PROSPECTUS FOR PHILANTHROPIC INVESTMENT

Cancer Vaccine Acceleration Fund

CONTENTS OF THIS PROSPECTUS

Note: Throughout this prospectus, you will find several organizations or programs repeatedly cited. Sometimes, the full name is used; other times, its abbreviation, particularly in charts. These names and their abbreviations are:

Cancer Vaccine Acceleration Fund (CVAF)
Cancer Research Institute (CRI)
Ludwig Institute for Cancer Research (LICR)
Cancer Vaccine Collaborative (CVC)

EXECUTIVE SUMMARY

Return to Contents Page

CLEARING A PATH FOR THE NEXT WAVE IN CANCER TREATMENT

There is urgent need for more effective and less harmful cancer treatments. Despite advancements in chemotherapy, radiation therapy, and surgical treatments of the disease, cancer continues to claim more than seven million lives globally every year. Moreover, the treatment of cancers that have spread continues to rely principally on therapies that can have as devastating an effect on the patient as they do on the tumor.

The answer is inside. After many decades of research and investigation, it has now been well-established that the immune system has a natural and potent ability to recognize and eliminate cancer cells, often before they progress to clinically detectable disease.

A new wave of more elegant and effective treatments. Immunotherapy represents a new arena of medicines that recruit and reinforce the body's intrinsic immunological defenses to treat, control, and prevent cancer. Therapeutic cancer vaccines are an advanced type of immunotherapy designed to present cancer-specific markers to the immune system to help it better identify and eliminate cancer cells. Unlike most other current forms of cancer treatment, therapeutic cancer vaccines can generate a specific attack on tumor cells—even those that may be clinically undetectable—without harming normal cells.

Extraordinary therapeutic potential. Cancer vaccines have already generated exceptional results for patients in clinical trials around the globe. These trials have provided compelling clinical evidence that therapeutic vaccines can help patients stabilize their existing cancers, achieve substantial tumor regressions, and delay or prevent cancer recurrence.

CVAF: A strategy to unlock the full promise, sooner. The Cancer Vaccine Acceleration Fund (CVAF) strategy, developed by two of the leading cancer immunology non-profits in the world—Cancer Research Institute and Ludwig Institute for Cancer Research—will help bring these promising treatments to market faster by supporting companies in their early stage development of vaccine components, conducting research-driven clinical trials to learn how to improve vaccine effectiveness, and coordinating the efforts of the field's leading companies, scientists, and clinicians.

A business model for savvy minds and philanthropic hearts. CVAF will approach immune agent sourcing, commercial term negotiation, and management of its portfolio of vaccines similar to a for-profit investment firm. As such, donors can expect CVAF to use its funds in the most impactful way possible today, while also creating the potential for material charitable return on investment to CVAF in the future. Moreover, CVAF will go beyond traditional "venture philanthropy" by carrying out clinical trials "in-house" through its established clinical trials infrastructure, enabling it to take an active role in the development of new cancer vaccine products and in helping biopharma companies to successfully navigate early stage trials.

Give immediate relief and long-term hope. The cutting-edge vaccines whose development CVAF will kick-start hold enormous potential for patients. Your support will save lives in the near-term while advancing a class of therapy that represents one of the best hopes for eventually freeing us all from the fear of cancer.

"Immunological control will be critical to the eventual mastery of cancer."

— Lloyd J. Old, M.D., William E. Snee Chair of Cancer Immunology, Memorial Sloan-Kettering Cancer Center; Scientific Director Emeritus, LICR; Director, Cancer Vaccine Collaborative; Director, Scientific Advisory Council, CRI

STREAMLINING CANCER VACCINE DEVELOPMENT

Decades of research have revealed that an optimal cancer vaccine must include several components (or "immune agents"), each of which has a distinct and important function in the overall vaccine construct.

Because cancer vaccines are a multi-component therapy, improving their effectiveness requires that the field's research and development advance along **two key fronts:**

1. Continue to develop new and improved vaccine components
2. Conduct clinical research designed to determine which of the many possible combinations of agents work best

However, significant **obstacles** currently hinder progress in both of these two critical requirements:

- Severe scarcity of funding for early stage cancer vaccine clinical trials
- Practical difficulties of initiating a clinical trial (for young companies and academics)
- Limited commercial incentive for for-profit companies to conduct research-driven clinical trials
- Lack of coordination among the companies that own vaccine components

In order for the field to advance quickly to a stage where it can develop more effective vaccines, significant additional support is necessary for early stage cancer vaccine research and development.

A BOLD NEW STRATEGY TO ADDRESS THESE CHALLENGES

CVAF is designed to provide the comprehensive mix of financial support, clinical trial resources, and immunological research necessary to address the obstacles and bring more effective cancer vaccines to patients, sooner.

CVAF will leverage the vast scientific resources, network, and expertise of both the Cancer Research Institute and the Ludwig Institute for Cancer Research to identify the most promising cancer vaccine components in global development, and will work to bring them together to construct cancer vaccines with greater therapeutic potential than ever before. CVAF funds will then be used to provide the critical financial support necessary to move these treatments into early stage clinical trials and to conduct the advanced immunological analysis needed to learn how to improve them.

In this way, all CVAF trials will help catalyze development of next generation commercial cancer vaccines, and CVAF's impact on companies, clinical trial participants, and the cancer vaccine field alike will be significant, measurable, and immediate.

UTILIZING A PROVEN COLLABORATIVE INFRASTRUCTURE FOR CLINICAL TRIALS

CVAF is uniquely positioned to provide this support to the field by virtue of its access to the Cancer Vaccine Collaborative (CVC), an innovative 'in-house' clinical trial infrastructure built in 2001 through a CRI and LICR partnership specifically to facilitate advanced study and expedited clinical development of cancer vaccines.

The Cancer Vaccine Collaborative represents a broad network of eminent scientists and clinicians at 19 leading research and medical centers around the globe who work together to conduct parallel clinical trials of experimental cancer vaccines. To date, more than 40 CVC clinical trials involving nearly 700 patients and immune agents from almost 20 different companies have generated valuable insights into how an ideal therapeutic cancer vaccine must be designed and delivered.

By expanding the Cancer Vaccine Collaborative's access to immune agents and by providing additional funding to increase the number of trials underway, CVAF will help the Cancer Vaccine Collaborative to identify more quickly the vaccine combinations with the greatest chance of success.

AN OPERATING MODEL THAT MIRRORS THE DISCIPLINES OF FOR-PROFIT INVESTORS

To ensure the most effective and efficient use of donor funds, CVAF will approach immune agent sourcing, commercial term negotiation, and management of its portfolio of cancer vaccines in clinical trials in similar fashion to for-profit investment firms.

A field-leading scientific agenda: The cancer vaccine components that CVAF will seek to incorporate in CVC clinical trials will be prioritized based on guidance from the field's leading scientists and clinicians, and on the insights generated from ongoing immunological analysis of past and present CVC trials. The scientific rationale behind each vaccine clinical trial selected for CVAF funding will be documented in a memo that will be available to all donors.

Potential for philanthropic return on investment: While CVAF investment decisions will be based strictly on the research priorities set by its scientific leadership, all CVAF investments will be structured to generate a significant financial return to CVAF should a supported vaccine later achieve commercial success. Any future returns will be reinvested in new CVC clinical trials, greatly magnifying and extending the potential impact of each donor dollar raised. By virtue of its broad network of field-leading scientists and its distinguished expertise in cancer vaccine clinical research, CVAF will be able to construct a valuable portfolio of experimental vaccines, the returns from which may eventually enable CVAF to become substantially self-funding.

Professional due diligence: Any third-party organizations in consideration to receive CVAF funding to conduct a clinical trial will be subject to detailed scientific and business due diligence, and any funding CVAF elects to provide such a third party will be structured as a milestone-driven contract to protect CVAF's committed capital.

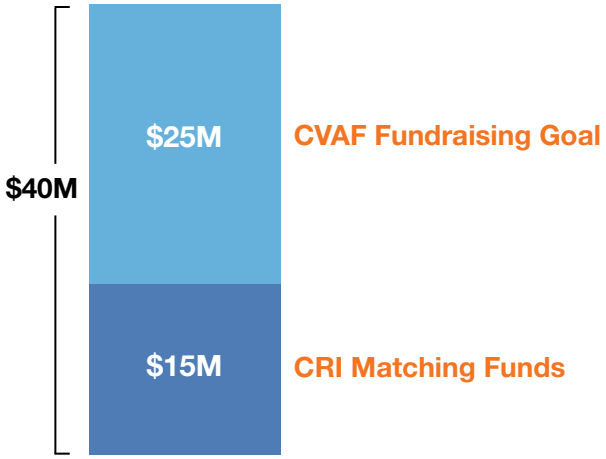
Powerful collaboration: Finally, in addition to the significant synergies that come from CRI's partnership with LICR, CVAF will also strive to share trial expenses with partner biopharma companies and with other cancer charities affiliated with the cancer population for which a particular vaccine is being developed.

A SPECIFIC PLAN OF ACTION:

In advance of fundraising, CVAF has taken a number of measures to ensure that donor capital will have immediate and focused impact on cancer vaccine development:

