Fifty years ago, the first Surgeon General’s Report on Smoking and Health’s assertion of a link between smoking and lung disease seemed startling and controversial; today it’s considered an open-and-shut case. Having recently entered our fourth decade of funding and reviewing the evidence linking nutrition and physical activity to cancer risk, we at the American Institute for Cancer Research are gratified to see the connection between lifestyle and cancer, once viewed with suspicion, now achieving greater and greater acceptance. This year, as ever, we delight in the opportunity to share some of the recent advancements in cancer understanding and prevention that you, our donors and supporters, have helped make possible.

As this annual report showcases, fiscal year 2013 saw a significant increase in the scientific evidence showing that cancer does not lie entirely beyond our individual control. We present a snapshot of the AICR research projects that are advancing the science of cancer prevention. We also introduce some of the dedicated AICR-funded researchers who are unraveling the mysteries of how cancer develops, and are enhancing our understanding of the everyday personal choices that save lives.

**In study after study, they have demonstrated the robust real-world benefits of following AICR’s cancer prevention recommendations.**

We also view this annual report as an occasion to express our deep gratitude to those of you who fuel our work through your dedication and your contributions. In partnership with all of you who join us in our vital mission, we are advancing the evidence that eating right and moving more, much like living tobacco-free, are keys to protecting yourself from cancer.
ADVANCING THE EVIDENCE

It is by funding and interpreting research about food, nutrition, physical activity and cancer that AICR builds the evidence base for its advice on reducing cancer risk. In 2013, AICR donors funded scientists who learned even more about the potential for everyday choices to save hundreds of thousands of lives each year in the United States alone.

AICR donors help support researchers who focus on the role of whole diets and overall lifestyle. This work holds little interest for the biggest research funders—conventional pharmaceutical companies. But with AICR-funded grants, these investigators are amassing the kind of impressive data that helps shape the future of cancer prevention, and secure additional support from foundations and government sources.

Summarized on the following pages are standout projects that are clarifying the many ways that what we eat, how much we move and how much we weigh affect our risk for many cancers.
Robert Chapkin, PhD  
Texas A&M University  
College Station, TX

Colorectal cancer represents a serious and ongoing health threat in the United States. Given the safety concerns associated with the use of pharmaceuticals as cancer-preventive agents, researchers are studying components of the diet as alternatives. Dr. Chapkin is studying the interactive effects of fish oil-derived n-3 polyunsaturated fatty acids and fiber in colon tumor development.

David Christiani, MD, PhD  
Harvard University  
Boston, MA

Dr. Christiani conducts research to clarify the effects of multiple factors on survival in esophageal cancer, which is rapidly increasing in incidence in the United States. To shed light on gene-environment interactions and their association with esophageal cancer, Dr. Christiani is examining DNA, serum vitamin D and other medical data in about 700 patients with the disease.

Piyali Dasgupta, PhD  
Marshall University  
Huntington, WV

Small-cell lung cancer accounts for about 15 percent of lung cancers and has a 5-year survival rate of only 5 percent. Emerging evidence shows that capsaicin, found in chili peppers, can suppress the growth of small cell lung cancer and other cancers. This study is investigating whether or not capsaicin can inhibit the spread of small-cell lung cancer to distant organs, as well as how it works. Results could lead to the development of a new nutrition-based treatment for the cancer.
Dr. DeGregori is examining why diets high or low in folate are both associated with increased cancer risk. His research is based on the hypothesis that both high- and low-folate diets impair metabolism and reduce cell fitness.

Dr. Redmond is studying a drug derived from vitamin E that selectively kills cancer cells without harming normal cells. His research aims to better understand how it works and provide important information on how the drug—which is non-toxic and can be given to patients either in their diet or in pill form—can be used as a supplement for treating metastatic cancer.

Dr. Fong is studying the relationship between zinc and genetic factors thought to be important in the development of oral cancer.

Dr. Rosenberg heads up a laboratory focusing on approaches for colon cancer prevention. Among his primary areas of research: the chemopreventive efficacy of walnuts in reducing colon cancer incidence. A current study is evaluating walnuts’ effectiveness in inhibiting the formation of precancerous lesions and tumors in laboratory models.

Patients diagnosed with glioblastoma have an average life expectancy of only 12 to 15 months. Dr. Schwartz is conducting a 12-week pilot study in patients with this type of brain cancer to test an energy-restricted ketogenic diet that has been shown to decrease tumor growth in the lab.
WHY DO CHILDHOOD CANCER SURVIVORS DEVELOP WEIGHT-ASSOCIATED HEALTH PROBLEMS?

Many adult survivors of a childhood form of leukemia called acute lymphoblastic leukemia (ALL) become obese and develop insulin resistance. To help explain why, Dr. Tonorezos is comparing the diets, eating behaviors and activity of long-term ALL survivors to those of people with no history of cancer.

“We don’t know yet if the primary problem is due to being overweight or other issues related to their cancer treatment,” she says. “We want to see, first of all, whether these patients lose weight if you address it properly, and then, if they lose weight, will it improve their health?”

Dr. Tonorezos hopes the study will lead to dietary recommendations that improve the health and longevity of ALL survivors.

CAN EATING VEGETABLES RENDER CANCER-CAUSING COMPOUNDS LESS TOXIC?

AICR grantee Sabrina Trudo, PhD, RD, studies the potential of certain plant foods to reduce cancer risk. In particular, she looks at how phytochemicals in plant foods can reinforce the body’s detoxifying enzymes that make carcinogens less dangerous.

Dr. Trudo’s AICR-funded study is exploring the impact of eating vegetables on potentially harmful compounds called heterocyclic amines (HCAs), which are formed when red meat is cooked at high temperatures. She will compare the metabolic profiles of people who have eaten a meal of meat cooked well-done alone to the profile of those who eat a meal of well-done meat along with just broccoli, just carrots and both.

