

In Touch
2001 ANNUAL REPORT



Battling blood-related cancer... together

On the cover:

More than anything, 12-year-old Kati Fisher wanted to be in San Diego when the Maryland Chapter's Team In Training® members participated in the 2001 Suzuki® Rock 'n' Roll Marathon.® Last June, Kati, an acute lymphocytic leukemia patient, was one of the first to greet Cliff Walzer, a non-Hodgkin's lymphoma survivor, as he crossed the finish line in her honor. Kati was thrilled to have her wish come true.

In 2001, Cliff was one of more than 30,000 volunteers that Team In Training brought to the Society. Their combined efforts helped this powerhouse program generate vital financial support for the fight against blood-related cancers.

Our Mission

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

Reason to hope

When our family lost a child to leukemia, our lives were changed forever. We cannot erase that pain. But we can look ahead to the promise of a cure.

The Leukemia & Lymphoma Society® is bringing us closer to that hope every day. Over the past 20 years I have watched the Society, with its focused mission, stay in touch with the specialized issues of blood-related cancers. By funding the most promising research, the Society is leading the way to find cures for leukemia, lymphoma, Hodgkin's disease and myeloma. And it has become an unsurpassed resource to thousands of patients, families and medical professionals, increasing awareness of the diseases and helping patients and families understand what they are facing.

I am proud to support the Society and the amazing efforts of its volunteers, staff and medical and research partners. Together, we are making progress in the fight against blood-related cancers – and giving patients and their families reason to hope.



Barbara Bush National Honorary Chair

In touch changing

Nearly 76 percent of the Society's expenditures is allocated to fund our mission.

Speeding the progress of cutting-edge research. Answering the questions and responding to the needs of patients. Influencing public policy. Identifying critical new funding sources. As the largest voluntary health organization focused on blood-related cancers, we have a charge that is compelling and clear.

This fiscal year we saw a dramatic example of how donor contributions to the Society can change lives. Our funding of his pioneering research reached Brian Druker, M.D., at a time of critical need and helped him establish the efficacy of Gleevec, the breakthrough drug of Novartis. This remarkable new oral anti-cancer therapy is now enabling more people with chronic myelogenous leukemia (CML) to live normal lives, and it confirms the great promise of gene therapy for the future.

While we work toward future cures, we are focused on the day-to-day needs of the thousands of people who must face life with leukemia, lymphoma, Hodgkin's disease and myeloma. Because the Society is the definitive resource on blood-related cancers, patients, caregivers and healthcare professionals alike rely on us. They regularly turn to the highly trained professionals in our Information Resource Center for direction and help. And they're able to get personalized information each time they log onto our award-winning Web site.

Our commitment to our public policy agenda is steadfast. This year we advanced our advocacy platform by partnering with key legislators. We worked successfully with them to draft legislation and build awareness of the need for increased federal funding for blood-related cancer research, education and support programs.



lives every day

Maximizing organizational efficiencies

How well we work determines how much we can accomplish. To ensure we're performing at peak, we reorganized some of our large metropolitan area chapters to be more responsive to the communities we serve. Centralizing their activities and sharing their resources will increase efficiency. And we continue to attract, train and mobilize the tens of thousands of dedicated volunteers whose efforts are essential to advance our mission.

Just how effective were we? During this shaky national economic period, we received tremendous support: Our revenue increased 12.7 percent in fiscal 2001 to \$150.4 million.

This enabled us to invest more in our mission. As one example, \$36.1 million went to research grants -13.4 percent more than in 2000. Over the last eight years our revenue has increased nearly five-fold, and our research funding more than six-fold - growth that has fueled our ability to find cures.

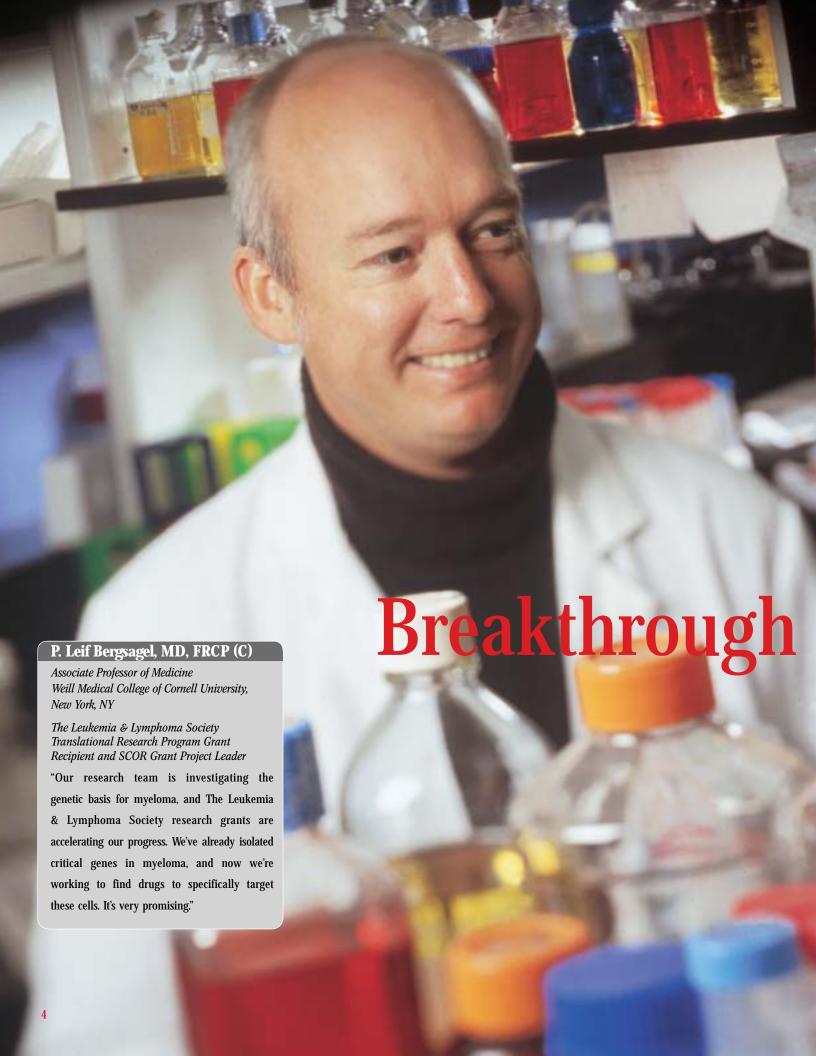
As responsible stewards of our donors' trust, we continue to be among the most effective and efficient voluntary health agencies, with nearly 76 cents of every dollar spent devoted to our mission.