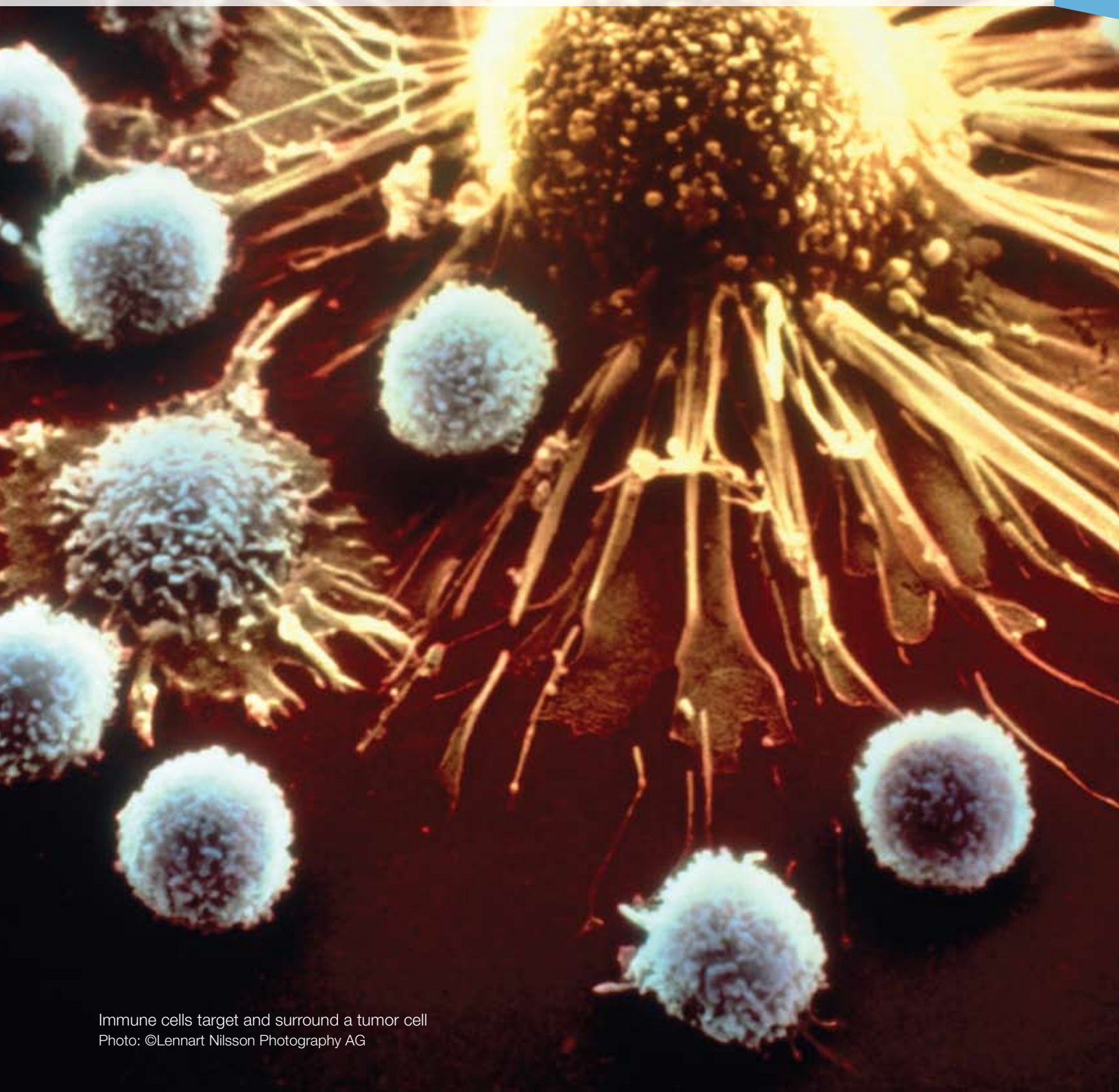
- CVAF's central leadership group of cancer vaccine experts has established a scientific road map to guide prioritization of immune agents and inform its cancer vaccine clinical trial strategy.
- Advance discussions with biotech companies and other owners of key immune agents have taken place to identify and plan for best capital use and to estimate necessary funding.
- Cancer Research Institute has committed to provide matching funding for the first $15 million in donor contributions to CVAF.

CVAF 5-YEAR CAMPAIGN TOTAL



CVAF is seeking to raise $25 million to carry out an additional 15–20 early phase clinical trials of promising immune agents and vaccine constructs in the Cancer Vaccine Collaborative over the course of five years.

IMMUNOTHERAPY EMERGES AS THE NEXT WAVE OF CANCER TREATMENT



Immune cells target and surround a tumor cell
Photo: ©Lennart Nilsson Photography AG

Return to Contents Page

THE SEARCH FOR A BETTER WAY

There is a clear and urgent need for more effective, less harmful cancer treatments. Despite advancements in chemotherapy, radiation therapy, and surgery, cancer continues to claim more than seven million lives globally every year. Moreover, the treatment of cancers that have spread continues to rely principally on therapies that can have as devastating an effect on normal tissue as they do on tumors.

After many decades of research and investigation, it has now been established through direct clinical observation that the immune system has a natural and potent ability to eliminate cancer cells. In much the same way that the immune system recognizes and destroys infectious agents or damaged cells, the immune system often detects and eliminates cancer cells before they are able to form tumors that can endanger the body.

AN OVERVIEW OF APPROACHES TO CANCER TREATMENT

PRIMARY TREATMENT MODALITIES

SURGERY

Remove tumor cells to stop growth and prevent their further spread

SINCE 1800'S

RADIATION THERAPY

Use highly concentrated X-rays or radioactive isotopes to kill cancerous cells

SINCE EARLY 1900'S

CHEMOTHERAPY

Use of cytotoxic drugs to kill or inhibit cancer cells

SINCE LATE 1940'S

NEW AND EMERGING TREATMENT MODALITIES

IMMUNOTHERAPY

Harness the power of the immune system to fight and control cancer cells (also referred to as biological therapy)

IN DEVELOPMENT FOR LAST 25 YEARS

"TARGETED DRUGS"

Broad class of agents that target a variety of specific biological mechanisms that are required for, or support tumor growth

LAST 5-10 YEARS

MORE NASCENT THERAPIES

Gene therapy, stem cell transplantation and other developing approaches to cancer treatment

FUTURE

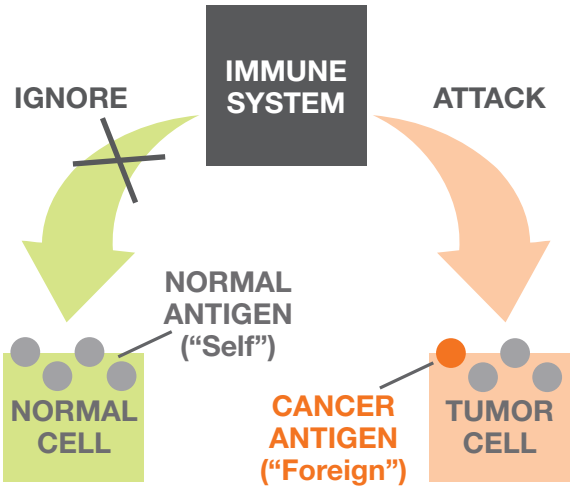
Immunotherapy is well positioned to emerge as the fourth major modality for cancer treatment.

ANTIGENS MARK CANCER FOR IMMUNOLOGICAL RESPONSE

The immune system is able to recognize cancer by looking for certain markers called antigens found within cancer cells or on their surface. For example, bacteria carry antigens that the immune system recognizes as foreign—or 'non-self'—and, therefore, a threat that should be destroyed. In contrast, normal cells in the body have antigens that identify them as part of 'self.' Self antigens tell the immune system that normal cells are not a threat and should be ignored.

Cancer cells can carry both types of antigens. They have self antigens, which they share in common with normal cells, but as a symptom of their internal malfunction, they may also express abnormal antigens that are not usually found on those cells. These "cancer antigens" mark cancer cells as a potential threat to the body, and if recognized, can trigger the immune system to mount an attack against the cancer.

HOW THE IMMUNE SYSTEM RECOGNIZES CANCER



At times, however, the immune system's intrinsic anti-cancer mechanisms can fall short, enabling cancer cells to progress into malignant and clinically detectable tumors. This can happen for any of several main reasons:

- The immune system may fail to recognize the cancer antigens.
- The immune response against the cancer is insufficient.
- The immune response is shut down before it can successfully eliminate the tumor through a phenomenon called immunosuppression.

Therapeutic cancer vaccines are a new class of promising treatments designed to address each of these challenges by initiating, strengthening, and then sustaining a comprehensive immune response against cancer.

TREATMENTS FOR MANY AND, EVENTUALLY, ANY CANCER

To date, antigens associated with many types of cancer have already been discovered. Some of these include:

- Bladder
- Breast
- Cervical
- Colon
- Colorectal
- Esophageal
- Gastric
- Head and Neck
- Kidney
- Liver
- Lung
- Melanoma
- Multiple Myeloma
- Neuroblastoma
- Non-Hodgkin's Lymphoma
- Ovarian
- Prostate
- Sarcomas

Cancer antigens continue to be discovered all the time. As new markers are identified it may eventually become possible to create therapeutic cancer vaccines for any type of cancer.

CANCER VACCINES ANSWER THE CHALLENGE WITH NUMEROUS ADVANTAGES

The goal of cancer vaccination is to cause the immune system to recognize the cancer antigen as 'foreign' and to respond by producing an army of immune cells and molecules specifically designed to find and destroy the cancer cells that display those markers throughout the body. This new wave of cancer treatments offers important benefits:

First, clinical successes to date have already demonstrated that cancer vaccines offer significant therapeutic potential including: prevention of further tumor growth or spreading so patients can survive indefinitely with cancers that cannot be surgically removed; substantial tumor regressions; and delay or prevention of tumor recurrence once eliminated.

Second, cancer vaccines can be highly targeted for reduced side effects. Therapeutic vaccines can generate a specific immune attack against cancer cells without harming normal cells. Cancer vaccines under study appear to be safe and easily administered.

Third, cancer vaccines can be effective against seen and unseen cancers. The immune system is able to find and eliminate even clinically undetectable cancer cells, including those that are not killed by other forms of treatment.

Fourth, cancer vaccines are applicable to a wide variety of cancers, and as new cancer antigens are discovered it will become possible to develop vaccines for even more types.

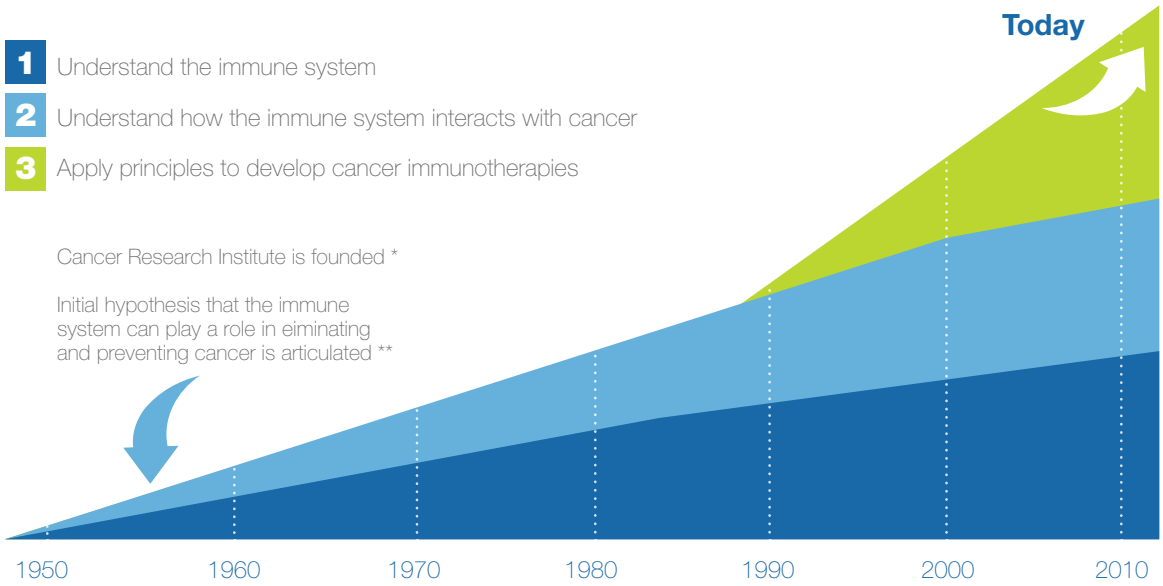
- ✔ **SIGNIFICANT THERAPEUTIC POTENTIAL**
- ✔ **HIGHLY TARGETED FOR REDUCED SIDE EFFECTS**
- ✔ **EFFECTIVE AGAINST SEEN AND UNSEEN CANCERS**
- ✔ **APPLICABLE TO A BROAD VARIETY OF CANCERS**

A REALISTIC AND ACHIEVABLE GOAL

For the first time, the field of cancer immunology is at a stage where the development of effective cancer vaccines is a realistic and achievable goal. The advancement of the field and the confirmation of the immune system's ability to recognize and eliminate tumor cells have created a solid foundation for the development of a variety of first generation vaccines for the treatment of cancer.

