EXPANDING ACCESS
TO CLINICAL TRIALS

2016-17 Biennial Report
MISSION
Expand treatment options for all cancer patients through investigational vaccine, gene and cellular therapies

EXPANDING ACCESS TO CLINICAL TRIALS

SCIENTIFIC TEAM
PATIENT STORIES
CLINICAL TRIAL ROADMAP
LOOKING FORWARD
SUPPORT SERVICES
THE POWER OF ONE
EXPANDING ACCESS
TO CLINICAL TRIALS

Ashley E. Ross, MD, PhD - Executive Medical Director
Minal Barve, MD - Clinical Medical Director
James Strauss, MD - Clinical Scientific Director
A LETTER FROM MERRICK REESE, MD
Chief Executive Officer

We are pleased to announce and welcome our new Executive Medical Director, Dr. Ashley Ross, who joined our team in April of 2018. Before coming to Dallas, he was Associate Professor in the Urology and Oncology departments at Johns Hopkins where he also earned his Doctorate in Biochemistry and Molecular Biology. Dr. Ross is well positioned to take us to an even greater level of molecular-driven cancer research.

While we are excited to move forward with Dr. Ross, we remain grateful for the leadership of Dr. John Nemunaitis, our former Executive Medical Director for over 20 years. In late 2017, Dr. Nemunaitis decided to pursue his professional interest in academia and laboratory research in Ohio where he could be closer to his parents and siblings.

Looking forward, the opportunities are endless for Mary Crowley Cancer Research. We expect to see continued growth of our Phase I-II clinical trials due to the evolution of personalized medicine. Our physician investigators and Dr. Ross will be evaluating new programs to include tumor types previously untested at Mary Crowley. Moreover, at the forefront of our initiatives, we will continue developing new processes to improve patient access to our clinical trials, which may include further expansion of our center.

Growth in our clinical research also brings the need for increased efficiency and upgrades to older data management systems. This is a big ticket item but extremely important for the continued advancement of our outreach. With the help of our new Vice President and Chief Development Officer Deborah Montonen and our devoted philanthropic supporters, we hope to make this need a reality in the near future.

Merrick Reese, MD
MARY CROWLEY ATTRACTS NEW EXECUTIVE MEDICAL DIRECTOR
Impacting Cancer Patients in Their Lifetime

In April 2018, Mary Crowley welcomed Dr. Ashley Ross as the newly appointed Executive Medical Director for Mary Crowley Cancer Research. Honored to accept the appointment, Dr. Ross characterized Mary Crowley as one of the best-positioned centers in the country to capitalize on personalized or precision medicine due to its singular focus on early phase cancer trials, expertise in conducting many trials simultaneously and emphasis on partnerships with the patient’s primary oncologist.

Dr. Ross attended medical school at Johns Hopkins University and remained on the faculty as Associate Professor in the Departments of Urology and Oncology and Chief Medical Advisor at Genome Dx Bioscience. Adding to his credentials, Dr. Ross also received his Doctorate in Biochemistry and Molecular Biology and led research efforts in basic science, translational and clinical areas, while publishing over 130 original articles and editorials.

Dr. Ross shares Mary Crowley’s focus on personalized medicine, and his expertise in the field will allow Mary Crowley to further utilize the tools of molecular biology and immune-oncology to rapidly advance discovery and impact the care of cancer patients in their lifetime. To do so, Dr. Ross’s immediate objectives are to:

- Continue being proactive in defining the direction of medical science,
- Rapidly capture molecular data and help determine the potential predictors of response, and
- Expand the center’s network of clinical advisors to ensure that we bring in the best trials—the ones our communities really need.

“I am very optimistic about Mary Crowley reaching its full potential because of its strong foundation,” Dr. Ross said. “What motivates me to be at Mary Crowley is how great it is. There’s always a staff member with a huge amount of energy and a huge amount of HOPE in their hearts—it’s exciting to be around.”