We thank our board members, volunteers, donors and staff for their incredible resolve. These are turbulent times for our nation, yet we remain focused on supporting the thousands of Americans battling leukemia, lymphoma, Hodgkin's disease and myeloma.

Jay L. Silver Chairman

Dwayne Howell President and CEO





At the forefront of research

In fiscal year 2001, we glimpsed the future of targeted cancer therapy. In May, the U.S. Food and Drug Administration (FDA) announced its approval of Gleevec, a targeted therapy and oral treatment for chronic myelogenous leukemia (CML). Gleevec is the first approved drug that directly turns off the signal of a protein known to cause a cancer. Gleevec's clinical application to CML was pioneered by the work of Brian Druker, M.D., one of the Society's first Translational Scholar Award recipients in 1995 and one of three Specialized Center of Research (SCOR) grant recipients named in 2000, the first year of the SCOR program. Dr. Druker's early research showed high potential to transfer scientific knowledge from the laboratory to a new, more specific therapy for CML patients. Today, Gleevec, discovered, developed and manufactured by Novartis, is offering hope to patients worldwide.

Seeking high potential scientists

Since its launch, our Translational Research Program has been a catalyst for results: It funds only those studies that promise to use basic research to develop new patient treatments. The Society supported 135 Translational Grants in fiscal 2001, 26 of which were renewed for an additional two years. These renewals are a vital aspect of the program, signifying that the research has reached an approved clinical trial. Researchers meet annually to share their findings and discuss promising new leads for cures, a special feature of this program.

The Society's Career Development Program provides awards to meet investigators' specific needs at different stages of their careers. We supported 326 of the most promising career scientists in our fields of investigation in fiscal 2001, representing 75 Scholars; 13 Scholars in Clinical Research; 124 Special Fellows and 114 Fellows.

Results:

life-changing progress

Research Goal:

Accelerate the acquisition and application of scientific understanding to advance the treatment, diagnosis or prevention of leukemia, lymphoma, Hodgkin's disease and myeloma.

Our Translational
Research and SCOR
programs bridge the
gap between basic
laboratory research and
new therapies for
patients.

More SCOR grants named

Our Specialized Center of Research grant program, our largest award and most innovative research initiative, provides funding that rivals federal support for blood-related cancer research. The Society selects its Specialized Centers on the expectation that they will have a significant impact on the treatment of blood-related cancers.

For the second consecutive year, the Society has awarded three, five-year grants, with a commitment to fund \$22.5 million to three interdisciplinary research teams.

- *Identifying and Targeting Leukemia Genes:* Stephen D. Nimer, M.D., and his team from New York City's Memorial Sloan-Kettering Cancer Center and Rockefeller University will study how genetic lesions disrupt the function of key regulatory nuclear proteins and lead to the development and progression of leukemia.
- Patient-Tailored Therapies Against Lymphoma, Adult and Childhood Leukemia:
 Carl H. June, M.D., will lead research teams at the Cancer Center of the University of Pennsylvania and the Children's Hospital of Philadelphia to focus on a variety of patient-specific cellular therapies. These treatments, despite their strong promise, generally fall outside the parameters of research in the pharmaceutical industry and frequently go unfunded.
- Targeting Molecules to Kill Lymphoma Cells: The first international SCOR grant was awarded to Jerry M. Adams, Ph.D., and his team at the Walter and Eliza Hall Institute (WEHI) in Melbourne, Australia. The Australian researchers will investigate how the body's normal process of cellular death, called apoptosis, is regulated to control the life span of blood cells. This research could lead to the development of new medicines that facilitate the destruction of blood-cancer cells.



Making an Impact Around the World

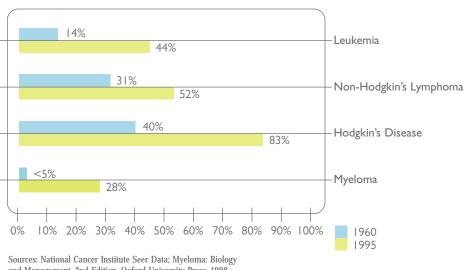
The Society promotes its research programs to potential applicants worldwide and currently supports 35 international grants.

Argentina Germany Australia **Israel** Canada Italy France Japan

Korea **Portugal Taiwan** The Netherlands



Survival Rates



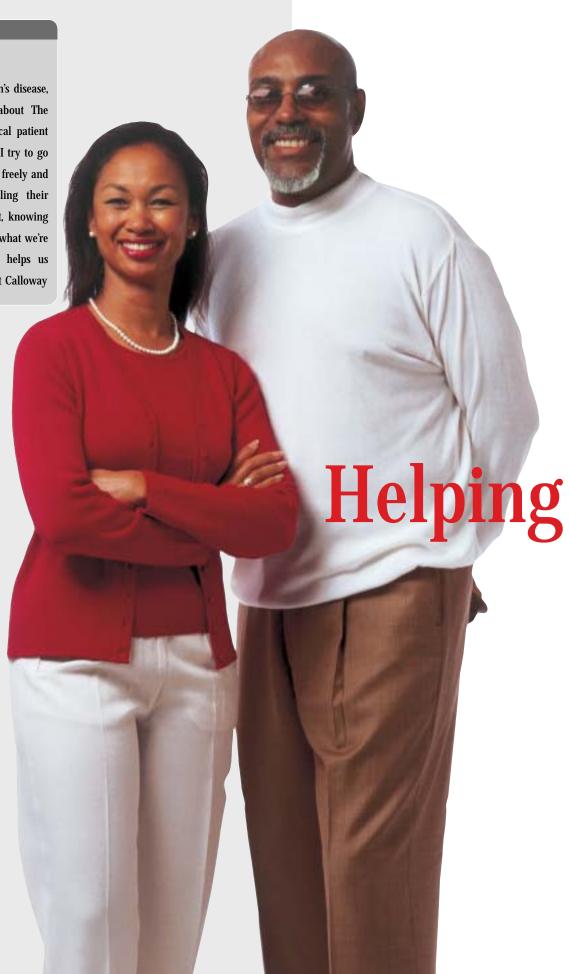
and Management, 2nd Edition, Oxford University Press, 1998.