“Broccoli and carrots each have their own unique profile of phytochemicals that affects HCAs in different ways,” Dr. Trudo explains. “We will be looking at metabolic changes to see whether there is a favorable change in HCAs in the vegetable groups.” Ultimately, the researcher says, understanding how vegetables affect carcinogens may help guide meal choices.
While funding today’s best scientists in the area of nutrition and cancer, AICR is working to attract rising stars to this research field. The Marilyn Gentry Fellowship Program in Nutrition and Cancer at the University of North Carolina at Chapel Hill is an important initiative to nurture up-and-coming researchers. The Fellowship, which provides funding and two years of mentoring by senior scientists, gives young investigators a running start so they can go on and win support from NIH or other large-scale funding sources.

Current Marilyn Gentry Fellow Patrick Bradshaw, PhD, applies novel statistical methods to unravel the ways weight and diet affect cancer risk and survivorship. Following up on other important studies he has led—including one recently published in the journal Nutrition and Cancer that examined various nutrients’ association with breast cancer risk—Dr. Bradshaw is investigating how physical activity at different times of breast cancer diagnosis affects a person’s prognosis. Dr. Bradshaw hopes his line of research will reveal things “that patients and survivors can employ on a daily basis to make their lives healthier.”

HURRICANE SANDY FORCES RESEARCH CONFERENCE CANCELLATION

The November 2012 AICR Research Conference on Food, Nutrition, Physical Activity and Cancer—anticipated as a 30-year celebration for the organization—was disappointingly canceled due to Hurricane Sandy’s lingering effects on air travel and communications.

The following November, the 2013 annual conference again convened the field’s leading researchers, and AICR is already enthusiastically gearing up for the 2014 meeting slated for October 29-31. (More information about the 2014 conference is available on AICR’s website, at www.aicr.org/cancer-research/conference/.)
THE CONTINUOUS UPDATE PROJECT: KEEPING THE SCIENCE CURRENT

In a time when the field of research in food, nutrition, physical activity, body weight and cancer is growing at an unprecedented rate, AICR and World Cancer Research Fund (WCRF) established the Continuous Update Project (CUP) to ensure that our Recommendations for Cancer Prevention reflect the most current scientific evidence. Built on the foundation of the AICR/WCRF report, Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective, the CUP database of scientific literature is systematically updated as relevant new research is published on the links between lifestyle and cancer risk. This living database of global cancer research—the largest of its kind—is kept up-to-date by a team of scientists at Imperial College London, led by Teresa Norat. The group maintains the database, reviews available data and prepares its findings for discussion by a CUP panel of experts.

The database is updated on a rolling basis, cancer site by cancer site, and the CUP panel judges the available research to provide advice to people on how to reduce their cancer risk. Four systematic literature reviews have been completed to date—the first ones looking at the prevention of breast cancer and colorectal cancer, and the most recent ones evaluating the state of the evidence on pancreatic and endometrial cancer prevention.
Expert Spotlight: Anne McTiernan, MD, PhD

Dr. Anne McTiernan, director of the Prevention Center at the Fred Hutchinson Cancer Research Center in Seattle, lends her expertise to the CUP panel from her perspective as a leading researcher on the health effects of body fat. Her special areas of research interest include the effects of increased physical activity and weight loss on cancer risk.

“Fat cells produce inflammation-promoting proteins and the hormone estrogen and can lead to insulin levels that are too high. These are factors that can increase cancer risk.”

- Dr. Anne McTiernan, MD, PhD
PANCREATIC CANCER CUP

The Pancreatic Cancer 2012 Report, released in fiscal year 2013, found clear and convincing evidence that many cases of pancreatic cancer can be prevented.

Specifically, the report concluded that being lean can prevent about 1 in 5 cases of pancreatic cancer cases in the United States. This means that about 23 cases per day in this country alone—some 8,300 every year—never have to happen.

The country’s leading pancreatic cancer organization, the Pancreatic Cancer Action Network, welcomed the report: “We applaud AICR and WCRF’s important work on understanding the impact of diet and weight on the incidence of diseases like pancreatic cancer,” said the organization’s president and chief executive officer, Julie Fleshman, when the report was published.

ENDOMETRIAL CANCER CUP

Three out of every five new cases of endometrial cancer in the United States are preventable, according to the most recent Continuous Update Project report.

The Endometrial Cancer 2013 Report concluded that being lean (with a BMI between 18.5 and 25) and active (participating in moderate activity for at least 30 minutes a day) could prevent 59 percent of endometrial cancer cases in this country.
AICR’s IMPACT: RESEARCH SHOWS OUR RECOMMENDATIONS WORK

AICR’s Ten Recommendations for Cancer Prevention outline steps for lowering cancer risk to support individuals in making healthy lifestyle choices while also informing health policy. The recommendations, formulated based on AICR/WCRF’s rigorous reports and updates, are being tested by independent researchers for their real-world potential to cut cancer risk, prevent cancer recurrence and also guard against chronic diseases in addition to cancer.

From recent studies, including the ones spotlighted on these pages, the conclusion is clear: Following AICR’s recommendations improves and saves lives.