Welcome aboard, Dr. Ross!

MARY CROWLEY CANCER RESEARCH

JAMES STRAUSS, MD
Clinical Scientific Director
Dr. James Stauss is an avid volunteer in the Dallas community, devoting time to both Parkland Clinic and UTSW. He also enjoys cycling, hiking and working on projects in his garage.

MINAL BARVE, MD
Clinical Medical Director
When not cooking, hiking or visiting Colorado, Dr. Minal Barve volunteers at a clinic for uninsured cancer patients. She also supports Pratham USA — promoting literacy for children.

JAIRO OLIVARES, MD
Physician Investigator
Dr. Jairo Olivares gives back by running a clinic for underprivileged children in his home country of Colombia. He also volunteers at a Dallas clinic for uninsured cancer patients and is an advocate for good nutrition.

REVA SCHNEIDER, MD
Physician Investigator
Dr. Reva Schneider demonstrates a holistic, organic and natural approach to life as she raises her three children — two boys and one girl.

DOUGLAS ORR, MD
Physician Investigator
Dr. Douglas Orr was a Lieutenant in the military before attending Vanderbilt University. Interesting fact, Dr. Orr has been driving an electric car for many years.

LEAH PLATO, PA-C, MPH, CCRP
Associate Director Of Clinical & Scientific Operations
Leah Plato is an active volunteer, treating patients at a primary local care clinic and speaking at cancer support groups and churches. She grew up on a dairy farm in Northern Michigan and enjoys yoga and painting.
CONNIE’S CANCER STORY:
19-Year Survivor Continues to Give Back

Connie’s cancer story began in June of 1999, but her gratitude to the physicians and staff at Mary Crowley Cancer Research continues today. Her co-worker at the time may have done Connie a big favor when she contracted a respiratory problem that led to pneumonia. As a precaution, Connie decided to go to a doc-in-the-box for a chest X-ray to make sure the pneumonia had not been passed on to her. The doctor did not find pneumonia; however, he did find a suspicious mass on her right lung and suggested she see an oncologist. Living in Dallas at the time, she did so and a biopsy revealed the ultimate diagnosis of cancer. Immediately her oncologist referred her to Mary Crowley without giving her any standard treatment.

Connie was placed on her first clinical research trial that included a chemotherapy component to stabilize her disease, followed by a second trial that did the same. By 2000, she was on her third clinical trial, which worked to reduce her cancer! The trial used a piece of her tumor tissue to construct a gene therapy to fight her cancer. She was very fortunate to have had little to no side effects. Connie said, “I never missed a day of work other than the times I had surgery.”

Unfortunately, Connie’s cancer progressed right after September 11, 2001. The right upper lobe of her lung had to be removed to eliminate the cancer. After her surgery, she was without evidence of cancer for years. Therefore, in 2003, she wanted to give back to Mary Crowley and volunteered to become a member of the organization’s Institutional Review Board (IRB). Coincidentally the Chairperson was the same oncologist that diagnosed her original cancer. As a lay member, she assisted in the review of consents for patients contemplating enrollment on a clinical trial at Mary Crowley. By then, she was very well qualified to put herself in the shoes of future patients as she had been there and done that on several occasions.

Connie moved to Houston in 2003. On a routine check-up at Mary Crowley, a recurrence was detected and she was referred to MD Anderson Hospital for Proton Radiation for 28 days. It worked and she was back to enjoying life. During her time in Houston, Connie also volunteered at MD Anderson Hospital supporting cancer patients, especially those who were undergoing cancer lung surgery. It was during this time that Connie was asked to serve on a proposed State-Wide IRB, but after a period of time, the plan did not come to fruition.