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

Walt & Margot Calloway

Flight attendants, US Airways Charlotte, NC

"When I was diagnosed with Hodgkin's disease, my chemotherapy nurse told me about The Leukemia & Lymphoma Society's local patient support group. My wife, Margot, and I try to go each month: We ask questions, speak freely and hear how other people are handling their situations. It gives us a mental boost, knowing that we're not the only ones and that what we're experiencing is normal. The group helps us realize we're going to be okay." — Walt Calloway



Learning how to cope

What are the latest treatment options for my condition? How can I better understand my disease, so I can ask my healthcare provider the most appropriate questions?

Our Information Resource Center (IRC) is a critical resource for the thousands of patients and family members taking charge of their cancer care and their lives after a diagnosis of leukemia, lymphoma, Hodgkin's disease or myeloma. During the year, the IRC received 39,000 inquiries from patients, caregivers and healthcare professionals.

Every day, across the country, we help people improve the quality of their lives as they learn to live with their disease. To ensure our staff is up to date on blood-related cancer issues and can provide immediate assistance, the IRC's professional social workers and nurses participate in daily briefings and monthly educational workshops.

When the U.S. Food and Drug Administration approved Gleevec[™] in May, hundreds of patients turned to us to find out if the new drug treatment could help them. IRC staff worked closely with the drug manufacturer, Novartis, to help patients and their families understand the clinical trial findings and the implications of taking the drug.

Patients & Families improve their quality of life

Patient Services Goal:

Reach all patients at the time of diagnosis and make a significant difference in the lives of all who choose to receive the Society's services. An estimated 640,000
Americans are currently
living with leukemia,
lymphoma, Hodgkin's
disease and myeloma.

Education and support programs

In 2001, we sponsored three timely Webcasts, enabling an estimated 12,000 patients and their family members to communicate online with leading medical experts and get first-hand information. These informative programs are also archived on the Society's Web site to provide a ready reference.

 The Cancer: Keys to Survivorship Program shared personal insights from a panel of cancer survivors and provided details on topics such as health insurance and employment rights. The program was supported by an educational grant from Ortho Biotech and presented in coordination with The National Coalition for Cancer Survivorship.

http://www.cancereducation.com

Developments in the Treatment and Research of Acute Myeloid Leukemia (AML)
was presented in cooperation with cancereducation.com and made available through a
grant from Wyeth Genetics Institute.

http://www.cancereducation.com

Real Progress in Non-Hodgkin's Lymphoma explained recent research and treatment.
 Held in collaboration with HealthTalk™, this program was sponsored through an
 educational grant from Genentech BioOncology and IDEC Pharmaceuticals.

http://www.healthtalk.com

Our series of patient and caregiver teleconferences focusing on medical progress in specific disease areas received great response this year. The programs included developments in the treatment and research of low (follicular) and intermediate grade non-Hodgkin's lymphoma and medical update on myelodysplastic syndrome (MDS).

Staying connected

Visitors to www.leukemia-lymphoma.org can get critical information personalized to their needs. The site enables patients to get clinical trial information, customized email newsletters and details about their local chapter. It also brings people together for mutual support. Patients, families and friends are sharing their personal stories of hope in our Life Mosaic and on the site's Discussion Board. And users can opt for English, Spanish, Chinese, Portuguese or Russian translations.

Our site has received numerous awards. They include Best Professional Web site by a Healthcare Association/Professional Society and Best Patient Education Web site by a Healthcare Association/Professional Society, awarded by the Health Information Resource Center (HIRC), a national clearinghouse for consumer health programs and materials. It also was named a global finalist in the 2001 International Health & Medical Media Awards competition, known as the FREDDIE Awards, sponsored by Time Inc. Health.



Our patient services programs touch thousands of lives:

In fiscal year 2001:
39,000 Information Resource Center responses from patients, caregivers and healthcare professionals
12,000 patients attending three Webcasts
4,000 participants in four nationwide teleconferences
11,491 participants in education programs
6,572 patients and family members in family support groups and First Connection
11,365 recipients of patient financial aid



Giving people the information they need

Information Resource Center profile of inquiries (for 2001)

• Gleevec inquiries: 850

• CML inquiries: 2,588

• Leukemia inquiries: 14,180

• Lymphoma inquiries: 6,941

• Myeloma inquiries: 1,705

• Myelodysplastic syndrome

inquiries: 1,393

The number of questions about lymphoma is on the rise. In 2001, there were 6,941 information requests, compared to 2,912 in 2000. This marked increase was spurred by the Society's name change in February 2000, which has raised awareness of our services by people whose lives have been touched by lymphoma.



Increasing awareness

To bring about change, we must first build understanding. And that's why our Office of Public Policy leads an active group of more than 5,000 grassroots volunteers and representatives from chapters across the country to raise the profile of blood-related cancer issues. This strong national network is steadily increasing awareness - on the federal and state levels - of the need for more research and ways to improve the quality of patient care.

Lobbying for change

We spoke up loud and clear at Lobby Day, held in Washington, DC in June. Society representatives, board members, patients and volunteers made more than 260 congressional visits in one afternoon, stressing the need for sweeping change. They called for coverage of routine patient care in clinical trials, Medicare coverage of oral anti-cancer drugs, funding of blood-cancer research at the Pentagon through the U.S. Department of Defense and funding for National Cancer Institute (NCI) priorities recommended by the Leukemia, Lymphoma and Myeloma Progress Review Group.