Prostate Cancer Prevention
A study of more than 2,000 men diagnosed with prostate cancer suggests the risk of aggressive tumor development was almost 40 percent lower in men who followed four or more AICR recommendations compared to men who least followed the recommendations.¹

Breast Cancer Prevention
Post-menopausal women who followed at least five of AICR’s recommendations cut their risk of developing breast cancer by more than half, compared to those who followed none, a recent study suggests. The most helpful recommendations in helping women reduce their breast cancer risk: eating plenty of fruits, vegetables and whole grains; being a healthy weight; and drinking no more than one alcoholic beverage a day.²

Longer Lives for Survivors
A study that tracked nearly 2,000 women diagnosed with cancer for an average of five years found that survivors who followed at least six of AICR’s recommendations had a 33 percent reduced risk of dying during the five-year period compared to those who followed four or fewer recommendations.³

Longer Lives Through Prevention
A major study with almost 400,000 participants found that people who followed at least seven AICR recommendations had one-third the risk of dying from several diseases over a 12-year period compared to those who didn’t follow the recommendations. For cancer, following the recommendations was associated with a one-fifth reduced risk of dying from the disease.⁴

Improved Physical and Mental Well-Being for Survivors
A study of physical and mental well-being among 2,000 women diagnosed with cancer found that survivors who most closely adhered to AICR’s recommendations had improved physical functioning and mental health compared to those who followed them the least. Daily physical activity was the specific recommendation linked to improvements in physical functioning and mental health.⁵
THE MESSAGE OF PREVENTION: INFORMING PEOPLE TO REDUCE THEIR RISK

AICR’s public education programs are based on evidence drawn from both the research we fund and the conclusions drawn in our expert reports and associated updates. Considered together, the research into lifestyle choices and cancer risk points to a consistent and powerful AICR message: Making small, everyday changes can help you prevent and survive cancer. AICR develops materials to communicate this crucial information to patients and their loved ones, as well as to health professionals.
AICR’s quarterly Newsletter reached nearly 2.2 million households in 2013 with its summaries of current research on lowering cancer risk and practical advice about putting AICR’s recommendations into practice.

In 2013, AICR’s Science Now reached over 2 million people with in-depth coverage of AICR research and its impact.

AICR distributed nearly 170,000 brochures in 2013 conveying the latest cancer research findings in an easy-to-understand format. Seven brochure series were offered:

- Healthy Living for Cancer Prevention
- The New American Plate
- Facts on Preventing Cancer
- Stopping Cancer
- Cancer Survivor Series
- Healthy Eating Anytime
- Simple Steps for Physical Activity
The free CancerResource kit was developed to provide information for newly diagnosed cancer patients and their loved ones, with sections such as Questions to Ask Your Doctor, Treatment Options, Where to Find Help, and Nutrition During Treatment. Four prepared packets also are available, for breast, lung, prostate and colon cancers. For other cancers, AICR staff can promptly fill requests for customized information.

To amplify the reach of AICR’s critical messages on cancer prevention and survivorship, we offer our materials to health professionals at a substantial discount for bulk purchases. The AICR Health Education Catalog, highlighting current brochures, toolkits, tear sheets and health aids reached over 99,000 dietitians, nurses, doctors, health educators and community groups in 2013. And in that year, the number of AICR purchasers grew by more than 2,200.

Over 8,000 AICR supporters made living for better health and lower cancer risk a year-round priority with AICR’s unique and informative Wall Calendar in FY 2013. Featuring lush, vibrant and whimsical watercolor scenes by artist Chris Stephens along with practical advice and twelve easy-to-make, season-appropriate dishes that follow our Recommendations for Cancer Prevention, the AICR Wall Calendar helps ensure that healthy living never goes out of date.
E-PUBLICATIONS

■ eNews

AICR eNews delivers practical advice for lowering cancer risk straight to subscribers’ inboxes. The e-newsletter focuses on the take-home message from AICR’s research, and speaks to the question, “How can I start living for lower cancer risk today?” More than 371,000 people subscribed to eNews as of September 2013.

■ Health-e-Recipes

For those seeking ways to bring cancer prevention research home in the form of quick and delicious cancer-protective meals, AICR offers Health-e-Recipe. As of September 2013, nearly 53,000 subscribers were receiving the weekly recipes, developed in AICR’s Test Kitchen. All recipes meet AICR’s cancer-prevention.

■ Cancer Research Update

Cancer Research Update, a biweekly digest of current research and breaking news in the fight against cancer, spotlights the scientific study of cancer risk. The publication reached more than 16,000 people in 2013—a 32 percent surge in readership over fiscal year 2012.

■ Health@Work

The quarterly Health@Work e-publication adapts AICR’s cancer prevention message for the workplace. Health@Work, which keeps human resources and corporate wellness professionals up-to-date on relevant best practices, reached over 8,800 HR managers and wellness professionals by the end of fiscal year 2013—more than double the previous year’s readership.
At www.aicr.org, AICR offers continually updated information on its research, healthy, cancer-protective recipes and fitness tips and a host of interactive tools and resources on the science of lowering cancer risk. In 2013, AICR’s website received over 1.5 million unique visitors, up 16 percent over the previous year. Total page views in 2013 exceeded 6 million.

The AICR Blog, at www.aicrblog.org, provides a wide range of interested readers with tips, researcher profiles, AICR Test Kitchen recipes, interactive tools for lowering cancer risk and much more. Unique visits to the AICR Blog surged by 95 percent in 2013 over 2012, to more than 75,000. Total page views increased by 87 percent, to 136,000.

AICR takes advantage of the power of social media to inform people of its cancer risk reduction research and recommendations. For frequent updates from AICR, including research summaries, media statements, campaigns, feature stories and recipes, AICR invites people to follow the organization on Facebook, Twitter (@aicrtweets) and Pinterest.
CUSTOMIZED ONLINE CHALLENGE

To fight obesity, which is a cause of many common cancers, AICR has introduced a free online program to help Americans lose weight and improve their health. The 12-week program, called the New American Plate Challenge, turns AICR’s research-based recommendations into simple, practical goals designed to achieve long-term behavior change—no counting calories or calculating points.

The NAP Challenge advocates AICR’s award-winning New American Plate approach to meal planning, which shifts the proportions of the typical American meal to emphasize plant foods over animal foods. Participants receive a series of 12 weekly email challenges, each focused on a specific lifestyle goal. They also receive emails of encouragement from AICR’s registered dietitians and access to personal online journals and community forums, where they can share triumphs and hurdles while cheering each other on. Of the simple, visual approach that focuses on proportion and portion size, AICR associate director for nutrition programs Alice Bender, MS, RDN, sums up, “We know it works.”

