



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection**A For the 2013 calendar year, or tax year beginning and ending****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization**ICAN  
INTERNATIONAL CANCER ADVOCACY NETWORK

Doing Business As ICAN

Number and street (or P O box if mail is not delivered to street address)

27 WEST MORTEN AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PHOENIX, AZ 85021-7246

**F Name and address of principal officer:** MARCIA K HORN, JD, CEO  
SAME AS C ABOVE**D Employer identification number**

86-0818253

**E Telephone number**

602-618-0183

**G Gross receipts \$**

380,935.

**H(a) Is this a group return**for subordinates? ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c) Group exemption number****I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.ASKICAN.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation** 1995**M State of legal domicile** AZ**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: ICAN PROVIDES ADVOCACY, INFORMATION, STRATEGIC OPTIONS FOR LATE-STAGE CANCER PATIENTS.						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3	5				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4				
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1				
6	Total number of volunteers (estimate if necessary)	6	1153				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	134,567.	254,831.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8g, 9c, 10, and 11e)	288.	218.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<1,668.>	<20,846.>				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	133,187.	234,203.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	17,752.	25,539.				
b	Total fundraising expenses (Part IX, column (D), line 25) 2,526.	0.	0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93,430.	123,535.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	111,182.	149,074.				
19	Revenue less expenses. Subtract line 18 from line 12	22,005.	85,129.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	198,896.	290,675.				
22	Net assets or fund balances. Subtract line 21 from line 20	194,071.	200,721.				
		4,825.	89,954.				

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	MARCIA K HORN, JD, CEO	11-3-14 November 3, 2014
Paid Preparer Use Only	Print/Type preparer's name DUANE ECKELBERG, CPA	Preparer's signature DUANE ECKELBERG, CPA
	Firm's name ECKELBERG & WIENSHIENK, P.C.	Firm's EIN 86-0839652
	Firm's address 5843 E ORANGE BLOSSOM LANE PHOENIX, AZ 85018-6730	Phone no 480-423-1888

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

915

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

☒ **X**

- 1** Briefly describe the organization's mission:  
ICAN SEEKS TO PROMOTE GREATER AWARENESS--THROUGH ITS CANCER PATIENT  
ADVOCACY PROGRAMS AND CLINICAL TRIALS ADVOCACY PROGRAMS--OF PROMISING  
ANTICANCER DRUG DISCOVERY AND DEVELOPMENT EFFORTS WHICH MIGHT WELL  
LEAD TO TOMORROW'S MORE EFFECTIVE CANCER TREATMENTS. (CONTINUED SCH O)
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a** (Code \_\_\_\_\_) (Expenses \$ 95,641. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
PERSONALIZED MEDICINE CANCER CASE NAVIGATION PROGRAMS, INCLUDING NEW  
INITIATIVES IN PATIENT EDUCATION REGARDING ACCESS TO ORAL THERAPIES AND  
BIOLOGICS/BIOSIMILARS (SEE ATTACHMENT A FOR COMPLETE PROGRAM LISTINGS)
- 4b** (Code \_\_\_\_\_) (Expenses \$ 34,157. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
ANTICANCER DRUG PIPELINE AND MEDICAL INFORMATION TECHNOLOGY PROJECTS,  
INCLUDING 'REMISSION COACH' (REGISTERED TRADEMARK) AND MOBILE APP  
PROJECTS (SEE ATTACHMENT A)
- 4c** (Code \_\_\_\_\_) (Expenses \$ 6,831. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
PATIENT EDUCATION AND BOTTLENECKS IN THE PIPELINE  
(SEE ATTACHMENT A)
- 4d** Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)
- 4e** Total program service expenses **▶** 136,629.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

Form 990 (2013)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2013)

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2013)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ X**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5												
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O													
b	Enter the number of voting members included in line 1a, above, who are independent	4												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2											X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3											X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4											X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5											X
6	Did the organization have members or stockholders?		6											X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a											X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b											X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following													
a	The governing body?		8a							X				
b	Each committee with authority to act on behalf of the governing body?		8b							X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9											X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?														X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a							X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a							X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b							X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		12c							X					
13	Did the organization have a written whistleblower policy?		13							X					
14	Did the organization have a written document retention and destruction policy?		14							X					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a	The organization's CEO, Executive Director, or top management official		15a												X
b	Other officers or key employees of the organization		15b												X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16a												X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		16b												

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **AZ**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 602-618-0183**  
**27 WEST MORTEN AVENUE, PHOENIX, AZ 85021-7246**





<b>Part VII</b>		<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--	--

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
---	---	---

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	60,028.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	194,803.			
	g	Noncash contributions included in lines 1a-1f \$		33,202.			
	h	<b>Total.</b> Add lines 1a-1f		254,831.			
<b>Program Service Revenue</b>	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		218.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	105,636.			
b		Less: cost or other basis and sales expenses		105,636.			
c		Gain or (loss)		0.			
d		Net gain or (loss)		0.			
8 a		Gross income from fundraising events (not including \$ 60,028. of contributions reported on line 1c). See Part IV, line 18	a	20,250.			
b		Less: direct expenses	b	41,096.			
c		Net income or (loss) from fundraising events		<20,846.>			<20,846.>
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions		234,203.	0.	0.	<20,628.>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,000.	9,000.	300.	700.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,773.	13,296.	443.	1,034.
10	Payroll taxes	766.	686.	24.	56.
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,815.	1,815.		
c	Accounting	5,083.	505.	4,578.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	52,494.	49,894.	2,600.	
12	Advertising and promotion	3,110.	3,110.		
13	Office expenses	9,295.	9,214.	81.	
14	Information technology	2,550.	2,550.		
15	Royalties				
16	Occupancy	2,253.	1,711.	542.	
17	Travel	1,248.	1,248.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,496.	3,364.	132.	
20	Interest	7,286.	7,277.	9.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,851.	5,359.	88.	404.
23	Insurance	4,738.	4,264.	142.	332.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	COMMUNICATIONS	12,389.	12,389.		
b	AUTOMOBILE EXPENSE	3,318.	2,945.	373.	
c	DUES & SEMINARS	2,579.	2,418.	161.	
d	BANK/MERCHANT CHARGES	2,533.	2,281.	252.	
e	All other expenses	3,497.	3,303.	194.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	149,074.	136,629.	9,919.	2,526.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	174,490.	<b>1</b>	256,229.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	15,000.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 30,645.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 11,199.	24,406.	<b>10c</b> 19,446.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		198,896.	<b>16</b>	290,675.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	178,557.	<b>22</b>	157,602.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,514.	<b>25</b>	43,119.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	194,071.	<b>26</b>	200,721.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,825.	<b>27</b>	89,954.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	4,825.	<b>33</b>	89,954.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	198,896.	<b>34</b>	290,675.

Form 990 (2013)

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	234,203.
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,074.
3	Revenue less expenses. Subtract line 2 from line 1	3	85,129.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,825.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,954.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990. ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2013)

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2013

**Open to Public  
Inspection**

# INTERNATIONAL CANCER ADVOCACY NETWORK

86-0818253

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,102.	144,149.	199,731.	136,367.	254,831.	835,180.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	100,102.	144,149.	199,731.	136,367.	254,831.	835,180.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						835,180.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	100,102.	144,149.	199,731.	136,367.	254,831.	835,180.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			99.	288.	218.	605.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,067.	<8,105.>	<6,947.>	<3,468.>	<20,846.>	<36,299.>
<b>11 Total support.</b> Add lines 7 through 10						799,486.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	104.46 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	102.24 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2013

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	ICAN INTERNATIONAL CANCER ADVOCACY NETWORK	Employer identification number	86-0818253
----------------------	---	--------------------------------	------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.													
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		0.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		0.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		0.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization **ICAN**

**INTERNATIONAL CANCER ADVOCACY NETWORK**

Employer identification number

**86-0818253**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ \_\_\_\_\_ %  
 b Permanent endowment ☐ \_\_\_\_\_ %  
 c Temporarily restricted endowment ☐ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		30,645.	11,199.	19,446.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,446.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BANK AND CREDIT CARDS PAYABLE	27,930.
(3) VEHICLE LOAN	15,189.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	43,119.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2013

<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</b>
----------------	--

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>			
-----------------	--	--	--	--

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Complete the organization answers 100 to Form 990, Part IX, line 12a.			
<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.



Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

### Open To Public Inspection

Name of the organization

# ICAN

INTERNATIONAL CANCER ADVOCACY NETWORK

Employer identification number

86-0818253

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ICAN

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 LIBERTY MUTUAL INVITEVENT (event type)	(b) Event #2 THEATRE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	66,933.	13,345.		80,278.
	2 Less. Contributions	52,933.	7,095.		60,028.
	3 Gross income (line 1 minus line 2)	14,000.	6,250.		20,250.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	26,636.			26,636.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,799.	7,661.		14,460.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,096.
	11 Net income summary. Subtract line 10 from line 3, column (d)				<20,846.>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2013 INTERNATIONAL CANCER ADVOCACY NETWORK 86-0818253 Page 3

Schedule G (Form 990 or 990-EZ) 2013

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open To Public  
Inspection**

Name of the organization **ICAN**

**INTERNATIONAL CANCER ADVOCACY NETWORK**

Employer identification number  
**86-0818253**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MARCIA K HORN	CEO	PROGRAM	X		180,443.	157,602.		X	X		X	

Total ▶ \$ 157,602.

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: MARCIA K HORN

(C) PURPOSE OF LOAN: PROGRAM SERVICES - MANAGEMENT EXPENSES

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2013**

Open to Public  
Inspection

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **ICAN**

**INTERNATIONAL CANCER ADVOCACY NETWORK**

Employer identification number

**86-0818253**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	32,472.	STOCK EXCHANGE PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II

Yes No

30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

ICAN

INTERNATIONAL CANCER ADVOCACY NETWORK

Employer identification number

86-0818253

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ICAN'S AGGRESSIVE CANCER PATIENT ADVOCACY PROGRAMS AND CLINICAL TRIALS  
ADVOCACY PROGRAMS PROVIDE PATIENTS WITH DETAILED AND CUSTOMIZED  
INFORMATION AS WELL AS PATIENT EMPOWERMENT TOOLS TO ASSIST THEM IN  
THEIR BATTLES FOR LIFE. ICAN'S PROGRAM SERVICES ALSO SEEK TO ENHANCE  
AND EXPEDITE THE ANTICANCER DRUG DISCOVERY AND DEVELOPMENT PIPELINE  
THROUGH MORE EFFECTIVE ADVOCACY, EDUCATION, & LEGISLATION AT ALL  
LEVELS.

NEARLY 600,000 LIVES WILL BE LOST TO CANCER IN THE UNITED STATES ALONE  
THIS YEAR. CANCER PATIENTS WHO HAVE JUST LEARNED THAT THEIR CANCER HAS  
METASTASIZED ARE IN QUICK NEED OF CUTTING-EDGE INFORMATION SERVICES AND  
TENACIOUS PATIENT ADVOCACY SO THAT THEY CAN ACCESS THE MOST PROMISING  
ANTICANCER DRUGS.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF FORM 990 IS PROVIDED TO BOARD MEMBERS FOR THEIR  
REVIEW BEFORE THE FORM 990 IS FILED. THE CHAIRMAN OF THE BOARD OF TRUSTEES  
AND THE CHAIRS OF FINANCE/BOARD GOVERNANCE COMMITTEES REVIEW QUESTIONS AND  
COMMENTS, FORM 990, AND THE ORGANIZATION'S FINANCIAL STATEMENTS WITH THE  
ORGANIZATION'S CEO. THE ORGANIZATION'S EXECUTIVE COMMITTEE THEN COMPLETES  
ITS REVIEW, AND FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ANNUALLY DISCLOSE IN WRITING ALL POTENTIAL OR  
ACTUAL CONFLICTS OF INTEREST TO THE BOARD GOVERNANCE COMMITTEE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13



Name of the organization ICAN

INTERNATIONAL CANCER ADVOCACY NETWORK

Employer identification number

86-0818253

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 990 ARE AVAILABLE AT THE GUIDESTAR.ORG WEBSITE, AND UPON  
REQUEST. FORM 1023 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S WEBSITE HAS A BOARD GOVERNANCE SECTION.

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CLERICAL SERVICES:

PROGRAM SERVICE EXPENSES	7,205.
MANAGEMENT AND GENERAL EXPENSES	2,550.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,755.

OTHER OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	13,171.
MANAGEMENT AND GENERAL EXPENSES	50.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,221.

REMISSION COACH INFORMATION TECHNOLOGY PROJECT:

PROGRAM SERVICE EXPENSES	29,518.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,518.

Name of the organization ICAN

INTERNATIONAL CANCER ADVOCACY NETWORK

Employer identification number

86-0818253

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

52,494.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

**2013**Attachment  
Sequence No 179

ICAN

INTERNATIONAL CANCER ADVOCACY NETWORK

FORM 990 PAGE 10

Identifying number  
86-0818253**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,577.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	96.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		891.	5 YRS.	HY	200DB	178.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year	/		40 yrs	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,851.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use.

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2013 tax year:


**43** Amortization of costs that began before your 2013 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44

## INTERNATIONAL CANCER ADVOCACY NETWORK



### Statement of Program Services Accomplishments for 2013

*ICAN Continued to Provide Rapid-Response and Urgently Needed Personalized Medicine Cancer Case Navigation Programs, Cancer Patient Advocacy Programs, and Clinical Trials Advocacy Programs to Stage IV Cancer Patients throughout the United States and Abroad*

#### **I. ICAN's Personalized Medicine Cancer Case Navigation Programs: Continuing Impact, Awards, and Recognition for ICAN's Direct Navigation Cancer Patient Advocacy Programs and Clinical Trials Advocacy Programs**

##### **A. ICAN's Paradigm of Professional Patient Advocacy Undergirding its 2013 Program Services Accomplishments**

Buttressing International Cancer Advocacy Network's mission to extend life with the highest achievable quality of life is ICAN's creative and tenacious paradigm of professional cancer patient advocacy. This paradigm mandates that the men and women with whom we work—as well as the parents of children and adolescents diagnosed with cancer—are provided with the cutting-edge information services and the advocacy support necessary for Stage IV patients to manage effectively their personal battles against cancer. ICAN provides patients with comprehensive services (Program by Program details are found in the Named Programs section of [www.askican.org](http://www.askican.org)):

- 1) Referrals to top-notch medical teams and laboratories depending upon the specific diagnosis;
- 2) Patient research and advocacy services which help a patient understand how the particular elements in a treatment plan interconnect and relate strategically to the big picture;
- 3) Specialized direct navigation services divided amongst more than one thousand extended cases, imaging-based cases, and research-oriented public inquiries, leading to improved patient outcomes and patient education (see full discussion regarding patient surveys (since 2009) and outcomes at [www.askican.org/patientoutcomes](http://www.askican.org/patientoutcomes));
- 4) Recommendations for specific molecular diagnostics (for instance, gene expression profiling or whole genome sequencing) that could well pave the way toward finding the most on-target treatment or novel therapeutic based on the patient's highly individualized results;

- 5) Patient empowerment tools,
- 6) Clinical trials enrollment strategies; and
- 7) Applications for compassionate use, where appropriate, in order to access experimental drugs outside the clinical trials setting.

This model of advocacy, applied to U.S. and international patient cases 24/7/365, seeks to extend the life of a cancer patient, improving the quality of a patient's life or bringing a patient back from the precipice, the brink of death, or life-shortening despair.

ICAN's relationship with the patient and caregiver extends either from diagnosis of metastasis (because at present all of ICAN's cases are advanced Stage IV cases) to death or from diagnosis to stable disease, partial remission, or complete remission. ICAN makes sure that the patient is not overlooking some key area of treatment or avoiding a promising avenue of life extension because of misinformation or the kind of "marketing dissonance" that happens when a patient is initially diagnosed and he/she receives an abundance of conflicting opinions from family, friends, and medical sources. At the start of ICAN's relationship with the patient and his/her family/caregivers, ICAN makes sure that a patient is counseled against making a disastrous, life-limiting mistake. ICAN works to ascertain whether the patient's cancer has been appropriately analyzed in terms of its highly individualized molecular profile. The organization's Patient Services department seeks to empower the patient and his or her family or caregiver to ask the right questions of the oncology team throughout the course of treatment. Providing strong support to the pivotal patient-physician relationship and enhancing the quality of patient-oncologist/additional medical specialist communications underscore ICAN's ultimate effectiveness.

Armed with a new comfort level regarding the issues and therapeutic options, the ICAN cancer patient is thus in a better position to finalize a treatment plan with his/her medical team. If a clinical trial is deemed the best option, ICAN helps reduce the transition time between a patient's last set of diagnostic imaging and pivotal lab results and his or her ultimate entry into a clinical trial. ICAN's health information technology initiatives, such as Remission Coach® seek to expedite and increase clinical trials enrollment and reduce the number of patients who fail to qualify for clinical trials because of inclusion and exclusion criteria that cannot be met based upon their specific cases.

ICAN's mission, vision, values, and 24/7/365 Program Services are hard-wired through its small staff and many key volunteers—overseeing a vast global network of more than 1150 volunteers—to provide late-stage cancer patients worldwide with customized information regarding targeted therapeutics and other promising treatment options—whether a drug that has already won FDA approval or is currently traversing the clinical trials gauntlet. To date, ICAN adult and pediatric patients and key family/caregivers have been served throughout the United States and in 53 countries. ICAN has worked with patients in more than 180 leading cancer centers and medical centers worldwide and has become a magnet for complex cases and rare synchronous cancers presenting with unusual features rarely seen in the literature. For some of ICAN's patients, it is not uncommon to have the opinions of more than two comprehensive cancer centers in tow before seeking ICAN's assistance.

