

Voices for

CHANGE



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

2007 Annual Report

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

**Be the CHANGE that you
want to see in the world.**
Mahatma Gandhi



Dwayne Howell
President and CEO



David Frantze
Chair

President & Chairman's Message

The Leukemia & Lymphoma Society's 2007 Annual Report focuses on affecting change through exemplary action. We chose this theme because 2007 saw our organization on the move and creating changes that will advance our mission.

This year, the efforts of our volunteers and staff resulted in a significant milestone: For the first time, Society revenue broke the \$300 million mark. With gross revenue of more than \$317 million, we are now the third-largest voluntary health agency* in the United States. Thanks to the generosity of individuals, foundations, corporations and organizations this year, the Society funded more than 400 researchers and made more than 5.1 million patient contacts.

During the year, we also began to put into action changes that will lead to our North Star 2015 Vision, creating a world for patients that will allow them to experience the best possible outcomes for their specific blood cancer. For many, that will mean cures.

This year, we implemented a *Co-Pay Assistance Program* to help eligible blood cancer patients meet the costs of insurance premiums and co-pays.

The Society also launched a diversity initiative in an effort to recognize and respond more effectively to the increasingly varied needs of the communities we serve. As a first step, we conducted a study to identify areas of gender, race, culture and ethnicity that are underrepresented within the Society. This information will guide us in formulating strategies to take us toward a Society-wide, cultural transformation. It is an important change that will help us accomplish our goal of providing service to all blood cancer patients within 30 days of diagnosis.

These are the first of many new ways of doing business for the Society that will alter the healthcare landscape for our patients and their caregivers.

The 2007 Annual Report profiles three volunteers who, as activists in our advocacy program, work to impact public policy to help advance the Society's mission. Their spirit and ideals represent those of all our constituents who, in their own ways, live the changes we all wish to see.

Wayne Howell David Frontze

*Total private support

Each spring, the Society brings a strong and dedicated force of people to Capitol Hill to speak with members of Congress about issues of importance to blood cancer patients. These include the need for increased government funding of biomedical research, collaborative public-private sector research efforts and patient protection legislation guaranteeing all healthcare consumers fundamental rights, such as the right to receive care in a clinical trial.

Rich Beres first became involved with the Society in 1988 when he lost his wife Jane to leukemia. Before her death, Jane was part of several research studies. She was committed to advancing science so other patients could benefit from her experience.

Ten years later, Rich heard about a new Society event, Light The Night® Walk, and he participated as a way of commemorating Jane and continuing to support her ideals. That led to his becoming a Society advocate, where he was instrumental in the passage of Wisconsin's Cancer Patient Protection Act.

"I was never much of an advocate until I attended my first Society Mission Day. I was the only representative from Wisconsin and I felt my voice was heard throughout my day on the Hill. I have repeated the experience several times and am re-energized on each occasion. The feeling that I am making an impact is very gratifying. And I'm now comfortable being able to go to my local legislators' offices to represent issues of importance to the cancer community.

Personally, I feel passionate about the work I'm doing. Jane was my life, my wife, mother to our three daughters and my best friend. I have been fortunate to marry a second time, to Jerilynne, a wonderful woman and mother who understands that I still, and always will, miss Jane. In fact, the decision to walk in Light The Night was a joint one, and Jerilynne is completely supportive of the Society's mission.

To anyone who is thinking of becoming an advocate, I'd say our legislators are people just like you and me. They are also our employees. They have power, but they need to listen to us. And I have seen firsthand what the power of one can do through my role in getting the clinical trials legislation passed. Every American has a voice in what happens in our country—use your voice!"



Rich Beres

A husband who speaks on the Hill

At one time, few if any children with acute lymphocytic leukemia survived. Fortunately, advances in treatment now make cures possible for 87 percent of children with this disease. But with this good news come new challenges, such as the long-term effects of treatment. Physical growth or a child's ability to learn may be impaired. It is important that these problems be identified early and that parents seek professional advice about the need to have children's learning skills assessed.

Liz Salguero is the mother of an 8-year-old son, Carlos, who was diagnosed with acute lymphocytic leukemia (ALL). During his two-and-a-half years of treatment, she learned a great deal about pediatric cancer and the late effects of treatment. As a Society advocate, Liz was instrumental in getting legislation passed requiring insurance companies in her state to cover baseline neurocognitive testing for all pediatric cancer patients.

"I first became involved with the Society through a support group they offered to parents and siblings of children with cancer. Later, I shared my experiences with families of newly diagnosed children through the Society's First Connection program.

Serving as chair of the Connecticut Chapter's Patient Services Committee led to my role as an advocate. Our first project: Get a bill passed in the state legislature requiring insurance coverage of baseline cognitive testing for all children who have undergone cancer treatment. Our family had to bear the cost of this very expensive testing, so it was an issue close to my heart.

The most important ingredient for advocacy is passion; that drives most of what we do. Speaking before the legislature is intimidating, but I was certain our position was right, and we didn't back down. We thought it would take years to accomplish our goal, and we were exhilarated when it took only one legislative session!

We are only beginning to understand the long-lasting cognitive effects of cancer treatment. It will be important to raise awareness of the ongoing needs of survivors for years to come; to obtain funding to educate families about the long-term effects of treatment; and to advocate for coverage of associated conditions."

Liz Salguero

A mother whose passion drives her advocacy





Congresswoman Doris Matsui

Advocate with a Special Perspective

U.S. Rep. Doris Matsui (D-CA) met her husband, former U.S. Rep. Robert Matsui, while attending the University of California, Berkeley. She has had an enduring political career at a Washington law firm and as an official in the Clinton White House, where she also chaired a group appointed by the president to strengthen relations between the federal government and the nonprofit community.

