what did 2010 give you?
The Cancer Research Institute (CRI), established in 1953, is the world’s only nonprofit organization dedicated exclusively to transforming cancer patient care by advancing scientific efforts leading to new and effective immune system-based approaches to the treatment, control, and prevention of cancer. Guided by a world-renowned Scientific Advisory Council that includes four Nobel laureates and twenty-nine members of the National Academy of Sciences, CRI supports research conducted by immunologists and tumor immunologists at leading medical centers and universities across the globe, and has contributed to many of the key scientific advances that demonstrate the potential for immunotherapy to change the face of cancer treatment.
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Dear Friends,

2010 has been a pivotal year of progress, innovation, and accomplishment for the Cancer Research Institute. As we describe in this year’s report, the new technologies, important discoveries, and milestone successes within the field of tumor immunology demonstrate the power of CRI and its mission to transform cancer patient care in our lifetimes.

Since its founding fifty-seven years ago, the Cancer Research Institute has sustained generations of scientists who have dedicated their lives to understanding the immune system and its relationship to cancer. The field has matured in that time and now offers great hope for revolutionary advances in cancer treatment.

The approval in April 2010 of Provenge®, the first therapeutic cancer vaccine to receive an affirmative nod from the FDA, is one of the most recent and perhaps most powerful examples of how donor support of CRI programs can lead to a new, immune system-based treatment that can extend patient life without causing painful side effects.

This is only just the beginning. According to members of CRI’s Scientific Advisory Council, an eminent body of immunologists and tumor immunologists under the visionary leadership of Lloyd J. Old, M.D., we have yet to realize the full potential of cancer immunotherapy. Powerful drugs currently in clinical development are giving immunologists a greater degree of control over the human immune response to cancer. Combining these new treatments with cancer vaccines as part of a comprehensive immunotherapy regimen may provide the greatest successes yet.

With eight million people worldwide succumbing to cancer each year, the urgency of CRI’s work becomes acutely apparent. Funding, operational support, and coordination from CRI help make it possible for scientists and clinicians across the field to work together efficiently to achieve more, faster.

But the emergence of this new field of cancer medicine from within the existing cancer treatment paradigm has produced new challenges that require CRI to go even further beyond the traditional models of nonprofit funding.

We took our first step toward this in 2001 with the establishment of the Cancer Vaccine Collaborative (CVC)—a joint program with the Ludwig Institute for Cancer Research (LICR) to support a coordinated, global network of academic clinical trial sites and immune monitoring laboratories conducting early-stage trials of therapeutic cancer vaccines. In 2010, CRI and LICR strengthened their alliance by launching the Cancer Vaccine Acceleration Fund (CVAF). CVAF’s approach brings biotechnology and pharmaceutical companies into strategic partnership with CRI and LICR, establishing scientifically driven, mutually beneficial relationships that speed the development of highly promising cancer immunotherapies. For donors, this new model of venture philanthropy offers an opportunity to magnify the impact of their charitable gifts over the long term while also promising tangible and substantial scientific returns in the near term.

CVAF may be the most innovative new CRI program since the establishment of the CVC, and its launch could not have come at a more crucial time. Just as financial markets around the world continue to apply stress on the nonprofit sector, the biotechnology industry has been hit hard as well, as venture capital sources become increasingly risk averse. Early-stage clinical science brings no guarantees for future gains, and the flow of money to start-ups with promising yet unproven drug candidates has trickled. CVAF helps to meet this critical funding gap to ensure these potential new treatments move forward into clinical trials.

In just under a year, CVAF already has completed two successful agreements with companies. Tolerx, a biotechnology company based in Cambridge, MA, has agreed to collaborate on the clinical development of their proprietary drug TRX518, a first-in-class monoclonal antibody that CRI scientists think may...
help cancer patients mount a stronger and longer-lasting immune response against tumors. Oncovir, a pharmaceutical company based in Washington, DC, has agreed to provide its drug Hiltonol™ (Poly-IClC), a viral mimic that stimulates robust immune activity, for testing in combination with therapeutic cancer vaccines. Through CVAF, the Cancer Research Institute is helping to bring these new treatments to cancer patients sooner, all within an academic clinical trials infrastructure that adheres to the rigors of scientific excellence and best practices.

We expect that this exciting new model of nonprofit-company interaction will generate significant new interest from donors looking to make transformative gifts that propel a new class of cancer treatment into the forefront of modern oncology. Already, the fund has succeeded in raising nearly $8 million in new contributions. Coupled with CRI’s $15 million commitment, CVAF is more than halfway to reaching its five-year fundraising goal of $40 million. Designated CVAF support has helped to keep CRI’s 2010 program budget on par with that of the previous year, despite a dip in revenues from other sources due to the economic volatility of the past two years.

As a founding principal director of the new fund, I look forward to following CVAF’s progress carefully and in eager anticipation of the wonderful new developments its catalytic approach is making possible. More on this exciting CRI program can be found on page 12 of this report.

During this time of programmatic evolution, CRI will continue to rely not only on the expert guidance of its scientific leaders, but also on the talents and wisdom of its Board of Trustees. I’m pleased to share that, this past year, we appointed six new members to the board: James M. Citrin, G.S. Beckwith Gilbert, Howard Schiller, Michael B. Targoff, Diane Tuft, and James Wiatt. Three trustees have retired from our board after many years of distinguished service: Lara Trafelet, Thomas E. Tuft, and Cynthia C. Weiler. We extend to all three our thanks for their service and support. Patrick J. McGrath, a CRI trustee since 1999 and president since 2001, also has resigned his seat and will continue to serve the Institute as a trustee emeritus. For his sustained dedication and generosity, CRI honored Pat in 2007 with the inaugural Helen Coley Nauts Service Award. In other board changes, Andrew M. Paul has stepped down as co-chairman of the board and Richard DeMartini has handed over treasurer responsibilities to John Fitzgibbons. Both Andy and Rich remain active and valuable trustees and we thank them for fulfilling their responsibilities with distinction. Finally, I am honored to have been elected to another term as CRI’s chairman. As this letter indicates, this is a pivotal time in CRI’s history, and I could not be more excited to continue to serve this extraordinary organization.

2010 is a year of many new advances for CRI and the field. I look back with pride at the progress and impact we have made as a relatively small nonprofit organization. It is a testament to the dedication of the Institute’s staff, trustees, and scientists, and underscores the importance of CRI’s unique mission. I look forward to the next few years with anticipation and enthusiasm at the progress we expect to make in battling cancer. Together with the help of our supporters and friends, I am more confident than ever that CRI will succeed in bringing more effective, safer treatments to cancer patients. The prospect of that success motivates us all.

Sincerely,

Donald J. Gogel
CHAIRMAN OF THE BOARD OF TRUSTEES
Dear Colleagues and Friends,

The past year in cancer immunology has been one of celebration, reflection, and renewed commitment. Milestone advances were made in successfully applying the fundamental principles of immunology to the treatment of cancer patients, and new scientific insights have opened the way to further development of a new generation of immune-based cancer medicines. Ten years into the 21st century, we at last begin to see what shape the future of cancer therapy will take, as more sophisticated and safer approaches like those we pursue become integrated into the standard of care.

At this pivotal time in the long history of cancer immunology research, we pause to acknowledge how far we have come. Since 1953, CRI has worked passionately to build this field, providing support for basic research and training for thousands of talented immunologists and tumor immunologists at renowned institutions worldwide. Through this effort, CRI-funded scientists have amassed a considerable base of knowledge about the immune system and cancer. This achievement has led to some of the most important breakthroughs in cancer immunotherapy to date.

What just a decade ago only seemed possible, now is not only probable, but certain: it’s not a matter of if immunotherapy will constitute a reliably effective new approach to cancer treatment, but when.

For a select population of cancer patients, immune-based therapies like BCG, interleukin-2, and interferon already provide substantial clinical benefit. For other patients, treatment with monoclonal antibodies and other emerging immunotherapies can help them fight their cancers and live longer. These first-generation treatments represent significant success for the field, but they are only the first attempts to harness the immune system’s awesome power to fight cancer. A new wave of potent cancer immunotherapies is now moving out of laboratories and through the clinical development pipeline.

In 2010, the field took two important steps toward realizing our vision for the future of cancer therapy. The first is the FDA approval of a therapeutic vaccine for prostate cancer (Provenge®) that is designed to train the body’s immune system to recognize and attack a specific marker of prostate cancer cells, extending patient lives an average of four months. The second is a new immunotherapy, the anti-CTLA-4 monoclonal antibody ipilimumab (Yervoy™). It is designed to overcome the powerful immunosuppressive environment of the tumor, which inhibits the immune system’s capacity to destroy cancer. This treatment has extended the lives of patients with advanced melanoma, and has great potential to help patients with other cancer types as well. The gains from these new immunotherapies represent major advances and provide important proof of principle for the field.

Optimally successful immune-based cancer therapies must engage two cardinal features of the immune response. The first is specificity; the second is durability. It’s not enough to train the immune system to attack cancer (specificity); we also must promote conditions that allow for an enduring protective immune response, enabling the immune system to continue its attack on cancer long enough to benefit the patient (durability). The most effective immunotherapy strategy, then, would be to combine multiple agents that induce both specific and durable immune responses.

