get behind a cure.
Fight Colorectal Cancer demands a cure for colon and rectal cancer. We educate and support patients, push for changes in policy that will increase and improve research, and empower survivors to raise their voices against the status quo.
Dear Friends,

At Fight Colorectal Cancer, we usually meet people for the first time just as they have entered one of the worst times of their lives. Despite the fear, anger, sadness, confusion and anxiety they undoubtedly feel, we see their unyielding hope and tenacious optimism. We see people who are determined to fight, and who join us in demanding a cure for colon and rectal cancer.

We are humbled by the trust that hundreds of thousands put into Fight Colorectal Cancer through visits to our website, calls and emails to our toll-free Answer Line, participation in our monthly webinars and attendance at our annual Call-on Congress.

In their quest for answers, they depend on us for credible, evidence-based information. As they put their energies into becoming cancer activists, they look to us for connections with power players on Capitol Hill. When they want more and better research, they expect us to make that happen.

And we deliver.

In the following pages, you will read about the work and accomplishments we embarked upon and celebrated this past year. But make no mistake – this Annual Report is about you; you who battle this disease and you who, for a myriad of reasons, are committed to the fight. If we sound proud, it is because we are proud of you. You helped make our work possible. You are the inspiration behind all that we do. You are the one to whom we hold ourselves accountable.

I am also proud of the staff and board at Fight Colorectal Cancer for the fact that only 13 percent of our expenses last year went to overhead costs for activities such as fundraising and management. This means that for every dollar donated to Fight Colorectal Cancer, $.87 went directly to our programs that work to help patients and their loved ones. I credit the staff for their resourcefulness, and our board of directors for their phenomenal oversight. You can be certain that your donation goes far at Fight Colorectal Cancer.

You may have noticed that our organization went through a “rebranding” last year. That’s marketing speak for changing our name, logo, mission and vision statements, as well as other aspects of our communications.

We felt it was important to change our name from a friendly-sounding “coalition” to the feisty “fight” because that is what we do on behalf of patients. Reevaluating our mission helped us focus on why we do what we do; we do it for a cure. And we felt so strongly about saying that, that we put it in our tagline: Get behind a cure.

Thank you for all that you do to support our work.

Sincerely,

Carlea Bauman
President
Getting Information To Those Who Need It

At Fight Colorectal Cancer we know what we want to say: Colorectal cancer can be cured if caught early, treated successfully even in advanced stages and, most importantly, entirely prevented through screening and removal of precancerous polyps.

And we know who we want to reach: Any person coping with colorectal cancer including patients and their families and friends, advocates, medical professionals, researchers and policymakers.

The challenge, though, is greater for colorectal cancer than for many other cancer groups, because colorectal cancer strikes all age and demographic groups—young and old, both sexes, all races and socioeconomic levels.

Our fight must reach all those people. But how do we do that, especially in today’s world of fast-changing technologies? Finding the best mix of media to communicate with any targeted community is one of the biggest challenges faced by any organization.

Fight Colorectal Cancer meets this challenge by combining the best new high-tech communication techniques such as social media, webinars, emails, and blogging with old-fashioned high-touch communication methods such as newsletters and personal encounters, be they face-to-face or via telephone.

In the past year, Fight Colorectal Cancer staff concentrated on adding new ways to get our best information into the hands of the people who need it most.

One of our most powerful new communication tools has been the webinar: a real-time interview or discussion that people anywhere can join through their computers. With this technology and Fight Colorectal Cancer’s reputation and credibility within the cancer community, we have brought some of the nation’s top cancer experts to our 14 webinars to date—whether it was the Mayo Clinic’s Dr. Axel Grothy giving a personal summary of the nation’s most important cancer research conference, or the nationally known Dr. John Marshall explaining, in clear “lay language,” the very latest treatment decisions needed for stage II colon cancer.

While hundreds of participants could listen and ask questions in real-time, the webinars also are archived on our website, so people can listen when the time is right – and the topic is most meaningful to them. These webinars give patients, families, and medical practitioners the rare opportunity of learning directly from some of the best medical minds in the world.

