

# Seeing the Invisible



**The Leukemia &  
Lymphoma Society®**  
*Fighting Blood Cancers*

**2004 ANNUAL REPORT**

the  $\mathbb{R}^n$  is a linear space over  $\mathbb{R}$  with the usual addition and scalar multiplication. The inner product is defined by

$$(x, y) = \sum_{i=1}^n x_i y_i \quad (1)$$

and the norm is defined by  $\|x\| = \sqrt{(x, x)}$ . The norm is induced by the inner product. The norm is called the Euclidean norm.

The norm is a function from  $\mathbb{R}^n$  to  $\mathbb{R}$  and is denoted by  $\| \cdot \|$ . The norm is a function from  $\mathbb{R}^n$  to  $\mathbb{R}$  and is denoted by  $\| \cdot \|$ .

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**“Vision  
is the art of seeing  
the invisible.”**

**Jonathan Swift**

**Our Mission: Cure leukemia, lymphoma,  
Hodgkin’s disease and myeloma,  
and improve the quality of life  
of patients and their families.**



In 1949, the de Villiers, parents who had lost a child to leukemia, were able to “see” something that existed only in their minds’ eyes: a cure for the disease that took the life of their son. Their vision grew, supported by the belief that only through research of the highest caliber would cures be found. Over the years, exceptional people have shared the de Villiers’ art — the ability to see cures for leukemia, lymphoma and myeloma that only now, more than a half century later, are increasingly visible. The vision of these people, most of them volunteers, has advanced the course of research that has led to longer and better lives for patients battling blood cancers.

This year’s annual report recalls the history of The Leukemia & Lymphoma Society’s vision and celebrates the promise that today’s research holds for blood cancer patients — the hope for a future in which cures for **leukemia**, **lymphoma** and **myeloma** are no longer the purview of the visionary, but are crystal clear for all to see.



Dwayne Howell  
President & CEO



John Kamins  
Chairman

## Into the Light

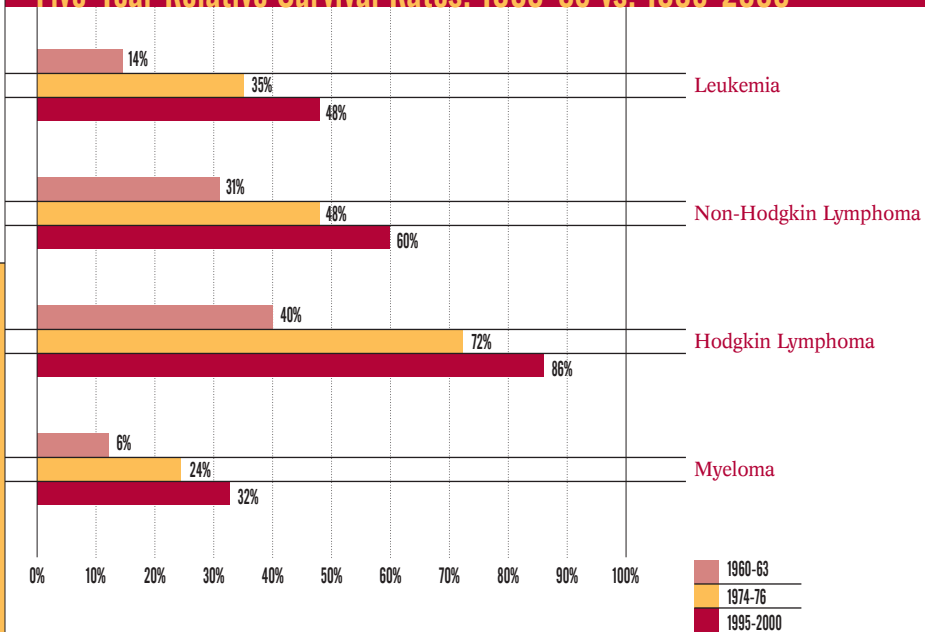
**The Society is the world's leading voluntary health organization fighting blood cancers. The size and scope of its blood cancer research programs are unparalleled in the nonprofit sector.**

In the mid-1940s, when the de Villiers family lost their son, Robert, to acute leukemia, the only thing known for certain about the disease was that it was fatal. It was a dark time for the distraught family, but the de Villiers were visionaries. They believed that if ignorance took their son, then knowledge was the key to preventing other families from suffering the same loss. They began a new research foundation in 1949, with a small budget and a group of volunteers, and saw a path from their personal darkness into the light.

Today, the organization that grew from that small foundation is a beacon for patients who are fighting leukemia, lymphoma and myeloma. The story of that transformation is inspirational, filled with persistent belief in the possibility of unseen cures and fired by the progress that has been made — the therapeutic innovations, dramatic increases in survival and, more recently, the discovery of targeted drugs that, for some patients, have produced the gift of continuing life.



## Five-Year Relative Survival Rates: 1960-63 vs. 1995-2000



Sources: Surveillance, Epidemiology and End Results (SEER) Program 1975-2001, National Cancer Institute, 2004.

The Society ensures the retention of the best scientific minds by systematically increasing the size of grants over time, giving researchers the resources they need to do their jobs.

## Focusing on Results

The de Villiers put the work of their foundation into the hands of the world's best scientific minds. During the late 1940s, the field of medical oncology had yet to emerge, but medicine was moving in that direction, led by discoveries in the study and science of blood. The family recruited a world leader in the field of hematology, Maxwell M. Wintrobe, M.D., Ph.D., who volunteered to help the new foundation develop a research program of the highest quality. As chairman of the foundation's Advisory Committee, Dr. Wintrobe convinced others to donate time and expertise to the foundation, beginning a tradition of volunteerism that has been integral to the Society's track record of success.