There are critical challenges inherent in testing immunotherapy combinations, and this has caused many in the field to take simpler approaches, such as using single agents over combination immunotherapies. Industry, with its considerations for practicality and profitability, has favored single-component treatments that are easier to manufacture, test, and get approved, although they may produce only modest benefit to patients. Academic scientists and clinicians, on the other hand, who believe that combination immunotherapy will be more effective, often have been denied access to these agents or permission to combine them for clinical testing in cancer patients.

In 2001, we set out to solve this problem by establishing the Cancer Vaccine Collaborative (CVC) in partnership with the Ludwig Institute for Cancer Research (LICR). Through the CVC, academic scientists are able to gain access more easily...
to promising immunotherapies to test them in combination vaccine clinical trials. Over the past nine years, CRI and LICR together have built a global clinical trials network of 19 sites across four continents, launched more than 40 clinical trials of various vaccine combinations involving nearly 800 patients, established some of the most advanced immunological monitoring centers in the world, set up an academic, clinic-grade vaccine production facility, and honed our capacity for detailed evaluation of the immune response to cancer, cancer vaccines, and other forms of immunotherapy.

From the comparative data obtained from CVC trials on the effectiveness of various combinations, we now have a strong framework for the components that will likely comprise an ideal therapeutic cancer vaccine. These include antigenic targets in various forms, different vaccine delivery platforms, multiple immune-stimulating adjuvants, and the most recent addition, immune checkpoint blockades to modulate immune suppression. Through CVC trials, CRI and LICR have pioneered new pathways to bring these vaccine components together and test them in a systematic way using state-of-the-art immunological monitoring.

To make the most effective vaccines and test them in early-phase trials, we must continue working to secure control over (or access to) the most promising vaccine components. This need has prompted the genesis of our newest initiative to advance cancer immunotherapy drug development: the Cancer Vaccine Acceleration Fund (CVAF).

CVAF is the critical missing link in the initial CVC strategy, enhancing our ability to secure promising vaccine components and providing critical funding to run more early-phase clinical trials. CVAF finds the point of intersection between academia and industry, where our science-driven mission overlaps with industry objectives, and negotiates mutually beneficial partnerships that facilitate new discovery while also accelerating the development of promising new cancer immunotherapies. By providing catalytic funding, clinical trials management expertise, and an established network of clinical and laboratory scientists, CRI and LICR together, through the CVC, now have the scientists, science, tools, experience, infrastructure, clinical development model, and vaccine components to make that happen.

In addition to our strengthened focus on the development of promising immunotherapies, CRI will continue to wage its broad-based effort across the entire scientific spectrum to understand the immunology of cancer. Basic laboratory studies such as those supported through our Irvington Institute Postdoctoral Fellowship Program and our Investigator Award Program have made possible the extraordinary clinical advances of the past few decades, and we remain deeply committed not only to training the next generation of cancer immunologists, but also to seeding the field with the next generation of ideas and discoveries. We will continue each year to bring together hundreds of immunologists and cancer immunologists, both young and established, through our symposia and colloquia to share knowledge and strengthen our global network. Through our support of the open-access scientific journal Cancer Immunity, we will continue to promote field-wide sharing of data and best practices to enhance and strengthen tumor immunology as a whole.

The 19th-century German philosopher Arthur Schopenhauer once said, “All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident.” After nearly sixty years of CRI’s efforts to advance the field, tumor immunology is at the “end of the beginning,” and is now poised to take the next great step toward becoming part of the standard of care for a broad variety of cancers. We are deeply grateful to everyone who has supported us through this journey, and hope that you will continue with us as we work to realize more fully this vision in the years ahead.

Sincerely,

Lloyd J. Old, M.D.
DIRECTOR, SCIENTIFIC ADVISORY COUNCIL

Jill O’Donnell-Tormey, Ph.D.
EXECUTIVE DIRECTOR
what did 2010 give YOU?

an ALTERNATIVE to surgery, radiation, and CHEMOTHERAPY
In 2010, cancer patients got a new option on life with the first-ever FDA approval of a therapeutic cancer vaccine. Called Provenge®, the vaccine has been proven to extend the lives of men with advanced prostate cancer without causing painful side effects. Its approval has bolstered overall confidence in the viability of immune-based cancer treatments, and signals the start of a new era in cancer medicine.

The vaccine is based on discoveries first made in the laboratory of CRI-supported scientist Ralph M. Steinman, M.D. Steinman was the first to identify a type of immune cell called a dendritic cell (DC). At the time, few immunologists considered Steinman’s finding significant. Scientists have since learned that DCs are essential to the immune system’s functioning.

With support from a CRI research grant awarded in 1980, Steinman was able to conduct the first studies to explore the role this type of cell might play in cancer immunity. Since that time, CRI has invested more than $12 million in dendritic cell research. The benefits of this investment are becoming evident not only for cancer patients, but also for people battling infectious diseases, including HIV/AIDS, and auto-immune disorders.

Provenge is the first, and it won’t be the last. Many other vaccines and immune system-based treatments are on the near horizon, including a number of promising dendritic cell-based treatments in late-phase clinical testing for a variety of cancers. CRI is leading global efforts to make these new treatments as effective as possible, for as many cancer patients as possible.

With so many near-term developments under way, the field of tumor immunotherapy is poised to transform cancer treatment within our lifetimes.

Cancer vaccines are being developed for some of the most widespread and difficult-to-treat cancers:
- BRAIN
- BREAST
- CERVICAL
- COLON*/COLORECTAL
- HEAD AND NECK*
- KIDNEY*
- LUNG (NON-SMALL CELL)*
- MELANOMA*
- MULTIPLE MYELOMA
- NON-HODGKIN LYMPHOMA*
- OVARIAN
- PANCREATIC*
- PROSTATE*

* indicates phase III / approved
Patients with advanced melanoma, the deadliest form of skin cancer, got desperately needed good news in 2010 when results from a large, phase III clinical trial of a new immunotherapy, an antibody called ipilimumab (Yervoy™), showed that the treatment is the first therapy of any kind ever proven to help patients with this type of cancer live longer. This new kind of cancer immunotherapy, called checkpoint blockade, is designed to “take the brakes off” the immune system during cancer treatment. When successful, what follows is a more robust, durable anti-cancer immune response that can result in disease stabilization and, sometimes, complete tumor regression.

CRI Scientific Advisory Council (SAC) associate director James P. Allison, Ph.D., discovered this mortal vulnerability in cancer’s defenses and created the antibody therapy that today is saving patients’ lives. Other CRI scientists, including SAC associate director Jedd D. Wolchok, M.D., Ph.D., and CRI Cancer Immunotherapy Consortium co-chairman Axel Hoos, M.D., Ph.D., have been instrumental to testing the new antibody and overseeing its development.

Tumor immunologists believe that checkpoint blockade therapies like ipilimumab, when given in combination with cancer vaccines, chemotherapy, or radiation therapy, may improve the overall effectiveness of these treatments by helping patients’ immune systems continue to hammer away at cancer’s defenses long enough to complete the attack successfully. The FDA is scheduled to review ipilimumab in early 2011; if the review is favorable, the antibody could become the next approved cancer immunotherapy and the first in this new class of treatments.

“We are resetting the balance between the person and the tumor, and the tumor no longer has the upper hand.”

Jedd D. Wolchok, M.D., Ph.D., in “Training the Immune System to Fight Cancer: Bristol-Myers’ new melanoma drug may be a “game changer,”” BusinessWeek, May 27, 2010
CRI Scientific Advisory Council associate director JAMES P. ALLISON, Ph.D., conducted the basic laboratory and preclinical studies that led to his discovery of ipilimumab and its subsequent development. CRI honored Dr. Allison with the 2005 William B. Coley Award for Distinguished Research in Basic and Tumor Immunology not only for his creation of a powerful new cancer immunotherapy, but also for his illumination of this new dimension to the immune system’s anti-cancer response and how it can be exploited to improve potentially any cancer treatment.

Dr. Allison is chairman of the Immunology Program; director of the Ludwig Center for Cancer Immunotherapy; David H. Koch Chair in Immunologic Studies; attending immunologist, Department of Medicine; and a Howard Hughes Medical Institute investigator at Memorial Sloan-Kettering Cancer Center in New York City.
what did 2010 give you?

a CLEARER PATH to cancer immunotherapy development: paradigm shift in cancer medicine
In 2010, companies that develop cancer vaccines received an important signal from the U.S. Food and Drug Administration that the regulatory agency is actively working with industry to establish new guidelines to improve design of clinical trials of immune system-based cancer treatments. The goal of this landmark FDA initiative is to ensure companies nearing the final stages of product development have a greater chance of successfully meeting FDA review criteria for this new class of cancer therapies. To arrive at its guidelines, FDA has been engaged in dialogue over several years with cancer vaccine developers to gain a more comprehensive understanding of how immunotherapy differs from standard cancer treatments and how these differences pose unique challenges to regulatory review. The CRI Cancer Immunotherapy Consortium was among the key stakeholders in this dialogue with FDA, providing important feedback from its membership of cancer vaccine developers.