Despite the wonders of technology, sometimes there is nothing as welcome as the sound of a caring human voice on the other end of the telephone. Now in its fourth year, the Fight Colorectal Cancer Answer Line continues to offer responsible, credible and timely responses to callers. In the past year, our Answer Line calls increased 55 percent over calls in 2010.

With topics ranging from clinical trial information to helping a caller make sense of a diagnosis and understand treatment options or getting ideas on coping with chemotherapy side effects, the Answer Line is very much a lifeline for people looking for an actual person to listen to their questions and help them find answers.
Communication Tools

Newsletter
Four times a year, more than 250 cancer centers and hospitals across the country receive complimentary copies of Fight Colorectal Cancer News to distribute to patients and waiting rooms. Issues are also e-mailed to Fight Colorectal Cancer’s entire constituency and archived on the Fight Colorectal Cancer website.

Website
Each year, more than 575,000 unique visitors turn to Fight Colorectal Cancer’s website, www.FightColorectalCancer.org for information on all aspects of colorectal cancer from prevention through the treatment issues through questions of survivorship. The website also provides advocacy tools and ways to take action.

Blogs and E-alerts
More than 100 times in the past year, the Fight Colorectal Cancer staff filed blogs with up-to-the-minute news specifically useful to colorectal cancer patients: new daily-living tips; significant clinical trial results; policy debates on topics from insurance coverage to budgets. (All news updates are archived and searchable on the website).

E-news
At least 12 times a year nearly 10,000 subscribers to our e-news receive timely and informative Fight Colorectal Cancer e-newsletters in their inboxes with news directly affecting colorectal cancer patients as well as updates on Fight Colorectal Cancer activities.

Facebook and Twitter
Fight Colorectal Cancer’s efforts this year to expand communications through social media paid off, with 2,300 Facebook friends (Facebook.com/FightCRC) and more than 1,250 Twitter followers (Twitter.com/FightCRC). One of the most popular Facebook features has been “Good News Tuesday” where our friends lift each other up by sharing recent good news.

A Webinar with Dr. Lynch
Every webinar is archived on our website. That’s where Suzan Mayberry of Texas found a webinar featuring Dr. Henry Lynch – the man who discovered the inherited Lynch syndrome that increases the likelihood of recurrent colon and other cancers.

Suzan and her husband never knew he had Lynch syndrome until after he had died of stage IV colorectal cancer. Learning that one or both of her sons may have inherited Lynch syndrome, Suzan needed to know more.

“The webinar with Dr. Lynch affirmed all the information I had learned and my need to raise awareness so that people at risk get screened,” she said. “My husband’s story could have had a different ending if he had known about Lynch syndrome.”

Help From the Answer Line
What can you do to help deal with pain after surgery? Paul Frederickson, 69, of Minnesota got on the phone and called Fight Colorectal Cancer’s Answer Line.

“I was having a tough time and what I really wanted was to talk to someone in the same boat so I could hear what their experience was and how they got through it,” he said. That’s exactly what the Answer Line provided, quickly connecting Paul with someone who had been through a similar surgery and could give him information—and hope. “I’m glad I called,” he said.
Until very recently colorectal cancer was not really mentioned in polite society—even though it is the second leading cancer killer in the nation. Funding for research, treatment and especially screening totaled far less than other cancers.

Fight Colorectal Cancer was founded to change that. One of the primary ways we differ from many other cancer organizations is our emphasis on influencing policy and funding through smart, focused advocacy.

Advocating for policy changes, for research funding, for federally mandated screening, for equitable insurance coverage, for top quality health care, and for patient’s rights—those are our priorities.

When our staff, board, advocates, and medical advisors speak out—on Capitol Hill or in academic circles—people listen. But our real influence comes from our grassroots advocates—those who live with colorectal cancer and who, with our support and encouragement, find their voices to tell their stories.

From our base in the Washington, DC area we have an ever-increasing presence on Capitol Hill. Each year individuals from across the country come to “Call-on Congress.” After a day of training in how to be effective advocates, these dedicated volunteers—representing themselves or loved ones—walk the halls of Congress, meeting their elected officials to tell their stories and personally lobby for federal aid to fight this disease. As usual, they never get too far without meeting staff or aides or officials or security guards eager to chime in with their own stories of loved ones diagnosed, fighting, surviving, or lost. In March of 2011, 60 advocates from 21 states flooded congressional hallways in their highly visible T-shirts, and met with more than 70 legislators in one intense day.