On January 2, 2005, just two months after celebrating their 38th wedding anniversary, Robert died of complications from myelodysplastic syndrome (MDS), a rare blood disorder originating in the bone marrow. In the special election held later that year to fill her late husband's congressional district seat, Doris was elected to the position she still holds today.

"I believe that as a Member of Congress, I have a moral obligation to try and create a better, healthier America. I was elected to use the resources available through local, state and federal government to fulfill this responsibility.

Cancer is one of the most difficult healthcare challenges of the 21st century, affecting nearly everyone in our country. I have been committed to this cause since my earliest days in public service. But since my husband died of MDS, I met many blood cancer patients, and the more I learned, the more I wanted to advocate for this cause.

The most important thing that government can do to support people battling cancer is to fund medical researchers developing cures and therapies. I have always supported robust funding levels for the National Institutes of Health and the National Cancer Institute, and will continue to do so. The more cancer research government funds and follows through on, the more lives will be saved.

At the end of the day, I'm just like every other American. I worry about the health and well being of my loved ones. When I look back on Bob's battle with MDS and think how much more he could have accomplished in his life, it motivates me to find ways to address America's key concerns. At the same time, I look at my grandchildren and think about the kind of America we are going to pass down to future generations. These thoughts guide my priorities each day."

The need for advocacy has never been greater: Between 1998 and 2005, the National Cancer Institute experienced robust funding growth, widely correlated with an unprecedented decrease in cancer-related deaths in the United States for two straight years, despite an aging and growing population. Many researchers believe the decline was due to increased prevention, early detection and new treatments that were tested in clinical trials.

But in 2006, federal funding began to slow. By 2007, it was flat at \$4.79 billion, and projections for 2008 signal a downturn.

There is justifiable concern in the medical and scientific communities about the impact of these trends at a time when the opportunities to advance cancer cures have never been so promising. The expectation is that decreased levels of funding will result in a loss of momentum that will be costly to recover; and fewer clinical trial options, fewer new therapies and fewer survivors.

Fiscal Year 2007 Society Highlights

Changing Patient Outcomes...

...Through Research

The Society's research programs support basic, translational and clinical research that focuses on the cause, treatment and prevention of blood cancers.

The Specialized Center of Research (SCOR) Program

Four new SCOR grants were awarded in fiscal year 2007, and a total of 22 outstanding, collaborative, multi-disciplinary studies are running at full throttle. The following are examples of significant progress being contributed through SCOR grantees:

- **John Byrd, M.D., The Ohio State University**, and his SCOR team have made several important breakthroughs in the past year in the treatment of chronic lymphocytic leukemia (CLL):
 - In two clinical studies, Rituxan®, the antibody drug used successfully to treat many B-cell lymphoma patients, was found to be safe and effective as a CLL treatment when administered with the drug fludarabine.
 - A new antibody drug proved effective against CLL cells in test tube and early animal tests.
 - A drug originally developed to prevent organ transplant rejection was also found to kill CLL cells.

- **Helen Heslop, M.D., Baylor College of Medicine**, and her SCOR team are developing immunotherapies to treat Hodgkin lymphoma.

- Their new research builds on previous, Society-funded work, which showed that specialized immune cells (cytotoxic T lymphocytes) can be engineered and used with vaccines to treat or even prevent Epstein-Barr virus (EBV)-related lymphomas in immunocompromised patients.
- Now, the team is using bioengineering techniques to develop a more universal anti-lymphoma therapy that is proving effective in the laboratory and is likely to help an even larger number of lymphoma patients.
- Similar strategies are likely to help patients with other blood cancers.

Research breaking new ground

The Society funds other research aimed at understanding cancer stem cells, increasingly appreciated as the root of some blood cancers and the possible source of relapses. The Society also supports the discovery of cancer-causing molecular abnormalities, including very large genetic abnormalities that were unrecognized until just this year, and "epigenetic" abnormalities that can cause cancer without changing the genetic code at all.

These sea-change understandings may make possible the development of new "targeted" therapies that effectively kill cancer cells more specifically than today's standard treatments and with fewer side-effects. Small chemicals and antibodies are in this new drug pipeline, and targeted immunotherapies are being developed to help patients' own immune systems better fight their cancers.

An added focus on survivorship issues and late effects

- Standard treatments for blood cancer and solid tumor cancer patients can cause adverse long-term side-effects, including a range of secondary cancers. Through a new initiative announced in 2007, the Society is seeking grant applications from researchers whose work addresses the health issues of cancer survivors. New awards in this area will extend existing Society-funded research to understand which treatments will be most effective for each patient while carrying the lowest risk of late and long-term side-effects.
- **Elly Barry, M.D., Dana-Farber Cancer Institute**, a Society *Special Fellow in Clinical Research*, is working to reduce potential heart abnormalities among children following leukemia treatment. These life-threatening side-effects can be caused by commonly used anthracycline drugs and the iron complexes that form once they are administered. Dr. Barry is studying whether common changes in genes that process iron might increase the risk of heart complications. If so, genetic tests could identify at-risk patients so that alternative treatments could be employed.

...Through Patient Services

As more children survive childhood cancer, there is a need to focus on the long-term cognitive effects of their treatment. These "late effects" can result in learning issues that affect academic performance and require special resources. The Society is the leading organization providing resources of staff and educational programs to combat this growing problem.

