



# ***UNLOCKING THE POWER***

2012-2013 Biennial Report



MARY CROWLEY  
CANCER RESEARCH CENTERS  
HOPE LIVES HERE.

## MISSION

*Expand treatment options  
for all cancer patients  
through investigational vaccine,  
gene and cellular therapies*



***UNLOCKING THE POWER***

***PERSONALIZED MEDICINE***

***PHILANTHROPY***

***TECHNOLOGY***

***HUMAN GENOME***

***COLLABORATIVE PARTNERS***

***HOPE***

# HOPE LIVES HERE





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# ***HOPE LIVES HERE***

## MESSAGE FROM THE CHAIRMAN OF THE BOARD, MARY CROWLEY CANCER RESEARCH CENTERS



**“As a co-founder of the Mary Crowley Medical Research Center in 1986, it is a distinct honor and privilege for me to serve as its Chairman.**

Over time, I have been a witness to the dramatic growth and development of newer and better investigational therapies for the patients we serve, thereby fulfilling the dream of Mary Crowley in her quest to make the Big “C” a little “c”. Her legacy continues to evolve. Over the last two decades, our physicians and scientists have focused their research on targeted *personalized* cancer agents. Imagine the foresight, when our mission statement was constructed, to *expand treatment options for all patients through gene, immune and cellular therapies*, which today are all considered *personalized*! Knowing that our Center was instrumental in driving global cancer research in the same direction gives me great pride.

The Board was in full support of us moving toward children’s cancer in 2012. Our deepest gratitude goes to Texas Motor Speedway’s Children Charities for awarding us \$500,000 in 2013 to further advance the program, and to those other funding foundations that encouraged us to include children as a part of our charitable mission. Cancer knows no age boundaries. Collectively, all our donors are like a powerful *engine* that drives our entire research program because clinical trials have become even more expensive as they become more innovative. Our donors ultimately play a significant role in extending survival for our courageous patients.

I understand that the molecular information obtained from the Human Genome project is *unlocking* doors to tremendous possibilities for future cancer treatment. I can speak for the entire Board when I say that we are fully supportive and privileged to play a role in this *powerful* movement advance new cancer options to patients, which only a few years back was a mere dream. Our vision continues to materialize.”

**M. Douglas Adkins**  
Chairman of the Board

## MARY CROWLEY’S NARROW FOCUS ON PERSONALIZED CANCER MEDICINE

No discovery would ever achieve its destiny without translation into a suitable product. Translational Cancer Research transforms the latest cancer discoveries in the laboratory into innovative new treatments.

*That’s what Mary Crowley does.*

Without first-in-human testing of new laboratory discoveries, cancer patients worldwide would never have an improved cancer drug.

*This is why we do it.*

Many of the targeted cancer drugs now approved by FDA were tested in early clinical trials at Mary Crowley. Our patients had access to them first.

We focus on the most difficult cancers to treat, after standard treatments have been exhausted.

*Mary Crowley offers clinical trials for advanced cancers in all adult solid tumor types, as well as Ewing’s Sarcoma in children.*

We partner with global pharmaceutical and biotechnology companies, as well as academic laboratories, to bring their best discoveries and investigational therapies to our patients.

*We also collaborate with laboratories to translate their discoveries through the drug development process.*

We work with other experts in the field.

*Our science is overseen by the FDA and by peer-review.*

We are smaller than some research centers. But, we produce BIG results.

*We know our patients.*

Our goal is to dramatically extend cancer patient survival until there is a cure.

*We do this every day and our survival statistics demonstrate it.*

*We believe in preserving the cancer patients’ healthy cells and their quality of life.*

We specialize in offering *personalized* therapies, because cancer is as personal and as unique as each individual.

*Mary Crowley has focused on the clinical application of gene, vaccine and molecular therapies for more than 20 years.*

We align patients’ genetic mutations to investigational therapies that target those mutations.



## PHYSICIAN LEADERSHIP



“In 2012, Mary Crowley implemented a *molecular signal – molecular targeting* therapeutics program.”

John Nemunaitis, MD  
Executive Medical Director



“Although there are hundreds of known cancer mutations, they control 12 core signaling pathways...”

Neil Senzer, MD  
Scientific Director

## DRIVER GENE

“All of cancer starts with one genetic change involving a single cell.”

