

# Another Banner Year



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hoosier oncology group

leading cancer research, close to home

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**Treatment is now viewed as a pathway to a target and allows us to provide an individualized treatment plan that targets a specific cancer.**

Caring for patients with cancer continues to challenge us and the reality is there are no cures for many of the conditions we treat. Only with targeted drug discovery can we change this unpleasant fact. This highlights the need for clinical research and makes the case as to why our organization is now more relevant than ever. The advent of new health care reform drastically changes the landscape of cancer care, as well as the roles of large health organizations in providing quality and affordable care. These two facts put the Hoosier Oncology Group at a crossroad, and it is time to rethink our relationships and goals.

Twenty-first century cancer therapy now dictates that instead of a standard treatment used across the same cancer, treatment is now viewed as a pathway

to a target and allows us to provide an individualized treatment plan that targets a specific cancer. Every cancer patient will require sophisticated tests that may not be available at their doctor's office, and our academic partnerships with Indiana University Melvin and Bren Simon Cancer Center and Purdue University will be instrumental in facilitating this testing.

Cancer care delivery is shifting from the traditional office-based model to a health care system model, and Hoosier Oncology will work with these large health care systems to manage clinical trials. One of the biggest implications of this change is that these large health care systems will judge their quality based on developing pathways to manage their patients. Going forward, the default first step for all cancer patients

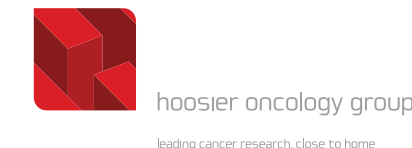
will be screening with sophisticated tests to determine whether or not the patient is a candidate for a clinical trial. Hoosier Oncology Group must have a large clinical trial portfolio to offer our patients. These trials will come from different sources, including our academic partners and our scientific colleagues in pharmaceutical and biotechnology companies. I am confident that the Hoosier Oncology Group has the flexibility to meet the challenges of this shifting trend in health care delivery with the quality and expertise for which we are known in the oncology community.

Hoosier Oncology Group will continue to serve as the hub for clinical research in Indiana, though these novel trials will require a different level of management and a different source of funding. As part of the shifting currents in oncology,

we now must take an active role in helping our investigators find funding for these screening and correlative studies. We need to enhance our philanthropy work and monies should be used to fund highly relevant and competitive trials

Speaking of philanthropy, I would like to recognize a special friend of the Hoosier Oncology Group, Mrs. Jane Hoeppner. Jane started a fundraising effort called the *Coach Hep Indiana Cancer Challenge (CHICC)*, honoring the memory of her late husband and Indiana University football coach, Terry Hoeppner. This year the CHICC made a very generous donation to facilitate personalized medicine in cancer research. Clearly, with this grant we are one step closer to 21<sup>st</sup> century research.

In closing, I would like to recognize the



Hoosier Oncology Group staff. I cannot imagine a more dedicated and flexible group of enthusiastic individuals than those serving this organization. They have been working hard for one mission despite all the challenges we face in the current economic climate. Their goal is simple, yet great. They want one thing and one thing only – to find the cure for cancer. Thank you for all you do, and I am confident that together we can increase the number and quality of clinical trials offered to our patients to achieve the ultimate goal of curing those who suffer from cancer.

With kind regards,

A handwritten signature in black ink that reads "Rafat Abonour".

Rafat Abonour, M.D.



**We want our members to be able to provide their patients the best treatment options for their needs, close to their own home and support network.**

Dear Cancer Fighters,

Hoosier Oncology has concluded one of the best years in its history. Our publication record was one of the strongest in our illustrious past. We had stable financial performance in a tough economy, and we executed very well on our clinical trial performance that moved numerous studies through phase 1 and into phase 2.

Furthermore, our future is very exciting. Hoosier Oncology is focused on two important areas for improvement so we can continue to deliver leading cancer research, close to home.

Hoosier Oncology is dedicated to providing the best research experience for patients and our members, while

leading in the placement of very promising research to assure patients have broad access to novel therapies. One of our challenges in these complex economic times is that our members have told us repeatedly that community research is getting tougher every day. With so many patients still lacking therapies that cure, we feel that a cancer clinical trial should be the “standard of care” for patients. To achieve these objectives, Hoosier Oncology is committed to the following:

#### **Best Fitting Trials**

First, Hoosier Oncology is partnering with the Indiana University Melvin and Bren Simon Cancer Center, other academic networks, and Industry innovators to greatly expand our portfolio of research. We have always

had good options in the most common diseases, such as lung, breast, prostate and colorectal cancer. However, as we understand cancer biology at a molecular level, we realize there is not much that is “common” anymore – we need to not only have more, but also the “best fitting”, trials for our specific patient populations. We will make sure Hoosier Oncology offers the breadth of trials to service the vast majority of our community members through the our research portfolio.

#### **Great Site Service**

Second, Hoosier Oncology will partner with members to provide a full menu of community research site management services. As the health care environment changes, we have to be prepared to meet our evolving customer needs.

A systems approach to health care is driving consolidation of private practices into hospitals and hospitals into hospital systems. Compliance is getting more and more challenging, while health care provider exposures to non-compliance threats are growing at the same time. Furthermore, performance on clinical trials is actually declining, just at a time when the explosion of new trials demands improved participation for the select patient populations that are eligible. Hoosier Oncology is prepared to provide all the necessary services for our members to conduct compliant, high-performance and cost-effective research.