Also this past year, CRI scientists took an important first step toward addressing a major problem in clinical development of cancer immunotherapies. Evaluation criteria for new cancer treatments are based on decades of observation of chemotherapies and radiation therapies. Because these criteria do not account for the different effects immunotherapies have, they may not reflect their true beneficial impact on patient health. In 2010, CRI scientists proposed new immune-related response criteria (irRC) that refine existing models of evaluation to account for immunotherapeutic effects. This action by FDA and the dissemination of the irRC herald a paradigm shift in cancer medicine. As the new paradigm evolves, effective cancer immunotherapies tested in well-designed trials will have a greater likelihood of meeting important regulatory criteria for approval. The result will be more new treatments for more cancer patients sooner. For more information about the Cancer Immunotherapy Consortium, go to http://cancerresearch.org/consortium.

Immunotherapy vs. chemotherapy and radiation

A key difference between cancer immunotherapy and today’s standard treatments like chemotherapy and radiation therapy is the way these treatments work in cancer patients. I CHEMOTHERAPY typically consists of a single therapeutic agent that interferes with and kills any cells that divide rapidly. The problem is that rapid cell division is also a characteristic of many normal cells, including those in the hair follicles, bone marrow, and intestinal lining. I RADIATION kills cancer cells, but normal cells can receive collateral damage as well. Also, once the chemicals and radiation leave the body, cancer cells that escape the first round of treatment are able to return. I IMMUNOTHERAPY TAKES A DIFFERENT APPROACH. Therapeutic vaccines targeted specifically to cancer are administered to the patient with other agents that boost and sustain the immune response. Once the immune system detects the vaccine, it begins to build an army of attack cells and antibodies to seek out and eliminate cancer, wherever it is in the body. This response becomes part of the body’s natural defenses and continues after treatment is given. The vaccine’s specific targeting of cancer cells means these treatments are safer for patients, who experience far fewer negative side effects.
In 2010, good science and good business came together under a new CRI program designed to accelerate development of promising cancer immunotherapies and create more opportunities to bring these treatment options to cancer patients sooner. Called the Cancer Vaccine Acceleration Fund (CVAF), the program addresses the significant funding gap that exists in the early stages of clinical trials, where the economic risk is highest and the backlog of promising new immunological cancer drugs is greatest. Built upon the global infrastructure and expertise of the CRI/LICR Cancer Vaccine Collaborative (CVC), CVAF also overcomes complex challenges to constructing and testing multi-component therapeutic cancer vaccines.

Under the guidance of the CVC scientific leadership, CVAF identifies the most promising vaccine components and acquires them through partnerships with companies that own them. Catalytic funding from CVAF kick-starts the development of these new treatments, while carefully designed trials conducted within the CVC to test these agents generate important insights into their immunologic and therapeutic effects in patients.

As a result, new immunotherapies can now be brought into clinical trials with cancer patients in a shorter time frame. CVAF ensures these trials are designed not only to help a single therapy move toward eventual approval, but also to provide a framework for the construction of optimally effective cancer vaccines and to produce knowledge that benefits the entire field.
what did 2010 give YOU?

A potent catalyst to ACCELERATE vaccine development:

venture philanthropy powering new collaborations

Since 2001, the Cancer Vaccine Collaborative has:

- Launched more than 40 early-stage clinical trials, including 34 phase I, 3 phase I/II, and 3 randomized (1 double-blind) phase II trials
- Treated nearly 800 patients for a variety of cancers, including melanoma, sarcoma, and ovarian, prostate, lung, breast, esophageal, and bladder cancers
- Published more than 140 scientific papers in top, peer-reviewed journals
- Established collaborations with more than 15 companies, including 3M, Berlex, Bristol-Myers Squibb, GlaxoSmithKline, Immunotherapeutics, Oncovir, Pfizer, sanofi-aventis, and others
- Developed and funded GMP facilities for producing and vialing cancer vaccines for use in clinical trials

Since its launch in 2010, the Cancer Vaccine Acceleration Fund has:

- Raised nearly $8 million in new funding for cancer vaccine trials during the fund’s silent launch period
- Prioritized more than 20 cancer immunotherapy candidate drugs
- Dialogued with more than 25 biotechnology and pharmaceutical companies
- Completed negotiations with two companies to test their promising immunotherapeutic agents in clinical trials
what did 2010 give you?

A faster way to find cancer targets, monitor patient immune responses, and predict disease outcome.
In 2010, CRI scientists took a major step forward toward what is planned to be the most comprehensive analysis of the human body’s antibody response to cancer. Using a new technology that screens patient blood samples against more than 8,000 known proteins contained on a single glass chip, tumor immunologists can rapidly identify what patients’ immune systems are “seeing” on cancer by the types of cancer-specific antibodies their bodies are producing.

Just as the mapping of the human genome over the past 20 years has opened up tremendous advances in biotechnology and medicine, CRI scientists believe that mapping the antibody-mediated human immune response to cancer will accelerate progress in tumor immunology. This massive effort, called “cancer seromics,” could provide immunologists with a significantly larger number of potential targets for cancer immunotherapy. It may also lead to new blood tests to diagnose the presence and type of cancer, as well as to predict the likely overall clinical course a patient’s disease will take.

These and other new technologies are not only helping scientists identify which patients are likely to respond to treatment with immunotherapy, but they also are offering clues to why some patients do not respond. This provides a foundation for the development of novel treatment strategies that will be more likely to benefit these cancer patients, as well.

SACHA GNJATIC, Ph.D., wants to understand the immune response to cancer and to cancer vaccines. This effort, called immunological monitoring, allows scientists like Dr. Gnajatic to determine whether or not a vaccine is causing a desired immune response in patients, and provides critical information needed to link immune responses to cancer patient health. Monitoring is also a cornerstone of the CRI/LICR Cancer Vaccine Collaborative and its ongoing work to test and refine therapeutic cancer vaccines.

Dr. Gnajatic has also helped pioneer new monitoring technologies, like seromics, that enable immunologists to gather significantly more data from patients, at significantly faster rates. “One day, I hope these approaches will be used widely to understand patients’ immune responses to all kinds of cancer treatments, even chemotherapies, which will truly give us a global view of how the immune system responds to and can be harnessed to fight cancer,” says Dr. Gnajatic.
what did 2010 give you?

a UNIFIED, STRENGTHENED VOICE to advance tumor immunotherapy
Within the past twenty years, the field of tumor immunology has matured into one of the most dynamic, thriving, and highly promising areas of cancer research. The influx of new interest has spurred unprecedented innovation in the field, but the lack of cooperation and coordination across the expanding community has slowed overall development, delaying the delivery of new treatment options to cancer patients.

In 2010, the Cancer Research Institute helped to unify the field through a community-wide project that aims to achieve consensus along one of the key challenges to cancer immunotherapy development. This project, called MIATA, for Minimal Information About T cell Assays, seeks to establish baseline requirements for reporting immunological data from cancer immunotherapy clinical trials. Variability across laboratories in how much of this data is shared can make it difficult to compare trial outcomes or determine accurately the immunological impact of a given cancer treatment. A roadblock results that slows field-wide learning and produces drag on trial iteration.

To achieve MIATA's objectives, CRI, through its Cancer Immunotherapy Consortium, has partnered with the Association for Cancer Immunotherapy (CIMT), the Human Immune Monitoring Center at Stanford University, and the Italian Network for the Biological Therapy of Cancer to mobilize the global community of immunologists who perform T-cell assays and seek their active participation in this consensus-building initiative. If successful, MIATA could accelerate progress by making data interpretation easier for investigators and regulatory agencies that oversee approval of new cancer treatments. For more information about MIATA, go to http://miataproject.org.

Besides MIATA, another CIC community initiative aims to establish best practices for laboratory tests that measure the immune response. ELISPOT is a test immunologists commonly use to measure cancer-specific T cells in blood samples from cancer patients. Differences in how these tests are run from lab to lab can produce conflicting results. In this example, three labs (A, B, and C) examine the same patient samples to quantify the same T-cell populations. Labs A and B used different protocols but applied ELISPOT harmonization guidelines established by the CIC to avoid variations in critical protocol steps. Both labs measured similar T-cell numbers in this patient. In contrast, Lab C did not follow the guidelines and was unable to detect a representative number of T cells. CIC continues to engage immunologists in a community-wide effort to identify the factors that cause variability in outcome across the most commonly used immune assays, and to arrive at acceptable guidelines for reducing this variability.

Through the Cancer Immunotherapy Consortium, the Cancer Research Institute provides a forum in which all the stakeholders in cancer immunotherapy—whether academics, industry, or regulators—can convene, interact, collaborate, and achieve shared objectives.

CIC Members: Advaxis | Agenus | Antigen Express | APEIRON Biologics AG | Argos Therapeutics | BN Immunotherapeutics | Bristol-Myers Squibb | CureVac GmbH | Dendreon | ERYtech Pharma GlaxoSmithKline | IBT Laboratories | Immatics Biotechnologies GmbH | Immudex | Inovio Biomedical Corporation | IRX Therapeutics | Mabtech AB | Mannkind Corporation | Merck KGaA | Oxford Biomedica Pfizer | Transgene | Trimed Biotech GmbH | TVAX Biomedical + 56 member academic institutions
Discovery-driven laboratory research is a cornerstone of progress in cancer treatment and is the foundation of all CRI’s efforts to establish immunotherapy as a standard approach to patient care. In 2010, the generosity of our friends made it possible for CRI to support a new generation of basic scientists, including 64 graduate students, 119 postdoctoral fellows, and 32 junior faculty members.