“If that change allows for enhancement in cell stability or replication, that cell and subsequent cells derived from it will preserve persistence of that genetic change. As time goes on (after 20-30 years) and if further genetic changes occur that provide enhanced cell replication, survival, and spread, this cell and those derived from it will take on the properties of cancer. Our body’s immune system may or may not recognize this cell (and those derived from it) as unique. If it doesn’t or when tolerance develops, this cell population will expand in a stealth manner in the body, eventually pirating vascular support and niche areas in the body for preferred growth. At some point, our bodies react with pain or functional defects and the cancer is identified.

Unfortunately by this time, the cancer that started from that original single cell has expanded to several billion cells. In 2012, Mary Crowley implemented a *molecular signal to molecular targeting therapeutics program*. In this way, for example, a patient with a p53 defect will be guided to a p53 replacement study. Another patient with a PI3-kinase, mTOR, aurora kinase expressive or amplified signal defect will be advanced for *experimental management with experimental drug inhibitors of these signals*. What we believe, as well as others in the scientific community, is that the future of oncology will involve *matching the patient’s target signal with the correlating signal-based therapeutic*.

*Mary Crowley is currently completing animal testing and assessing the feasibility of bringing one therapy to a clinical trial that will target a known Driver Gene: the EWS-FLI1 fusion gene.*

Our most effective target, however, is the one that contains the originating signal in that original single cell, called the Driver Gene. Unfortunately, the targeted signals being utilized in most targeted therapies today (both in practice and in research trials) are not the Driver Gene. However, Mary Crowley is currently completing animal testing and assessing the feasibility of bringing one therapy to a clinical trial that will target a known Driver Gene: the EWS-FLI1 fusion gene. This is the known Driver Gene of Ewing’s Sarcoma, a common teenage cancer. Preliminary preclinical activity of a novel bi-functional RNA interference technology designed and constructed to control expression of this EWS-FLI1 fusion gene has yielded remarkable results in animals that were implanted with Ewing’s Sarcoma. Therefore, toxicology testing is now moving forward to meet FDA’s standards for establishing a clinical trial on patients diagnosed with Ewing’s Sarcoma.”

John Nemunaitis, M.D.  
Executive Medical Director

## HUMAN GENOME

**“The most common way people give up their power is by thinking they don’t have any.”**

“Alice Walker could just as well have been talking about the sense of hopelessness and dread that so many cancer patients experience when they are confronted with their diagnosis. However, in the new millennium, basic scientific and technological advances have paved the way to:

1. Deciphering the human genome,
2. Doing so in less than a week at a constantly decreasing cost,
3. Unlocking the molecular components and functionality of the immune machinery,
4. Applying computerized systems analytic techniques to integrate all this information, and
5. Modeling cancer progression and growth using novel evolutionary concepts.

All of these are now bringing hope and empowerment to cancer patients, their physicians, and their health support teams.

The Mary Crowley Cancer Research Center did not just climb aboard this bandwagon; it helped create it through establishing a founding mission attentive to personalized cancer therapy, rapid and responsible application of new findings to patient treatment, development, and integration of multiple modes of treatment.

Although there are hundreds of known cancer mutations, they control 12 core signaling pathways. This understanding enables us to focus attention on how a subset of these pathways are rewired by the mutations, with a lot of cross-talk and feedback, and to better understand how to design therapies to interfere with them. **Mary Crowley continues to explore this approach by offering patients *designed* multi-targeted therapeutics.**

*Mary Crowley has now activated a truly personalized combined modality approach based on the biological cancer cell fingerprint integrated with revised concepts in evolution and ecology.*

To both treat the cancer and protect against recurrence, Mary Crowley has embarked on a one-two punch developmental strategy: combining an attack on cancer using multi-targeted therapeutics along with immunotherapy. The immunotherapy, also called a cancer vaccine, uses the patient’s cancer cells into which are inserted one gene to produce an immune stimulating protein and a second novel agent to block the ability of the cancer genes to encode proteins that suppress the immune response. Recently published results have shown safety, the ability to elicit an immune response, and a strong suggestion of improvement in survival. Mary Crowley has now activated a series of protocols in patients with specific cancer types to study the combination of vaccines with chemotherapy and/or targeted therapy—a truly *personalized* combined modality approach based on the biological cancer cell fingerprint integrated with revised concepts in evolution and ecology.”

Neil Senzer, M.D.  
Mary Crowley Scientific Director



## **UNLOCKING** THE POWER

### HOPE

When entering Mary Crowley, patients first see the visible words: *Hope Lives Here.*

At the conclusion of their first visit, they begin to understand the meaning of Hope. Throughout their journey they experience the power of Hope. Albert Einstein said, “*Learn from yesterday, live for today, hope for tomorrow. The important thing is to not stop questioning.*” Patients have many questions about their cancer and so do the physicians and scientists at Mary Crowley who continually look for answers that may lead to a cure. But when patients learn about the progress being made in today’s research, and the newest therapies now available in clinical trials at Mary Crowley, their *Hope* is re-kindled.

