MISSION

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

Expand treatment options for all cancer patients through investigational vaccine, gene and cellular therapies.
“As a co-founder of the Mary Crowley Medical Research Center in 1986, it is a distinct honor and privilege for me to serve as its Chairman.

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

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

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

M. Douglas Adkins
Chairman of the Board
“All of cancer starts with one genetic change involving a single cell.”

John Nemunaitis, M.D.
Executive Medical Director

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

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

John Nemunaitis, M.D.
Executive Medical Director

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

John Nemunaitis, MD
Executive Medical Director

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

Neil Senzer, MD
Scientific Director

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

“Unluckily by this time, the cancer that started from that original single cell has expanded to several billion cells…”

Neil Senzer, MD
Scientific Director
“The most common way people give up their power is by thinking they don’t have any.”

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

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

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

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

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

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

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

Neil Senzer, M.D.
Mary Crowley Scientific Director
When entering Mary Crowley, patients first see the visible words: Hope Lives Here.

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

Humanizing the cancer journey also restores Hope as the patient is informed of the personalized approach that has been developed for their care including the ability of collaborating scientists to customize many of the investigational therapies. After the physician investigator explains the tool-box of options for their particular cancer, including those promising ones in the pipeline from around the world, Hope is reinstated, as is the power of living for today. The following patients are among those who attest to the power of Hope and have chosen to share their experience at Mary Crowley.
“Little did I know I would one day need their medical care.”
Allen Cassens, Patient
In December, 2013, the Mary Crowley staff informed Suzanne that she no longer showed evidence of melanoma!

“The day arrived and I walked into the center with my husband. I was assigned a room and waited for Cindi and the others, who would be part of the process. She came in with a smile along with 2 other nurses just as welcoming. She informed me the other nurses would be training to administer my injections when she would not be available. I immediately felt comfortable with them. Cindi is always very patient and happy to teach. Addressing me by name, she would inquire how I was doing throughout the whole process. At one point she mentioned bringing a CD player into the room so that patients could bring their favorite CDs and listen to music during the procedure (She had some music playing on her phone for me at this time). I agreed that was a GREAT idea! I was pleasantly surprised to receive a phone call from Cindi the evening after my first injections. She was calling to make sure I was okay and ask if I had any concerns.

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

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

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

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

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

**ADVOCATING FOR THE PATIENT**

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

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

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

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

Elisa Martin, Patient
COLLABORATING PHYSICIANS AND PARTNERSHIPS

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

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

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

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

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

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

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

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

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

MARY CROWLEY IPHONE APP
ADVANCING COMMUNICATION

Features of the Mary Crowley iPhone App:

- Clinical Trial Detail including Mechanism of Action and Inclusion/Exclusion Criteria
- Locates Clinical Trials by Disease Type AND by Molecular Target
- Share a Clinical Trial via Text or Email
- Push Notification when NEW trial is posted
- Call a live Member of the Research Staff
- Real Time updates on each Clinical Trial
MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

As of December 31, 2012 and 2011

<table>
<thead>
<tr>
<th>Assets</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,096,130</td>
<td>$2,524,428</td>
</tr>
<tr>
<td>Investments in securities</td>
<td>1,599,131</td>
<td>1,562,370</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,084,882</td>
<td>1,469,280</td>
</tr>
<tr>
<td>Accounts receivable - related parties</td>
<td>344,487</td>
<td>405,595</td>
</tr>
<tr>
<td>Notes receivable</td>
<td>20,464</td>
<td>-</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>94,556</td>
<td>93,596</td>
</tr>
<tr>
<td>Total current assets</td>
<td>5,239,650</td>
<td>6,055,269</td>
</tr>
<tr>
<td>PROPERTY AND EQUIPMENT (NET)</td>
<td>536,250</td>
<td>1,113,236</td>
</tr>
<tr>
<td>OTHER ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes receivable, net of current portion</td>
<td>343,277</td>
<td>-</td>
</tr>
<tr>
<td>Deposits</td>
<td>32,412</td>
<td>32,412</td>
</tr>
<tr>
<td>Total other assets</td>
<td>375,689</td>
<td>32,412</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$6,151,589</td>
<td>$7,200,917</td>
</tr>
</tbody>
</table>

Liabilities and Net Assets

| CURRENT LIABILITIES       |            |            |
| Accounts payable          | $677,834   | $813,921   |
| Accounts payable - related party | 20,000  | 20,000     |
| Accrued expenses          | 154,500    | 123,084    |
| Deferred revenue          | 210,951    | 340,153    |
| Total current liabilities | 1,063,285  | 1,297,158  |

NET ASSETS

| Unrestricted              | 1,687,595  | 2,658,693  |
| Temporarily restricted    | 1,400,709  | 1,245,066  |
| Permanently restricted    | 2,000,000  | 2,000,000  |
| Total net assets          | 5,088,304  | 5,903,759  |

TOTAL LIABILITIES AND NET ASSETS $6,151,589 $7,200,917

MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES
CONSOLIDATED STATEMENTS OF ACTIVITIES

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

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

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

Carley Rutledge, Patient
LOOKING BACK
2012-2013

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

- The Mary Crowley scientific team made an unparalleled advancement in 2013 by creating another personalized application for patients, that enables physicians to match patient genomic information to an investigational targeted or targeted immune therapy. This process entails the complex identification of the patient’s cancer signaling pathways and subsequent alignment to an appropriate therapy; followed by an analysis of how the therapy affects the growth of the cancer cells.