The Society's *Welcome Back: Facilitating the Return to School for Children with Cancer* program educates school nurses and other personnel about the needs of these children during and after their return to school. A grant from Regence BlueCross BlueShield of Oregon this year gave the program extra clout over a four-state area. Financial support was also provided by the Lance Armstrong Foundation.

Additional education on issues facing pediatric cancer patients and their families is provided through *Focus on Childhood Cancer*, an extensive series of Society telephone education programs that is archived on our Web site, www.LLS.org. Two new programs were added to the series in fiscal year 2007: *How Childhood Cancer Touches the Entire Family* and *Education Challenges After Treatment: Middle School Through College*.

...Through Advocacy

The Society's Patient Advocates Network, more than 16,000 volunteers strong and growing, has affected a range of public policies that will enhance the search for cures and improve the quality of education, access and treatment of blood cancer patients:

- As of fiscal year 2007, advocates have secured a total of \$28 million in blood cancer research funding from the U.S. Department of Defense.
- In 2007, the five-year total that Society advocates have secured for blood cancer patient education from the federal Centers for Disease Control and Prevention reached nearly \$25 million. As one of the organizations that has received grants from these funds, the Society has inaugurated outreach programs to elderly and underserved blood cancer patients.
- Campaigns to guarantee insurance coverage for patients enrolled in cancer clinical trials were launched in New York and Pennsylvania, modeled on the passage of legislation in California and Wisconsin.



Fiscal Year 2007 Fundraising Highlights

Changing Patient Outcomes...

...Through Fundraising Campaigns

Team In Training® (TNT), the world's largest endurance sports training program, continued its amazing growth, raising more than \$125 million in fiscal year 2007 – 10 percent higher than the previous year. Since it started in 1988, TNT has trained 340,000 people for marathons, half marathons, triathlons and 100-mile cycling events. The campaign has raised more than \$800 million to help find cures.

Light The Night Walk, the nation's night to pay tribute and bring hope to people battling cancer, exceeded its goal this year, raising nearly \$35 million to help advance the Society's mission. Thousands of participants in 240 communities walked and raised funds, lighting the night with hope.

School & YouthSM Programs also exceeded budget this year. Ten million students in 21,000 schools raised \$18.5 million, demonstrating the power of young people to change the world!

...Through Donor Development

On behalf of patients and their families, the Society expresses its gratitude to the very special donors whose commitments totaled \$31.4 million in fiscal year 2007. This figure included \$4.9 million in bequests from individuals who had the foresight to include the Society in their estate plan. We exceeded our goal and are inspired to seek increased participation in fiscal year 2008. We are proud that 100 percent of donor-restricted gifts for research, patient services and advocacy support the Society's mission.

Research Grants *(continued)*

Michael Thirman, MD | 2003
University of Chicago

David Toczycki, PhD | 2004
University of California, San Francisco

Toshio Tsukiyama, PhD, DVM | 2003
Fred Hutchinson Cancer Research Center

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

Katharine Ullman, PhD | 2006
University of Utah

Jose Villadangos, PhD | 2005
The Walter and Eliza Hall Institute
of Medical Research

Johannes Walter, PhD | 2007
Harvard Medical School

Demin Wang, PhD | 2008
Blood Research Institute,
Blood Center of Southeastern Wisconsin