The model developed by the fledgling group still exists today, and volunteerism remains its lynchpin:

- Recruit scientific leaders who volunteer to review and debate the merits of research projects in need of funding.
- Recommend projects with the highest probability of returning results — advancing our understanding of the mechanisms of blood cancers and developing improved therapies.

- Fund basic and clinical research so that new therapies reach patients as quickly as possible.
- Give researchers the support they need to do the job.
- Use each discovery as a stepping stone to the next, until cures are found.

## Seeing Ahead of the Curve

For four decades, the Society grew and flourished, funding research through its *Career Development Program*. Discoveries in cancer genetics, immunology and cell biology followed. New treatments were fostered, including advances in chemotherapy and stem cell transplantation — innovations not only for blood cancers, but also for other types of cancer. By the 1990s, research was evolving and the Society foresaw the need for a second research model — one that would help provide new therapies for patients at an accelerated pace.

## 2004 Research Highlights

The Society's funding of two new Specialized Center of Research (SCOR) programs this year brings the total of these worldwide centers to 12. This year's awards went to programs headed by John Bushweller, Ph.D., of the University of Virginia, whose team is developing new drugs to treat chronic myelogenous and acute myelogenous leukemias; and Tak Mak, Ph.D., of the University of Toronto, whose work focuses on understanding the causes of adult and pediatric forms of acute lymphoblastic leukemia.

Scientists on the Society's National Board of Trustees worked with Society staff as agents of change; they analyzed the Society's existing research program and identified new areas in need of funding. They created a second grant review panel, bringing in fresh perspectives with the inclusion of clinical researchers. What emerged was a research model that was among the first of its kind: The *Translational Research Program* joined the Society's *Career Development Program*, providing funding so that new discoveries in the lab could be tested in clinical trials among patients. The concept was so successful that other organizations followed suit.

The *Translational Research Program* began producing results quickly. One of the first translational researchers was Brian Druker, M.D., whose Society-sponsored research led to the breakthrough drug Gleevec<sup>®</sup>, the first oral treatment for chronic myelogenous leukemia that kills cancer cells with less harm to normal tissue. Now used to treat three other cancers as well, Gleevec has helped turn certain cancers that might have been fatal into chronic conditions for many patients.

## The Vision Continues

With the beginning of the new millennium, the Society added a third research model. The *Specialized Center of Research* (SCOR) program is the first collaborative, multi-disciplinary research program dedicated to blood cancer research. Designed to promote synergy and innovation, the program offers large, multi-year grants that bring basic scientists and translational researchers together to share findings and advance knowledge. In 2004, we are closer than ever to realizing the de Villiers' vision: to bring cures for blood cancer into the light.





## Speaking Out

**Our advocacy efforts help shine the spotlight on issues important to our constituency — building awareness of the need for legislation to fund research and patient education and assistance programs.**

During 2004, the Society helped secure Medicare coverage for oral cancer drugs, such as Gleevec.

The Society also won a \$280,000 grant from the Centers for Disease Control and Prevention, for patient support programs. The grant will help the Society provide educational outreach to underserved populations battling leukemia, lymphoma and myeloma. These groups include the elderly, patients with language barriers, racial and ethnic minorities and patients in rural and low-income communities.

As of this fiscal year, the Society has more than 16,000 advocates helping us fight for cures.

# For One Brief Shining Moment



**For the last three years of her life, Patricia (Trish) Greene, Ph.D., R.N., worked as senior vice president, Patient Services, for The Leukemia & Lymphoma Society. Trish came to the Society with a passion for, and a history of, providing cancer patients with compassionate, individualized care. Tragically, her new job coincided with a diagnosis of pancreatic cancer.**

Trish knew her tenure with the Society would be brief, but she was determined to leave behind changes that would affect the lives of patients fighting blood cancers for years to come. And she did just that.

Trish studied the different junctures during a cancer patient's experience when intervention can make the greatest impact on outcome. She believed that the time immediately following diagnosis was a point at which access to information and resources was crucial. Trish's vision and leadership resulted in the creation of the Society's Information Resource Center (IRC), which has been in contact with more than 200,000 patients and family members since its inception in 1997. In keeping with Trish's beliefs, the IRC's staff of master's level nurses and social workers provides individualized answers to each caller.

Trish was also very involved in pediatric oncology. When she entered the field, most children with cancer died, and many professionals chose less emotionally demanding fields. Not Trish. She was driven to

serve these children and their families. As the prognosis for children with cancer improved, Trish saw another critical juncture for young patients. She took the Society's basic back-to-school program and transformed it into an informational resource to help ease the transition of children returning to school after treatment. Now named in her honor, *The Trish Greene Back to School Program for the Child with Cancer* is a resource for young cancer patients across the country.

Trish died in August 1999. A colleague said of her, "She might have left us sooner, but she was always focused on the finish line. Before she died, she made sure she finished what she had started."

Trish's vision transformed the Society. Her legacy shines on.



## **A Ray of Light**

**The Leukemia & Lymphoma Society is a ray of light and hope for more than 712,000 patients throughout the country with leukemia, lymphoma and myeloma, from diagnosis throughout their cancer journey. In fiscal year 2004, more than 812,000 patient contacts were made through our Information Resource Center (IRC), Web site and 63 chapters.**

Contact  
our IRC at  
800.955.4572  
or visit  
our Web site,  
[www.LLS.org](http://www.LLS.org) .

## 2004 Patient Services Highlights

The IRC provided individualized responses to 55,000 calls and emails in 2004. As an added service this year, information specialists are now available on our Web site for live chat, Monday to Friday, 10 a.m. to 5 p.m. ET.

Thirteen new **education programs** and updates on leukemia, lymphoma and myeloma were presented this year in Webcast and/or teleconference format, and are now archived on our Web site at [www.LLS.org](http://www.LLS.org). More than 44,000 people participated in these programs.

**Chapter-based programs**, which reached nearly 25,000 people in 2004, included:

- **The Cancer Clinical Trials Education Series**, designed by the National Cancer Institute to improve access to current, accurate information about clinical trials to patients, family members and healthcare professionals.