It takes a special kind of person to commit his or her life to carrying out basic research in a laboratory. Required qualities include intelligence, inquisitiveness, and creativity, along with precision, patience, and perseverance. Formulating hypotheses, setting up and conducting experiments, collaborating with others, collecting and analyzing data, and arriving at and sharing conclusions with peers are all skills CRI-supported scientists learn over many years of study and practice. And they’re very good at it.

In 2010 alone, our postdoctoral fellows published more than sixty papers, and our investigators more than seventy, in peer-reviewed journals, including such prestigious journals as Cell, Journal of Experimental Medicine, Journal of Immunology, Nature Immunology, and Science. Among their achievements: new insights into the manipulation of regulatory T cells, a better laboratory model of multiple myeloma development and a possible new treatment strategy for this type of cancer, two potential new drug targets to inhibit leukemia cell growth, and a richer understanding of dendritic cell function, to name only some of the developments coming out of CRI-funded laboratories this past year.

Funding for this kind of open-ended research is critical to keeping these talented and passionate scientists focused on finding new answers (and new questions) that ultimately may lead to new cancer treatments. It is thanks to their hard work that we now have new medicines to test in clinical trials. CRI is committed to ensuring that these pioneering young minds continue to receive funding to carry out their valuable exploratory research.
There was a young woman
That lived in a town,
She was so wise
That everyone knew,
And she lived happily ever after.
what did 2010 give you?

a stronger base of scientific leadership: THE ASCENDANCY OF TUMOR IMMUNOLOGY
CRI scientists have always excelled. Our rigorous vetting process ensures that only the best and most promising are eligible to receive support from our donors. It’s no surprise, then, that over the past four decades our researchers have risen to the top leadership positions within their field. They run major immunology laboratories, chair entire departments devoted to tumor immunology, or head state-of-the-art treatment clinics that specialize in cancer immunotherapy.

But an emerging trend, made strikingly evident in 2010, demonstrates an important shift within the entire field of oncology. Immunologists and tumor immunologists are receiving appointments to the top positions at major cancer research centers, overseeing not only cancer immunology research but entire oncology programs. The placement of immunologists in such positions of prominence and responsibility indicates the growing influence of immunology within the academic cancer research community.

Among the most notable appointments announced in 2010: CRI clinical investigator Kunle Odunsi, M.D., Ph.D., was named chair of the Department of Gynecologic Oncology and head of the Center for Immunotherapy at the Roswell Park Cancer Institute in Buffalo, NY, one of the world’s leading centers for breast and ovarian cancer research. Craig B. Thompson, M.D., an immunologist and sponsor to several CRI-funded postdoctoral fellows, is now president and CEO of Memorial Sloan-Kettering Cancer Center in New York City. Vincenzo Cerundolo, M.D., Ph.D., a member of the CRI/LICR Cancer Vaccine Collaborative, has been made director of the Medical Research Council Human Immunology Unit at the John Radcliffe Hospital in Oxford, UK.

With the science of human immunology maturing and its potential to revolutionize the treatment of cancer and other diseases becoming increasingly evident, more academic cancer research and treatment centers are turning to members of the CRI community for leadership. Their expertise and understanding of the emerging new technologies and immunotherapies will guide not only tumor immunology, but also the entire field of oncology, into the next era of cancer treatment.
CRI founders believed nearly sixty years ago that it would one day be possible to treat, control, and prevent cancer by mobilizing and strengthening the immune system’s natural cancer-fighting defenses. The important advances made over the past year demonstrate that this vision is attainable within our lifetimes. Here are just some of the ways that we expect these changes in cancer medicine will take shape over the next ten to twenty years:

- Fear of cancer and its treatment will be a thing of the past; doctors will be able to diagnose the disease earlier and make informed decisions about best courses of treatment based on a more thorough understanding of each patient’s unique case.

- Today’s “miracle survivors”—people whose advanced cancers go into complete remissions—will become more commonplace as we more fully understand and learn to exploit the immunological mechanisms that underpin their remarkable survival.

- Personalized treatment strategies tailored to individual patients’ genetic and immunological profiles will boost chances for success while preventing wasted time on treatments that will not work.

- The importance of the immune system in helping patients conquer cancer will become increasingly apparent, and the impact of current standard treatments on the immune system will factor into treatment decisions for patients.

- Doctors will develop treatment strategies that draw upon the benefits of multiple therapeutic modalities, including chemotherapy, radiation, surgery, AND immunotherapy in combinations that treat cancer patients more effectively with fewer negative side effects.

- Cancer will become a disease that is manageable, like diabetes or high blood pressure, rather than one that is deadly.

A revolution in cancer treatment has begun, and cancer medicine as we know it will change forever. The many promising new cancer immunotherapies now in development are only the start of this next wave in cancer treatment. CRI will continue working to usher in this new era by optimizing these treatments so that their potential is realized fully in more cancer patients. Within our lifetimes, we will learn to conquer cancer through immunology, and our gift to future generations will be a world free from the fear of cancer.
what did 2010 give **you**?

**a vision for the future:** transforming cancer medicine in our lifetimes
MISSION, MAJOR PROGRAMS, AND SUPPORTED PROJECTS

JULY 1, 2009-JUNE 30, 2010

The mission of the Cancer Research Institute is to support and coordinate laboratory and clinical efforts that will lead to the immunological treatment, control, and prevention of cancer. Since 1953, the Institute has aimed to achieve its mission by dedicating itself to fostering the sciences of immunology and cancer immunology. These innovative medical research fields are producing many of today’s most promising new approaches to cancer diagnosis and therapy.

Since its inception, the Institute has supported nearly 3,000 scientists and clinicians at all career stages, funding every level of inquiry from basic laboratory research to coordinated clinical trials at leading universities, hospitals, and research centers worldwide. Only the most exceptional candidates and the most compelling research projects are chosen to receive support.

The Institute’s funding decisions are made by its Scientific Advisory Council, an expert international panel composed of sixty-eight of the world’s leading immunologists, including four Nobel Laureates, twenty-nine members of the National Academy of Sciences, and twenty-two members of the Academy of Cancer Immunology.

The Cancer Research Institute also sponsors a seminal international symposium on cancer immunology each year, convenes annual colloquia dedicated to cancer vaccine research and development, educates the public about immunology and immunotherapy, and presents awards to scientists and philanthropic leaders who have made outstanding contributions to cancer research, clinical practice, and patient care.

Cancer Research Institute programs and projects supported in fiscal year 2010 include:

RESEARCH PROGRAMS

PREDICTORAL EMPHASIS PATHWAY IN TUMOR IMMUNOLOGY

The Predoctoral Emphasis Pathway was initiated in 1998 to capture the interest of talented researchers at the earliest stage. Through this program, universities may apply for training grants that support doctoral students planning to pursue a career in cancer immunology. Through meetings, journal clubs, lectures, and coursework, students receive early exposure during their formative studies to emerging areas in the field of tumor immunology. In 2010, CRI renewed three predoctoral training grants totaling $675,000 over the next four years. CRI currently provides program grants to nine academic institutions. Student training courses in Russia and India also receive support through this program.

Harvard Medical School, Boston, MA
Program Director: Glenn Dranoff, M.D.

Johns Hopkins University School of Medicine, Baltimore, MD
Program Director: Hyam I. Levitsky, M.D.

Peter MacCallum Cancer Institute, University of Melbourne, and Ludwig Institute for Cancer Research Ltd, East Melbourne, Australia
Program Director: Mark J. Smyth, Ph.D.

The Rockefeller University, New York, NY
Program Director: Michel C. Nussenzweig, M.D., Ph.D.

University of Colorado, Denver, CO
Program Director: Philippa C. Marrack, Ph.D.

University of Pennsylvania School of Medicine, Philadelphia, PA
Program Director: Yvonne Paterson, Ph.D.

University of Washington School of Medicine, Seattle, WA*
Program Director: Philip D. Greenberg, M.D.

Washington University School of Medicine, St. Louis, MO*
Program Director: Robert D. Schreiber, Ph.D.

Weill Medical College of Cornell University, New York, NY*
Program Directors: James P. Allison, Ph.D., Alan N. Houghton, M.D., and Carl F. Nathan, M.D.

Immunology/Tumor Immunology Training Courses

“The Third Millennium” in Immunology, Tumor Immunology, and Cancer Research
Moscow State University, Moscow, Russia
Course Coordinator: Sergei A. Nedospasov, Ph.D., D.Sc.

Winter School in Immunology in India, Section I
Course Coordinators: Pramod K. Srivastava, Ph.D., and T.V. Rajan, M.D., Ph.D.

Winter School in Immunology in India, Section II
Course Coordinators: Vijay K. Kuchroo, Ph.D., D.V.M., Abul Abbas, M.D., Ph.D., and Nina Bhardwaj, M.D., Ph.D.

