



Kelli Nemecek - Lymphoma Patient

I'M
**RELENTLESS
FOR A CURE**

2003 ANNUAL REPORT



**The Leukemia &
Lymphoma Society®**

Fighting Blood-Related Cancers

OUR MISSION

Cure
leukemia,
lymphoma,
Hodgkin's disease
and myeloma,
and improve
the quality of life
of patients and
their families.

On the cover:

Positively determined to live: Kelli Nemecek, during her treatment for non-Hodgkin lymphoma.

"I was 26, and engaged to be married. Cancer was the last thing on my mind. But it happened. I made my first thought about dying my last thought about dying. My treatment is working and with the support of my family, friends and the Society, I remain positive — positive that there is a cure."



This day in the life of Douglas Henry, pictured with son Jack, made possible by advances in cancer research.

“Tina and I were trying to have a baby when we learned I had leukemia. Once, it would have been a death sentence. Today, there’s hope. Knowing Jack was on the way during chemo gave me a powerful will to live. That and cancer research saved my life.”

WHY WE'RE RELENTLESS FOR A CURE



It's often said that converts make the most ardent supporters for a cause. If this is true, then our organization is particularly fortunate, for most of our supporters are converts. They are not born and raised with an intimate knowledge of blood cancers and the devastation they can cause. But in the blink of an eye, they learn. And from that moment on, they are converted.

So it was for Jim McKinnis. Out of the blue, in 2001, his 13-year old son, CJ, was diagnosed with acute lymphocytic leukemia (ALL). In that instant, Jim became relentless for his son's cure, and he and his family spent that first year doing whatever it took to "get CJ well." After that, Jim decided he had to keep on doing whatever he could to make cures a reality not only for his son, but for others as well.

Jim was the creative impetus behind many of the images you will see in this year's annual report. As a creative director at the Tracy Locke Partnership, a Dallas-based advertising agency, Jim used his talent and the generosity of a host of people to produce the Society's first integrated public awareness campaign. The photos of patients, family members, researchers, donors and volunteers featured throughout the report are part of the Society's new campaign, "I'm Relentless for a Cure," which debuted in public service television and radio ads in June 2003.

We remain grateful to our many supporters and ambassadors, and provide this report on our stewardship during the 2003 fiscal year in the hope that you will continue to be part of our relentless pursuit of cures for leukemia, lymphoma and myeloma.

Norb Sieber
Chairman

Dwayne Howell
President & CEO



More than 50 years ago, our family suffered the loss of a child to leukemia. Like so many families affected by blood cancers, we became, in a single moment, committed to finding cures for these devastating diseases.

The passion and dedication of like-minded people over the years have helped the Society achieve extraordinary advances in the treatment of leukemia, lymphoma and myeloma. Hundreds of thousands of patients and family members have benefited from Society information and support programs.

Advances in treatment are important milestones. But we must still strive for cures. That is why I continue to lend my name to the Society and endorse its ongoing efforts. Like my family and the millions of people in this country touched by cancer, the Society is indeed “relentless for a cure.” Their track record suggests that one day, soon we hope, cures will be a reality.

A handwritten signature in blue ink that reads "Barbara Bush". The signature is fluid and cursive, with a long horizontal stroke at the end.

Barbara Bush
National Honorary Chair

RELENTLESS IN RESEARCH

The Leukemia & Lymphoma Society has invested nearly \$360 million in medical research focused on hematologic malignancies since its founding in 1949. We currently underwrite the work of more than 425 cancer researchers throughout the world, through three major initiatives: the Specialized Center of Research (SCOR) program, the Translational Research Program and the Career Development Program.



A myeloma researcher whose passion is life: Selina Chen-Kiang, Ph.D.

“Our work on the genetic basis of multiple myeloma, funded through the Society’s SCOR program, is fired by the urgency to cure this cancer, which affects nearly 47,000 people in the U.S. today — with a five-year survival rate of only 32 percent. We’ve got to help find a cure!”*

**Dr. Chen-Kiang’s SCOR team works at Weill Medical College of Cornell University, where she is Professor of Pathology and Professor of Microbiology and Immunology; Rockefeller University; and Memorial Sloan-Kettering Cancer Center, all in New York City.*

Ten SCORs at Leading Institutions Around the World...

Specialized Center of Research (SCOR)

The SCOR program is a collaborative approach to finding cures, bringing together scientists within each center who are approaching a specific form of lymphoma, leukemia or myeloma from different vantage points. The goal is to generate synergy from these collaborations.

The Society's objective – to fund nine SCORs between the beginning of fiscal year 2000 and the end of fiscal year 2003 – was ambitious. But we met it, with an additional SCOR, our 10th, approved to begin in fiscal year 2004. Combined funding for all 10 SCORs is \$67 million spent or committed. The three new SCOR grants are:

♦ *Mechanisms of Treatment Responsiveness and Resistance in Myeloid Malignancies*

Team leader Scott Lowe, Ph.D., Director of Cold Spring Harbor Laboratory in New York, is collaborating with researchers at the University of Chicago, the University of Minnesota and the University of California, San Francisco. The team is attacking the problem of resistance to chemotherapy among patients with acute myelogenous leukemia (AML), a cancer with a very low cure rate.

♦ *Cellular Immunotherapy of Lymphoma*

Team leader Helen Heslop, M.D., Director of the Baylor College of Medicine Center for Cell and Gene Therapy, in Texas, and her team, are studying the anti-tumor effects of a class of T cells known as cytotoxic T lymphocytes (CTLs), which provide effective therapy for some forms of lymphoma by triggering the immune system to attack the cancer cells directly.

♦ *Molecular Targets in Lymphoma*

Riccardo Dalla-Favera, M.D., Director of the Columbia University Institute for Cancer Genetics, and his team are working in collaboration with Memorial Sloan-Kettering Cancer Center (both in New York City), to study the origin of B cell-derived non-Hodgkin lymphoma, with a focus on follicular lymphoma, the most common type. They will identify genetic lesions associated with this cancer and determine how these lesions contribute to cancer growth in mouse models and in vitro studies. The findings of this study should lead to new diagnostic methods for correcting or deactivating the defects caused by the lesions.