Mitchell Weiss, MD, PhD | 2007
The Children's Hospital of Philadelphia

Xiaolu Yang, PhD | 2005
University of Pennsylvania

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

Hongtao Yu, PhD | 2004¹⁹
The University of Texas

Weiguo Zhang, PhD | 2005
Duke University Medical Center

Yanping Zhang, PhD | 2008
University of North Carolina at Chapel Hill

Pengbo Zhou, PhD | 2006
Weill Medical College of Cornell University

Career Development Program: Scholars in Clinical Research

Ravi Bhatia, MD | 2003
City of Hope National Medical Center

Catherine Bollard, MD | 2008
Baylor College of Medicine

Ivan Borrello, MD | 2008
Johns Hopkins University

Martin Carroll, MD | 2004
University of Pennsylvania

Kenneth Cooke, MD | 2006²⁰
Case Western Reserve University

Ephraim Fuchs, MD | 2004
Johns Hopkins University

Zihai Li, MD, PhD | 2006²¹
University of Connecticut

Mignon Loh, MD | 2008
University of California, San Francisco

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

Robert Orłowski, MD, PhD | 2006²²
University of North Carolina at Chapel Hill

David Rizzieri, MD | 2007
Duke University Medical Center

Warren Shlomchik, MD | 2007
Yale University

Jeffrey Taub, MD | 2003
Wayne State University

Joseph Wiemels, PhD | 2004²³
University of California, San Francisco

William Wierda, MD, PhD | 2007
The University of Texas

Career Development Program: Special Fellows

Laurie Ailles, PhD | 2004
Stanford University

Jennifer Antonchuk, PhD | 2007
University of Edinburgh

Toshiyuki Araki, PhD | 2006²⁴
University of Toronto

Claire Attwooll, PhD | 2007²⁵
Memorial Sloan-Kettering Cancer Center

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

Marzenna Blonska, PhD | 2008
The University of Texas

Klara Briknarova, PhD | 2005
The University of Montana – Missoula

Katja Bruckner, PhD | 2004
Harvard Medical School

Julie Canman, PhD | 2007
Ludwig Institute for Cancer Research

Kate Carroll, PhD | 2007
University of Michigan

Andrew Carter, PhD | 2007
University of California, San Francisco

Yang Chao, PhD | 2007²⁶
Princeton University

Rafal Ciosk, PhD | 2006
Novartis Forschungsstiftung

Sean Conner, PhD | 2005
University of Minnesota, Twin Cities

Zhong Deng, PhD | 2006
Wistar Institute

Takeshi Egawa, MD, PhD | 2007
New York University School of Medicine

Hui Feng, PhD | 2006
Dana-Farber Cancer Institute

Pinghui Feng, PhD | 2007²⁷
The University of Texas

Josephine Ferreone, PhD | 2006
Scripps Research Institute

Daniel Foltz, PhD | 2007
Ludwig Institute for Cancer Research

Casey Fox, PhD | 2005
University of Pennsylvania

Xinsheng Gao, PhD | 2004
The University of Texas

Julie Gates, PhD | 2006
Bucknell University

Sourav Ghosh, PhD | 2007
Salk Institute for Biological Studies

Florent Ginhoux, PhD | 2008
Mount Sinai School of Medicine

Wendy Gordon, PhD | 2007
Brigham and Women's Hospital

Monica Gostissa, PhD | 2007
CBR Institute of Biomedical Research, Inc.

Alla Grishok, PhD | 2007
Columbia University

David Guertin, PhD | 2008
Whitehead Institute
for Biomedical Research

Beichu Guo, PhD | 2007
University of California, Los Angeles

Karen Haas, PhD | 2005
Duke University Medical Center

Tomoko Hamma, PhD | 2006
Fred Hutchinson Cancer Research Center

Joo Seok Han, PhD | 2006
Ludwig Institute for Cancer Research

Kieran Harvey, PhD | 2006
Peter MacCallum Cancer Institute

Beate Heissig, MD, PhD | 2004
Juntendo University

Ian Henderson, PhD | 2008
University of California, Los Angeles

Gilles Hickson, PhD | 2008
University of California, San Francisco

Amy Holdorf, PhD | 2007
Mount Sinai School of Medicine

Ke Hu, PhD | 2006
Indiana University

Jing Huang, PhD | 2008
Wistar Institute

Tara Huber, PhD | 2006
Genome Institute of Singapore

Matthias Hundt, MD | 2006
La Jolla Institute for Allergy
and Immunology

Kristen Hurov-Neely, PhD | 2007
Brigham and Women's Hospital

Miho Iijima, PhD | 2005
Johns Hopkins University

Julie Jameson, PhD | 2004
Scripps Research Institute

Edith Janssen, PhD | 2005
La Jolla Institute for Allergy
and Immunology

Sue Jaspersen, PhD | 2005
Stowers Institute for Medical Research

Przemyslaw Juszczynski, MD, PhD | 2008
Dana-Farber Cancer Institute

Axel Kallies, PhD | 2007
The Walter and Eliza Hall Institute
of Medical Research

Cheng-Fu Kao, PhD | 2006
Academia Sinica

Karen Keeshan, PhD | 2008
University of Pennsylvania

¹⁵ Dr. Michelle Kellher is funded in part by the Remillard Family Foundation.

¹⁶ Dr. William Kerr is fully funded by the Newman Foundation.

¹⁷ Dr. Linda Resar is funded in part by the Cora and John H. Davis Foundation.

¹⁸ Dr. Michael Teitell is fully funded by Parents Against Leukemia.

¹⁹ Dr. Hongtao Yu is fully funded by the St. Valentine's Day Luncheon and Style Show.

²⁰ Dr. Kenneth Cooke is funded in part by the Alex Trotman Memorial Fund.

²¹ Dr. Zihai Li is funded in part by the Karyn Research Fund.

²² Dr. Robert Orłowski is funded in part by the Mansbach Foundation, Inc.

²³ Dr. Joseph Wiemels is funded in part by Team Friends of Heroes, honoring pediatric heroes.

²⁴ Dr. Toshiyuki Araki is funded in part by Fred and Mari Dini.

²⁵ Dr. Claire Attwooll is fully funded by the Hildegard D. Becher Foundation.

²⁶ Dr. Yang Chao is funded in part by the Carlson Family Foundation.

²⁷ Dr. Pinghui Feng is fully funded by the St. Valentine's Day Luncheon and Style Show.