IRVINGTON INSTITUTE FELLOWSHIP PROGRAM

In 1971, the Cancer Research Institute established its postdoctoral program to support and train young immunologists at world-leading universities and research centers. Following a merger with the Irvington Institute for Immunological Research in early fiscal 2008, CRI renamed its program the Irvington Institute Fellowship Program of the Cancer Research Institute.

A panel of twenty-two scientists drawn from our Scientific Advisory Council rigorously evaluates each candidate, the intended sponsor and training environment, and the nature and feasibility of the proposed project. Fellowship appointments are for three years. The stipend for new fellows is $45,000 for the first year, $47,000 for the second, and $49,000 for the
third. A yearly allowance of $1,500 is provided to the host institution to help meet expenses for research supplies, travel to scientific meetings, and health insurance incurred on behalf of the fellow. In fiscal year 2010, the Cancer Research Institute received 241 applications and awarded new fellowships to 27 postdoctoral investigators, representing a commitment of $3.9 million.

Albert Einstein College of Medicine, Bronx, NY
Vladimir Vigdorovich, Ph.D.

Baylor College of Medicine, Houston, TX
Shuo Zhang, Ph.D.

Benaroya Research Institute at Virginia Mason, Seattle, WA
Hiroaki Ito, Ph.D.

Beth Israel Deaconess Medical Center, Boston, MA
Javier Gordon Ogembo, Ph.D.

Dana-Farber Cancer Institute, Boston, MA
Blythe Duke Sather, Ph.D.

Dana-Farber Cancer Institute, Boston, MA
Ryan D. Michalek, Ph.D.

Children’s Hospital and Regional Medical Center, Seattle, WA
Silke Paust, Ph.D.

Children's Hospital and Regional Medical Center, Seattle, WA
Kittichoat Tiyanont, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Ashutosh Chaudhry, Ph.D.

Children’s Hospital Los Angeles, Los Angeles, CA
Buskutat Sajeevi, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Niranjana Aditi Nagarajan, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Selvakumar Sukumar, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Shana Topp, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Qingrong Yan, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Robert M. Anthony, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Eric C. Logue, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Alexander J. Ruthenburg, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Terry C. Fang, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Ivana Djuretic, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Min Ji Byun, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Joseph C. Sun, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Andrea Reboldi, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Jared E. Toettcher, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Sang-Won Kim, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Rebecca Ann Johnson, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Nicolas Manel, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Nicolas Manel, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Carrie N. Arnold, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Kirk D.C. Jensen, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Matthew James Youngman, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Ryan M. O’Connell, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Katherine R. Horvath, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Lauren S. Seltzer, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Irina L. Grigorova, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Peter Beemiller, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Oliver Michael Bannard, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Alexander John Bankovich, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Sandra Laurence Lopez-Verges, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Mark T. Orr, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Andrew Reboli, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Joseph C. Sun, Ph.D.

Children’s Hospital of Philadelphia, Philadelphia, PA
Jared E. Toettcher, Ph.D.

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Mentors must let postdocs develop their own ideas and come to their own conclusions. It takes a lot of patience, but that’s how you give young scientists wings to fly.”

Through a CRI donor-supported Investigator Award, Dr. Teague is able to carry out important research on immune cells called T cells and how they discern cancer from normal tissue. His laboratory is working to improve cancer treatment through a better understanding of how to induce and maintain this kind of immune attack on cancer.
University of Cambridge, Cambridge, United Kingdom
James Noble Arnold, D.Phil. *

University of Chicago, Chicago, IL
Ignacio Antonio Demarco, Ph.D.
Prashant Venkat Kodigire, Ph.D.
Rebecca Mathew, Ph.D.

University of Colorado, Denver, CO
Brian P. O’Connor, Ph.D.

University of Illinois, Urbana, IL
Jennifer Drigant Stone, Ph.D.,
SAMUEL & RUTH ENGELBERG FELLOW

University of Massachusetts Medical Center, Worcester, MA
Jeroen E.J. Guikema, Ph.D.

University of Michigan, Ann Arbor, MI
Deanna A. Kulpa, Ph.D.
Boaz P. Levi, Ph.D., EDMONDO J. SAFRA FELLOW

University of North Carolina at Chapel Hill, Chapel Hill, NC
Christine Andrea Goetz, Ph.D.
Haitao Wen, Ph.D. *

University of Oxford, Oxford, United Kingdom
Doryen A. Bubeck, Ph.D.

University of Texas Southwestern Medical Center at Dallas, Dallas, TX
Zhucheng Chen, Ph.D.
Da Jia, Ph.D.

University of Washington School of Medicine, Seattle, WA
Stacy M. Horner, Ph.D.
Chetan Seshadri, M.D.,
IRVINGTON INSTITUTE/DANA FOUNDATION FELLOW

Vanderbilt University, Nashville, TN
Yanine V. Mendez-Fernandez, Ph.D.

Washington University School of Medicine, St. Louis, MO
Michelle M. Sandau, Ph.D.*

Weill Medical College of Cornell University, New York, NY
Joana F. Barata, Ph.D.
Jung-Hoon Lee, Ph.D. *
Chenghua Yang, M.D., Ph.D. *
Jin Kuk Yang, Ph.D.

Whitehead Institute for Biomedical Research, Cambridge, MA
Stephanie Kristin Dougan, Ph.D.
Haihui Lu, Ph.D.

Yale University School of Medicine, New Haven, CT
Eran Elinaev, M.D., Ph.D.
Jeffrey E. Grotzke, Ph.D. *
Ralf M. Leonhardt, Ph.D.
Dominik Schenting, Ph.D.
Rashu Bhargava Seth, Ph.D.
Grace Teng, Ph.D. *
Tim Willinger, M.D., Ph.D.

INVESTIGATOR AWARD PROGRAM
The Investigator Award Program, established in 1986 to complement our fellowship program, supports accomplished assistant professors who are undertaking their first independent investigations in basic and tumor immunology. By awarding these researchers $50,000 a year for four years, the program provides flexibility and a degree of stability during this very challenging period in an academic scientist’s career. A seven-person panel selects recipients based on the applicant’s entire body of research, rather than on a single project. In fiscal 2010, CRI awarded $600,000 to three new investigators.

Benaroya Research Institute at Virginia Mason, Seattle, WA
Jessica A. Hamerman, Ph.D.

Case Western Reserve University, Cleveland, OH
Alex Yee-Chen Huang, M.D., Ph.D.

Cleveland Clinic Foundation, Cleveland, OH
Neetu Gupta, Ph.D.

Columbia University, New York, NY
Adolfo A. Ferrando, M.D., Ph.D.

Dana-Farber Cancer Institute, Boston, MA
Koichi S. Kobayashi, M.D., Ph.D.

Emory University, Atlanta, GA
Arash Grakoui, Ph.D.

Fred Hutchinson Cancer Research Center, Seattle, WA
Jennifer M. Lund-Friesen, Ph.D.

Harvard School of Public Health, Boston, MA
Wendy S. Garrett, M.D., Ph.D. *

Institute of Molecular Biology and Biotechnology, Crete, Greece
Charalampos G. Spiliakakis, Ph.D.

La Jolla Institute for Allergy and Immunology, La Jolla, CA
Dirk M. Zajonc, Ph.D.

Massachusetts General Hospital, Boston, MA
Jorge Rodrigo Mora, M.D., Ph.D.
Shobha Vasudevan, Ph.D.

Memorial Sloan-Kettering Cancer Center, New York, NY
Morgan Huse, Ph.D.

National Center for Tumor Disease, University of Heidelberg, Heidelberg, Germany
Dirk Jäger, M.D.

New York University Medical Center, New York, NY
Michelle Krogsgaard, Ph.D.
Susan R. Schwab, Ph.D.
E. Sergio Trombetta, Pharm.D., Ph.D.

Osaka University, Osaka, Japan
Hiroyoshi Nishikawa, M.D., Ph.D.

St. Jude Children’s Research Hospital, Memphis, TN
Hongbo Chi, Ph.D.

Saint Louis University School of Medicine, St. Louis, MO
Ryan M. Teague, Ph.D. *

The Scripps Research Institute, La Jolla, CA
Changchun Xiao, Ph.D.

Universidad de Buenos Aires, Buenos Aires, Argentina
Gabriel Adrián Rabinovich, Ph.D.,
ELAINE R. SHEPPARD MEMORIAL INVESTIGATOR

University Medical Center Hamburg-Eppendorf, Hamburg, Germany
Djordje Atanackovic, M.D.

University of Alabama at Birmingham, Birmingham, AL
Randall Scott Davis, M.D.

University of California, Berkeley, Berkeley, CA
Russell E. Vance, Ph.D.

University of California, San Diego, La Jolla, CA
Ananda W. Goldrath, Ph.D.

University of California, San Francisco, San Francisco, CA
Jeoung-Sook Shin, Ph.D.