During 2013, AICR piloted the New American Plate Challenge program with over 2,000 participants, in preparation for its January 2014 launch. **Challengers who tracked their weight and waist measurement over the program’s 12 weeks lost an average of 5 pounds and 2 inches off their waists.** Many lost much more.

AICR’s New American Plate Challenge is offered several times a year. Check [http://napchallenge.org/rsvp](http://napchallenge.org/rsvp) for the next registration period.

“This Challenge gave me the incentive to get back on track and lose the weight I gained over the last year and get active.”

– Michelle Ambrose, NAP Challenger/Cancer Survivor
AICR PROGRAMS PROMOTE EARLY START ON CANCER PREVENTION

Given that unhealthy habits learned in childhood can thwart cancer prevention efforts throughout life, AICR has begun projects to teach youngsters about reducing their cancer risk by eating smarter and moving more.

- **Toolkits Teach Kids Healthy Habits**

  Unhealthy behaviors learned in childhood work against us throughout our lives, increasing the risk for many diseases including colon, breast, prostate and other cancers. That’s why AICR, with its partner SuperKids Nutrition, has produced a series of free online toolkits with recipes, games and activities to show parents and kids that healthy foods can taste great, and that being active can be fun. The monthly toolkits—part of the “Healthy Kids Today, Prevent Cancer Tomorrow” campaign—can be found at www.aicr.org/healthy kids and superkidsnutrition.com, and on over 3,000 school websites.

- **Healthy Dessert Recipes Win Students Culinary Scholarships**

  With its partner, the Careers through Culinary Arts Program (C-CAP), AICR sponsored a “Super Foods Dessert Contest” in 2013 to encourage underserved high school seniors to bring AICR’s advice on healthy eating to life. The contest introduced students to its evidence-based guidelines on eating to lower cancer risk by asking them to create nutritious and delicious desserts featuring a variety of fruits, whole grains, seeds, nuts, spices and other plant foods.

  Recipes that won first, second and third place earned students scholarships in the amounts of $5,000, $3,000 and $2,000, respectively. The award-winning recipes, along with information about the contest winners, can be found at aicr.org/ccap.
A TRUSTED RESOURCE

Reliable, up-to-date information is critical to AICR’s cancer prevention mission. In 2013, AICR continued its efforts to reach out to specialists and consumers alike with its messages about keeping cancer at bay through everyday choices.

- **Book Chapter on Nutrition and Cancer Prevention**

AICR experts Alice Bender, MS, RDN; Karen Collins, MS, RDN, CDN and Susan Higginbotham, PhD, RD, contributed a chapter on nutrition and cancer prevention to the book *Oncology Nutrition for Clinical Practice*, published by the Academy of Nutrition and Dietetics.

- **Cancer Nutrition Guide**

AICR partnered with the LIVESTRONG Foundation and Meals to Heal to create the *HEAL Well Cancer Nutrition Guide*, a free resource in PDF format to help cancer patients and their caregivers manage nutritional issues during and after cancer treatment. The free resource is available at [http://www.aicr.org/assets/docs/pdf/education/heal-well-guide.pdf](http://www.aicr.org/assets/docs/pdf/education/heal-well-guide.pdf), or by visiting [www.LIVESTRONG.org](http://www.LIVESTRONG.org) or [www.meals-to-heal.com](http://www.meals-to-heal.com).

- **Infographics**

In fiscal year 2013, AICR turned its evidence-based advice about topics such as breast cancer prevention and obesity into eye-catching infographics that have been widely disseminated and used many times by the national media. AICR’s infographics and multimedia resources can be found at [www.aicr.org/learn-more-about-cancer/](http://www.aicr.org/learn-more-about-cancer/).
JOINING TOGETHER TO TRIUMPH OVER CANCER

AICR is committed to saving lives through our work in the lab, the clinic and the community. But to continue making strides toward defeating cancer, we count on your contributions and belief in our mission. You can join forces with us in the fight against cancer in many ways.

- **Make a Gift in Memory**
  [www.aicr.org/memorial](http://www.aicr.org/memorial)
  A memorial donation to cancer research helps advance our cancer fighting mission while making a special tribute or memorializing a friend or loved one. We notify the family of your thoughtfulness.

- **Make a Gift in Honor**
  [www.aicr.org/honor](http://www.aicr.org/honor)
  This type of donation can be made in honor of a cancer survivor or be a meaningful alternative to conventional presents for Mother’s Day, birthdays, anniversaries and other milestones. We notify honorees of your thoughtfulness.

- **Create a Tribute Webpage**
  [www.aicr.org/tributes](http://www.aicr.org/tributes)
  A tribute webpage allows you to share sentiments and photos honoring the memory of a friend or loved one while spreading AICR’s message of hope and raising funds in support of cancer fighting programs.
SO MANY WAYS TO HELP

- Planned Giving

You can support future cancer research and education through a simple bequest in your will. An attorney can help you write a simple paragraph into a new or existing will. AICR also offers many additional gift-planning opportunities.

AICR’s Office of Gift Planning can work with you or your financial advisor to help create the planned gift that works for you. You can reach an AICR gift-planning specialist by email, at gifts@aicr.org, or by phone at 1-800-843-8114.

Remembering a Full, Active Life Committed to Cancer Research

Leo J. Horgan

Mr. Horgan was 68 at the time of his death in March 2012. He had been ill for several years and was diagnosed with mesothelioma less than a year before his death. He had supported AICR for several years with small gifts and believed in cancer research.

