



GATEWAY
FOR CANCER RESEARCH

**ANNUAL
REPORT
2024**

OUR IMPACT

240

CANCER CLINICAL TRIALS FUNDED WORLDWIDE

8,900+

PATIENTS ENROLLED IN GATEWAY-FUNDED STUDIES

70+

ACTIVE STUDIES FOR CANCERS OF ALL TYPES

\$115M

INVESTED FOR INNOVATIVE CLINICAL TRIALS

100%

OF EVERY DOLLAR DIRECTLY FUNDS CANCER RESEARCH

30+

YEARS OF PRACTICE-CHANGING DISCOVERIES



ABOUT GATEWAY

ACCELERATING TOMORROW'S CANCER TREATMENTS TODAY

At Gateway for Cancer Research, we're redefining what's possible in cancer care. As one of the only nonprofits solely dedicated to funding Phase I and Phase II clinical trials, we stand at the frontline of cancer research innovation, where groundbreaking discoveries transform from possibility to reality.

Our approach is uniquely powerful. We focus exclusively on early-phase clinical trials—the critical first steps where new treatments meet human care. By funding these pivotal Phase I and II trials, we're accelerating the development of promising therapies, pushing them from the laboratory to the patient's bedside with unprecedented speed and precision.

What sets us apart is our commitment to immediate impact. We've pioneered the implementation of decentralized trials, breaking down traditional barriers to patient participation. Through innovative technologies like telemedicine, we're making cutting-edge treatments accessible to patients wherever they are, whenever they need them.

Our partnerships with leading clinician-scientists are carefully cultivated to maximize potential breakthroughs. These brilliant minds aren't just following established paths—they're creating new ones. From novel drug discoveries to innovative applications of existing treatments, our researchers are pursuing the most promising avenues in cancer care, including preventative strategies that could stop cancer before it starts.

The impact speaks for itself. More than 30,000 patients and families have benefited from Gateway-funded clinical trials, each representing a step forward in our understanding of cancer treatment. We've maintained an unwavering focus on patient-centered research, ensuring that every study we fund has the potential to directly improve lives.

Our vision extends beyond traditional treatment models. We support research that pairs conventional therapies with evidence-based complementary approaches, creating comprehensive treatment strategies that address both the disease and the patient's quality of life. This holistic perspective reflects our understanding that effective cancer care must consider the whole person, not just the diagnosis.

Through our commitment to innovation, accessibility, and scientific excellence, Gateway for Cancer Research isn't just funding studies—we're funding solutions, accelerating discoveries, and bringing hope to patients and families across the globe.

Cancer: A Global Public Health Challenge

~20 MILLION PEOPLE in the world are diagnosed with cancer annually.

In the U.S., over 2 MILLION NEW CANCER CASES will be diagnosed in 2022.

Cancer accounts for ~10 MILLION DEATHS worldwide each year, or nearly one in six deaths.

This year it is estimated that more than 600,000 AMERICANS WILL DIE FROM CANCER.

FROM THE DESK OF THE CHAIRMAN

From the very start, Gateway for Cancer Research has been advancing remarkably innovative and inspiring early phase cancer clinical trials. Each is unique in its design, aim and patient audience. However, all clinical trials funded by Gateway serve to give patients what they need and want most – more time, better quality of life and HOPE...real hope!



I'm humbled to say that, thanks to our faithful donors, Gateway has been a vital funding catalyst for some of the world's most promising investigator-initiated phase I and II cancer clinical trials. These trials come directly from brilliant physicians who are in the trenches of fighting cancer every day. To date, Gateway has invested more than \$115 million in 240 clinical trials for virtually all types of cancer that affect men, women and children. That alone makes Gateway unique, but what I'm most proud to say differentiates Gateway is our unwavering commitment to the patients we have the privilege of serving.