- **Meet the Expert on Non-Hodgkin Lymphoma (NHL)**, supported by a generous, unrestricted educational grant from Genentech BioOncology and Biogen Idec, Inc. to provide basic information on diagnosis, staging, classification and risk factors of NHL plus new treatments and future directions.

- **Cancer: Keys to Survivorship**, presented in cooperation with The National Coalition for Cancer Survivorship, and supported by an educational grant from Ortho Biotech Products, L.P. Three modules from the series are available for viewing on our Web site:

**[www.lls.org/survivorshipeducation](http://www.lls.org/survivorshipeducation)**

- *Strategies for Self Improvement*
- *Working It Out — Your Employment Rights as a Cancer Survivor*
- *What Cancer Survivors Need to Know About Health Insurance*

## Sail On

**Gary Jobson is the consummate sailor: an America's Cup winner with Ted Turner in 1977, and winner of the Fastnet Race and numerous other world ocean races. Gary is an author, lecturer, broadcaster/producer and ESPN's sailing analyst. He also serves as national chairman of The Leukemia Cup Regatta. Over 11 years, Gary has helped build that Society program from a single event into an annual sailing and fundraising campaign that now boasts more than 50 Regattas across the nation.**

When Gary became a volunteer with the Society's Maryland Chapter in 1993, he was not personally connected to blood cancers. But he wanted to help because, in his words, "The Society was a worthy cause, and after doing some research, I was impressed by its integrity and the percentage of money actually spent on research and services for patients." He worked with the chapter to give the failing Annapolis Regatta a new "reason for living" as a cancer fundraiser. After that first success, Gary spoke to Society executive directors all over the country, encouraging them to start Regatta programs in their own chapters. "And from there," he says, "the program took on a life of its own." Gary's initiative resulted in his recruiting yacht clubs and reaching out to sailing contacts and companies to help

find sponsors. His drive was fueled by people he encountered along the way. "At every event," he says, "there was always someone..." He doesn't finish the sentence. He doesn't need to.

Recently, Gary's relationship with the Society took an unexpected turn. In 2003 he was diagnosed with lymphoma. Since then, many of the tactics he developed as a storm sailor have helped him ride out this personal storm. Following an exceedingly difficult series of treatments, Gary's cancer is in remission. We honor his vision and determination to find cures for blood cancers, both as a volunteer and as a survivor. We look forward to the day when Gary will be able to return fully to the dynamic lifestyle he loves, and we wish him a vibrant future filled with new adventures.





## 2004 Revenue Highlights

Society net revenue this year was \$180.2 million, representing an increase of 10 percent over fiscal year 2003.

**The Leukemia & Lymphoma Society and the Leukemia Research Fund of Canada executed an agreement under which the Leukemia Research Fund of Canada became an affiliate of the Society, effective July 1, 2004, and changed its name to The Leukemia & Lymphoma Society of Canada. Under the terms of the agreement, services and programs will be extended to the 66,000 blood cancer patients, and their families, in Canada.**

### School & Youth<sup>SM</sup> Programs

The Society's School & Youth Programs give kindergarten through 12th grade students the opportunity to learn the value of community service by raising funds for blood cancer research and services for patients.

This year, School & Youth recruited 8 million students from 15,000 schools and collected nearly \$13 million for cancer research and patient services. Since its inception, the programs have raised more than \$68 million.







## Light The Night® Walk

Light The Night is the Society's annual evening walk and commemoration of lives touched by cancer. It is held every fall in communities across the country.

Light The Night continued its stellar growth with revenue increases of over 27 percent versus the previous year. In fiscal year 2004, 150,000 participants walked in the event in 230 communities all over the country.

## Team In Training® (TNT)

Team In Training is the world's largest endurance sports training program. Professional coaches train participants to run or walk a full or half marathon, bike a century (100-mile) ride or participate in a triathlon.

In fiscal year 2004, TNT trained 35,000 participants, raising over \$85 million. The Society also partnered with Nike to plan The Nike 26.2, A Marathon for Women to Benefit The Leukemia & Lymphoma Society, scheduled for October 2004.



## Transforming Vision Into Action

The Leukemia & Lymphoma Society could not fulfill its mission without the generosity and vision of our donors. Like the Society's founders, our donors are able to see ahead to a future that holds cures for blood cancers, and they can put their vision into action by providing financial support. Throughout our history, the Society has relied on gifts from major donors and planned gifts from members of our Legacy Circle to fuel our efforts to find cures and to enhance and prolong the lives of patients. In particular, individual and family gifts have played a huge roll in the

phenomenal growth of our *Specialized Center of Research* (SCOR) program, which has grown since its inception in 2000 to twelve centers around the world this year.

We thank the thousands of people who contributed to the Society this year, although lack of space prevents us from naming each one. The following lists recognize donors who have contributed \$10,000 or more in fiscal year 2004 (July 1, 2003 through June 30, 2004). We are profoundly grateful to all of you.