Referrals to ICAN are set in motion by a cancer patient's friends, immediate family, clinicians (for example, oncologists, oncology nurses, and anesthesiologists), relatives, employers, employees, or fellow cancer patients who have previously worked with or who are currently working with ICAN. Members of the public who have attended ICAN special events, presentations at national conferences about ICAN's Personalized Medicine Cancer Case Navigation Program by ICAN's CEO, community outreach meetings, or networking/educational seminars may also become patients of ICAN. Referrals also come in to ICAN via the recommendations of specialty laboratory professional personnel and navigators, physicians, and customer service representatives at medical centers as well as

through networking, health fairs, job fairs (where ICAN seeks additional volunteer research interns), and educational meetings. ICAN's website, which consists of 1195 active pages, as well as other cancer organizations' resource suggestions encourage patient accrual as well. ICAN's social media outreach efforts also play a role in patient recruitment. Complex cases at ICAN may take between 20 and 80 hours of Program Services staff/research associate/volunteer expert time per patient. It is not unusual for patients many years into remission to call once or twice a year with a new question or concern.

In 2013, ICAN provided, where appropriate, detailed answers for new cancer cases within 12 hours of the patient's first inquiry, thus maintaining its first-response rate of 24 to 48 hours. Hundreds of major medical center, medical oncology, surgical oncology, radiation oncology, radiology, interventional radiology, stereotactic radiosurgery, pathology, and specialty laboratory referrals were made on behalf of ICAN patients in ICAN's Cancer Patient Advocacy Programs as a follow-up to the organization's extended patient case analyses. In 2013, several hundred patient inquiries from around the world leading to new extended or short-term cases came into ICAN as a result of the recommendation of ICAN in publications such as Robert A. Nagourney, M.D.'s book *Outliving Cancer* as well as ICAN's prominence at national oncology conferences as well as on linkedin.com, VolunteerMatch.org, and GreatNonprofits.org.

ICAN never "writes off" a patient. There is almost always something further that can be done to better position a cancer patient in his or her multi-faceted journey with cancer. ICAN has countless anecdotes about bringing patients back from the brink who had otherwise been written off by their clinicians as "hopeless" or "where nothing further could be done." These cases represent a panoply of solid tumors and blood cancers, please see [www.askican.org](http://www.askican.org); Great Nonprofits. It is due to such successes that ICAN has become a magnet for late-stage cancer patients who were offered no further options by their medical teams, whether they hail from rural settings or have been treated for years in highly-acclaimed comprehensive cancer centers. Other cancer organizations and medical facilities refer patients to ICAN—particularly international patients—challenging diagnoses or the rarest of tumors or blood cancers and because these referring organizations know that the organization places primacy on communicating with the patient in his own language through one of our international volunteers who works with our U.S.-based Patient Services department. ICAN is proud of its collaborative efforts with international, national, and state-based organizations working on not only patient matters but public education issues and policy concerns.

ICAN professional staff, key volunteers, an energized board of directors, and the many professionals on ICAN's medical, scientific, and biomarkers councils have worked collaboratively and prodigiously to set in place an appellate-style analytical approach for each of the organization's cancer cases. ICAN is supported professionally by clinicians and oncology research scientists.

ICAN's Biomarkers Council is chaired by Scott M. Kahn, PhD, of Columbia University, a leading oncology research scientist and thought leader in personalized medicine. ICAN's Physicians Advisory Council is led by prominent retired physicians and rare gynecologic cancers health information technology expert Robert H. Tamis, M.D. The IPAC includes separate councils in Surgical Oncology, Medical Oncology, Radiation Oncology, Radiology, Interventional Radiology, Radiogenomics, as well as Anatomic Pathology and Molecular Diagnostics. Members of ICAN's professional councils are called upon—in "Tumor Board" fashion and via an "all hands on deck" approach—for the organization's most complex and challenging cases. ICAN's Scientific Advisory Council is chaired by renowned organic chemist and synthetic organic chemist George Robert Pettit, PhD, who, among current cancer researchers, has the most productive global track record in anticancer drug discovery in terms of drugs in clinical trials and FDA approvals.

This creative, tenacious, and highly productive team consists of key volunteer leadership spanning 17 time zones. Volunteer professional experts assist ICAN in providing patients with compelling right track/wrong track analyses; understanding the gaps in the patient's medical team by analyzing the selection of the patient's treatment modalities (making sure that the patient is not trapped in one area of oncology when other areas would be more appropriate); and describing how the patient might best access the promise of molecular profiling and whole genome sequencing to best elucidate the most targeted (and perhaps less toxic) treatment. The organization highly values its dream team of more than 1150 compassionate volunteers around the world--each a devoted soldier in the fight for the lives of late-stage cancer patients--endowing the organization with tremendous support behind the scenes, and driving forward the goals of life extension and a higher quality of life for our patients.

As ICAN stands at the vanguard of personalized medicine and in the trenches with patients—where it encourages the use of specialty laboratory testing that can generate strategies for specific treatment options which may yield optimal outcomes, its Patient Services department works to ensure that the patient and the medical team agree on the next course of action. Patient-by-patient, cancer-by-cancer, subtype-by-subtype, gene expression-by-gene expression, protein-by-protein, and mutation-by-mutation, ICAN's Personalized Medicine Programs zero in on critical decision-making points in an effort to prolong life, taking into account quality of life along with pain management and palliative care issues.

While the organization's core mission is to provide robust, personalized cancer patient advocacy, ICAN is involved in the research continuum across the board—from drug discovery, drug development, and licensing and legal issues through our Scientific Advisory Council; to patient ethics issues and regulatory affairs issues by virtue of our Institutional Review Board involvement and our ICAN patient rep on the Oncologic Drugs Advisory Committee of the FDA and our work in integrating the patient advocate voice into protocol design; to personalized medicine and gene expression profiling issues to speaking engagements at the invitation of consulting companies, pharmaceutical companies, and biotech companies, and patient recruitment companies involved in clinical trials.

The organization is positioned to continue to drive forward its initiatives at full throttle—an Advocacy Institute project as part of ICAN's overall Research Institute strategic plan; our multi-faceted search system — Remission Coach® — for which we received USPTO confirmation of the official Trademark in 2012; our mobile and web-based app projects being developed by ICAN's team of clinicians, scientists, software developers, and programmers. All of this effort will add tremendous value to the world of drug development while working to help expand ICAN's target patient population and outreach to accommodate the growing numbers of patients given the demand for the organization's services.

#### **B. Increasing Recognition for ICAN's Cancer Patient Advocacy Programs and Personalized Medicine Cancer Case Navigation Programs Has Led to Increased Program Services Case Work**

Patients who have contacted and worked with numerous cancer organizations before coming to ICAN uniformly tell our Patient Services department that ICAN's direct patient navigation services are unique and second to none. Since its founding, ICAN operated strictly on referrals from patients, their friends, and families as well as from physicians and medical centers. But recent media attention and overall increased recognition has brought even higher demand for ICAN services, requiring that "wait lists" periodically need to be employed.



Highlights of ICAN recognition and awards for its Program Services include:

- ❖ Our CEO being named as one of two Finalists for the *Phoenix Business Journal's* "Healthcare Heroes Award" (Health Care Professional Non-Physician category) led to additional medical center patient referrals.
- ❖ ICAN's receipt of *Constant Contact's* "All Star" Award for the strength of the organization's e-newsletter and incredibly low number of opt-outs (which is the basis for the award) led to additional subscribers for the organization's e-newsletter. *Constant Contact* is the leading e-newsletter for nonprofit organizations.
- ❖ *Newsweek's* profile of ICAN, showcasing one of our metastatic breast cancer patients who is disease-free (more than eight years) thanks to ICAN's patient advocacy and specialist referrals, with follow-up profiles on KTVK-3 Phoenix and WDAF/Fox 4 Kansas City, Missouri, has led to additional accrual of breast cancer cases in the organization's Personalized Medicine Cancer Case Navigation Programs.
- ❖ *Pharmaceutical Executive* magazine's profile of ICAN as the leading cancer patient advocacy organization (the magazine had 5000 organizations from which to choose) which article also focused on one Alzheimer's organization, one rare diseases organization, and one AIDS organization their 30th Anniversary issue on the best in patient advocacy, continued to lead to more conversations with those from industry and regulatory affairs.
- ❖ ICAN received consistent 5-star ratings from *Great Nonprofits*, receiving Great Nonprofits' awards of *Top-Rated Health Care Nonprofit* (2011, 2012, 2013, and 2014)
- ❖ ICAN continued to receive *GuideStar's Gold Exchange Participant*—the highest designation for nonprofit information transparency.
- ❖ Our CEO's selection as a Finalist in the *Organization of Nonprofit Executives'* "Director of the Year Award" in the Leader of Distinction category continued to lead to additional patient referrals.
- ❖ PCORI, the Patient-Centered Outcomes Research Institute, based in Washington, DC, chose our CEO as a Stakeholder Reviewer for ongoing grant applications.
- ❖ ICAN's CEO was invited participate for a second year the Oncology Panel of the Institutional Review Board affiliated with renowned comprehensive cancer center MD Anderson and its Arizona campus, rounding out a 360°-immersion in the drug development and clinical trials process.
- ❖ ICAN continued to be rated five-star (highest rating) on *VolunteerMatch.org* and at the end of 2013 was the highest rated and most rated cancer volunteer program on VolunteerMatch.org
- ❖ ICAN received continuing invitations for our CEO and Biomarkers Council chairman to speak on Personalized Medicine and Molecular Diagnostics, from Hainan, China to Mumbai, India, and from Philadelphia to San Francisco.
- ❖ ICAN's CEO was named Faculty Planning Chairman for the Advanced Learning Institute's panel on Personalized Medicine and Molecular Diagnostics.
- ❖ Our CEO continued Chairman of the DIA (Drug Information Association) Patient Engagement Community and is working with leading patient advocates from across the world to finally integrate the patient voice in the research pipeline.
- ❖ Our CEO's interview for a major epigenetics conference continued to foster additional patient cases and requests for participation at major conferences.

- ❖ ICAN's patient who we nominated to the FDA to serve on their Oncologic Drug Advisory Committee (ODAC) as a patient representative for oncology matters continued his participation and began to blog about his experiences on the ICAN website. The patient's participation on ODAC has been highly regarded by FDA leadership.
- ❖ The FDA's Office of Planning and Analysis in the Center for Drug Evaluation and Research (CDER) invited ICAN to be a special participant at the FDA-sponsored inaugural conference on Patient-Focused Drug Development.
- ❖ Elsevier's *Pink Sheet*—the “go-to” newsletter for the biotech and pharmaceutical industries—requested ICAN's perspective about FDA clinical trials regulations for their high-level pharmaceutical executive suite subscribers, interviewing a member of ICAN's Biomarkers Council.

### **C. Named Programs, Named by Patients in Memory of or in Honor of Cancer Patients**

In 2013, the following Named Programs were established at ICAN at the request of patients or their families (*a complete description of each Program is found at [www.askican.org](http://www.askican.org)*). The Named Program Services section of ICAN's website comprises the majority of 1195 active ICAN website pages:

**The John Palestrini Cancer Patient Advocacy Program (New York)**

**The Dan Mears Pancreatic Cancer Clinical Trials Program (California)**

**The Kairi Toll Angels Program (Arizona)**

**The Veronica Rivera Breast Cancer Patient Advocacy Program (Arizona)**—assisting under-served Latina patients in Arizona, California, and Florida on patient-clinician communication issues

**The Doug Bartel Award Program for Excellence in Graphic Design for ICAN Patient Program Services (California)**

Additional named programs which were pursued in 2013 on the part of our ICAN research teams included:

**The Jacqueline (“Jax”) Arcaris Inflammatory Breast Cancer Advocacy Program**

**The Momotaj (“Kanon”) Mohol Begum Breast Cancer Patient Advocacy Program (Bangladesh)**

**The Jane Keene Bixler “Cancer of Unknown Primary” Patient Advocacy Program**

**The Donald Henry Cameron Novel Therapeutics Program**

**The Stella Demarco Neuroblastoma Program (Brazil)**

**The Uri Harel Therapeutic Arts Program**

**The Gean Howard Cancer Patient Advocacy Program**

**The Amanda Hope Pediatric Cancer Patient Family Advocacy Program**

**The Barbara K. MacDonald Multiple Myeloma Clinical Trials Advocacy Program**

**The Claire Nelson Brain Tumor Program**

**The Robert W. Reimer Biomarkers Program and Biomarkers Center Project (United Arab Emirates and Canada)**

**The Bob Rosenberg Interventional Radiology Program**

**The Melody Stockett-Beezley Personalized Medicine/Ovarian Cancer Patient Advocacy Program**

**The Phyllis Tuccori Cancer Patient Advocacy Program**

**The Robyne Wexler Brain Cancer Patient Advocacy Program**

**The Beverlee Zell-Tamis, PhD Primary Peritoneal Cancer Patient Advocacy Program**

\*\*\*\*\*

Throughout 2013, ICAN expanded its Personalized Medicine Cancer Case Management Program Services which include Cancer Patient Advocacy Programs, Clinical Trials Advocacy Programs, and Public Education and Information Programs relevant to the organization's Stage IV cancer patients. Many of these Stage IV patients had been given no viable strategic options before approaching ICAN.

In 2013, the following programs in tribute to an ICAN cancer survivor or in memory of an ICAN cancer patient were developed through the continued support of grateful patients and/or their families:

**The Dana Michelle Adler Cervical Cancer Patient Advocacy Program**

**The Abdelhadi Mustafa Amawi Cancer Advocacy Program (Jordan)**

**The Maureen Purdy-Aramino Lung Cancer Clinical Trials Advocacy Program**

**The Patricia A. Berardi Gallbladder Cancer Research Program**

**The William F. Buck, IV Cancer Research Program (Cancers of Unknown Primary)**

**The Marilyn Fagan Ovarian Cancer Patient Advocacy Program**

**The Michael J. Frisby Head and Neck Cancer Research Program**

**The Wendy Gelber Lung Cancer Research Program**

**The Judy Joseph Palliative Care Program**

**The Patricia B. and William H. Lyons Physicians-Patient Communications Program**

**The Kim Ian Madsen Prostate Cancer Survivors Program**

**The Kye Carpenter-Mark Pediatric AML Program (United Kingdom)**

**The Miriam ("Mimi") Martin Molecular Profiling Program**

**The Rivka (Karin) Matitya Breast Cancer Program (Israel)**

**The Leatrice J. Nach Scientific Writing Program**

**The Arie Ringelstein Gastric Cancer Patient Advocacy Program (Canada)**

**The Carlissa Rodriguez Gynecologic Oncology Biomarkers Program**

**The Xhevair Sulijmani Rare Pediatric Cancer Patient Advocacy Program (Macedonia)**

**The Stacey Titens Wizig Cancer Research Program**

**The Dr. Tom Tyne Cancer Research Program in Head and Neck Cancer**

**The Nancy Strauss Hematological Cancer Patient Advocacy Program**

In 2013, the organization pursued volunteer recruitment and research services volunteer recruitment to aid in the furtherance of the following Cancer Patient Advocacy Programs and Clinical Trials Advocacy Programs at ICAN:

**The Lydia Marie Hawkins Public Education and Volunteer Management Program**

**The Ognjen ("Ogi") Kovacevic T-Cell Lymphoblastic Lymphoma/ALL Patient Advocacy Program**

**The Nora Lee Gregory Advocacy Program for Family Caregivers**

**The Shirley Morrison Lymphoma Patient Advocacy Program**

**The Mary Ann Granger-Alderson Clinical Trials Advocacy Program**

**The Fred Runnels Padgett Lung Cancer Patient Advocacy Program**

**The Peggy Parker Cancer Patient Advocacy Program in Genitourinary Cancers**

**The Herb Glicksman Patient Advocacy Program for Rare Cancers**

**The Rick Oertel Colon Cancer Patient Advocacy Program**

Throughout 2013, ICAN Program Services in the following named Cancer Patient Advocacy Programs or Clinical Trials Advocacy Programs assisted advanced cancer patients:

**The Gary M. Avey Cancer Patient Advocacy Program for Native Peoples**

**The LaDonna Jean Courtney Colorectal Clinical Trials Advocacy Program**

**The Lisa Dubow Colorectal Cancer Patient Advocacy Program (Genomic Issues)**

**The Thad Delos Duel Patient Advocacy Program and Public Education Program on Amyloidosis**

**The Florence N. Heffron Rhabdomyosarcoma Patient Advocacy Program**

**The Janice D. Isbell Carcinoid Cancer Patient and Carcinoid Clinical Trials Advocacy Program**

**The Kae Robb Breast Cancer Clinical Trials Advocacy Program for Her-2/neu Positive Patients**

During 2013, ICAN personnel and volunteers also reviewed and researched the issue of compassionate use and expanded access requests for late-stage cancer patients. The infrastructure for **The Muriel Finlayson Williams Compassionate Use Drug Information Program** at ICAN was be expanded on behalf of patients who are seeking information about emergency release of promising compounds from their developmental/ pharmaceutical sponsors. ICAN's in-house resources and experience in that area date back to 1996, a year before the organization was formally launched where ICAN's Founding Chairman submitted the most comprehensive request for compassionate release that the National Cancer Institute, the developmental sponsor of a certain anticancer drug, had ever seen.

In 2013, ICAN Program Services staff continued to respond to the many hundreds of inquiries from all over the country relating to specific anticancer compounds, clinical trials options, physician and specialty referrals, and major cancer center/oncology practice referrals. Because of heightened publicity, the leading inquiry at ICAN throughout 2013 continued to revolve around the issues of immunotherapy and novel cancer vaccines, especially in the breast cancer, lung cancer, colon cancer, and melanoma contexts. ICAN Public Education Program Services and Drug Pipeline Information Programs responded to patient and public inquiries regarding specific vaccine clinical trials and immunotherapy issues, molecular profiling, whole-genome sequencing, next-gen sequencing, hormone therapy, brachytherapy, proton beam therapy, antiandrogen therapy, steroid therapy, endocrine therapy, biologic therapy, as well as answered questions regarding anticancer compounds characterized as vascular targeting agents and angiogenesis inhibitors.

