Founded in 2001 by Barbara and Edward Netter, ACGT is the only charitable organization in the nation dedicated exclusively to funding cell and gene therapy research for cancer.
FROM CHAPTER 1.0 TO 2.0, ACGT IS A FORCE FOR CELL AND GENE BASED MEDICINE

- **$29.7 million** awarded over 16 years
- **$14.0 million** for discovery research
- **$15.7 million** for translation and trials

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>100</td>
<td>Percent of donations go directly toward research. Funding for administrative and fundraising costs provided separately.</td>
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<tr>
<td>58</td>
<td>Grants awarded</td>
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<td>36</td>
<td>Young Investigator Awards - Basic Laboratory Research</td>
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<tr>
<td>19</td>
<td>Clinical Investigator Awards - Clinical Translation/Trials</td>
</tr>
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<td>3</td>
<td>Innovator Awards (2018)</td>
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<tr>
<td>15</td>
<td>Scientific Advisory Council members oversee the grants process</td>
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<td>13</td>
<td>Different forms of cancers to be treated</td>
</tr>
<tr>
<td>1</td>
<td>Charitable organization in the nation dedicated exclusively to cell and gene-based therapies for cancer: ACGT.</td>
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</tbody>
</table>
LETTER FROM THE CO-FOUNDER AND HONORARY CHAIR OF THE BOARD

Edward and I believed in gene and cell-based therapies from the moment we first learned of the science, and the progress has been beyond our dreams.

Since the beginning, your support has been crucial to funding the many research advances that have resulted in lifesaving trials and FDA-approved treatments, changing the lives of cancer patients today and in the future.

In the last eighteen months alone, the FDA has approved gene therapies for leukemia, lymphoma, lung cancer and melanoma. Although not for cancer, Luxturna, which treats an inherited form of blindness, is the first U.S. approved gene therapy that targets a specific gene mutation. Major corporations are investing in the science and hundreds of trials nationwide are saving lives. The NIH and the biotech and pharmaceutical industries are paying attention now because private funding has helped paved the way.

We still have a long way to go to revolutionize treatments for all types of cancers and for all patients. Your partnership helps ACGT focus its funding on the next generation of therapies that will be safer and more effective against even the most lethal cancers, particularly solid tumors and metastatic cancers.

Together we will continue to make it possible for the best scientists in the field to fulfill the promise of gene and cell-based therapies. I assure you our Board, Scientific Advisory Council and staff will remain diligent in our efforts to seek out and promote the most promising research to move us into a healthier future.

Thank you for your part in bringing us to where we are today, and for helping us write the next chapter.

Barbara Netter
$3.1 MILLION CURRENT ONGOING FUNDING GRANTS AND HOW THEY ARE ALLOCATED:

INSTITUTIONS

Duke University
Fred Hutchinson Cancer Center
Stanford University
University of Calgary
University of California, Los Angeles
University of Miami
University of Pennsylvania
University of Pittsburgh
Yale University

CANCER TYPES

Brain
Glioblastoma
Leukemia/Lymphoma
Melanoma
Ovarian
Osteosarcoma
Sarcoma
Solid tumors

$1.8 MILLION
Clinical Investigator Grants
- Clinical Translation

$1.3 MILLION
Young Investigator Grants
- Basic Research

1 in 4 Americans will develop cancer in their lifetime
Joseph Glorioso, MD, PhD
Professor, Microbiology and Molecular Genetics, University of Pittsburgh; Chairman, ACGT Scientific Advisory Council

Dr. Joseph Glorioso and Dr. Gary Cohen, of the University of Pennsylvania will share a two-year grant to support a study to develop a cancer vaccine for melanoma. Their research builds on previously successful results using a tumor-targeted actively replicating herpes virus to infiltrate cancers and stimulate an immune system assault. Dr. Glorioso calls the methodology a “heat-seeking missile that targets metastatic cancer for destruction.” The treatment doesn’t stop there – once the cancer is eliminated, the vaccine inserts an immunity barrier to protect against recurrence. Melanoma is among the most deadly cancers and this treatment offers new hope.