Over the next few years, a number of these first candidates will begin to approach eligibility for FDA approval.

ILLUSTRATIVE PROGRESSION OF THE FIELD OF CANCER IMMUNOLOGY



* CRI, founded in 1953, has been a pioneering and steadfast supporter of cancer immunology for more than 55 years

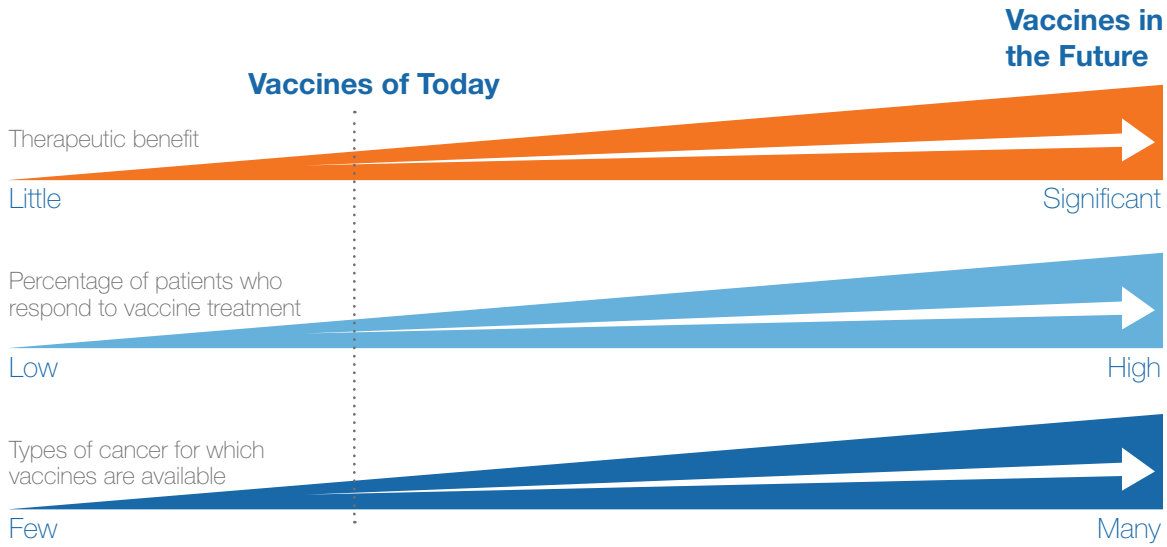
** Theory of Cancer Immunosurveillance; Lewis Thomas and F. Macfarlane Burnet, 1957-1959

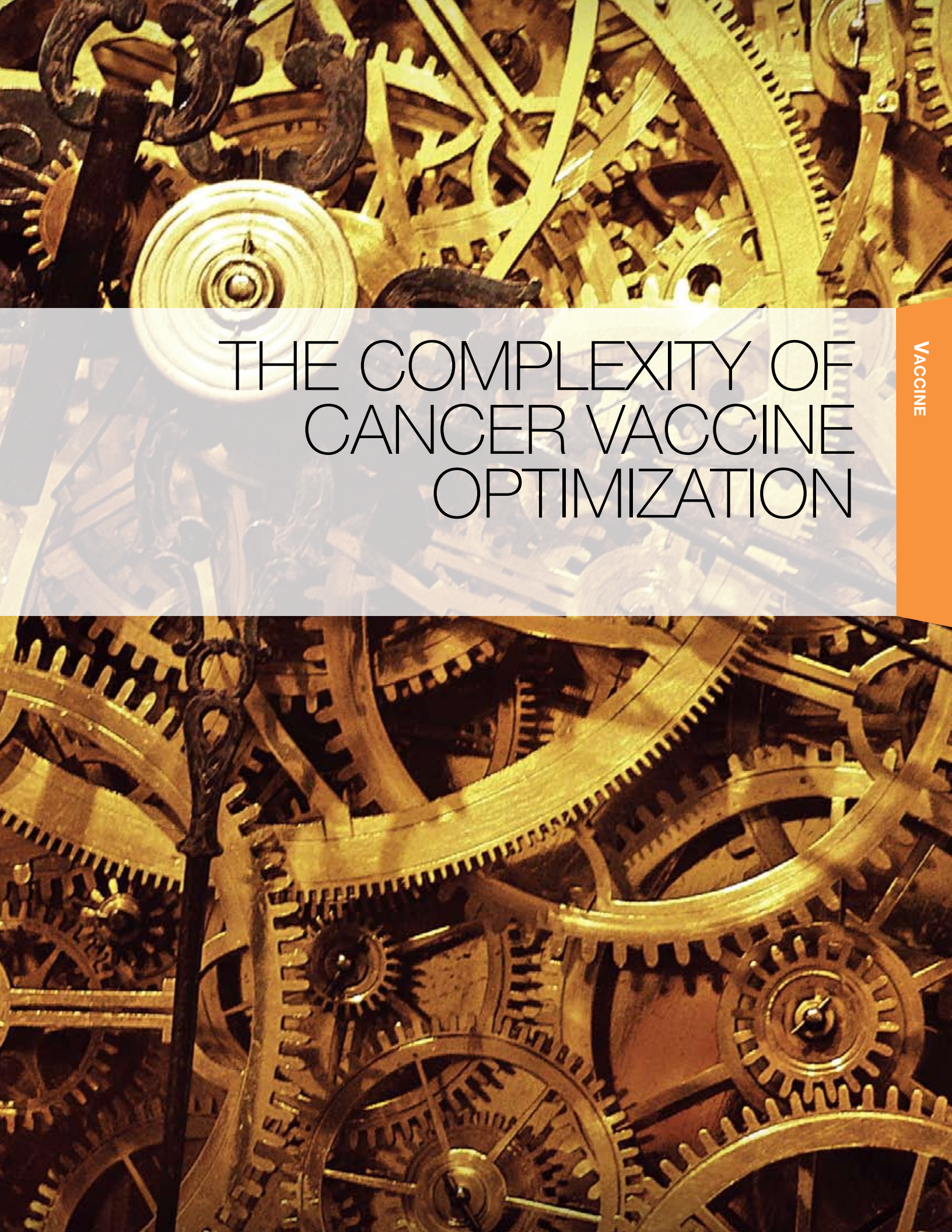
THE FULL PROMISE OF CANCER VACCINES HAS YET TO BE UNLOCKED

While the field is making strong progress and the first generation of products will provide solid validation for cancer vaccines' ability to extend patients' lives, the nascence of the field and the current fast pace of discovery leave significant room for improvement in the future.

For example, the significance of "immunosuppression," which can cause vaccine-induced immune responses to be shut down prematurely, was discovered only after development of the first generation vaccines had already begun. Field leaders now accept that adding agents to cancer vaccine constructs that can prevent this phenomenon may increase both the therapeutic benefit vaccines can achieve as well as the percentage of patients that respond to treatment.

WHAT CANCER VACCINE OPTIMIZATION MEANS





THE COMPLEXITY OF CANCER VACCINE OPTIMIZATION

VACCINE

Return to Contents Page

THE MULTIPLE COMPONENTS OF CANCER VACCINES

Decades of research have determined that an optimal cancer vaccine must include several components (known as immune agents) in addition to the core cancer antigen.

CANCER VACCINE COMPONENTS INCLUDE

TARGET

CANCER ANTIGENS. Cancer cell-specific markers that the immune system can recognize and attack.

PRESENT

THE VACCINE DELIVERY SYSTEM. The means by which the cancer antigen is delivered and presented to the immune system.

ACTIVATE

IMMUNOLOGICAL STIMULANTS. Agents that provide a general boost to the immune system to enhance the response to the cancer antigen.

SUSTAIN

MODULATORS OF CANCER IMMUNOSUPPRESSION. Agents that prevent the vaccine induced immune responses against cancer from being shut down prematurely.

?

OTHER COMPLEMENTARY AGENTS. As research continues, additional components may be identified that improve vaccine effectiveness.

HOW CANCER VACCINES WORK

The components of a cancer vaccine work together to achieve several complementary effects. If they are successful, the immune system will recognize a cancer antigen(s) as dangerous and respond by targeting and destroying cancer cells that display those markers throughout the body.

CANCER VACCINES ARE DESIGNED TO:

1

VACCINATE with a cancer antigen

Patient is inoculated with a cancer vaccine containing several components. Once inside the body, the delivery system helps make the cancer antigens in the vaccine highly visible to the immune system so that they are quickly recognized as a 'foreign' threat.

2

STIMULATE the immune system

The immunological stimulants in the vaccine serve to further awaken the immune system, enhancing the strength of the immune response to the cancer antigens.

3

GENERATE an anti-cancer immune response

When the antigen is successfully presented, the immune system responds to the threat by producing an army of immune cells and molecules (e.g., T cells and antibodies) designed to search for and specifically destroy cells that express the antigens in the vaccine.

4

SUSTAIN the immune response

Next, the modulators of immunosuppression included in the vaccine work to prevent the anti-cancer immune response from being shut down prematurely, before it is able to eliminate the cancer.

5

ELIMINATE tumor cells throughout the body

T cells and antibodies circulate through the body, finding and eliminating cancer cells without harming healthy tissue.

MANY POSSIBLE COMBINATIONS, MANY VARIABLES TO TEST

For each of the necessary components of a cancer vaccine, there exist numerous candidate agents in development all over the world. There are also a variety of additional options related to the dosage, physical location, and timing in which a vaccine can be administered.

Since any one of these variables can significantly impact whether or not an overall construct is successful, the field must determine which ones work best in order to eventually develop optimally effective cancer vaccines.

"Cancer vaccines have enormous therapeutic promise, but also represent a great challenge in drug development: it has become clear that several different immuno-modulatory agents must be used together in order to achieve and then sustain an optimal anti-cancer immune response. To identify which combinations and approaches work best, the field needs to take a highly systematic approach in the clinic. The CVC model was specifically designed with this purpose in mind."

— Jedd Wolchok, M.D., Ph.D., Director, Immunotherapy Clinical Trials, Department of Medicine; Associate Director, Ludwig Center for Cancer Immunotherapy; Associate Attending Physician, Melanoma-Sarcoma Oncology Services, Memorial Sloan-Kettering Cancer Center

As better agents, more optimal combinations, and improved vaccination strategies are discovered, experts believe that vaccines eventually should be able to help cancer patients to achieve durable and complete control of their disease.