Hoosier Oncology feels that by offering a broad portfolio and expanded services, the “full service research solution” will accrue tremendous benefits to our



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community members, our academic researchers, and the patients hopeful for a cure. We will do this through application of best practices, realization of economies of scale, centralization of services and standardization of practices. We want our members to be able to provide their patients the best treatment options for their needs, close to their own home and support network. That is what Hoosier Oncology has always prided itself on. We look forward to continuing to serve that mission in the coming years.

Best,  
Quake

# Read All About Us



## ASCO 2001 Better Outlook Boosts Quality of Life

Study QL97-01, "Fluoxetine versus Placebo in Advanced Cancer Outpatients: A Double-Blind, Placebo-Controlled Trial", evaluated the use of the anti-depressant drug fluoxetine (Prozac®) in patients with advanced cancer who showed symptoms of depression. This study proved that use of fluoxetine was well-tolerated and produced improvement in overall quality of life and depressive symptoms, compared to placebo.

## ASCO 2007 Study Halts Needless Drugs

Earlier studies in lung cancer suggested that adding maintenance docetaxol after finishing the initial treatment might help certain lung cancer patients live longer. Hoosier Oncology conducted study LUN01-24, "A Phase III Trial of Cisplatin (P) + Etoposide (E) + Concurrent Chest Radiation (XRT) with or without Consolidation Docetaxel (D) in Patients with Inoperable Stage III Non-Small Cell Lung Cancer (NSCLC)", to answer this question and evaluate the need for maintenance chemotherapy. This study showed that patients who received the chemotherapy without the maintenance docetaxel had similar outcomes compared with patients who did receive docetaxol. This study spared patients the unnecessary administration of chemotherapy beyond the standard course of treatment.

## ASCO 2008 Clues Lead to More Effective Treatments

Study BRE05-97, "A Phase II Study of Oral Enzastaurin in Patients with Metastatic Breast Cancer Previously Treated with an Anthracycline and a Taxane-Containing Regimen", concluded that although enzastaurin was well-tolerated, it was not effective in this patient population. Because of this trial, other breast cancer studies were developed to evaluate enzastaurin in combination with hormone therapy and chemotherapy regimens.

## ASCO 2009 Breakthrough in Bladder Cancer

Study GU04-75, "A Phase II Trial of Cisplatin, Gemcitabine, and Bevacizumab (CGB) as First-Line Therapy for Metastatic Urothelial Carcinoma: Mature Results from Hoosier Oncology Group", assessed the risks and benefits of these drugs as standard treatment for metastatic bladder cancer. It was concluded that this drug combination resulted in longer survival than cisplatin plus gemcitabine alone. Based upon this data, larger studies were developed to determine the best combination for overall quality of life and increased survival rates.

Friday,

## ASCO 2011 Reducing Nausea in Cancer Treatment

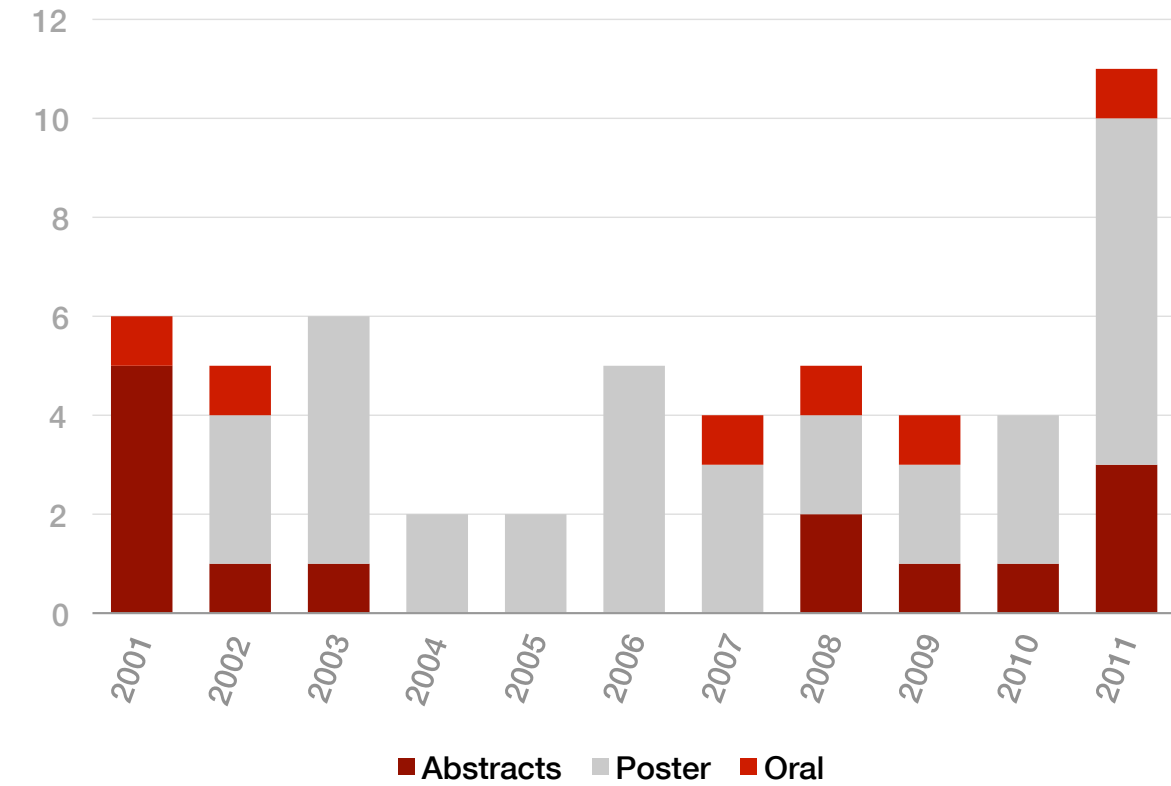
Study QL05-37, "A Phase III Double Blind Placebo Controlled Crossover Study Evaluating a 5HT3 Antagonist + Dexamethasone +/- Aprepitant in Germ Cell Tumor Patients Receiving 5-Day Cisplatin Combination Chemotherapy", evaluated the use of anti-emetic (anti-vomiting) medication in combination with cisplatin, a cancer drug known to cause severe nausea and vomiting. Patients who underwent this drug combination prior to the era of anti-emetics had a difficult time tolerating their treatments. Patients undergoing anti-emetic treatment experienced drastically reduced episodes of nausea and vomiting compared those who did not receive the anti-emetic drugs. This represents a practice-changing study that now enables doctors to better control nausea and vomiting in patients receiving cisplatin chemotherapy.