Kitai Kim, PhD | 2007
Children's Hospital Boston

Mei Kong, PhD | 2008
University of Pennsylvania

Eric Lai, PhD | 2005
Memorial Sloan-Kettering Cancer Center

Ke Lan, MD, PhD | 2007
University of Pennsylvania

Emma Langley, PhD | 2006
Scripps Research Institute

Nicholas Larsen, PhD | 2007
Harvard Medical School

Isabelle Le Blanc, PhD | 2005
University of California, Berkeley

Francene Lemoine, PhD | 2007
Duke University Medical Center

Anthony Leung, PhD | 2008
Massachusetts Institute of Technology

Jidong Liu, PhD | 2006
Memorial Sloan-Kettering Cancer Center

Yunmei Ma, PhD | 2007
Johns Hopkins University

Brendan Manning, PhD | 2005
Harvard School of Public Health

Yinghui Mao, PhD | 2005²⁸
Columbia University

Thomas Mercher, PhD | 2006
Brigham and Women's Hospital

Jung-Hyun Min, PhD | 2005
Memorial Sloan-Kettering Cancer Center

Nam-Sung Moon, PhD | 2008
Massachusetts General Hospital

Raul Mostoslavsky, MD, PhD | 2005
Massachusetts General Hospital
Cancer Center

Leta Nutt, PhD | 2008
Duke University Medical Center

Sean O'Rourke, PhD | 2006
University of Oregon

Ryoma Ohi, PhD | 2005
Harvard Medical School

Amir Oryan (Oran), MD, PhD | 2005²⁹
Technion, Israel Institute of Technology

Hyewon Phee, PhD | 2007
University of California, San Francisco

Kathrin Plath, PhD | 2005
University of California, Los Angeles

Supriya Prasanth, PhD | 2006
University of Illinois at Champaign-Urbana

Philippe Prochasson, PhD | 2007
MRC Clinical Sciences Centre

Youcun Qian, PhD | 2007
Cleveland Clinic

Jian Qu, PhD | 2005
University of California, San Francisco

John Randell, PhD | 2007
Massachusetts Institute of Technology

Attila Remenyi, PhD | 2007
University of California, San Francisco

Andrey Revyakin, PhD | 2008
University of California, Berkeley

Lauren Richie-Ehrlich, PhD | 2007
Stanford University

Monideepa Roy, PhD | 2008
Brigham and Women's Hospital

Hyung Ryoo, PhD | 2006
New York University

Shireen Saleque, PhD | 2004
Children's Hospital Boston

Adrian Salic, PhD | 2006
Harvard Medical School

Tomoyuki Sawado, PhD | 2005
Fred Hutchinson Cancer Research Center

Yongcheng Song, PhD | 2006
University of Illinois at Champaign-Urbana

Eric Spierings, PhD | 2005
Leiden University Medical Center

Walter Steiner, PhD | 2005
Niagara University

Angela Stoddart, PhD | 2005
University of Chicago

Travis Stracker, PhD | 2008
Memorial Sloan-Kettering Cancer Center

Gergely Szakacs, MD, PhD | 2007
Biological Research Center;
Hungarian Academy of Sciences

Vinay Tergaonkar, PhD | 2005
Salk Institute for Biological Studies

Giovanni Tonon, MD, PhD | 2007
Dana-Farber Cancer Institute

Ivan Topisirovic, MD, PhD | 2008
IRIC – Institut de Recherche en
Immunovirologie et en Cancerologie

Emily Troemel, PhD | 2007
Massachusetts General Hospital

Takehiko Usui, PhD | 2005
Memorial Sloan-Kettering Cancer Center

Lidia Vasilieva, PhD | 2008
Harvard Medical School

Ramiro Verdun, PhD | 2007
Salk Institute for Biological Studies

Carl Walkley, PhD | 2007
Dana-Farber Cancer Institute

Roland Walter, MD, PhD | 2007³⁰
Fred Hutchinson Cancer Research Center

Jing Wang, MD, PhD | 2006
CBR, Institute of Biomedical Research, Inc.

Dong Wang, PhD | 2008
Stanford University

Wenyi Wei, PhD | 2006
Beth Israel Deaconess Medical Center

Orion Weiner, PhD | 2005
University of California, San Francisco

Amy Weinmann, PhD | 2004
University of Washington

Markus Welcker, PhD | 2006
Fred Hutchinson Cancer Research Center

Hans-Guido Wendel, MD | 2006³¹
Memorial Sloan-Kettering Cancer Center

Gerlinde Wernig, MD | 2008
Brigham and Women's Hospital

Sarah Wignall, PhD | 2008
Stanford University

Geng Wu, PhD | 2006
Children's Hospital Boston

Zhaohui Wu, MD, PhD | 2006³²
University of Wisconsin at Madison

Ning Wu, PhD | 2007
Beth Israel Deaconess Medical Center

Tingting Yao, PhD | 2008
Stowers Institute for Medical Research

Defne Yarar, PhD | 2007
Scripps Research Institute

Tomoki Yokochi, PhD | 2006
Florida State University

Akihiko Yokoyama, PhD | 2006
Stanford University

Jianbo Yue, PhD | 2006
University of Hong Kong

Shan Zha, MD, PhD | 2008
Children's Hospital Boston

Tong Zhang, PhD | 2007
Dartmouth College

Rui Zhou, PhD | 2008
Harvard Medical School

Career Development Program: Special Fellows in Clinical Research

Philippe Armand, MD, PhD | 2008
Dana-Farber Cancer Institute

Elly Barry, MD | 2007
Dana-Farber Cancer Institute

Mari Dallas, MD | 2008
Fred Hutchinson Cancer Research Center

Jeffrey Davies, MD, PhD | 2007³²
Dana-Farber Cancer Institute

Alice Fan, MD | 2007
Stanford University

Noelle Frey, MD | 2008
University of Pennsylvania

Robert Jenq, MD | 2008
Memorial Sloan-Kettering Cancer Center

Alexander Perl, MD | 2007³³
University of Pennsylvania

Loredana Ruggeri, MD, PhD | 2007
Università di Perugia

Dan Vogl, MD | 2008
University of Pennsylvania

Career Development Program: Fellows

David Aiello, PhD | 2005
Mercer University

Christopher Bakal, PhD | 2007
Harvard Medical School

Michael Bassik, PhD | 2007
University of California, San Francisco

Linda Baughn, PhD | 2007
Weill Medical College of Cornell University

Michael Begley, PhD | 2008
Beth Israel Deaconess Medical Center

Marie Bleakley, MD | 2006³⁴
Fred Hutchinson Cancer Research Center

²⁸ Dr. Yinghui Mao is fully funded by Angelo DeFillipis and friends.

²⁹ Dr. Amir Oryan is fully funded by the Pamela B. Katten Memorial Leukemia Research Foundation.

³⁰ Dr. Roland Walter is funded in part by the Dan Gleason Memorial Research Fund.