ILLUSTRATIVE CANCER VACCINE QUESTIONS THAT NEED TO BE ANSWERED IN CLINICAL TRIALS

Component	Question	Why it's important
	**Which type of cancer antigens to use — general or patient specific?**	Cancer vaccines can be based on antigens that are commonly expressed in the type of cancer a patient has (general cancer antigens), or instead can be custom produced based on the unique set of antigens found in a specific patient's tumors (patient-specific vaccines).
	Which antigen to select?	There are a number of different antigens that have been identified to be consistently expressed by certain types of cancers; however, the strength of the immune response that different antigens can elicit can vary widely, so selection of a highly 'immunogenic' antigen is integral to a vaccine's effectiveness.
	Which antigen form?	The form in which an antigen is presented (e.g., short peptide, long-peptide, and full protein, DNA, among others) can directly affect whether and how the immune system responds to it.
	**What is the best way to deliver cancer antigen(s) to the immune system so that it will recognize them as a threat and mount a strong anti-cancer response?**	There are a number of different strategies for the delivery of an antigen including: a) direct injection of an antigen; b) getting the body to produce the antigen on its own, or c) taking immune cells from a patient, allowing them to interact with the antigen outside of the body, and then re-injecting the "primed" immune cells into the patient ("adoptive immunotherapy").
	**Which stimulant will help generate the most effective response to the vaccine's antigen?**	There are a large number of different types of known stimulants (also called "adjuvants") that can be used to help enhance a vaccine's effectiveness at inducing an immune response.
	**Which other complementary therapies or types of immune agents might help generate an optimal anti-cancer immune response?**	There currently are a variety of immunotherapies that could be used to complement the core vaccine, including the use of growth factors that encourage proliferation of important immune cells and/or the combinatorial use of monoclonal antibodies to enhance the immune system's ability to interact with the cancer cells. As research continues, additional components may be identified that improve vaccine effectiveness.
	**How should a vaccine be administered?**	The timing, sequence, location, and type of vaccination all can materially affect how successful a vaccine is in inducing an immune response.
	Which patient population?	The type and stage of cancer, the previous treatment regimen, the health of a patient's immune system, or how strongly a particular patient's immune system reacts to the antigen in the vaccine can all directly impact whether a vaccine treatment is effective.

UNLOCKING THE FULL PROMISE OF CANCER VACCINES, SOONER

Return to Contents Page

THE PATH TO DEVELOPING OPTIMALLY EFFECTIVE CANCER VACCINES

In order to develop vaccines that generate more substantial clinical benefit for a wider variety of cancer types and in a larger majority of afflicted patients, research and development must proceed along two key fronts:

1. **Continue to develop new and improved vaccine components.** Each component of a cancer vaccine plays an integral role in the overall construct. As such, in order to continually develop more effective cancer vaccines, new components—novel cancer antigens, better immune system stimulants and delivery systems, and new ways to prevent immunosuppression—must continue to be discovered and developed into clinical grade agents that can be included in multi-component vaccine constructs.

2. **Conduct clinical research aimed at vaccine optimization.** To generate insights into which combinations of immune agents and methods of vaccine delivery work best, the effects of a wide variety of different multi-component constructs must be monitored by specialized lab scientists, studied, and then compared to each other. Because animal immune systems can respond differently to therapy than the human immune system, this research must be conducted in human patients. Therefore, the eventual development of an optimal cancer vaccine depends upon a well-coordinated clinical trials program specifically designed to test, study, and then compare and learn from the immunological effects of different vaccine configurations.

However, major challenges currently impede both of these key requirements for cancer vaccine refinement.

OBSTACLES STAND IN THE WAY OF TWO KEY REQUIREMENTS

Four key obstacles currently impede cancer vaccine optimization:

OBSTACLE: Scarcity of funding in early stage clinical trials. The high economic risk of the early stages of drug development has resulted in a severe shortage of funding for early stage clinical trials. This funding gap is particularly acute for more nascent areas like therapeutic cancer vaccines, and was further exacerbated by the recent economic crisis. As a consequence, many companies struggle to find the funding necessary to begin development of new essential vaccine components.

OBSTACLE: Practical difficulties of initiating a clinical trial. The myriad business, legal, and regulatory challenges that a company must face in order to raise funding, manufacture a clinical grade batch of an experimental drug, and obtain necessary approvals to initiate a clinical trial may deter scientists from pursuing development of new vaccine components.

THE TWO-PART PATH TO CANCER VACCINE OPTIMIZATION

1 Continue to develop new and improved vaccine components

Global biopharma companies and academic laboratories

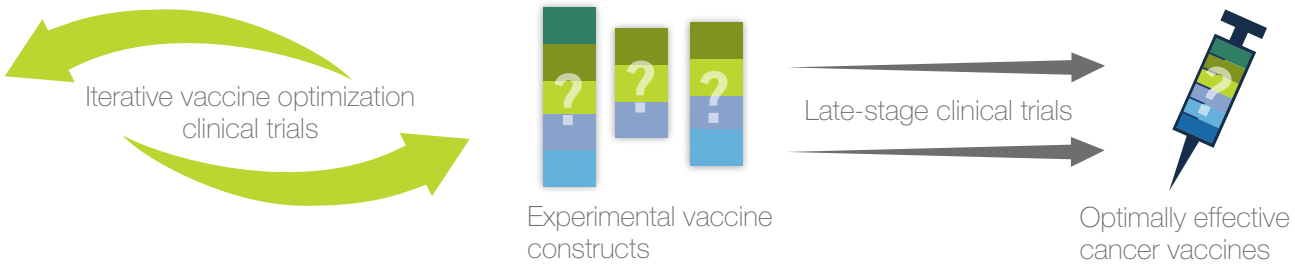
Promising vaccine components

Scarcity of funding and practical difficulties initiating clinical trials hinder the development of new and improved cancer vaccine components.

OBSTACLE: Lack of coordination among companies. The lack of coordination among disparate companies and research institutions that own individual agents often obstructs complementary vaccine components from being brought together for clinical testing. Additionally, because the approaches used to evaluate vaccine constructs vary significantly between companies, there is limited ability to draw valid comparisons of the effectiveness of different agents. Under such conditions, the systematic study that is necessary to identify the best multi-component vaccine combinations is nearly impossible.

OBSTACLE: Limited commercial incentive to conduct research-driven clinical trials. While vaccine optimization clinical trials may be critical for the overall field to learn how to engineer an optimal cancer vaccine, individual companies are not likely to see such trials as part of the most efficient path to developing a revenue-generating product. As a result, it is unlikely that for-profit companies will invest in the type of research-driven clinical trials necessary to advance the field toward vaccine optimization efficiently.

2 Conduct clinical research aimed at vaccine optimization



Lack of coordination among companies and limited commercial incentives to conduct research-driven clinical trials hinder clinical research aimed at vaccine optimization.

CVAF ANSWERS THESE OBSTACLES WITH A POWERFUL STRATEGY

CVAF will provide the comprehensive support the field needs to bring more effective cancer vaccines to patients, sooner. The strategy behind CVAF was jointly designed by two of the leading cancer immunology research organizations in the world—Cancer Research Institute and Ludwig Institute for Cancer Research—to leverage their combined resources, expertise, and unique access to the Cancer Vaccine Collaborative clinical trials network to help address each of the major obstacles to cancer vaccine refinement.

CVAF will work with the world's leading cancer vaccine experts to identify the most promising immune agents in development all around the world. CVAF will then use its funding to provide biopharmaceutical companies with critical support for the early stage development of these new vaccine components and to conduct research-driven clinical trials that will help the field to identify more quickly which combinations of agents and approaches to vaccination work best.

CVAF STRATEGY AND IMPACT

CVAF will:

Increase the pipeline of promising new vaccine components in development

and

Generate the insights necessary for the field to develop more effective cancer vaccines, sooner

By:

Funding early stage clinical trials of promising immune agents and vaccine constructs

Helping to facilitate cancer vaccine clinical trial design and execution to empower academia and reduce the burden on young companies

Conducting a series of research-driven clinical trials designed to analyze and compare the intricate immunological effects of different constructs and determine which combinations of agents and methods of delivery work best

Working to bring together immune agents from disparate companies all over the world so that the most promising vaccine constructs possible can be assembled, tested, and then compared in a systematic and centralized manner

Addressing the obstacles to vaccine optimization:

~~Scarcity of funding for early stage clinical trials.~~

~~Practical difficulties of initiating a clinical trial~~

~~Limited commercial incentive to conduct research-driven clinical trials~~

~~Lack of coordination among companies~~

The CVAF strategy draws upon the collective resources of three separate cancer vaccine research powerhouses. Each brings unique and powerful advantages:

- **Cancer Research Institute** contributes substantial trial financing, the scientific guidance of renowned cancer vaccine experts from both academia and industry, outbound immune agent sourcing, and leadership in investment diligence and deal structuring.
- **Ludwig Institute for Cancer Research** provides clinical trial management and agent licensing capabilities, a valuable portfolio of vaccine intellectual property, and industry relationships.
- **Cancer Vaccine Collaborative** adds its international network of trial sites, oncologists, immunology laboratories, immune agent production facilities, and patients. CVAF's unique position to execute its strategy derives from its ability to design and conduct industry-quality cancer vaccine clinical trials through this network.

CVAF: A STAND-ALONE CANCER VACCINE R&D PLATFORM

UNIQUE "IN-HOUSE" TRIALS NETWORK UNITES THE WORLD'S BEST CANCER VACCINE RESEARCHERS

In 2001, CRI and LICR partnered to develop a specialized infrastructure for cancer vaccine clinical trials called the Cancer Vaccine Collaborative (CVC). The CVC is composed of a broad network of eminent scientists and clinicians at 19 leading research and medical centers around the globe who work together to conduct parallel clinical trials of experimental cancer vaccines. The CVC represents a combined Cancer Research Institute and Ludwig Institute for Cancer Research investment of more than $55 million over the course of nearly a decade.

This unique, centralized infrastructure makes it possible to compare patients' immune responses to vaccination and, subsequently, to determine the most effective vaccine combinations and methods of delivery. The Cancer Vaccine Collaborative typically conducts smaller phase I trials (in anywhere from 10-50 patients), simultaneously at multiple clinical centers to enable the rapid comparison of a variety of vaccine variables and more quickly identify the optimal combination of agents for cancer vaccines.