# Another Banner Year



Hoosier Oncology Group has a proud tradition of excellence in research conduct and outcomes. We present our research findings at oncology conferences and meetings worldwide, and we publish in prominent peer-reviewed journals each year.

At the prestigious American Society of Clinical Oncology (ASCO) annual meeting, Hoosier Oncology was awarded one of the highest presentation honors, called the oral presentation, the past four of five years, which is triple the average acceptance rate of oral presentations.



Hoosier Oncology performance at the annual American Society of Clinical Oncology (ASCO) meeting from 2001 - 2011

- 7 oral presentations; 4 of them within the past 5 years
- 34 poster presentations; over 10 of these were poster discussions
- 14 abstract publications

## Our 2011 ASCO Showing

**“Our peer-reviewed research is truly without peer.”**

*P. Quake Pletcher,  
Executive Director,  
Hoosier Oncology Group*

### Oral Abstract Presentation:

Phase III, double-blind, placebo-controlled, crossover study evaluating a 5HT3 antagonist plus dexamethasone with or without aprepitant in patients with germ cell tumor receiving 5-day cisplatin combination chemotherapy: Hoosier Oncology Group QL05-37

Jackie Brames, Joel Picus, Menggang Yu, Erica Johnston, Brian Bottema, Corinne Williams, and Lawrence Einhorn.

[Download Presentation](#)

### Poster Presentation:

Phase I study of everolimus (RAD001) with irinotecan (Iri) and cetuximab (C) in second-line metastatic colorectal cancer (mCRC): Hoosier Oncology Group GI05-102

Safi Shahda, Menggang Yu, Joel Picus, Jose Bufill, Wael Harb, Matthew Burns, Jingwei Wu, Gail Vance, A.J. Spittler, Yan Zeng, Colleen R. Currie, Patrick J. Loehrer, and Gabriela Chiorean.

[Download Poster](#)

### Poster Presentation:

A phase II study of Ionafernib (LF) in patients with locally advanced and metastatic breast cancer (MBC): Hoosier Oncology Group BRE07-126

R. Audet, R. Duchnowska, K. Adamowicz, J. Zok, W. Rogowski, M. Litwiniuk, S. Debska, M. Jaworska, M. Foszczynska-Kloda, M. Kulma-Kreft, K. Zabkowska, C. Shen, S. Edgerton, K. Vang Nielsen, A. Thor, J. Chang, K. Miller, J. Jassem, G. Sledge, B. Leyland-Jones.

[Download Poster](#)

### Trials in Progress Poster Presentation

PARP inhibition after preoperative chemotherapy in patients with triple-negative breast cancer (TNBC) or known BRCA1/2 mutations: Hoosier Oncology Group BRE09-146

S. R. Malireddy, Susan Perkins, S. S. Badve, George Sledge, and Kathy Miller.

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### Trials in Progress Poster Presentation

Phase I/II study of BNC105P in combination with everolimus or following everolimus for progressive metastatic renal cell carcinoma following prior tyrosine kinase inhibitors: Hoosier Oncology Group GU09-145

T.E. Hutson, J. Sarantopoulos, T. Logan, G. Sonpavde, M.D. Galsky, C. Sweeney, D.C. Bibby, G. Kremmidiotis, E.E. Doolin, N.M. Hahn.

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### Poster Presentation:

Prognostic value of suppressed markers of bone turnover (BTO) after 6 months of androgen deprivation therapy (ADT) in prostate cancer: Hoosier Oncology Group GU02-41

J Sharma, Constantin Yiannoutsos, Noah Hahn, Christopher Sweeney.

[Download Poster](#)

### Abstract:

A phase I study of amrubicin (AMR) and cyclophosphamide in patients with advanced solid organ malignancies: Hoosier Oncology Group LUN07-130

Shadia Jalal, Jose Bufill, Michael Guarino, Neeta Somaiah, Karuna Koneru, John McClean, Craig Nichols, Jingwei Wu, Zhangsheng Yu, and Lawrence Einhorn.

[Download Abstract](#)

## Our 2011 Peer-Reviewed Publications

Randomized, Double-Blinded, Multicenter, Phase II Study of Pemetrexed, Carboplatin, and Bevacizumab with Enzastaurin or Placebo in Chemonaïve Patients with Stage IIIB/IV Non-small Cell Lung Cancer: Hoosier Oncology Group LUN06-116. Casey, Erin M.; Harb, Wael; Bradford, Daniel; Bufill, Jose; Nattam, Sreenivasa; Patel, Jyoti; Fisher, William; Latz, Jane E.; Li, Xiaochun; Wu, Jingwei; Hanna, Nasser. Journal of Thoracic Oncology. 5(11):1815-1820, November 2010.