University of Chicago, Chicago, IL
Peter A. Savage, Ph.D. *

University of Medicine and Dentistry of New Jersey, East Orange, NJ
Estela P. Jacinto, Ph.D.
CLINICAL INVESTIGATION PROGRAM

To ensure the steady flow of discovery from the lab to the clinic and beyond, the Cancer Research Institute has pioneered a Clinical Investigation Program to test immune-based therapies in cancer patients: the Coordinated Cancer Initiatives, the Cancer Vaccine Collaborative, the Cancer Vaccine Acceleration Fund, and the Cancer Immunotherapy Consortium. These programs allow scientists with complementary expertise to work together on specific research paths and share their data with one another. As a result of these programs, researchers are developing and refining immune-based approaches to cancer treatment, prevention, and control.

Coordinated Cancer Initiatives

This strategic funding program provides a proactive and flexible way for CRI to focus on areas of particular interest or those areas that are deemed able to provide clinically relevant insights and discoveries that could potentially accelerate the development of effective cancer immunotherapies. Efforts within the CCI are currently centered on areas that include ovarian, pediatric, and prostate cancers, and multiple myeloma. In fiscal 2010, CRI awarded seven renewal grants totaling $290,000 to members of the Ovarian Cancer Working Group. This group seeks to provide a molecular understanding of the immune system’s ability to recognize and destroy ovarian cancer cells and provide the scientific underpinnings to help better design therapeutic vaccines for the disease. CRI also awarded $216,400 to support genomics-based tumor antigen identification in prostate cancer.

Cancer Vaccine Collaborative

The Cancer Vaccine Collaborative, a joint program of the Cancer Research Institute and the Ludwig Institute for Cancer Research, is an unprecedented, coordinated, global network of clinical trial sites with special expertise in immunology conducting parallel early-stage clinical trials to identify the optimal composition of successful therapeutic cancer vaccines. Since the program’s inception in 2001, 45 trials have been completed or are currently under way, and nearly 800 patients have been enrolled to receive treatment. Current trials are testing vaccines for patients with melanoma, breast, ovarian, prostate, lung, and bladder cancers, among others. In fiscal 2010, CRI awarded $2.6 million in new CVC grants with ongoing support to 19 clinical trial sites and other institutions in eight countries. To view a more comprehensive list of current Cancer Vaccine Collaborative sites, investigators, and trials, go to http://cancerresearch.org/collaborative.

University of Texas MD Anderson Cancer Center, Houston, TX
Xin Lin, Ph.D.

University of Virginia Health System, Charlottesville, VA
Timothy N.J. Bullock, Ph.D., LIBBY BARTINICK MEMORIAL INVESTIGATOR

Yale University School of Medicine, New Haven, CT
John David MacMicking, Ph.D.

Baylor College of Medicine, Houston, TX
Rongfu Wang, Ph.D.*

Centre de Lutte Contre Le Cancer
Nantes-Atlantique, Nantes, France
Maha Ayyoub, Ph.D.,* and Danila Valmori, Ph.D.*

Memorial Sloan-Kettering Cancer Center, New York, NY
Sacha Gnjatic, Ph.D.*

New York University Medical Center, New York, NY
Hearns Jay Cho, M.D., Ph.D.

Pusan National University, Busan, Korea
Sang Yull Lee, Ph.D.,*

Roswell Park Cancer Institute, Buffalo, NY
Kunle Odunsi, M.D., Ph.D.*

Tokyo Medical University, Tokyo, Japan
Eiichi Satô, M.D., Ph.D.*

University of Connecticut School of Medicine, Farmington, CT
Pramod K. Srivastava, Ph.D.*

Washington University School of Medicine, St. Louis, MO
Robert D. Schreiber, Ph.D., RHEA (ROSE MARIE) FINNELL MEMORIAL INVESTIGATOR

The Austin Health/Ludwig Institute Oncology Unit, Melbourne, Australia
Jonathan Cebron, MB BS, Ph.D., FRACP
Ian Davis, MB BS, Ph.D., FRACP, FACHIHP
Weisan Chen, Ph.D.

Centre de Lutte Contre Le Cancer
Nantes-Atlantique, Nantes, France
Danila Valmori, Ph.D.
Maha Ayyoub, Ph.D.

Cornell University, Ithaca, NY
Carl A. Batt, Ph.D.*

Dana-Farber Cancer Institute, Boston, MA
Lee Nadler, M.D.
Marcus O. Butler, M.D.

Krankenhaus Nordwest, Frankfurt, Germany
Elke Jäger, M.D.*
Julia Karbach, Ph.D.

Leiden University Medical Center, Leiden, The Netherlands
Cornelis J.M. Melief, M.D., Ph.D.
Sjoerd van der Burg, Ph.D.

Leiden University Medical Center, Leiden, The Netherlands
Marj Welters, Ph.D.
Gemma Kenter, M.D., Ph.D.
Fred Falkenburg, M.D., Ph.D.

John Haanen, M.D., Ph.D.*

Ludwig Institute for Cancer Research Ltd, New York, NY
Robert J. Old, M.D.
Eric W. Hoffman, Pharm.D.
Gerd Ritter, Ph.D.

Memorial Sloan-Kettering Cancer Center, New York, NY
Bo Dupont, M.D.
Sacha Gnjatic, Ph.D.
Achim Jungbluth, M.D.
Gerd Ritter, Ph.D.
Paul Sabattini, M.D.
Michel Sadelain, M.D., Ph.D.*
Takemasa Tsuji, Ph.D.
Rodolfo Wolchok, M.D., Ph.D.*
Jianda Yuan, M.D., Ph.D.*

Mie, University School of Medicine, Mie, Japan;
Kawasaki University of Medical Welfare, Kawasaki, Japan;
Osaka University, Osaka, Japan; Hokkaido University, Hokkaido, Japan
Hiroshi Shiku, M.D.
Hiroyosi Nishikawa, Ph.D.
Eiichi Nakayama, M.D.
Satoshi Kondo, Ph.D.
Takashi Nishimura, Ph.D.

New York University Cancer Institute, New York, NY
Nina Bhardwaj, M.D., Ph.D.*
Sylvia Adams, M.D.
Anna Pavlick, M.D., Ph.D.
Hearns Jay Cho, M.D., Ph.D.
Rachel Sabado, Ph.D.

Roswell Park Cancer Institute, Buffalo, NY
Kunle Odunsi, M.D., Ph.D., ANNA-MARIA KELLEN CLINICAL INVESTIGATOR

University Hospital Lausanne, Epalinges, Switzerland
Daniel Speiser, M.D.

University of Heidelberg, Heidelberg, Germany
Dirk Jäger, M.D.

University of Oxford, Oxford, United Kingdom
Vincenzo Cerundolo, M.D., Ph.D., MRCPATH.*
Mark Middleton, Ph.D.

University of Pittsburgh Cancer Institute, Pittsburgh, PA
Hassane M. Zahrour, M.D.
John Kirkwood, M.D.

University of Texas MD Anderson Cancer Center, Houston, TX
Padmanee Sharma, M.D., Ph.D.
Chris Logothetis, M.D.
Chrysoula Liakou, Ph.D.

University of Washington School of Medicine, and Fred Hutchinson Cancer Research Center, Seattle, WA
Philip D. Greenberg, M.D.
Cassian Yee, M.D.
Aude Chapuis, M.D.
MISSION, MAJOR PROGRAMS, AND SUPPORTED PROJECTS

CORNELIS J.M. MELIEF, M.D., Ph.D.
Clinical Investigator, CVC
Leiden University Medical Center, Leiden, The Netherlands

Dr. Melief is a leader in the development and testing of therapeutic cancer vaccines made from overlapping bits of protein that the immune system recognizes as dangerous. His success this past year in using his vaccine to treat women with HPV-related precancerous lesions of the vulva demonstrates the potential of his vaccine technology. Through a CRI donor-funded Cancer Vaccine Collaborative grant, Dr. Melief has begun production of a clinic-grade overlapping peptide vaccine targeting the XAG antigen, which CVC investigators will use to treat patients with lung cancer.

Yale University School of Medicine, New Haven, CT
Jorge E. Galan, Ph.D.

Cancer Vaccine Acceleration Fund
Launched in 2010, the Cancer Vaccine Acceleration Fund (CVAF) is an innovative “venture philanthropy” program designed in collaboration with the Ludwig Institute for Cancer Research to speed clinical development of promising cancer immunotherapies. CVAF seeks to overcome two primary hurdles to the field: (1) the difficulty in bringing together multiple vaccine components owned by disparate companies and (2) the severe shortage of funding for early-stage cancer vaccine trials. To accomplish this, CVAF brings biotechnology and pharmaceutical companies into strategic partnership with CRI, LICR, and our partnering nonprofit organizations to establish scientifically driven, mutually beneficial relationships. CVAF is unique among other venture philanthropy models in that acquired vaccine components are tested and studied within the CRI/LICR Cancer Vaccine Collaborative as part of a coordinated, global effort to optimize therapeutic cancer vaccination. Also, CVAF structures its agreements so that future commercial success of CVAF-funded vaccine components produces a financial return to the fund for reinvestment in additional clinical trials. In fiscal 2010, CRI awarded $1.95 million in catalytic funding to CVAF partners. For more information about CVAF, visit http://cancerresearch.org/cvaf.