In less than 10 years of operations, the CVC infrastructure has achieved significant accomplishments:

- More than 40 clinical trials of different vaccine combinations and strategies completed or ongoing
- Insights from trials have generated a strong framework for the components that likely will comprise an ideal therapeutic cancer vaccine
- Certain vaccines have yielded observable, measurable clinical benefit, such as an increase in patient survival, disease stabilization, and tumor regressions
- Nearly 700 patients with a variety of cancers involved in trials to date
- Established numerous collaborations with for-profit companies (GlaxoSmithKline, Bristol-Myers Squibb, Pfizer, Sanofi-aventis, among many others)
- Key global thought leader on best practice approaches to immunological monitoring in vaccine trials
- More than 120 scientific articles published in top peer-reviewed publications
- Developed industry-quality clinical trials management and reagent production capabilities

THE CVC MODEL FOR PARALLEL, ITERATIVE CLINICAL TRIALS

Cancer Vaccine
COLLABORATIVE

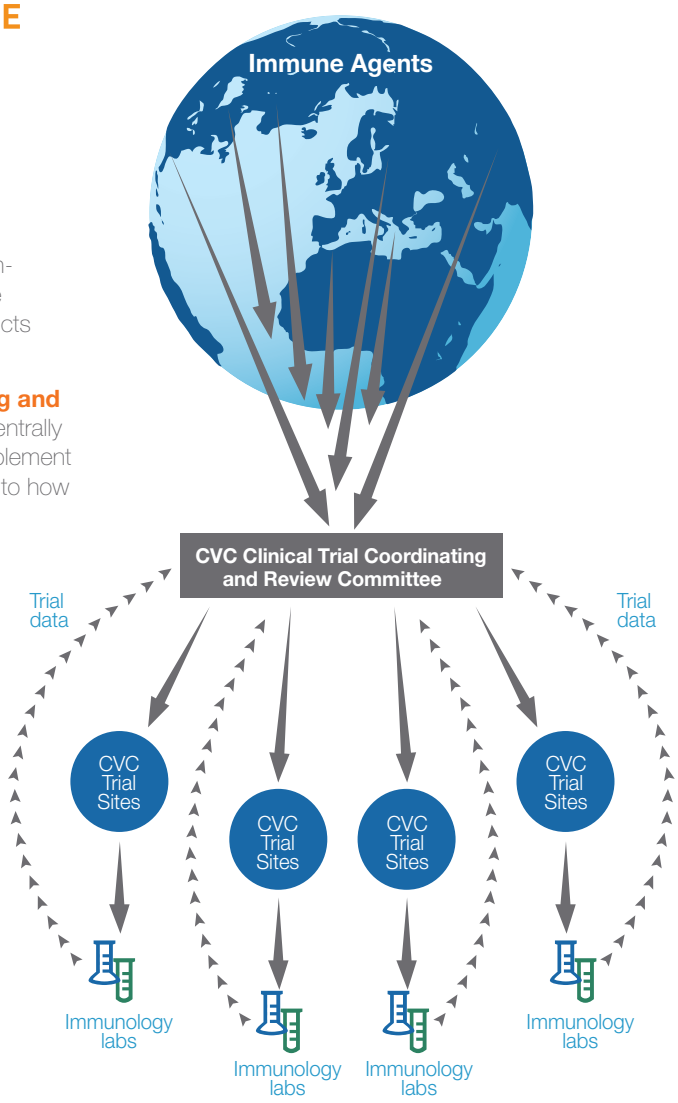
Global agent sourcing and inter-organization coordination. Immune agents from disparate companies and research organizations around the world are sought to be incorporated in research-driven clinical trials of both single immune agents and experimental vaccine constructs

Centralized clinical trial coordinating and review committee. Clinical trials are centrally designed so that all trials underway complement each other and generate novel insights into how to improve vaccine design and delivery

Short trials run in parallel around the world. Investigators at global CVC sites recruit patients and conduct the trials in parallel, substantially shortening the time it takes to generate the insights necessary for vaccine optimization

Cutting-edge immunological monitoring. Expert immunology laboratories analyze the effects of different constructs

Iterative and dynamic vaccine trials strategy. Data on the immunological effects of different vaccine constructs are gathered and sent back for central review. The results inform the CVC's dynamic clinical trial agenda

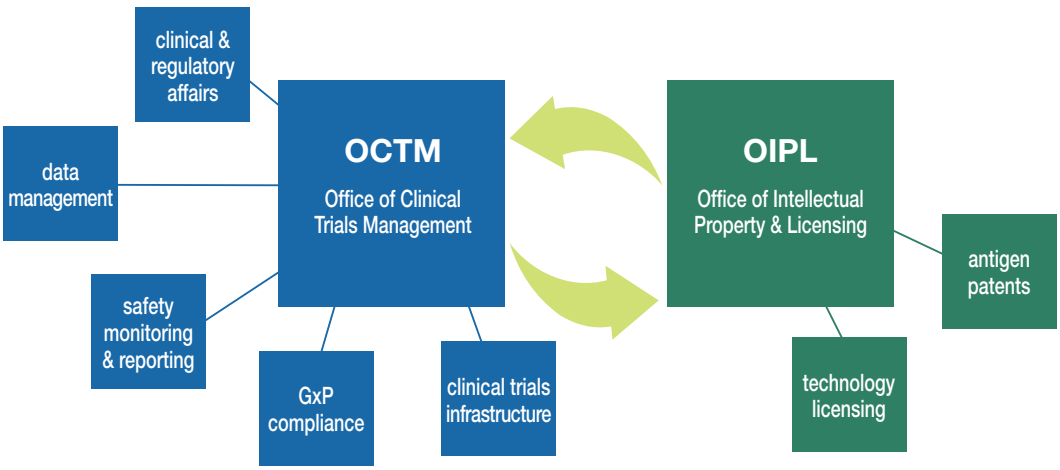


PROFESSIONAL-GRADE CLINICAL TRIALS MANAGEMENT AND IP LICENSING

The operational infrastructure for conducting Cancer Vaccine Collaborative clinical trials derives largely from Ludwig Institute for Cancer Research, which has been conducting early phase clinical trials for more than a decade.

The Office of Clinical Trials Management covers clinical and regulatory affairs, data management, safety monitoring and reporting, and GxP compliance (Good Manufacturing Practice, Good Laboratory Practice, and Good Clinical Practice). Additionally, LICR's **Office of Intellectual Property & Licensing** oversees a large portfolio of antigen patents and manages a technology licensing effort that will empower CRI and LICR to license and utilize proprietary reagents that few other non-profit organizations and academic researchers can access.

CVC OPERATIONAL INFRASTRUCTURE



Office of Clinical Trials Management Staff

Director—**Eric W. Hoffman, Pharm.D.**

Head of Clinical and Regulatory Affairs—**Ralph Venhaus, M.D.**

Senior Manager Clinical Affairs—**Linda Pan, Pharm.D.**

Clinical Project Manager—**Celina Scholl**

Senior Manager Drug Safety—**Gary O'Donnell**

Electronic Data Capture Manager—**Elisa Plante**

Manager Regulatory Affairs—**Esther Hendrickson**

Data Manager—**John Tang**

Document Control Specialist—**Eduard Lucas**

GXP Compliance and Product Control Officer—**Don DeRoo**

Office Manager—**Elisa Ruiz**

Financial Manager—**June Swirz**

Senior Medical Advisor—**Herbert Oettgen, M.D.**

CVAF: EMPOWERING THE CVC TO HAVE EVEN GREATER IMPACT

CVAF is designed to empower the Cancer Vaccine Collaborative to have even greater impact on the pace of cancer vaccine development by expanding the CVC's access to the most promising immune agents and by providing additional funding to increase the number of new trials it can initiate each year. CVAF will enhance the CVC's access to immune agents by:

- Assembling a group of esteemed cancer vaccine experts to identify and prioritize the most promising immune agents in development all over the world;
- Engaging the owners of these agents and offering them critical funding and helping to facilitate their early stage trials in return for access to the agents for inclusion in the CVC;
- Seeking to leverage access to multiple agents in order to create trials of multi-component formulations.

"One of the key reasons the CVC model is so critical to the advancement of the field is that it enables us to test a variety of different approaches to cancer vaccine design and delivery in parallel rather than in sequence. By setting up trials that run at the same time at sites around the world, that all ask complementary questions, and that are then analyzed at field-leading immunology labs and centrally reviewed, we are able to gain powerful insights much more quickly than would otherwise be possible."

— Kunle Odunsi, M.D., Ph.D., Professor and Chairman, Department of Gynecologic Oncology; Co-Leader, Tumor Immunology and Immunotherapy CCSG Program; and Director, Center for Immunotherapy, Roswell Park Cancer Institute

A KNOWLEDGE BASE THAT WILL FAST-TRACK VACCINES WITH HIGHEST POTENTIAL

The selection of CVAF-funded clinical trials will be based solely on their ability to generate novel insights that will help the field to develop more effective cancer vaccines. To position itself to generate such field-leading insights, CVAF will seek to fund clinical trials that test the most promising immune agents, pioneering combinations of agents, and novel approaches to vaccination.

To ensure that CVAF uses its finite financial resources on only the most innovative clinical trials, the CVAF trials agenda will be developed based on regular input from a broad group of more than 50 of the field's most accomplished cancer vaccine experts drawn from both academia and from the leading companies involved in cancer vaccine development.

The mission of CVAF-funded clinical trials in the Cancer Vaccine Collaborative is to:

- Produce models of successful vaccination against cancer that can help advance the entire field (i.e., novel insights into which combinations of agents and approaches to vaccination generate the best anti-cancer immune response, and why)
- Help launch a variety of new, high potential cancer vaccine products
- Ensure any trial "failures" are still highly productive for the field by generating critical insights into why failed vaccine constructs did not work and how they can be made better

THE CVAF TRIAL SELECTION AND PLANNING PROCESS

All input from CVAF's global scientific advisors as well as any inbound proposals from biopharma companies and other research institutions, will feed into a central **Coordinating and Review Committee** responsible for evaluating all prospective vaccine components available for inclusion in trials and for planning CVAF's clinical trials agenda.