Seven years later, in 2014, it was back to Dallas to live and face the third progression of her stage 3b cancer. Her third surgery to remove the right middle lobe of her lung took place in September of 2015, followed by radiation and a personalized immune therapy that was designed to stimulate her immune system to fight her cancer. Cancer free since then, and 19 years after her initial diagnosis, Connie has become the face of gene and immune therapies by appearing on television shows to advocate for cancer patients and publicly speak about the benefits of clinical trials. Her contribution towards the advancement of new therapies for cancer patients is unparalleled due to her 15 years of service on the Mary Crowley IRB—the longest time for any member to serve.

After three progressions of her cancer, Connie feels as if her cancer has been treated as a chronic disease that has become successfully managed by the team at Mary Crowley. She says, “I will never leave Mary Crowley. The staff are like friends and knowing they are watching over me is a comfort and a blessing.”

“I will never leave Mary Crowley. The staff are like friends and knowing they are watching over me is a comfort and a blessing.”
Connie Burnett-West, Patient
“Where do we go from here?” Kris Southward asked this question five years ago, as he began his journey with stage IV colon cancer. The future looked bleak.

A CPA in Abilene, TX, Kris was accustomed to extra pressure during tax season. In May 2012, at the age of 49, he attributed his nagging stomach pain to stress. But the pain persisted into summer, and Kris scheduled a routine colonoscopy. To his shock, he awoke from the procedure to hear the doctor say, “I am sorry, you have cancer.” Later a biopsy revealed the cancer had spread to his liver. Kris’ oncologist offered grim statistics: most patients with advanced colon cancer do not survive five years; with surgery and chemo, two year survival was the best expected outcome. That prognosis was staggering to Kris, who envisioned more time with his wife Karen, their three daughters and his one-year old grandson Ryder. His oncologist recommended a clinical trial at Mary Crowley Cancer Research, to offer Kris as many weapons as possible in his arsenal to fight the cancer.

Kris came to Mary Crowley and discovered that he qualified for a first-in-human combination chemo-immune therapy trial that consisted of a personalized immunotherapy that is designed to engage one’s immune system to recognize and fight the cancer. While there was no guarantee of success, Kris was relieved to have a glimmer of HOPE.

“Tremendous HOPE that Mary Crowley would take me as a patient... Everyone was genuine, up-front, and positive; I always felt welcome,” Kris says. In addition to seeking a positive outcome for himself, Kris felt good about participating in a trial to help other cancer patients find alternatives to harsh chemotherapy.

Kris’ cancer responded to the treatment, and year after year his scans remained clear. At his five-year check-up in July 2017, Kris received great news: he is still CANCER-FREE. Kris reflects, “In many ways five years have flown by. I have been blessed tremendously by so many people, and am grateful to God for giving me these extra years... I am so grateful to everyone at Mary Crowley for all they did for me!”

Now when Kris asks “Where do we go from here?” the future looks bright indeed.

Update: August 2018, Kris continues to remain in remission.

“I am so grateful to everyone at Mary Crowley for all they did for me!”

Kris Southward, Patient
Mary Crowley staff members 8-10 weeks to complete approximately 150 checkpoints before a clinical trial is opened for enrollment.

- Identifies a patient safety checkpoint

* Represents 15 of 150 checkpoints

SAFETY
Checks for patient safety

ASSESSMENT of patient needs by Mary Crowley (MC)

EXPLORE & EVALUATE discoveries in Pharmaceutical Industry (Pharma) relevant to patient needs

ENGAGEMENT by MC with preferred Pharma and confidentiality documents executed

VALIDATION of MC qualifications with on-site visit by Pharma

REVIEW/APPROVAL-DISAPPROVAL of Clinical Trial Synopsis by MC Review Committee

COMPREHENSIVE REVIEW Approval-disapproval of full scientific data by MC Investigators

CRITICAL DOCUMENTS executed including FDA Form

AGREEMENT INITIATED between Pharma and MC to conduct a clinical trial

PATIENT INFORMED CONSENT drafted and approved-disapproved by MC and Pharma to protect rights, well-being and safety of patients