Other areas of patient and public inquiries included: the blood-brain barrier and anticancer drugs targeting brain metastasis (whether solitary lesions and multiple metastases), conventional surgery, radiation therapy, complementary and alternative medicine, multi-drug resistance issues, pain management and palliative care issues, fatigue management, cachexia, and nausea management. Issues of small bowel obstruction and ascites were particularly prominent among our advanced gastrointestinal cancer, pancreatic cancer, and ovarian cancer patients throughout 2013. ICAN Patient Program Services also responded to requests for additional information concerning new diagnostic procedures, epigenetic biomarkers, signaling pathways, new imaging technology, and cutting-edge interventional radiology procedures. During 2013, ICAN's CEO continued to make use of her experience gained in serving on an expert AHRQ panel on liver-directed therapies and interventional radiology procedures for ICAN's programs in solid tumors that metastasize to the liver. Radioembolization, chemoembolization, radiofrequency ablation are among the procedures investigated by ICAN on behalf of Stage IV solid tumor patients.

#### **D. Expansion of Volunteer Training Programs at ICAN through its Research Services and Patient Services Departments**

Throughout continuing challenges to the global economy in 2013, ICAN was able to pursue its 24/7/365 Patient Program Services by virtue of the in-kind services of more than 1150 volunteers hailing from volunteermatch.org, internships.com, linkedin.com, local colleges and universities, and other volunteer and professional recruitment and networking sources. The organization also trained and assigned community service volunteers who had court-ordered hours to fulfill as ICAN web research interns.

The majority of ICAN volunteers are college students, college graduates, graduate students, post-doctoral students, and professionals in the healthcare arena. The year 2013 saw an upsurge of newly licensed medical doctors from India joining ICAN to become members of the organization's research teams. These volunteers have assisted ICAN in areas such as tumor biomarkers, gene expression profiling information, and cancer literature research updates on a per-cancer basis or per-clinical trials basis.

All told, ICAN's Board Governance Committee estimates that this massive infusion of volunteer support in 2013—a fair number of these volunteers having been laid off from law firms, marketing firms, pharmaceutical companies, biotechs, contract research organizations, patient recruitment firms, or other corporate positions—led to an in-kind donation to ICAN of more than six million dollars were ICAN to have compensated at reasonable hourly rates the quality of talent and the quantity of donated hours that flowed into ICAN.

By the end of 2013, ICAN had continued to develop and refine its Internship Programs for pre-med high school seniors and college through post-doctoral students and had launched an Academic Internship department as well on issues ranging from Patient Services to Graphic Design to Health Care Financing Challenges.

#### **E. Continuing work on Access to Oral Therapies and Patient Safety Issues regarding Biosimilar Substitution**

ICAN continues to play an active role in patient and clinician education regarding access to oral therapies for cancer patients. ICAN is also deeply involved with educating patients and providers about the necessity for prescriber communication when a biosimilar is substituted for a reference biologic. ICAN's website maintains continuing updates on both oral therapy access and biosimilar substitution, [www.askican.org/patienteducation](http://www.askican.org/patienteducation)

#### **F. Expanded Office Space Provided ICAN with Additional In-Kind Support**

In 2013, ICAN continued to be the beneficiary of spacious and beautiful donated offices at the Scottsdale Executive Office Park, a premium office location in northeast Scottsdale, Arizona and sited its ICAN Archiving Services at Metrocenter, a mall in Phoenix, Arizona.

## **II. ICAN's Biomarkers Council**

The ICAN Biomarkers Council provides world class expertise, vision, and support in the fields of molecular profiling and cancer. It also serves as an illustrious scientific resource—from presenting at major scientific conferences to providing testimony on topics affecting ICAN's Patient Services to advocating on behalf of cancer patients with elected officials and regulatory agencies.

Led by Scott M. Kahn, Ph.D., a biomarkers expert and senior oncology research scientist from Columbia University and Oncostem Biotherapeutics, the ICAN Biomarkers Council is comprised of global key opinion leaders and gifted and accomplished scientists from top, cutting edge industry and academic programs. Members provide ICAN with deep expertise in biomarker theory and technology as well as applications to individual cases of cancer and therapeutic regimens.

Members of the 2013 Biomarkers Council include:

- Scott M. Kahn, Ph.D., Chairman
- J. Carl Barrett, Ph.D., Senior Advisor, Oncology
- Neil Butters, Ph.D., Director, Biomarkers Literature Collation
- Berwyn Clarke, Ph.D., Senior Scientific Advisor, Genomics and Biomarkers
- Barbara Clendenen, Senior Advisor, Institutional Review Board Issues
- Charles J. DiComo, Ph.D., Senior Advisor, Prostate Cancer
- Fernando Ferrer, MBA, International Pharmaceutical Outreach and Special Advisor, ICAN-Latin America Patient Engagement Issues

- Frank M. Jahnke, PhD, Senior Scientific Advisor, Proteomics
- Jason Jin, Ph.D. Senior Scientific Advisor, Genomics and Biomarkers
- Ronald G. Jubin, Ph.D., Senior Scientific Advisor, Immunology and Cancer Virology
- Ajay K. Malik, Ph.D., Senior Advisor, Cancer Cell Biology
- Sethu Narayanan, Ph.D., Senior Advisor, Rare Malignancies
- Shannon R. Payne, Ph.D., Senior Advisor, Colon and GI Cancers
- David S. Shames, Ph.D., Senior Advisor, Novel Therapeutics
- Linda G. Strause, Ph.D., Director, Biotechnology
- Eric J. Thompson, Ph.D., Director, Molecular Profiling
- Michael Thompson, MD, Ph.D., Senior Advisor, Rare Malignancies
- Chip Van Sant, Ph.D., Senior Advisor, Predictive Biomarkers
- Hans Winkler, Ph.D., Senior Advisor, Oncology Biomarkers

**Individual Patient Cases.** The Biomarkers Council routinely supports ICAN's efforts with individual patient cases, interpreting molecular profiling results and researching and providing answers to specific questions and projects related to proposed patient biomarker strategies. In 2013, the Biomarkers Council was involved with many challenging patient cases, including among others, cancers of unknown primary and an exceedingly rare case of metastatic Merkel Cell carcinoma. When authorized, the Biomarkers Council makes use of our deep academic/industry network by vigorously contacting leading scientists, clinicians, and decision makers for the purpose of accessing cutting-edge clinical, diagnostic, and therapeutic options on behalf of ICAN's patients.

**Remission Coach.** Members of the Biomarkers Council members also assist with the development of ICAN's Remission Coach® programs.

**Conferences and Symposia.** Biomarkers Council members are called upon to represent ICAN at major conferences or symposia or to make presentations on behalf of ICAN. In 2013, these presentations included:

- 05/13** Roche Translational Clinical Research Center, Nutley, NJ. (Marcia Horn, Scott Kahn)
- 06/13** 5th Annual Molecular Dx: Cancer Drug Development, Boston, Mass. (Dr. Kahn)
- 07/13** OnHelix, One Nucleus: Translational Research, Cambridge UK (Dr. Kahn— Session Chair)
- 09/13** ICG 2013, Sacramento, Ca. (Dr. Puig)
- 09/13** Clinical Genomics for Cancer Management, Boston, Mass. (Dr. Kahn-Session Chair)
- 09/13** NGS/Cancer Drug Development, Boston, Mass. (Dr. Puig; Dr. Kahn-Conference Chairman)
- 10/13** GDDIS, Princeton, NJ (Dr. Puig)
- 10/13** NGS and Data Analysis, San Francisco, Ca. (Dr. Kahn—Conference Chairman)
- 11/13** ADAPT (Accelerating Development & Advancing Personalized Therapy), Boston, Mass. (Dr. Puig)
- 11/13** World CDx Meeting, Boston, Mass. (Dr. Kahn- Track Chairman)

In addition, ICAN Biomarkers Council Members participated in the following events-

- 03/13** BIO Fly-In, Washington DC: Met with legislators on Capitol Hill to educate on the future of cancer therapeutics and WGS/RNAseq. We also discussed personalized medicine, reimbursement issues, and biosimilars legislation.
- 10/13** BIO Patient Health and Advocacy Summit, Washington, D.C.

**Social Media.** Biomarker Council member Ajay Malik, PhD oversees social media platforms with which ICAN is actively engaged. This includes an active presence on LinkedIn, Facebook, and Twitter.

**Public Policy and Advocacy.** The Biomarkers Council represents ICAN on public policy issues including, but not limited to, access to oral chemotherapy drugs and biosimilars, personalized medicine and molecular diagnostic testing costs and reimbursements. On issues of mutual interest, members represent ICAN in a variety of capacities with outside entities.

**Funding.** The Biomarkers Council proposes and implements biomarkers-related research projects for ICAN. Council members may identify potential grantors, engage in prospect research, and coordinate and assist in writing funding proposals.

Whole Genome Sequencing/RNA Transcript Sequencing for Late Stage Cancer Patients. In 2013, the ICAN Biomarkers Council continued to lead efforts to pave the way for the adoption of whole genome sequencing (WGS) and RNA transcript sequencing (RNAseq) as a reimbursable diagnostic tool for late stage cancer patients. WGS/RNAseq promises to better identify clinically actionable mutations in cancers, and to provide a less costly alternative to multiple molecular profiling tests. We spoke with key opinion leaders in industry, academia, and government to assess hurdles that stand in the way of implementation, and how they might be overcome.

The Biomarkers Council proposes and implements biomarkers-related research projects for ICAN:

## **Biomarker Databases**

DNA, RNA,  
protein,  
metabolic,  
epigenetic,  
imaging

Diagnostic,  
prognostic,  
predictive,  
theranostic

Primary tissue,  
surrogate tissues,  
circulating tumor  
cells

Council members may identify potential grantors, engage in prospect research, and coordinate and assist in writing funding proposals. Where appropriate, Council members may offer to assist ICAN in obtaining professional memberships, attendance at symposia, subscriptions, and conferences to ease the financial burden on ICAN and to augment ICAN's Personalized Medicine Cancer Case Management Programs by enhancing the organization's information resources and professional outreach.



### **III. Additional Program Services Projects and information Technology/Drug Pipeline Initiatives: Remission Coach® and Mobile App Projects**

ICAN continued its programming work in developing a revolutionary medical information search engine. The search system, along with its ancillary programs, is called Remission Coach® and represents an innovative service which will be housed on one of ICAN's websites for cancer patients and their families. The search engine will enhance and accelerate retrieval of relevant and specific patient-appropriate information.

The international launch and announcement of this ground-breaking search engine will catapult the mission, vision, and reach of ICAN to a whole new level of impact. The vision for ICAN is one of growth, evolutionary change, and expansion of the organization's comprehensive Personalized Medicine Cancer Case Management Programs, including ICAN's Remission Coach®, to meet the escalating needs of an ever-increasing population of cancer patients. This will result in ICAN needing to develop crucial capacity-building resources in the years ahead to meet the overwhelming patient demand for its life-extending services

ICAN continues to prepare the infrastructure for the organization's capital campaign which will fund its major research initiatives as well as Remission Coach® and other projects.

ICAN's governing board and staff also focused on strategic planning for the organization's International Physicians Advisory Council, Pharmaceutical Advisory Council, Biotech Advisory Council, and Biomarkers and Molecular Diagnostics Council. For additional information about ICAN, its mission, vision, values, and goals in Patient Program Services, or for further information about ICAN's boards, councils, or board governance, please see <http://www.askican.org/> or please contact our Program Services at 602-861-9642 and/or Board Governance Committees at 602-618-0183 or [boardgovernance@askican.org](mailto:boardgovernance@askican.org)

As a 501(c)(3) charitable organization, ICAN's revenues depend upon public support:

- Spontaneous gifts from grateful patients and their families thanking ICAN for the effectiveness and compassionate care of the organization's Personalized Medicine Cancer Case Navigation Programs
- Special events such as the Liberty Mutual Invitational in Scottsdale and ICAN's Northern California Golf Invitational at the Napa Valley Country Club, [www.askican.org/golf](http://www.askican.org/golf)
- ICAN Tango and ICAN Dance events in Tucson (coming to Texas in 2015)
- Annual Dinner Theatre events in conjunction with Phoenix Theatre
- Support of the public in naming cancer programs in memory of loved ones or in honor of cancer survivors
- Planned giving involving trusts, estates, and charitable annuities
- Sponsoring Named Programs and ICAN initiatives in health care technology such as our Remission Coach® project
- In-kind gifts to defray Program Services expenses

## ICAN, International Cancer Advocacy Network

**Experience, creativity, and tenacity  
in the patient's battle for life with high quality of life,  
providing direct patient navigation services  
supported by a global network of volunteers  
engaging academia, industry, and government  
to optimize patient outcomes...**

**Of the thousands of cancer patient advocacy organizations  
ICAN uniquely operates in 50 states, U.S. territories,  
and in more than 50 countries around the world,  
and was the only cancer organization  
profiled in *Pharmaceutical Executive* magazine's  
30<sup>th</sup> Anniversary Edition on Patient Advocacy:**

EIN 86-0818253  
www.askican.org  
boardgovernance@askican.org  
602-618-0183



# Inside can 2013



**International Cancer Advocacy Network** is a 501(c)(3) tax-exempt charitable organization providing direct patient navigation for Stage IV cancer cases throughout the United States and in more than 50 countries to date. ICAN is a global network consisting of a small staff and more than 1100 volunteers, the leadership of which spans 17 time zones.

With your generous support, we are working to expand our:

- ✧ Personalized Medicine Cancer Case Navigation Programs, which include customized advocacy services for every cancer diagnosis—from the most commonly diagnosed solid tumors and blood cancers to rare presentations of multiple synchronous cancers.
- ✧ Health technology initiatives to enhance the research pipeline and deliver improved patient outcomes.
- ✧ Lobbying and legislative initiatives on issues such as access to oral anticancer drugs; physician and patient notification for biosimilar drugs; and reimbursement for molecular diagnostics and novel therapeutics.
- ✧ Referrals—at the patient's request—to specialists in medical oncology, surgical oncology, radiation oncology, interventional radiology, anesthesiology, internal medicine and additional areas, depending upon the needs of the patient.
- ✧ Efforts to enhance patient-physician communication—as well as communications within the medical team—via shared decision-making tools and strategies.
- ✧ Research services seeking to expedite clinical trials enrollment and compassionate use requests for drugs available outside the context of clinical trials.
- ✧ Specialized advocacy services, working to integrate the patient voice along with the patient advocate voice into the biopharmaceutical industry's design of protocols for research studies in order to enhance patient participation and retention in clinical trials.

If you would like to fund and name a **special program in honor—or in memory—of your loved one**; or if you would like to join ICAN's Leadership Council (only 4 meetings per year), please call us at **602-861-3777** or email us at **boardgovernance@askican.org**.

Save the Dates! ICAN's First Annual Northern California Golf Invitational at Napa Valley Country Club will be held **Monday, October 13, 2014**; and our Fifth Annual Liberty Mutual Invitational at McCormick Ranch Golf Club in Scottsdale will be held **Friday, October 17, 2014**. If you would like to play in either (or both) of these tournaments - or would like to join a tournament committee - please call us at **602-861-9642** or email us at **golf@askican.org**.



# **ican: Increasing Recognition for Cancer Patient Advocacy and Personalized Medicine**

## **International Cancer Advocacy Network**

("ICAN") is a 501(c)(3) organization headquartered in Arizona and founded in 1996 by Phoenix civic leader and international attorney Sidney Rosen to bring a new paradigm and level of excellence to the world of cancer patient advocacy. ICAN's mission is to extend life with the highest achievable quality of life. ICAN's CEO Marcia Horn is a Stanford-trained commercial and appellate litigator. Sherry Weinstein, a former speech pathologist and medical marketing communications professional, is chairman of the Board of Trustees and oversees board governance among ICAN's boards and councils. Together they have systematized an appellate-style analytical approach for each of the organization's cancer cases, galvanizing a creative, tenacious, and highly productive team of experts to focus on a right track/wrong track analysis; an analysis of gaps in the patient's medical team; a review of the choice of treatment modalities (ensuring that the patient is not trapped in one area of oncology when other areas would be more appropriate); and an analysis of how the patient might best access the promise of molecular profiling and whole genome sequencing in order for the oncology team to elucidate the most targeted treatment.

ICAN's mission, which is hard-wired through its small staff and vast global network of more than 1100 volunteers, is to empower late-stage cancer patients worldwide with cutting-edge and customized information regarding targeted therapeutics and other promising treatment options—whether a drug that has already secured FDA approval or is currently in clinical trials. To date, nearly 8000 patients, spouses, and key family/caregivers have been served across the U.S. and in more than 50 countries. ICAN has worked with patients in more than 160 leading cancer centers and medical centers worldwide and has become a magnet for complex cases.