Dr. Donald Small's Society-funded translational research* leads to a breakthrough in the treatment of acute myelogenous leukemia (AML).

“We hoped to use the FLT3 gene we cloned to expand blood stem cells. But once mutations of it were found in leukemia, our team worked hard to identify agents that would inhibit the mutated gene and kill the AML cells. Hopefully, we’ve turned the tables on this cancer so that the very abnormality that makes it so deadly could be what also makes it curable.”

* Donald Small, M.D., Ph.D., and his team are at Johns Hopkins University, in Baltimore, MD. Dr. Small is funded by a generous gift to the Society from the Douglas Kroll Research Program.



Attracting Talented Investigators to Blood Cancer Research

169 Translational Researchers Finding Better Treatments for Patients

Translational Research

The Translational Research Program (TRP) funds research projects that demonstrate high promise for accelerating the rate at which scientific knowledge becomes better therapies for patients. Translational research comprises projects that are in or approaching clinical trials. Since 1995, the program has awarded nearly \$100 million to these projects.

During 2003, TRP investigators made major strides in our understanding of the causes of certain blood cancers and how to treat them with therapies that kill cancer cells with minimal effects on normal cells. Two highlights follow:

- ◆ Richard J. Ford, M.D., Ph.D., of The University of Texas M.D. Anderson Cancer Center, in Houston, showed that a new cancer drug, Velcade™ (bortezomib), destroys mantle cell lymphocytes by blocking a key factor responsible for regulating cell growth. Velcade was recently approved by the U.S. Food and Drug Administration (FDA) for the treatment of multiple myeloma, and now offers hope to patients with mantle cell lymphoma, a rare and often fatal form of blood cancer.

Dr. Ford's study also shows that Velcade works on the fundamental regulators of cell growth and has the potential to treat cancers of the breast, colon and prostate.

- ◆ In another Translational Research study funded by the Society, Gary Gilliland*, Ph.D., M.D., of Harvard Medical School and Brigham and Women's Hospital in Boston, MA, showed that Gleevec® is effective in the treatment of hypereosinophilic syndrome, a rare blood cancer.

Gleevec, a targeted therapy in pill form, is a drug approved by the FDA for the treatment of chronic myelogenous leukemia (CML), and has also shown promise in the treatment of certain stomach tumors and chronic myelomonocytic leukemia (CMML). Gleevec was pioneered by Brian Druker*, M.D., in another Society-funded project.

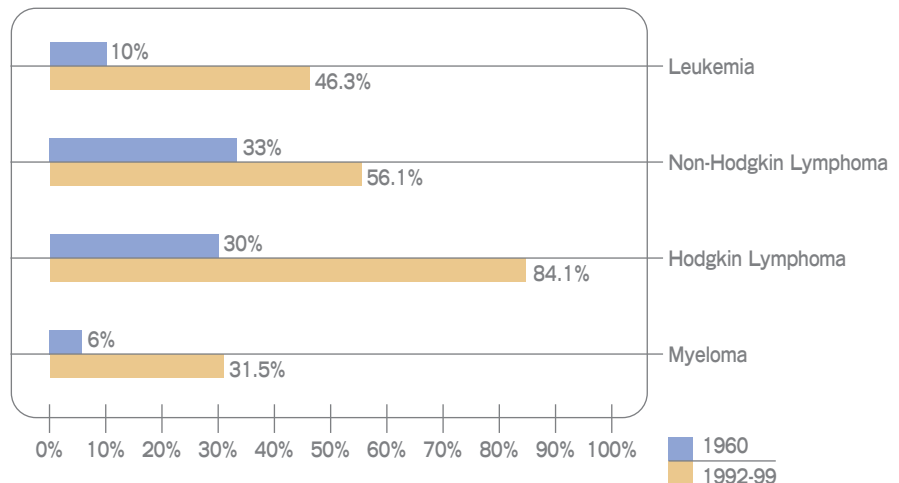
* Dr. Gilliland is a former Stephen Birnbaum Scholar.

* The Specialized Center of Research grant of Dr. Druker is funded in part by a generous gift to the Society from the Bertelsen Family.

Career Development

The Career Development Program funds investigators at different points in their careers: as Scholars, Clinical Scholars, Fellows or Special Fellows. It gives young scientists the opportunity to work in the field of blood cancer research, helping the field grow talent for the long term. The program supports fundamental research in genetics, molecular and cell biology, molecular pharmacology, molecular virology and immunology. In 2003, the program met its goal of providing new grants to 66 researchers, the best and brightest from a pool of 417 applicants.

Five-Year Survival Rates



Sources: National Cancer Institute Seer Data;
Myeloma: Biology and Management, 2nd Edition, Oxford University Press, 1998.

Survival rate is an important indicator of progress in achieving our research goals.



Diagnosed with lymphoma not once, but twice, Delois Smith became a human battleground.

“Here come the troops! Receiving chemotherapy, I pictured it as soldiers, killing the cancer cells. I had two months to live . . . unless the treatment worked. Friends from the Society held my hand as two months became a year. Then, it was over. I was cancer free.”

IMPROVING QUALITY OF LIFE OF PATIENTS

The Society's Information Resource Center (IRC), Web site and 60 community-based chapters are a critical resource for patients, their families and friends. Through them, the Society logged 451,198 interactions with people across the country in fiscal year 2003, more than doubling 2002 figures and exceeding its goal.

The Information Resource Center

The Patient's Compass

The Information Resource Center (IRC), staffed by master's level oncology social workers and nurse oncologists, provides patients and family members with personalized responses to their questions and helps guide them to additional resources. This year, the IRC handled 46,446 inquiries. The IRC staff also offers patients guidance on how to communicate with physicians about treatment options and quality of life issues. They provide information on clinical trials and will conduct individual clinical trial searches.

The Society's Web Site

Keeping Patients Connected

The Society's Web site, www.LLS.org, provides the who, what, when, where and how for patients and their families, healthcare professionals and other friends of the Society, and serves as an online community. Visits to our patient services pages in fiscal year 2003 were a record 321,000.