SUBMISSION of trial to Institutional Review Board (IRB) for review and approval-disapproval

CLINICAL TRIAL OPEN FOR PATIENT ENROLLMENT

NOTIFICATION to MC Investigators and Community Oncologists of pending trial opening/identification of eligible patients

RECEIPT OF INVESTIGATIONAL AGENT AND MATERIALS to MC from Pharma

SPECIFIC PROTOCOL TRAINING by Pharma with MC Investigators and staff during Pharma’s second visit to MC

AGREEMENT FINALIZED between Pharma and MC to conduct trial

ASSESSMENT of patient needs by Mary Crowley (MC)
Hung Nguyen is a proud North Texan. He cheers for both the Dallas Cowboys and the Dallas Mavericks, and he enjoys watching the games with his daughters. Born in Vietnam, Hung served as a soldier in the military. His strength was tested when he was the victim of a rocket blast that broke both legs. He says the difficult recovery from the explosion taught him perseverance that he would later draw upon for an even tougher battle.

In 1989, at age 37, Hung followed his sister to the United States. He and his family settled in North Texas, and he found a job producing medical equipment. Ten years later, he began experiencing pain in his right shoulder but shrugged it off as a result of his occupation. He treated himself with over-the-counter pain relievers for two years. Finally, when the pain became unbearable, he went to the doctor. To his surprise, he was diagnosed with Stage IV thymus cancer that had spread to his lungs and heart. The thymus is a small organ located just behind the breast bone in the front part of the chest and is an important part of the body’s immune system. Hung underwent surgery to remove a tumor the size of a fist, then chemo and radiation. Unfortunately, within one year the tumor grew back. Radiation was no longer an option, and chemotherapy had done nothing to stop the tumor's rapid growth. That's when Hung's oncologist recommended Mary Crowley Cancer Research.

With few other options, Hung and his family felt that a clinical trial was his best HOPE. In September 2013 he enrolled on a targeted small molecule trial at Mary Crowley. Instead of feeling overwhelmed with exhaustion and nausea, he felt well enough to drive himself to appointments. Hung’s cancer responded well to the therapy, and his tumor began to shrink. But then he faced a new challenge: the pharmaceutical company decided to close his clinical trial, which meant he would no longer receive life-saving doses of the trial medication. Mary Crowley staff persuaded the company to allow Hung to continue receiving the therapy, while covering other costs associated with his care. Thanks to those efforts, he never missed a dose.

In November 2016, Hung completed just over three years on the trial. Eight months later, he and his daughters were delighted to learn that his latest scan showed NO VISIBLE SIGN OF CANCER. Hung says Mary Crowley physician investigators and staff gave him great encouragement in his fight against cancer. “I like coming to Mary Crowley. Everyone here is very nice and welcoming.” In addition to the successful therapy, he says Mary Crowley provided HOPE when he needed it: “Hy vong song o day,” he says in Vietnamese. “HOPE lives here.”

Update: August 2018, Hung continues to remain cancer free!

“I like coming to Mary Crowley. Everyone here is very nice and welcoming.”

Hung Nguyen, Patient
Dedicated collaboration between research investigators, academic centers, scientists, and community oncologists is key to the growth and advancement of cancer treatments for patients. Mary Crowley’s Oncology Research Liaison is available to assist in developing the physician-to-physician collaborative process.

**Patient Benefits:**

- Access to more cancer options; some may be incorporated into standard treatments with their existing oncologist
- Access to Mary Crowley’s Molecular Registry, which is used to notify patients and their oncologists of a personalized clinical trial match and ensures earlier and faster enrollment in a clinical trial
- Double oversight when participating in a clinical trial by both physician investigators and referring oncologists
- More informed oncologists when they dialogue with investigators about recent research findings and future pipeline technologies
- Contribute to the body of cancer research, which plays a key role in future treatment options
- Provides HOPE of extended survival for today’s patients who have exhausted standard treatments

**Physician Collaboration Benefits Cancer Patients**

**Looking Forward:**

Clinical Innovation for Cancer

A major advance in oncology has been the development of the “checkpoint” antibodies to stimulate anti-tumor immune responses. Although they are not effective against most cancers, they may be more helpful if used earlier. Soon, we will see them used at the time of diagnosis, even before surgery.