Oncovir, Inc., Washington, DC*
Tolerx, Inc., Cambridge, MA*

Cancer Immunotherapy Consortium
The Cancer Immunotherapy Consortium is an association of pharmaceutical and biotechnology companies and academic institutions that share a common goal of improving patient care by making cancer immunotherapies part of the standard of care in oncology. Through annual conferences, member communications, and coordinated research initiatives like the ImmunoAssay Proficiency Panels Program and the Minimal Information About T cell Assays (MIATA) Project, the Consortium addresses the networking, clinical, and regulatory needs of academic scientists, corporations, and organizations working in this promising area of biomedicine. To view a current list of members and description of activities, go to http://cancerresearch.org/consortium.

Duke University Medical Center, Durham, NC
Thomas N. Denny, M.S.C.

DESIGNATED GRANTS PROGRAM
Under its Designated Grants Program, the Institute supports research projects for which, in most cases, funds have been specifically raised. AIDS and blood-related cancers like leukemia and lymphoma are among the areas of research explored through this program. CRI also provides editorial support for Cancer Immunity, the online journal of the Academy of Cancer Immunology. In fiscal 2010, CRI awarded $490,000 in designated funding.

Karolinska Institute, Stockholm, Sweden
George Klein, M.D., D.Sc. *

Ludwig Institute for Cancer Research, Lausanne, Switzerland
Monique Zahn, Ph.D. *

Memorial Sloan-Kettering Cancer Center, New York, NY
Malcolm A.S. Moore, D.Phil. *

GAR REICHMAN INVESTIGATOR
University of Virginia Health System, Charlottesville, VA
John C. Herr, Ph.D.

EDUCATIONAL PROGRAMS
CONFERENCES AND MEETINGS
As a well-known and respected organization within the immunology community, the Institute has the ability to convene the world’s top researchers and clinicians to shape the future course of cancer research.

The CRI International Cancer Immunotherapy Symposia Series, established in 1991, focuses attention on progress in cancer vaccines and antibody-based therapies, the two central approaches of cancer immunology. The seventeenth meeting, “Control of Cancer Immunosuppression: The Challenge for Cancer Vaccine Development,” attracted more than 280 immunologists and tumor immunologists from nearly 200 academic institutions and biotech or pharmaceutical companies in 12 countries.

The Institute also organizes the annual meetings and colloquia of the Cancer Immunotherapy Consortium, providing a forum for industry and academic leaders in cancer immunotherapy research and development. In 2010, CRI hosted the 11th Annual Colloquium on Cancer Vaccines and Immunotherapy, “Elucidating the Biology for Clinical Success of Cancer Vaccines,” and the 9th Annual Meeting of the Cancer Immunotherapy Consortium, which focused on the “Future Outlook for Cancer Immunotherapy.”

PUBLIC INFORMATION PROGRAM
As part of its Public Information Program, the Institute answers public inquiries about the field of cancer immunology and helps locate clinical trials of immunotherapies. CRI makes no medical recommendations; we suggest that patients review information they receive with their physicians.

University of Zurich, Zurich, Switzerland
Alexander Knuth, M.D. *
Christoph Renner, M.D. *
Lotta von Boehmer, M.D. *
Steve Pascolo, Ph.D. *
Rowayda Peters, Ph.D.

Steve Pascolo, Ph.D.

iversity of Zurich, Zurich, Switzerland
Alexander Knuth, M.D. *
Christoph Renner, M.D. *
Lotta von Boehmer, M.D. *
Steve Pascolo, Ph.D. *
Rowayda Peters, Ph.D.

http://cancerresearch.org/consortium.

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CRI provides an online reference guide, the Cancer Research Institute HelpBook: What To Do If Cancer Strikes. The guide’s clear, eight-step format explains how to get the best possible medical care, how to access support services, and how to approach other matters, such as financial concerns. The HelpBook includes an extensive resource directory listing medical facilities and other organizations that can provide assistance. We have also published two cancer-specific guides: What To Do If Prostate Cancer Strikes and Conquering Melanoma. Free copies are available from the Institute’s Web site.

For those seeking answers to the most commonly asked questions about the immune system and its relationship to cancer—and how scientists are creating new therapies against cancer using the immune system—the Institute has published an online edition of Cancer and the Immune System: The Vital Connection. This informative guide also features animations that illustrate the molecular and cellular mechanisms that comprise the immune response to cancer.

PATIENT CARE
The Institute provides annual support for the Drive Against Prostate Cancer, a nationwide mobile screening and education campaign. The Drive tours the country and has provided more than 100,000 men with free prostate cancer screenings.

ZERO—The Project to End Prostate Cancer, Washington, DC*

ANNUAL AWARDS
WILLIAM B. COLEY AWARD FOR DISTINGUISHED RESEARCH IN BASIC AND TUMOR IMMUNOLOGY
The Institute grants the Coley Award annually to one or more scientists whose discoveries in the fields of immunology or tumor immunology contribute to the advancement of immune system-based therapies for cancer. The award was established in 1975 in honor of Dr. William B. Coley, the acknowledged “Father of Cancer Immunotherapy,” whose daughter, Helen Coley Nauts (1907–2001), founded the Cancer Research Institute. In 2010, the Coley Award was presented jointly to three scientists for their fundamental contributions to our understanding of the prognostic significance of infiltrating T lymphocytes in cancer patients.

Wolf Hervé Fridman, M.D., Ph.D.*
Cordeliers Research Center
Paris, France

Jérôme Galon, Ph.D.*
Cordeliers Research Center
Paris, France

Haruo Ohtani, M.D.*
Mito Medical Center
Ibaraki, Japan

OLIVER R. GRACE AWARD FOR DISTINGUISHED SERVICE IN ADVANCING CANCER RESEARCH
The Institute’s Grace Award annually recognizes the contributions of dedicated laypersons whose leadership has had a significant impact on cancer research. The award is named in memory of Oliver R. Grace (1909–1992), the founding chairman of CRI, whose vision, leadership, wisdom, and generosity guided and continues to benefit the Institute. In 2010, the Grace Award was presented to:

Michael Kors*
New York, NY

Andrew Witty*
GlaxoSmithKline
Middlesex, United Kingdom

HELEN COLEY NAUTS SERVICE AWARD
This award honors individuals who have made significant contributions of time, energy, and service to CRI. The award is named in memory of the Institute’s founder, Helen Coley Nauts, who dedicated her life to advancing immune-based therapies for cancer.

*Awarded in fiscal year 2010
what YOU GAVE 2010
new insights and breakthroughs made POSSIBLE BY YOU
2010 was a generous year in every way.

From the laboratory research milestones achieved to the breakthrough clinical developments that are saving cancer patients’ lives, everyone who supports our mission to conquer cancer can consider 2010 a year of many gifts.

Cancer patients now have new, safer options in their battles with cancer. Our scientists are discovering potential new treatments faster, and it’s becoming easier to test and refine them. Cancer immunotherapies are poised to transform cancer care for millions more cancer patients within our lifetimes. The road ahead looks very promising, and CRI is working hard every day to bring more new treatments to more patients sooner. As the world’s only nonprofit organization dedicated solely to advancing new cancer treatments based on the power of our own immune systems, CRI is vital to this effort.

You are vital to it, too.

If you are a donor to CRI, you deserve very special thanks, from us and from the thousands of others who have been touched by your generosity. We are deeply grateful for your participation in our work and are honored to share in the victories we have accomplished together this year. With sustained support from our loyal friends and new interest from those who are learning about CRI and our work for the first time, CRI can continue to be a powerful catalyst for discovery.

CRI has a long tradition of responsible stewardship of donor trust. We receive the highest marks from charity watchdog groups for our fiscal management, operational transparency, and use of donor contributions. These include an “A” grade from the American Institute of Philanthropy and the Wise Giving Alliance Seal of the Better Business Bureau. Donors to CRI can be confident that their donation, in any amount, in any of the ways outlined here, will do the most good possible.

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Donations of any size made by check or credit card can be sent directly to the Cancer Research Institute or made through a secure page on our Web site at http://cancerresearch.org/donate. You may also call us at (800) 99-CANCER to make your gift over the telephone.

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CRI is a member of the Community Health Charities of America and its state affiliates across the country, participates in the Combined Federal Campaign (national member #11999), as well as corporate, state, and local and municipal campaigns; and receives United Way Donors Choice funds. These payroll deduction programs provide substantial revenue each year for CRI and are a vital source of funding for our research programs. Your company may have a plan through which you can contribute to CRI. Ask your human resources department, or call our federated and workplace giving campaign representative, Alfred Massidas, at (212) 688-7515.

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CANCER VACCINE ACCELERATION FUND
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The William B. Coley Circle is a special group of friends whose annual contributions of $1,000 or more to the Cancer Research Institute provide vital operational support to sustain the momentum of our scientific programs and secure our position as a leader in tumor immunology.

The group honors the legacy of the late-19th-century surgeon who discovered that the immune system is capable of eliminating tumors. Coley’s daughter, Helen Coley Nauts, would later establish the Cancer Research Institute to disseminate and build upon her father’s insights. Today, the world regards Dr. Coley as the “Father of Cancer Immunotherapy.”