But these personal encounters in 2011 were even more powerful because the groundwork had been laid by members of the Fight Colorectal
Cancer community who couldn’t come to Washington. Several days earlier, a coordinated blitz of phone calls from Fight Colorectal Cancer advocates in 49 states hit legislators’ offices thanks to our Congressional Butt-In and Virtual Lobby Day events. By concentrating phone calls and personal visits within days of each other, Fight Colorectal Cancer’s one-two punch maximized attention from elected officials and their staffs.

In fact, in a critical Senate budget vote held just days after the 2011 Call-on Congress, six swing-vote senators decided to vote in favor of restoring the cancer research funding after hearing from our advocates.

Our advocates play a leadership role in our organization, through our longstanding advisory Grassroots Action Committee. And this year, we strengthened our outside-Washington coordination by forming a new team of five regional directors. The regional directors organize on the local level, knowing their work will feed into a national, bigger picture. This was effective in our Proclamation 101 project this year when advocates from across the country, using online tool kits posted on the Fight Colorectal Cancer website, petitioned city, state and regional governmental agencies to issue proclamations declaring March National Colorectal Cancer Month.

At every level of our organization our goal is the same: Advocate and work for change on behalf of people fighting colorectal cancer and empower survivors to raise their voices against the status quo.

Pam McAllister Earns Andrew Giusti Memorial Award

In memory of Andrew Giusti, a former board member, scientist and colorectal cancer patient, Fight Colorectal Cancer chair and founder Nancy Roach presented the first-ever Andrew Giusti Memorial Award to research advocate Pam McAllister during Call-on Congress in March 2011. The award honors Pam for her “activism on behalf of colorectal cancer patients and for focusing, like Andy did, on pushing for great science that will translate to patient benefit as quickly as possible.”

A PhD researcher in cell biology, Pam first lost a brother to cancer and then was diagnosed with gastrointestinal cancer herself. She has come to be known as the “grandmother” of colorectal cancer research advocacy.

In addition to her extensive work as a research advocate, she has long served as an outstanding mentor to new advocates, explaining how “just plain patients” can make a difference when they understand the research process.

Pam sits on the panel that sets the American Cancer Society colorectal cancer screening guidelines. She has been involved with the American Society of Clinical Oncology panels that set both the KRAS and the stage II treatment guidelines.

Like Pam, Andy was a scientist and superb research advocate. He was working on a vaccine against colorectal cancer when he was diagnosed in 2005 with stage IV widely metastatic colorectal cancer at the age of 40. Andy died on December 5, 2010.
It’s Simple: Screening Saves Lives and Dollars

Colorectal cancer costs the U.S. economy $14 billion a year, with 60 percent of those costs paid by Medicare, according to the National Cancer Institute. Billions of those dollars would be saved—as well as an estimated 30,000 lives—if every American was screened according to known guidelines for age and risk factors.

The Centers for Disease Control and Prevention (CDC) estimates that, if all precancerous polyps were identified and removed, the number of new colorectal cancer cases could be cut by up to 90 percent, and deaths could be reduced 70 to 90 percent.

So it’s simple, really. It’s a rare instance when there is no tradeoff: Dollars and lives can be saved at the same time through screening. That’s one of Fight Colorectal Cancer’s highest policy priorities, and this past year we were highly visible in Washington in this effort:

- In July 2010, President Carlea Bauman was one of 50 health care leaders invited to hear First Lady Michelle Obama and Dr. Jill Biden announce startup of the Affordable Health Care Act’s requirement that new insurance plans must cover free preventive health care—including colorectal cancer screening—without cost-sharing.

- Not willing to settle for a partial victory, Fight Colorectal Cancer called on all existing insurers to adopt the same guidelines. We also spoke out against part of the regulation allowing insurers to add cost-sharing if, during a screening colonoscopy, a precancerous polyp was found and removed (thus becoming a treatment).

- Throughout the past year, Fight Colorectal Cancer has pushed for a new, national colorectal cancer screening program. In March 2011, Fight Colorectal Cancer and three other national professional groups held a high-profile Capitol Hill briefing, featuring Dr. Thomas Frieden, Director of the CDC and others.