# HOPE LIVES HERE

Humanizing the cancer journey also restores *Hope* as the patient is informed of the *personalized* approach that has been developed for their care including the ability of collaborating scientists to customize many of the investigational therapies. After the physician investigator explains the tool-box of options for their particular cancer, including those promising ones in the pipeline from around the world, *Hope* is reinstated, as is the power of living for today. The following patients are among those who attest to the power of Hope and have chosen to share their experience at Mary Crowley.



Mary Crowley Cancer Research Centers  
Dallas, Texas



## ALLEN'S STORY

By Allen Cassens, Patient

*"It was in July 2004 when we finally found our way to Mary Crowley with Allison, our beloved daughter who had advanced colon cancer. In January 2003 when she started having symptoms, she was diagnosed with fibromyalgia and told she was too young to have a colonoscopy. When she continued to get sicker, we took her to a multitude of doctors and hospitals where she underwent surgery and chemotherapy before finding Dr. Joe Kuhn and Dr. John Nemunaitis. They tried diligently to get her strong enough to take an investigational therapy. Sadly, she would never get strong enough, but she did establish a special spiritual connection with both physicians during those remaining 3 months of her life.*

*Allison was so struck by the care given by the physicians that she made a final request to her families and friends; to help fund research at Mary Crowley. Allison died at the age of 33. We did just what Allison asked of us and became closely involved with the organization.*

*Little did I know that one day I would need their medical care. I was diagnosed with lung cancer in 2006. I came to Mary Crowley where*

*they referred me for surgery and radiation. I was in remission, went on with my life but unfortunately, did not stop smoking. In August 2012, my cancer re-appeared. I was treated in my hometown with standard chemotherapy and radiation, and afterwards was told nothing else could be done. So, back to my physicians at Mary Crowley where there was something that could be done. I was eligible for a novel vaccine therapy. It was then that I learned from Dr. Nemunaitis that upon Allison's death, he immediately started developing the very therapy that I was about to receive! I knew in my heart that this was the work of my dear Allison.*

*It has been over a year since my hometown oncologist told me there was nothing else that could be done. My wife, Linda and I continue to be avid fundraisers for Mary Crowley because we feel strongly about the quality of their cancer research and the care their patients receive. I am responding well to my therapies and feel good. I have racked up frequent flyer miles, but it has been worth it. By the way, I have stopped smoking and would recommend others to do the same!"*

On Valentine's Day, 2014, Allen was informed by Mary Crowley physicians that his scans demonstrated a dramatic resolution of his progressive cancer-related pleural effusion, and shrinkage of all other nodules!

*"Little did I know I would one day need their medical care."*

Allen Cassens, Patient





## UNLOCKING THE POWER

### SUZANNE'S CANCER JOURNEY

By Suzanne Schulze, Patient

Suzanne Schulze was referred to Mary Crowley by her oncologist in January 2013, with 22 persistent melanoma lesions on her left leg that were not responding to standard medical treatment or surgery. During the course of her clinical trial, she received regular injections to her lesions of a naturally occurring virus that is frequently present in the community as a cause of the common cold. Below is Suzanne's story describing her experience at Mary Crowley:

*"The day arrived and I walked into the center with my husband. I was assigned a room and waited for Cindi and the others, who would be part of the process. She came in with a smile along with 2 other nurses just as welcoming. She informed me the other nurses would be training to administer my injections when she would not be available. I immediately felt comfortable with them. Cindi is always very patient and happy to teach. Addressing me by name, she would inquire how I was doing throughout the whole process.*

*At one point she mentioned bringing a CD player into the room so that patients could bring their favorite CDs and listen to music during the procedure (She had some music playing on her phone for me at this time). I agreed that was a GREAT idea! I was pleasantly surprised to receive a phone call from Cindi the evening after my first injections. She was calling to make sure I was okay and ask if I had any concerns.*

*I arrived for the second round of injections and to my amazement when in my assigned room, my attention was drawn to the CD player sitting on the table with a couple of Cindi's CDs! She actually acted on the thought that it would be beneficial to me to have music playing. After my first injections we all noticed shrinkage in my tumors, and her HAPPY DANCE meant so much to me.*

*My prior cancer experience had been just the opposite, where I felt a lack of compassion and professionalism by both the staff and doctor. I remember feeling unimportant sitting in their waiting room or laying in a hospital bed inbound for surgery waiting and waiting and waiting for the always late arriving, unconcerned doctor. Compassion at Mary Crowley is constantly shown to me. With a long drive through traffic to a major city, it is now less of a burden for me, because I know I am cared about when I arrive"*

In December, 2013, the Mary Crowley staff informed Suzanne that she no longer showed evidence of melanoma!