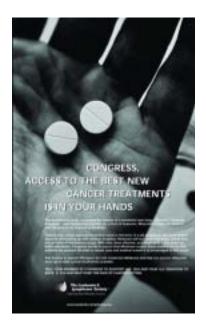
The Society is aggressively working to make Medicare coverage of oral anti-cancer drugs a reality. New oral drugs are expected to become an indispensable part of quality cancer care, and government policy needs to keep pace with medical and research progress so that patients can take advantage of the most promising treatments. The Access to Cancer Therapies Act 2001, introduced in the House of Representatives and the Senate in May, for example, would update Medicare coverage to include all oral cancer drugs.

We also actively supported legislation for the National Cancer Institute to increase funding for leukemia, lymphoma and myeloma, further spotlighting the importance of information and education about blood cancers. The Hematological Cancer Research Investment and Education Act of 2001 seeks federal funding for the NCI to establish the Joe Moakley Research Excellence Program, honoring the late Massachusetts congressman who died of leukemia in February 2001. It also authorizes funding for the U.S. Secretary of Health and Human Services to establish The Geraldine Ferraro Cancer Education Program, honoring the former congresswoman and 1984 vice presidential candidate, who recently announced

Support the former congresswoman and 1904 vice production her personal battle with myeloma.

Advocacy Goal:

Increase influence with private and public organizations to achieve the Society's strategic outcomes.



Hard-hitting advertisements placed in Capitol Hill publications urged congressional representatives to support The Access to Cancer Therapies Act.

Legislative Advisory Committee

The groundwork was laid in fiscal 2001 for a special Legislative Advisory Committee to advance the Society's advocacy program and focus attention on its patient services and research programs. Made up of current and former members of Congress as well as other government officials, the Committee is the first of its kind in the Society's history.

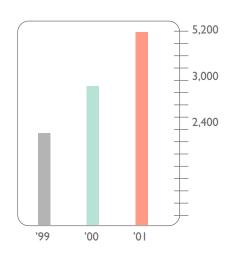
Get involved

Volunteers are the backbone of the Society's advocacy efforts, and our Web site makes it even easier to get involved. Through our site, volunteers can get information on how to contact their legislators, send personalized email appeals to Congress and stay up-to-date on legislative actions. Event organizers can quickly reach volunteers by email to coordinate grassroots efforts.



The Society's advocacy agenda calls for more education and research to wipe out blood-related cancers and improve patient care.

Grassroots Growth



The number of people who volunteer to support our advocacy efforts has more than doubled in two years.

Making Medicare Coverage a Reality

The Society is aggressively working to make Medicare coverage of oral anticancer drugs a reality. New oral drugs are expected to become an indispensable part of quality cancer care, and government policy needs to keep pace with medical and research progress so that patients can take advantage of the most promising treatments. The Access to Cancer Therapies Act 2001, introduced in the House of Representatives and the Senate in May, for example, would update Medicare coverage to include all oral cancer drugs.



Building

Cliff Walzer, DMD

Oral Surgeon Annapolis, MD

"I never dreamed I'd get cancer. After six months of chemotherapy and radiation for non-Hodgkin's lymphoma, I was emotionally and physically drained. I was really feeling the need to get my mind and body back into shape when I learned of The Leukemia & Lymphoma Society and signed up with Team In Training. I completed my first marathon in June, 2000 and have run two more with them since then, helping me feel like my life is returning to normal. With the love and tremendous financial support of my family and friends, I have been able to raise more than \$50,000 for the Society."

The Society grew revenue by 12.7 percent to \$150.4 million in fiscal year 2001.



Relationships to build revenue

Celebrating life

For the 30,000 participants in the 2001 Team In Training® (TNT) program, being in touch meant completing a marathon, half marathon, triathlon or century ride in honor of a blood-cancer survivor.

TNT is the Society's largest fundraiser. Sponsored in 2001 by Runner's World, Saucony and Finish Line, it has trained 125,000 participants and raised an incredible \$350 million since its inception in 1987.

Another signature event, our annual Light The Night® Walk, brings together patients, survivors, corporate sponsors and team and individual participants to commemorate lives touched by cancer and to help find a cure. In 2001, Light The Night had tremendous growth, with over 170 locations nationwide raising nearly twice as much as the previous year. Novartis joined the Light The Night team in 2001, pledging to become the 2002 national sponsor and participate with teams of Novartis employees and patients nationwide.

Donor gifts dedicated to research

Finding cures takes ongoing, diligent research. And that's the sole focus of the newly formed The Leukemia & Lymphoma Society Research Foundation. Headed by Harry Pearce, Chairman of Hughes Electronics and Chairman of the GM Cancer Research Foundation, The Leukemia & Lymphoma Society Research Foundation seeks donations of \$500,000 or more to directly fund innovative research initiatives. National contributors like General Motors (GM) Corp. and Eli Lilly and Co., and individuals like Tom and Sandy Bertelsen, are helping to make innovative research possible. Eli Lilly's grant in 2001, for example, became our first international Specialized Center of Research grant funding a lymphoma research team in Australia.



Revenue Generation Goal:

Maximize the revenue we raise in the near term while, at the same time, developing capabilities for revenue growth that extend over a longer time period.



As the National Honorary Chairperson of the Society's School & Youth Programs, multi-platinum recording artist Mandy Moore visits the top fundraising school in the country at the end of the school year.

Planned giving

Current and planned gifts provide vital funding to support our mission. This fiscal year, we expanded our planned-giving portfolio with charitable gift annuities, enabling Society donors to receive a fixed annuity for their lifetimes. Donors also may make online contributions at www.leukemia-lymphoma.org, where they can designate gifts to any Society chapter, or in honor or memory of a loved one or friend.