Matthias Stephan, MD, PhD
Associate Professor, Fred Hutchinson Cancer Research Center, Seattle, WA

One of the challenges to an effective cancer vaccine is when not enough of a patient’s white blood cells recognize the cancer. The goal of Dr. Stephan’s research is to develop injectable genetic agents to more effectively program T cell receptors [TCR] to trigger an immune response. Once the cancer is destroyed, these programmed cells will also transform into memory cells that prevent relapse. The process makes cancer vaccines potentially more effective in collaboration with other treatments as well, and the research is applicable to many forms of cancer. Dr. Stephan is paving the way to the next chapter in cancer gene therapy.

David Reardon, MD
Professor of Medicine, Dana-Farber Cancer Institute, Boston, MA

Dr. Reardon is leading laboratory research into CAR T cell therapy for a deadly brain cancer, based on FDA approved treatment for leukemia and lymphoma. This form of immunology has yet to be an option for cancers like glioblastoma because proteins associated with solid tumors often also exist in normal tissues. In addition, the cancer is determined to reject immune system intervention. Dr. Reardon has developed a unique two-step approach to knock out the built-in resistance and bind the tumor with an antibody recognized by T cells to sustain immunity. Results will translate into a clinical trial.

For a complete listing of ACGT grantees, visit www.acgtfoundation.org.
A decade after Dr. Chiocca earned an ACGT grant to support discovery research, he’s conducting trials using a viral vaccine to treat glioma, a deadly brain cancer. Introducing a brain-tumor targeted herpes simplex virus into the tumor, the virus replicates in diseased brain cells, and this alerts the immune system to attack.

For patients with recurrent glioblastoma, when standard care has failed, there has been no hope. Dr. Chiocca’s treatment deploys the viral therapy combination with a chemotherapy agent, which in previous research demonstrated superior results. “When we started gene therapy in the 1990s, we couldn’t get enough cancer genes to fully penetrate the tumor. Viruses infiltrate quickly and thoroughly, however, becoming extremely potent anti-tumor agents.”

“We have to remember the immune system has evolved for millennia to protect us against all sorts of pathogens. It did not evolve to protect us against cancer cells. The viral infection alerts the immune system to traffic into the brain tumor and in the process the immune system ‘discovers’ there is a tumor to actually kill.”

This Phase I dose escalation study is designed to assess the optimum level of treatment. “It’s the yin and yang – how much of the virus will kill tumor cells and how much is no longer therapeutic.”

Dr. Chiocca is a leader in oncolytic viral treatment for cancer. He earned his degrees at the University of Texas and at the time of his ACGT grant, he was an assistant professor at Harvard Medical School. The preclinical data that enabled the trial was secured by grants from ACGT and from the National Cancer Institute. He is a member of ACGT’s Scientific Advisory Council.
Brent Hanks, MD, PhD  
**Assistant Professor, Cancer Immunotherapy and Immunology, Duke University Medical Center, Durham, NC**

A 2016 grant recipient, Dr. Hanks is also tackling the challenge to bypass cancer’s intrinsic barriers against an immune system assault. His goal is to develop a viral vaccine for metastatic melanoma, one of the most deadly cancers.

Dr. Hanks says the immune response in advanced melanoma is suppressed specifically by tolerized dendritic cells [DC]. The vaccine being developed aims to efficiently shut down these cells. “We’re going to the source.”

ACGT funding supports the extended study of a fatty acid transporter believed to play a crucial role in the efficient and effective silencing of tolerized DCs. “Now we need a bit more confirmation data to satisfy the FDA and move to human trials.”

Skin malignancies seem a good target for a vaccine. “Currently, therapeutic agents must be injected directly into the cancer, which is not always easy.” He is also concerned about patients suffering autoimmune disorders who may not be good candidates for immunotherapy. “However, intra-tumoral vaccines provide a more localized therapeutic approach capable of minimizing toxicity.” The vaccine will potentially apply to other tumor types as well.

“In melanoma and other cancer types, we’re learning why some tumors respond and not others. We’re searching for the markers within the cancer and within specific cells. The changes in the way we approach cancer are pretty astounding.”