Since Gateway's inception, we have maintained a requirement that the research we fund is ALWAYS and ONLY about the patient. Their safety; physical, mental and emotional well-being; and treatment experience always comes first. This is because we see their participation in this vital research as nothing short of a gift. Without them, we'd never know whether new ideas for treating cancer work. Without them, we'd never be able to fill the arsenals of oncologists with newer, safer and better treatment options. Without them, we'd have to forfeit the chance to take the fear out of a cancer diagnosis. And without you, our generous donors, none of this incredible work and the life-changing discoveries it yields would be possible!

While Gateway only funds early phase cancer research, it has always sought to push the boundaries. In addition to funding research for all cancers, including some of the rarest types, Gateway was among the first to launch decentralized clinical trials that enable patients to participate without ever having to leave their communities – sometimes without having to leave their homes. Now, Gateway is expanding its focus area once again by funding its first cancer prevention trial. Tailored to patients with a particular blood disorder that all but guarantees cancer, this overwhelmingly successful trial is showing incredible results and, quite literally, taking the fear out of cancer diagnosis for this cohort of patients. That's incredible, and we couldn't do it without you!

Your faith in Gateway; your fortitude to help find, fund and further cancer research; and your friendship in this journey brings focus to our vision to *shape a world in which a cancer diagnosis is no longer feared.*

With appreciation and admiration,

A handwritten signature in black ink, appearing to read 'R.J. Stephenson'.

Richard J Stephenson

Founder & Chairman

Gateway for Cancer Research



A MESSAGE FROM THE PRESIDENT & CEO

Time is precious. It is also fleeting. For patients and families touched by cancer, nothing is more important than time.

For more than three decades, Gateway for Cancer Research has been funding vital early phase cancer clinical trials that give patients just that – more time. And by investing in studies that leverage the latest innovations and technologies, Gateway has been a global leader in speeding up the discovery, development and deployment of new cancer-fighting treatments and therapies. Research that once took years or sometimes even decades can now be done much more quickly. And thanks to decentralized clinical trials – something pioneered by Gateway-funded researchers – they can also be done more efficiently and conveniently. For patients in the throes of cancer treatment, these changes are everything! Of course, none of this meaningful work would be possible without philanthropic support.

Philanthropy is the ultimate game changer when it comes to bringing new treatments to the patients who need them TODAY! Philanthropy also is the single most impactful driver of cancer research, particularly the early phase research that Gateway exclusively funds. Without investment from individuals, corporations and foundations that embrace a shared responsibility to advance cancer care, many of the most effective treatments and therapies in place today would never have come to fruition. This is for no other reason than the fact that pharmaceutical companies and other industry sources have no incentive to invest in early phase research that, if effective, many negatively impact their bottom lines.

Two Gateway-funded clinical trials that are currently underway illustrate this fact beautifully. These include a revolutionary cancer prevention trial that is evaluating efficacy of an already-approved cancer drug to treat a rare pre-cancerous blood condition. If effective, as current trial data suggests, the treatment could thwart the eventual development of blood cancer for patients who are otherwise almost certain to develop the disease. The second is evaluating whether patients who have completed treatment for a particular type of breast cancer can scale back or discontinue medication that is currently prescribed indefinitely. A pharmaceutical company would likely never invest in research seeking to prevent or remove a patient's reliance on their medication.

These trials offer incredible hope for cancer patients, and they have potential to completely alter cancer treatment moving forward. It is ONLY because of private investment that studies like these come to life. You, our donors, are the key to ending cancer as we know it. On behalf of the doctors whose research we fund and the patients who so bravely enroll in their clinical trials, THANK YOU!

Sincerely,

A handwritten signature in black ink that reads "Natalie Stewart". The signature is fluid and cursive.

Natalie Stewart
President & CEO
Gateway for Cancer Research



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Ex Officio
PRESIDENT AND CHIEF EXECUTIVE OFFICER
Gateway for Cancer Research

Satish Tadikonda, PhD
Director
MANAGING PARTNER
Avigo Solutions

FUNDING HOPE AND HEALING

The biggest risk of never trying is never knowing what could have been achieved. Nowhere is this truer than in cancer research. At Gateway for Cancer Research, we believe the pursuit of breakthrough treatments—and even cures—is a journey worth the risk.

