Mark C. Smith
Mr. Mike Smith
Capt. Stanley D. Smith
Mr. Larry Souder
Mr. Lee Stahl
Mr. Leland L. Stanford
Mr. and Mrs. William E. Stegall
Lesley and Robert Stern
Gary Stoneburner
Mr. and Mrs. Donald Stroh
Mr. Michael Sugg
Mr. and Mrs. Richard Szilasi
Mr. Hal J. Templin
Mr. Paul Thiede
Mr. Belal M. Tiba
Mr. George C. Torres and Mrs. Colette Torres
Mr. Duane E. Trump and Mr. Edan Trump
Mr. and Mrs. Thomas R. Utesch
Mr. Heinrich Vaseur
Mrs. Marion E. Wade
Mr. Kevin Webb
Mr. and Mrs. Howard J. Willis
Mr. and Mrs. Wayne K. Wilson
Mr. Ken Wiseman
Mr. Leslie Wood
Mrs. Patricia Yeanick
Mrs. Darcy Zalewski
Mr. Robert F. Zuppert Jr. and Mrs. Emily Zuppert
Ms. Lisa Palumbo
Mr. Richard A. Parrish
Mr. and Mrs. William W. Prior, Sr.
Mr. Frank Quale
Elder Aurelius Raines, Sr.
Mr. and Mrs. John M. Randall
Mr. Marcio L. Rangel
Dr. and Mrs. Ralph J. Rauch
Mr. Riley Rice
Ms. Joanna M. Rizzo
Mr. and Mrs. Richard Roberson
Mr. Kenneth I. Rose, II
Mr. and Mrs. Thomas A. Sawyer
Mr. Michael A. Sekyra
Mr. Michael Sellers
Mr. Robert H. Sherman and Mrs. Corrine Sherman
Mr. Philip Short
Mr. Alan E. Shreffler
Mr. Thomas Skleba
Mr. Brian D. Smith
Mr. Mark C. Smith
Mr. Mike Smith
Capt. Stanley D. Smith
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Mr. and Mrs. Wayne K. Wilson
Mr. Ken Wiseman
Mr. Leslie Wood
Mrs. Patricia Yeanick
Mrs. Darcy Zalewski
Mr. Robert F. Zuppert Jr. and Mrs. Emily Zuppert
Kevin W. Crowley
Thomas F. Delaney
Derric D. DesMarais
Peter A. Dierickx
Walter J. Donheiser
David Federman
Theodore H. Fenske, Jr.
Daniel G. Fogelberg
Conrad R. Freund
Harvey “George” Gangler, Jr.
Gary G. Gentile
Robert T. Gilhuly
John G. Gilmour
William M. Ginty
Jerome A. Gold
Ellen Golub
Robert E. Goulding
Peter D. Grimm
Billy M. Hargis
Paul C. Heflin
Sebastian W. Hofland
Edward J. Hughes, Jr.
Gary Jones
Thomas E. Jones
Michael T. Kennedy
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Mario Leonetti
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Joseph Merola
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Ezra Novak
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Carl P. Orlando
Brien Palmer
Leo B. Pedrotty, Sr.
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Donald E. Riesbeck
David M. Riley
Robert Rix
Charles W. Robison
Giovanni S. Romano
Leonid Rozin
Marc Sablow
Leslie J. Sacks
Robert P. Sadowski
James H. Schepfer
Scott L. Schubel
Alan Solomon
Reed Somberg
Jim Spain
Verne M. Spangenberg
C. Fred Sperber
Lawrence J. Stupski
Dr. Robert J. Temple
Philip M. Theisen
William M. Thompson, Jr.
Deacon William Umphress
Joe Underwood
Jerry Weintraub
Richard A. White
Cathy Wice
Grandpa Wild
Norman R. Willes
Kenneth C. Winkleblack
Robert Wydra

Honorary Tribute Funds
Funds that contributed $1,000 or more
In Honor of:
21st Century Oncology
Dr. Elliot Abramowitz
Jay Allen
Mike Arnold
Andrew J. Astrachan
Christopher E. Barry
Anthony Boulle
Allan Christensen
Stephen S. Cole
David A. Ederer
Ralph Fineerman
Sarn Hill
Robert Lee
Stuart Kaplan
Lawrence Kurland
Vincent Lombardi
Simon McKee
Neil McLeod
Jerry Meislin
Michael Milken
John Milko
James B. Nebel
James Newsom
Dr. Brian T. O’Hallaren
PAC, LP
Wendell Putman
Bobby Schmib
Nelson Schwab
Jonathan W. Simons, MD
Howard R. Soule, PhD
Richard L. Starkey
Dennis Thorpe
Wesley Tull, Sr.
Kneeland Youngblood

Memorial Tribute Funds
Funds that contributed $1,000 or more
In Memory of:
William J. Alspaugh
Roger B. Anderson
Wayne R. Anderson
James F. Bauer
Charles Bennett
Francis E. Burke
James H. Carter, Sr.
Paul Cotton

Represents annual donations (gifts, not pledges) between January 1, 2016 and December 31, 2016.
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 Mark Walter–PCF Young Investigator Award
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
Bryan 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 Eustace Wolfington–PCF Young Investigator Award
Hung-Ji Tsai, PhD
Johns Hopkins University, Baltimore, MD