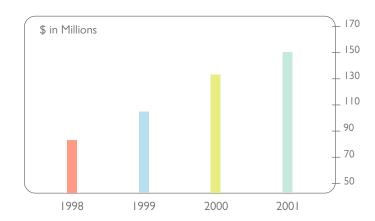
Youthful voices speaking out

Our School & Youth Programs™ have a new face. Multi-platinum recording artist Mandy Moore serves as our National Honorary Chairperson, building students' enthusiasm to participate in the Pennies for Patients, Hop for Leukemia and Pasta for Pennies campaigns.

Mandy Moore first got involved with the Society when she participated in Pasta for Pennies as a student. The Olive Garden Italian Restaurant chain has generously supported the program since 1991.

Singer Kimberly Thach, a leukemia survivor, is the Society's first official National Youth Ambassador. Over the past two years, she has appeared at more than 100 charitable fundraisers nationwide.

Net Revenue Growth 1998 - 2001



Public Awareness Goal:

Increase awareness of the Society among the

general public and core constituents in

order to increase support for our

mission and reach more people with

the services we provide.







Joyce Parsons

Retired Receptionist, Doting Grandmother Morris Plains, NJ

"In March, we received the devastating news that my 16-year-old grandson was diagnosed with leukemia. With such a personal reason to help find a cure, I decided to train for and complete a 26.2 walking marathon to raise funds for the Society. When I placed my bronze medal with the red, white and blue ribbon around my grandson's neck and said, 'This is for you, Andrew,' the expression on his face really made me prioritize the important things in life."

Research Grants

Specialized Center of Research¹

Jerry Adams, PhD-2001 Walter & Eliza Hall Institute of Medical Research

Carl June, MD-2001 University of Pennsylvania

Selina Chen-Kiang, PhD-2000 Weill Medical College of Cornell Univesity

Brian J. Druker, MD-2000² Oregon Health & Science University

James D. Griffin, MD-2000 Dana-Farber Cancer Institute

Stephen Nimer, MD-2001 Memorial Sloan-Kettering Cancer Center

Career Development Program— Scholars

Francisco Asturias, PhD-2001 Scripps Research Institute

Donald E. Ayer, PhD-1998 University of Utah School of Medicine

Ravi Basavappa, PhD-1999 University of Rochester

Timothy W. Behrens, MD-1997 University of Minnesota

Katherine L.B. Borden, PhD-2000 Mount Sinai School of Medicine

James Bowie, PhD-2001 University of California, Los Angeles

Emery H. Bresnick, PhD-1997 University of Wisconsin, Madison

Stephen Buratowski, PhD-1999 Harvard Medical School

Frederic D. Bushman, PhD-1996 Salk Institute for Biological Studies

Anthony Capobianco, PhD-2001

University of Cincinnati
J. Don Chen, PhD-2000

University of Massachusetts Medical School

Genhong Cheng, PhD-2000 University of California, Los Angeles

Jonathan Chernoff, MD, PhD-1997 Fox Chase Cancer Center

K.M. Coggeshall, PhD-1998 Oklahoma Medical Research Foundation

Patricia Cortes, PhD-2001 Mount Sinai School of Medicine

Gay M. Crooks, MB, BS-1999⁵ Children's Hospital, Los Angeles

George Q. Daley, MD, PhD-1999⁴ Whitehead Institute for Biomedical Research

James A. DeCaprio, MD-1997 Dana-Farber Cancer Institute

James DeGregori, PhD-2000 University of Colorado Health Sciences Center

- 1. The Special Center of Research Grant Program is supported in part by generous contributions from General Motors Foundation and Eli Lilly and Company.
- 2. The Special Center of Research Grant of Dr. Brian J. Druker is funded in part by a generous gift from The Bertelsen Family.

Laurence C. Eisenlohr, PhD, VMD-1999 Thomas Jefferson University

Mark E. Ewen, PhD-1997
Dana-Farber Cancer Institute

Carolyn A. Felix, MD-1996 Children's Hospital of Philadelphia

Susan L. Forsburg, PhD-1997 Salk Institute for Biological Studies

Alan D. Friedman, MD-1998 Johns Hopkins University School of Medicine

Xiang-Dong Fu, PhD-1997 University of California, San Diego

Peter M. Glazer, MD, PhD-1996 Yale University School of Medicine

Margaret Goodell, PhD-2001 Baylor College of Medicine

Jonathan Graff, MD, PhD-2001 University of Texas Southwestern Medical Center

Michael J. Grusby, PhD-1997 Harvard School of Public Health

Wei Gu, PhD-2001 Columbia University

Wendy L. Havran, PhD-1996 Scripps Research Institute

Anthony N. Imbalzano, PhD-1999 University of Massachusetts Medical School

Y. Tony Ip, PhD-1996 University of Massachusetts

Theodore Jardetzky, PhD-2001 Northwestern University

Dong-Yan Jin, MD, PhD-2001 University of Hong Kong

Jae U. Jung, PhD-2000 New England Regional Primate Research Center

Mark P. Kamps, PhD-1997 University of California, San Diego

Kornfeld Kerry, MD, PhD-2001 Washington University School of Medicine

Nigel Killeen, PhD-2000 University of California, San Francisco

Michael Koelle, PhD-1999 Yale University School of Medicine

Sally Kornbluth, PhD-1998 Duke University Medical Center

David G. Lambright, PhD-1998 University of Massachusetts Medical School

Hyam Levitsky, MD-1997 Johns Hopkins University School of Medicine

Daniel J. Lew, PhD-2000 Duke University Medical Center

Paul M. Lieberman, PhD-1997 Wistar Institute

- $3.\ Dr.$ Crooks is supported by a generous gift from The Gail Cohen Leukemia Fund.
- 4. Dr. Daley, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.
- $5.\ Dr.\ Nucifora$ is supported in part by a generous gift from the Dr. Scholl Foundation.