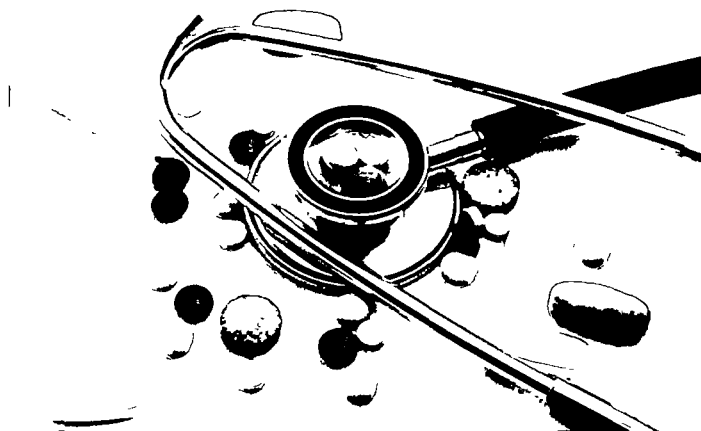
ICAN never "writes off" a patient. There is almost always something that can be done to better



position a cancer patient in his or her multi-faceted journey with cancer. ICAN maintains over 200 separate Cancer Patient Advocacy and Clinical Trials Advocacy Programs as part of its Personalized Medicine Cancer Case Navigation Programs, covering the most commonly diagnosed solid tumors, to the rarest of blood cancers, to unusual presentations of synchronous cancers.

ICAN is supported professionally by clinicians and oncology research scientists. ICAN's Biomarkers Council is chaired by Columbia University's Scott M. Kahn, PhD, a leading oncology research scientist and thought leader in personalized medicine. ICAN's Physicians Advisory Council (PAC) is led by prominent (retired) physician and rare gynecologic cancers health information

technology expert, Robert H. Tamis, MD. The PAC includes separate councils in Surgical Oncology, Medical Oncology, Radiology, Interventional Radiology, Radiogenomics, as well as Anatomic Pathology and Molecular Diagnostics. Members of ICAN's professional councils are called upon—in a "Tumor Board" and "all hands on deck" approach—for the organization's most complex and challenging cases. ICAN's Scientific Advisory Council is chaired by renowned organic chemist and synthetic organic chemist George Robert Pettit, PhD, who has the most productive track record in anticancer drug discovery around the world in terms of drugs in clinical trials and FDA approvals.



ICAN stands at the vanguard of personalized medicine and in the trenches with patients, where it encourages the use of specialty laboratory testing that can generate strategies for specific treatment options which may yield optimal outcomes. At the same time, ICAN works with the patient and his/her oncology team to understand molecular profiling results, ensuring that the patient and the medical team agree on the next



course of action. Patient-by-patient, cancer-by-cancer, subtype-by-subtype, gene expression-by-gene expression, protein-by-protein, and mutation-by-mutation, ICAN's Personalized Medicine Programs zero in on critical decision-making points in an effort to prolong life, taking into account quality of life along with pain management and palliative care issues.

Having a new comfort level regarding the issues and treatment options, the patient is in a better position to finalize a treatment plan with his/her medical team. If a clinical trial is deemed the best option, ICAN helps reduce the transition time between a patient's last set of diagnostic imaging and the ultimate entry into a clinical trial. ICAN's health information technology initiatives, such as Remission Coach<sup>®</sup> seek to expedite and increase clinical trials enrollment and reduce the number of patients who fail to qualify for clinical trials because of strict inclusion and exclusion criteria.



Patients who have dealt with other cancer organizations before coming to ICAN uniformly tell our Patient Services department that ICAN's direct patient navigation services are unique and second to none. Since its founding, ICAN has operated strictly on referrals from patients, their friends, and families as well as from physicians and medical centers. But recent media attention has brought even higher demand for ICAN services, requiring that "wait lists" periodically need to be employed.

# ICAN Milestones

- ✧ ICAN is the recipient of Great Nonprofits' Top-Rated Health Care Nonprofit award for 2011, 2012, and 2013.
- ✧ Our CEO serves as Chairman of the DIA (Drug Information Association) Patient Engagement Community and works with leading patient advocates from around the world to fully integrate the patient voice in the research pipeline.
- ✧ *Pharmaceutical Executive* magazine profiled ICAN as the leading cancer patient advocacy organization (the magazine had 5000 organizations from which to choose) for their 30th Anniversary issue on the best in patient advocacy.
- ✧ Of all 2536 cancer nonprofits registered with Volunteer Match, ICAN is the number one five-star rated Volunteer Program.
- ✧ *Newsweek* profiled ICAN, showcasing one of our metastatic breast cancer patients who remains disease-free thanks to ICAN's patient advocacy and specialist referrals, with follow-up profiles on KTVK-3 Phoenix and WDAF/Fox 4 Kansas City, Missouri.
- ✧ Noted oncologist Robert A. Nagourney, MD highlighted ICAN's unique patient advocacy work in the book *"Outliving Cancer: The Better, Smarter Way to Treat Cancer"* (2013).
- ✧ Our CEO was selected as a 2013 Finalist in the Organization of Nonprofit Executives' "Director of the Year Award" in the Leader of Distinction category.
- ✧ ICAN was ranked **first** as Top-Rated Breast Cancer Nonprofit in 2012 by Great Nonprofits (even though ICAN deals with not only breast cancer but all cancers).
- ✧ ICAN's CEO is entering her second year on the MD Anderson/Banner Gateway Institutional Review Board, rounding out a 360° immersion in the drug development and clinical trials process.
- ✧ Our CEO, Marcia Horn, was one of two Finalists for the *Phoenix Business Journal's* "Healthcare



Heroes 2012 Award" (Health Care Professional Non-Physician category).

- ✧ PCORI, the Patient-Centered Outcomes Research Institute, based in Washington, DC, chose our CEO as a Stakeholder Reviewer for ongoing grant applications and named her as a "PCORI Ambassador."
- ✧ ICAN successfully nominated a patient to the FDA's Office of Special Health Issues to serve on the Oncologic Drug Advisory Committee (ODAC) as a patient representative. His participation on ODAC has been highly regarded.
- ✧ ICAN achieved GuideStar's Gold Exchange Participant status—the highest designation for nonprofit information transparency.
- ✧ ICAN's CEO was selected as Chairman of "Bridging the Gap Between Research and

Treatment" for Cambridge Healthtech Institute's Genomics in Medicine conference in San Francisco.

- ✧ ICAN received *Constant Contact's* "All Star" Award in 2012 for the strength of the organization's e-newsletter and incredibly low number of opt-outs (which is the basis for the award). *Constant Contact* is the leading e-newsletter for nonprofit organizations.
- ✧ ICAN continues to receive invitations for our CEO and Biomarkers Council chairman to speak on Personalized Medicine and Molecular Diagnostics, from Hainan, China to Mumbai, India, and from Philadelphia to San Francisco.
- ✧ In September, 2012, ICAN co-sponsored, with ASBM, the Alliance for Safe Biologic Medicines, and AZ BIO, an important conference for distinguished scientists and clinicians on the very complex scientific issue of safe biologic medicines and biosimilars. Members of the Biomarkers Council, led by chairman Scott M. Kahn, PhD, regularly represent ICAN as members of patient safety organizations and keep ICAN



informed of every advance. ICAN is an active member of the Association of Safe Biologic Medicine's Steering Committee because of the impact of innovator biologics and biosimilar safety considerations on our Patient Services.

- ✧ *USA Today's* Personalized Medicine writing team from Mediaplanet requested ICAN's input for a special supplement on Personalized Medicine and molecular diagnostics.
- ✧ ICAN's CEO was named Faculty Planning Chairman for the Advanced Learning Institute's panel on Personalized Medicine and Molecular Diagnostics.



- ✧ Our CEO's interview for a major epigenetics conference continues to foster additional patient cases and requests for participation at major conferences.
- ✧ Elsevier's Pink Sheet—the "go-to" newsletter for the biotech and pharmaceutical industries—requested ICAN's perspective about FDA clinical trials regulations for their high-level pharmaceutical executive suite subscribers, interviewing Eric Thompson, PhD, from ICAN's Biomarkers Council.



# ICAN's Inspiration and Reason for Being

ICAN was established in 1996 as a cancer patient advocacy and direct patient navigation organization in tribute to Babette Rosen, a woman whose valiant 5-year battle with head and neck cancer involved her spouse and friends as her primary advocates. Babette's journey with cancer would inspire her devoted husband, Phoenix-based international attorney Sidney M. Rosen and his fellow founding trustees at ICAN, to establish a new paradigm of cancer patient advocacy: an organization consisting of professional advocates working to prolong life, with optimal quality, no matter (deleted what) the type of cancer, whether pediatric or adult, solid tumor or blood cancer...thus implementing the concept of "personalized medicine" long before the term came into vogue.



In addition to robust cancer patient advocacy, the organization would also deal with anticancer drug discovery issues, federal and state legislative issues, clinical trials enrollment, as well as requests for compassionate use of promising experimental drugs outside the context of a research study.

ICAN divides its caseload into the following categories:

- (1) **Extended cases** (involving between twenty and hundreds of hours of research, case management, and direct navigation) in which the patient seeks ICAN's assistance with regard to essentially every major and minor issue involving their journey with cancer and their battle for life;
- (2) **Imaging-based cases** (under twenty hours) where the patient seeks ICAN input at key decision-making pivot points and thus seeks ICAN's assistance regarding what the oncology team's next steps should be upon reviewing the latest diagnostic imaging results (when scans such as PET/CT or CT have determined that the patient's cancer burden has increased); in these cases, patients request that ICAN advocates research clinical trials enrollment possibilities and/or compassionate use possibilities for them as well as research additional drugs in the standard pipeline that they can discuss with their medical teams.
- (3) **Ongoing Public Inquiries**, where patients seek out ICAN advocacy services and research assistance interacting at ICAN at health fairs, job fairs, corporate employee outreach events, civic group presentations, and ICAN special events.

## **Recruiting for ICAN's Leadership Council, Advisory Council, and Friends of ICAN boards in each state!**

Please email us at [boardgovernance@askican.org](mailto:boardgovernance@askican.org) if you would like to join Team ICAN.

Meetings are held by teleconference and webinar four times per year, including confidential briefings from our leadership.

For additional information, please call Marcia Horn at 602-618-0183.

# ICAN Is Completely Dedicated to Our Patients

**We are beholden to no one**—to no oncology practice, no medical center, no specialty laboratory, no clinical trial, no tissue bank, and no biotech or pharmaceutical company.

**We work only for the patients we serve**—or for the patient's spouse or family members who want to be involved with the details of their loved one's cancer case management.

**We offer Personalized Medicine Cancer Case Navigation Programs**—Each case is unique, so much so that in the many years of providing nonstop patient advocacy, we've found that even when two patients have the same diagnosis, their "cases" differ in very substantive ways. From their medical history to their particular gene expression profiling, from their tumor's prospects for success with specific treatment protocols, there simply cannot be a one-size-fits-all case management for cancer.

**We advocate for and empower our patients**—Our team of dedicated, seasoned patient advocates and researchers provides detailed and exhaustive services to help patients navigate **rapidly expanding diagnostic and personalized treatment options**.

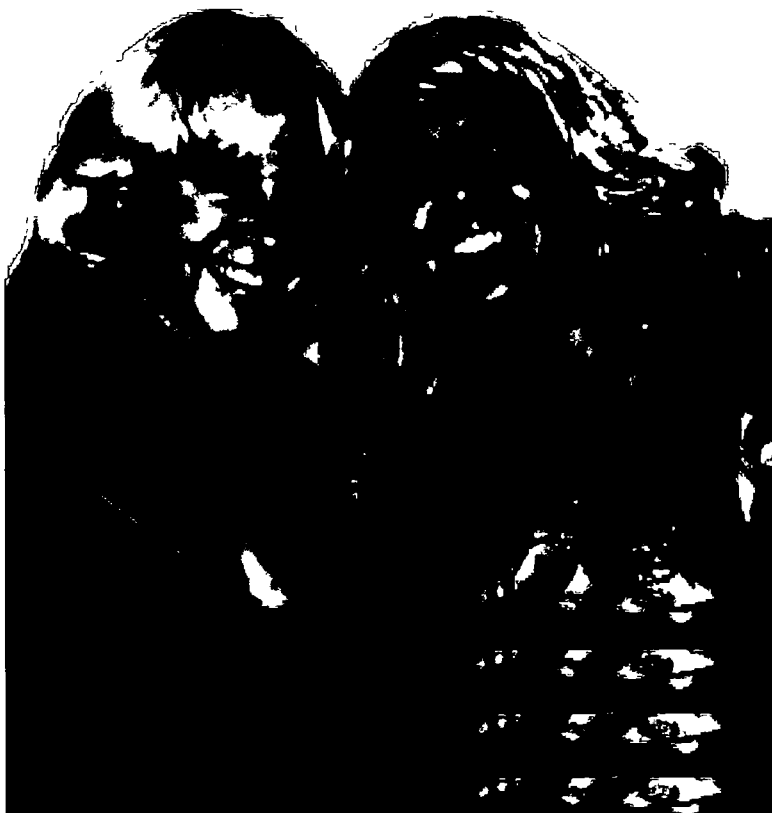
We work to ensure that our patients have the specifics necessary to conduct informed discussions with family members and providers.

- Assistance with the diagnosis of complex cases (when the primary cancer is not understood or diagnosed). ICAN stresses the importance of detailed molecular profiling in addition to chemosensitivity and chemoresistance assays in the work-up of any Stage IV patient, especially for a rare cancer.
- Review of virtually every aspect of the treatment plan with the patient.
- Referrals to world class specialists at the patient's request.
- Analysis of the array of treatment options, such as surgical oncology, medical oncology, radiation oncology, interventional radiology, and other modalities.
- Research and analysis of clinical trials and the availability of the compassionate use of drugs not yet approved.
- Cutting-edge information as well as specific, customized questions for the patient to ask his/her medical team.

## Patient Privacy

At ICAN, we are zealous implementers of HIPAA policies and never, ever compromise patient privacy or exploit a patient case for fundraising purposes. Our solemn oath is that a patient's name, surviving family name, or ICAN donor name will never be shared with third parties or misused by ICAN for any third party solicitations.

Patient Shari Baker (left), enjoying over 7 years in remission (she and ICAN were featured in the December 12, 2011 issue of *Newsweek*) with friend Cathy Partin.



# MANAGE CANCER!



## ***Medical Records***

get your medical records, page by page as you go along and keep it in a binder with tabs

## ***Advocate***

get yourself a professional advocate

## ***Never Assume***

ask where your cancer can spread so that you can be alert to symptoms

## ***Additional Modalities***

be sure that your oncologist considers every possible avenue to go after your cancer, even if it is not in their area (surgery; radiation oncology; interventional radiology)

## ***Genetic/Molecular/ Chemosensitivity/Chemoresistance***

insist on the molecular and functional drug resistance profiling of your tumor or your blood cancer to pave the way for more targeted therapeutics

## ***Ease Pain***

don't tolerate pain that cannot be managed; insist on a consultation with a top anesthesiologist

## ***Clinical Trials***

ask about the availability of clinical trials from day one

## ***Ask***

about the availability of promising experimental drugs though compassionate use, Single Patient IND (Investigational New Drug) or expanded access programs

## ***Naturopathic***

is fine but only if you get every morsel and gram signed-off on by your medical oncologist so that it doesn't fight your therapy

## ***Consult***

don't let fear, inertia, or disproportionate deference to your medical team get in the way of your seeking a second opinion

## ***Energize***

yourself with confidence

## ***Relief***

that you've left no stone unturned in the battle for life

***Empowering the Most Proactive Cancer Patients Worldwide Since 1996***

**ican** international  
cancer  
advocacy  
network  
the virtual lifeline for proactive cancer patients

## Testimonials

***We have received thousands of spontaneous testimonials over the years, with "angel," "earth angel," "amazing," "phenomenal," being words most used.***

***Here is a sampling of testimonials from different sectors of ICAN:***

---

### ***Patients***

---

"ICAN saved my life. You saved me by recommending a new drug that my medical team had overlooked. I had been given no hope by a team of top oncologists. ICAN gave me not only hope but very specific information, and the drug that ICAN recommended ended up saving my life. I have been in remission from metastatic cancer for nearly 10 years thanks to ICAN."

**Lavina Dawson • Studio City, California, December 30, 2013**

---

"Thank you, thank you! You are definitely my earth angel!"

**Sandra Burger Ralls • Dallas, Texas, November 21, 2013**

---

"I know Marcia at ICAN, International Cancer Advocacy Network, to be tenacious in advocating for cancer patients. She connects each individual with "the" oncologist/specialist best suited for the specific patient's needs. I have seen her open doors faster than you can blink; and they are the right doors. Marcia's network in the oncology community is—as far as I can see—unparalleled."

**Bob Rosenberg • Phoenix**

---

"When my husband Eddie was diagnosed with esophageal cancer, we were all numb. Your organization was the calm in the middle of our storm. Without your analytical abilities on clinical trials, your network of contacts and referrals, and above all, your time and compassion, I don't know what we would have done. I will be forever grateful, as are the many patient referrals I have sent ICAN's way..."

**Sandy Chesler • Florida**

---

"Hands down, this is the place to go if you are suffering from confusion, lack of knowledge, or just someone to show kindness during your battle with cancer. No other organization came close to what ICAN has done to help me. They are the most committed and kind people that I have ever had the pleasure of talking to. Thank you Marcia Horn and the rest of your team! I love you all!"

**Cathy Larson • New York**

---

Hi I'm Jay C. 38 years old from Cavite, Philippines and I'm one of the lucky cancer (testicular cancer) patient who has readily been assisted by Ms. Marcia Horn. She is a jewel for us who has cancer. She helps us in all the steps to undertake to make us prepared for the challenges ahead. She also makes good advice and serves as my 2nd opinion that guides me well in my cancer treatment. I couldn't thank you more and we are lucky to have and know you.

Keep up the good work and God bless you always. More power!