The Society also hosted 14 new educational programs in 2003. These Webcasts and teleconferences are archived on our site so patients and others can continue to access them after the live events. New educational programs this year covered the spectrum from specific blood cancer issues to survivorship issues for all cancer patients. Examples include:

- ◆ A series of CMLLinks teleconferences for patients with chronic myelogenous leukemia (CML), including *New Horizons in the Treatment of CML*, a live Webcast in which Gleevec pioneer Brian Druker, M.D., discussed the impact of this new therapy, along with two patients who shared their experiences. This educational program was supported by a generous grant from Novartis Pharmaceuticals.
<http://www.LLS.org/cmlteleconferences>
- ◆ *Developments in Myeloma Management*, a telephone education workshop that covered treatment options, clinical trials and quality of life issues for myeloma patients.
<http://www.LLS.org/myelomaeducation>
- ◆ *Lymphoma and the Older Patient*, a telephone education workshop that addressed the specific concerns and issues of elderly patients, supported by GlaxoSmithKline.
<http://www.LLS.org/lymphomaeducation>
- ◆ *Cancer: Keys to Survivorship*, the third in a series of Webcasts that arm cancer survivors with the information and skills necessary to advocate for themselves while coping with a new cancer diagnosis. Over the past seven years, this program has been supported by an educational grant from Ortho Biotech Products L.P.
<http://www.LLS.org/survivorshipeducation>



Meet Zach Papin, a 7-year old leukemia survivor who's a winner — with the medals to prove it.

“At 4 1/2, Zach the whirlwind suddenly stopped moving,” says his dad, Jim. “Hearing he had acute lymphocytic leukemia (ALL) felt like being run over by a train. But Zach the wrestler wouldn’t stay down, and thanks to advances made possible by research, he’s now back to normal. Once, kids with ALL had ‘90 days,’ but because of research, my son has an 85 percent chance of surviving.”

**Lorraine Jacobs is bent
on destruction.**

***“My husband, Jim, was a fighter.
That’s what got him into the Handball
Hall of Fame and made him so
successful in the world of boxing.
After his death from chronic
lymphocytic leukemia (CLL),
I became a fighter in his memory.
My fight: to destroy the cancer
that took him down.”***



Grassroots Support and Information

Our 60 chapters across the United States provide a human touch to outreach efforts, serving patients with support and information and connecting them with other patients and families who share their concerns. Each chapter has a dedicated patient services professional to serve and support local patients and families. More than 400 Family Support Groups were active in chapters during 2003. Educational programs such as *Meet the Expert on non-Hodgkin Lymphoma*, sponsored by Genentech/IDEC Pharmaceuticals, give patients, friends and family access to disease-specific specialists right in their own communities.

**The physician who diagnosed
Robert Frank with CLL was not
optimistic. A new doctor and a new
protocol brought remission,
but no one expected it to last —
except Robert Frank.**

***“When the new drug got me into
solid remission, a bone marrow
harvest was performed so I could
have a bone marrow transplant
when I came out of remission.
I’ve never needed the transplant,
and my doctor calls me his
‘miracle man’.”***

Contact our IRC at 800.955.4572 or visit our Web site at www.LLS.org.

In fiscal year 2003:

321,000	unique visits to disease information Web pages
46,446	Information Resource Center responses to patients, caregivers and healthcare professionals
30,000	participants in four Webcasts
10,668	participants in 10 nationwide teleconferences
20,823	participants in education programs
11,000	patients and family members in Family Support Groups and First Connection
11,261	recipients of patient financial aid



DELIVERING OUR MESSAGE WITH RESONANCE

The importance of making our voices heard in Congress cannot be understated. To that end, the Society more than doubled our Advocates Network in 2003. With more than 15,000 registered advocates now working at the grassroots level and in Washington, DC, we aim to keep funding for blood cancer research, and attention to issues of importance to patients, front and center among policy makers.

In March, 130 advocates from 34 states visited Capitol Hill, logging 160 visits with senators and representatives in a single day. And Congress listened, with \$5 million now slated for the U.S. Department of Defense for research into chronic myelogenous leukemia (CML) and another \$5 million allocated to the Centers for Disease Control and Prevention for blood cancer education.

Society advocates are also making progress at the state level. An outstanding example is new legislation in Illinois that provides for a state income tax check-off box to fund programs for the treatment and education of patients with leukemia, lymphoma and myeloma.



A bone marrow transplant saved Clare Chaney's life. Now she lives to help others survive cancer.

"Real life's an adventure, not a fairy tale that ends 'happily ever after.' We have to fight and we need all the help we can get. I try and use my 'saved' life to encourage others and fight for government funding to help arm cancer patients so they can win their battles."



Her mom ran out of treatment options and went into hospice care. But Mary Beth Hirsch was just getting started.

"My mom had an aggressive form of lymphoma. After months of treatment and teetering on the brink of death, she resigned herself to the cancer. But I wanted to make a difference. I signed up for a TNT triathlon and raised funds for research. Miraculously, as I got stronger, so did mom. Soon she no longer needed hospice care. Mom attended the triathlon with me and we crossed the finish line hand-in-hand. We both won."

CREATING THE MEANS TO AN END

Cures will come from research. Research requires funding. In pursuit of our mission, the Society set ambitious revenue goals knowing that difficult economic conditions don't change the fact that more people are fighting blood cancers this year than last year. More than 670,000 men, women and children are battling leukemia, lymphoma and myeloma in 2003. Someone new is diagnosed every five minutes. Every nine minutes, someone loses the fight.

The Society ended fiscal year 2003 with results that met or exceeded targets in most areas. Net revenue of \$164 million was 5 percent better than our objective and \$12.5 million higher than last year.

Light The Night® Walk

A Rising Star

The Light The Night Walk continued its phenomenal growth track in fiscal year 2003, with net revenue increasing 34 percent over the prior year. The event was held at hundreds of locations around the country in fall 2002. One-hundred and forty thousand participants walked in the event, and the number of corporate and family teams increased by 30 percent, to more than 10,000.