Every new cancer therapy starts in the lab, but at some point, bold laboratory discoveries must be tested in people. That critical step—Phase I and Phase II clinical trials—often struggles for funding because of the uncertainty and risk involved. Most organizations wait for a “sure thing.” Gateway does the opposite: we step in early, championing innovation and supporting research others won’t touch.

For over three decades, Gateway has stood out by focusing exclusively on early phase clinical trials for all types of cancer, including some of the rarest and most challenging diagnoses. By supporting these trials, we open doors to life-changing discoveries that can redefine cancer care for everyone, everywhere.

Gateway isn’t just about funding—we’re about changing how trials reach patients. We’ve pioneered decentralized clinical trials, breaking down barriers to participation by leveraging telemedicine, remote monitoring, digital consent, and even mobile nursing. These innovations ensure more patients can access cutting-edge treatments, no matter where they live.

Research is cumulative. Even trials that don’t move forward teach us something vital. Gateway uses that knowledge to take calculated risks, backed by scientific evidence, in partnership with visionary clinicians, brave patients, and compassionate donors. The result is HOPE and healing for patients today and the foundation for tomorrow’s therapies.

Since 1991, Gateway has invested more than \$115 million in over 240 clinical trials, reaching more than 30,000 patients and families worldwide. These trials have changed the standard of care at top hospitals and contributed to new FDA-approved treatments that improve and save lives—all while ensuring the patient remains at the center of every decision.

Because of the generosity of those who understand the value of early phase research, Gateway is helping shape a world where a cancer diagnosis is met with HOPE, not fear.

- Awarded \$117,494,044
- 8,900 men, women & children served
- Funded 240 clinical trials
- Invested in 30+ pediatric-specific trials
- \$19.62 cost per patient/ per day in a Gateway- funded trial
- Advanced 25+ international grants in the following locations:

- | | |
|------------|--------------|
| -Australia | -Israel |
| -Canada | -Italy |
| -Germany | -Spain |
| -India | -Switzerland |
| -Ireland | -Uruguay |



31 YEARS FUNDING RESEARCH FOR ALL CANCER TYPES

NUMBER OF GRANTS BY CANCER TYPE

- 24.3% Blood
- 12.8% Breast
- 12.3% Solid Tumors
- 9.4% Brain/Nervous System
- 6.8% Prostate
- 4.7% Colorectal
- 4.3% Lung
- 4.3% Pancreatic
- 3.0% Head & Neck
- 2.6% Kidney
- 2.6% Sarcoma
- 1.7% Melanoma
- 1.7% Ovarian
- 0.9% Gynecologic
- 1.3% Cervical
- 0.9% Gastroesophageal
- 0.9% Gastrointestinal
- 0.4% Anal
- 0.4% Bladder
- 0.4% Liver/Bile Duct
- 0.4% Stomach
- 0.4% Thyroid

FINANCIAL HIGHLIGHTS

FUNDRAISING REVENUE

Contributions	\$8,063,420
Special Events	\$3,320,309
Total Fundraising Revenue	\$11,383,729

RESEARCH GRANTS

Awarded Grant Funds	\$6,418,187
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ASSETS

Cash and Cash Equivalent	\$2,351,280
Pledges and Other Receivables	\$3,149,579
Investments	\$15,528,854
Prepaid Expenses	\$37,869
Interests in Limited Partnerships	\$8,350
Total Assets	\$21,075,932