He was a hunter and fisherman, but he really loved country music. He sang and played the steel guitar in several bands around the Topeka area. His wife preceded him in death. He had a miniature Dachshund, Daisy, that was one of the loves of his life.

Working with his attorney and his bank’s trust department, Mr. Horgan selected AICR as the beneficiary of the remainder interest of his Revocable Trust. AICR is very grateful to Mr. Horgan and his family for the generous gift.

AICR will use Mr. Horgan’s gift in its continuing efforts supporting research linking diet, nutrition and physical activity to the prevention and survival of cancer.
Endowments and Named Funds

Endowments and Named Funds allow people to directly support nutrition and cancer research throughout their lifetimes and beyond.

- **Named Endowments**
  - The AICR General Operating Endowment
  - The Coe Family Endowment
  - The Dorothy E. Ball Endowment
  - The Diana Dyer Cancer Survivor’s Nutrition Research Endowment
  - The Regina Madden Johnston Endowment
  - The Ludolf Scherprier Memorial Research Endowment
  - The Chi-Fong and Whei-Quen Hsu Yeh Endowment

- **Named Funds with the AICR Cancer Research Fund**
  - Banya Biswas Endowment Fund
    
  - Carolyn Smith Gardner Fund
  - Sharon Karpel Kleiman Memorial Fund
  - Ada Magnussen Fund
  - Gaylor Markham Fund
  - Mary Jane O’Malley Memorial Fund
  - Hilda Schmuck Fund
  - Martin Stein Memorial Fund
  - Elizabeth Valante Fund

**Cancer Fighters Gift Annuity Program**

In exchange for a gift in support of AICR’s research and education mission, a gift annuity provides you with an annual payment for your lifetime. Payments can be distributed as you wish them to be. Your annuity income tends to be favorably taxed and can be higher than that earned on an investment such as a certificate of deposit or money market account.

*Pictured above: Wes Hauck, AICR Gift Annuitant (deceased)*
Supporter Spotlight: Rosalyn Belliveau—Donor since 1983

When Rosalyn Belliveau was seven years old, she lost her grandmother to cancer. Years later, her own daughter was also touched by the disease. These experiences affected her deeply; she vowed to do whatever she could to spare other families the emotional and physical trauma that comes with a cancer diagnosis. This is why she feels so strongly about supporting AICR’s cancer research and education efforts.

Rosalyn has been an AICR donor since 1983, making small contributions annually until she decided to become a monthly donor a decade later. “I knew the amount I wanted to give and found it easiest to give in smaller increments,” Belliveau says.

In the thirty years Rosalyn has been supporting AICR she’s noticed that people are more aware and knowledgeable about cancer and its causes, and is delighted to see more survivors living full, healthy lives than ever before. She reads AICR’s Newsletter for advice on eating well and staying active.

But she knows that despite the many advances that have been made in cancer research, people are still dying and more research is desperately needed. That’s why she will keep giving to AICR, and has decided to include a bequest to AICR in her will.

Make a Monthly Gift

For some of us who want to fight cancer on an ongoing basis, the Monthly Giving Program is a good option. By setting up a recurring donation from your credit card or bank account, you can decide how much you are comfortable giving each month, and do so with ease.

To join the Monthly Giving Program, call the monthly donor coordinator at 1-800-843-8114 or go to www.aicr.org/monthly.
**Leadership Gifts—www.aicr.org/leader**
A leadership gift allows you to advance AICR’s cancer research in a way tailored to match your interest. Options include supporting a particular research project with a Restricted Research Gift; funding a fellowship in diet, nutrition and cancer or supporting Research Conference Scholarships.

**Workplace Giving**
Businesses are in a valuable position to help reach new audiences with AICR’s important message and raise crucial funds to propel our research. And a company’s charitable giving program empowers employees to make charitable gifts using payroll deduction and matching gifts. Workplaces can also host fundraisers, such as the popular “Pink on Purpose” event in which employees wear pink while raising money for breast cancer research.
SPECIAL EVENTS
Some of our donors choose to help fund cancer research by participating in, or in some cases hosting, a fun and personally meaningful event. They have raised funds by running a marathon with TeamAICR or hosting a golf, hiking or biking challenge. This type of event can be held in honor of someone battling cancer, in memory of someone who has passed away or simply to promote cancer research and education.
RECOGNITION CIRCLES

Sustainer Circle
Sustainer Circle members have supported AICR’s mission for at least 10 years. Their enduring contributions are critical to AICR’s giant strides in battling cancer.

Heritage Circle
AICR is grateful to its Heritage Circle members—those unwavering supporters who have made gifts for at least 20 years. More than 100,000 such members have steadily contributed, year after year, to help fund AICR’s continual leaps in cancer research.

Gentry Circle
The Gentry Circle, named after AICR’s founding president, Marilyn Gentry, recognizes those generous individuals, businesses and foundations that make an annual gift of $500 or more. Members enjoy special benefits and receive advanced information on AICR programs.
### The League of Willful Cancer Fighters—Giving for Tomorrow

Members of the League have made an enduring contribution to AICR by including a bequest to AICR in their will or estate plan. We are extremely honored that, as part of their legacy, these individuals have chosen to help AICR carry on its mission of hope by including us in their will, naming us as the beneficiary of their IRA or pension plan, naming us as a remainder beneficiary in a charitable trust, naming us as the owner or beneficiary of a life insurance policy or making a gift to our charitable gift annuity program. Our planned giving staff are happy to discuss any of the above arrangements with you.