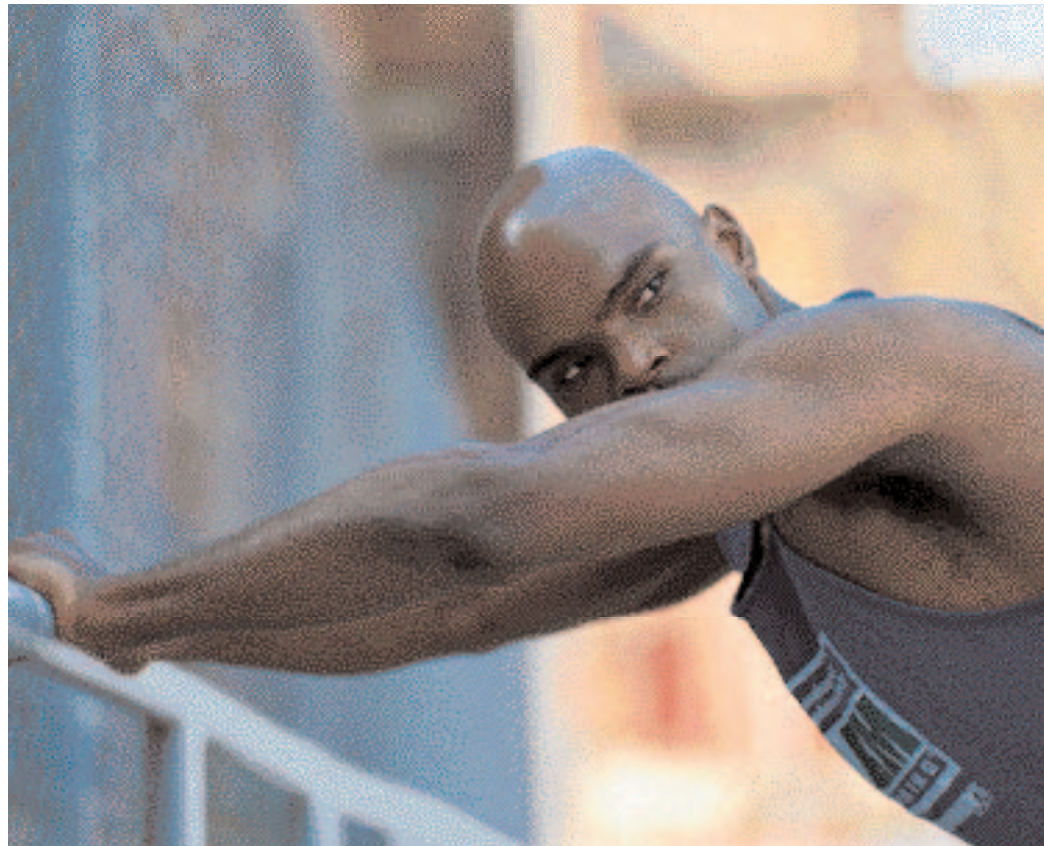
Team In Training®

Fitness and Fundraising for Cures

Our Team In Training (TNT) program, now in its 15th year, is truly the jewel in the crown. In 2003, Team In Training officially added Nike to its list of presenting sponsors – a partnership that promises to serve well the interests of both organizations. TNT's triathlon training proved to be a strong addition to the program, with net revenue growth of \$2.8 million this year over last and nearly 800 participants. The year 2003 saw many TNT "firsts." The first individual to raise \$1 million in the Society's history was Bruce Cleland, the pioneer who started TNT in 1988. The First Annual TNT Alumni Reunion, staged at the Suzuki® Rock 'n' Roll Marathon®, raised \$1.9 million for the Society. And a new event for TNT, the Rock 'n' Roll Half Marathon in Virginia Beach, attracted 800 TNT participants, who raised \$2 million in revenue.

Team In Training athlete/fundraiser Carmello Elie honors his mother, lost to lymphoma after a 10-year battle.

"My running had no purpose until my mother died. When I discovered I could train to run the New York City Marathon and do something for cancer patients in mom's memory, I went for it. I've done marathons, a triathlon, and I'm a TNT mentor. Whenever I hit an obstacle, I remember my mom's resilience, and it gives me the focus and determination to keep going."



Samantha Palka learned “The Power of One” through the Society’s School & Youth Programs.

“When our school started collecting money to help people with cancer, I wasn’t sure how I could make a difference. But then I found out that one kid at a time, one school at a time, students around the country raised over \$10 million last year. That made me feel like I had the power to do a lot!”

School & YouthSM Programs

The Power of One

In 2003, 6 million school children in more than 12,000 schools throughout the country participated in the Society’s School & Youth Programs. These children raised \$10.3 million to fund cancer research and patient services. Collecting their own change and asking family members and friends to contribute, they discovered that they have the power to make a difference in the lives of others.



Donor Development

With Gratitude

Thanks to the generosity of our donors in 2003, the Society made major advances toward fulfilling our mission. We continued to grow our Legacy Circle, which now has 380 members and an estimated value of \$15 million.

This year, the Society also received the largest individual gift in our history: \$6.2 million from a family in New York City. This gift was earmarked to help ensure the continuation of our leading-edge research programs. Donors may elect to restrict their gifts to a program based on a specific project or disease type, or to one of 425 Society-sponsored researchers at more than 120 distinguished medical research institutions in the United States, Canada and abroad. Alternatively, donors may support one of our patient services programs, either nationally or on the local level.