Phase II Trial of Cisplatin, Gemcitabine, and Bevacizumab As First-Line Therapy for Metastatic Urothelial Carcinoma: Hoosier Oncology Group GU 04-75. Hahn NM, Stadler WM, Zon RT, Waterhouse D, Picus J, Nattam S, Johnson CS, Perkins SM, Waddell MJ, Sweeney CJ. J Clin Oncol. 2011 Mar 21. [Epub ahead of print] PMID: 21422406

Thank you to all the dedicated researchers listed above, as well as, the army of site personnel who make this research possible.

A Large, Consistent Plasma Proteomics Data Set from Prospectively Collected Breast Cancer Patient and Healthy Volunteer Samples. Catherine P Riley, Xiang Zhang, Harikrishna Nakshatri, Bryan Schneider, Fred E Regnier, Jiri Adamec. Charles Buck. Journal of Translational Medicine 2011 9:80. doi:10.1186/1479-5876-9-80

Paclitaxel Plus Bevacizumab in Patients with Chemosensitive Relapsed Small Cell Lung Cancer: A Safety, Feasibility, and Efficacy Study from the Hoosier Oncology Group LUN05-99. Jalal, Shadia; Bedano, Pablo; Einhorn, Lawrence; Bhatia, Sumeet; Ansari, Rafat; Bechar, Naftali; Koneru, Karuna; Govindan, Ramaswamy; Wu, Jingwei; Yu, Menggang; Schneider, Bryan; Hanna, Nasser. Journal of Thoracic Oncology. 5(12):2008-2011, December 2010.

# Tailored to your DNA

**Personalized medicine to provide individualized treatment plans based on your DNA biomarkers.**



No longer is cancer treated with a “one size fits all approach”, but instead, we now use the term *Personalized Medicine* to refer to individualized cancer treatment plans based on our DNA biomarkers. Scientists are now starting to understand cancer at a molecular level and learning how to turn DNA switches on and off. We now know that we ourselves – as well as our individual biomarkers – affect which drug(s) will be most effective in treating a specific cancer in our bodies.

Hoosier Oncology Group has always been a leader in cancer research and we are proud to continue to lead in the age of personalized medicine. Many of the studies we conduct are oriented toward this new-age research and the results of these studies will be instrumental in improving treatment, and may lead to future discoveries.



The **BNK09-138** study, led by **Noah Hahn**, medical oncologist at the Indiana University Melvin and Bren Simon Cancer Center, represents an important translational opportunity for the Hoosier Oncology Group. Unlike traditional clinical trials that test new drugs with uncertain benefit, the BNK09-138 study focused on the collection of blood and tissue samples from metastatic lung, ovarian, and bladder cancer patients who never received chemotherapy. In addition, blood samples were collected from patients with no prior history of cancer. The samples obtained from BNK09-138 will allow investigators to perform initial studies to identify biomarkers that can be used to identify cancer and predict response to current standard chemotherapy agents. Through such investigations, the BNK09-138 study further supports the Hoosier Oncology Group’s vision to bring true personalized cancer care to individuals in their communities.



The **LUN07-130** study is another example of examining the roles and responses of certain biomarkers or proteins to promising newer drugs. This study was a phase I trial that investigated two specific biomarkers of patients with recurrent lung cancer. The goal was to determine if the presence of these biomarkers could predict how well the patients would respond to the addition of amrubicin to cyclophosphamide in their treatment plan.

**“Goals of cancer research performed by the Hoosier Oncology Group focus not only on improving outcomes of this difficult disease, but also on personalizing therapy for cancer. It is clear we should no longer treat patients as ‘one size fits all’. Identifying the markers that will determine patients most likely to benefit from different therapies is of significant value and should be included in all trials, including early phase I trials.”**

*Shadia Jalal, M.D., Assistant Professor of Medicine, Indiana University School of Medicine; Principal Investigator of the LUN07-130 study*

**Scientists are now starting to understand cancer at a molecular level and learning how to turn DNA switches on and off.**





# Tom Sibert



Tom and his daughters

**“I may have cancer, but cancer doesn’t have me.”**

*Tom Sibert: husband, father, friend, volunteer, patient advocate and 13-year cancer survivor*

Divorced, alone, an empty nester with two girls in college, and he discovers a lump on his neck. Tom Sibert is diagnosed with stage IV Non-Hodgkin’s Lymphoma at the age of 49, only two weeks after the passing of his mother.

Tom soon learns his type of cancer is a slow growing, but hard to kill cancer. Guided by his oncologist, Dr. Andrew Greenspan, Tom hears of a promising new cancer drug on the market coming out of clinical trials called Rituxan®.

Tom undergoes chemotherapy followed by one treatment of Rituxan® per week for four weeks. Rituxan® proves to be a miracle drug that is not only extremely effective, but also has very few side effects. Through the support of friends, church members, and caring oncology nurses, Tom makes a full

recovery. He remarks, “If there is anything I learned it is this: you need to let others care about you.”

That was 13 years ago.

Today, at the age of 62, Tom thoroughly enjoys each and every day with his wife of seven years, Cindy, two married daughters and five grandchildren. He is active in his church, he travels, he reads, he cycles and he has plans for the future – a trip to France, a golf outing with the guys.

Though Tom has had several relapses, each time he has been successfully treated with Rituxan, the drug that became available only after being proven as an effective treatment in a clinical trial.

Right: Tom and Cindy



# Terry Hooppner Patient Advocacy Award



Janie Gordon

**This award is given annually to an extraordinary individual who epitomizes the 'never quit' attitude for which Coach Hep was so well known.**



Anyone interested in replicating the Courage to Climb event in their community, please contact Cyndi Burkhardt at 317-921-2050.