Fenyong Liu, PhD-2001 University of California, Berkeley

Hsiou-Chi Liou, PhD-2000 Weill Medical College of Cornell University

Richard M. Longnecker, PhD-1994 Northwestern University

Clifford Lowell, MD, PhD-2001 University of California, San Francisco

Kun Ping Lu, MD, PhD-1998 Beth Israel Deaconess Medical Center

Richard S. Mann, PhD-1997 Columbia University

Giuseppina Nucifora, PhD-1998⁵ University of Illinois at Chicago

Matthew J. O'Connell, PhD-2000 Peter MacCallum Cancer Institute

Marjorie Oettinger, PhD-1996 Massachusetts General Hospital

Pier P. Pandolfi, MD, PhD-1997⁶ Memorial Sloan-Kettering Cancer Center

Warren S. Pear, MD, PhD-1998 University of Pennsylvania

David S. Pellman, MD-2000 Dana-Farber Cancer Institute

B. Franklin Pugh, PhD-1996 Pennsylvania State University

David J. Rawlings, MD-1999 University of Washington

Ruibao Ren, MD, PhD-1998 Brandeis University

Erle S. Robertson, PhD-1999 University of Michigan Medical School

David Ron, MD-1996⁷ New York University School of Medicine

Moshe J. Sadofsky, MD, PhD-1999 Albert Einstein College of Medicine of Yeshiva University

Kathleen M. Sakamoto, MD-1998 University of California, Los Angeles

Christian W. Schindler, MD, PhD-1996 Columbia University

Mark Schlissel, MD, PhD-1996 University of California, Berkeley

Edward W. Scott, PhD-1998 University of Florida

David C. Seldin, MD, PhD-2000 Boston Medical Center

Ali Shilatifard, PhD-2001 Saint Louis University School of Medicine

Ramesh A. Shivdasani, MD, PhD-2000 Dana-Farber Cancer Institute

Gerald Siu, MD, PhD-2000 Columbia University

- 6. Dr. Pandolfi is supported by a generous gift to the Society from The Reichman Memorial and The Altshul Foundation.
- 7. Dr. Ron, a Stephen Birnbaum Scholar, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.

Tomasz Skorski, MD, PhD-2000 Temple University College of Sciences & Technology

Andreas Strasser, PhD-1997 Walter & Eliza Hall Institute for Medical Research

Michel Streuli, PhD-1997 Dana-Farber Cancer Institute

Charles D. Surh, PhD-1999 Scripps Research Institute

Guillermo E. Taccioli, PhD-1998 Boston University

Tse-Hua Tan, PhD-1996 Baylor College of Medicine

William Tansey, PhD-2001 Cold Spring Harbor Laboratory

Dimitris Thanos, PhD-2000 Columbia University

Sheila M. Thomas, PhD-1999 Beth Israel Deaconess Medical Center

Richard A. Van Etten, MD, PhD-1998 Center for Blood Research

David L. Van Vactor, PhD-2000 Harvard Medical School

David L. Vaux, PhD-1999 Walter & Eliza Hall Institute for Medical Research

Claire Walczak, PhD-2001 Indiana University Medical Center

Jane Y. Wu, PhD-19988 Washington University

Kyoko Yokomori, PhD, DVM-2000 University of California, Irvine

Fatih M. Young, MD-1998 University of Rochester

Dong-Er Zhang, PhD-1998 Scripps Research Institute

Liang Zhu, MD, PhD-1999 Albert Einstein College of Medicine of Yeshiva University

Yuan Zhuang, PhD-1998 Duke University Medical Center

Career Development Program— Scholars in Clinical Research

Maurizio Bendandi, MD, PhD-2001 Clinica Universitaria

Smita Bhatia, MD-2001 City of Hope National Medical Center

Robert A. Brodsky, MD-2000 Johns Hopkins Oncology Center

Richard K. Burt, MD-1998⁹ Northwestern University

John Byrd, MD-2001 Ohio State University

- 8. Dr. Wu is supported by a generous gift to the Society from the Mary & Robert Bronstein Memorial Endowment Fund.
- 9. Dr. Burt is supported in part by generous gifts to the Society from The Coleman Foundation and the Dr. Scholl Foundation.

Jorge E. Cortes, MD-2000 University of Texas

Glenn Dranoff, MD-2000 Dana-Farber Cancer Institute

Timothy Jon Ernst, MD-1998¹⁰ Boston University

Steven D. Gore, MD-1998 Johns Hopkins University

Omer Koc, MD-2001 Case Western Reserve University

Mary J. Laughlin, MD-1998 Case Western Reserve University

Jane L. Liesveld, MD-1998 University of Rochester Medical Center

Dana C. Matthews, MD-1999 Fred Hutchinson Cancer Research Center

Nikhil C. Munshi, MD-1998 Dana-Farber Cancer Institute

Aaron Rapoport, MD-2001 University of Maryland

Robert J. Soiffer, MD-1999 Dana-Farber Cancer Institute

Edmund K. Waller, MD, PhD-1998 Emory University

Christopher E. Walsh, MD, PhD-2000 University of North Carolina at Chapel Hill

Career Development Program— Special Fellows

Ariane Abrieu, PhD-2001 Ludwig Institute for Cancer Research

Ricardo C. T. Aguiar, MD, PhD-1999 Dana-Farber Cancer Institute

Syed Munir Alam, PhD-1998 Duke University Medical Center

Edwin P. Alyea, MD-1998 Dana-Farber Cancer Institute

Paul Andreassen, PhD-2001

Dana-Farber Cancer Institute

James Bear, PhD-2001 Massachusetts Institute of Technology

Christopher T. Beh, PhD-1999 University of California, Berkeley

Robert J. Benschop, PhD-1998 National Jewish Medical and Research Center

Fred Bertrand, PhD-1999¹¹ University of Minnesota

Anja-Katrin Bielinsky, PhD-1999¹² University of Minnesota

David Bilder, PhD-2000 Harvard Medical School

Daniel Dennis Billadeau, PhD-1999 Mayo Clinic and Foundation

10. Dr. Ernst, a Stephen Birnbaum Scholar for Clinical Research, is funded by a generous gift to the Society from The Stephen Birnbaum Foundation.