**"Compassion at Mary Crowley is constantly shown to me."**

Suzanne Schulze, Patient





*“Three years ago, everybody gave up on me except Mary Crowley.”*

Elisa Martin, Patient

## UNLOCKING THE POWER

### ADVOCATING FOR THE PATIENT

Among the strongest of patient advocates is the Mary Crowley staff of nurses, research coordinators and other care-givers who unlock their power to *correct problems* that may be preventing them from enrolling or completing a clinical trial.

*With tenacity they pursue all avenues  
because they know a patient's life is at stake.*

Our Nurse Navigator is on site to *coordinate* hospital care, arrange for convenient laboratory testing or assist a patient with necessary lodging and transportation to and from the Center. Attention to this type of detail makes the journey easier for the patient. Knowledge is both powerful and liberating as the Mary Crowley staff uses every opportunity to **educate and empower** the patient and family with information about their cancer and the type of options for their care. Cared for within a hopeful environment, the patients have access to Mary Crowley staff 24/7 for questions and *ongoing support*.

*No patient or family is left to fight  
the battle alone.*

Education and expertise in conducting clinical trials is paramount for the staff. The nursing staff at Mary Crowley is *certified* in oncology nursing, which means they have additional training in how to care for and manage cancer patients engaged in research. Encouraged to share their proficiency with others, they are significantly involved in local and national oncology nursing organizations, where they publish papers and educate their peers.

The pharmacy staff is integral to the care team, who have **specialized training** qualifying them to prepare the newest *biologics* including those that are *personalized* or individually manufactured for each patient. Biologic therapies utilize living organisms to fight the cancer and therefore require special processing. Examples of biologic therapies offered at Mary Crowley are immune, vaccine or gene therapies, monoclonal antibodies, cytokines, and oncolytic viruses.



## COLLABORATING PHYSICIANS AND PARTNERSHIPS

Mary Crowley best serves patients when collaborating with their referring community oncologists and other cancer consultants.

Collaborating physicians are a crucial part of the health care continuum as they continue to manage a vital part of the patient's care, while Mary Crowley oversees the research or clinical trial component of their care. Communication is therefore paramount.

*While developing scientific approaches to fight cancer is our primary focus, developing new communication technology for collaborating physicians and their patients is of high importance.*

Our electronic medical record platform was implemented in 2013, allowing our physician partners in the community to be more actively involved in the care of their research patients at Mary Crowley.