We actively support The Colorectal Cancer Prevention, Early Detection and Treatment Act which would establish a national screening program under the CDC, targeting the pre-Medicare population, with priority to low-income uninsured or underinsured individuals.

Thanks to long-term lobbying and education, this new law has bipartisan sponsors in both the House and Senate. The job in the coming budget year will be to keep reminding legislators that dollars spent to start screening will save billions more than it costs.

The New Stamp Act

Fight Colorectal Cancer also worked closely with Congressman Charlie Dent of Pennsylvania, who introduced a bill (H.R. 893) that would raise federal funds for colorectal cancer research—without increasing federal spending. The law would direct the U.S. Postal Service to sell a “semipostal stamp” that costs slightly more than a regular stamp—with extra funds going directly to federally funded colorectal cancer research. Passage will be challenging, but we have called on our nationwide network of vocal advocates to push their own congressional members to cosponsor and pass this unique method of raising dollars for cancer research.

Dr. Doug Lowy, Deputy Director, National Cancer Institute, National Institutes of Health, speaks at Call-on Congress
The Best of Times, The Worst of Times

Forty years ago when President Nixon signed the National Cancer Act into law, scientists didn’t even know how a normal cell became a cancer cell. Now, as researchers peer into the tiniest inner workings of a cell’s DNA and chemical processes, we’re approaching the day when we will be able to tailor cancer treatments to specific DNA changes in each patient’s tumor.

Like the space race to the moon, such progress is made possible only by investing millions of dollars in research and by scientists devoting their entire careers to the cause.

“There is no doubt that we are on the brink of startling innovation in our understanding of cancer that presents the opportunity for conquering it—for preventing it, treating, curing it,” Fight Colorectal Cancer’s Director of Research Communications Kate Murphy reported from the 2011 annual meeting of the nation’s top cancer researchers.

“Yet it is also the worst of times—with severe cutbacks threatened in funding for research,” added Murphy. The simple slash of the budget pen can halt an ongoing clinical trial, wasting years of accumulated data, thousands of invested dollars, years of scientists’ work, and the hopes of patients willing to test that new drug or procedure.

Fight Colorectal Cancer’s research goal: Bring the most promising and beneficial colon and rectal cancer research to the patient as quickly as safety permits. Clinical trials – the process of scientifically testing specific research on real patients – are key to this goal. We work to make sure that patients understand the importance of participating in clinical trials, and this year launched a clinical trial matching program that helps patients find a trial matching their medical situation. But our work doesn’t stop there. We are involved earlier in the process, working through our research advocates and with governmental agencies to streamline and influence the clinical trial process itself. And always making sure that the patient’s voice is heard loud and clear.

In these tight budget times, one of Fight Colorectal Cancer’s prime missions is to maintain—even increase—funding for colorectal cancer research by keeping the pressure on Congress.

“It’s critical—hugely important—for colorectal cancer especially, to have advocacy groups, because it has been those advocacy groups who have driven Congress, those activists who have brought in money,” says Dr. Gail Eckhardt, head of the University of Colorado’s Division of Medical Oncology. She is one of the first to receive funding from the Department of Defense (DoD), thanks to years of lobbying by Fight Colorectal Cancer to get colorectal cancer added to the DoD research program. As a result, Dr. Eckhardt will
The Best of Times, The Worst of Times

(continued)

be testing a revolutionary new way of better matching patients to new ultra-expensive targeted drugs, potentially saving thousands of drug development dollars and shortening the time from drug discovery to saving lives.

Fight Colorectal Cancer advocates work to not only continue future research funding, but also focus on science that promises the highest payoff for people living today with colorectal cancer. We do that by bringing the patient’s voice to the highest levels of decision-making about what research is funded, started, and continued each year:

• The National Cancer Institute (NCI) funds the vast majority of cancer research in this country. Fight Colorectal Cancer Board Chair Nancy Roach, Kate Murphy and advocate Pam McAllister (see pg. 7) served on the NCI steering committee and subcommittees deciding which long-term priorities and specific clinical trials will be funded.