LIABILITIES

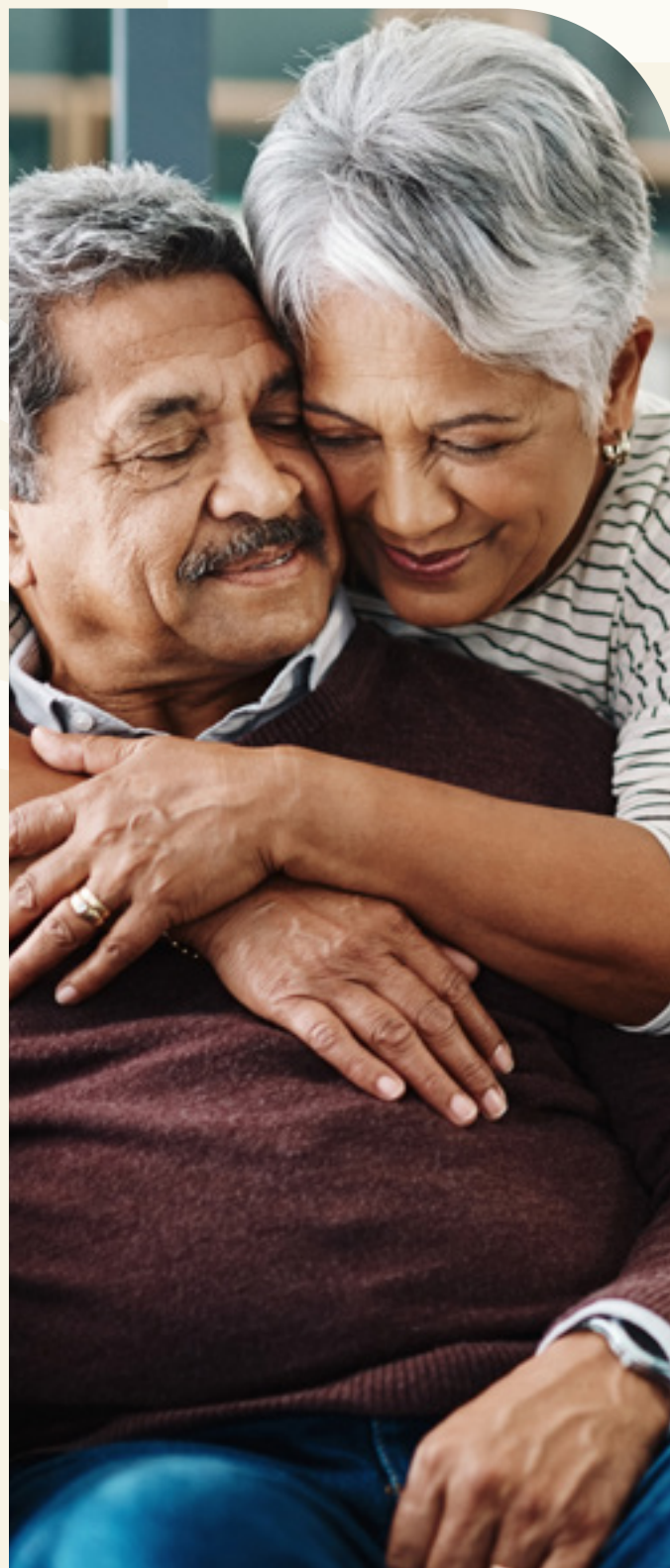
Accrued Grants	\$7,650,009
Accounts Payable	\$102,961
Other Liabilities	\$171,015
Deferred Revenue	\$22,493
Total Liabilities	\$7,946,478

NET ASSETS

	\$13,129,454
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TOTAL LIABILITIES AND NET ASSETS

	\$21,075,932
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EVENT HIGHLIGHTS



Gateway Celebrity Fight Night 2024

Gateway Celebrity Fight Night drew actors, entertainers, athletes, philanthropists, and leading medical professionals to raise funds for early-phase cancer trials.

Event highlights included Michael Bublé, GRAMMY Award winning singer, headlining the event, with additional performances by *Fight Song* singer-songwriter Rachel Platten, and *NSYNC members Chris Kirkpatrick and Joey Fatone, who also served as the evening's emcee. The event also featured appearances by 16-time Grammy Award winning producer David Foster, singer-songwriter Katharine McPhee; Pro Football Hall of Fame member and cancer advocate Calvin Johnson Jr.; comedian and celebrity auctioneer Caroline Rhea, and more.

Dallas Cowboys quarterback Dak Prescott was honored with the Mary Brown Stephenson Award in recognition of his commitment to colon cancer research through his Faith Fight Finish Foundation. Prescott established the nonprofit organization in honor of his mother, Peggy Prescott, who lost her battle in 2013. The focus of FFF has since expanded to also help individuals, families and communities

overcome adversity by focusing on mental health and suicide prevention.