Research Grants

*Specialized Center of Research*¹

Jerry Adams, PhD • 2002²
Walter & Eliza Hall Institute
of Medical Research

Irwin Bernstein, MD • 2003³
Fred Hutchinson Cancer Research Center

Selina Chen-Kiang, PhD • 2001
Weill Medical College of Cornell University

Riccardo Dalla-Favera, MD • 2004
Columbia University

Brian Druker, MD • 2001⁴
Oregon Health & Science University

James Griffin, MD • 2001
Dana-Farber Cancer Institute

Helen Heslop, MD • 2004
Baylor College of Medicine

Carl June, MD • 2002
University of Pennsylvania School of Medicine

Scott Lowe, PhD • 2004
Cold Spring Harbor Laboratory

Stephen Nimer, MD • 2002⁵
Memorial Sloan-Kettering Cancer Center

Career Development Program • *Scholars*

Peter Adams, PhD • 2004
Fox Chase Cancer Center

Francisco Asturias, PhD • 2002
Scripps Research Institute

Donald Ayer, PhD • 1999
University of Utah School of Medicine

Ravi Basavappa, PhD • 2000
University of Rochester

Katherine Borden, PhD • 2001
Mount Sinai School of Medicine

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
University of Cincinnati College of Medicine

J. Don Chen, PhD • 2001
University of Medicine and Dentistry
of New Jersey

Zhijian Chen, PhD • 2003⁶
University of Texas
Southwestern Medical Center at Dallas

Genhong Cheng, PhD • 2001
University of California at Los Angeles

K.M. Coggeshall, PhD • 1999
Oklahoma Medical Research Foundation

Pamela Correll, PhD • 2003
Pennsylvania State University

Patricia Cortes, PhD • 2002
Mount Sinai School of Medicine

Chris COUNTER, PhD • 2003
Duke University Medical Center

Gay Crooks, MD • 2000⁷
Children's Hospital of Los Angeles

George Daley, MD, PhD • 2000⁸
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 • 2003⁹
Dana-Farber Cancer Institute

Laurence Eisenlohr, PhD VMD • 2000
Thomas Jefferson University

Xin-Hua Feng, PhD • 2004
Baylor College of Medicine

Alan Friedman, MD • 1999
Johns Hopkins University School of Medicine

Margaret Goodell, PhD • 2002¹⁰
Baylor College of Medicine

Jonathan Graff, MD, PhD • 2002¹¹
University of Texas
Southwestern Medical Center at Dallas

Wei Gu, PhD • 2002
Columbia University

Anthony Imbalzano, PhD • 2000
University of Massachusetts Medical School

Theodore Jardetzky, PhD • 2002
Northwestern University School of Medicine

Jin Jiang, PhD • 2004
University of Texas
Southwestern Medical Center at Dallas

Dong-Yan Jin, MD, PhD • 2002
University of Hong Kong

Craig Jordan, PhD • 2004
University of Rochester

Jae Jung, PhD • 2001
Harvard Medical School

Michelle Kelliher, PhD • 2004
University of Massachusetts Medical School

William Kerr, PhD • 2003¹²
H. Lee Moffitt Cancer Research Center

Nigel Killeen, PhD • 2001
University of California at San Francisco

Michael Koelle, PhD • 2000
Yale University School of Medicine

Anthony Koleske, PhD • 2003
Yale University

Sally Kornbluth, PhD • 1999
Duke University Medical Center

Kerry Kornfeld, MD, PhD • 2002¹³
Washington University School of Medicine

Stephen Kron, MD, PhD • 2003
University of Chicago

David Lambright, PhD • 1999
University of Massachusetts Medical School

Daniel Lew, PhD • 2001
Duke University Medical Center

Hsiou-Chi Liou, PhD • 2001
Weill Medical College of Cornell University

Fenyong Liu, PhD • 2002
University of California at Berkeley

Clifford Lowell, MD, PhD • 2002
University of California at San Francisco

Kun Ping Lu, MD, PhD • 1999
Beth Israel Deaconess Medical Center

Andreas Matouschek, PhD • 2003
Northwestern University School of Medicine

Danesh Moazed, PhD • 2004
Harvard Medical School

Giuseppina Nucifora, PhD • 1999¹⁴
University of Illinois at Chicago

Matthew O'Connell, PhD • 2001
Mount Sinai School of Medicine

Warren Pear, MD, PhD • 1999
University of Pennsylvania School of Medicine

David Pellman, MD • 2001
Dana-Farber Cancer Institute

Christoph Plass, PhD • 2003
Ohio State University
Comprehensive Cancer Center

David Rawlings, MD • 2000
University of Washington School of Medicine

Ruibao Ren, MD, PhD • 1999
Brandeis University

Erle Robertson, PhD • 2000
University of Pennsylvania School of Medicine

Moshe Sadosky, MD, PhD • 2000
Albert Einstein College of Medicine
of Yeshiva University

Kathleen Sakamoto, MD • 1999¹⁵
University of California at Los Angeles

Guy Sauvageau, MD, PhD • 2003
Clinical Research Institute of Montreal

Edward Scott, PhD • 1999
University of Florida Shands Cancer Center

David Seldin, MD, PhD • 2001
Boston Medical Center

Ali Shilatifard, PhD • 2002¹⁶
Saint Louis University School of Medicine

Ramesh Shivdasani, MD, PhD • 2001¹⁷
Dana-Farber Cancer Institute

Gerald Siu, MD, PhD • 2001
Columbia University

Tomasz Skorski, MD, PhD • 2001
Temple University

Charles Surh, PhD • 2000
Scripps Research Institute

Guillermo Taccioli, PhD • 1999
Boston University School of Medicine

Reshma Taneja, PhD • 2003
Mount Sinai School of Medicine

William Tansey, PhD • 2002
Cold Spring Harbor Laboratory

Michael Teitell, MD • 2004
University of California at Los Angeles

Dimitris Thanos, PhD • 2001
Biomedical Sciences Research Center

Michael Thirman, MD • 2003
University of Chicago Department of Medicine

Sheila Thomas, PhD • 2000
Beth Israel Deaconess Medical Center

David Toczyski, PhD • 2004
University of California at San Francisco
Comprehensive Cancer Center

Toshio Tsukiyama, DVM • 2003
Fred Hutchinson Cancer Research Center

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

Richard Van Etten, MD, PhD • 1999
CBR Institute of Biomedical Research, Inc.

David Van Vactor, PhD • 2001
Harvard Medical School

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

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

² The Specialized Center of Research grant of Dr. Adams is funded in part by a generous gift to the Society from Eli Lilly and Company.