# Research Grants\*

## Specialized Center of Research<sup>1</sup>

**Jerry Adams, PhD • 2002<sup>2</sup>**

Walter & Eliza Hall Institute  
of Medical Research

**Irwin Bernstein, MD • 2003<sup>3</sup>**

Fred Hutchinson Cancer Research  
Center

**John Bushweller, PhD • 2005**

University of Virginia Department  
of Physiology

**Selina Chen-Kiang, PhD • 2001**

Weill Medical College of Cornell  
University

**Riccardo Dalla-Favera, MD • 2004<sup>4</sup>**

Columbia University

**Brian Druker, MD • 2001<sup>5</sup>**

Oregon Health & Science University

**James Griffin, MD • 2001<sup>6</sup>**

Dana-Farber Cancer Institute

**Helen Heslop, MD • 2004**

Baylor College of Medicine

**Carl June, MD • 2002**

University of Pennsylvania

**Scott Lowe, PhD • 2004<sup>7</sup>**

Cold Spring Harbor Laboratory

**Tak Mak, PhD • 2005**

Advanced Medical Discovery  
Institute

**Stephen Nimer, MD • 2002<sup>8</sup>**

Memorial Sloan-Kettering Cancer  
Center

## Career Development Program: Scholars

**Peter Adams, PhD • 2004**

Fox Chase Cancer Center

**David Allman, PhD • 2005**

University of Pennsylvania

**Francisco Asturias, PhD • 2002**

Scripps Research Institute

**Katherine Borden, PhD • 2001**

University of Montreal

**James Bowie, PhD • 2002**

University of California at Los Angeles

**Randy Brutkiewicz, PhD • 2004**

Indiana University School of Medicine

**Stephen Buratowski, PhD • 2000**

Harvard Medical School

**Anthony Capobianco, PhD • 2002**

Wistar Institute

**J. Don Chen, PhD • 2001**

University of Medicine and Dentistry  
of New Jersey

**Zhijian Chen, PhD • 2003<sup>9</sup>**

University of Texas

**Genhong Cheng, PhD • 2001**

University of California at Los Angeles

**Karlene Cimprich, PhD • 2005**

Stanford University School of Medicine

**Pamela Correll, PhD • 2003**

Pennsylvania State University

**Patricia Cortes, PhD • 2002**

Mount Sinai School of Medicine

**Chris COUNTER, PhD • 2003**

Duke University Medical Center

**George Daley, MD, PhD • 2000<sup>10</sup>**

Children's Hospital of Boston

**James DeGregori, PhD • 2001**

University of Colorado Health  
Sciences Center

**Wei Du, PhD • 2004**

University of Chicago

**Michael Eck, MD, PhD • 2003**

Dana-Farber Cancer Institute

**Christine Eischen, PhD • 2005**

University of Nebraska Medical Center

**Xin-Hua Feng, PhD • 2004**

Baylor College of Medicine

**Margaret Goodell, PhD • 2002<sup>11</sup>**

Baylor College of Medicine

**Jonathan Graff, MD, PhD • 2002<sup>12</sup>**

University of Texas

**Wei Gu, PhD • 2002**

Columbia University

**Theodore Jardetzky, PhD • 2002<sup>13</sup>**

Northwestern University School  
of Medicine

**Jin Jiang, PhD • 2004**

University of Texas

**Dong-Yan Jin, MD, PhD • 2002**

University of Hong Kong

**Craig Jordan, PhD • 2004**

University of Rochester

**Jae Jung, PhD • 2001**

New England Regional Primate  
Research Center

**Michelle Kelliher, PhD • 2004<sup>14</sup>**

University of Massachusetts  
Medical School

**William Kerr, PhD • 2003<sup>15</sup>**

H. Lee Moffitt Cancer Research  
Center

**Nigel Killeen, PhD • 2001**

The Regents of the University  
of California, San Francisco

**Scott Kogan, MD • 2005**

The Regents of the University  
of California, San Francisco

**Anthony Koleske, PhD • 2003**

Yale University

**Kerry Kornfeld, MD, PhD • 2002<sup>16</sup>**

Washington University

**Stephen Kron, MD, PhD • 2003**

University of Chicago

**Daniel Lew, PhD • 2001**

Duke University Medical Center

**Gustavo Leone, PhD • 2005**

Ohio State University

**Xin Lin, PhD • 2005**

University at Buffalo,  
State University of New York

**Hsiou-Chi Liou, PhD • 2001**

Weill Medical College  
of Cornell University

**Fenyong Liu, PhD • 2002<sup>17</sup>**

University of California at Berkeley

**Clifford Lowell, MD, PhD • 2002**

The Regents of the University  
of California, San Francisco

**Kun Ping Lu, MD, PhD • 1999**

Beth Israel Deaconess Medical Center

**Andreas Matouschek, PhD • 2003**

Northwestern University School  
of Medicine

**Dana Matthews, MD • 1999**

Fred Hutchinson Cancer Research  
Center

**Danesh Moazed, PhD • 2004**

Harvard Medical School

**George Mosialos, PhD • 2005**

Biomedical Sciences Research Center

**Matthew O'Connell, PhD • 2001**

Mount Sinai School of Medicine

**David Pellman, MD • 2001**

Dana-Farber Cancer Institute

**Christoph Plass, PhD • 2003**

Ohio State University

**Ishwar Radhakrishnan, PhD • 2005**

Northwestern University School  
of Medicine

**Guy Sauvageau, MD, PhD • 2003**

University of Montreal

**David Seldin, MD, PhD • 2001**

Boston Medical Center

**David Sharp, PhD • 2005**

Albert Einstein College of Medicine

**Ali Shilatifard, PhD • 2002<sup>18</sup>**

Saint Louis University School  
of Medicine

**Ramesh Shivdasani, MD, PhD • 2001**

Dana-Farber Cancer Institute

**Tomasz Skorski, MD, PhD,**

**DSC • 2001**  
Temple University

**Reshma Taneja, PhD • 2003**

Mount Sinai School of Medicine

<sup>1</sup> The Specialized Center of Research Grant Program is supported in part by a generous contribution from General Motors.

<sup>2</sup> Dr. Jerry Adams is funded in part by a generous gift from Eli Lilly and Company.

<sup>3</sup> Dr. Irwin Bernstein is funded by a generous gift to the Society by an anonymous donor and the F.M. Kirby Foundation.