Guests were presented with the incredible story of John DiClemente, who enrolled in Dr. Yoshie Umemura's Gateway-funded clinical trial after being diagnosed with glioblastoma multiforme, one of the deadliest and most treatment-resistant cancers, in September 2021 and at that time was given 16 months to live. There are no current FDA-approved treatments that have succeeded in significantly extending patients' lives beyond a few extra months.

As a result of this trial, DiClemente is now 39 months past his diagnosis and is considered a long-term survivor. He credits the clinical trial with saving his life, giving him hope, and enabling him to enjoy life with his family.

2024 Gateway Celebrity Fight Night

April 27, 2024

GUESTS
600+

PROCEEDS
Raised More Than
\$3 Million





33rd Annual Cures Gala

Gateway for Cancer Research held its 33rd annual Cures Gala on October 26 in Barrington Hills, Illinois, bringing together supporters and innovators on a mission to change the future of cancer care. This special night wasn't just about raising money—it was about HOPE, breakthroughs, and the people fighting cancer every day.

Music legend David Foster led the night's entertainment, joined by singers Pia Toscano, Matteo Bocelli, and Daniel Emmet, each wowing the crowd with their voices. Joey Fatone, known from *NSYNC, kept the energy high as the evening's host.

One of the most moving moments was honoring Dr. Lawrence Piro, President and CEO of The Angeles Clinic and Research Institute, with the Mary Brown Stephenson Award for his leadership and dedication to new cancer treatments.

Thanks to the generosity of sponsors and guests, the 2023 Cures Gala raised over \$3 million. Every dollar goes toward groundbreaking early-stage cancer trials—real progress that gives patients more time, better lives, and new HOPE.

Year after year, the Cures Gala isn't just a glamorous night out. It's a celebration of brilliant clinicians, courageous patients, and everyone working together to bring us closer to a world without cancer.

33rd Annual Cures Gala

October 26, 2024

GUESTS
200+

PROCEEDS
Raised More Than
\$3 Million

FUNDED RESEARCHERS AND CANCER TYPES

Boston Children's Hospital

Dr. Alexandra Carey
PEDIATRIC BLOOD

Cedars-Sinai

Dr. Yuan Yuan
BREAST

Children's Hospital Los Angeles

Dr. Fariba Navid
PEDIATRIC SARCOMA

Dr. Alan Wayne
PEDIATRIC LEUKEMIA

City of Hope

Dr. Christine Brown
BRAIN

Cleveland Clinic

Dr. Miriam Cremer
CERVICAL

Columbia University

Dr. Ryan Moy
STOMACH

Dana-Farber Cancer Institute

Dr. Toni Choueiri
KIDNEY

Dr. Suzanne Forrest
PEDIATRIC SOLID TUMORS

Dr. Heather Parsons
collaboration with NCI/SPORE
BREAST

Dr. Andrew Place
PEDIATRIC BLOOD

Dr. Rizwan Romee
HEAD AND NECK

Dr. Jonathan Schoenfeld
HEAD AND NECK

Dr. Sara Tolaney
BREAST

Duke University Cancer Center

Dr. Rachel Blitzblau
BREAST

Dr. Nicholas DeVito
COLORECTAL

Emory University School of Medicine

Dr. Craig Hofmeister
MULTIPLE MYELOMA

Geneva University Hospital

Dr. Nicholas Mach
HEAD AND NECK

George Mason University

Dr. Emanuel Petricoin
BREAST

Icahn School of Medicine at Mount Sinai, Tisch Cancer Institute

Dr. John Levine
PEDIATRIC BLOOD

Leukemia & Lymphoma Society®

Dr. Michele Redell
PEDIATRIC LEUKEMIA

Massachusetts General Hospital Cancer Center

Dr. Marcela Maus
BRAIN

MD Anderson Cancer Center

Dr. Moran Amit
SOLID TUMORS

Dr. Alisha Bent
collaboration with NCI/SPORE
COLORECTAL

Dr. Ecaterina Dumbrava
SOLID TUMORS

(cont)