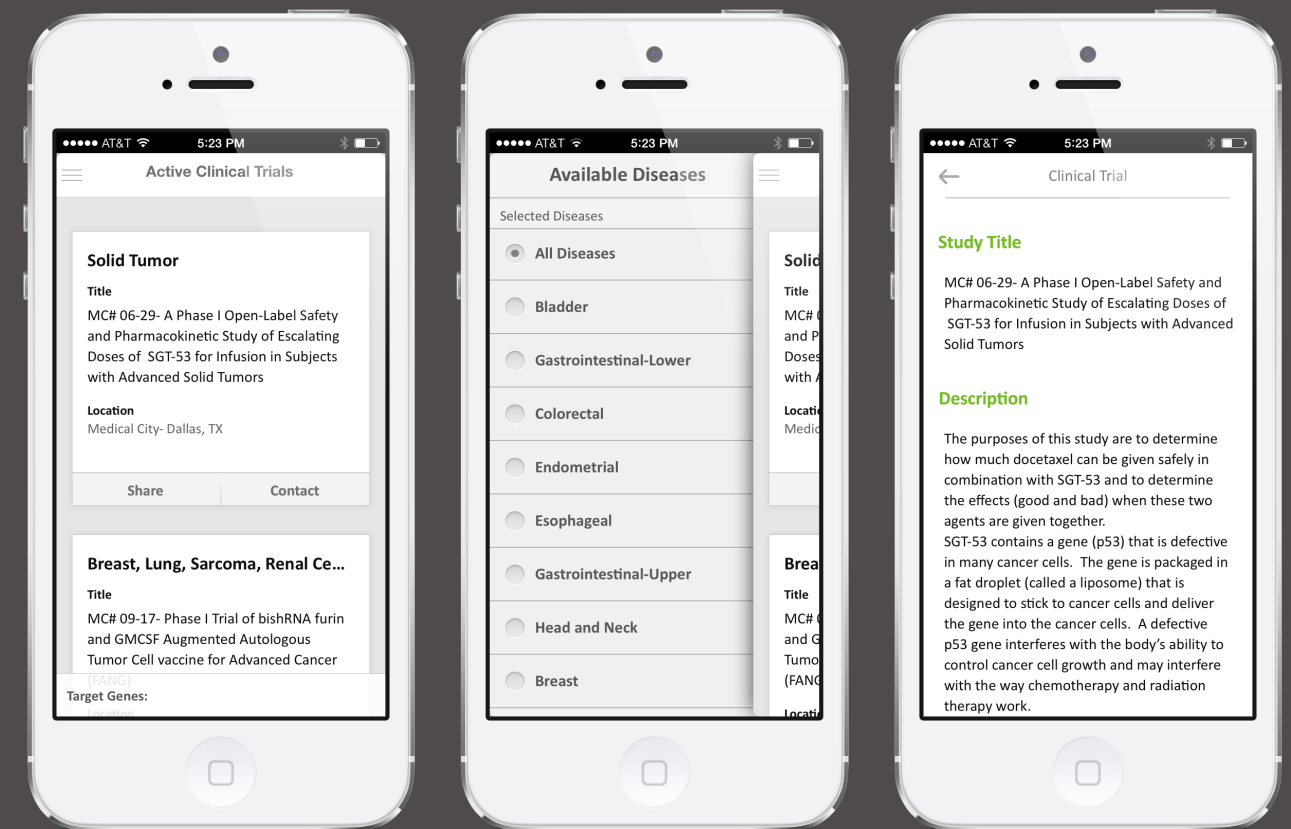
*In 2013, Mary Crowley delivered an original concept to the cancer technology market with the launch of an iPhone App that greatly improves physician and patient access to clinical trial information, bringing it to their fingertips.*

This *personalized* adaptation is consistent with the personalized approach that has been at the forefront of research conducted at Mary Crowley since inception.

*The App capability allows the viewer to search for a clinical trial by disease type or molecular target.*

This offering is not only pioneering in the field, but is driven by the center's patient-centric mission, where every patient is an individual with a unique molecular blueprint.

*The Mary Crowley App is FREE to download in the Apple App store.*



## MARY CROWLEY IPHONE APP ADVANCING COMMUNICATION

Features of the Mary Crowley iPhone App:

*Clinical Trial Detail including  
Mechanism of Action and  
Inclusion/ Exclusion Criteria*

*Locates Clinical Trials  
by Disease Type AND  
by Molecular Target*

*Share a Clinical Trial  
via Text or Email*

*Push Notification when  
NEW trial is posted*

*Call a live Member  
of the Research Staff*

*Real Time updates  
on each Clinical Trial*

**MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**

As of December 31, 2012 and 2011

<i>Assets</i>		
	2012	2011
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$2,096,130	\$2,524,428
Investments in securities	1,599,131	1,562,370
Accounts receivable	1,084,882	1,469,280
Accounts receivable - related parties	344,487	405,595
Notes receivable	20,464	-
Prepaid expenses	94,556	93,596
<b>Total current assets</b>	<b>5,239,650</b>	<b>6,055,269</b>
 <b>PROPERTY AND EQUIPMENT (NET)</b>	 <b>536,250</b>	 <b>1,113,236</b>
 <b>OTHER ASSETS</b>		
Notes receivable, net of current portion	343,277	-
Deposits	32,412	32,412
<b>Total other assets</b>	<b>375,689</b>	<b>32,412</b>
 <b>TOTAL ASSETS</b>	 <b>\$6,151,589</b>	 <b>\$7,200,917</b>
<i>Liabilities and Net Assets</i>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$677,834	\$813,921
Accounts payable - related party	20,000	20,000
Accured expenses	154,500	123,084
Deferred revenue	210,951	340,153
<b>Total current liabilities</b>	<b>1,063,285</b>	<b>1,297,158</b>
 <b>NET ASSETS</b>		
Unrestricted	1,687,595	2,658,693
Temporarily restricted	1,400,709	1,245,066
Permanently restricted	2,000,000	2,000,000
<b>Total net assets</b>	<b>5,088,304</b>	<b>5,903,759</b>
 <b>TOTAL LIABILITIES AND NET ASSETS</b>	 <b>\$6,151,589</b>	 <b>\$7,200,917</b>

**MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES**  
**CONSOLIDATED STATEMENTS OF ACTIVITIES**

For the Year Ended December 31, 2012  
 With summarized financial information for the year ended December 31, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total All Funds	
				2012	2011
<b>SUPPORT AND REVENUE:</b>					
Research revenue	\$5,997,305	\$ -	\$ -	\$5,997,305	\$6,176,980
Contributions	759,911	1,365,812	-	2,125,723	2,171,747
Grant revenue	-	912,000	-	912,000	912,000
Interest income	38,791	-	-	38,791	41,432
Realized gain (loss) on investments	4,507	-	-	4,507	(14,623)
Unrealized gain (loss) on investments	36,761	-	-	36,761	(185,814)
Net assets released from restrictions	2,122,169	(2,122,169)	-	-	-
<b>Total support and revenue</b>	<b>8,959,444</b>	<b>155,643</b>	<b>-</b>	<b>9,115,087</b>	<b>9,101,722</b>
 <b>OPERATING EXPENSES:</b>					
Program					
Medical & research	6,886,654	-	-	6,886,654	6,806,025
General & administrative	2,397,380	-	-	2,397,380	2,223,091
Fundraising	179,488	-	-	179,488	44,101
<b>Total operating expenses</b>	<b>9,463,522</b>	<b>-</b>	<b>-</b>	<b>9,463,522</b>	<b>9,073,217</b>
 Changes in net assets from operations	(504,078)	155,643	-	(348,435)	28,505
 Other income (expense)	(467,020)	-	-	(467,020)	(114,787)
 <b>INCREASE (DECREASE) IN NET ASSETS</b>	 <b>(971,098)</b>	 <b>155,643</b>	 <b>-</b>	 <b>(815,455)</b>	 <b>(86,282)</b>
 <b>NET ASSETS, beginning of period</b>	 <b>2,658,693</b>	 <b>1,245,066</b>	 <b>2,000,000</b>	 <b>5,903,759</b>	 <b>5,990,041</b>
 <b>NET ASSETS, end of period</b>	 <b>1,687,595</b>	 <b>1,400,709</b>	 <b>2,000,000</b>	 <b>5,088,304</b>	 <b>5,903,759</b>

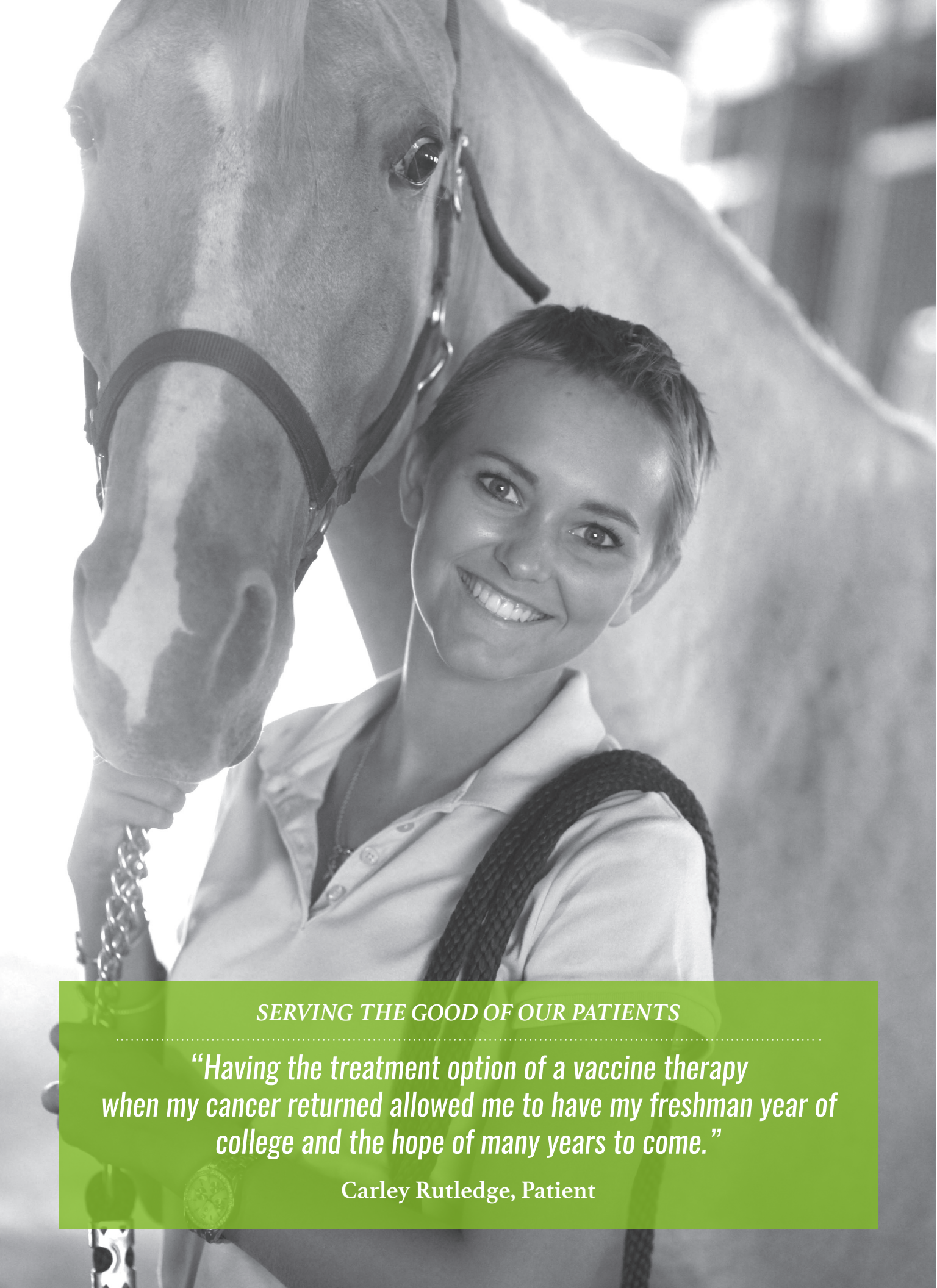
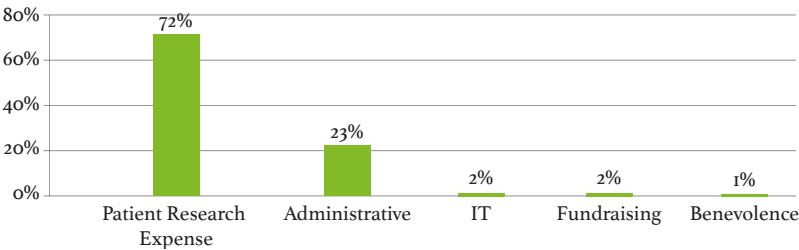


MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES

CONSOLIDATED STATEMENTS OF CASH FLOWS

For the years ended December 31, 2012 and 2011		
CASH FLOWS FROM OPERATING ACTIVITIES:	2012	2011
Decrease in net assets	\$(815,455)	\$(86,282)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	130,794	155,667
Realized (gains) losses on investments	(4,507)	14,623
Unrealized (gains) losses on investments	(36,761)	185,814
Loss on disposal of equipment	465,000	133,035
Changes in:		
Accounts receivable	81,765	(385,675)
Prepaid expenses	(960)	5,357
Accounts payable	(101,087)	118,317
Accrued expenses	31,416	48,403
Deferred revenue	(129,202)	113,226
Net cash provided (used) by operating activities	(378,997)	302,485
CASH FLOWS FROM INVESTING ACTIVITIES:		
Decrease in investments	4,507	85,591
Proceeds from the sale of equipment	-	8,300
Purchase of depreciable and amortizable assets	(53,808)	(11,987)
Net cash provided (used) by investing activities	(49,301)	81,904
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payments on borrowings	-	-
Net cash provided (used) by financing activities	-	-
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(428,298)	384,389
CASH AND CASH EQUIVALENTS, BEGINNING OF PERIOD	2,524,428	2,140,039
CASH AND CASH EQUIVALENTS, END OF PERIOD	\$ 2,096,130	\$ 2,524,428
SUPPLEMENTAL CASH FLOWS INFORMATION:		
Cash paid during the year for:		
Interest	-	-

Mary Crowley’s disbursement of financial resources is carried out with great care to serve the good of our patients and in keeping with our core values and mission.



SERVING THE GOOD OF OUR PATIENTS

“Having the treatment option of a vaccine therapy when my cancer returned allowed me to have my freshman year of college and the hope of many years to come.”

Carley Rutledge, Patient



## LOOKING BACK

2012-2013

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The Institute of Medicine (IOM) and the National Comprehensive Cancer Network reported in March 2013, that leading cancer care providers agree, “**the best care for a patient diagnosed with cancer is on a clinical trial**”, and that integrating research into routine cancer care at the community level is vital to expanding access to quality care for patients.