<sup>4</sup> Dr. Riccardo Dalla-Favera is funded by a generous gift from Friends In Memory of Todd Alan Whitman, Cathy and Scott Zeilinger Philanthropic Fund, Ruth and Carl Shapiro Family Foundation, Lesley Goldwasser and Jonathan Plutzik, Deborah and Jeff Briggs, Tracy and Frank Collins, James F. Egan, James and Karen Finkel, Paul and Susan Friedman, Jonathan and Jeannie Lavine and Family, Tom Marano, Jeffrey and Katina Mayer, The Edward L. Milstein Foundation, Michael and Elin Nierenberg and Family, Daniel and Carol Spina, Joseph S. and Diane H. Steinberg.

<sup>5</sup> Dr. Brian Druker is funded in part by a generous gift to the Society from the Bertelsen Family.

<sup>6</sup> Dr. James Griffin is funded in part by a generous gift to the Society from the Virginia Sheldon Jerome Foundation.

<sup>7</sup> Dr. Scott Lowe is funded in part by a generous gift from Integrity Healthcare Services and Valerie Aspinwall & The Reichman Memorial/Altschul Foundation.

<sup>8</sup> Dr. Steven Nimer is funded in part by a generous gift to the Society from the John & Shirley Davies Foundation.

<sup>9</sup> Dr. Zhijian Chen is funded by a generous gift to the Society from the St. Valentine's Day Luncheon & Style Show.

<sup>10</sup> Dr. George Daley, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.

# Research Grants

*continued*

**William Tansey, PhD • 2002**  
Cold Spring Harbor Laboratory

**Michael Teitell, MD, PhD • 2004<sup>19</sup>**  
University of California at Los Angeles

**Dimitris Thanos, PhD • 2001**  
Biomedical Sciences Research Center

**Michael Thirman, MD • 2003**  
University of Chicago

**David Toczyski, PhD • 2004**  
The Regents of the University of California, San Francisco

**Toshio Tsukiyama, PhD, DVM • 2003**  
Fred Hutchinson Cancer Research Center

**Jessica Tyler, PhD • 2004**  
University of Colorado Health Sciences Center

**David Van Vactor, PhD • 2001**  
Harvard Medical School

**David Vaux, PhD • 2000**  
Walter & Eliza Hall Institute of Medical Research

**Jose Villadangos, PhD • 2005**  
Walter & Eliza Hall Institute of Medical Research

**Claire Walczak, PhD • 2002**  
Indiana University Medical Center

**Xiaolu Yang, PhD • 2005**  
University of Pennsylvania

**Tso-Pang Yao, PhD • 2004**  
Duke University Medical Center

**Kyoko Yokomori, PhD, DVM • 2001**  
University of California at Irvine

**Hongtao Yu, PhD • 2004**  
University of Texas

**Weiguo Zhang, PhD • 2005**  
Duke University Medical Center

## **Career Development Program: Scholars in Clinical Research**

**Maurizio Bendandi, MD, PhD • 2002**  
Clinica Universitaria

**Smita Bhatia, MD • 2002<sup>20</sup>**  
City of Hope National Medical Center

**Ravi Bhatia, MD • 2003**  
City of Hope National Medical Center

**Robert Brodsky, MD • 2001**  
Johns Hopkins Oncology Center

**Richard Burt, MD • 1999**  
Northwestern University

**John Byrd, MD • 2002<sup>21</sup>**  
Ohio State University

**Martin Carroll, MD • 2004**  
University of Pennsylvania

**Jorge Cortes, MD • 2001**  
University of Texas

**Glenn Dranoff, MD • 2001**  
Dana-Farber Cancer Institute

**Ephraim Fuchs, MD • 2004**  
Johns Hopkins University School of Medicine

**Steven Gore, MD • 1999**  
Johns Hopkins University School of Medicine

**Omer Koc, MD • 2002**  
Case Western Reserve University

**Mary Laughlin, MD • 1999**  
Case Western Reserve University

**Jane Liesveld, MD • 1999**  
University of Rochester

**Nikhil Munshi, MD • 1999**  
Dana-Farber Cancer Institute

**Owen O'Connor, MD, PhD • 2003**  
Memorial Sloan-Kettering Cancer Center

**Aaron Rapoport, MD • 2002**  
University of Maryland

**Jeffrey Taub, MD • 2003**  
Children's Hospital of Michigan

**Edmund Waller, MD, PhD • 1999**  
Emory University

**Christopher Walsh, MD, PhD • 2001**  
Mount Sinai School of Medicine

**Joseph Wiemels, PhD • 2004<sup>22</sup>**  
The Regents of the University of California, San Francisco

## **Career Development Program: Special Fellows**

**Manzoor Ahmad, PhD • 2003**  
National Institute of Allergy & Infectious Disease

**Laurie Ailles, PhD • 2004**  
Stanford University

**James Bear, PhD • 2002**  
University of North Carolina at Chapel Hill

**Ittai Ben-Porath, PhD • 2005**  
Whitehead Institute for Biomedical Research

**Kamel Benlagha, PhD • 2003**  
University of Chicago

**Klara Briknarova, PhD • 2005**  
Burnham Institute

**Katja Bruckner, PhD • 2004**  
Harvard Medical School

**Aiyang Cheng, PhD • 2004**  
Yale University School of Medicine

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<sup>24</sup> Dr. Laurent Coscoy is funded by a gift from Delora Sanfilippo in memory of Hank Morine, Bob Stauffer and Joe Sanfilippo.

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<sup>41</sup> Dr. Robert Collins is funded by a generous gift to the Society from the St. Valentine's Day Luncheon & Style Show.

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<sup>43</sup> Dr. Laurence Cooper is funded in part by a generous gift to the Society from The Gail Cohen Leukemia Fund.