Brent Hanks, MD, PhD

*Dr. Hanks has dedicated the last decade to tumor immunology and immunotherapy. He served as Fellow and Resident at Duke University Medical Center after earning an MD in Medicine and a PhD in Cancer Immunology at Baylor College of Medicine. He has published extensively and has received numerous awards for his work.*
GENE THERAPY AT THE CROSSROADS

SYMPOSIUM PANELISTS

Carl June, MD
Director, Center for Cellular Immunotherapies, Perelman School of Medicine at the University of Pennsylvania; ACGT Scientific Advisory Council member

George Yancopoulos, MD, PhD
President/Chief Scientific Officer, Regeneron; ACGT Scientific Advisory Council member

Usman Azam, MD
President/CEO, Tmunity Therapeutics

André Choulika, PhD
Co-founder/CEO, Cellectis

Rachel Elliott
21-year-old leukemia survivor treated with CAR T cell therapy

Meg Tirrell
Moderator. CNBC Biopharma reporter

“To go from a proof of concept in a handful of academic centers to full-blown FDA approved gene therapy products at this pace is amazing.”

Usman Azam, MD, President & CEO, Tmunity Therapeutics
Leaders in the field participated in an ACGT symposium in April to consider the next chapter of gene and cell-based therapies. All see the light at the end of a long tunnel, leading to remission, cure and ultimately prevention.

• Chimeric antigen receptor [CAR] T cell treatment has been particularly effective with leukemias and lymphomas. The immunology treatment uses a patient’s own reengineered cells to stimulate the immune system. New studies and trials will translate the approach to solid cancers.

• Scientists are working on control systems to drive more engineered cells into the cancer. They are also exploring methods to install genetic switches and sensors to reduce risk and side effects.

• At the same time, there is an effort to engineer cells for CAR T in larger quantities for more consistent and cost-efficient treatment. Currently, cells are processed patient by patient, a very expensive procedure.

• Scientists are designing therapies to both destroy cancer and establish long-term resistance to recurrence.

• More drugs are in development like Keytruda, an immunotherapy treatment that, for the first time, was approved to target a biomarker common in multiple cancers rather than just one type.

• Vaccines are being produced to shut down checkpoint inhibitors, the proteins within tumors that block the immune system from attack.

“What we are doing today is still probably the pre-history of what is going to happen in the next five years.”

André Choulika, PhD, CEO, Cellectis
With the help of private funding, these gene therapies went through rigorous research and multiple trials before approval for use. None were approved just two years ago. In another five years, we expect at least as many more.

• **Kymriah**, a gene therapy treatment approved in 2017 for pediatric relapsed and refractory acute lymphoblastic leukemia (ALL), was approved in 2018 for adults with diffuse large B-cell lymphoma (DLBCL). The drug has proven to have minor side effects. Among the more than 40% of patients who experienced full remission, 83% remain cancer free.

• More than half of patients using **Yescarta**, a CAR T cell therapy approved for non-Hodgkin’s lymphoma, have experienced complete and ongoing remission.

• **Imlygic** is now the treatment of choice for advanced melanoma. The drug was the first FDA approved viral therapy alternative and has provided the most receptive patients longer lives.

In 2010, the one-year survival for melanoma patients was 25% and now, with an approved cell therapy treatment, is 85%.

• **Opdivo**, first approved for metastatic melanoma, was approved as a treatment for advanced stage lung cancer as well and also extends life expectancy.

• **Provenge**, the first gene therapy vaccine approved for advanced stage prostate cancer, isolates an antigen found on 95% of patients to induce an immune response. The drug has lengthened the life expectancy for patients who have otherwise run out of treatment options.
Connie Burnett was diagnosed with lung cancer in 1999. Surgery and radiation were not options and two attempts at chemotherapy failed. In 2000, she participated in an early gene therapy trial at the Mary Crowley Cancer Center in Texas. Cells from her tumor were removed and modified to create a customized gene vaccine. She had six injections over several months with no pain or side effects. Her immune system awakened to the new cells and destroyed the cancer. Since then, she has had two brief recurrences, both surgically treated. Eighteen years later, Connie remains cancer free, travels the world, and enjoys time with her young grandson, whom she might never have known without gene therapy.

“I am not a scientist, but I can tell you gene therapy is the reason I am here today.”

Connie Burnett, lung cancer survivor, Dallas, TX

“ACGT leads the way to the most promising treatments for all forms of cancer. While there is always risk, the payback will be substantial – this is the cutting edge of broadly adopted oncolytic viruses and CAR T cell therapies that will change the field of anti-cancer biologics forever.”