**Jay C. • Cavite, Philippines**

---



"If it weren't for ICAN, I would have been put on exactly the wrong chemotherapy. My oncologist admitted he was going to put me on one drug and then changed his mind when the molecular profiling report results came back. And that's because ICAN had armed my oncology team with the knowledge that ordering gene expression profiling and other studies was the right thing to do. He would not have ordered the report on his own—he practically admitted that, and I was frankly relieved that he reacted so positively to ICAN's suggestion that such a report would be of tremendous use. And that is because ICAN is my cancer patient advocate and had briefed me on this topic and how to approach it with my oncologist. My last set of scans showed that my cancer did not grow based on the drug that the molecular profiling report thought might be of clinical benefit to me. I don't know what I would have done without ICAN. ICAN has empowered me to ask the best questions of my oncology team and to make sure no stone goes unturned in my journey with cancer. I am still taking chemo, and my scans show that I am cancer-free, which is great news since this all started when I was diagnosed as a metastatic cancer case."

**Tony • Phoenix**

"My husband read about ICAN in the December 2011 Newsweek article and encouraged me to contact them. We had just emerged from several months of intense treatment for metastatic Stage IV breast cancer (my original diagnosis and treatment was in 2006), including emergency spine surgery, and almost eight weeks of radiation treatment. When a PET scan revealed there was no improvement but actually progression in my disease on hormone therapy, we were both stunned, scared and very disappointed.

After a few days of processing this bad news, I pulled up the ICAN website and sent off an email immediately. Within a few days I was speaking to Marcia Horn, President and CEO of ICAN. Our conversation took almost an hour of Marcia's time, while I feverishly scribbled down notes. Before speaking to Marcia that morning, I was feeling terribly anxious and pessimistic. Marcia urged me to join the percentage of breast cancer patients who have survived their odds, suggesting names of exciting new treatments and specialists who would consult with me. Marcia urged me to consider taking a closer, more comprehensive look at my individual pathology and gave me information to follow up with Caris Life Sciences, a state of the art lab in Dallas doing some very exciting work. We are still waiting to determine if chemotherapy is next in line for me, but at Marcia's insistence we are now in the position to determine what might be the most effective step for me. And one that might save my life.

I am only 48 years old and have two young daughters and a loving husband and family to live for. The next time I saw my doctor I came with a stack of notes and questions, and now the data of the Caris lab results. I am so grateful for Marcia and her team of volunteers at ICAN for giving me a sense of empowerment at this most critical time of my life."

**Devon • Los Angeles**

---

## ***Families/Caregivers***

---

"I want to express my support for all the good work you do at ICAN, as well as the appreciation of our family for your research efforts when my wife was so ill last year. It was amazing to me that you got to the root of the problem well before the large team of physicians and nurses that were working directly with her. Best wishes for continued success and great work."

**Frank • Phoenix**

---





"ICAN IS A WONDERFUL non-profit that is truly an advocate for the patient and his/her family. ICAN is exhaustive in their quest to get doctors, trials, support and information to those in need. I believe they are more out of the box thinkers and believe people/patients should not be sent home to die; all avenues must be explored, conventionally and in non-conventional ways. The people I have sent to ICAN have all been very appreciative of the respect ICAN gives to each individual knowing that everyone has a unique case..."

(Reprinted with permission from Great Nonprofits)



"I am living in the United States, and after learning about them, ICAN helped a friend of mine who is located in Shanghai, China. He has a recurrence of abdominal cancer that has challenged his oncologists in Shanghai. The support that ICAN has provided is so much more than I expected. They arranged to review my friend's case. Because the documents for his medical history were in Chinese, they had an expert here in the United States go over the documents and translate them. After going through his documents and learning about his cancer and previous history, ICAN suggested that my friend have molecular profiling done. They arranged for my friend to discuss this with a Chinese expert who was visiting Shanghai from the United States. My friend understands much better what questions to discuss with his oncologists in Shanghai and how to talk to them about molecular profiling. We hope that he will recover from his cancer. The support that Ms. Horn and ICAN give to my friend and his family is priceless; we are so fortunate to have found them."

(Permission of Great Nonprofits)

---

### ***Physicians and Scientists***

---



"...I've had extensive experience working with a variety of oncologists, scientists in various disciplines, and advocates assisting the victims of cancer...One of the most dedicated, productive, resourceful, creative, and overall brilliant advocates for cancer victims that I've ever had the pleasure of knowing and assisting is (ICAN's CEO) Marcia K. Horn. She leads...with great expertise and productivity."

**G. Robert Pettit, PhD**

*Regents Professor of Chemistry, former Director, Arizona State University Cancer Research Institute (and the most productive and prolific discoverer of anticancer drugs in the world)*

"I have volunteered for ICAN for almost a year. I consider it to be one of the most serious, well organized and truly devoted to patient care cancer organizations I have had the pleasure to work with. As an MD, I consider my time to be valuable, therefore I'm really thorough about where I spend my free time. ICAN provides volunteering options for all kinds of professionals as well as accommodates all types of schedules."

(Permission of Great Nonprofits)



"ICAN, the International Cancer Advocacy Network, is at the vanguard of cancer patient care. Led by its amazing President and CEO, Marcia Horn, and steered by outstanding board members and scientific advisors, ICAN works tirelessly with cancer patients to ensure that they get the best care possible. ICAN was an early advocate for personalized medicine well before the current paradigm shift towards individualized molecular profiling became an integral part of patient care. ICAN's work with late stage cancer patients is extraordinary, serving each patient on an individual basis, hand holding as they address tough clinical decisions. I have volunteered with ICAN over the past three years as a member of the Biomarkers Council, where we provide scientific expertise in the area of molecular profiling. ICAN also works to implement and

advocate for changes in public policy that benefit cancer patients. Please support ICAN today in any way that you can."

(Permission of Great Nonprofits)

"ICAN is a unique nonprofit. It has solely grown on the strength of word-of-mouth. Marcia, CEO and President, and ICAN's all-volunteer teams give so much individualized attention that the patients and their families have been inspired to join ICAN as volunteers themselves. I first learned about ICAN around the Christmas holidays of 2010 via volunteermatch.org when I was looking for a cancer charity where I could use my background in cancer drug discovery and interests in cancer biology. When I finally talked to Marcia in February of 2011, I was impressed by the way things are done at ICAN and I immediately knew that this is one cause (and place) that I can identify with and where I WANT to put all my energy in.

At ICAN, my role is to provide tools supporting the physician teams that handle patients' therapy decisions. Whenever I am called in to help on a case, I help by identifying possible therapeutic interventions based on published data or scientific logic; identify potential clinical trials; or, sometimes locate relevant experts. I'm not an oncologist. The oncologists/physicians/surgeons on ICAN's board may use some of the information that experts like me are able to collect and guide the care of patients. I have found so much joy spending time on ICAN's cause that I wouldn't be surprised if the last two years extend to decades of volunteerism for this one-of-a-kind nonprofit."

(Permission of Great Nonprofits)

## Volunteers

"ICAN has been a wonderful organization to work with. It brings together people of different cultures, backgrounds, and professions with a passion for helping others. My journey with has been amazing as well as rewarding for ICAN helped me grow as a professional as well as a person. Being a Research Team Leader, I had an opportunity to work closely with CEO Marcia Horn and Director of Research Services, Regina Marie Klopfer. Found them thoroughly professional and always there to smooth any glitches for the web research interns assigned to me. ICAN's deep commitment towards empowering advanced cancer patients with latest treatments and approaches speaks volumes for the kind of inspiring organization it is. Outstanding patient care, high volunteer satisfaction and high professionalism put ICAN in a class by itself."

(Permission of Great Nonprofits)

"I strongly recommend and urge you to support ICAN in any way you can. It definitely needs more funding so that even more patients can be helped!"

(Permission of Great Nonprofits)

"Working with all the members of ICAN for over two years now, I can personally say that this organization, from top to bottom, is filled with dedicated, compassionate individuals who share a common goal - improving cancer treatments worldwide. Marcia, Regina and all the other members of ICAN have spent countless hours helping a tremendous amount of people battle and beat their cancers, and I could not give this nonprofit a stronger recommendation."

(Permission of Great Nonprofits)



# ICAN 10-Point Patient Accrual and Screening Process

(1) The patient directly contacts ICAN. The organization may conditionally accept the case, informing the patient that ICAN maintains Wait List status for its oversubscribed Personalized Medicine Programs. During Wait List periods on a per-Program basis, ICAN accepts the most critically ill patients first and/or those patients at key turning points in their battles for life (e.g. having to make a decision on entry into a clinical trial, etc.) where time is of the essence.

(2) While ICAN often works directly with the patient's spouse or other family member, the patient must give ICAN full consent before ICAN takes on the role as his/her patient advocate.

(3) The patient provides 100 percent of the medical record to ICAN, with all updates and agrees to an intake telephone interview (time varies according to issues involved but may last up to two hours). ICAN advises each patient, based on the issues involved, how to maintain ICAN's "Patient Binder" going forward to collect all medical records.



(4) The patient consults with his medical team as to any ICAN recommendation and understands that ICAN staff and volunteers dispense robust robust patient advocacy and do not practice medicine. The patient agrees that no member of ICAN's professional councils receives identifying information about any ICAN patient. All issues that come before members of ICAN's professional councils are handled on an de-identified basis.

(5) The patient consents in advance and makes arrangements that ICAN is to receive copies of all additions to the patient's medical record, including all molecular profiling, sequencing, functional profiling, and chemosensitivity/chemoresistance reports. The patient understands that while ICAN maintains a Physicians Advisory Council, a Biomarkers Council, a Scientific Advisory Council, and other professional councils, it is solely the province of ICAN professional advocacy staff to determine which cases are reviewed (on an de-identified basis) by any member or members of such councils. The patient further understands that ICAN is independent of all entities in the global oncology space and that the patient, were he or she to consent to tissue banking, for example, would be directed to the external governing body that would oversee the execution of formal informed consents to transfer the patient's tissue.

(6) The patient understands that ICAN does not handle reimbursement issues, financing issues, insurance, or disability appeals, but refers such issues to other organizations.

(7) For international cases, ICAN will use its best efforts to provide translation of our advocacy recommendations into the patient's language.



(8) The patient understands that ICAN professional advocacy staff and key Research Services and Patient Services volunteers comply with HIPAA at all times, and that ICAN will never release any facts concerning the patient's case to any third party or to anyone at ICAN who is not directly involved with the patient's case. The patient thus specifically agrees that ICAN is to disclose no details about the patient's case to any third party beyond ICAN's designated professional patient advocate(s) without the patient's express written consent.

(9) For document control purposes and in conjunction with the organization's Patient Privacy and Medical Records Destruction Policy, ICAN continuously shreds patient records.

(10) The patient is informed from the beginning of his or her case that ICAN has had a long-standing policy not to solicit funds from patients or to involve patients in fund solicitation without express "opt-in" consent. Spontaneous contributions, tribute donations, and event attendance and/or event sponsorships are, however, gratefully accepted by the organization, as are spontaneous and detailed testimonials.



## **International Physicians Advisory Council**

Robert H. Tamis, MD, Chairman

### ***Surgical Oncology Council***

Björn Brücher, MD, PhD, FACS, FRCS, Chairman  
Jeffrey M. Farma, MD, Surgical Oncology  
Richard J. Gray, MD, Surgical Oncology  
Barbara A. Pockaj, MD, Surgical Oncology  
Serife Simsek MD, Surgical Oncology  
Rui Wang, MD, General Surgery

### ***Medical Oncology Council***

John S. Link, MD, Chairman  
Linda Benaderet, DO, Medical Oncology  
Mitesh Borad, MD, Medical Oncology  
Matthew Borst, MD, Gynecologic Oncology  
Andrew J. Buresh, MD, Medical Oncology  
Michael S. Gordon, MD, Medical Oncology  
Lanny Hecker, MD, Medical Oncology  
Jeffrey D. Isaacs, MD, Hematology/Oncology  
Han-Ting Lin, MD, Oncology, Special Advisor, Asia  
Robert A. Nagourney, MD, Medical Oncology  
Michael S. Roberts, MD, Medical Oncology

### ***Radiation Oncology Council***

Nicholes E. Flores, MD, Chairman  
Coral Quiet, MD

### ***Radiology Council***

Greg Goldstein, MD  
Gulab Shah, MD  
John Simon, MD  
Michele West, MD

### ***Radiogenomics Council***

Ronald S. Korn, MD, PhD, Chairman

### ***Interventional Radiology Council***

Charlie O. Nutting, D.O., Chairman

### ***Anatomic Pathology and Molecular Diagnostics Council***

Anthony M. Magliocco, MD, Chairman  
Arthur Sitelman, MD, Special Advisor, Pathology Issues  
E. Robert Wassman, MD, FAAP, FACMG, Senior Advisor, Genomics  
Qingmei Xie, MD, Special Advisor, Hematopathology

### ***Special Advisors***

Larry Bans, MD, Urology and Prostate Cancer Issues  
Paul Bloch, MD, Urology  
Shaheen Lakhan, MD, PhD, Neurology  
Peggy Myers, DDS, Dentistry  
Ed Perrin, MD, Geriatric Issues  
Amanda Quarshie, MD, Special Advisor, Africa  
Daniel Remen, MD, Special Advisor, Pain Management and Rehabilitative Medicine  
Svetlana R. Rubakovic, MD, FACP, Special Advisor, Melanoma  
Daniel Rubin, ND, Complementary and Alternative Medicine/Integrative Oncology  
Valerie Sorkin-Wells, MD, Gynecology  
Lisa Jo Stearns, MD, Anesthesiology and Supportive Care Issues

## **Biomarkers Council**

Scott M. Kahn, PhD, Chairman

J. Carl Barrett, PhD, Senior Advisor, Oncology  
Neil Butters, PhD, Director, Biomarkers Literature Collation  
Barbara Clendenen, Senior Advisor, Institutional Review Board Issues  
Charles J. DiComo, PhD, Senior Advisor, Prostate Cancer Issues  
Fernando Ferrer, MBA, International Pharmaceutical Outreach  
Frank M. Jahnke, PhD, Senior Advisor, Proteomics  
Ronald G. Jubin, PhD, Senior Scientific Advisor, Immunology and Cancer Virology  
Ajay K. Malik, PhD, Senior Advisor, Cancer Cell Biology  
Sethu Narayanan, PhD Cancer Cell Biology of Rare Malignancies

Shannon R. Payne, PhD, Senior Advisor, Colon and GI Cancers  
Oscar Puig, PhD, Senior Scientific Advisor, Translational Clinical Research  
David S. Shames, PhD, Senior Advisor, Novel Therapeutics  
Eric J. Thompson, PhD, Director, Molecular Profiling  
Michael Thompson, MD, PhD, Senior Advisor, Rare Malignancies  
Chip Van Sant, PhD, Senior Advisor, Predictive Biomarkers  
E. Robert Wassman, MD, FAAP, FACMG, Senior Advisor, Genomics  
Hans Winkler, PhD, Senior Advisor, Oncology Biomarkers

# ICAN Professional Councils

## Set the Standard

**Scott M. Kahn, PhD**, Chairman of ICAN's Biomarkers Council and a highly gifted oncology research scientist at Columbia University, has made it his mission to attract scientists and thought leaders from academia and industry as volunteer senior advisors to ICAN, which he says "demonstrates the far-reaching admiration that ICAN has achieved among the scientific community for its uniquely customized approach to patient care."

Dr. Kahn is frequently invited to speak at national and international conferences on behalf of ICAN. He has made several presentations on patient engagement, molecular profiling, and ICAN's advocacy for comprehensive sequencing technologies as primary diagnostic tests for late stage cancer patients. Scott is an enthusiast of the work of ICAN's named Memorial and Tribute Programs and highlights them in his PowerPoint conference presentations on ICAN which help recruit experts for the Biomarkers Council.

An eloquent speaker and compelling writer, Dr. Kahn has taken a leading role in providing testimony on the issue of improving access to oral anticancer drugs, an important legislative initiative which ICAN is working on in state legislatures across the country. He also represents ICAN at BIO conferences in Washington, D.C. and, along with ICAN Chairman of Federal Affairs and Strategic Alliances Linda Jenckes, Founding Chairman Sid Rosen, and CEO Marcia Horn, meets with Members of Congress and their staffs.

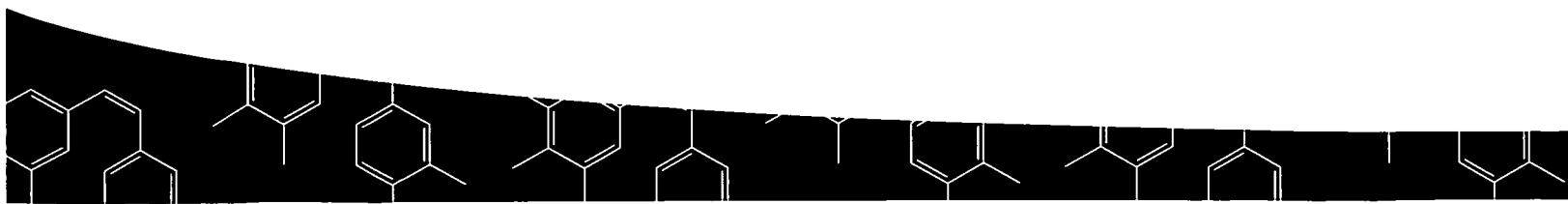
**Ajay Malik, PhD**, a cell biologist at BioMarin, handles social media for our professional councils, including ICAN's **linkedin** group, comprised of hundreds of scientists.