Hoosier Oncology Group first befriended Janie Gordon last year when she directed the Columbus North High School Choir at the 25th Anniversary Gala and spoke of her personal story as a breast cancer survivor. Following the gala, Janie and her students volunteered to perform an annual benefit concert called **"Courage to Climb"**, with all proceeds earmarked for Hoosier Oncology cancer research.

The first annual concert event, held on April 25, 2011, was a great success, raising over \$5,000. At the event, Janie Gordon was presented with the **2010 Terry Hooppner Patient Advocacy Award** in recognition of her generosity of spirit and support for cancer research. This award is given annually to an extraordinary individual who epitomizes the "never quit" attitude for which Coach Hep was so well known.

In her own words, Janie expresses her feelings as the award recipient, "I was completely shocked and humbled to

receive the prestigious Terry Hooppner Patient Advocacy Award. As a cancer survivor, and a friend of so many who are struggling now or who have lost their battles, volunteering with our annual "Courage to Climb" concert is a highlight for me and my students each year. It is my hope that we can share this fund raising and cancer recognition concert with other communities in our region."

Hoosier Oncology Group is very fortunate to have friends and supporters such as Janie Gordon, and we thank her and all those involved in this wonderful event for being so generous with their time and talents.

The next Courage to Climb benefit concert will be held on April 7, 2012, so mark your calendars!

Right: Columbus North High School Choir perform at the Hoosier Oncology Group 25th Anniversary Gala.



## The Sandra Turner Excellence in Clinical Research Awards



Turner

The Sandra Turner Excellence in Clinical Research Awards were established in 2002 to honor the memory of Sandra Turner, the very first Executive Director of the Hoosier Oncology Group. Each year, the Hoosier Oncology Group selects individuals who exemplify the qualities Sandra possessed and respected in others, such as sustained professional commitment, contribution to the progress of oncology care and the unflinching touch of compassion. Maura Buckley, Research Compliance Coordinator at the Indiana University Melvin and Bren Simon Cancer Center, was selected as this year's recipient in recognition of her dedication and commitment to excellence in cancer research.

Maura receives a \$1,500 unrestricted educational grant, generously provided by the Fisher Family Fund. Maura in her own words comments on the award, "I was quite surprised to be honored with the Sandra Turner Award this year. I have not yet selected an educational opportunity for which to use the award this year, but hope to pursue something once my schedule is a little less hectic."

Right: Maura Buckley

**This award is given to individuals who possess sustained professional commitment, contribution to the progress of oncology care and the unflinching touch of compassion.**



# George and Sarah Jane Fisher Award



Fisher

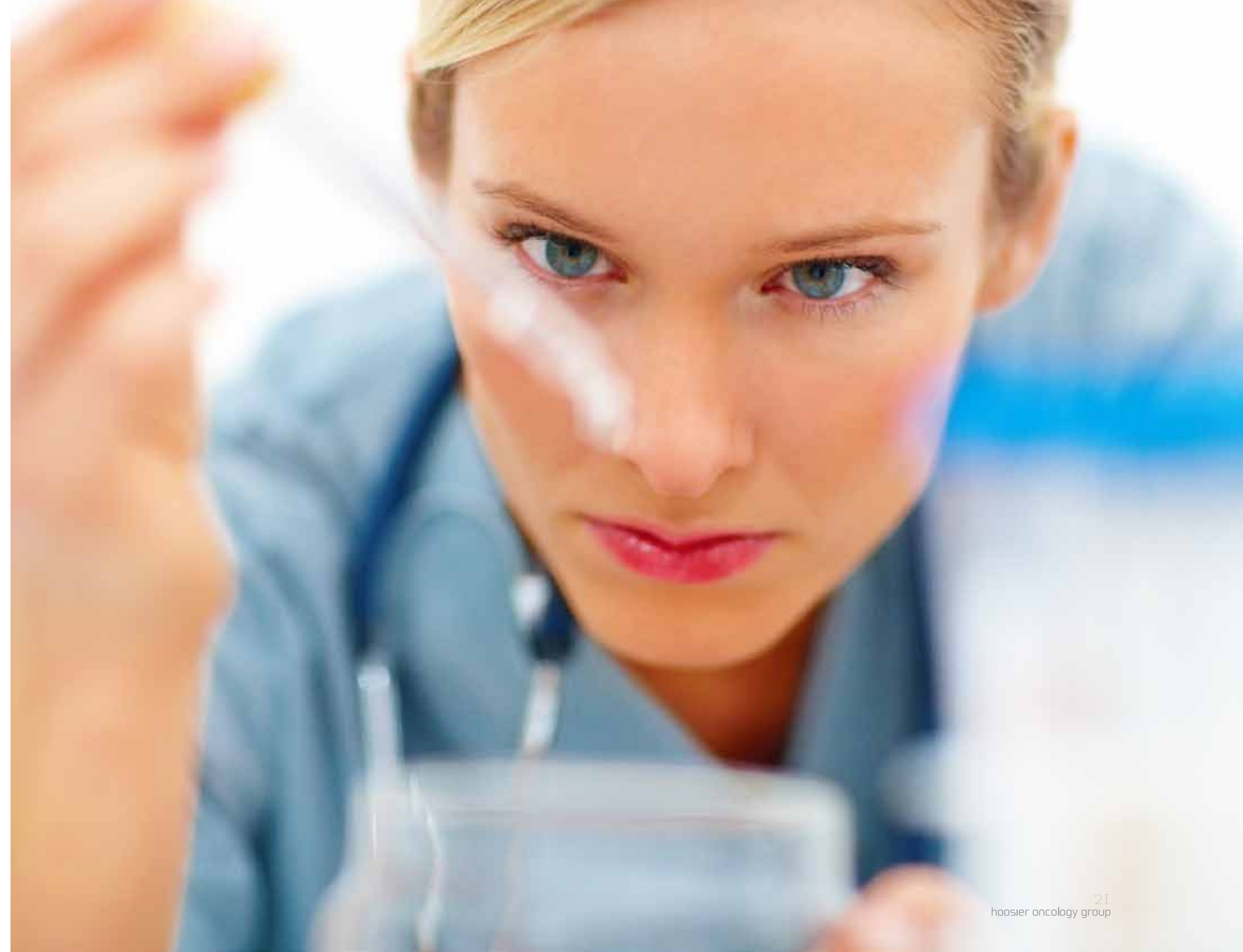
One of our founding fathers, Dr. William B. Fisher, has once again graciously endowed a new award through the Fisher Family Fund to challenge the next generation of cancer researchers. The **George and Sarah Jane Fisher Award** will be given annually beginning in 2012 to the Indiana University oncology fellow deemed to have made the most significant contribution to clinical or basic science research in collaboration with the Hoosier Oncology Group. Recipients will be selected by key oncology and Hoosier Oncology Group faculty members.