³¹ Dr. Hans-Guido Wendel is funded in part by Senator Fuschillo and the New York State Department of Health.

³² Dr. Jeffrey Davies is funded in part by Steve and Lisa Boom.

³³ Dr. Alexander Perl is fully funded by the Douglas Krill Research Program and Margaret Radin.

³⁴ Dr. Marie Bleakley is funded in part by Lisa and Brian Bee.

Research Grants *(continued)*

Tatiana Bondar, PhD 2007 ³⁵ Yale University	Jinyan Du, PhD 2007 Dana-Farber Cancer Institute	David Kashatus, PhD 2008 Duke University Medical Center	Julian Lum, PhD 2005 University of Pennsylvania	Anand Ranjan, PhD 2008 National Cancer Institute
Deirdre Buckley, PhD 2004 Cold Spring Harbor Laboratory	Sheryl Elkin, PhD 2007 Massachusetts Institute of Technology	Karen Keeshan, PhD 2005 University of Pennsylvania	Matthias Lutolf, PhD 2007 Stanford University	Lily Rensing Rix, PhD 2005 Center for Molecular Medicine
Gerd Bungartz, PhD 2008 University of Pennsylvania	Nicholas Endres, PhD 2008 University of California, Berkeley	Valery Krizhanovsky, PhD 2007 Cold Spring Harbor Laboratory	Xiaoju Ma, PhD 2007 Harvard Medical School	Stefan Riedl, PhD 2005 Burnham Institute
Jing Chen, PhD 2005 Emory University	Kolja Eppert, PhD 2008 University of Toronto	Marc Kvensakul, PhD 2006 The Walter and Eliza Hall Institute of Medical Research	Eugene Makeyev, PhD 2005 Harvard University	Davide Robbiani, MD, PhD 2007 Rockefeller University
Danica Chen, PhD 2006 Massachusetts Institute of Technology	Sylvia Fischer, PhD 2005 Massachusetts General Hospital	Samy Lamouille, PhD 2007 University of California, San Francisco	Aron Marquitz, PhD 2008 University of North Carolina at Chapel Hill	Edward Rogers, PhD 2008 University of North Carolina at Chapel Hill
Jihua Chen, MD, PhD 2006 Dana-Farber Cancer Institute	James Forrest, PhD 2005 Emory University	Mark Lanasa, MD, PhD 2007 Duke University Medical Center	Vanessa Marsden, PhD 2005 Peter MacCallum Cancer Centre	Karen Sachs, PhD 2007 Stanford University
Stella Chou, MD 2007 The Children's Hospital of Philadelphia	Kyriaki Galani, PhD 2008 Massachusetts Institute of Technology	Nicolas Larmonier, PhD 2007 University of Arizona	Carla Martins, PhD 2006 University of California, San Francisco	Stefanie Sarantopoulos, MD, PhD 2006 Dana-Farber Cancer Institute
Dipanjan Chowdhury, PhD 2005 CBR Institute of Biomedical Research, Inc.	Neil Ganem, PhD 2008 Dana-Farber Cancer Institute	Erica Larschan, PhD 2005 Harvard Medical School	Sebastiaan Meijnsing, PhD 2005 University of California, San Francisco	Bernie Sattin, PhD 2007 Stanford University
Sergei Chuikov, PhD 2007 University of Michigan	Benjamin Gewurz, MD, PhD 2008 Brigham and Women's Hospital	Xiaoling Li, PhD 2005 Massachusetts Institute of Technology	Stavroula Mili, PhD 2006 University of Virginia	Gary Shapiro, PhD 2005 University of California, San Diego
Maria Ciofani, Hon. B. Sc. 2008 New York University	Danna Hargett, PhD 2008 Princeton University	Xiaozhen Liang, PhD 2006 Emory University	Alexandre Morozov, PhD 2006 ³⁷ Rutgers University	Wei-Jong Shia, PhD 2008 Scripps Research Institute
Pasquale Cirone, PhD 2008 Yale University	Jin He, MD, PhD 2008 University of North Carolina at Chapel Hill	Chengyu Liang, MD, PhD 2008 Harvard Medical School	Tammy Morrish, PhD 2007 Johns Hopkins University	Erika Shor, PhD 2007 ³⁸ University of Wisconsin at Madison
Alexandre Costa, PhD 2007 Stanford University	Kiersten Henderson, PhD 2008 Fred Hutchinson Cancer Research Center	Chinten Lim, PhD 2005 Scripps Research Institute	Jing Pan, PhD 2007 Memorial Sloan-Kettering Cancer Center	Rachael Siegel, PhD 2008 Columbia University
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** Deceased*

Independent Auditors' Report

The Board of Directors
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, 2007, 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 2006 consolidated financial statements and, in our report dated October 24, 2006, 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. Our audit included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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, 2007, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted accounting principles.

KPMG LLP

October 24, 2007
New York, NY

Consolidated Statement of Financial Position

The Leukemia & Lymphoma Society, Inc. | June 30, 2007
 (with comparative amounts at June 30, 2006) (in thousands)

	2007	2006
Assets		
Cash and cash equivalents	\$ 46,949	\$ 49,248
Accounts receivable	1,686	649
Legacies and contributions receivable (note 2)	4,321	6,129
Prepaid expenses	4,711	5,062
Investments, at fair value (note 3)	145,717	108,693
Fixed assets, less accumulated depreciation and amortization of \$10,435 and \$8,857	4,656	4,249
Total assets	\$ 208,040	\$ 174,030
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 18,339	\$ 18,365
Deferred revenue	15,258	12,803
Grants payable (note 4)	77,245	70,000
Total liabilities	110,842	101,168
Net assets:		
Unrestricted	85,691	64,628
Temporarily restricted (note 7)	8,634	5,403
Permanently restricted (note 7)	2,873	2,831
Total net assets	97,198	72,862
Total liabilities and net assets	\$ 208,040	\$ 174,030

See accompanying notes to consolidated financial statements.