- **Predicting Advances by James Strauss, MD**
  
  - **Patient-Specific Immunotherapy:** The CAR-T cells being used to treat certain hematologic malignancies and the checkpoint antibodies are non-specific. The treatment is the same for all patients. An advance in immune therapy could be treatments specific for each patient. The Vigil tumor vaccine studied at Mary Crowley was an example. Developments in DNA sequencing, sequence analysis, and peptide synthesis chemistry make it possible to produce custom vaccines using information from the tumor and the patient’s immune system. Studies with custom vaccines are starting and hold great promise.
  
  - **Combination Therapies:** There are many new “targeted” drugs. Some of these have changed standard treatment. However, the responses to many of the targeted drugs are not long lasting. Increasingly these drugs will be used in combinations and paired with chemotherapy. Studies of this design are open at Mary Crowley now.
  
  - **Genetically Engineered Viruses:** The use of viruses to destroy tumor cells and to stimulate an immune response has been studied for many years. Mary Crowley conducted some of the first studies with a genetically engineered Herpes virus that is now an FDA-approved treatment for melanoma. There are recent impressive results with a genetically-engineered polio virus for brain tumors (glioblastoma multiform) providing further stimulus for this field. There are several new genetically engineered oncolytic viruses in development and one study is currently open at Mary Crowley.

Resistance to treatment happens because not all the cells in the cancer are identical. The use of patient-specific immunotherapy, combinations of targeted drugs with chemotherapy, and oncolytic viruses are approaches to try to meet this challenge.
MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

As of December 31, 2017 and 2016

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<thead>
<tr>
<th>Assets</th>
<th>2017</th>
<th>2016</th>
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<tr>
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<td>Total other assets</td>
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<tr>
<td>TOTAL ASSETS</td>
<td>$10,072,039</td>
<td>$10,169,292</td>
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Liabilities and Net Assets

| CURRENT LIABILITIES                   |            |            |
| Accounts payable                      | $1,359,443 | $1,023,142 |
| Accrued expenses                      | 431,772    | 438,559    |
| Deferred revenue                      | 93,337     | 198,344    |
| Other current liabilities - related party | 12,000     | 88,445     |
| Total current liabilities             | 1,866,552  | 1,748,490  |

NET ASSETS

| Unrestricted                          | 6,321,479  | 6,043,083  |
| Temporarily restricted                | 1,854,008  | 2,377,719  |
| Permanent restricted                  | -          | -          |
| Total net assets                      | 8,175,487  | 8,420,802  |

TOTAL LIABILITIES AND NET ASSETS

| $10,072,039                            | $10,169,292|

MARY CROWLEY MEDICAL RESEARCH CENTER AND AFFILIATES
CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2017

With summarized financial information for the year ended December 31, 2016

| SUPPORT AND REVENUE:                  |            |            |            |            |
| Research revenue                      | $7,969,190 | $831,744   | $ -        | $8,800,934 | $8,472,279 |
| Contributions and grant revenue       | 304,019    | 977,213    | -          | 1,281,232  | 2,276,556  |
| Interest income                       | 67,543     | -          | -          | 67,543     | 71,755     |
| Realized gain (loss) on investments   | 15,675     | -          | -          | 15,675     | 594        |
| Unrealized gain (loss) on investments | 153,521    | -          | -          | 153,521    | 85,895     |
| Net assets released from restrictions | 2,332,668  | (2,332,668)| -          | -          | -          |
| Total support and revenue             | 10,842,616 | (523,711)  | -          | 10,318,905 | 10,907,079 |