This Coordinating and Review Committee, composed of an interdisciplinary group of expert cancer vaccine scientists, laboratory immunological monitoring specialists, and experienced trial design professionals, meets monthly to:

- Solicit suggestions and scientific input from the field's leading cancer vaccine experts and the globally affiliated Cancer Vaccine Collaborative investigators and scientists on potential agents/combinations to include in CVC trials
- Review and prioritize all agents available for testing in the CVC to design an innovative program of clinical trials
- Work with investigators to design protocols for new CVC trials
- Assess progress in ongoing clinical trials and address any bottlenecks or issues that may have arisen in ongoing or planned trials
- Update the CVAF clinical trial strategy as necessary to ensure the most effective possible use of CVAF (and LICR) funding

CVC Coordinating and Review Committee Membership

Lloyd J. Old, M.D., Scientific Director Emeritus, LICR; Director, LICR NY Branch of Human Cancer Immunology; Director, Scientific Advisory Council, CRI; Director, Cancer Vaccine Collaborative

Jill O'Donnell-Tormey, Ph.D., Executive Director, CRI

Jedd Wolchok, M.D., Ph.D., Director, Immunotherapy Clinical Trials, Dept. of Medicine; Associate Director, Ludwig Center for Cancer Immunotherapy; Associate Attending Physician, Melanoma-Sarcoma Oncology Services, Memorial Sloan-Kettering Cancer Center

Gerd Ritter, Ph.D., Associate Director, LICR NY Branch of Human Cancer Immunology

Jonathan Skipper, Ph.D., Executive Director, Intellectual Property & Licensing, LICR

Kunle Odunsi, M.D., Ph.D., Professor and Chairman, Department of Gynecologic Oncology; Co-Leader, Tumor Immunology and Immunotherapy CCSG Program; and Director, Center for Immunotherapy, Roswell Park Cancer Institute

Herbert F. Oettgen, M.D., Attending Physician and Member, Memorial Sloan-Kettering Cancer Center; Associate Director, Scientific Advisory Council, CRI; Chairman, Protocol Review Committee, LICR

Linda Pan, Pharm.D., Senior Manager, Clinical Trials Mgmt., Office of Clinical Trials Mgmt., LICR

Ralph Venhaus, M.D., Medical Monitor and Head of Clinical and Regulatory Affairs, Office of Clinical Trials Mgmt., LICR

Adam Kolom, Director, Cancer Vaccine Acceleration Fund, CRI

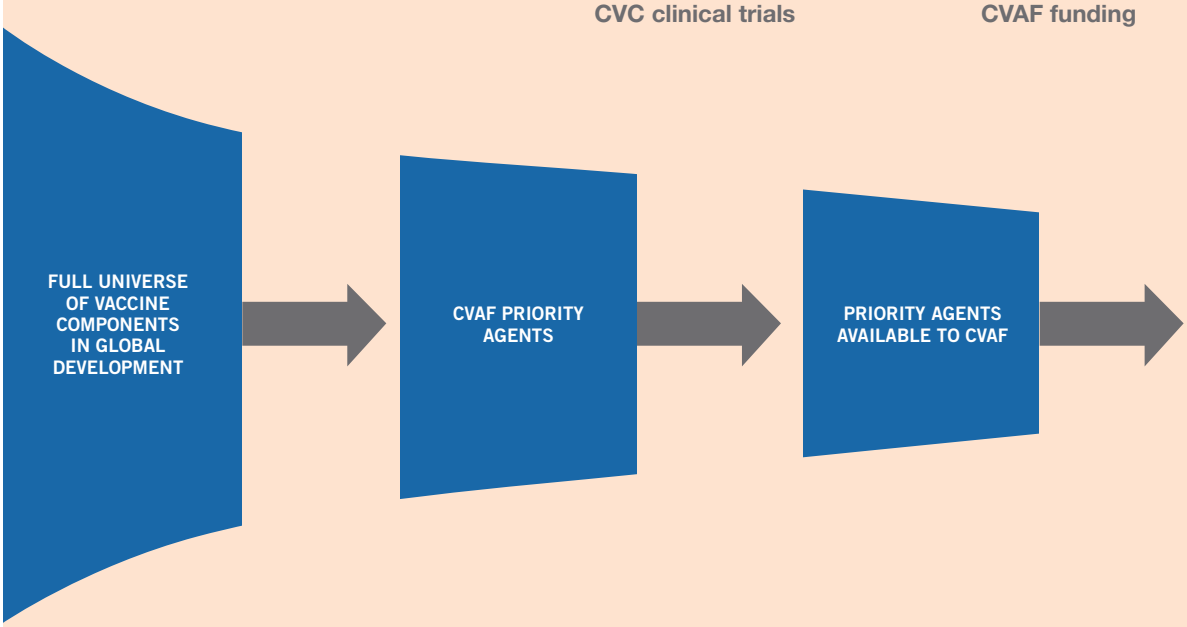
CVAF TRIAL PLANNING AND APPROVAL PROCESS

VACCINE COMPONENT SOURCING

1 **Identify the most promising vaccine components in global development**

2 **Engage with the owners of the priority agents to seek to incorporate them in CVC clinical trials**

3 **Perform due diligence on funding candidates to get board approval for CVAF funding**



Priority agents identified via:

- Scientific guidance from the CVC's central leadership and global investigators, industry leaders affiliated with CRI's Cancer Immunotherapy Consortium, and other key academic advisors
- Proactive agent screening by CRI and LICR staff
- Inbound interest from global companies and research organizations that own immune agents

CVAF and owners discuss:

- Ways CVAF can provide support (e.g., funding trial facilitation, scientific advisory, etc.)
- Potential CVC trial designs incorporating the agent(s) of interest
- Negotiations over economic terms for CVAF and access to agent for use in future CVC trials

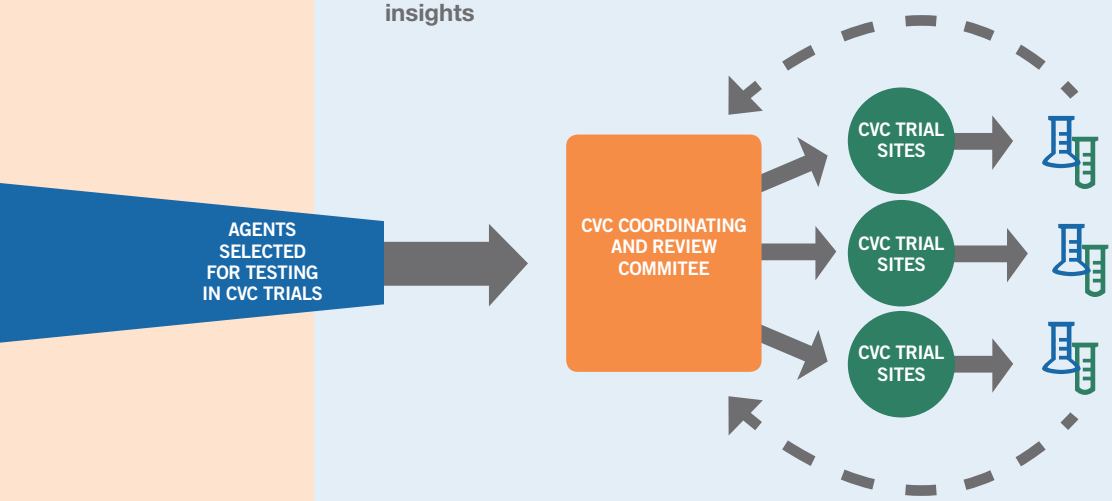
Diligence and approval steps include:

- Meetings with company management teams
- Scientific and business/ financial due diligence
- Preparation of investment memo for CVAF board
- Board vote to approve CVAF funding allocation
- Legal negotiations and creation of formal funding agreement contract between CRI and owner

ONGOING CVC CLINICAL TRIAL DESIGN AND REVIEW PROCESS

4 **CVC CRC designs leading-edge clinical trials that run in parallel and provide complementary insights**

5 **Analyze trial results and use insights to inform next generation of priority agents and clinical trial designs**



Inputs to CVC trial design include:

- Agents available to the CVC (from CVAF and LICR)
- Input from the CRI and LICR's collective group of field-leading scientific advisors
- Analysis of immunology data from completed CVC trials
- Capacity of the CVC to conduct trials
- CRI/LICR trials budget

Outputs from analysis of CVC trial data inform subsequent trial designs:

- Which combinations of agents work best?
- Which types of patients responded the best?
- If a vaccine didn't work, what did the immunological analysis show it was lacking?
- Could the overall construct benefit from changing one of the components?

TRIAL-RELATED EXPENSES ELIGIBLE FOR CVAF FUNDING

CVAF funds will primarily be used to support the costs of conducting small, early stage cancer vaccine clinical trials in the CVC. Most often, CVAF trials will be phase I or small phase II trials including 10-50 patients that are conducted at 1-2 CVC trial sites over a 1-2 year period. CVAF funds will also be used to cover certain expenses related to opportunity sourcing and diligence as well as expenses necessary to maintain the CVAF and CVC infrastructures.

Total costs for a typical CVAF-funded phase I trial will range from $1,000,000 to $1,500,000. More substantial phase I or II trials (e.g., 60-150 patients; multiple sites; longer 2-3 year trial period) might cost a more substantial $2 to $5 million to carry out. CVAF will seek to share the cost of any such larger trials with other parties. Where possible, CVAF will pay trial-related expenses directly to investigators, trials sites, laboratories or other entities involved in conducting the trials rather than provide grants directly to biopharma companies' balance sheets.

Entities eligible for CVAF funding might include biopharma companies, medical research institutions, independent investigators, or any other groups that control a priority cancer vaccine component.

CRI believes that the $25 million CVAF is seeking to raise will be sufficient to conduct between 15 and 20 additional phase I/II clinical trials over a five-year period.

ILLUSTRATIVE ELIGIBLE EXPENSES

Trial preparation:

- Production of clinical grade agent (i.e., the experimental vaccine to be administered to patients) including production of raw materials, manufacture of biological agents, vialing, storage, and other similar production expenses
- Certain costs related to facilitating trial protocol design

Direct trial expenses:

- Cost of patient medicines
- Costs of doctors, nurses, and other treatment staff involved in the clinical trial
- Reimbursement for patient participation in trials
- Laboratory materials and research staff
- Trial data collection, management, and statistical analysis
- FDA-required clinical and source verification monitoring

Deal related expenses:

- Legal, accounting, and other outside counsel

Infrastructure expenses:

- Cost of additional trial management resources required for certain trials
- Grants to central immunological monitoring laboratories
- Certain other costs associated with maintaining the CVAF, CVC, and LICR trials management operational infrastructures

WHAT WILL BE THE IMPACT OF THE CVAF STRATEGY?

1 MORE PROMISING NEW VACCINE COMPONENTS IN CLINICAL DEVELOPMENT

CVAF's funding and turnkey support for early stage clinical trials will increase the number of promising immune agents under clinical evaluation in the CVC and seed the field's early stage pipeline.

2 BETTER DATA ON IMMUNE RESPONSE

The CVC's advanced immunological monitoring of these agents will generate data not typically captured in phase I trials, providing a more detailed understanding of the types of immune responses each agent induces and how strong those responses are relative to other agents.

3 ENHANCED INSIGHT INTO WHICH VACCINE AGENTS AND COMBINATIONS WORK BEST

Centralized review of the data gathered in CVC trials will enable the identification of some of the best agents, combinations of agents, methods of vaccine delivery, and other variables.

4 INDUSTRY-WIDE DEVELOPMENT OF MORE PROMISING MULTI-COMPONENT VACCINES

Identification of the most effective agents and vaccine designs will allow all stakeholders in the field to focus their financial investments and development efforts on the multi-component vaccine formulations with the most scientific promise and the greatest chance of success.

THE CUMULATIVE RESULT:

BETTER VACCINES FOR MORE TYPES OF CANCER, BROUGHT TO MARKET SOONER.

Therapeutic cancer vaccines with the potential to achieve substantial tumor regression and lifelong control of cancer will be designed, developed, and brought to market in a much shorter timeframe than what would occur in the absence of CVAF and the CVC.