³ The Specialized Center of Research grant of Dr. Bernstein is funded by a generous gift to the Society from an anonymous donor, F.M. Kirby Foundation, and the Darcy Valentine Research Fund.

⁴ The Specialized Center of Research grant of Dr. Druker is funded in part by a generous gift to the Society from the Bertelson Family.

⁵ The Specialized Center of Research grant of Dr. Nimer is funded in part by a generous gift to the Society from Valerie Aspinwall & The Reichman Memorial/Altschul Foundation and the John and Shirley Davies Foundation.

⁶ Dr. Chen is funded by a generous gift to the Society from St. Valentine's Day Luncheon & Style Show.

⁷ Dr. Crooks is funded in part by a generous gift to the Society from The Gail Cohen Leukemia Fund.

⁸ Dr. Daley, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.

⁹ Dr. Eck is funded by a generous gift to the Society from the William Wesley Kelly Research Fund.

¹⁰ Dr. Goodell, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.

Claire Walczak, PhD • 2002
Indiana University Medical Center

Jane Wu, PhD • 1999
Washington University

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

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

Faith Young, MD • 1999
University of Rochester Cancer Center

Hongtao Yu, PhD • 2004
University of Texas
Southwestern Medical Center at Dallas

Dong-Er Zhang, PhD • 1999
Scripps Research Institute

Liang Zhu, MD, PhD • 2000
Albert Einstein College of Medicine
of Yeshiva University

Yuan Zhuang, PhD • 1999
Duke University Medical Center

Career Development Program
• *Scholar in Clinical Research*

Maurizio Bendandi, MD, PhD • 2002
Clinica Universitaria, University of Navarra

Ravi Bhatia, MD • 2005
City of Hope National Medical Center

Smita Bhatia, MD MPH • 2002
City of Hope National Medical Center

Robert Brodsky, MD • 2001
Johns Hopkins Oncology Center

Richard Burt, MD • 1999
Northwestern University School of Medicine

John Byrd, MD • 2002
Ohio State University
Comprehensive Cancer Center

Martin Carroll, MD • 2004
University of Pennsylvania School of Medicine

Jorge Cortes, MD • 2001
University of Texas
MD Anderson Cancer Center

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 Medical Center

Dana Matthews, MD • 2000
Fred Hutchinson Cancer Research Center

Nikhil Munshi, MD • 1999
Dana-Farber Cancer Institute

Owen O'Connor, MD, PhD • 2005
Memorial Sloan-Kettering Cancer Center

Aaron Rapoport, MD • 2002
University of Maryland

Robert Soiffer, MD • 2000
Dana-Farber Cancer Institute

Jeffrey Taub, MD • 2005
Wayne State University
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
University of California at San Francisco

Career Development Program
• *Special Fellow*

Ariane Abrieu, PhD • 2002
Ludwig Institute for Cancer Research

Manzoor Ahmad, PhD • 2005
National Institute of Allergy
& Infectious Disease

Laurie Ailles, PhD • 2004
Stanford University

Paul Andreassen, PhD • 2002
Dana-Farber Cancer Institute

James Bear, PhD • 2002
Massachusetts Institute of Technology

Kamel Benlagha, PhD • 2005
University of Chicago

Fred Bertrand, PhD • 2000
University of Minnesota

Daniel Billadeau, PhD • 2000
Mayo Clinic and Foundation

Michael Boddy, PhD • 2001
Scripps Research Institute

Katja Bröckner, PhD • 2004
Harvard Medical School

Ellen Cahir McFarland, PhD • 2002
Brigham and Women's Hospital

Fernando Casares, PhD • 2001
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¹¹ Dr. Graff is funded by a generous gift to the Society from St. Valentine's Day Luncheon & Style Show.

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¹⁷ Dr. Shivasani is funded in part by a generous gift to the Society by Haemonetics Corporation.

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¹⁹ Dr. Devireddy is funded in part by a generous gift to the Society by the Remillard Family Foundation, Inc.

²⁰ Dr. Ernst is funded by a generous gift to the Society from the Richard, Martha, Katherine and Lili Stobbs Quest For A Cure Fund.

²¹ Dr. Hwang is funded by a generous gift to the Society from the Wayne & Gladys Valley Foundation.

²² Dr. Ivessa is funded in part by a generous gift to the Society from The Karyn Glick Special Fellowship.

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²³ Dr. Lee is funded by a generous gift to the Society from the Hildegard D. Becher Foundation, Inc.

²⁴ Dr. Rief is funded in part by a generous gift to the Society from the Northern California Division Board & Staff.

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²⁷ Dr. Cajiao, the GlaxoSmithKline Gertrude B. Elion Fellow of The Leukemia & Lymphoma Society, is funded by a generous endowment from GlaxoSmithKline Foundation and GlaxoSmithKline, Inc.

²⁹ Dr. Keating is funded by a generous gift to the Society from The Charlotte Meyers Research Fund.

²⁸ Dr. Cannon is funded by a generous gift to the Society from The Richard D. Frisbee III Foundation.

³⁰ Dr. Shah is funded by a generous gift to the Society from the Mary D. Averbook Memorial Research Fund.

³¹ Dr. Sondermann is funded by a generous gift to the Society from Delora Sanfilippo in memory of Joe Sanfilippo.

³² Dr. Speck is funded in part by a grant from the New York State Department of Health on behalf of Senator Charles Fuschillo.

Research Grants

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Stephen Ansell, MD, PhD • 2004
Mayo Clinic and Foundation

Scott Armstrong, MD, PhD • 2004
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David Avigan, MD • 2002
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Maria Baer, MD • 2005
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³⁴ Dr. Banker is funded by a generous gift to the Society from The Chuck Griffin Memorial Research Program.

³⁵ Dr. Bhatia is funded by a generous gift to the Society from The Chuck Griffin Memorial Research Program.

³⁶ Dr. Felix is funded by a generous gift to the Society from the Mario Lemieux Foundation.