To Join ICAN's Professional Councils, please email [Councils@askican.org](mailto:Councils@askican.org)

ICAN's International Physicians Advisory Council, under the leadership of **Robert H. Tamis, MD**, has taken off, with tremendous impact on particularly complex patient cases with a 'Tumor Board' approach, bringing together the best medical minds. Because of the breathtaking intellect, creativity, and unrelenting commitment of Dr. Bob Tamis, we are working to further develop our Remission Coach® search system and our web-based mobile apps. The Council is currently seeking philanthropic and major sponsor support for Remission Coach.®

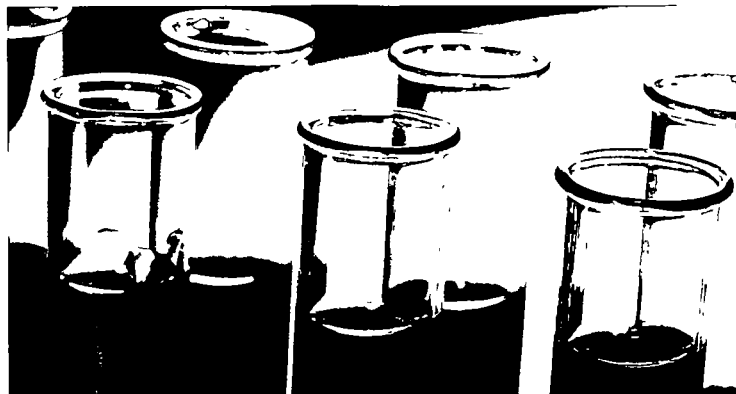
The Chairman of our Scientific Advisory Council, **G. Robert Pettit, PhD**, who directed the ASU Cancer Research Institute for decades, is the discoverer of the active compound in *Adcetris*, a Seattle Genetics drug that formulates the Pettit compound *auristatin E* as the chief warhead on its proprietary drug delivery system. This recent drug approval was among the most exciting in FDA history, as it marks the most dramatic progress ever made (featuring 70% response rates) against Hodgkin's lymphoma. We are excited about upcoming clinical trials in additional blood cancers. We view the *auristatin* compounds, which were discovered by the Pettit research group, as potentially holding great promise for solid tumors as well.

Dr. Pettit remains the most prolific discoverer of cancer drugs on the planet, with more drugs in cancer clinical trials than any other researcher. The beauty of his discoveries is that many are relevant to other chronic and lethal diseases as well. The Pettit group's drug discovery *bryostatin-1*, for example, is entering trials for Alzheimer's disease and stroke, having won orphan drug approval for esophageal cancer (when combined with paclitaxel) based on a Sloan-Kettering trial. The Pettit compound *OXi-4503*, licensed to OXiGENE, has secured orphan drug status in acute myelogenous leukemia, with additional trials anticipated.



# International Physicians Advisory Council Updates

**Robert H. Tamis, MD, Chairman**  
**ICAN International Physicians Advisory Council**



Every solid tumor and blood cancer patient becomes a top priority for ICAN's Personalized Medicine Cancer Case Navigation Programs.

Good progress has been made in the war against cancer, but there remains much more to be accomplished if we are to be victorious. To that end, ICAN works with cancer patients to assist them in gaining a comprehensive understanding of the available treatment options so that no stone goes unturned. This involves thoroughly reviewing with each patient the array of relevant clinical trials that are evaluating novel therapeutics targeting their specific cancer—whether drugs in new combinations or promising new single agents.

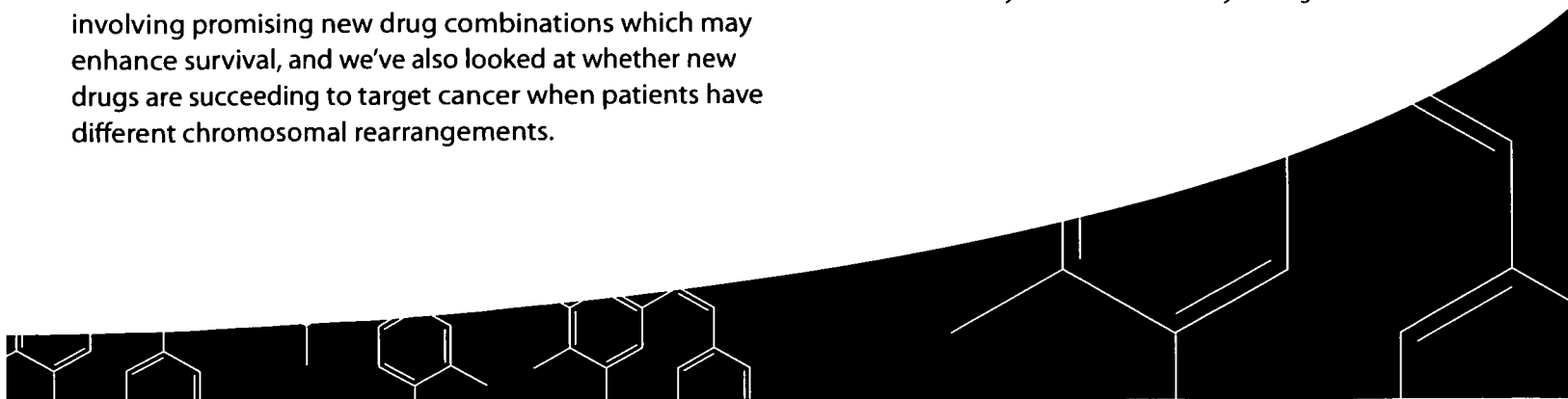
Members of ICAN's International Physicians Advisory Council, as well as scientists on our other professional councils, constantly pour over new study data provided by our Research Teams, superbly led by Regina Marie Klopfer, the Director of ICAN's Research Services. The focus of our work is to assist ICAN Patient Services staff with strategies for cancer patients, and we are especially attentive to biomarker studies when weighing in on therapeutic regimens for late-stage patients. Among the recent studies we've evaluated have been several involving promising new drug combinations which may enhance survival, and we've also looked at whether new drugs are succeeding to target cancer when patients have different chromosomal rearrangements.

The big issues at ICAN remain finding effective systemic therapies and targeted therapies for inoperable Stage III and Stage IV cancer. A clinical trials search engine which my team and I have developed for ICAN over the past several years, and for which we are actively seeking funding, will be used for all-stage cancer patients worldwide. It is called **Remission Coach®**. We are thus on the cusp of something revolutionary and exciting. With your help, we could fund **Remission Coach®** and completely change the dismal statistics of only three to five percent (nationally) of cancer patients having the opportunity to participate in clinical trials.

ICAN's recent meetings with the FDA have opened new doors for ICAN to assist patients with Single Patient Investigational New Drug Applications (Emergency Use) and Personal Importation of drugs approved abroad (but not yet in the U.S.) that may enhance each patient's quality of life while increasing its duration.

Your energetic and generous support of ICAN will make all the difference—not only in the continuation of vitally needed Personalized Medicine Programs—but in prolonging the lives of our cancer patients, for which we are all fighting every day.

*Robert H. Tamis, M.D., is a retired obstetrician/gynecologist and fertility expert who has enjoyed a distinguished career. Since 1999, when he joined ICAN as Chairman of the International Physicians Advisory Council, he has been immersed in the therapeutics and gene expression of ovarian cancer and gynecologic oncology issues. He is the principal architect of ICAN's Remission Coach® search engine, a labor of love since 2007. An expert in gynecologic cancers and their molecular profiles, Dr. Tamis is the author of the upcoming book "Misdiagnosis," which highlights the urgency in promptly and accurately diagnosing gynecologic cancers, and conversely the havoc unleashed by an incorrect or delayed diagnosis.*



# A Biomarkers Council at the Vanguard

## Scott M. Kahn, Ph.D., Chairman ICAN Biomarkers Council

The overriding objective of the ICAN Biomarkers Council is to provide expertise in support of ICAN's patients in the areas of cancer biology, molecular profiling, and the identification of clinically actionable mutations.

ICAN has recruited an outstanding global group of key opinion leaders and gifted and accomplished scientists from both industry and academia as members of the Biomarkers Council. Collectively, members provide ICAN with vision, support, and world class expertise in all areas of biomarkers, across the entire cancer spectrum.

### Participation in Anonymized Patient Cases

Members are called upon to assist ICAN's staff on specific questions related to proposed patient biomarker strategies, interpreting biomarker results, and supporting the ICAN's International Physicians Advisory Council which emphasizes optimized clinical therapeutic strategies for patients. In 2013, Biomarkers Council members assisted with cases from across the USA, and globally, from China to Zimbabwe, encountering numerous challenging cancers.

### Advocacy

The Biomarkers Council represents ICAN on public policy issues including, but not limited to, access to oral anticancer drugs; patient safety concerns regarding biosimilars; personalized medicine and molecular diagnostic testing; and reimbursement.

The Biomarkers Council has also taken a lead role in urging the rapid development and reimbursement of whole genome sequencing (WGS)/transcriptome sequencing (RNAseq) as a vital diagnostic tool for late stage cancer patients. WGS/RNAseq promises to become an immensely important addition to molecular profiling studies. This technology is already showing benefits to cancer patients through the identification of clinically actionable mutations that would have otherwise gone undetected using specific molecular diagnostic approaches, and it has the potential to extend and save the lives of thousands, perhaps tens of thousands of cancer patients every year in the United States alone.

ICAN is establishing a high profile consortium of

scientists, regulators, patients and Members of Congress and their staffs who together will champion and streamline the development and reimbursement of this platform so that it can be implemented as quickly as possible for cancer patients.

### Advocacy Events:

- 03/13** BIO Fly-In, Washington DC: Met with legislators on Capitol Hill to educate on the future of cancer therapeutics and WGS/RNAseq. We also discussed personalized medicine, reimbursement issues, and biosimilars legislation.
- 10/13** BIO Patient Health and Advocacy Summit, Washington, D.C.

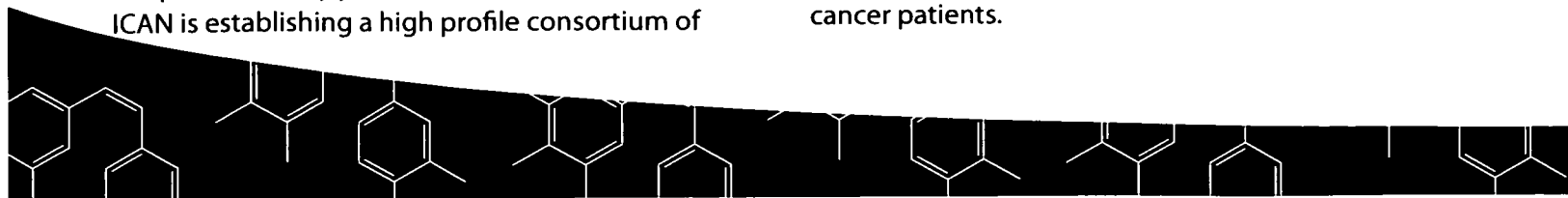
### Meetings and Conferences

In 2013, the Biomarkers Council made a concerted effort to raise the awareness of ICAN's role as a model foundation for actively bridging personalized medicine, cancer patient care, and advocacy.

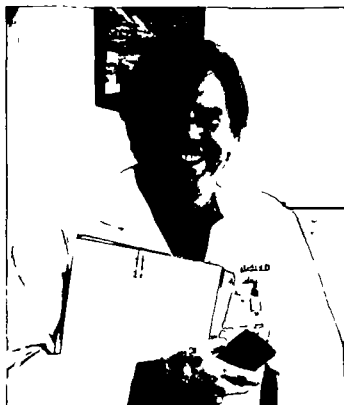
Biomarkers Council Members presented at these meetings:

- 05/13** Roche Translational Clinical Research Center, Nutley, NJ. (Marcia Horn, Scott Kahn)
- 06/13** 5th Annual Molecular Dx: Cancer Drug Development, Boston, Mass. (Dr. Kahn)
- 07/13** OnHelix, One Nucleus: Translational Research, Cambridge UK (Dr. Kahn- Session Chair)
- 09/13** ICG 2013, Sacramento, Ca. (Dr. Puig)
- 09/13** Clinical Genomics for Cancer Management, Boston, Mass. (Dr. Kahn-Session Chair)
- 09/13** NGS/Cancer Drug Development, Boston, Mass. (Dr. Puig; Dr. Kahn-Conference Chairman)
- 10/13** GDDIS, Princeton, NJ (Dr. Puig)
- 10/13** NGS and Data Analysis, San Francisco, Ca. (Dr. Kahn-Conference Chairman)
- 11/13** ADAPT (Accelerating Development & Advancing Personalized Therapy), Boston, Mass. (Dr. Puig)
- 11/13** World CDx Meeting, Boston, Mass. (Dr. Kahn- Track Chairman)

Dr. Kahn has authored a review of the 9-13 NGS/Cancer Drug Development Conference that will be published in the March, 2014 edition of the journal, *"Personalized Medicine"*. This includes a brief overview of the work ICAN does on behalf of cancer patients, and our advocacy for WGS/RNAseq as a primary diagnostic test for late stage cancer patients.



# Why Biomarkers are Important to ICAN's Patients



Studies have shown that proactive cancer patients—those who work with and ask probing and detailed questions of their oncologists—are far more likely to obtain optimized Personalized Medicine treatments, and are more likely to be enrolled in appropriate clinical trials.

Exciting advances in biomedical research are changing how patients receive cancer treatments. The old formulaic and all-too-often “cookie-cutter” approach of assigning patients to treatments based on general clinical presentations and broad cancer type is slowly but surely being replaced by a new treatment model based on molecular profiling and tumor sequencing, which enables patients to obtain a scientific basis for how their tumor evolved, and how it might respond to available therapies.

ICAN works with patients to help them understand and evaluate molecular and cellular profiling tests that often provide invaluable information about how the patient may respond to the different therapies available—whether those therapies have been approved by the FDA and are standard mainstays or whether those treatments reside in the clinical trials arena where promising new cancer drugs are being evaluated for possible FDA approval. Moreover, ICAN encourages patients to request that critically important diagnostic and prognostic testing be ordered by their medical teams.

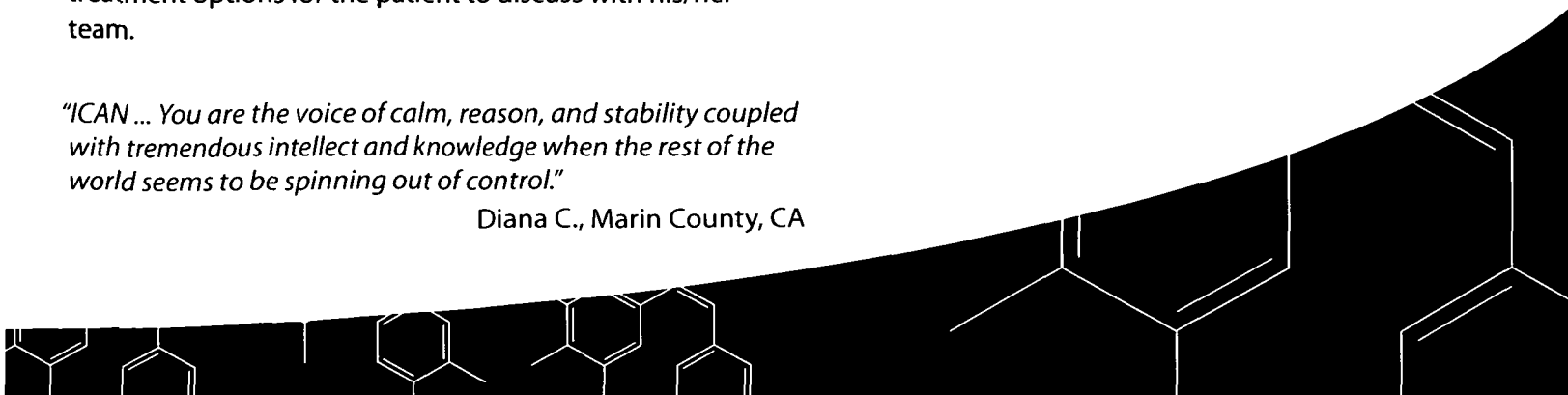
After a review of a patient’s complete medical record, including a thorough analysis of the cancer, and everything known about its subtype, gene/protein expression, ICAN patient advocates zero-in on targeted treatment options for the patient to discuss with his/her team.

*“ICAN ... You are the voice of calm, reason, and stability coupled with tremendous intellect and knowledge when the rest of the world seems to be spinning out of control.”*

Diana C., Marin County, CA

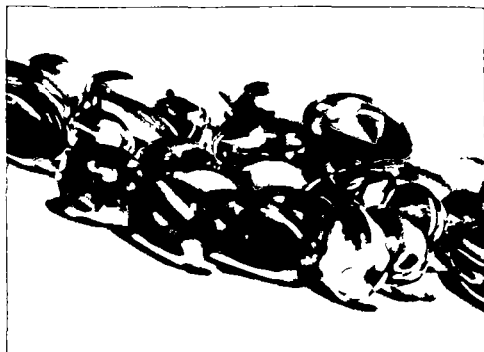
Among the latest diagnostic and prognostic tests used to develop personalized therapeutic plans are:

- **IHC results**  
(immunohistochemistries to detect relative protein abundance markers for certain cancers and personalized therapies)
- **FISH results**  
(fluorescent *in situ* hybridization identifying gene copy number differences and chromosomal rearrangements in the tumor)
- **DNA sequencing results, microarray, and PCR** (monitoring changes that have occurred at the DNA and RNA levels in tumors, indicative of mutations within specific signaling pathways, which are important for evaluating targeted drug therapies)
- **Chemosensitivity and chemoresistance assays** (functional tumor profiling)
- **Proteomics** (changes in protein expression and/or modification within biosamples)



# Unique and Life-Extending Drug Discovery for the War on Cancer

G.R. Pettit, Ph.D., Chairman  
ICAN Scientific Advisory Council



As the chairman of ICAN's Scientific Advisory Council since the organization's founding, I am delighted to report that many exciting

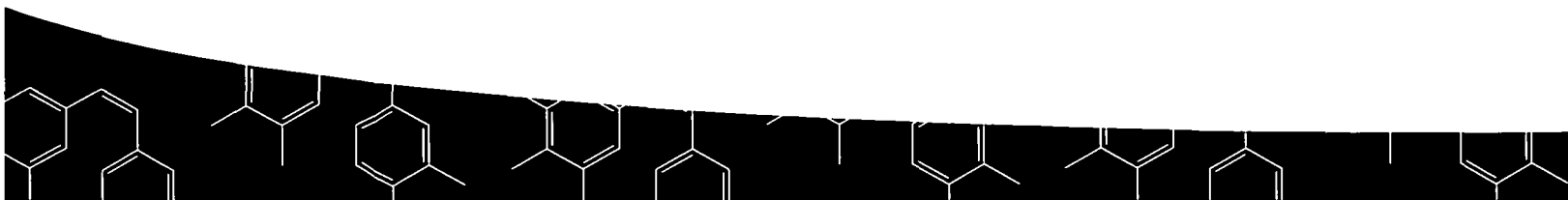
anticancer drug discovery advances are being made by members of my research group which are benefiting or will ultimately benefit advanced patients in ICAN's Personalized Medicine Cancer Case Navigation Programs.