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leading cancer research, close to home

**This award will be given to the Indiana University oncology fellow deemed to have made the most significant contribution to clinical or basic science research in collaboration with the Hoosier Oncology Group.**



## Financials | Report of Independent Auditors

We have audited the accompanying statements of financial position of the Hoosier Oncology Group, Inc. (the "Organization") as of June 30, 2011 and 2010 and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes

examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hoosier Oncology Group, Inc. as of June 30, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Crowe Horwath LLP, Indianapolis, Indiana  
October 27, 2011

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedules of functional expenses are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

## Financials | Statements of Financial Position June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 2,367,266	\$ 2,222,629
Accounts and grants receivable, net	1,158,635	1,478,169
Prepaid expenses	77,407	71,108
Property and equipment, net	34,471	24,593
Total assets	<u>\$ 3,637,779</u>	<u>\$ 3,796,499</u>
<b>LIABILITIES AND NET ASSETS</b>		
Liabilities		
Accounts payable	\$ 139,609	\$ 209,091
Affiliate sites payable	244,952	230,148
Accrued payroll	80,626	51,928
Deferred revenue	-	23,599
Total liabilities	<u>465,187</u>	<u>514,766</u>
Net assets		
Unrestricted	2,989,974	3,099,115
Temporarily restricted	182,618	182,618
Total net assets	<u>3,172,592</u>	<u>3,281,733</u>
Total liabilities and net assets	<u>\$ 3,637,779</u>	<u>\$ 3,796,499</u>

Financials | Statements of Activities Year Ended June 30, 2011 and 2010

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2011 Total</u>	<u>2010 Total</u>
<b>Revenues</b>				
External support - research	\$ 2,393,380	\$ -	\$ 2,393,380	\$ 2,890,320
Federal research grants	345,206	-	345,206	236,267
Contributions and other grant support	578,345	-	578,345	258,624
Interest income	7,411	-	7,411	13,889
Special Events	-	-	-	103,557
Other income	18,815	-	18,815	69,861
Total revenues	<u>3,343,157</u>	<u>-</u>	<u>3,343,157</u>	<u>3,572,518</u>
<b>Expenses</b>				
Program services				
Investigator initiated research	1,713,777	-	1,713,777	1,790,122
Industry research	417,925	-	417,925	223,508
Government research	561,750	-	561,750	632,489
Total program services	<u>2,693,452</u>	<u>-</u>	<u>2,693,452</u>	<u>2,646,119</u>
Supporting services				
Administration	737,673	-	737,673	658,973
Fundraising	21,173	-	21,173	149,348
Total supporting services	<u>758,846</u>	<u>-</u>	<u>758,846</u>	<u>808,321</u>
 Total expenses	 <u>3,452,298</u>	 <u>-</u>	 <u>3,452,298</u>	 <u>3,454,440</u>
<b>Change in net assets</b>	(109,141)	-	(109,141)	118,078
<b>Net assets, beginning of year</b>	3,099,115	182,618	3,281,733	3,163,655
 <b>Net assets, end of year</b>	 <u>\$ 2,989,974</u>	 <u>\$ 182,618</u>	 <u>\$ 3,172,592</u>	 <u>\$ 3,281,733</u>