11. Dr. Bertrand is supported by a generous gift to the Society from The Chris P. Tkalcevic Foundation.

Stacy W. Blain, PhD-1999¹⁵ Memorial Sloan-Kettering Cancer Center

Peter Blume-Jensen, MD, PhD-1998 Salk Institute for Biological Studies

Michael N. Boddy, PhD-2000 Scripps Research Institute

Aleksey Bortvin, MD, PhD-1999 Whitehead Institute for Biomedical Research

Julie Brill, PhD-1997 Stanford University School of Medicine

Grant W. Brown, PhD-1998 University of Toronto

Mary E. Bryk, PhD-1998 Harvard Medical School

Donald Andrew Burden, PhD-1998 Middle Tennessee State University

Fernando Casares, PhD-2000 Universidade do Porto

Lucio H. Castilla, PhD-1999 University of Massachusetts

Ching-Yi Chen, PhD-1999 University of California, San Diego

Po Chen, PhD-2000 University of Texas

Sim Bee Cheng, PhD-1997 Scripps Research Institute

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43. Dr. Rosen is supported by a generous gift to the Society from the Dr. Ralph & Marion Falk Medical Research Trust.

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

45. Dr. Yu is supported by a generous gift to the Society by KEYS.

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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, 2001, and the related 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 2000 consolidated financial statements and, in our report dated October 10, 2000, 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, 2001, 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.

October 5, 2001

KPMG LLP

New York, NY

Consolidated Statement of Financial Position

The Leukemia & Lymphoma Society, Inc. June 30, 2001 (with comparative amounts at June 30, 2000) (in thousands)

		2001	2000		
ASSETS					
Cash and cash equivalents	\$	7,933	\$	11,114	
Accounts receivable		1,135		1,034	
Legacies and contributions receivable (note 2)		4,153		2,598	
Prepaid expenses		2,475		2,420	
Investments, at fair value (note 3)		74,282		67,354	
Equipment and leasehold improvements, less accumulated					
depreciation and amortization of \$2,357 and \$1,685		4,449		2,478	
Total assets	<u>\$</u>	94,427	<u>\$</u>	86,998	
LIABILITIES AND NET ASSETS					
Liabilities:					
Accounts payable and accrued expenses	\$	9,712	\$	7,642	
Deferred revenue		3,474		3,413	
Grants payable (note 4)		38,733		34,256	
Total liabilities		51,919		45,311	
Net assets:					
Unrestricted		38,489		39,255	
Temporarily restricted (note 7)		2,929		1,371	
Permanently restricted (note 7)		1,090		1,061	
Total net assets		42,508		41,687	
Total liabilities and net assets	<u>\$</u>	94,427	\$	86,998	

Consolidated Statement of Activities

The Leukemia & Lymphoma Society, Inc. Year ended June 30, 2001 (with summarized totals for the year ended June 30, 2000) (in thousands)

		Temporarily	Permanently	Tot	otal	
	Unrestricted	Restricted	Restricted	2001	2000	
REVENUE						
Campaign contributions	\$ 175,907	\$ 2,200	\$ 29	\$ 178,136	\$ 152,251	
Less direct donor benefit costs	(31,287)	_	-	(31,287)	(28,258)	
Net campaign contributions	144,620	2,200	29	146,849	123,993	
Legacies	2,550	-	-	2,550	5,866	
Net interest and dividend income (note 3)	2,954	11	-	2,965	2,026	
Net (decrease) increase in fair value of investments	(2,989)	(1)	-	(2,990)	756	
Grant refunds	1,052	_	-	1,052	794	
Net assets released from restrictions	652	(652)				
Total revenue	148,839	1,558	29	150,426	133,435	
EXPENSES (NOTE 8)						
Program Services:						
Research	37,700	-		37,700	33,197	
Patient and community service	42,368	-	-	42,368	35,200	
Public health education	26,195	-	-	26,195	20,987	
Professional education	7,083	-	-	7,083	5,722	
Total program services	113,346			113,346	95,106	
Supporting Services:						
Management and general	10,151	_	_	10,151	8,983	
Fundraising	26,108	-	-	26,108	20,941	
Total supporting services	36,259			36,259	29,924	
Total expenses	149,605			149,605	125,030	
Change in net assets	(766)	1,558	29	821	8,405	
NET ASSETS						
Beginning of year	39,255	1,371	1,061	41,687	33,282	
End of year	\$ 38,489	\$ 2,929	\$ 1,090	\$ 42,508	\$ 41,687	

Consolidated Statement of Cash Flows

The Leukemia & Lymphoma Society, Inc.
Year ended June 30, 2001
(with comparative amounts for the year ended June 30, 2000)
(in thousands)

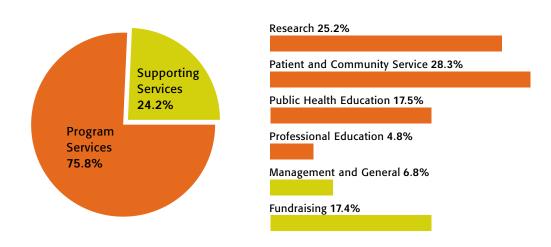
	 2001	2000		
CASH FLOWS FROM OPERATING ACTIVITIES: Change in net assets	\$ 821	\$	8,405	
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Net decrease (increase) in fair value of investments	2,990		(756)	
Permanently restricted campaign contributions	(29)		(88)	
Depreciation and amortization	1,217		578	
Changes in assets and liabilities:				
(Increase) decrease in accounts receivable	(101)		124	
Increase in legacies and contributions receivable	(1,555)		(483)	
Increase in prepaid expenses	(55)		(1,560)	
Increase in accounts payable and accrued expenses	2,070		846	
Increase in deferred revenue	61		639	
Increase in grants payable	4,477		8,241	
Net cash provided by operating activities	9,896		15,946	
CASH FLOWS FROM INVESTING ACTIVITIES:				
Purchases of equipment and leasehold improvements	(3,188)		(1,251)	
Purchases of investments, net	(9,918)		(26,054)	
Net cash used in investing activities	(13,106)		(27,305)	
CASH FLOWS FROM FINANCING ACTIVITIES:				
Permanently restricted campaign contributions	 29		88	
Net cash provided by financing activities	29	_	88	
Net decrease in cash and cash equivalents	(3,181)		(11,271)	
Cash and cash equivalents at beginning of year	 11,114		22,385	
Cash and cash equivalents at end of year	\$ 7,933	\$	11,114	

See accompanying notes to consolidated financial statements.