OPERATING EXPENSES:

| Program                                |            |            |            |            |
| Medical & research                     | 8,009,020  | -          | -          | 8,009,020  | 7,800,615  |
| General & administrative               | 2,238,507  | -          | -          | 2,238,507  | 2,571,896  |
| Fundraising                            | 316,245    | -          | -          | 316,245    | 255,324    |
| Total operating expenses               | 10,563,772 | -          | -          | 10,563,772 | 10,627,835 |

Changes in net assets from operations  278,844  (523,711) - (244,867) 279,244
Other income (expense)                (448)        -          - (448)       (9,981)

INCREASE (DECREASE) IN NET ASSETS     278,396  (523,711) - (245,315) 269,263

NET ASSETS, beginning of period       6,043,083  2,377,719 - 8,420,802  8,151,539

NET ASSETS, end of period             6,321,479  1,854,008 - 8,175,487  8,420,802
Donor Spotlight: Big HOPE 1 Pushes HOPE
1 Million Reasons to Celebrate - $1 Million Raised in Six Years!

In 2012, Vince Schu, an employee of Ceres Consulting LLC and Ceres Barge Line, suggested that the company’s charitable funds support cancer research. Vince’s family had been deeply affected by cancer, as had many of his colleagues and friends in the barge industry. The Ceres team enthusiastically agreed, and they decided to paint a barge bright pink to increase awareness and named it BIG HOPE 1. They selected pink because of its successful association with breast cancer campaigns, with the vision that every time BIG HOPE 1 comes into an area, the barge will create awareness for every type of cancer. Sherwin-Williams generously donated the signature bright pink paint, and Jeffboat Shipyard painted the barge. Thus, Ceres launched BIG HOPE 1, the big pink barge, to raise cancer awareness within the barge and towing industry.

Not only does BIG HOPE 1 increase awareness of cancer in the community, Ceres also donates all funds raised in the PUSHING HOPE ANNUAL MARINE INDUSTRY CHARITY TOURNAMENT to Mary Crowley Cancer Research. The seafood boil, softball and kickball tournaments and 5K Fun Run serve as a weekend for the barge industry to gather in support of their family and friends who have been affected by cancer.

As of 2017, BIG HOPE 1 has raised over $861,000. In 2018, they are projected to top ONE MILLION DOLLARS for cancer research. Ceres Officers Mark Fletcher and Mark Mestemacher agreed, “BIG HOPE 1 unites and rallies the inland river and coastal regions and affiliated industries in fighting a disease that strikes all ages, races and genders without remorse. The marine industry is a group of individuals who do not sit back and wait for someone else to solve a problem. Instead, we take the problem on head first and try to tackle it with whatever resources we have available. This fundraising effort shows firsthand how that ‘can-do’ attitude can work toward a common goal.”

Dollars from BIG HOPE 1 have enabled Mary Crowley to match patients to clinical trials based on the patient’s personal molecular profile. Evidence shows that patients who enroll on personalized, targeted trials are more likely to have a beneficial response. The generosity of the inland marine industry continues to make a tremendous impact on the advancement of cancer research, and as a result, hundreds of Mary Crowley patients have received innovative cancer therapies.

We salute our friends in the marine industry who have worked tirelessly to “Push HOPE” to cancer patients!
Support Services at Mary Crowley
Serving the Needs of the Patient

Flight Home
An ovarian cancer survivor traveled to Dallas-Ft. Worth from the island of Mauritius to visit her daughter’s family. During her visit, her cancer recurred and she was referred to Mary Crowley for a clinical trial. Two years passed while she was being treated and participating in a clinical trial. She missed her family in Mauritius and a newly arrived grandbaby but lacked the funds to return for a visit.

The Mary Crowley Social Worker contacted an organization that provides airfare to advanced cancer patients at no cost and secured her round-trip airfare. The patient traveled home for Christmas, where she spent time with her husband and family before returning to Dallas to continue her clinical trial.