Dr. Amol Ghia
SOLID TUMORS

Dr. Abhishek Maiti
LEUKEMIA

Dr. David McCall
PEDIATRIC LEUKEMIA

Dr. Pavlos Msaouel
KIDNEY

Dr. Aung Naing
SOLID TUMORS

Dr. Blessie Nelson
SOLID TUMORS

Dr. Jordi Rodon
SOLID TUMORS

Dr. Ajay Sheshadri
LUNG

Dr. Yinghong Wang
SOLID TUMORS

Dr. Shannon Westin
GYNECOLOGIC

Dr. Mark Zafereo
THYROID

Memorial Sloan Kettering Cancer Center

Dr. Gunjan Shah
LYMPHOMA

Dr. Lee Jones
SOLID TUMORS

Dr. Dana Rathkopf
PROSTATE

Dr. Wanqing Iris Zhi and the
Society for Integrative Oncology
BREAST



National Marrow Donor Program SM

Dr. Steven Devine
PEDIATRIC LEUKEMIA
Dr. Jeffery Auletta
BLOOD

Ottawa Hospital Research Institute, Canada

Dr. Rebecca Auer
GASTROINTESTINAL

Princess Margaret Cancer Centre

Dr. Gary Rodin
SOLID TUMORS

Royal Brisbane and Women's Hospital

Dr. Sarah Andersen
LEUKEMIA

Seattle Children's Hospital

Dr. Sarah Leary
PEDIATRIC BRAIN

St. Jude Children's Research Hospital

Dr. Dr. Hiroto Inaba
PEDIATRIC LEUKEMIA
Dr. Jeffery Klco
PEDIATRIC LEUKEMIA

Stanford University

Dr. Jennifer Kamens
PEDIATRIC LEUKEMIA

The James Comprehensive Cancer Center at The Ohio State University

Dr. Sameek Roychowdhury
SOLID TUMORS
ALL CANCERS
Dr. Yuanquan Yang
BLADDER

The Wistar Institute

Dr. Dario Altieri
ALL CANCERS

University of Alabama at Birmingham

Dr. James Markert
BRAIN

University Hospital, Inselspital

Dr. Adrian Ochsenbein
LEUKEMIA

University of California, San Francisco

Dr. Sabine Mueller
PEDIATRIC BRAIN
Dr. Nicholas Butowski
collaboration with NCI/SPORE
BRAIN

University of Iowa

Dr. Bryan Allen
BRAIN

University of Michigan

Dr. Nathan Clarke
BRAIN

University of Pittsburgh

Diwakar Davar
SOLID TUMORS

University of Rochester Medical Center

Dr. David Linehan
PANCREATIC

University of Texas Southwestern Medical Center

Dr. David Gerber
LUNG

University of Texas Southwestern Medical Center

Dr. Dominic Moon
HEAD AND NECK
Dr. Sangeetha Reddy
BREAST

University of Utah

Dr. Anupam Verma
PEDIATRIC LEUKEMIA

University Hospitals Cleveland Medical Center

Dr. Jordan Winter
PANCREATIC

Universitaetsklinikum Regensburg (EORTC)

Dr. Peter Hau
BRAIN

Washington University St Louis

Dr. Kelly Bolton
BLOOD
Dr. Neha Mehta-Shah
LYMPHOMA
Dr. Jeffrey Ward
LUNG (CO-FUNDING WITH THE AMERICAN LUNG ASSOCIATION)

Yale University

Dr. Ranjit Bindra
BRAIN
Dr. Isaac Kim
PROSTATE



FROM RISK TO PREVENTION A GATEWAY FUNDED TRIAL

“The consults were basically saying to just wait until it becomes leukemia and then we can treat it.”