• Outside the traditional NCI and academic research stream, the DoD fills a gap by supporting innovative research aiming for sudden breakthroughs. After years of lobbying by Fight Colorectal Cancer, the DoD in 2010 added colorectal cancer research to its research program. Nancy Roach initially served—and is followed by Kate Murphy—on the DoD panel that sets priorities and approves final grants, while other advocates helped review specific grant proposals.

• A National Comprehensive Cancer Network (NCCN) panel analyzes colorectal and anal cancer research advances, then issues updated treatment guidelines for each stage and type of cancer. Kate Murphy is the first patient advocate appointed to this panel.

• Fight Colorectal Cancer’s advocates served in 2011 on panels charged with streamlining academic, clinical research programs into revised Cooperative Groups across the U.S.

Fight Colorectal Cancer also partners with key government agencies such as the Centers for Medicare and Medicaid Services, the Centers for Disease Control and the Federal Drug Administration as they make key decisions about how new drugs are approved, and how insurance coverage should be updated to cover new screening and treatments.

Fight Colorectal Cancer also directly impacts the entry of new scientists into the field of colorectal cancer research through the Lisa Dubow Research Grant, which is awarded in collaboration with the American Association of Cancer Research (AACR).

Perhaps most importantly, we work to connect research to patients. In 2011, we posted more than 100 research news updates—available through the website, blogs, emails and Twitter—reporting breaking developments in research and related policy decisions.

In the coming year, Fight Colorectal Cancer advocates and staff will be making sure that—in these tight economic times—research decisions have the biggest payoff for patients.
What Can You Say About a Person Like….

Suzanne Lindley

She is a legend—a living legend, but only living because she has been getting experimental and state-of-the-art care as fast as it can move from research lab to the doctor’s office.

Thirteen years ago Suzanne Lindley was told she had stage IV colorectal cancer and would likely live only a few months. “I told my kids, picked my casket and planned my funeral.” But then through an online chat group she met Shelly Weiler, a fellow patient and father of Judi Sohn, Fight Colorectal Cancer’s former Vice President of Operations. He told Suzanne, “I have a daughter your age, and I’d never let her give up searching for treatment.”

At that time, there was only one possible treatment—the drug 5-FU—but it wasn’t usually given to patients like Suzanne who had liver metastases. So she joined a clinical trial; then another; then another, each time receiving new drug regimens. She received then-experimental SIRT (radioactive pellets implanted in her liver). Her tumors shrank so that she could continue with new chemotherapy regimens and new surgical techniques—as they were discovered—to control spine and brain metastases.

With each new month, then year, she watched her daughters grow up. She learned to scuba and skydive. But seemingly fearless Suzanne nevertheless believed she’d die of fear—at the thought of telling her remarkable story in public. Yet through Fight Colorectal Cancer’s Call-on Congress training and support, she has become a legend in the halls of Congress, too.

Talking with her congressman during the 2011 budget debates, he pulled out a picture of his family and said, “My fiscal responsibility is to make sure the war doesn’t come to their back step.” Pulling her own family picture from her wallet, Suzanne replied, “Congressman, the war on cancer has already come to our back step.”

So when someone asks whether it’s worth it to fund a research trial or new medicine that might “only” extend someone’s life another few months, we think of what Suzanne has done with each new “few months” she has won.

The Lisa Fund Supports Cell Researcher

The director of the National Cancer Institute warned—more than three years ago—that research budget cuts were threatening to dry up the pipeline of next-generation cancer scientists.

Fight Colorectal Cancer takes direct action to keep the pipeline open for young colorectal cancer researchers through its Lisa Fund. The Fund pays for one of just 10 fellowships granted yearly through the American Association of Cancer Research (AACR) for promising new scientists.

The 2011 Fight Colorectal Cancer-AACR grant was awarded to Jon H. Chung, PhD of the Johns Hopkins University School of Medicine. Dr. Chung is studying signaling pathways—protein molecules that “turn on” genes to make a cell reproduce.

In just five years, Fight Colorectal Cancer has raised $150,000 in donations that have gone entirely to four young researchers: We have launched an effort to double that funding within the next year.