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Memorial Sloan-Kettering Cancer Center

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University of Arkansas for Medical Sciences

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Università di Perugia

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University of Minnesota Cancer Center

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Mount Sinai School of Medicine

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Duke University Medical Center

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³⁷ Dr. Modak is funded by a generous gift to the Society from an anonymous donor.

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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, 2003, 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 2002 consolidated financial statements and, in our report dated October 10, 2002, 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, 2003, 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 6, 2003

New York, NY

Consolidated Statement of Financial Position

The Leukemia & Lymphoma Society, Inc.

June 30, 2003

(with comparative amounts at June 30, 2002)

(in thousands)

	2003	2002
Assets		
Cash and cash equivalents	\$ 31,694	\$ 9,628
Accounts receivable	382	849
Legacies and contributions receivable (note 2)	7,073	4,440
Prepaid expenses	3,437	3,537
Investments, at fair value (note 3)	60,779	72,194
Equipment and leasehold improvements, less accumulated depreciation and amortization of \$5,087 and \$4,071	<u>3,896</u>	<u>4,457</u>
Total assets	<u>\$ 107,261</u>	<u>\$ 95,105</u>
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 13,290	\$ 11,348
Deferred revenue	5,291	4,654
Grants payable (note 4)	<u>43,702</u>	<u>40,261</u>
Total liabilities	<u>62,283</u>	<u>56,263</u>
Net assets:		
Unrestricted	38,008	34,903
Temporarily restricted (note 7)	4,786	2,819
Permanently restricted (note 7)	<u>2,184</u>	<u>1,120</u>
Total net assets	<u>44,978</u>	<u>38,842</u>
Total liabilities and net assets	<u>\$ 107,261</u>	<u>\$ 95,105</u>

See accompanying notes to consolidated financial statements.

Consolidated Statement of Activities

The Leukemia & Lymphoma Society, Inc.

Year ended June 30, 2003

(with summarized totals for the year ended June 30, 2002)

(in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2003	2002
Revenue					
Campaign contributions	\$ 181,606	\$ 3,663	\$ 164	\$ 185,433	\$ 174,286
Less direct donor benefit costs	(27,370)	-	-	(27,370)	(27,747)
Net campaign contributions	154,236	3,663	164	158,063	146,539
Legacies	2,014	-	900	2,914	4,206
Net interest and dividend income (note 3)	1,561	59	-	1,620	2,063
Net decrease in fair value of investments	(560)	(198)	-	(758)	(2,907)
Grant refunds	2,119	-	-	2,119	1,607
Net assets released from restrictions	1,557	(1,557)	-	-	-
Total revenue	160,927	1,967	1,064	163,958	151,508
Expenses (note 8)					
<i>Program Services:</i>					
Research	41,738	-	-	41,738	39,172
Patient and community service	42,030	-	-	42,030	41,843
Public health education	26,217	-	-	26,217	28,554
Professional education	8,377	-	-	8,377	7,306
Total program services	118,362	-	-	118,362	116,875
<i>Supporting Services:</i>					
Management and general	12,029	-	-	12,029	10,573
Fund raising	27,431	-	-	27,431	27,726
Total supporting services	39,460	-	-	39,460	38,299
Total expenses	157,822	-	-	157,822	155,174
Change in net assets	3,105	1,967	1,064	6,136	(3,666)
Net Assets					
Beginning of year	34,903	2,819	1,120	38,842	42,508
End of year	\$ 38,008	\$ 4,786	\$ 2,184	\$ 44,978	\$ 38,842

See accompanying notes to consolidated financial statements.

Consolidated Statement of Cash Flows

The Leukemia & Lymphoma Society, Inc.

Year ended June 30, 2003

(with comparative amounts for the year ended June 30, 2002)

(in thousands)

	<u>2003</u>	<u>2002</u>
Cash flows from operating activities:		
Change in net assets	\$ 6,136	\$ (3,666)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net decrease in fair value of investments	758	2,907
Permanently restricted contributions, net of related receivables in 2003	(164)	(30)
Depreciation and amortization	1,362	1,714
Changes in assets and liabilities:		
Decrease in accounts receivable	467	286
Increase in legacies and contributions receivable	(2,633)	(287)
Decrease (increase) in prepaid expenses	100	(1,062)
Increase in accounts payable and accrued expenses	1,942	1,487
Increase in deferred revenue	637	1,180
Increase in grants payable	<u>3,441</u>	<u>1,677</u>
Net cash provided by operating activities	<u>12,046</u>	<u>4,206</u>
Cash flows from investing activities:		
Purchases of equipment and leasehold improvements	(801)	(1,722)
Sales (purchases) of investments, net	<u>10,657</u>	<u>(819)</u>
Net cash provided by (used in) investing activities	<u>9,856</u>	<u>(2,541)</u>
Cash flows from financing activities:		
Permanently restricted contributions, net of related receivables in 2003	<u>164</u>	<u>30</u>
Net cash provided by financing activities	<u>164</u>	<u>30</u>
Net increase in cash and cash equivalents	22,066	1,695
Cash and cash equivalents at beginning of year	<u>9,628</u>	<u>7,933</u>
Cash and cash equivalents at end of year	<u>\$ 31,694</u>	<u>\$ 9,628</u>

See accompanying notes to consolidated financial statements.

Consolidated Statement of Functional Expenses

The Leukemia & Lymphoma Society, Inc.