2015 Larry Gagosian–PCF Young Investigator Award
Justin Drake, PhD
Rutgers University Institute of New Jersey, New Brunswick, NJ

2015 Movember Foundation–PCF Challenge Awards
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

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
Università degli Studi di Trento, Trento, Italy
Alessandro Romanel, PhD
Università 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:** Development of a novel precision medicine regimen for patients with PTEN-deficient castrate-resistant prostate cancer that combines a PI3K-inhibitor with checkpoint immunotherapy

---

**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 Retting, MD
UCLA, VA Greater Los Angeles Healthcare System, West Los Angeles, CA
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 castrate-resistant 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 Allmennytgige 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
## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

### December 31

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2016 Total</th>
<th>2015 Total</th>
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<td><strong>ASSETS</strong></td>
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<td>Cash and Cash Equivalents</td>
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<td>Prepaid Expenses and Other Assets</td>
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<td>Property and Equipment (Net)</td>
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<td><strong>Total Assets</strong></td>
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<td>$6,688,362</td>
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<td><strong>LIABILITIES AND NET ASSETS</strong></td>
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<td>Liabilities</td>
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<td>Temporarily Restricted</td>
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<td>29,750,638</td>
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<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
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<td>$6,688,362</td>
<td>$53,090,197</td>
<td>$52,979,087</td>
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## PROSTATE CANCER FOUNDATION

### CONSOLIDATED STATEMENT OF ACTIVITIES

**Year Ended December 31**

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<th>Revenue and Public Support</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2016 Total</th>
<th>2015 Total</th>
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<td>Grants and Contributions</td>
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<td>Interest and Dividends</td>
<td>39,891</td>
<td>-</td>
<td>39,891</td>
<td>51,342</td>
</tr>
<tr>
<td>Other Income (Loss)</td>
<td>12,011</td>
<td>-</td>
<td>12,011</td>
<td>(76,401)</td>
</tr>
<tr>
<td>Net Assets Released from Purpose Restrictions</td>
<td>4,584,000</td>
<td>(4,584,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue and Public Support</strong></td>
<td><strong>39,608,914</strong></td>
<td><strong>2,104,362</strong></td>
<td><strong>41,713,276</strong></td>
<td><strong>41,022,885</strong></td>
</tr>
</tbody>
</table>

| 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, and Knowledge Exchanges | 2,175,579 | - | 2,175,579 | 1,918,386 |
| 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 | 46,326 |
| **Total Program Services:** | **33,707,242** | - | **33,707,242** | **35,447,340** |

| 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 | 57,860 |
| Depreciation and Amortization | 9,712 | - | 9,712 | 15,812 |
| Media, Public Relations, and Publications | 2,815 | - | 2,815 | 3,319 |
| **Total Fundraising:** | **4,214,159** | - | **4,214,159** | **5,153,261** |

| Change in Net Assets | |
|---------------------| |
| (Unrestricted) | (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

<table>
<thead>
<tr>
<th>Year Ended December 31</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>$ 602,213</td>
<td>$(2,017,710)</td>
</tr>
<tr>
<td>Adjustments to Reconcile Change in Net Assets to Net Cash Used In Operating Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncollectible Pledges Receivable</td>
<td>311,000</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>80,766</td>
<td>95,125</td>
</tr>
<tr>
<td>(Increase) Decrease in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledges Receivable</td>
<td>(4,623,383)</td>
<td>1,956,482</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>(84,903)</td>
<td>4,474</td>
</tr>
<tr>
<td>Increase (Decrease) in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>467,379</td>
<td>(876,292)</td>
</tr>
<tr>
<td>Accrued Liabilities</td>
<td>54,625</td>
<td>321,359</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>(100,000)</td>
<td>(100,000)</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>(913,107)</td>
<td>(552,261)</td>
</tr>
<tr>
<td><strong>Net Cash Used In Operating Activities</strong></td>
<td>$(4,205,410)</td>
<td>$(1,168,823)</td>
</tr>
<tr>
<td><strong>CASH FLOWS USED IN INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of Property and Equipment</td>
<td>(660,200)</td>
<td>(68,523)</td>
</tr>
<tr>
<td><strong>Net Decrease in Cash and Cash Equivalents</strong></td>
<td>$(4,865,610)</td>
<td>$(1,237,346)</td>
</tr>
<tr>
<td>Cash and Cash Equivalents – Beginning of Year</td>
<td>28,591,542</td>
<td>29,828,888</td>
</tr>
<tr>
<td><strong>Cash and Cash Equivalents – End of Year</strong></td>
<td>$ 23,725,932</td>
<td>$ 28,591,542</td>
</tr>
</tbody>
</table>
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
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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  Movember Foundation

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  Former Director, National Cancer Institute  
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  Surrey Ventures

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  Chief Financial Officer, Treasurer and Secretary

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  Executive Vice President, Chief Operating Officer

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  Executive Vice President, Chief Digital Officer

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  Medical Director

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  Chairman, Global Treatment Sciences Network, Prostate Cancer Foundation  
  Chairman of Medicine  
  Memorial Sloan Kettering Cancer Center

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  Senior Vice President  
  Finance and Administration

- Jan Haber  
  Vice President  
  Events

- Colleen McKenna  
  Vice President  
  Many vs Cancer
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.

Arnold Palmer
1929–2016