- The Mary Crowley scientific team made *an unparalleled advancement in 2013* by creating another *personalized* application for patients, that enables physicians to match patient genomic information to an investigational targeted or targeted immune therapy. This process entails the complex identification of the patient’s cancer signaling pathways and subsequent alignment to an appropriate *therapy*; followed by an analysis of how the therapy affects the growth of the cancer cells.
- A collateral milestone to the *matching* application in 2013 was the implementation of a **process to collect and handle the patient’s tissue, whereby the DNA could be adequately preserved**. Without the DNA, the signaling pathways and other molecular information would not be obtainable. To improve patient access for this tissue-based *personalized* genetic matching, Mary Crowley has developed collaborative relationships with approximately 20 surgeons, 5 major hospitals in the Dallas-Fort Worth Metroplex and one in Palm Beach, Florida.
- In 2013 Mary Crowley **geographically expanded clinical sites to Palm Beach, Florida**, with Florida Cancer Specialists, one of the largest independent oncology-hematology practices in the United States
- Significant progress continued in the Pediatric Program for Ewing’s Sarcoma that began in 2012. Mary Crowley has continued to make progress in terms of accrual and nationwide awareness of the Phase I FANG™ Vaccine Trial. *Nature*, a leading international scientific journal, documented one of these patients with a video titled “Stronger, not Sicker”. It can be viewed on the *Nature* or Mary Crowley website.

## LOOKING FORWARD

2014-2015

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- **Expand Genomic Testing for Patients.** In 2014 Mary Crowley will continue to take advantage of genomic sequencing information and achieve greater control of signal drivers for cancer growth through the use of investigational therapies.

On the horizon for the scientific team is the addition of **clinical proteomics**, where proteins thought to affect cancer growth can be analyzed in conjunction with the signaling pathways, and patients will be matched to investigational therapies targeting those proteins. Both the signaling and protein analysis require screening.

The Mary Crowley charitable model was designed for this process, having implemented a patient-centric model of clinical trial recruitment and the necessary infrastructure to conduct tissue-based molecular clinical research. Collaboration with community oncologists also creates a broader net, with many more patients to screen for genomic abnormalities.

- **Continue our Pediatric Program Momentum.** Encouraged by the preliminary results of preclinical work, Mary Crowley is poised to bring a newly developed targeted therapy for Ewing’s Sarcoma to a Phase I clinical trial. In addition, we plan to advance findings from the Phase I Vaccine Trial to a Phase II clinical trial, impacting even more children and adolescents with Ewing’s Sarcoma.





## DONOR SUPPORT

Without philanthropic contributions, advancing new cancer options to patients would not be possible.

These supporters understand that advancing research will positively impact their children, families and friends, as well as people worldwide.

*Knowing that 100% of their donations will be directed to patients in need of another chance for survival, our donors have generously provided financial resources for our clinical research.*

This has allowed us to transition from a scientific concept to the development of a patient investigational therapy in an expedited timeframe.

*We are a family — patients, physicians, health care providers, and donors— bound together by need, compassion, knowledge and commitment.*

As individuals, each contributes to the work that must and will be done; as a family, we unlock the power inherent in collaboration to achieve our goal—the timely effective control of cancer.

## GRATITUDE TO OUR FAITHFUL SUPPORTERS

AEP River Operations • Allen and Linda Cassens • Allison's Friends of Hope Foundation  
Andre Gauger • Angels in Tropical Shirts, Inc. • Ann and Bob Huthnance • BIG HOPE 1  
Brian and Honor Shearer • Carley J. Rutledge Sarcoma Foundation • Charlotte and  
Robert Huthnance • Christi Urschel • Chubb Insurance / McGriff, Seibels, & Williams  
Chuck Anderson • Cindy Brinker Simmons • Colon Cancer Alliance, Inc. • Comerica Bank  
Communications Workers of America • Cooper/T. Smith Stevedoring Co. Inc. • Crowley-  
Carter Foundation • Crowley-Shanahan Foundation • Crown Imaging LLC • D.W. Woolridge  
Dani's Foundation • David and Jane Carothers • Deanna Miles  
Deborah and Scott Franklin • Dennis Ault • Derek L. Martin • Diane Boddy • Dinah  
and Will Huthnance • Don and Linda Carter • Donna German • Douglas Weyer  
Dr. Charles Brunicardi • Dr. Edwin Flores • Dr. Joseph and Mollie Kuhn • Dr. Merrick Reese  
Dr. Michael Ramsay • Dr. Minal Barve • Dr. Reva E. Schneider • Dufour, Laskey & Strouse Inc.  
Equestrians for Life • Georg Gauger • George and Fay Young Foundation, Inc.  
Guardian Mortgage Co., Inc. • Hank Huff • Harrison Frazer • Helen K. Charitable Trust  
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