Akerley Family Trust
Marie Asian
Mary Barnhart
Russel Benway
James Bowes
Mary Boyd
Celia Bradburd
T. Broaddus
Charles Brun
David H. and Betty J. Burrows
W. Cannon
Donald Carlson
Isabel Chissar
Estate of Patsie Clark
Rita Cohen
Rose Cohen
Carol Colley
Adam D’Alessandro
Frank D’Amico
Paul Dayhoof
Harold and Jan Dickerson
Marie and Omer Dumont
Kathryn Eason
Charlotte Eder
Paul Eisinger
Harold and Helen Fischler
Elizabeth Fleischman
Judith Forbes Forest

Fred Foster
Estate of Emmett France
Dorothy Ganzer
Lena Glomb
Lorraine Goranson
Elizabeth Gordon
Erma Gramse
Vivien Groody
Dorothy Hanger
Evangelina Hare
The Hal Clark Hawkins Trust
Harriett Newell Ho
Leo Horgan
Rose Ibson
Sylvia Jacobs
Helen Kingsley
Florence Knapp
Eunice Koehler
Harold Kuehn
Pamela Lampard
Alice and James Lavin
Catherine Lindsey
Lillian Lorber
Mary MacEwan
Henry Martin
José Mas
Henry Miller
Geneva Moore

Bernice Mummery
Hans Nagel
Estate of Alan Ott
Irene Owens
Constance Pace
Basil Paparone
Allen Patterson
Violet Pearson
Maurice Raymond
Shirlee Roberts
Marjory Rodgers Rice
Anna Rondello
Anne Russell
Ruth Samer
Sylvia Schatzman
Mary Schwarz
John Sellon
Mary Sienkiewich
Estate of Dwight David Slater
Vivian Spore
Toby Starr Trust
John Thornton
Mary Tilton
Harriet Troyan
T. F. Trust
Beatrice Wild
Pauline Zimmon
We are committed to advocating for cancer prevention both nationally and internationally, and are working to support the development of effective policies to help people reduce their risk of cancer and other non-communicable diseases (NCDs).

Governments, schools, employers and health professionals can all play a role in helping to shape our environments to make healthy choices. By working together, we can help make change happen.

In May, our colleagues at WCRF International successfully helped to ensure that prevention was a core component of the World Health Organization’s (WHO) new Global Action Plan for NCDs (2013-2020). WCRF International has produced the NOURISHING framework that sets out policies that governments need to be developing and implementing to promote healthier diets and combat obesity. Released to wide acclaim in 2013, it has been acknowledged by WHO as their prime source of information on policy actions to address cancer and NCDs through healthier diets.

This year we were pleased to support the Union for International Cancer Control’s World Cancer Day, which helps draw global attention to the issue of cancer. We supported a range of activities to draw attention to the myths that surround cancer and to communicate the message that we are not helpless in the face of cancer.
THERE’S STRENGTH IN NUMBERS: OUR GLOBAL NETWORK

Cancer is something that nobody likes to think about, yet one in three of us will get the disease at some point over the course of our lives.

At AICR we know you can improve these odds and reduce the risk of developing cancer. That’s why we’re not only investing in research into the relationship between cancer and food, nutrition, physical activity and weight but also research into why and how the choices we make could cause cancer. If we can solve this, we can all make changes and save lives.

We’re not just doing this here in the United States, we’re doing this across the world. AICR is proud to be part of the WCRF global network of cancer prevention charities.

By working together we can achieve much more than we could alone. We can fund more inspiring research, produce more evidence-based, clear and concise health information and save more lives by reaching more people. We can share evidence and learn lessons about what works and what doesn’t. We can pool expertise and services, saving money and avoiding duplication.

Collaborating as a network also provides us with a unified voice to speak to governments, institutions such as the World Health Organization and other policymakers around the world to influence national and international health policy to help reduce the number of cases of cancer diagnosed every year.

The other WCRF network charities are based in the UK, the Netherlands and Hong Kong and are led and unified by our umbrella association WCRF International.
## Statements of Financial Position
### September 30, 2013 and 2012

<table>
<thead>
<tr>
<th>Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$4,494,210</td>
<td>2,640,056</td>
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<tr>
<td>Accounts receivable, net of allowance for uncollectible accounts of $11,275 in 2013 and $11,163 in 2012</td>
<td>581,152</td>
<td>390,080</td>
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<tr>
<td>Due from affiliates</td>
<td>441,283</td>
<td>704,407</td>
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<tr>
<td>Bequests receivable</td>
<td>1,609,984</td>
<td>1,892,488</td>
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<tr>
<td>Investments</td>
<td>7,036,245</td>
<td>8,062,013</td>
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<tr>
<td>Prepaid expenses</td>
<td>615,714</td>
<td>842,230</td>
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<tr>
<td>Property, net of accumulated depreciation of $179,578 in 2013 and $253,259 in 2012</td>
<td>155,992</td>
<td>202,544</td>
</tr>
<tr>
<td>Beneficial interest in perpetual trust</td>
<td>386,138</td>
<td>367,892</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$15,320,718</strong></td>
<td><strong>15,101,710</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$1,103,443</td>
<td>1,679,959</td>
</tr>
<tr>
<td>Due to affiliates</td>
<td>30,277</td>
<td>23,190</td>
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<tr>
<td>Grants payable</td>
<td>2,684,139</td>
<td>2,176,528</td>
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<tr>
<td>Liabilities under charitable gift annuities</td>
<td>879,081</td>
<td>962,378</td>
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<tr>
<td>Liabilities under charitable remainder unitrusts</td>
<td>1,066,329</td>
<td>1,059,373</td>
</tr>
<tr>
<td>Accrued benefit cost</td>
<td>501,439</td>
<td>683,019</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>6,264,708</strong></td>
<td><strong>6,584,447</strong></td>
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<tr>
<td>Unrestricted net assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board designated</td>
<td>10,871</td>
<td>10,767</td>
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<tr>
<td>Undesignated</td>
<td>4,498,855</td>
<td>3,821,982</td>
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<tr>
<td><strong>Total unrestricted net assets</strong></td>
<td><strong>4,509,726</strong></td>
<td><strong>3,832,749</strong></td>
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<tr>
<td>Temporarily restricted net assets</td>
<td>3,709,948</td>
<td>3,874,720</td>
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<tr>
<td>Permanently restricted net assets</td>
<td>836,336</td>
<td>809,794</td>
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<td><strong>Total net assets</strong></td>
<td><strong>9,056,010</strong></td>
<td><strong>8,517,263</strong></td>
</tr>
<tr>
<td>Commitments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$15,320,718</strong></td>
<td><strong>15,101,710</strong></td>
</tr>
</tbody>
</table>