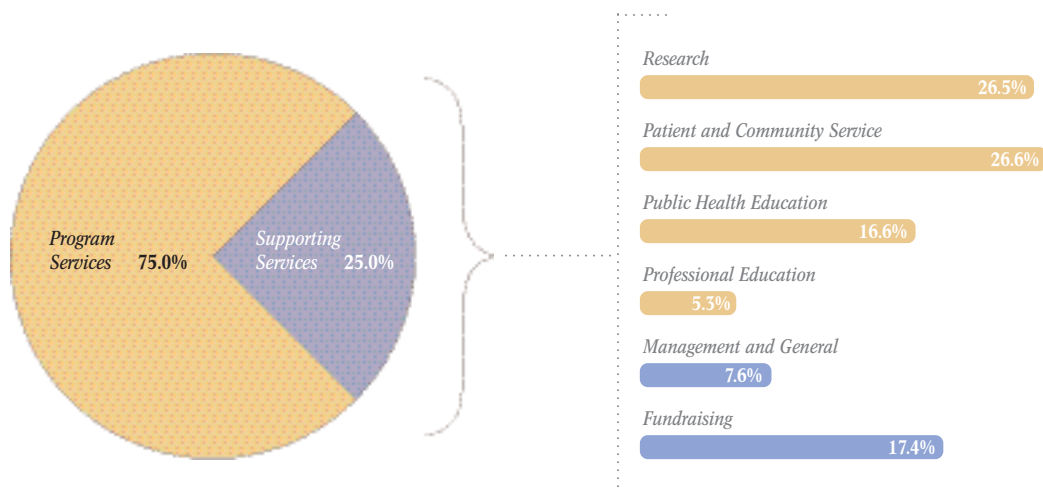
Year ended June 30, 2003

(with comparative totals for the year ended June 30, 2002)

(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	2003	2002	2003	2002
	Awards and grants	\$ 40,101	\$ -	\$ -	\$ -	\$ 40,101	\$ -	\$ -	\$ -	\$ 40,101	\$ 37,648	\$ -
Financial aid to patients	-	3,631	-	-	3,631	-	-	-	3,631	3,405	-	-
Salaries	453	17,219	8,317	3,714	29,703	4,402	6,421	10,823	40,526	39,802	-	-
Employee benefits and taxes (note 5)	76	3,542	2,105	825	6,548	984	1,718	2,702	9,250	8,924	-	-
Occupancy (note 6)	18	2,234	1,350	612	4,214	673	993	1,666	5,880	5,399	-	-
Insurance	8	204	152	39	403	56	147	203	606	412	-	-
Telephone	13	911	651	171	1,746	213	925	1,138	2,884	3,280	-	-
Travel	21	713	413	179	1,326	212	345	557	1,883	2,141	11,170	11,447
Printing and supplies	166	4,277	5,085	915	10,443	2,278	6,283	8,561	19,004	20,963	3,887	4,680
Equipment rentals and maintenance	6	599	364	164	1,133	184	268	452	1,585	1,646	-	-
Postage and shipping	68	2,119	2,985	515	5,687	980	4,149	5,129	10,816	10,338	-	-
Meetings	371	1,131	555	205	2,262	241	449	690	2,952	2,894	5,835	5,077
Professional fees	407	4,625	3,686	843	9,561	1,567	5,265	6,832	16,393	15,780	2,792	2,665
Miscellaneous	14	359	217	101	691	109	149	258	949	828	3,686	3,878
Depreciation and amortization	16	466	337	94	913	130	319	449	1,362	1,714	-	-
Total expenses	\$ 41,738	\$ 42,030	\$ 26,217	\$ 8,377	\$ 118,362	\$ 12,029	\$ 27,431	\$ 39,460	\$ 157,822	\$ 155,174	\$ 27,370	\$ 27,747

See accompanying notes to consolidated financial statements.



Notes to Consolidated Financial Statements

The Leukemia & Lymphoma Society, Inc.

Year ended June 30, 2003

(with comparative amounts as of and for the year ended June 30, 2002)

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 chapters, as well as its not-for-profit affiliates, Leukemia Society Research Programs, Inc. and Leukemia Society of America 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 2002 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, 2002 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Society's 2002 financial statements from which the summarized information was derived.

2. Legacies and Contributions Receivable

The Society's legacies and contributions receivable at June 30, 2003 and 2002 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):

	2003	2002
Less than one year	\$ 5,293	\$ 3,649
1 to 5 years	1,730	600
After 5 years	132	333
	<u>7,155</u>	<u>4,582</u>
Less discount to present value (discount rate - 5%)	(82)	(142)
Total	<u>\$ 7,073</u>	<u>\$ 4,440</u>

3. Investments

The following is a summary of investments at June 30, 2003 and 2002 (in thousands):

	2003		2002	
	Cost or Donated Value	Fair Value	Cost or Donated Value	Fair Value
Money market funds	\$ 12,929	\$ 12,929	\$ 25,341	\$ 25,341
Corporate notes and bonds	28,711	29,285	27,518	27,876
Common stocks and mutual funds	20,085	18,083	21,357	18,580
U.S. Government obligations	402	424	403	339
Other	58	58	58	58
Total	<u>\$ 62,185</u>	<u>\$ 60,779</u>	<u>\$ 74,677</u>	<u>\$ 72,194</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 \$275,000 and \$305,000 have been netted against interest and dividend income for the years ended June 30, 2003 and 2002, 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 \$43,702,000 at June 30, 2003, the Society has grant commitments of \$63,938,000 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 \$1,749,000 and \$1,644,000 for the years ended June 30, 2003 and 2002, respectively.

6. Occupancy Expense and 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:	
2004	\$ 5,155
2005	4,738
2006	3,878
2007	3,096
2008	2,571
Thereafter	<u>5,823</u>
Total	<u>\$ 25,261</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, 2003 and 2002 (in thousands):

	2003		2002	
	Temporarily Restricted	Permanently Restricted	Temporarily Restricted	Permanently Restricted
Research program	\$ 4,075	\$ 2,137	\$ 1,640	\$ 1,074
Patient service and bone marrow donor program	298	-	350	-
Professional education program	21	47	50	46
Other programs	392	-	779	-
Total	<u>\$ 4,786</u>	<u>\$ 2,184</u>	<u>\$ 2,819</u>	<u>\$ 1,120</u>

8. Joint Costs Allocation

In 2003 and 2002, the Society incurred joint costs for informational materials and activities that included fund raising appeals as follows (in thousands):

	2003	2002
Fund raising	\$ 10,425	\$ 11,986
Patient and community service	1,172	1,262
Public health education	<u>6,705</u>	<u>8,060</u>
Total	<u>\$ 18,302</u>	<u>\$ 21,308</u>

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