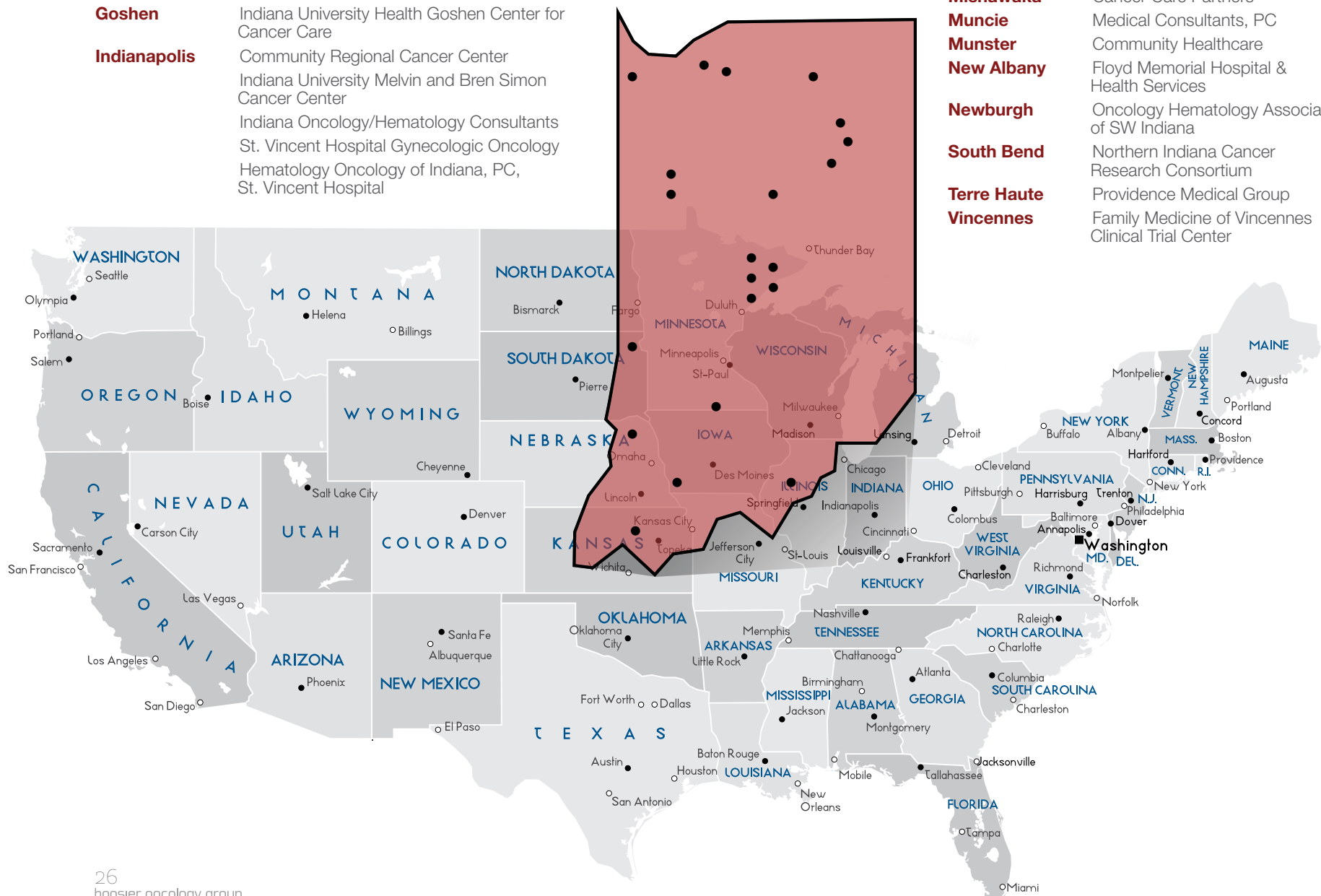
Financials | Statements of Cashflow Years Ended June 30, 2010 and 2011

	<u>2011</u>	<u>2010</u>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ (109,141)	\$ 118,078
Adjustments to reconcile change in net assets to net cash used from operating activities:		
Depreciation	12,444	60,783
Change in assets and liabilities:		
Accounts and grants receivable	319,534	(562,893)
Prepaid expenses	(6,299)	(5,560)
Accounts payable	(69,482)	(69,862)
Affiliate sites payable	14,804	112,586
Accrued payroll	28,698	9,564
Deferred revenue	(23,599)	(201,789)
Net cash provided by (used in) operating activities	<u>166,959</u>	<u>(539,093)</u>
 <b>Cash flows from investing activities</b>		
Purchase of property and equipment	(22,322)	(16,195)
Net cash used in investing activities	<u>(22,322)</u>	<u>(16,195)</u>
 Net change in cash and cash equivalents	144,637	(555,288)
 Cash and cash equivalents at beginning of year	<u>2,222,629</u>	<u>2,777,917</u>
 <b>Cash and cash equivalents at end of year</b>	 <u>\$ 2,367,266</u>	 <u>\$ 2,222,629</u>

# Our Reach

- Bloomington** Cancer Care Center of Southern Indiana
- Elkhart** Elkhart Clinic LLC
- Fort Wayne** Radiation Oncology Associates  
Ft. Wayne Oncology and Hematology Associates
- Goshen** Indiana University Health Goshen Center for Cancer Care
- Indianapolis** Community Regional Cancer Center  
Indiana University Melvin and Bren Simon Cancer Center  
Indiana Oncology/Hematology Consultants  
St. Vincent Hospital Gynecologic Oncology  
Hematology Oncology of Indiana, PC,  
St. Vincent Hospital

- Jasper** Jasper Memorial Hospital
- Kokomo** Howard Regional Health System
- Lafayette** Horizon Oncology Research, Inc.
- Lafayette** IU Health Arnett Cancer Care
- Mishawaka** Cancer Care Partners
- Muncie** Medical Consultants, PC
- Munster** Community Healthcare
- New Albany** Floyd Memorial Hospital & Health Services
- Newburgh** Oncology Hematology Associates of SW Indiana
- South Bend** Northern Indiana Cancer Research Consortium
- Terre Haute** Providence Medical Group
- Vincennes** Family Medicine of Vincennes  
Clinical Trial Center