A complete copy of financial statements audited by KPMG, LLP, is available upon request from the American Institute for Cancer Research, Inc., 1759 R Street NW, Washington, DC 20009 or from our website at www.aicr.org/financialinfo.
## Statements of Activities
### Year ended September 30, 2013

<table>
<thead>
<tr>
<th>Public support, revenues, and gains:</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support – contributions</td>
<td>$ 18,244,265</td>
<td>1,617,852</td>
<td>8,296</td>
<td>19,870,413</td>
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<tr>
<td>Program service revenue</td>
<td>72,506</td>
<td></td>
<td></td>
<td>72,506</td>
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<tr>
<td>Affiliate service fees</td>
<td>977,424</td>
<td></td>
<td></td>
<td>977,424</td>
</tr>
<tr>
<td>List rental income</td>
<td>476,680</td>
<td></td>
<td></td>
<td>476,680</td>
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<tr>
<td>Interest income and dividends</td>
<td>90,987</td>
<td></td>
<td></td>
<td>28,827</td>
</tr>
<tr>
<td>Net gain on investments</td>
<td>238,337</td>
<td>122,752</td>
<td></td>
<td>361,089</td>
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<tr>
<td>Change in value of split-interest agreement liability</td>
<td>42,880</td>
<td></td>
<td></td>
<td>42,880</td>
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<tr>
<td>Change in value of split-interest agreement liability - trusts</td>
<td>76,767</td>
<td></td>
<td></td>
<td>76,767</td>
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<tr>
<td>Net gain on interest in perpetual trust</td>
<td>18,246</td>
<td></td>
<td></td>
<td>18,246</td>
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<tr>
<td>Other revenues</td>
<td>49,115</td>
<td></td>
<td></td>
<td>49,115</td>
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<tr>
<td>Total public support, revenues, and gains</td>
<td>20,192,194</td>
<td>1,846,198</td>
<td>26,542</td>
<td>22,064,934</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>2,010,970</td>
<td>(2,010,970)</td>
<td></td>
<td>3,821,940</td>
</tr>
<tr>
<td>Total public support, revenues, and other</td>
<td>22,203,164</td>
<td>(164,772)</td>
<td>26,542</td>
<td>22,064,934</td>
</tr>
</tbody>
</table>

### Expenses:
#### Program services:
- Research: 2,593,415
- Public health education: 11,788,711
- Total program services: 14,382,126

#### Supporting services:
- Management and general: 3,011,561
- Fundraising: 4,380,187
- Total supporting services: 7,391,748
- Total expenses: 21,773,874

#### Increase (decrease) in net assets:
- Pension related changes other than net periodic benefit costs: 247,687
- Net assets, beginning of year: 676,977
- Net assets, end of year: $3,832,749

#### Net assets, end of year:
- $4,509,726

### Year ended September 30, 2012

<table>
<thead>
<tr>
<th>Public support, revenues, and gains:</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support – contributions</td>
<td>$ 20,459,802</td>
<td>1,090,070</td>
<td>5,130</td>
<td>22,368,002</td>
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<tr>
<td>Program service revenue</td>
<td>261,846</td>
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<td>261,846</td>
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<tr>
<td>Affiliate service fees</td>
<td>1,168,848</td>
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<td>1,168,848</td>
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<tr>
<td>List rental income</td>
<td>503,648</td>
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<td>503,648</td>
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<tr>
<td>Interest income and dividends</td>
<td>116,627</td>
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<td>28,737</td>
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<tr>
<td>Net gain on investments</td>
<td>438,712</td>
<td>186,353</td>
<td></td>
<td>625,065</td>
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<tr>
<td>Change in value of split-interest agreement liability</td>
<td>(57,595)</td>
<td></td>
<td></td>
<td>(57,595)</td>
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<tr>
<td>Change in value of split-interest agreement liability - trusts</td>
<td>124,389</td>
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<td>124,389</td>
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<tr>
<td>Net gain on interest in perpetual trust</td>
<td>29,050</td>
<td></td>
<td></td>
<td>29,050</td>
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<tr>
<td>Other revenues</td>
<td>21,934</td>
<td></td>
<td></td>
<td>21,934</td>
</tr>
<tr>
<td>Total public support, revenues, and gains</td>
<td>22,913,422</td>
<td>2,242,549</td>
<td>34,180</td>
<td>25,180,141</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>1,011,358</td>
<td>(1,011,358)</td>
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<tr>
<td>Total public support, revenues, and other</td>
<td>23,924,780</td>
<td>1,231,191</td>
<td>34,180</td>
<td>25,180,141</td>
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</tbody>
</table>

### Expenses:
#### Program services:
- Research: 2,445,914
- Public health education: 13,869,647
- Total program services: 16,315,561

#### Supporting services:
- Management and general: 3,218,023
- Fundraising: 5,571,466
- Total supporting services: 8,789,489
- Total expenses: 26,105,050

#### Increase (decrease) in net assets:
- Pension related changes other than net periodic benefit costs: 91,642
- Net assets, beginning of year: 1,180,270
- Net assets, end of year: $3,832,749