Electricity and Food Assistance
High medical bills made it difficult for one patient to afford her basic utility bills during an extreme Texas heat wave. The electric company threatened to cut off her electricity for lack of payment.

The Mary Crowley Social Worker stepped into action by notifying the electric company of the patient’s “critical status.” The Social Worker first arranged for the patient to receive a lower payment plan followed by a connection to a local charity organization for food and financial assistance. In addition, Mary Crowley staff pitched in and ordered food to be delivered to the patient’s home.

A Wheelchair Ramp
Restricted mobility was preventing one Mary Crowley patient from getting in and out of her home safely. In prior similar situations, county health services department assisted in providing ramps, but due to the rural location, they were unable to offer any assistance.

Not giving up, the Mary Crowley Social Worker contacted nine churches in the area and asked them for volunteers to build a ramp. Three men from a nearby church graciously responded to meet the need. They purchased supplies and built the ramp within a week, at no cost to the patient.
DONOR SUPPORT—The Power of One

“It is my honor to be a part of Mary Crowley Cancer Research and its mission of personalized medicine for patients on clinical trials. We thank all of you who are financially supporting Mary Crowley or have done so in the past. Mary Crowley and our patients appreciate your commitment and gifts.”

–DEBORAH MONTONEN, CFRE, VP AND CHIEF DEVELOPMENT OFFICER

Although finding a cure for cancer may seem like a daunting mission, it only takes one person to make a difference. An example of the Power of ONE is Vince Schu. He saw the prevalence of cancer among his friends and co-workers and felt something should be done. He spoke to his employer in 2012, who rallied the barge industry to host annual fundraising events to advance cancer research. Because of Vince’s idea, the Big Hope 1 event has raised over $860,000 and will surpass $1,000,000 in 2018. All proceeds have been awarded to Mary Crowley for research. (See page 24 to read full story about Vince.)

Caring individuals like you and Vince have the power to advance science and bring hope to cancer patients worldwide. Would you share the hope of Mary Crowley with ONE more-

• Your Employer
• Your Family
• Your Friends
• Your Church
• Your Foundation
• Your Doctor

Mary Crowley is singularly focused on bringing the newest scientific advances to cancer patients through Phase I clinical testing.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Traditional Academic Medical Center</th>
<th>Traditional Academic Cancer Hospital</th>
<th>Mary Crowley Cancer Research</th>
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<tbody>
<tr>
<td>Cancer Exclusive</td>
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<tr>
<td>Research Exclusive</td>
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<td>Independently Operated</td>
<td>×</td>
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*Source: ClinicalTrials.gov [Internet]. Recruiting, not yet recruiting, enrolling by invite, active, not yet recruiting; interventional studies; Phase 1, Phase 2, industry-funded, cancer [cited 2018 Aug 6]; by location
OUR LEADERSHIP
Merrick Reese, M.D., Chief Executive Officer
Ashley E. Ross, M.D., PhD, Executive Medical Director
James Strauss, M.D., Clinical Scientific Director
Minal Barve, M.D., Clinical Medical Director
Deborah Montonen, CFRE, Vice President and Chief Development Officer
Jeanne Jones, RN, MSN, Vice President of Clinical Operations
Angela Ebel, Vice President of Research Operations
Jennifer Sala, Vice President of Compliance

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   Thomas B. Hoyt
   Merrick Reese, M.D.
   Mary Elizabeth Warner, J.D.

MEDICAL STAFF
Ashley E. Ross, M.D., PhD, Executive Medical Director
James Strauss, M.D., Clinical Scientific Director
Minal Barve, Clinical Medical Director
   Reva Schneider, M.D.
   Jairo Olivares, M.D.
   Douglas Orr, M.D.
   Maurizio Ghisoli, M.D.
   Leah Plato, P.A.

www.marycrowley.org