- Arkansas**  
**Fayetteville:** Highlands Oncology Group
- Arizona**  
**Phoenix:** Mayo Clinic Cancer Center
- California**  
**Fullerton:** St. Jude Heritage Healthcare  
**Northridge:** West Valley Hematology Oncology  
**Pasadena:** University of California Los Angeles  
**Santa Maria:** Central Coast Medical Oncology Corporation
- Colorado**  
**Aurora:** University of Colorado Cancer Center
- Delaware**  
**Newark:** Christiana Care Health Services
- Florida**  
**Gainesville:** University of Florida  
**Hollywood:** Memorial Breast Cancer Center  
**Miami:** University of Miami
- Georgia**  
**Atlanta:** Winship Cancer Institute, Emory University School of Medicine
- Illinois**  
**Chicago:** Northwestern University Feinberg School of Medicine, The University of Chicago  
**Evanston:** NorthShore University Health System, Kellogg Cancer Center  
**Galesburg:** Medical & Surgical Specialists  
**Harvey:** Ingalls Memorial Hospital
- Louisiana**  
**Houma:** LSU Health Care Center
- Michigan**  
**St. Joseph:** Lakeside Cancer Specialists, PLLC  
**Wyoming:** Metro Health Cancer Center
- Minnesota**  
**Rochester:** Mayo Clinic Rochester
- Missouri**  
**St. Louis:** Washington University School of Medicine
- North Carolina**  
**Asheville:** Hope A Women's Cancer Center  
**Mt. Holly:** Fox Chase Cancer Center at Virtua  
**Vineland:** South Jersey Healthcare, The Minniti Center
- New Mexico**  
**Albuquerque:** New Mexico Cancer Care Alliance, Presbyterian Medical Group
- Nevada**  
**Henderson:** Comprehensive Cancer Centers of Nevada  
**New York:** The Tisch Cancer Institute at Mount Sinai Medical Center  
**Rochester:** University of Rochester Medical Center
- Ohio**  
**Cleveland:** Seidman Cancer Center
- Oregon**  
**Portland:** Oregon Health & Sciences University, Providence Portland Medical Center
- Pennsylvania**  
**Harrisburg:** PinnacleHealth Fox Chase Regional Cancer Center  
**Philadelphia:** Fox Chase Cancer Center, Pennsylvania Oncology Hematology Associates, University of Pennsylvania  
**Sellersburg:** Fox Chase Grandview Hospital  
**West Reading:** Reading Hospital Regional Cancer Center
- South Carolina**  
**Charleston:** Medical University of South Carolina (MUSC)  
**Spartanburg:** Spartanburg Regional Healthcare System
- Tennessee**  
**Memphis:** The West Clinic (ACORN)
- Texas**  
**Dallas:** Texas Oncology, Pennsylvania (TOPA), Utah Southwestern Medical Center  
**Houston:** Baylor College of Medicine, The Methodist Hospital – Houston  
**San Antonio:** Cancer Therapy and Research Center at the University of Texas Health Science
- Virginia**  
**Norfolk:** Virginia Oncology Associates
- Wisconsin**  
**Milwaukee:** Medical College of Wisconsin

## INTERNATIONAL SITES

- Peru**  
**Lima:** Instituto de Enfermedades Neoplasicas (INEN)
- United Kingdom**  
**London:** Centre for Experimental Cancer Medicine, Institute of Cancer, St. Bartholomew Hospital

Thank you!

# Our Contributors

The Hoosier Oncology Group wishes to thank all those who contributed throughout the year to our mission of providing leading research to people within their communities.

We are so fortunate to have many friends and supporters who give of their time, money, services, expertise and other valuable resources to help us fulfill our mission.

## PLATINUM LEVEL (\$5000 and above)

Ella Fern Blount  
*In Memory of Roy Blount*  
Fisher Family Fund

## GOLD LEVEL (\$2500-\$4999)

Tracey Day, Southern Roofing, Inc.  
*In Honor of Patrick Loehrer Sr., M.D.*  
Coach Hep Indiana Cancer Challenge  
*In Memory of Coach Terry Hoepfner*  
Robin Zon, Board Member  
*In Memory of Allyce Zon*

## SILVER LEVEL (\$800-\$2499)

Rafat Abonour, Board Member  
Sumeet and Sumeeta Bhatia, Board Member  
Bhatia Family Charitable Fund  
Melissa Caito, Board Member  
William Fisher, Emeritus Board Member  
Wael Harb, Board Member, Horizon Oncology Research  
Mary Lou Mayer and Stephen Martin  
Southern Roofing, Inc.  
*In Honor of Dave Tyndall*  
Ted Stansbury, Board Member

## BRONZE LEVEL (\$250-\$799)

Drew Augustin  
*In Honor of Nasser Hanna, M.D.*  
Christopher Fausel  
*In Memory of Mark Pescovitz, M.D.*  
*In Memory of Stephen D. Williams, M.D.*  
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*In Memory of Lucille Hawkins*  
Albert and Kevina Schumaker

## FRIENDS (\$249 and under)

Barbara Stansbury, *La Mode 607*  
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Watts Family Dentistry  
Pamela Wells-Lego  
Thomas Wilson



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The Hoosier Oncology Group also wishes to thank all the dedicated investigators, clinical research site personnel, volunteers and the patients who make our research possible.

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- Janie Gordon, for her generosity of time and talent
- Pat Long, for volunteering her editorial expertise towards this annual report
- Long-time volunteer, Ted Stansbury, for his leadership in donor relations and community outreach

\*The Hoosier Oncology Group strives to acknowledge each and every contributor accurately. The information above reflects contributions made between July 1, 2010 – June 30, 2011. If the information listed above is incorrect or not inclusive, please contact our offices at 317-921-2050 and ask to speak with donor relations. Thank you for your support!

## How You Can Help

You can make a tax-deductible donation toward 21st century cancer research online:

**<https://co.clickandpledge.com/sp/d1/default.aspx?wid=24679>**

If you are interested in volunteering or becoming an advocate, visit our volunteer webpage at:

**[www.hoosieroncologygroup.org/Volunteer-ops.aspx](http://www.hoosieroncologygroup.org/Volunteer-ops.aspx)**





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