That’s the medical advice Geri Koehler said she and her husband, Bruce Koehler, received when he was diagnosed with clonal cytopenias of undetermined significance (C-CUS), a rare pre-cancerous blood condition that leads to cancer, most commonly acute myeloid leukemia (AML), in 95% of patients. While early intervention is considered a cancer patient’s best shot at beating their disease, the idea that those with a condition that all but guarantees cancer must wait until it’s bad enough to treat is unacceptable. That’s why Gateway for Cancer Research became the sole funding source of a phase II clinical trial that aims to prevent patients with a particular form of C-CUS and a rare gene mutation from ever receiving a cancer diagnosis.

Led by Kelly Bolton, MD, PhD, a medical oncologist specializing in cancer genetics at Washington University in St. Louis, Missouri, the trial marks Gateway’s first foray into funding cancer prevention research. Using a decentralized trial model that Gateway has been championing for years, the study illustrates the organization’s patient-centric approach to cancer research. Serving those for whom there are no treatment options and leveraging technology to limit barriers to participation, Dr. Bolton’s trial is a testament to Gateway’s promise to fund the most innovative research, maximize donor investments, and ensure its work is ALWAYS and ONLY about the patient.



Bruce

A retired physician in Savannah, Georgia, Bruce recognized the importance of early cancer research and decentralized trials even before becoming a patient himself. After routine tests revealed low white blood cell counts, a biopsy uncovered an IDH1 gene mutation—an early sign of myeloid dysplastic syndrome and acute myeloid

leukemia. “There is no prescribed treatment for the clonal cytopenia,” Bruce said. “My oncologist thought about starting me on chemotherapy, but I didn’t have cancer yet.” Through a personal connection, he discovered Dr. Bolton’s clinical trial tailored for patients like him.

Now a year into the trial, Bruce’s blood counts have stabilized just below normal. With no side effects and remote participation from home, he avoids the hospital and enjoys time with his three grandsons.



Joe

Like Bruce, Joe Ragey discovered he had C-CUS through routine blood monitoring. Bone marrow studies revealed C-CUS and the IDH1 gene mutation, the same mutation as his brother, who died following a battle with AML. A retired theatre set designer and art teacher near

his home in Sunnyvale, California, Joe believes exposure to toxic chemicals in his work environment contributed to his condition.

“My diagnosis changed my life because I’ve altered what I expose myself to,” Joe said. “I eat healthier, exercise more and try to lead a clean life.” Joe has been taking part in Dr. Bolton’s Gateway-funded clinical trial for 13 months. With the study medication shipped to his home and all trial-related tests conducted by his local oncologist, Joe says he has a new lease on life.

“My blood levels were so low. If this trial didn’t exist, I know I would have slipped into myeloid dysplastic syndrome and the eventuality of AML.” But after only 30 days on the trial medication, Joe’s blood levels were back to normal. They’ve remained stable since, eliminating the constant worry that he would develop AML.



Orricia

The idea of looking forward without worry about what might happen is why Orricia Denbow, a retired banker living in St. Lucia, enrolled in Dr. Bolton’s trial. When doctors first discovered Orricia’s blood cell counts were going down, they opted to repeat testing in three

months. When counts dropped again, she knew something was wrong. She took matters into her own hands and contacted her nephew, an internal medicine doctor.

After further testing and a bone marrow biopsy, doctors discovered she had a mutation, not leukemia. Though reluctant at first to join a cancer trial without having cancer, Orricia agreed. “My doctor said she was sure the medication would help me instead of waiting five, six or seven years until I have cancer,” she said.

While the remote nature of the trial allows Orricia to stay in the Caribbean, she travels to Florida quarterly for medication and lab work. “It’s very efficient. The medication is always on time,” she said. Since enrolling, she’s experienced zero side effects and her white blood cell counts have been improving.

“I feel so good being on the trial,” she said. “Five years down the line I could have gotten leukemia, but now, really and truly, this trial is preventative. Here I am. I’m very happy.” Her message to donors: “Continue the good work; you cannot do anything better than give somebody their life back.”

To explore the full story, watch the video at GatewayCR.org/ccus



GATEWAY
FOR CANCER RESEARCH

**GATEWAY FOR CANCER RESEARCH
1449 SOUTH MICHIGAN AVENUE
SUITE 13128
CHICAGO, IL 60605**

**GatewayCR.org
888-221-2873**