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Harvey and Linda Litofsky	Rosemary Opbroek	Rose Slotsky	Mr. and Mrs. Douglas Young
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Mr. and Mrs. F.F. Michael Lynch	Jacqueline Anne Palmenberg	Mr. and Mrs. Robert Smith	Thomas and Anne Zak
Ida Malena	Mr. and Mrs. Paul Paluch	Russell D. Smith	Mr. and Mrs. Scott Zeilinger
Georgia Davidis Malone	Rosa Pena	Nicoma Sobolewski	Katherine Zell-Cherry
Maria Maramag	Stephen M. Peters	Jeffrey and Angela Solomonson	
Dr. and Mrs. Stanley N. Marks	Mr. and Mrs. David L. Pfeifle	John C. Sorrell	
Greg Martin	Leslea S. Pidgeon	Elda Spano	
William Martin	William Pike	James E. Sparkes	
Mark E. Mason	George Pooley	Barbara A. Spiegel	
Joan Maves	Larry Pyles	Thomas and Joanne Spink	
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Michael and Tammy Moley	Joseph Russell	Bert Vignes	
Dennis F. Moore, MD	Kevin R. Ryan	Katherine Wageman-Cook	
Joan Moran	Victor and Jacqueline Sacco	Mr. and Mrs. Rubin Wallach	
Mr. and Mrs. Thaddee F. Moreau	William H. Sachs	Michael Walrath <sup>†</sup>	

<sup>†</sup> Deceased

Anonymous (170)

Members as of June 30, 2004



# Independent Auditors' Report

Board of Trustees

The Leukemia & Lymphoma Society, Inc.:

We have audited the accompanying consolidated statement of financial position of The Leukemia & Lymphoma Society, Inc. (the Society) as of June 30, 2004, and the related consolidated statements of activities, cash flows and functional expenses for the year then ended. These consolidated financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The prior year summarized comparative information has been derived from the Society's 2003 consolidated financial statements and, in our report dated October 6, 2003, we expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of The Leukemia & Lymphoma Society, Inc. as of June 30, 2004, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

**KPMG LLP**

October 1, 2004

New York, NY

## Consolidated Statement of Financial Position

The Leukemia & Lymphoma Society, Inc.  
 June 30, 2004  
 (with comparative amounts at June 30, 2003)  
 (in thousands)

	<u>2004</u>	<u>2003</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 22,703	\$ 31,694
Accounts receivable	555	382
Legacies and contributions receivable (note 2)	5,347	7,073
Prepaid expenses	4,024	3,437
Investments, at fair value (note 3)	83,653	60,779
Equipment and leasehold improvements, less accumulated depreciation and amortization of \$6,289 and \$5,087	<u>3,624</u>	<u>3,896</u>
Total assets	<u>\$ 119,906</u>	<u>\$ 107,261</u>
<b>Liabilities and Net Assets</b>		
Liabilities:		
Accounts payable and accrued expenses	\$ 13,039	\$ 13,290
Deferred revenue	6,795	5,291
Grants payable (note 4)	<u>46,613</u>	<u>43,702</u>
Total liabilities	<u>66,447</u>	<u>62,283</u>
Net assets:		
Unrestricted	46,674	38,008
Temporarily restricted (note 7)	4,465	4,786
Permanently restricted (note 7)	<u>2,320</u>	<u>2,184</u>
Total net assets	<u>53,459</u>	<u>44,978</u>
Total liabilities and net assets	<u>\$ 119,906</u>	<u>\$ 107,261</u>

See accompanying notes to consolidated financial statements.

# Consolidated Statement of Activities

The Leukemia & Lymphoma Society, Inc.

Year ended June 30, 2004

(with summarized totals for the year ended June 30, 2003)

(in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2004	2003
<b>Revenue</b>					
Campaign contributions	\$ 198,893	\$ 2,183	\$ 28	\$ 201,104	\$ 185,433
Less direct donor benefit costs	(28,394)	—	—	(28,394)	(27,370)
Net campaign contributions	170,499	2,183	28	172,710	158,063
Legacies	2,365	—	97	2,462	2,914
Net interest and dividend income (note 3)	802	39	—	841	1,620
Net increase (decrease) in fair value of investments	3,234	11	11	3,256	(758)
Grant refunds	881	—	—	881	2,119
Net assets released from restrictions	2,554	(2,554)	—	—	—
Total revenue	180,335	(321)	136	180,150	163,958
<b>Expenses (note 8)</b>					
<i>Program Services:</i>					
Research	42,899	—	—	42,899	41,738
Patient and community service	46,603	—	—	46,603	42,030
Public health education	28,540	—	—	28,540	26,217
Professional education	9,071	—	—	9,071	8,377
Total program services	127,113	—	—	127,113	118,362
<i>Supporting Services:</i>					
Management and general	14,048	—	—	14,048	12,029
Fund raising	30,508	—	—	30,508	27,431
Total supporting services	44,556	—	—	44,556	39,460
Total expenses	171,669	—	—	171,669	157,822
Change in net assets	8,666	(321)	136	8,481	6,136
<b>Net Assets</b>					
Beginning of year	38,008	4,786	2,184	44,978	38,842
End of year	\$ 46,674	\$ 4,465	\$ 2,320	\$ 53,459	\$ 44,978

See accompanying notes to consolidated financial statements.

## Consolidated Statement of Cash Flows

The Leukemia & Lymphoma Society, Inc.