For the last several decades, my research group, under my directorship at the ASU Cancer Research Institute and the ASU Department of Chemistry, has been able to make significant advances in the discovery of drugs for human cancer treatment. Our group has led in accelerating the discovery of potentially important anticancer drugs and other types of drugs based on marine animals and microorganisms. Some of our accomplishments in this vitally important area include the isolation and structural elucidation of the following cell growth inhibitory and/or antineoplastic marine animal components: aplysiastatin, the axinostatins, the bryostatins (in clinical trials for cancer and Alzheimer's Disease), the cephalostatins, the cribrostatins, the dolastatins (in clinical trials), the geodiastatins, halistatin, the halichondrin series, the hemibastadins, hymenistatin 1, the hystatins, the irciniastatins, lytechnistatin, the palystatins, the sesterstatins, the spongistatins, the sphyrnastatins, stichostatin 1, the strongylostatins, and the turbostatins. Some of these series comprise twenty or more related anticancer active molecules. Several of these molecules are directly relevant to solid tumors and/or blood cancers, and they will certainly impact ICAN cancer patients for the better when these compounds enter and traverse the clinical trials pipeline.

Of the marine organism, microorganism, and terrestrial plant antineoplastic constituents, including structural modifications (by our ASU group), over ten compounds are currently undergoing clinical trials. Another three in present clinical trials represent structural modifications such as the halichondrin/halistatin series (the FDA-approved breast cancer drug *Halaven* is the progeny of such research). We have another twenty at various stages of development that justify rapid preclinical development.

Moreover, many cancer patients have been and are now benefiting from our anticancer drug discoveries, whether bryostatin, combretastatin, dolastatin, auristatin, or the recent FDA accelerated approval of *Adcetris* (our research group's "Auristatin E") which is a drug garnering over 70% response rates in the blood cancer area with an exciting potential impact on solid tumors. Members of our Scientific Advisory Council and ICAN patients are looking *Adcetris* progressing through additional clinical trials.

*George Robert Pettit, Ph.D., Regents' Professor of Chemistry and Biochemistry at Arizona State University, has led his world class research group for 48 years and is a pioneer in the discovery of anticancer drugs isolated from natural products such as arthropods, marine animals, and plants. He served for over three decades as director of ASU's Cancer Research Institute, which the most senior drug discovery official at the National Cancer Institute in 2001 (who now directs a major cancer center) described as "the jewel in the crown of the nation's anticancer drug discovery efforts." A brilliant organic chemist as well as synthetic organic chemist, Dr. Pettit's research group of chemists, biologists, and biochemists focuses on the isolation, structural identification, and synthesis of naturally occurring anticancer agents. As the most prolific discoverer of anticancer compounds currently working in the field of cancer research, Dr. Pettit, a winner of numerous chemistry prizes and accolades, is the number one patent holder in the Arizona state university system with a drug portfolio that continues to make significant advances in the treatment of blood cancers, solid tumors, Alzheimer's disease, arthritis, encephalitis, macular degeneration, stroke, and preeclampsia.*



# Ongoing Work on Reimbursement Issues Affecting Personalized Medicine

Linda Jenckes, Chairman  
ICAN Federal Affairs and Strategic Alliances

ICAN's work on Federal Affairs and Strategic Alliances involves close collaboration with ICAN's executive team, members of ICAN's Physicians and Biomarkers councils, and leaders in other national cancer organizations.

Throughout the year, ICAN has played an active role, along with providers, molecular diagnostic test manufacturers, and pharmaceutical companies, on the issue of the interim 2013 Medicare Administrative Contractor (MAC) reimbursement rates for molecular diagnostic testing. What is at stake here is that insufficient reimbursement rates could undercut the pivotal advances that have been made in cancer treatment (as well as treatment of other disease), thus affecting life prolongation and quality of life issues for many thousands of patients. ICAN is working with other partners, in both formal and informal settings, to emphasize to CMS (the Centers for Medicare and Medicaid Services) that the agency needs to consider the fact that many new therapeutics depend upon molecular diagnostics to determine which patients are best suited to a particular drug. ICAN has argued that CMS needs to continue to address unsustainable reimbursement rates that reflect all the costs of providing leading edge molecular diagnostics so that cancer patients and those afflicted with other diseases are ensured access to these life-extending diagnostics. Without reasonable reimbursement, Medicare beneficiaries will suffer if the labs that their oncology teams depend upon are reimbursed at rates below their cost.

ICAN understands the implications that such advances in molecular diagnostics are the gateway to fully entering an era of personalized medicine. Such diagnostics enable oncologists to better characterize a patient's cancer in order to prescribe what will be the most effective treatment option—often in the form of a targeted therapy which could yield better patient outcomes than that which might be considered standard of care, based on the individual's unique medical history and disease characteristics. Understanding how an ICAN patient might respond at a molecular level to a particular



treatment allows a physician to determine the best course of treatment, thus protecting the patient from the type of "one-size-fits-all" regimens that carry negligible response rates. Personalized medicine often means healthcare dollars being saved and patients experiencing prolonged survival and higher quality of life.

Throughout 2013, ICAN has pursued conversations with key thought leaders—biomarkers scientists, clinicians, laboratory executives and professionals, and members of pharmaceutical and biotech companies—on the reimbursement issue. While progress on this front was made in 2013, we anticipate that the reimbursement issue will continue to dominate our legislative work and grassroots efforts going forward.

## Ongoing Work on Remission Coach®

In 2013, ICAN's Federal Affairs and Strategic Alliances played an important role introducing the organization to top leaders in the biopharmaceutical industry as well as the governmental relations arena. In the coming year, our outreach efforts will continue to expand and develop ICAN's Remission Coach® as well as other health information technology initiatives.

*Linda Jenckes is President of Linda Jenckes & Associates, a McLean, Virginia based legislative, media, and public affairs management consulting firm. She brings over 40 years of health care experience as a legislator and lobbyist in Washington, D.C. Linda represents ICAN at the National Coalition of Cancer Research (NCCR), the Personalized Medicine Coalition, and BIO, among other organizations.*

# Keeping Us and Our Patients in the Know

ICAN is very fortunate to have a top-of-the-line empire of research team leaders and web research interns in our **Research Services Department**, under the indefatigable and strategic direction of **Regina Marie Klopfer** (Shoreham, NY). Regina is assisted by the high-achieving "quick study," **Andrew R. Young, III** (Springfield, MA)—who oversees both Research information technology and admin issues. Regina and Andy, along with our ICAN staff and professional councils, depend on the talents of the delightful perfectionist **Michèle Ouellet** (our Citation Review Editor based in Tokyo) and **Lisa Hochstein** (China), who provides a crucial internal performance audit function by communicating via email with our volunteers to make sure all is going well and that they are enjoying their experience with ICAN. Recently joining this leadership team is **Karen Mernoff** (Longmeadow, MA), who is in charge of sending out volunteer welcome packets and providing us with valuable insights regarding our research planning activities.

## Patient Program Services

### *Director, Research Services and Planning*

Regina Marie Klopfer

### *Director, Information Technology*

Andrew R. Young III

### *Human Resource Associate, Research Services*

Janet Young

### *Citation Review Editor, Research Services*

Michèle Ouellet, M.Sc.Math., M.Sc.Comp.Sci.

### *Director of Communication, Research Teams*

Lisa Hochstein

### *Communications Associate, Research Planning*

Karen Mernoff

### *Research Team Leaders*

Akua Asamoah

Pratyusha Bollimunta

Andrea D. Fudge

Robert Hall

Alison Harford

Maryam Mumtaz Hasan, MD

Arthur Sathish Joseph

Kay Kays

Uzma Kazi

Priscilla Janice Marbell, MD

Stephen J. Morin

Courtney Nau

Kelly Nielson, M.P.H.

Alexander Niyazov, PharmD, RPh.

Amanda Stephenson

Melinda B. Tanabe, MD

Madhurim Thapa, MS

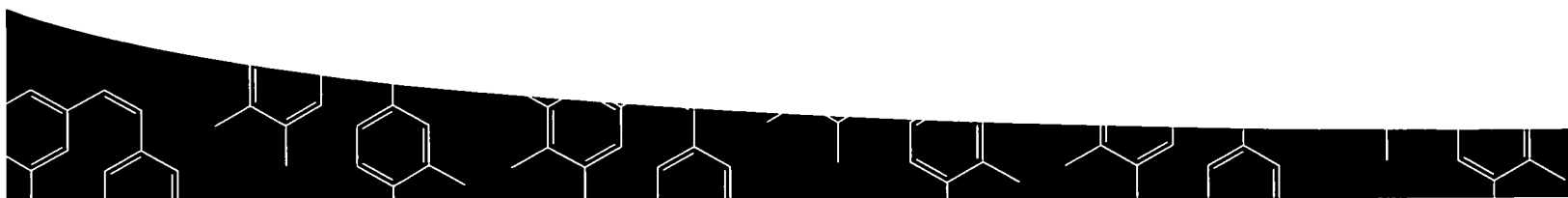
Vinoo B. Urity

Phong T. Vo

Kelly Wentz-Hunter, PhD

Amy Wong

Dania Yaskanin





# Empowering Patients through State Legislation

Sidney M. Rosen  
ICAN Founding Chairman

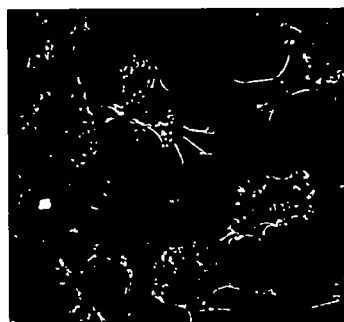
## Oral Drug Coverage Fair Access and Parity Legislation

ICAN has been very active, state by state, in pushing forward, along with other major national cancer organizations, important issues affecting cancer treatment and patient safety:

(1) fair and equal coverage for oral anticancer drugs, and  
(2) the necessity for physician notification in the event that biosimilars (versus innovator biologic drugs) are provided by pharmacies to patients battling chronic or lethal disease. Working with key stakeholders across the country—patients, clinicians, biopharma companies, and drug discoverers—ICAN will continue to lead the way on crucial state legislation that can improve patient outcomes.

Twenty-six states, plus the District of Columbia, have enacted "oral parity" legislation which ensures that health plans provide fair and equal coverage for anticancer drugs administered orally. Higher percentages of co-insurances, co-payments, or deductibles for orally-administered drugs, versus infused or injected drugs, put oral drugs out of the reach of many cancer patients. If out-of-pocket patient costs for oral drugs runs between hundreds and thousands of dollars per month, both oncologists and patients will be forced to abandon drugs that could save lives but are impossible to afford. At least 25% of the standard drug armamentarium includes oral drugs. ICAN continually mentions the importance of oral compounds to its patients. State legislation to overcome the disparity between IV or injected drugs that are provided under a health care plan's "medical benefits" versus oral drugs covered by a plan's "pharmacy benefits" is the "fix" for this urgent problem affecting cancer patients in the 23 states that have not yet passed oral parity legislation. It's important to note that these state bills are not "mandates" but simply emphasize that if a patient's insurance plan covers cancer treatment, then the plan needs to apply the same cost-sharing rules to drugs taken orally as they do for drugs administered intravenously or by injection.

## Biosimilars Substitution Legislation



ICAN has been active in the five states—Florida, North Dakota, Oregon, Utah, and Virginia—that have passed biosimilars legislation.

Along with organizations such as the Alliance for Safe Biologic Medicines, ICAN is urging legislation to require

that retail pharmacists notify the prescribing physician if a biosimilar drug (or "follow-on biologic") has been substituted for a biologic drug. While pharmacy benefit managers and generic manufacturers oppose our efforts, these state bills are essential to ensure that the oncologist and the patient are notified that a biosimilar (which may not at all be the same as an innovator biologic drug) has been prescribed by a retail pharmacy—so that the physician may chart any side effects associated with use of the biosimilar. As FDA approval of biosimilars becomes a feature of the drug pipeline, biosimilars legislation needs to protect patient safety. ICAN will be focusing its grassroots and legislative advocacy efforts on Massachusetts, Indiana, Pennsylvania, Delaware, and Washington, among other states, to encourage the passage of biosimilars legislation.

*Sidney M. Rosen, ICAN Founding Chairman, and managing partner of the international law firm Rosen, Ocampo and Fontes, PC based in Phoenix, has had extensive involvement in federal and state legislative issues at ICAN since its founding. Sid was the architect of ICAN's inaugural Honorary Advisory Council which included 20 U.S. senators and the entire Arizona congressional delegation. Sid's leadership played a huge role in ICAN's successful Arizona Anticancer Drug Discovery and Development legislation in 1998 (Arizona Rep. Susan Gerard and Rep. Barbara Leff, co-sponsors) and ICAN's patent policy legislation in 1999 (Sen. Brenda Burns and Sen. Rusty Bowers, co-sponsors). Sid's travels throughout the United States and abroad continue to expand ICAN's coalitions on the biosimilars issue and other patient engagement issues.*

# ICAN Leadership

Sherry Weinstein  
Marcia K. Horn, JD  
Robert H. Tamis, MD

Carey Gregory  
Sidney M. Rosen, JD  
Cheryl J. Hintzen-Gaines and Ira J. Gaines  
G. Robert Pettit, PhD  
Scott M. Kahn, PhD  
Linda Jenckes  
Joan Weil  
Cathy Dalzell  
Ike Avina  
Cecilia C. Zoltanski  
Linda Boatwright  
Tim Wang  
Mike Seifried  
Rich Ota  
Lynne Cory  
Regina Marie Klopfer  
Andrew R. Young, III  
Michèle Ouellet  
Neil Butters, PhD, Charles DiComo, PhD, Frank M. Jahnke, PhD, Ajay Malik, PhD, Oscar Puig, PhD, David Shames, PhD and Eric J. Thompson, PhD  
Nathan Nagel  
Richard Lieberman  
Sheri Tor, CFRE  
Rui Wang, MD  
Vikram Singh Jakhar  
Gail M. Curry  
Patricia Sklar  
Chuck Clayton  
Carey Gregory  
Diana Andree  
Stella Paola Warren  
Cathy Bua  
Ronald Jacobowitz  
Brenda J. Berliner  
Lila Hauptman  
Karen Montouri

Chairman, Board of Trustees  
President and CEO  
Chairman, Health Technology Initiatives;  
Chairman, International Physicians Advisory Council  
Chairman, Board Governance  
Founding Chairman  
Chairmen, Board of Honorary Trustees  
Chairman, Scientific Advisory Council  
Chairman, Biomarkers Council  
Chairman, Federal Affairs and Strategic Development  
Chairman, National Board of Advisors  
Chairman, Advisory Council  
Chairman, Latino Advisory Council  
Chairman, Planned Giving Council  
Chairman, Real Estate Council  
Director of Graphic Design  
Webmaster  
Associate Webmaster  
Assistant Webmaster  
Director, Strategic Planning and Operations, Research Services  
Director, Information Technology, Research Services  
Director, Citation Review  
Senior Scientists, Biomarkers Council and Senior Advisors, Personalized Medicine (working with Dr. Scott Kahn, Chairman)  
Special Advisor, Strategic Collaborations and Human Resources  
Volunteer Grants Advisor  
Director of University Outreach, U.S.  
Director of Patient Outreach, Asia  
Director of Outreach, India  
Senior Advisor, Liberty Mutual Invitational, Scottsdale  
Chairman, 2014 Napa Golf Invitational  
Executive Producer and Director, ICAN Tango II  
Senior Advisor, Annual Theatre Party  
Board Development Liaison, Friends of ICAN, California  
Chairman, Hospitality and Volunteer Recognition  
Chairman, Chef's Series  
Pianist, Salon Concerts and Musicales  
Director of Special Projects  
Chairman, Donor Gift Receipting  
Director of Storage Operations and Logistics

**ICAN salutes our global leadership team and their countless hours in accelerating the worldwide War on Cancer and ICAN's Personalized Medicine Programs.**

In November of 2008, my wife was battling late stage cervical cancer. We were at MD Anderson in Houston being evaluated for a clinical trial when we received a referral to Marcia Horn, CEO of ICAN. The person providing the referral told us we could contact Marcia and ICAN "at any time of the day or night." We were very concerned about our options given the stage of my wife's cancer. We had more questions than we had answers and time was not on our side. Marcia was an incredible savior helping us navigate the plethora of information available while guiding us to an oncologist with unique expertise. Over the final 5 months of my wife's life, I must have had two dozen or more phone conversations with Marcia. It was not unusual when checking my emails first thing in the morning to have emails from Marcia that were written and sent at 3 AM. Where can you find such dedication and advocacy? Sadly, my wife lost her battle April 2009. Of my many wishes, I wished we would have been referred to ICAN a year or two earlier. Maybe, just maybe I would still be married to the woman of my dreams.