Jon H. Chung, PhD

The Lisa Fund honors Lisa Dubow, who credited cutting-edge research and clinical trials with her nine-year survival of late-stage cancer.
Drug Shortages: Fighting For All On All Fronts

The critical shortage in life-saving medicines had been building for years in the U.S., but it wasn’t until the summer of 2011 that the American mass media began reporting the story. As a result, many cancer patients had no warning when the crisis hit them personally.

Jay Cuetera had arrived at the clinic, he told the San Francisco Chronicle, and settled in for his sixth cycle of chemotherapy to fight his advanced colorectal cancer. His intravenous central line in place, he was waiting for the next step when his oncology nurse told him there would be no treatment that day. They didn’t have the drug.

The drug was fluorouracil (5-FU), the foundation of treatment for colorectal cancer since the 1950s. “How can we be short of this drug, when there are thousands of colorectal patients out there getting this chemotherapy?” Jay wondered.

In fact, approximately 80,000 of the 140,000 Americans currently living with colorectal cancer depend on 5-FU treatments, as Board Chair Nancy Roach told Reuters and many other newspapers who called Fight Colorectal Cancer while investigating this “breaking” story. But the Fight Colorectal Cancer staff and advocates have been working on, and reporting about, drug shortages for three years. And long after the TV cameras and newspaper reporters move on to the next hot story, Fight Colorectal Cancer will still be working on this issue on multiple fronts, day in and day out:

• Most importantly, our Answer Line (877-427-2111) gives an immediate, personal response to phone callers. In 2011, the Answer Line fielded hundreds of calls from patients and providers. The Answer Line staff can point callers to the most reliable source for recommended alternate treatment protocols, and give them the latest information about how insurers (including Medicare) are—or should be—covering the more expensive brand-name substitute drugs.

• Our Research News blogs provide daily and weekly updates to subscribing patients, doctors and advocates. For several years, Fight Colorectal Cancer staff have posted regular updates about which drugs were on the shortage list, as well as dosing guidelines—and cautions—for substitute drug regimens. Our staff also bring otherwise unreported news about how manufacturers and government agencies such as the FDA are responding to specific drug shortages.

• Staff and advocates are in continuous contact with the government, manufacturers and insurers through phone calls, letters, and formal policy statements. We have been, and will be, asking the FDA for quicker response to shortages; pressuring manufacturers to continue producing lower-profit-margin generic drugs; and monitoring whether insurers, including Medicare, maintain coverage of more expensive alternative drugs.

• Fight Colorectal Cancer is working with Congress to move forward legislation (S. 296 and H.R. 2245) requiring that manufacturers give earlier warning of impending shortages. Our online Action Center (http://advocacy.fightcrc.org) provides bulletins and specific tools for advocates all over the country to keep their own representatives and staff aware of how the drug shortages are directly affecting their constituents—and what we want them to do about it.
Fueling the Fight Against Colorectal Cancer

Fight Colorectal Cancer staff and advocates work every day to impact the fight against colorectal cancer—work made possible by the generous support of our donors. We are truly grateful when individuals choose to contribute financially to support our efforts and we strive to make sure that every dollar invested by a donor results in action and impact.

DONATE DIRECTLY TO FIGHT COLORECTAL CANCER
Fight Colorectal Cancer relies on individual donations to support our efforts. Many people choose to make a gift in honor or memory of a loved one. Other donations have recognized one of life’s milestones such as a birthday, wedding or anniversary. Donations can also be unrestricted or designated for a specific program. Make a donation online at www.FightColorectalCancer.org/donate or mail your tax-deductible donation to 1414 Prince Street, Suite 204, Alexandria, VA 22314.

SUPPORT COLORECTAL CANCER RESEARCH THROUGH THE LISA FUND
The Lisa Fund provides grants to support researchers dedicated to developing treatments for patients with late-stage colorectal cancer. Of every donation to the Lisa Fund, 100% goes directly to the research grant. Fight Colorectal Cancer works in conjunction with the American Association for Cancer Research to administer the grant. For more information about the Lisa Fund, or to make a donation, visit www.FightColorectalCancer.org/LisaFund.

WORKPLACE GIVING
Many companies offer their employees the opportunity to give to charities of their choice through payroll deductions. This includes federal, state, county and other local government employees, as well as employees in the private sector. Many companies also match their employees’ charitable gifts through a matching gift program, effectively doubling or tripling your contribution. Ask your employer’s human resources office about their matching program.