JOINING INVESTMENT FUND BEST PRACTICES WITH FIELD-LEADING SCIENCE—THE ESSENCE OF THE CVAF MODEL

Return to Contents Page

MAXIMIZING CVAF'S LONG-TERM IMPACT THROUGH ECONOMIC RETURN

CVAF-funded clinical trials will be designed to generate invaluable scientific insights into vaccine optimization; however, these investments will also lead to the continuous refinement of potential cancer vaccine products—vaccines that could hold significant economic value should they demonstrate the ability to achieve clinical benefit.

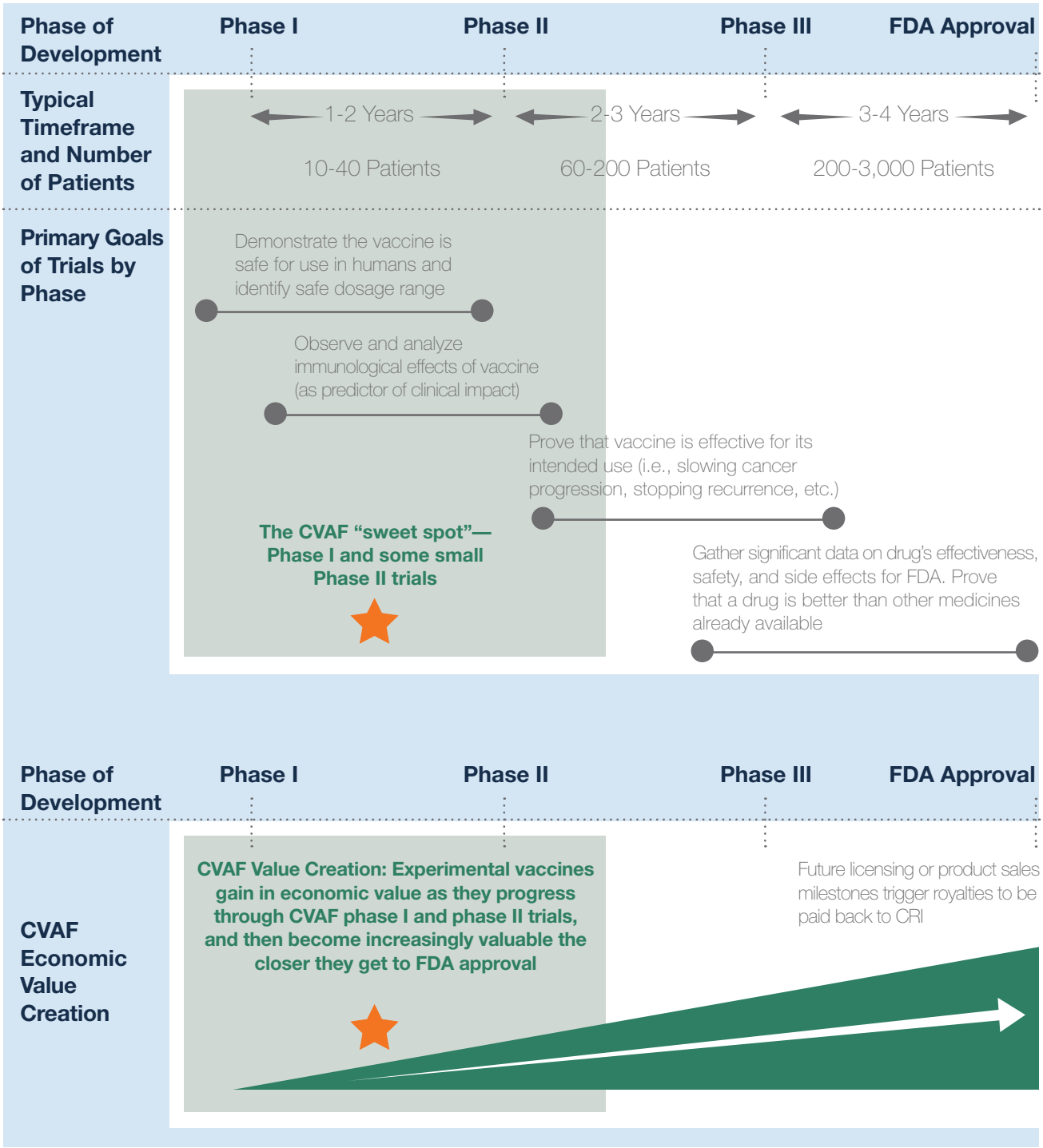
As such, CVAF will seek to structure all of its investments in a manner that will position Cancer Research Institute to share materially in any future economic value created as a byproduct of the clinical research and development that it funds. Any returns from CVAF investments will be reinvested in cancer immunotherapy research, greatly magnifying the potential impact of each donor dollar raised.

It is important to emphasize that CVAF's primary objective will be to gain access to the best immune agents so that it can study the most cutting-edge cancer vaccines possible in Cancer Vaccine Collaborative clinical trials. While CVAF will aim to create the potential for a return to CRI with each investment, the primary focus will be on maximizing the portfolio's 'scientific return' rather than its financial gains.

A Purely Scientific Agenda
CVAF's investment decisions will be driven solely by the aim to advance its scientific mission to expedite development of highly effective therapeutic cancer vaccines

With Philanthropic Upside
CVAF will structure all of its investments to ensure that CRI is able to share in any future economic value created as a byproduct of its scientific research

ECONOMIC VALUE CREATION AS A BYPRODUCT OF CVAF TRIALS



STRATEGIES TO GENERATE A PHILANTHROPIC RETURN

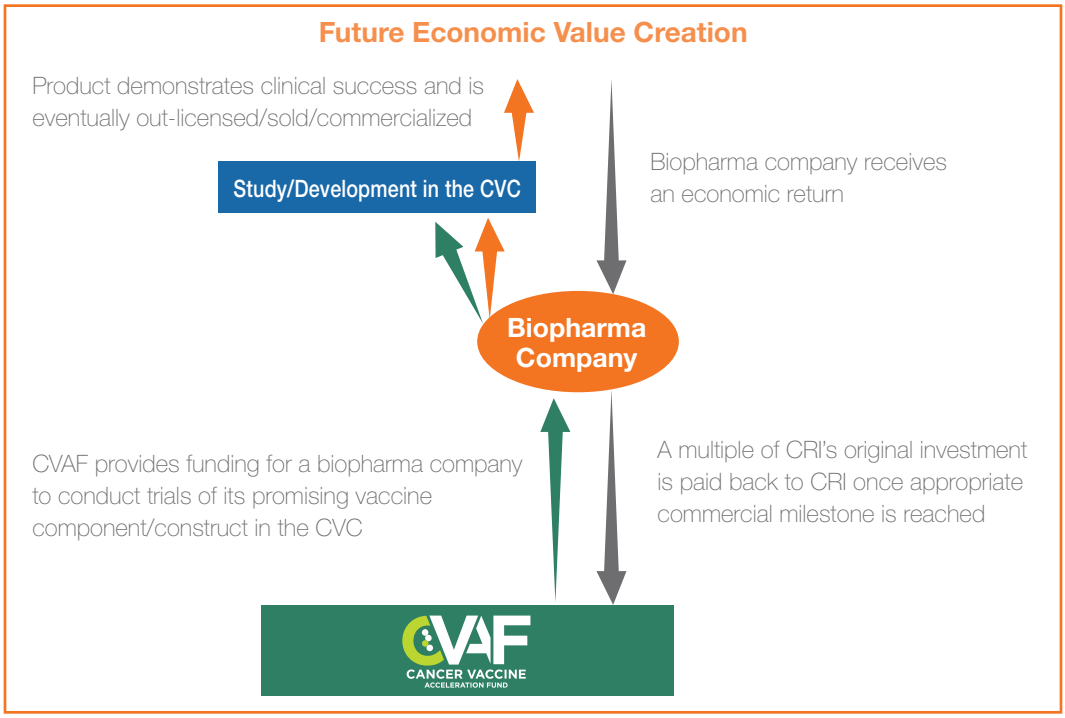
Given the significant economic value that may eventually be created as a byproduct of CVAF's funding and active support for clinical trials, with each investment CVAF will aim to position itself to share in any such future returns. In order to achieve this, CVAF will use at least one (and oftentimes both) of two principal strategies:

STRATEGY 1: NEGOTIATED ROYALTIES FROM THIRD PARTIES

Most CVAF-funded trials will incorporate agents or constructs that are owned by biopharma companies or other third party organizations. In return for providing both funding and active support for the early stage development of their products, CVAF will negotiate for rights to future royalties should a supported product successfully reach certain significant development milestones, such as FDA approval or a substantial sale of the product. In all cases, CVAF will seek terms for a potential future return on investment equal to at least three to five times its initial award, and potentially higher (depending on the unique dynamics and circumstances of each deal). Additionally, CVAF will aim to structure terms for an incremental return to CVAF should a supported product become extremely successful once it reaches market, and an up-front payment should a supported product be sold or out-licensed (for a fee) prior to FDA approval. In some cases, CVAF may opt to structure its royalties as a percentage of a product's future net sales or net income instead of as a series of capped lump sum payments.

CVAF has elected to structure its returns using future royalties in lieu of equity or debt securities for two important reasons. Firstly, for accounting reasons, equity or debt securities can adversely affect a public charity's operational "efficiency ratios," which are important for CRI's overall ratings with independent charity evaluation services such as Charity Navigator, and therefore might be detrimental to CRI's broader public fundraising efforts. Secondly, by accepting a return structure that is non-dilutive, non-interest bearing, and with payments typically deferred until the time when a product can become profitable for a biopharma company, CVAF funding represents a highly attractive source of capital for young and mature companies alike, reducing the chances that financial considerations will obstruct CVAF's ability to achieve its philanthropic mission—to catalyze development of new, high-promise vaccine products and to improve the CVC's access to the most promising immune agents for clinical study.

ILLUSTRATIVE FLOW OF FUNDS: STRATEGY 1



STRATEGY 2: DIRECT CRI OWNERSHIP OF EXPERIMENTAL CANCER VACCINES

In many situations, CVAF will be able to negotiate for additional access to a company's agent in return for the financial support it provides. Through these discussions, CVAF will seek to obtain non-exclusive licenses or other forms of contractual access to promising vaccine components for discretionary use by CRI and LICR in future CVC vaccine trials. Such licenses will help to ensure continuity of access to high-potential agents so that the CVC can iteratively refine the vaccine combinations it tests and continuously improve them.