Year ended June 30, 2004

(with comparative amounts for the year ended June 30, 2003)

(in thousands)

	2004	2003
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 8,481	\$ 6,136
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net (increase) decrease in fair value of investments	(3,256)	758
Permanently restricted revenue collected	(928)	(164)
Depreciation and amortization	1,209	1,362
Changes in assets and liabilities:		
(Increase) decrease in accounts receivable	(173)	467
Decrease (increase) in legacies and contributions receivable	1,726	(2,633)
(Increase) decrease in prepaid expenses	(587)	100
(Decrease) increase in accounts payable and accrued expenses	(251)	1,942
Increase in deferred revenue	1,504	637
Increase in grants payable	2,911	3,441
<b>Net cash provided by operating activities</b>	<u>10,636</u>	<u>12,046</u>
<b>Cash flows from investing activities:</b>		
Purchases of equipment and leasehold improvements	(937)	(801)
Purchases of investments	(70,733)	(30,724)
Sales of investments	51,115	41,381
<b>Net cash (used in) provided by investing activities</b>	<u>(20,555)</u>	<u>9,856</u>
<b>Cash flows from financing activities:</b>		
Permanently restricted revenue collected	928	164
<b>Net cash provided by financing activities</b>	<u>928</u>	<u>164</u>
Net (decrease) increase in cash and cash equivalents	(8,991)	22,066
Cash and cash equivalents at beginning of year	31,694	9,628
<b>Cash and cash equivalents at end of year</b>	<u>\$ 22,703</u>	<u>\$ 31,694</u>

See accompanying notes to consolidated financial statements.

# Consolidated Statement of Functional Expenses

The Leukemia & Lymphoma Society, Inc.

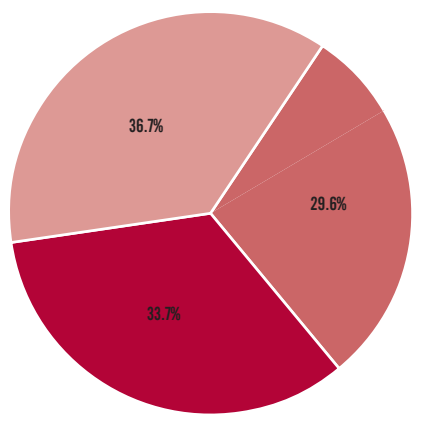
Year ended June 30, 2004

(with comparative totals for the year ended June 30, 2003)

(in thousands)

	Program Services					Supporting Services			Total		Direct donor benefit costs	
	Research	Patient and community service	Public health education	Professional education	Total	Management and general	Fund raising	Total	2004	2003	2004	2003
	Awards and grants	\$41,084	\$ -	\$ -	\$ -	\$41,084	\$ -	\$ -	\$ -	\$41,084	\$40,101	\$ -
Financial aid to patients	-	4,020	-	-	4,020	-	-	-	4,020	3,631	-	-
Salaries	477	18,855	8,881	3,886	32,099	4,949	6,564	11,513	43,612	40,526	-	-
Employee benefits and taxes (note 5)	89	4,124	2,331	954	7,498	1,170	1,915	3,085	10,583	9,250	-	-
Occupancy	21	2,473	1,429	640	4,563	763	1,097	1,860	6,423	5,880	-	-
Insurance	9	227	154	50	440	62	148	210	650	606	-	-
Telephone	15	981	681	165	1,842	212	1,025	1,237	3,079	2,884	-	-
Travel	28	822	462	207	1,519	252	329	581	2,100	1,883	10,859	11,170
Printing and supplies	134	4,287	5,400	946	10,767	2,557	7,104	9,661	20,428	19,004	5,070	3,887
Equipment rentals and maintenance	9	700	411	178	1,298	217	326	543	1,841	1,585	-	-
Postage and shipping	54	2,175	3,283	501	6,013	1,124	4,856	5,980	11,993	10,816	-	-
Meetings	447	1,445	635	257	2,784	296	412	708	3,492	2,952	5,906	5,835
Professional fees	504	5,607	4,335	1,069	11,515	2,183	6,280	8,463	19,978	16,393	2,945	2,792
Miscellaneous	14	455	256	119	844	142	191	333	1,177	949	3,614	3,686
Depreciation and amortization	14	432	282	99	827	121	261	382	1,209	1,362	-	-
<b>Total expenses</b>	<b>\$ 42,899</b>	<b>\$ 46,603</b>	<b>\$ 28,540</b>	<b>\$ 9,071</b>	<b>\$127,113</b>	<b>\$ 14,048</b>	<b>\$ 30,508</b>	<b>\$ 44,556</b>	<b>\$171,669</b>	<b>\$157,822</b>	<b>\$ 28,394</b>	<b>\$ 27,370</b>

See accompanying notes to consolidated financial statements.



## Program Services Expenses

Research 33.7%

Patient and Community Service 36.7%

Public Health and Professional Education 29.6%

# Notes to Consolidated Financial Statements

The Leukemia & Lymphoma Society, Inc.

Year ended June 30, 2004

(with comparative amounts as of and for the year ended June 30, 2003)

## 1. Organization and Significant Accounting Policies

### Organization

The Leukemia & Lymphoma Society, Inc. (the "Society") is a national not-for-profit health agency dedicated to seeking the cause and eventual cure of leukemia, lymphoma, Hodgkin's disease and myeloma and improving the quality of life of patients and their families. The Society's principal activities, which are conducted through its local chapters and the Home Office, include: awarding research grants; facilitating psychosocial support groups; providing financial aid to patients; answering phone requests for blood-related cancer information made to the Society's Information Resource Center; and disseminating educational information about blood-related cancers in the form of publications, internet sites and symposia sponsorship for both the medical community and the general public.

### Tax-Exempt Status

The Society qualifies as a charitable organization as defined by Internal Revenue Code Section 501(c)(3) and, accordingly, is exempt from federal income taxes under Internal Revenue Code Section 501(a). Additionally, since the Society is publicly-supported, contributions to the Society qualify for the maximum charitable contribution deduction under the Internal Revenue Code.

### Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Society, which encompasses the Home Office of the Society and its sixty one chapters, as well as its not-for-profit affiliates, The Leukemia & Lymphoma Society Research Programs, Inc. and The Leukemia & Lymphoma Society Research Foundation. All significant inter-company and intra-Society accounts and transactions have been eliminated in consolidation.

### Net Asset Classifications

To ensure observance of limitations and restrictions placed on the use of resources available to the Society, funds that have similar characteristics have been classified into three net asset categories as follows:

*Unrestricted net assets:* Consist of funds that are fully available, at the discretion of the Board of Trustees, for the Society to utilize in any of its programs or supporting services.