INDIVIDUAL FUNDRAISING EFFORTS
Each year, more and more volunteers want to get involved and personally impact the fight against colorectal cancer by organizing an event (marathon run, softball tournament or fashion show have been a few) to raise funds. Fight Colorectal Cancer is grateful for this support and eager to help however we can. Our website provides the opportunity to set up your own personalized web page which allows you to share your story and connection to colorectal cancer, honor or remember loved ones, and give friends and family an easy and effective way to express their support. Personal Fundraising Pages can be viewed or created at http://link.fightcrc.org/personal.

JOIN US ONLINE
For more information on any of these programs please contact Ben Basloe, Director of Development at 703-548-1225, ext. 017 or Ben@FightColorectalCancer.org.

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Linda Carter Galbato
Lynn Marie Gale
David & Barbara Garodnick
Deanna Geisel
Susan Gilbert
Charlotte Gill
Lesley Gillis
Jennifer Gleason
Jon & Harriet Goldstein
Hannah Good
Mark Goodemote
Agnes Goodman
Linda Goodsell
Bob Gordon
Shelley Gottlieb
Mr. & Mrs. Craig Grube
Carl Guenther
Ben & Angie Gugliuzza
Robin Gunwell
Jacqueline Gutierrez
Joe Guy
Susan Hahn-Hamamoto
Angela Hailar
Jay & Anita Hakes
Robin Hammond
Ellen Handrahan
Amy Hanley
Chris & Nancy Hansen
Sharon Hardifer
Gail Harris
Carla Harris & Family
Mark Hartig
Richard Hartman
Ross Hartman
Marie Hawley
Mike & Amanda Hayes
Dottie Hebenthal
Marlyn Heers
Sharon Heeter
Tracey Heil
Jane Heilskov
Rebecca Helgeson
Andrea Helmstetter
Angelisa Herrera
Arlene Hersh
Malissa Herzbrun
Janice Hetlter
Linda Heup
Pattie Hill
Brian Hillebrand
Matthew Hipp
Kathleen Hoffmann
Kristen Hogue
Dave & Kay Holsopple
Russ Holsopple
Ronald Honan & Family
Tracey Horan
Linda Horowitz
Fred Huber
Pam Hughes
Jeff & Terry Hume
Chi Le Huynh
Philip Irwin
Genee Isberto
Travis & Dodie Iverson
Karen Jamison
Lynn Jogle
Jeannette Jenkins
Chris Nordling & Jessica Huennekens
Judith Johansen
John & Debra Johnson
Tina Johnson
Robert Joseph
Carla Juhas
Veronica Kadosz
Leah Kaizer
Robert Kamins
Tami Kaplowitz
Jon & Kori Karas
Doni Kay
Barry Keesan
Geraldine Kelly
Heather Kelly & Family
Steven Kent
Jesse Kerns
Adele Kilbury & Family
Luanne Kilgo
Martha Klein
Keely Klinzman
Linda Knight & Crane Family
Cathy Knoepfler
David & Janet Knot
Don, Gretchen & Jared Koller
Lisa Koppin
Sue Kottke
Jeffrey Koval
Marion & Phyllis Kowalewski
William & Karlene Kramer
Michael Kraus
Nancy Kraus
Marla Krauss
Christopher & Lara Krefski
Barbara Krzyzowski
Lois Kurpiel
Valerie Labbe
Josh & Mary Labus
Rebecca Labus
Bob, Jean & Jessi Laemmle
Joe Laguardia, Jr.
Joe & Patricia Laliberte
Kathy Lancaster
Chad Lane
Bryan & Jill Lank
Andrew LaPage
David Lash
Brooks Laudin
Jane Lauffer
Kim Lavsa
Ronald Lawhorne
Tracy Leadmon
Matthew & Christine LeGrant
Cathy Ligouri
Louise Lindsay
Geraldine Linker
Stephen & Janet Lipkin
Marie Little
Lawrence & Anne Lodding
Lucy Lodge
Joan Lodge
Cheryl Logan
Henry & Naomi Lombard
Patty Lookup
Lynn Loper
Kelly Lopresti
Elizabeth Lorenzana
George & Jennifer Lorey
Denise Lougtridge
Krischelle Love
Rich & Jackie Lowe
Randy Lowe
Laksany Luangpakdy
Joan Lucyk
Valerie Luna
Sherrie Lutz
Chet & Evelina Peppe Lyle
Foster Maer
Andrea Mai
Carole Malone
Dana Mandell
Michael Mangiapane
Colleen Marocco
Kimberly Martin
Jennifer Martin
Lori Martin
Carol Martin
Carlos Martines
Vincent Marventano
Don & Dorothy Marventano
Richard Marventano
Jim & Janet Marventano
Davis McDaniel
Vivian McElwee
Kathy McFadden
David McGann