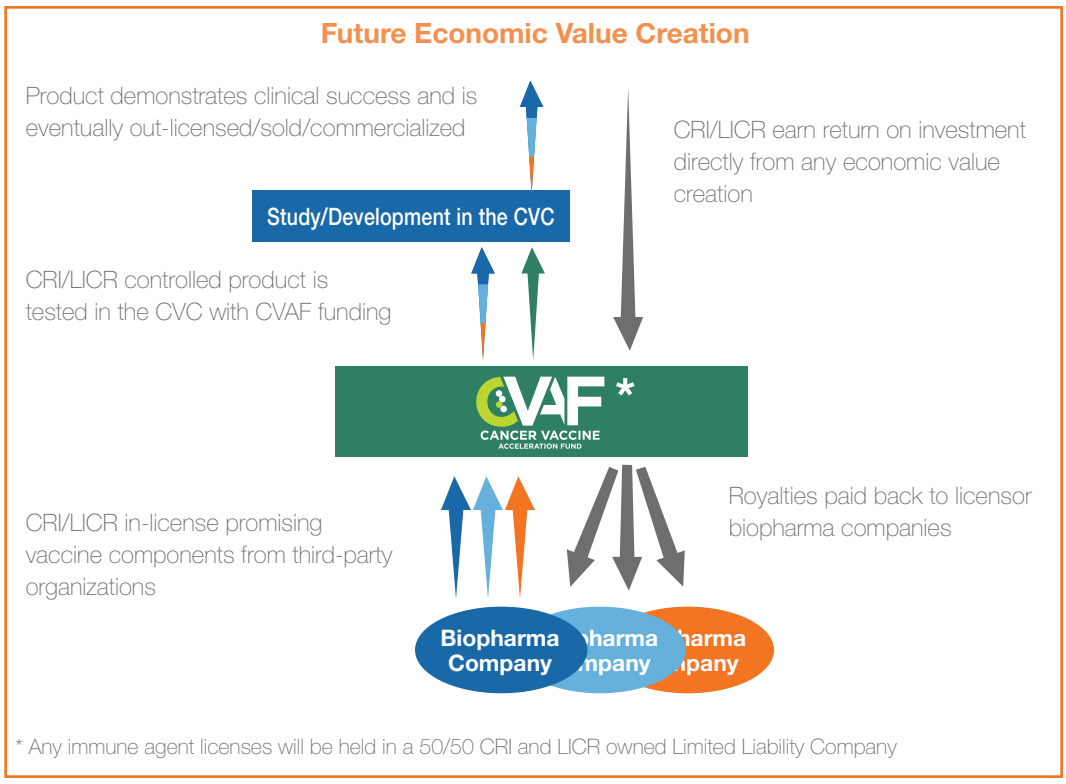
Licenses to such agents will be housed in a new intellectual property holding company that will be 50 percent owned by CRI and LICR, named the Cancer Vaccine Acceleration Company, LLC. This new partnership holding company will serve as a critical enabler of the CVC research program and is representative of the significant value both the Cancer Research Institute and the Ludwig Institute for Cancer Research provide to make possible the CVAF strategy to accelerate cancer vaccine development. At its outset, this partnership and the CVC will immediately benefit from sub-licenses to a valuable portfolio of cancer vaccine intellectual property currently owned by LICR, including one of the highest potential cancer antigens discovered to date, NY-ESO-1.

The CVC may choose to include any such "in-house" controlled agents in future CVC clinical trials at its own scientific discretion (contractual access permitting) as it seeks to identify the most effective cancer vaccine constructs possible. Should a clinically promising combination that includes CRI/LICR controlled agents be identified, CVAF (in partnership with LICR) will pursue standard avenues to ensure that later-stage development of any promising vaccine products is able to continue. (See Note 1)

As such, any future commercial value generated by such a CRI/LICR-owned construct would accrue directly to the two organizations (and would be split 50/50 by CRI and LICR after netting off any royalties owed to third parties). Should such an "in-house" vaccine product achieve clinical proof of principle, the economic value that might be returned to CRI could be substantial. For example, a comparable public cancer vaccine company with no approved products and two therapeutic cancer vaccine candidates in late-stage clinical trials has achieved a market capitalization in excess of $4.5 billion in advance of FDA approval.

Note 1: CVAF funding would likely be insufficient and is not intended to be used for later stage product development. As such, in order to help an "in-house" product progress through late stage clinical trials, CRI and LICR would consider options including, but not limited to • out-licensing the combination product • taking on a significant co-development partner or partners • a full sale of the product • or, spinning out the combination product into a new, stand-alone for-profit company which would be independently managed and funded with outside capital.

ILLUSTRATIVE FLOW OF FUNDS: STRATEGY 2



EXPECT TO BE TREATED LIKE AN INVESTOR

In order to ensure the most effective and efficient use of its donor funds, CVAF will approach immune agent sourcing, biotech contract negotiation, and portfolio management in highly similar fashion to its for-profit, venture capital investor counterparts.

PROFESSIONAL DUE DILIGENCE AND CONTRACT NEGOTIATION

Any third-party organizations in consideration to receive CVAF funding to conduct a clinical trial in the CVC will be subject to detailed scientific, business, and legal due diligence:

Scientific diligence. The central CVC Coordinating and Review Committee (CRC) is responsible for evaluating all available scientific data in making decisions about which agents to pursue for inclusion in the CVC trials program. Representatives from both CVAF and the CRC will meet with all interested companies to review the scientific basis for the product under consideration.

Business diligence and commercial term negotiation. Together, CVAF's director and the CVAF subcommittee from the CRI Board of Trustees represent more than a century of for-profit investment experience and expertise in business diligence. All third party companies in consideration for CVAF funding will be subject to a detailed review of their financial and managerial strength to ensure that funded products will be well positioned for ongoing development. Commercial terms will be negotiated on a case-by-case basis, but will target a minimum return on capital of 3x in the case that a product achieves commercial success. Any capital CVAF elects to provide to third parties will be structured as a milestone-driven contract to protect CVAF's committed capital.

Legal diligence and licensing. All licensing and intellectual property negotiations will be led by CVAF's management team and LICR's director of the Office of Licensing and Intellectual Property. Together this group has significant experience in agent licensing, technology transfer, and commercial term negotiations. CVAF also retains outside legal counsel for further advice on deal terms and contract structure. This legal firm represents one of the most experienced legal offices in the world in "venture philanthropy" transactions, having completed more than 70 non-profit investment transactions similar to the ones contemplated by CVAF.

ACTIVE PORTFOLIO MANAGEMENT

By virtue of CVAF's access to the collective global networks, vaccine intellectual property, and scientific expertise of both the Cancer Research Institute and the Ludwig Institute for Cancer Research, it will be well positioned to construct a high-quality portfolio of experimental vaccines to test and develop in the CVC clinical trial program. All promising investigational cancer vaccines developed in the CVC will be actively supported by the CRI and LICR's global resources to help facilitate execution, foster success, and cultivate follow-on investment once the product reaches the stage of development at which CVAF funding becomes insufficient (likely at or around phase II trials).

INTERACTIVE DONOR EXPERIENCE AND IN-DEPTH COMMUNICATION

CVAF will provide donors a high degree of transparency into the fund's operations, investment decisions, and progress as well as a window into one of the most pioneering areas of cancer therapy development. CVAF donors may elect to listen in on certain discussions at CVC CRC clinical trial planning meetings, and may be given opportunities to preview exciting data generated in CVAF-funded trials. CVAF donors will be invited to participate in quarterly CVAF management calls as well as an annual meeting held in New York City that will provide updates on the scientific progress in the program and in the field, data on the performance of cutting-edge vaccines under CVC investigation, clinical success achieved, and the perspectives of field-leading oncology investigators involved in the program. Additionally, a summary of the scientific rationale and the business diligence findings for each CVAF investment will be documented in a professional investment memo that will be available to all CVAF donors.

CRI BOARD APPROVAL REQUIRED FOR ALL CVAF INVESTMENTS

The CVAF sub-committee of the CRI Board of Trustees will review all supporting documentation and provide final approval before CVAF makes any investments.

CVAF COLLABORATION OPPORTUNITIES

In addition to the significant synergies that come from the partnership between CRI and LICR, where possible, CVAF will further strive to share trial expenses with a variety of other potential partners.

Cancer-specific charities. Because cancer vaccines represent a new class of therapy applicable to a broad variety of cancers, where possible, CVAF will aim to collaborate and share trial expenses with other cancer charities affiliated with the cancer population for which a particular vaccine is being developed. By funding CVC trials, other charities can expand their support into clinical development in a turnkey fashion without undertaking the significant investment that would be necessary to replicate the CVC infrastructure.

Pharmaceutical companies. CRI and LICR maintain a regular dialogue with most of the leading biopharmaceutical companies active in the cancer vaccine space. To date, CRI and LICR have already struck numerous collaboration agreements with companies to conduct mutually interesting trials in the CVC. With the creation of CVAF, CRI and LICR will now be even better positioned than ever before to establish new drug development partnerships and to share the costs of certain CVC trials with industry.

Government programs. CRI believes that in certain cases it may become possible to share funding with National Cancer Institute programs, including certain programs established through its new Translational Research Working Group that correspond directly to CVAF's proposed area of focus.

GOOD FOR THE FIELD, GOOD FOR DONORS, AND GOOD FOR PATIENTS.

CVAF takes the power of two world-class organizations and a global clinical trials network and unites them into a collaborative engine that will accelerate cancer vaccine development and refinement. It merges the best of non-profit and for-profit thinking. It is based on thoughtful strategy. It has the support of the right people to make it work.

This is the value it will deliver to the field:

- Significant funding to move promising cancer vaccine components from the lab into early stage clinical trials and to encourage development of agents that might otherwise be kept "on the shelf"
- Turnkey clinical trial design, management, and analysis to help companies gather the data they require to seek FDA approval while ensuring the deepest possible immunological analysis of different agents and combinations of agents
- Intercompany coordination to bring the most promising vaccine components together
- A global program of parallel, research-driven trials designed to continually test different combinations of agents and vaccination strategies in order to help guide industry's efforts to develop the most safe and effective cancer vaccines possible

This is the value it will deliver to donors:

- Opportunity to become a critical early backer of a revolutionary new class of cancer treatments at a time when success is finally within reach
- Immediately provide some of the most promising cancer vaccines ever developed to patients in need (via clinical trials)
- Potential for significantly magnified and extended philanthropic impact through future returns on CVAF investments
- Highly selective screening process driven by the field's leading cancer vaccine experts and supported by professional due diligence
- Maximum leverage for each donor via partnership with LICR, use of the CVC infrastructure, and potential for substantial collaboration with other organizations.

But, most importantly, for patients, CVAF delivers a truly priceless value—hope for a world free of the fear of cancer.

CONTACT AND GIVING INFORMATION

Cancer Research Institute
One Exchange Plaza
55 Broadway, Suite 1802
New York, NY 10006

All CVAF contributions should be made payable to Cancer Research Institute, but will be earmarked for specific use for the CVAF program.

There are a variety of special designations and funding structures available to donors interested in making a philanthropic investment in CVAF. If you are interested in becoming a CVAF donor-investor, please reach out to the CVAF staff for more information.

All donations to CRI are fully deductible for federal or state tax purposes to the extent allowed by law.

Please visit our web site at www.cancerresearch.org/CVAF

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