Consolidated Statement of Activities

The Leukemia & Lymphoma Society, Inc. | Year ended June 30, 2007
(with summarized totals for the year ended June 30, 2006) (in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	
				2007	2006
Revenue					
Campaign contributions	\$ 274,055	\$ 17,979	\$ 2	\$ 292,036	\$ 265,596
Less direct donor benefit costs	(42,455)	–	–	(42,455)	(38,556)
Net campaign contributions	231,600	17,979	2	249,581	227,040
Legacies	4,810	127	–	4,937	2,745
Donated services (note 1)	5,051	–	–	5,051	4,896
Net interest and dividend income (note 3)	6,140	111	–	6,251	3,788
Net increase in fair value of investments	7,367	71	40	7,478	1,538
Grant refunds	1,304	–	–	1,304	1,387
Net assets released from restrictions	15,057	(15,057)	–	–	–
Total revenue	271,329	3,231	42	274,602	241,394
Expenses (note 8)					
<i>Program Services:</i>					
Research	69,269	–	–	69,269	63,570
Patient and community service	66,844	–	–	66,844	62,912
Public health education	38,379	–	–	38,379	35,078
Professional education	7,931	–	–	7,931	8,020
Total program services	182,423	–	–	182,423	169,580
<i>Supporting Services:</i>					
Management and general	23,663	–	–	23,663	23,017
Fund raising	44,180	–	–	44,180	42,667
Total supporting services	67,843	–	–	67,843	65,684
Total expenses	250,266	–	–	250,266	235,264
Change in net assets	21,063	3,231	42	24,336	6,130
Net Assets					
Beginning of year	64,628	5,403	2,831	72,862	66,732
End of year	\$ 85,691	\$ 8,634	\$ 2,873	\$ 97,198	\$ 72,862

See accompanying notes to consolidated financial statements.

Consolidated Statement of Cash Flows

The Leukemia & Lymphoma Society, Inc. | Year ended June 30, 2007
(with comparative amounts for the year ended June 30, 2006) (in thousands)

	2007	2006
Cash flows from operating activities:		
Change in net assets	\$ 24,336	\$ 6,130
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net increase in fair value of investments	(7,478)	(1,538)
Permanently restricted revenue collected	(2)	(112)
Depreciation and amortization	1,578	1,246
Changes in operating assets and liabilities:		
Accounts receivable	(1,037)	23
Legacies and contributions receivable	1,808	(1,103)
Prepaid expenses	351	(816)
Accounts payable and accrued expenses	(26)	698
Deferred revenue	2,455	2,048
Grants payable	7,245	13,226
Net cash provided by operating activities	29,230	19,802
Cash flows from investing activities:		
Purchases of fixed assets	(1,985)	(1,397)
Purchases of investments	(160,144)	(136,482)
Sales of investments	130,598	112,960
Net cash used in investing activities	(31,531)	(24,919)
Cash flows from financing activities:		
Permanently restricted contributions collected	2	112
Net cash provided by financing activities	2	112
Net decrease in cash and cash equivalents	(2,299)	(5,005)
Cash and cash equivalents at beginning of year	49,248	54,253
Cash and cash equivalents at end of year	\$ 46,949	\$ 49,248

See accompanying notes to consolidated financial statements.

Consolidated Statement of Functional Expenses

The Leukemia & Lymphoma Society, Inc. | Year ended June 30, 2007
(with comparative totals for the year ended June 30, 2006) (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	2007	2006	2007	2006
	Awards and grants	\$ 66,540	\$ –	\$ –	\$ –	\$ 66,540	\$ –	\$ –	\$ –	\$ 66,540	\$ 61,585	\$ –
Financial aid to patients	–	6,003	–	–	6,003	–	–	–	6,003	5,098	–	–
Donated services	724	4,327	–	–	5,051	–	–	–	5,051	4,896	–	–
Salaries	802	28,156	13,798	4,119	46,875	7,868	9,588	17,456	64,331	60,546	–	–
Employee benefits and taxes (note 5)	128	6,403	3,760	1,094	11,385	1,954	2,910	4,864	16,249	14,853	–	–
Occupancy	21	3,091	1,972	588	5,672	1,058	1,397	2,455	8,127	7,657	–	–
Insurance	8	247	170	41	466	79	150	229	695	791	–	–
Telephone	23	2,256	1,032	176	3,487	321	1,302	1,623	5,110	4,457	–	–
Travel	56	1,210	718	222	2,206	417	512	929	3,135	2,924	14,605	13,623
Printing and supplies	156	2,954	6,114	398	9,622	4,150	9,758	13,908	23,530	22,593	6,536	6,097
Equipment rentals and maintenance	10	751	474	138	1,373	250	359	609	1,982	2,747	–	–
Postage and shipping	50	1,012	4,242	163	5,467	2,320	7,376	9,696	15,163	15,033	–	–
Meetings	222	2,660	1,207	312	4,401	564	695	1,259	5,660	5,167	8,875	8,072
Professional fees	507	6,863	4,315	517	12,202	4,342	9,659	14,001	26,203	24,651	6,893	5,539
Miscellaneous	5	335	198	65	603	165	141	306	909	1,020	5,546	5,225
Depreciation and amortization	17	576	379	98	1,070	175	333	508	1,578	1,246	–	–
Total expenses	\$ 69,269	\$ 66,844	\$ 38,379	\$ 7,931	\$ 182,423	\$ 23,663	\$ 44,180	\$ 67,843	\$250,266	\$ 235,264	\$ 42,455	\$ 38,556

See accompanying notes to consolidated financial statements.