Consolidated Statement of Functional Expenses

The Leukemia & Lymphoma Society, Inc.
Year ended June 30, 2001
(with comparative totals for the year ended June 30, 2000)
(in thousands)

		Program Services Supporting Services						Supporting Services			Supporting Services				
		Patient and community	Public health	Professional		Management	Fund		Total		benefi	t costs			
	Research	service	education	education	Total	and general	raising	Total	2001	2000	2001	2000			
Awards and grants	\$ 36,106	\$ -	\$ -	\$ -	\$ 36,106	\$ -	\$ -	\$ -	\$ 36,106	\$31,849	\$ -	\$ -			
Financial aid to patients	-	4,701	-	-	4,701	-	-	-	4,701	3,808	-	-			
Salaries	411	15,525	8,076	2,841	26,853	3,650	5,741	9,391	36,244	28,954	-	-			
Employee benefits and taxes (note 5) .	72	3,030	1,828	607	5,537	795	1,412	2,207	7,744	5,832	-	-			
Occupancy (note 6)	17	1,846	1,190	423	3,476	510	807	1,317	4,793	3,670	-	-			
Insurance	5	120	80	22	227	34	80	114	341	302	-	-			
Telephone	13	967	741	162	1,883	216	1,089	1,305	3,188	2,608	-	-			
Travel	31	1,002	620	210	1,863	272	466	738	2,601	1,997	15,772	16,687			
Printing and supplies	228	5,736	5,484	1,007	12,455	2,183	6,479	8,662	21,117	17,135	4,622	4,539			
Equipment rentals and maintenance .	12	778	505	171	1,466	218	373	591	2,057	2,081	-	-			
Postage and shipping	40	2,356	2,665	449	5,510	569	3,736	4,305	9,815	8,386	-	-			
Meetings	317	1,598	760	262	2,937	331	581	912	3,849	3,400	5,284	1,890			
Professional fees and contract services	428	3,888	3,709	755	8,780	1,143	4,904	6,047	14,827	12,693	2,546	2,576			
Miscellaneous	3	389	249	93	734	107	164	271	1,005	1,737	3,063	2,566			
Depreciation and amortization	17	432	288	81	818	123	276	399	1,217	578		_			
Total expenses	\$ 37,700	\$ 42,368	\$ 26,195	\$ 7,083	\$113,346	\$ 10,151	\$ 26,108	\$ 36,259	\$149,605	\$125,030	\$ 31,287	\$ 28,258			



Notes to Consolidated Financial Statements

The Leukemia & Lymphoma Society, Inc. June 30, 2001 (with comparative amounts as of and for the year ended June 30, 2000)

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 fifty-eight 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 donorimposed 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 2000 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, 2000 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Society's 2000 financial statements from which the summarized information was derived.

2. Legacies and Contributions Receivable

The Society's legacies and contributions receivable at June 30, 2001 and 2000 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):

	_ :	2001	2000		
Less than one year	\$	3,103	\$	2,351	
1 to 5 years		900		-	
After 5 years		333		353	
		4,336		2,704	
Less discount to present value					
(discount rate - 5%)		(183)	_	(106)	
Total	\$	4,153	\$	2,598	

3. Investments

The following is a summary of investments at June 30, 2001 and 2000 (in thousands):

	20	01	20	00
	Cost or Donated Value	Fair Value	Cost or Donated Value	Fair Value
Money market funds	\$ 24,677	\$ 24,677	\$ 35,325	\$ 35,325
Corporate notes and bonds $\ \ldots \ \ldots$	32,790	32,572	14,099	14,209
Common stocks and mutual funds	17,151	16,727	15,311	17,200
U.S. Government obligations \dots	257	248	558	562
Other	58	58	58	58
Total	\$ 74,933	\$ 74,282	\$65,351	\$ 67,354

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 \$261,000 and \$172,000 have been netted against interest and dividend income for the years ended June 30, 2001 and 2000, 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 \$38,733,000 at June 30, 2001, the Society has grant commitments of \$69,371,000 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 \$1,530,000 and \$1,181,000 for the years ended June 30, 2001 and 2000, 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 June 30, 2010 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:	
2002	\$ 4,400
2003	4,070
2004	3,723
2005	3,479
2006	2,366
Thereafter	7,482
Total	\$ 25,520

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets and the income earned on permanently restricted net assets were available for the following purposes at June 30, 2001 and 2000 (in thousands):

	2001			2000				
				manently estricted				manently stricted
Research program	\$	2,010	\$	1,046	\$	605	\$	1,017
Patient service and bone marrow								
donor programs		292		-		374		-
Professional education program		51		44		50		44
Other programs		576		-		342		-
Total	\$	2,929	\$	1,090	\$	1,371	\$	1,061

8. Joint Costs Allocation

In 2001 and 2000, the Society incurred joint costs for informational materials and activities that included fundraising appeals as follows (in thousands):

	2001	2000		
Fundraising	\$ 11,407	\$ 9,332		
Patient and community service	1,608	1,315		
Public health education	5,488	4,539		
Total	\$ 18,503	\$15,186		

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There are numerous ways to give, including cash contributions or gifts of appreciated securities. Many of our lifesaving research and patient service programs have been made possible by people who included the Society in their will, trust, insurance policy or other estate planning vehicle.

In recognition, we honor our major donors through the de Villiers Society. Formed in memory of Robert de Villiers, the son of our founders who passed away from leukemia at the age of 16, the de Villiers Society pays tribute to those supporters who play a significant role in advancing our mission. The Legacy Circle is a key part of the de Villiers Society, honoring those who make a future gift through their estate plan.

Please join our Journey of Hope. For more information about how you can make a difference in the fight against blood-related cancers, please contact us—toll free—at (888) 773-9958.



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