Dr. Joseph Glorioso, Chair, ACGT Scientific Advisory Council
## CONDENSED STATEMENTS OF ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support and revenue:</strong></td>
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<tr>
<td>Contributions</td>
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<tr>
<td>Special events</td>
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<tr>
<td>Contributed services</td>
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<td><strong>Expenses:</strong></td>
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<td>Program services</td>
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<td><strong>TOTAL NET ASSETS AT END OF YEAR</strong></td>
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100% of your donations to ACGT go directly to research – a separate fund covers administrative and marketing expenses.

Yvonne Chen, MS, PhD. University of California, Los Angeles, 2016 ACGT Grant Recipient
## CONDENSED STATEMENTS OF FINANCIAL POSITION

<table>
<thead>
<tr>
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<th>2018</th>
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<td>Assets:</td>
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<td>Investments, at fair value</td>
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<tr>
<td>Liabilities and net assets:</td>
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<td><strong>TOTAL NET ASSETS</strong></td>
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<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$6,576,306</td>
<td>$6,047,151</td>
</tr>
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</table>

Alliance for Cancer Gene Therapy, Inc.’s complete audited financial statements are available upon request.

“This is an extraordinary moment, I feel, in human history. To me, this is really the true transformation of cancer therapy.”

George Coukos, MD, PhD. Abramson Cancer Center, University of Pennsylvania, 2006 ACGT Grant Recipient
You are part of a revolution in cancer care. In 2018, ACGT awarded three Innovator grants to research scientists developing original clinical approaches to solid cancers. Their studies represent Chapter 2.0 for gene therapy. Two of the three grants focus on the development of cancer vaccines, which utilize inactive viruses or a patient’s modified cancer cells to penetrate a tumor and serve as beacons for the immune system. The third grant aims to build on the success of CAR T cell immunotherapy for brain cancer. Thanks to you, ACGT funds medical innovation that begins in the laboratory and advances to better cancer care.

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Swim Across America*
The Wendy Walk

**PRESIDENT’S CIRCLE ($25,000+)***
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*Denotes Hall of Fame donor (5 consecutive years of giving)
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Continued on next page...

“Amazing. Phenomenal. Groundbreaking. SAA is proud to contribute significantly to the impactful work of ACGT. With our funding, ACGT has been able to take cancer gene therapy breakthroughs from the lab to the field, radically improving treatment and patients’ lives.”

Michele Graham, SAA Co-Chair

*Denotes Hall of Fame donor (5 consecutive years of giving)
DONORS MAKE PROGRESS POSSIBLE

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“General Re is proud to support the cutting edge research that ACGT facilitates. ACGT’s unique model that allows 100% of donations to go to the cause is extremely appealing as a corporate supporter.”

Richard Manz, Gen Re

“As a longtime friend and supporter of ACGT, I am thrilled to see Edward and Barbara Netter’s vision in the field of gene therapy manifest itself in the success enjoyed in advancing the cure for cancer.”

Peter Hearn

Left to right: Joan Whipple, Kate Niehaus.

*Denotes Hall of Fame donor (5 consecutive years of giving)
Due to the rigorous and transparent nature of ACGT’s grant review process, I feel confident the money we raise for sarcoma research at Wendy Walk goes to the best possible institutions and investigators.

Alexandra Landes,
Co-Founder Wendy Walk, ACGT Board of Directors
GOVERNANCE AND LEADERSHIP

SCIENTIFIC ADVISORY COUNCIL

SAC members review and approve all grant applications and ensure the highest standards of research.

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Founding President (2001-2011)

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Finance/Treasurer

H. William Smith
Legal/Secretary

Ashley Goldman
Foundation Administrator
The mission of ACGT is to support revolutionary scientific research into the causes, treatment and prevention of all types of cancer using cells and genes as medicine.

Our commitment is to identify, fund and monitor innovative research and trials that meet a rigorous set of scientific standards and have the potential to treat cancers of all types in the foreseeable future.

“Research scientists are changing the way we think about and treat cancer at the cellular level. Gene therapy is life-changing for patients now and will continue to be in the future, and we are proud to be a part of the movement.”

Margaret Cianci, ACGT Executive Director
The linear sequence of the letters A, C, G, T comprises the genetic code.