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Thank you to our donors

Fight Colorectal Cancer tried very hard to include the name of every donor but unfortunately we know that mistakes do occur. Therefore, if we left out your name we are truly sorry and ask that you make us aware of the omission.

Thank you to our donors

Fight COLORECtAL CAnCER AnnUAL REPORt 2011 | 17
# 2010/2011 Financial Highlights

**Audited Statement of Activities for year ending June 30, 2011**

## Revenues

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$ 614,616</td>
<td>$ 552,525</td>
<td>$ 1,167,141</td>
</tr>
<tr>
<td>Product Sales</td>
<td>$ 12,424</td>
<td>$ 12,424</td>
<td>$ 12,424</td>
</tr>
<tr>
<td>Program Fees</td>
<td>$ 3,280</td>
<td>$ 3,280</td>
<td>$ 3,280</td>
</tr>
<tr>
<td>Interest Income</td>
<td>$ 633</td>
<td>$ 633</td>
<td>$ 633</td>
</tr>
<tr>
<td>Other Income</td>
<td>$ 1,788</td>
<td>$ 1,788</td>
<td>$ 1,788</td>
</tr>
<tr>
<td><strong>Net assets released from restrictions:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of program accomplishment</td>
<td>$ 410,950</td>
<td>(410,950)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$ 1,043,691</td>
<td>$ 141,575</td>
<td>$ 1,185,266</td>
</tr>
</tbody>
</table>

## Program and Supporting Services Expenses

<table>
<thead>
<tr>
<th><strong>Program Services</strong></th>
<th><strong>Unrestricted</strong></th>
<th><strong>Temporarily Restricted</strong></th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; Awareness</td>
<td>$ 568,437</td>
<td>$ 568,437</td>
<td>$ 568,437</td>
</tr>
<tr>
<td>Policy</td>
<td>$ 217,291</td>
<td>$ 217,291</td>
<td>$ 217,291</td>
</tr>
<tr>
<td>Research</td>
<td>$ 107,714</td>
<td>$ 107,714</td>
<td>$ 107,714</td>
</tr>
<tr>
<td><strong>Total Program Expenses</strong></td>
<td>$ 893,442</td>
<td>$ 893,442</td>
<td>$ 893,442</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Supporting Services</strong></th>
<th><strong>Unrestricted</strong></th>
<th><strong>Temporarily Restricted</strong></th>
<th><strong>Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and General</td>
<td>$ 56,091</td>
<td>$ 56,091</td>
<td>$ 56,091</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$ 81,335</td>
<td>$ 81,335</td>
<td>$ 81,335</td>
</tr>
<tr>
<td><strong>Total Supporting Expenses</strong></td>
<td>$ 137,426</td>
<td>$ 137,426</td>
<td>$ 137,426</td>
</tr>
</tbody>
</table>

**Total Expenses** $ 1,030,868 $ 1,030,868

## Change in Assets

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Assets</td>
<td>$ 12,823</td>
<td>$ 141,575</td>
<td>$ 154,398</td>
</tr>
<tr>
<td><strong>Net Assets, beginning of year</strong></td>
<td>$ 470,016</td>
<td>$ 77,048</td>
<td>$ 547,064</td>
</tr>
<tr>
<td><strong>Net Assets, end of year</strong></td>
<td>$ 482,839</td>
<td>$ 218,623</td>
<td>$ 701,462</td>
</tr>
</tbody>
</table>
This Annual Report is dedicated to the memory of former board member and Fight Colorectal Cancer's dear friend, Steven Depp, Ph.D.