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“The training that I’ve gotten during my postdoctoral fellowship is providing a very good platform for me to continue on in an academic position as a tumor immunologist.”

With donor support through CRI’s Irvington Institute Postdoctoral Fellowship Program, Dr. Dougan is able to explore the role of B cells in generating immune responses capable of killing tumor cells and virally infected cells.
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“My first grant was from CRI, and it gave me more confidence when I saw they believed in my research. CRI funding has been critical to enabling me to generate enough data to secure more support for my laboratory.”

Dr. Krosgaard relies on donor support through CRI’s Investigator Award Program to conduct basic research into the underlying genetics of T-cell recognition of tumor antigens, and is working to enhance this ability of the immune system to target cancer.
SABRICE GUERRIER, Ph.D.
Postdoctoral Fellow
The Mayo Clinic, Rochester, MN

“The CRI fellowship gives me a chance to do a little bit more risky science, which often has a bigger payoff than the less risky science. And for me, there’s a lot of joy in sharing with people the beauty of the scientific pursuit and the way questions evolve and you get answers.”

Dr. Guerrier is turning CRI donor generosity into new knowledge about how human immune cells called Natural Killer cells undergo structural changes when activated to attack their targets, and how these changes facilitate secretion of enzymes important to killing cancer cells and virally infected cells.
David A. Schubert, Ph.D.
Bristol-Myers Squibb Fellow
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Generous support from Bristol-Myers Squibb has allowed CRI to fund Dr. Schubert’s postdoctoral research into the mechanisms of T-cell receptor signaling and activation. His work is elucidating how immune cells behave when they recognize cancer antigens, and may lead to new therapeutic approaches that enhance tumor-specific T-cell activation.

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Dr. Luescher is a leader in the development and refinement of immune monitoring tools called tetramers. These have been used for years to quantify the presence of cancer-specific CD8+ T cells, an important indicator of the success of a vaccine to induce an anti-cancer immune response. In 2010, Dr. Luescher, along with colleague Danijel Dojcinovic and CVC investigators Danila Valmori and Maha Ayyoub, developed and tested new tetramers to measure the number, type, and activity of CD4+ T cells, another important player in the immune response against cancer. The new technology offers a more accurate and faster way to assess the immunological effects of cancer vaccination.
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University of Connecticut School of Medicine
Farmington, CT

Ursula Storb, M.D.\textsuperscript{3}
University of Chicago
Chicago, IL

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Chinese Academy of Medical Sciences
Beijing, People’s Republic of China

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Aichi Cancer Center Research Institute
Nagoya, Japan

Susumu Tonegawa, Ph.D.\textsuperscript{1,2}
Massachusetts Institute of Technology
Cambridge, MA

Giorgio Trinchieri, M.D.\textsuperscript{2,3,6}
National Cancer Institute, NIH
Bethesda, MD

Ulrich H. von Andrian, M.D.\textsuperscript{5}
Harvard Medical School,
Immune Disease Institute
Boston, MA

David W. Weiss, Ph.D., D.Phil.
The Hebrew University—Hadassah Medical School
Jerusalem, Israel

Hao Wu, Ph.D.\textsuperscript{5}
Weill Medical College of Cornell University
New York, NY

Rolf M. Zinkernagel, M.D., Ph.D.\textsuperscript{1,2,3}
University of Zurich
Zurich, Switzerland

\textbf{Legend:}
\begin{itemize}
\item \textsuperscript{1} Nobel Laureate
\item \textsuperscript{2} Member, National Academy of Sciences
\item \textsuperscript{3} Member, Academy of Cancer Immunology
\item \textsuperscript{4} Member, Cancer Vaccine Collaborative Coordinating & Review Committee
\item \textsuperscript{5} Member, Fellowship Review Committee
\item \textsuperscript{6} Member, Investigator Award and Predoctoral Program Review Committee
\end{itemize}
Financial Summary

FISCAL YEAR 2010

EisnerAmper LLP conducted an independent audit of the Cancer Research Institute’s financial activities for fiscal year 2010 (July 1, 2009 to June 30, 2010).

Our complete audited financial statements are available on our Web site at http://cancerresearch.org/financials or by request from CRI at One Exchange Plaza, 55 Broadway, Suite 1802, New York, NY 10006.
CANCER RESEARCH INSTITUTE, INC.

Statements of Financial Position

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>June 30, 2010</th>
<th>June 30, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,828,133</td>
<td>$2,090,354</td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>7,684,282</td>
<td>5,970,333</td>
</tr>
<tr>
<td>Bequests and trusts receivable</td>
<td>1,603,314</td>
<td>1,263,109</td>
</tr>
<tr>
<td>Other receivables</td>
<td>145,201</td>
<td>29,976</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>148,497</td>
<td>207,545</td>
</tr>
<tr>
<td>Investments</td>
<td>33,671,731</td>
<td>32,655,505</td>
</tr>
<tr>
<td>Office equipment and leasehold improvements</td>
<td>438,985</td>
<td>504,918</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$45,520,143</strong></td>
<td><strong>$43,540,740</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$181,204</td>
<td>$124,072</td>
</tr>
<tr>
<td>Annuities payable</td>
<td>177,076</td>
<td>186,005</td>
</tr>
<tr>
<td>Grants and fellowships payable</td>
<td>22,924,244</td>
<td>24,154,671</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>244,313</td>
<td>204,937</td>
</tr>
<tr>
<td>Refundable deposit</td>
<td>146,250</td>
<td>146,250</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>23,673,087</strong></td>
<td><strong>24,815,935</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated, available for operations</td>
<td>11,913,228</td>
<td>9,735,352</td>
</tr>
<tr>
<td>Board-designated as endowment</td>
<td>2,083,301</td>
<td>1,903,328</td>
</tr>
<tr>
<td><strong>Total unrestricted</strong></td>
<td><strong>13,996,529</strong></td>
<td><strong>11,638,680</strong></td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>6,069,989</td>
<td>5,350,274</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>1,780,538</td>
<td>1,735,851</td>
</tr>
<tr>
<td><strong>Total Temporarily restricted</strong></td>
<td><strong>21,847,056</strong></td>
<td><strong>18,724,855</strong></td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$45,520,143</strong></td>
<td><strong>$43,540,740</strong></td>
</tr>
</tbody>
</table>
CANCER RESEARCH INSTITUTE, INC.

Statements of Activities

<table>
<thead>
<tr>
<th></th>
<th>June 30, 2010</th>
<th>June 30, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Operating support and revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General, trustee, and related</td>
<td>$2,375,136</td>
<td>$2,141,544</td>
</tr>
<tr>
<td>Combined federal campaigns</td>
<td>731,578</td>
<td>999,140</td>
</tr>
<tr>
<td>Bequests/memorials</td>
<td>2,876,183</td>
<td>4,300,090</td>
</tr>
<tr>
<td>Special events</td>
<td>1,258,813</td>
<td>1,191,182</td>
</tr>
<tr>
<td>Designated contributions</td>
<td>6,877,409</td>
<td>3,381,167</td>
</tr>
<tr>
<td>Total public support</td>
<td>14,119,119</td>
<td>12,013,123</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental (loss) income</td>
<td>(17,922)</td>
<td>4,003</td>
</tr>
<tr>
<td>Investment income allocation</td>
<td>1,476,528</td>
<td>1,406,278</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>21,971</td>
<td>5,276</td>
</tr>
<tr>
<td>Total operating revenues</td>
<td>1,480,577</td>
<td>1,415,557</td>
</tr>
<tr>
<td>Total operating support and revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15,599,696</td>
<td>13,428,680</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science, medical, and research information and communications</td>
<td>2,878,484</td>
<td>2,116,401</td>
</tr>
<tr>
<td>Research</td>
<td>9,478,298</td>
<td>10,321,209</td>
</tr>
<tr>
<td>Total program services</td>
<td>12,356,782</td>
<td>12,437,610</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>916,264</td>
<td>885,031</td>
</tr>
<tr>
<td>Marketing and development</td>
<td>1,281,699</td>
<td>1,253,294</td>
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<tr>
<td>Total supporting services</td>
<td>2,197,963</td>
<td>2,148,325</td>
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<tr>
<td>Total expenses</td>
<td>14,554,745</td>
<td>14,585,935</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase (decrease) from operating activities</td>
<td>1,044,951</td>
<td>(1,157,255)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net investment gains (losses) in excess of investment allocation</td>
<td>2,032,613</td>
<td>(6,784,112)</td>
</tr>
<tr>
<td>Change in value of perpetual trust</td>
<td>44,687</td>
<td>(138,947)</td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Change in net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets - beginning of year</td>
<td>3,122,251</td>
<td>(8,080,314)</td>
</tr>
<tr>
<td>18,724,805</td>
<td>26,805,119</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets - end of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$21,847,056</td>
<td>$18,724,805</td>
<td></td>
</tr>
</tbody>
</table>
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ONE EXCHANGE PLAZA
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FAX 212-832-9376
E-MAIL: INFO@CANCERRESEARCH.ORG

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TEL. 203-622-0522

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TEL. 617-566-0100

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LANCASTER, VA 22503
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www.cancerresearch.org