- A collateral milestone to the matching application in 2013 was the implementation of a process to collect and handle the patient’s tissue, whereby the DNA could be adequately preserved. Without the DNA, the signaling pathways and other molecular information would not be obtainable. To improve patient access for this tissue-based personalized genetic matching, Mary Crowley has developed collaborative relationships with approximately 20 surgeons, 5 major hospitals in the Dallas-Fort Worth Metroplex and one in Palm Beach, Florida.

- In 2013 Mary Crowley geographically expanded clinical sites to Palm Beach, Florida, with Florida Cancer Specialists, one of the largest independent oncology-hematology practices in the United States

- Significant progress continued in the Pediatric Program for Ewing’s Sarcoma that began in 2012. Mary Crowley has continued to make progress in terms of accrual and nationwide awareness of the Phase I FANG™ Vaccine Trial. Nature, a leading international scientific journal, documented one of these patients with a video titled “Stronger, not Sicker”. It can be viewed on the Nature or Mary Crowley website.

LOOKING FORWARD
2014-2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GRATITUDE TO OUR FAITHFUL SUPPORTERS

AEP River Operations • Allen and Linda Cassens • Allison’s Friends of Hope Foundation
André Gauger • Angels in Tropical Shirts, Inc. • Ann and Bob Huthnance • BIG HOPE 1
Brian and Honor Shearer • Carley J. Rutledge Sarcoma Foundation • Charlotte and
Robert Huthnance • Christi Urschel • Chubb Insurance / McGriff, Seibels, & Williams
Chuck Anderson • Cindy Brinker Simmons • Colon Cancer Alliance, Inc. • Comerica Bank
Communications Workers of America • Cooper/T. Smith Stevedoring Co. Inc. • Crowley-
Carter Foundation • Crowley-Shanahan Foundation • Crown Imaging LLC • D.W. Woolridge
Dani’s Foundation • David and Jane Carothers • Deanna Miles
Deborah and Scott Franklin • Dennis Ault • Derek L. Martin • Diane Boddy • Dinah
and Will Huthnance • Don and Linda Carter • Donna German • Douglas Weyer
Dr. Charles Brunicardi • Dr. Edwin Flores • Dr. Joseph and Mollie Kuhn • Dr. Merrick Reese
Dr. Michael Ramsay • Dr. Minal Barve • Dr. Reva E. Schneider • Dufour, Laskey & Strouse Inc.
Equestrians for Life • Georg Gauger • George and Fay Young Foundation, Inc.
Guardian Mortgage Co., Inc. • Hank Huff • HarrisonFrazer • Helen K. Charitable Trust
Horace C. Cabe Foundation • i-ROK Foundation • Jeanie and William Olinger • Jennie Gilchrist
Joey and Nora Carter • John Bick • John Jonoush • Judd, Thomas, Smith & Company
Judge McStay • Judy Tate • Julie and John Young • Laura and Bryant Weiss • Lawrence
Barbish • Liberty Mutual • Linda F. Caruth • Loretta Brennan • M. Douglas Adkins
Manley Brothers LLC • Marilyn Auger Family Foundation • Mark and Carol Meistermann
Marline Miller • Michael Griffin • Michael L. Mills • Michael Sandefur • Million Dollar
Round Table Foundation, Allan Newberry • Penny and Jack McLain • Peter Lorenzen • Pryor
and Sue Blackwell • Ralph and Ruth Shanahan • Redmond Foundation, Inc. • Reverand
Katherine Lyle • Rick Waggoner • Robert and Mary Wright • Robert H. Vannuccini
Ronnie Carter • RSUI Indemnity Company • SAKS Inc. • Sam and Beverly Wilson • Sherri
Pulliam • Speedway Children’s Charities • Summerfield G. Roberts Foundation • Susan Schildt
Team Networking • The David N. Meyerson Private Foundation • The Jasper L. and Jack Denton
Wilson Foundation • The Junior Three Arts Study Club • The Miller Law Firm PC • Thomas B.
Hoyt • Transwestern • Turn Services LLC • Vincent Schu • W.B. & Ellen Gordon Stuart Trust
Wenone, Inc. – Richard Benefiel • Wipe Out Kids’ Cancer • Young Texans Against Cancer
OUR LEADERSHIP

John Nemunaitis, M.D., Executive Medical Director
Neil N. Senzer, M.D., Scientific Director
Shannon Cagnina, J.D., Chief Operating Officer
Ellen Dearman, Vice President of Development
Jeannie Jones, RN, MSN, Vice President of Clinical Operations

BOARD OF TRUSTEES

M. Douglas Adkins, Chairman
Edwin Flores, Ph.D., J.D., Vice-Chairman
Marilyn H. Augur
F. Charles Brunicardi, M.D.
Thomas B. Hoyt
Mollie Kuhn
Michael A.E. Ramsay, M.D.
Merrick H. Reese, M.D.
Ruth Shanahan

MEDICAL STAFF

John Nemunaitis, M.D., Oncologist & Executive Medical Director
Neil Senzer, M.D., Scientific Director
Minal Barve, M.D.
Gerald Edelman, M.D., Ph.D.
Maurizio Ghisoli, M.D.
Jairo Olivares, M.D.
James Strauss, M.D.
Reva Schneider, M.D.

INDEPENDENT MEDICAL REVIEWERS

Anton Melnyk, M.D.
Robert Mennel, M.D.
Sherron Helms, M.D.