Program Services Expenses



Notes to Consolidated Financial Statements

The Leukemia & Lymphoma Society, Inc. | June 30, 2007
(with comparative amounts as of and for the year ended June 30, 2006)

1. Organization and Significant Accounting Policies

Organization

The Leukemia & Lymphoma Society, Inc. (the “Society”) is an international not-for-profit health agency dedicated to seeking the cause and 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 include: awarding research grants; facilitating psychosocial support groups; providing financial aid to patients; answering phone requests for blood cancer information made to the Society’s Information Resource Center; and disseminating educational information about blood cancers in the form of publications, internet sites, conference calls and symposia sponsorship for both the medical community and the general public.

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 four chapters, The Leukemia & Lymphoma Society of Canada, Inc. (“LLSC”), and the Society’s not-for-profit affiliates, The Leukemia & Lymphoma Society Research Programs, Inc. and The Leukemia & Lymphoma Society Research Foundation. All significant inter-company and intra-Society accounts and transactions have been eliminated in consolidation.

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.

LLSC is registered as a charitable organization under the Income Tax Act (Canada) and is therefore not subject to income taxes if certain disbursement requirements are met.

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 Directors, 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. 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

The Society has determined that certain of the donated services it receives meet the criteria for recognition in the financial statements. Specifically, the donated services of family support group facilitators and research grant reviewers have been valued and are reported as both revenue and expense.

Cash Equivalents

Cash equivalents consist of 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.

Fixed Assets and Depreciation

Fixed assets, which consist principally of equipment, software, 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 2006 summarized or comparative information. With respect to the statement of activities, such prior year information is not presented by net asset class and, in the statement of functional expenses, 2006 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Society’s 2006 consolidated financial statements from which the summarized information was derived. Certain reclassifications have been made to the 2006 comparative information to conform to the current year presentation.

Notes to Consolidated Financial Statements *(continued)*

2. Legacies and Contributions Receivable

The Society's legacies and contributions receivable at June 30, 2007 and 2006 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):

	2007	2006
Less than one year	\$ 3,197	\$ 5,028
1 to 5 years	622	1,169
After 5 years	778	-
	<u>4,597</u>	<u>6,197</u>
Less discount to present value (discount rate - 5%)	<u>(276)</u>	<u>(68)</u>
Total	<u>\$ 4,321</u>	<u>\$ 6,129</u>

3. Investments

The following is a summary of investments at June 30, 2007 and 2006 (in thousands):

	2007		2006	
	Cost or Donated Value	Fair Value	Cost or Donated Value	Fair Value
Money market funds	\$ 1,419	\$ 1,419	\$ 7,192	\$ 7,192
Corporate notes and bonds	42,744	42,323	38,958	38,127
Common stocks and mutual funds	29,072	35,395	27,728	31,927
Government obligations	47,409	47,186	24,317	24,112
Other	17,309	19,394	6,312	7,335
Total	<u>\$137,953</u>	<u>\$145,717</u>	<u>\$104,507</u>	<u>\$108,693</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. Other investments at June 30, 2007, consist principally of limited partnerships, the underlying holdings of which are principally marketable securities. Investment expenses of \$436,000 and \$335,000 have been netted against interest and dividend income for the years ended June 30, 2007 and 2006, respectively.

4. Awards and Grants

Awards and grants for research are recognized as expense in the year approved by the Society's Board of Directors. 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 Directors. In addition to unconditional grants payable of \$77,245,000 at June 30, 2007, the Society has grant commitments of \$106,000,000 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 \$3,133,000 and \$3,020,000 for the years ended June 30, 2007 and 2006, respectively.

On July 1, 2006, the Society adopted a 457 Deferred Compensation Plan (the "457 Plan"), for its executive staff. The 457 Plan is a nonqualified deferred compensation plan subject to the provisions of the Internal Revenue Code Section 457. Expenses under this plan approximated \$194,000 for the year ended June 30, 2007. The assets and liabilities of this plan amounted to approximately \$285,000 and are included in investments and accounts payable in the accompanying 2007 statement of financial position.

6. Lease Commitments

The leases for premises which the Society's Home Office and chapters occupy expire on various dates through December 31, 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 ending June 30:	
2008	\$ 6,827
2009	6,284
2010	5,491
2011	3,146
2012	1,362
Thereafter	209
Total	<u>\$ 23,319</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, 2007 and 2006 (in thousands):

	2007		2006	
	Temporarily Restricted	Permanently Restricted	Temporarily Restricted	Permanently Restricted
Research	\$ 1,907	\$ 2,825	\$ 3,614	\$ 2,784
Patient service	6,662	-	1,766	-
Other	65	48	23	47
Total	<u>\$ 8,634</u>	<u>\$ 2,873</u>	<u>\$ 5,403</u>	<u>\$ 2,831</u>

8. Joint Costs Allocation

In 2007 and 2006, the Society incurred joint costs for informational materials and activities that included fund raising appeals as follows (in thousands):

	2007	2006
Fund raising	\$ 14,069	\$ 13,661
Patient and community service	1,038	1,051
Public health education	11,652	11,067
Total	<u>\$ 26,759</u>	<u>\$ 25,779</u>

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