*Temporarily restricted net assets:* Consist of funds that are restricted by donors for a specific time period or purpose, as well as amounts relating to term endowment or deferred giving arrangements in which the funds must be maintained intact over the lifetimes of the donors.

*Permanently restricted net assets:* Consist of funds that contain donor-imposed restrictions requiring that the principal be invested in perpetuity and that only the income be used. Income earned on these funds may be unrestricted or temporarily restricted, depending upon the donor-imposed restrictions.

### Contributions and Deferred Revenue

Contributions are recorded as revenue, at their fair value, when received or promised unconditionally. Contributions received with donor restrictions that limit their use are reported as either temporarily or permanently restricted revenue. When a donor restriction is met through the passage of time or fulfillment of a purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Temporarily restricted contributions that are received and expended in the same period are reported as unrestricted contributions. Conditional contributions are recognized as revenue when the conditions have been substantially met.

Deferred revenue includes amounts received for special events that will be held subsequent to the fiscal year-end.

### Donated Services

A substantial number of volunteers have made significant contributions of their time to help develop the Society's programs and activities. The value of such volunteer services has not been reflected in the accompanying consolidated financial statements as it does not meet the criteria for revenue recognition.

### Cash Equivalents

Cash equivalents consist of money market accounts and short-term investments with a maturity of three months or less from date of purchase, except for amounts held for long-term purposes reported as investments.

### Equipment, Leasehold Improvements and Depreciation

Equipment and leasehold improvements are recorded at cost, if purchased, or at fair value at date of donation, if contributed, and are depreciated or amortized using the straight-line method over the estimated useful lives of the assets or the terms of the leases, if shorter.

### Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Society's management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### Summarized Financial Information

The financial statements are presented with 2003 comparative information. With respect to the statement of activities, such prior year information is not presented by net assets class and, in the statement of functional expenses, 2003 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Society's 2003 financial statements from which the summarized information was derived.

## 2. Legacies and Contributions Receivable

The Society's legacies and contributions receivable at June 30, 2004 and 2003 consist of unconditional promises to give and legacies for which the underlying wills have been declared valid by the probate court and no other conditions are required to be met. Amounts are scheduled to be received as follows (in thousands):

	2004	2003
Less than one year	\$ 5,020	\$ 5,293
1 to 5 years	351	1,730
After 5 years	—	132
	<u>5,371</u>	<u>7,155</u>
Less discount to present value (discount rate – 5%)	<u>(24)</u>	<u>(82)</u>
Total	<u>\$ 5,347</u>	<u>\$ 7,073</u>

## 3. Investments

The following is a summary of investments at June 30, 2004 and 2003 (in thousands):

	2004		2003	
	Cost or Donated Value	Fair Value	Cost or Donated Value	Fair Value
Money market funds	\$ 24,874	\$ 24,874	\$ 12,929	\$ 12,929
Corporate notes and bonds	12,999	13,027	28,711	29,285
Common stocks and mutual funds	26,853	28,310	20,085	18,083
U.S. Government obligations	17,383	17,384	402	424
Other	58	58	58	58
Total	<u>\$ 82,167</u>	<u>\$ 83,653</u>	<u>\$ 62,185</u>	<u>\$ 60,779</u>

Debt and equity securities are recorded at fair value as determined by quoted market prices. Mutual funds are recorded at fair value using published unit values. Investment expenses of \$281,000 and \$ 275,000 have been netted against interest and dividend income for the years ended June 30, 2004 and 2003, respectively.

## 4. Awards and Grants

Awards and grants for research are recognized as expense in the year approved by the Society's Board of Trustees. Multi-year grants, which are generally two to five years in length, are approved on an annual basis and may be terminated at the discretion of the Society's Board of Trustees. In addition to unconditional grants payable of \$46,613,000 at June 30, 2004, the Society has grant commitments of \$ 55,935,000 that are conditioned upon future events and, accordingly, are not recorded.

## 5. Pension Plan

The Society has a noncontributory, defined contribution 403(b) pension plan covering all employees meeting age and service requirements. Contributions are based on a percentage of each eligible employee's salary and years of service. Expense under this plan aggregated \$2,194,000 and \$1,749,000 for the years ended June 30, 2004 and 2003, respectively.

## 6. Lease Commitments

The leases for premises which the Society's Home Office and chapters occupy expire on various dates through September 30, 2012 and provide for certain payments subject to escalation and periodic rate increases relating to real estate taxes, operating expenses and utilities.

The approximate minimum future annual rental commitments are summarized as follows (in thousands):

Year ended June 30:	
2005	\$ 5,415
2006	4,824
2007	4,137
2008	3,541
2009	3,067
Thereafter	<u>3,853</u>
Total	<u>\$ 24,837</u>

## 7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets and the income earned on permanently restricted net assets are available for the following purposes at June 30, 2004 and 2003 (in thousands):

	2004		2003	
	Temporarily Restricted	Permanently Restricted	Temporarily Restricted	Permanently Restricted
Research program	\$ 3,578	\$ 2,273	\$ 4,075	\$ 2,137
Patient service and bone marrow donor programs	215	—	298	—
Professional education program	23	47	21	47
Other programs	649	—	392	—
Total	<u>\$ 4,465</u>	<u>\$ 2,320</u>	<u>\$ 4,786</u>	<u>\$ 2,184</u>

## 8. Joint Costs Allocation

In 2004 and 2003, the Society incurred joint costs for informational materials and activities that included fund raising appeals as follows (in thousands):

	2004	2003
Fund raising	\$ 12,225	\$ 10,425
Patient and community service	1,446	1,172
Public health education	<u>7,675</u>	<u>6,705</u>
Total	<u>\$ 21,346</u>	<u>\$ 18,302</u>

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