I am very proud to have established at ICAN **The Dana Michelle Adler Cervical Cancer Patient Advocacy Program** at ICAN and to have ultimately joined ICAN's leadership group following my intense personal interaction with this unique organization.

I hope you will join me in continued support of ICAN.

Raymond C. Adler, III, San Diego

The writer of this testimonial, based in Los Angeles, is a highly talented and experienced healthcare professional who volunteered with ICAN for over a year in order to experience our "in the trenches" direct patient navigation of Stage IV patients. She submitted this recommendation to GreatNonprofits.org. ➡

*Kelly Nielson,  
Los Angeles*

"ICAN is truly an incredible organization. The services it provides are unparalleled by any organization of its kind, and the level of involvement, investment, and caring for individual patients has exceeded my greatest expectations for what I had hoped to become involved with. The services that ICAN provides for patients, in what is undoubtedly the most difficult time in their lives, and at no cost, provides such hope. Marcia Horn, CEO, tirelessly works all hours of the day, 8 days a week, to ensure that ICAN patients receive the best possible care to maximize their chances of survival. The volunteer experience is of equal match, as Marcia takes the time to ensure that the volunteers are engaged to their best potential and provides unique opportunities to gain involvement and experience. I cannot recommend ICAN highly enough... **if advocacy were an Olympic sport, ICAN would win the gold.**"



☆☆☆☆☆ 5-star reviews on



**Top-Rated Volunteer Program**  
of All Cancer Organizations  
on *VolunteerMatch.org*

☆☆☆☆☆ 5-star reviews on



**This report is a totally volunteer and all-donation project.**

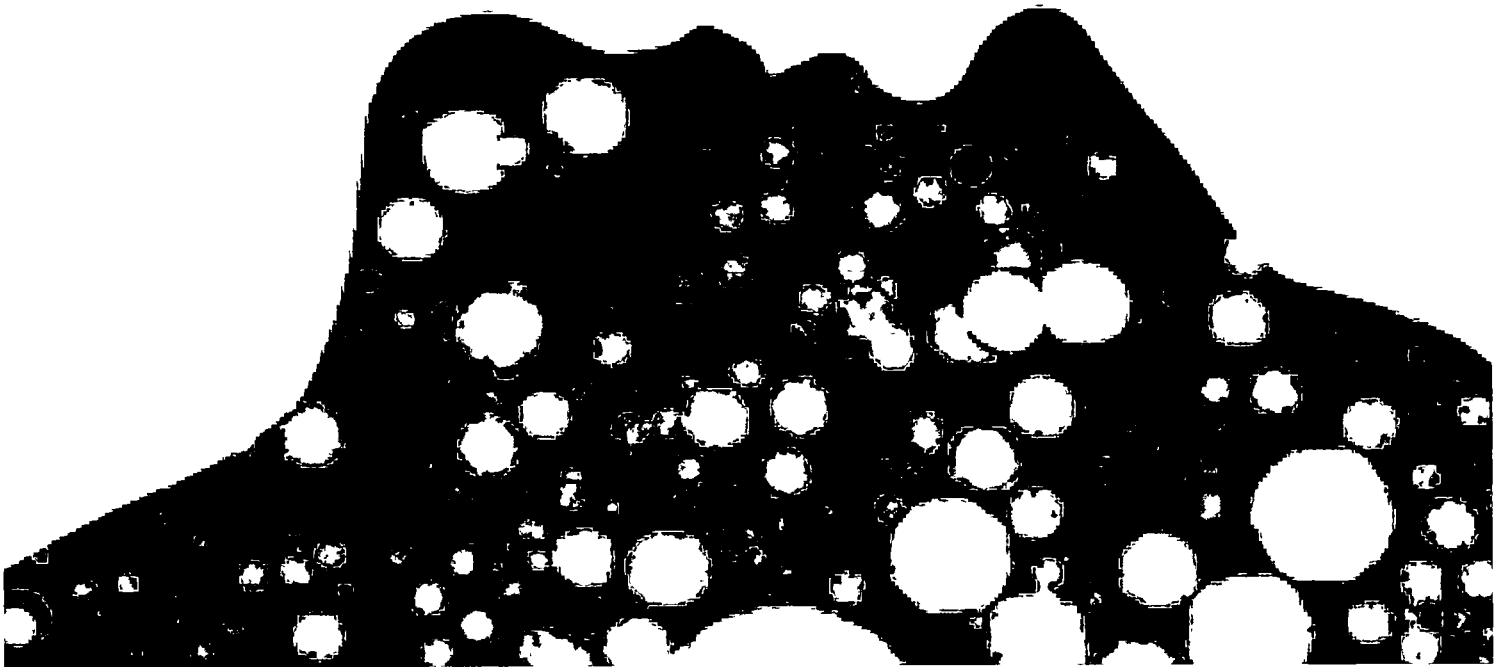
**Graphic Design:** Tim Wang

# Newsweek

---

## *Could This Be The End Of Cancer?*

By Sharon Begley



*Andrew Bettles for Newsweek*

By all rights, Shari Baker should have said her final goodbyes years ago. In 2005, more than a year after three doctors dismissed a lump under her arm as a harmless cyst, she was diagnosed with stage IV (metastatic) breast cancer, which takes the lives of at least 80 percent of patients within five years; it killed Elizabeth Edwards in 2010. Half of those diagnosed with breast cancer that has spread—in Baker, it had reached her spine—die within 39 months. But the 53-year-old jewelry designer in Scottsdale, Ariz., wasn't ready to die. "I've been a competitive athlete and a body builder, I take care of myself and eat right," she says. "I was going to fight this."

Baker began searching for a clinical trial, and through the International Cancer Advocacy Network (ICAN) found an intriguing possibility: a cancer vaccine. In May 2006, she traveled to the University of Washington. The vaccine was injected into her upper arm; she got five more shots over the next five months. Today, with scans detecting no cancer anywhere, Baker seems to have beaten some extremely stiff odds.

Short of a sci-fi nano-camera to capture what was going on at the cellular level, it's impossible to know exactly what the vaccine did. But based on studies of lab animals and cells in petri dishes, scientists have a pretty good idea. The vaccine contained fragments of a molecule called her2/neu, which, perched on the surface

of tumor cells, fuels the growth and proliferation of some breast cancers. Baker's immune system treated the flood of injected her2/neu like an invading army and mounted a counterattack. Cells called CD4, acting like biological Paul Reveres, sounded the alarm, rousing white blood cells called T cells. The body's Minutemen, they invaded Baker's tumor, summoning reinforcements called cytotoxic ("killer") T cells, which destroyed the tumor cells in Baker's breast as well as her spine. Enough of the other 21 women who received the experimental vaccine against metastatic breast cancer are doing so well that its inventor, immunologist Mary ("Nora") Disis of UW, dares to envision a future in which vaccines "control or even eliminate cancer."

After four decades of largely unfulfilled hopes—Dec. 23 marks 40 years since President Nixon declared war on cancer—scientists have hit on a potential cure that few thought possible a few years ago: vaccines. If they succeed, cancer vaccines would revolutionize treatment. They could spell the end of chemotherapy and radiation, which can have horrific side effects, which tumor cells often become resistant to, and which often make so little difference it would be laughable were it not so tragic: last week, for instance, headlines touted two new drugs for metastatic breast cancer even though studies failed to show that they extend survival by a single day. Vaccines could make such "advances" a thing of the past. And they could make cancer as preventable, with a few jabs, as measles.

"Could" is the key word. Cancer vaccines are still being tested. Patients, doctors, and scientists know only too well that seemingly wondrous cancer therapies can flame out. But progress is accelerating. In 2010, the U.S. Food and Drug Administration approved the first-ever tumor vaccine, called Provenge, to treat prostate cancer. Scores of other vaccines are in the pipeline. Over the summer, researchers at the University of Pennsylvania unveiled what they call a cancer "breakthrough 20 years in the making": a vaccine against chronic lymphocytic leukemia (CLL) that has brought about remissions of up to a year and counting—and which its inventors believe can be tweaked to attack lung cancer, ovarian cancer, myeloma, and melanoma. Vaccines against pancreatic and brain cancer are also being tested. "For the first time," says Disis, who has a \$7.9 million grant from the Pentagon to develop a preventive vaccine, "clinical trials [of cancer vaccines] are demonstrating anti-tumor efficacy in numbers of patients with cancer, not just one or two unique individuals."

First, some basics. By "cancer vaccine," scientists mean something that will stimulate the immune system to attack malignant cells. The most direct route to that, studies suggest, is by injecting the very same molecules, called antigens, that stud the surface of cancer cells much like Lady Gaga's hats. As with the her2/neu vaccine, that would stimulate T cells to home in on the antigens and encourage the production of killer T cells specific to cells with that antigen. It may seem odd that our bodies would attack our own cells, but by tweaking the antigens, the immune system can be spurred into attacking the tumor. Such a vaccine could be therapeutic, wiping out tumors, or, in theory, preventive, keeping tumors from forming. (Cervical cancer vaccines now on the market are strictly preventive but also unique in that they target cancer-causing viruses; most cancers aren't caused by viruses.)

Harnessing the immune system is completely counter to how cancer is now treated, largely by chemotherapy and radiation. Both can weaken the immune system, which is why some alternative practitioners advise against them. Following that advice can be fatal. But the importance of the immune system in fighting cancer is getting new respect from the nation's leading oncology researchers. It has also inspired a Hail Mary play from a leading advocacy group. Last year, the National Breast Cancer Coalition launched the Artemis Project with the audacious aim of eliminating breast cancer by Jan. 1, 2020. Since the most likely way to accomplish that is through vaccines, says president Fran Visco, NBCC is awarding seed grants for research on, for instance, which antigens make good targets.

NBCC has good timing: research on breast-cancer vaccines is exploding. Last week, the biotechnology firm Antigen Express, Inc., announced that 89 percent of patients who received its her2/neu vaccine were alive after 22 months, compared with 72 percent of nonvaccinated women. The company hopes to get FDA

approval for a phase-three trial in 2012. Interestingly, the vaccine seems to help even women who don't qualify for the breast-cancer drug Herceptin because their levels of her2/neu are too low. "We think 75 percent of women with breast cancer could be candidates for the vaccine," says president Eric von Hofe.

Vaccines have the potential to revolutionize cancer treatment because their effects do not stop with existing tumors. Cancer is notorious for its craftiness, changing the biological pathways by which cells proliferate so much that chemotherapies and even targeted molecular therapies soon stop working (that's why even much-hyped drugs such as Avastin increase survival by, at most, a few months). Vaccines could match the cancer cells move for move. In women who receive Disis's vaccine, after T cells destroy breast cancer cells they gobble them up and spit them out. That floods the body with the antigens that adorned the cancer cells, stimulating the immune system to target this second wave of tumor antigens. This spreading immunity creates locked-and-loaded T cells that can destroy tumor cells years after vaccination—the same kind of lifelong immunity that, say, a smallpox vaccine confers.

One final benefit of the cancer vaccine may explain why Shari Baker is alive: T cells never forget. Once the immune system has targeted a threat, be it cancer or smallpox, it keeps a reserve militia ready to attack should that threat return. In principle, that should confer immunity against breast cancer and possibly other cancers as well—forever.

The optimism surrounding cancer vaccines reflects a string of recent discoveries hinting that the immune system can vanquish cancer. Immune activity in and around a tumor—the presence of certain white blood cells—is often a harbinger that a cancer will go into remission and even vanish. A 2006 study, for instance, found that colon cancers that attract killer T cells most strongly are less likely to recur after treatment. Similarly, when early-stage lung cancer cells or some breast cancer cells are studded with T cell-attracting molecules, patients are more likely to dodge metastasis, remain in remission, and live longer. And in liver cancer and ovarian cancer, if the tumor has been invaded by T cells, patients survive longer. There is one final clue to the power of the immune system. "At least 30 percent of tumors found on mammograms would go away even if we did nothing," breast surgeon Susan Love of UCLA told a Project Artemis workshop last spring—a tantalizing hint about the power of the immune system to eliminate cancer.

That raises the obvious question: why does anyone with a working immune system develop cancer, much less die from it? One reason is that tumor cells churn out defensive molecules that repel or destroy T cells. Several experimental therapies are trying to get around that, including an immunotherapy against metastatic melanoma that the FDA approved earlier this year. Called Yervoy, it blocks a molecule known as cytotoxic T lymphocyte antigen (CTLA4), which plays a role in impeding the immune system's ability to fight malignant cells. "That takes the brakes off the immune system and lets it kill the cancers," says tumor immunologist Patrick Hwu of M.D. Anderson Cancer Center, who is developing another melanoma vaccine. But Yervoy, made by Bristol-Myers Squibb and priced at \$120,000, extends average survival from 6.5 months to only 10. Doing better, says Hwu, will likely require packing more immune-stimulating molecules into a vaccine.

The National Cancer Institute counts more than 150 kinds of cancer, from the almost-always survivable testicular to the fast-killing pancreatic. Those targeted by experimental vaccines include some of the deadliest, where existing therapies fall tragically short. Last month, for instance, scientists led by NCI tumor immunologist James Gulley announced promising results with a single experimental vaccine against metastatic ovarian and breast cancers. Called PANVAC, it contains genes for two antigens often found on cancer cells, carcinoembryonic antigen (CEA) and mucin1 (MUC1). The 14 ovarian-cancer patients in the study have survived an average of 15 months so far, and the 12 patients with metastatic breast cancer have survived an average of 13.7 months, just slightly better than average. But what stands out for Gulley is a patient whose metastatic breast cancer has "completely disappeared," and who is still alive more than four years after diagnosis. "We see shrinkage of tumors that we've never seen before," says Gulley. Gulley suspects the results

might be even better in patients who have not received chemotherapy, which can leave the immune system “beat up.”

Vaccines might even tame pancreatic cancer. In March 2010, Bert Williams, 78, heard the worst phrase a doctor can utter: not “you have pancreatic cancer,” which Williams had been told in January, but “we didn’t get it.” The tumor was positioned such that surgically removing it could have proved fatal. Williams thought he was facing a death sentence, but his wife, Gail, found a clinical trial at the Cancer Institute of New Jersey. An oncologist there, Elizabeth Poplin, came to his bedside. We’ve been looking for you, she said: Williams had yet to receive any cancer treatments that might weaken his immune system and was otherwise healthy. He agreed to receive the experimental vaccine.

The retired advertising executive in Jackson, N.J., received the first injection in March 2010, directly into the tumor. By December, scans detected no tumors anywhere; three of five other patients with inoperable pancreatic cancer are also stable, Poplin and her colleagues reported last month. The best guess is that the vaccine, which floods the body with the tumor antigens CEA and MUC1, stimulated T cells to kill tumor cells tagged with these antigens. “The patients who were vaccinated 13 to 19 months ago are doing well for longer than I am used to,” says Poplin. “None have liver or other metastases, which is surprising because pancreatic cancer likes to spread everywhere.”

Brain cancer is as deadly as pancreatic cancer, but at least one experimental vaccine is showing promise against glioblastoma multiforme, the most common and aggressive form. It contains bits of the antigen epidermal growth factor receptor variant III, which studs brain cancer cells. In a clinical trial, 18 patients whose tumors had been surgically removed received the vaccine; median survival was 26 months, scientists at Duke University reported in 2010, compared with the usual 14. And in July, Larry Kwak of M.D. Anderson and colleagues reported that in patients given an experimental vaccine against follicular lymphoma, a form of non-Hodgkin’s lymphoma, their cancer remained in remission almost twice as long, and counting, as unvaccinated patients. Biovest International plans to seek FDA approval for the vaccine, BiovaxID, in 2012.

Would-be cancer cures have come and gone, and vaccines could fail to live up to our hopes. In many studies, patients like Shari Baker and Bert Williams are exceptions, responding almost miraculously while others derive little or no benefit. The reasons for that difference are under intense study. Some patients are too sick or weak to mount a strong immune response; this is why flu vaccines fail to protect some seniors. Also, immune therapy can take months to work, allowing tumors to grow and metastasize. And if the antigen the vaccine targets is also on healthy cells, killer T cells might go after them, too, causing autoimmune disease.

Despite these challenges, the number of believers in cancer vaccines is growing, and the money is following. Hundreds of clinical trials are recruiting patients (type “cancer and vaccine” into the search box at [clinicaltrials.gov](http://clinicaltrials.gov)). “After many years of failure [with cancer vaccines], we’re finally getting it right,” says Kwak. Between yesterday and today, another 1,500 people in the U.S. will have died from cancer. There is no time to waste.

*Reprinted with permission.*



Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. <b>ICAN INTERNATIONAL CANCER ADVOCACY NETWORK</b>	Employer identification number (EIN) or <b>86-0818253</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>27 WEST MORTEN AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PHOENIX, AZ 85021-7246</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

### THE ORGANIZATION

- The books are in the care of ► **27 WEST MORTEN AVENUE - PHOENIX, AZ 85021-7246**  
Telephone No. ► **602-618-0183** Fax No. ► **602-926-8109**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2013** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		Enter filer's identifying number, see instructions	
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
	ICAN INTERNATIONAL CANCER ADVOCACY NETWORK	86-0818253	
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
	27 WEST MORTEN AVENUE		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	PHOENIX, AZ 85021-7246		

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

- The books are in the care of **27 WEST MORTEN AVENUE - PHOENIX, AZ 85021-7246**

Telephone No **602-618-0183**

Fax No. **602-926-8109**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**

5 For calendar year **2013**, or other tax year beginning ☐ , and ending ☐.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER & PROCESS THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title **CPA**

Date ☐