#### Net assets, end of year:
- $4,509,726
### Statements of Functional Expenses

#### PROGRAM SERVICES

<table>
<thead>
<tr>
<th>Year ended September 30, 2013</th>
<th>Public health services</th>
<th>Total services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research</td>
<td>education</td>
</tr>
<tr>
<td>Grants</td>
<td>$1,745,090</td>
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<tr>
<td>Postage and delivery</td>
<td>12,236</td>
<td>2,932,704</td>
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<td>Printing and publication</td>
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<td>1,644,458</td>
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<td>Data processing</td>
<td>31,166</td>
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<td>Mailhouse fees</td>
<td>1,735</td>
<td>897,352</td>
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<tr>
<td>List costs</td>
<td>6,781</td>
<td>397,257</td>
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<tr>
<td>Salaries and director fees</td>
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<td>Professional fees</td>
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<td>Occupancy</td>
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<tr>
<td>Travel and entertainment</td>
<td>26,747</td>
<td>42,546</td>
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<tr>
<td>Benefits and payroll taxes</td>
<td>82,573</td>
<td>366,452</td>
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<tr>
<td>Pension expense</td>
<td>22,929</td>
<td>70,856</td>
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<td>Office expense</td>
<td>36,236</td>
<td>146,957</td>
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<tr>
<td>Depreciation and amortization</td>
<td>7,344</td>
<td>30,709</td>
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<td>Insurance</td>
<td>2,955</td>
<td>13,011</td>
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<td>Advertising</td>
<td>5,074</td>
<td>134,722</td>
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<td>Information technology</td>
<td>102,576</td>
<td>119,178</td>
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<tr>
<td>Conferences</td>
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<td>9,283</td>
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<tr>
<td>Interest expense</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>WCRF membership dues</td>
<td>—</td>
<td>77,320</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>9,415</td>
<td>71,540</td>
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<tr>
<td><strong>Total</strong></td>
<td>$2,593,415</td>
<td>11,788,711</td>
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#### SUPPORTING SERVICES

<table>
<thead>
<tr>
<th>Year ended September 30, 2012</th>
<th>Management and general</th>
<th>Total supporting services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research</td>
<td>education</td>
</tr>
<tr>
<td>Grants</td>
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<td>Postage and delivery</td>
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<td>Printing and publication</td>
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<td>1,854,555</td>
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<td>Data processing</td>
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<td>512,332</td>
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<td>Salaries and director fees</td>
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<tr>
<td>Professional fees</td>
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<td>2,595,190</td>
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<td>Occupancy</td>
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<td>445,392</td>
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<td>Travel and entertainment</td>
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<td>46,388</td>
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<tr>
<td>Benefits and payroll taxes</td>
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<td>353,335</td>
</tr>
<tr>
<td>Pension expense</td>
<td>26,222</td>
<td>78,865</td>
</tr>
<tr>
<td>Office expense</td>
<td>71,906</td>
<td>182,148</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>6,538</td>
<td>30,429</td>
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<tr>
<td>Insurance</td>
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<td>13,810</td>
</tr>
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<td>Advertising</td>
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<td>254,489</td>
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<tr>
<td>Information technology</td>
<td>70,582</td>
<td>79,465</td>
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<tr>
<td>Conferences</td>
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<td>15,070</td>
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<tr>
<td>Interest expense</td>
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<td>—</td>
</tr>
<tr>
<td>WCRF membership dues</td>
<td>—</td>
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<tr>
<td>Miscellaneous</td>
<td>11,575</td>
<td>79,110</td>
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<tr>
<td><strong>Total</strong></td>
<td>$2,445,914</td>
<td>13,869,647</td>
</tr>
</tbody>
</table>

#### Totals

<table>
<thead>
<tr>
<th></th>
<th>Management and general</th>
<th>Total supporting services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>$1,689,877</td>
<td>1,689,877</td>
</tr>
<tr>
<td>Postage and delivery</td>
<td>5,422,727</td>
<td>5,422,727</td>
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<td>Printing and publication</td>
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<td>2,623,831</td>
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<tr>
<td>Data processing</td>
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<td>1,107,121</td>
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<td>List costs</td>
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<tr>
<td>Salaries and director fees</td>
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<tr>
<td>Professional fees</td>
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<td>951,952</td>
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<tr>
<td>Occupancy</td>
<td>1,071,121</td>
<td>1,071,121</td>
</tr>
<tr>
<td>Travel and entertainment</td>
<td>256,723</td>
<td>256,723</td>
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<td>Benefits and payroll taxes</td>
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<td>757,460</td>
</tr>
<tr>
<td>Pension expense</td>
<td>182,456</td>
<td>182,456</td>
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<tr>
<td>Office expense</td>
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<td>424,238</td>
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<tr>
<td>Depreciation and amortization</td>
<td>64,854</td>
<td>64,854</td>
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<tr>
<td>Insurance</td>
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<tr>
<td>Advertising</td>
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<tr>
<td>Information technology</td>
<td>213,028</td>
<td>213,028</td>
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<tr>
<td>Conferences</td>
<td>58,172</td>
<td>58,172</td>
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<tr>
<td>Interest expense</td>
<td>91,116</td>
<td>91,116</td>
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<tr>
<td>WCRF membership dues</td>
<td>80,834</td>
<td>80,834</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>162,664</td>
<td>162,664</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25,105,050</td>
<td>25,105,050</td>
</tr>
</tbody>
</table>
BOARD OF DIRECTORS

CHAIRMAN
Melvin Hutson, Attorney

VICE CHAIRMAN
Lawrence Pratt, Association Executive

SECRETARY/TREASURER
Susan Pepper, Business Executive

Jeffrey Bunn, Attorney
Peter McCarty, Financial Representative
G. Allen Dale, Attorney

OFFICERS

PRESIDENT
Marilyn Gentry

CEO
Kelly B. Browning
For more than 30 years …

AICR has supported hundreds of scientists studying how everyday choices can lower cancer risk. That’s the science of hope. And it’s making a difference.