“MISSING LINK” TO REPAIRING JOINTS

LATEST ARTHRITIS RESEARCH

“6TH STRAIGHT YEAR!”

- from Charity Navigator - page 2
Funding research to cure arthritis.

This is all we do at the Arthritis National Research Foundation (ANRF). Every time we fund a research grant, we make a calculated investment in a scientist, with the hope that they will have a breakthrough discovery to find a more effective treatment and cure. Research provides this hope.

Arthritis is in my family. I’ve watched my mother and my grandmother suffer the pain and limited mobility of arthritis. Doing something concrete to help them means the world to me. The Arthritis National Research Foundation provides hope for them and others through research. The means to finding a cure is through research.

We’re the only nonprofit organization in the country focused on funding the cutting-edge research ideas of young, entrepreneurial doctors. These MDs and PhDs have innovative ideas, but limited funding to move forward. If, after a rigorous review process they are ranked among the best of the best candidates, they’ll be eligible to receive a one-year grant from ANRF to work on their idea. This enables them to move the study ahead more quickly and more in-depth.

Research is the hope for the over 50 million Americans like my mother and 300,000 children with juvenile arthritis, too. New, cutting-edge research is exciting and may be ready for testing in patients soon. With your help, we can fund research focused on alleviating the pain many are suffering.

I invite you to join us in this fight to eradicate arthritis through research. 91 cents of your donation to ANRF funds research programs. Enjoy browsing our website to learn about the current research and how you can get involved. Together, we can make arthritis a disease of the past.

Sincerely,

Shaun Skeris
President
"EXCELLENT IN RESEARCH!"
- INDEPENDENT REVIEW

The Arthritis National Research Foundation works hard to earn the trust of our donors by being careful stewards of your gifts to fund arthritis research with the best opportunities to find a cure. To ensure we are doing everything we can to work toward a cure we asked an independent panel of experts to review the organization. The panel’s review assessed both the research and researchers funded by ANRF.

This review is a long-term follow up of ANRF grants awarded and the grant recipients. ANRF is grateful for the efforts and careful examination of its methods and results evaluated by this esteemed team of reviewers.

The Reviewers: Betty Diamond, M. of The Feinstein Institute for Medical Research, Richard M. Pope, MD, of Northwestern University Feinberg School of Medicine, and David Wofsy, MD, of University of California, San Francisco.

Here are the findings of the independent review team:

- Independent Panel finds ANRF “Extremely Successful” in Fulfilling its Mission

- “The ANRF has achieved a remarkable level of success,” according to the independent report, quoted here:
  - “Quality of projects and the investigators selected considered outstanding”
  - “Grant recipients have made, and continue to make, meaningful research contributions to the field of arthritis and autoimmune research”
  - “ANRF has an outstanding record of identifying and helping young investigators to compete on a national level”

The full independent review report may be accessed on the CureArthritis.org website.

FOUR-STARS FOR SIX CONSECUTIVE YEARS
- CHARITY NAVIGATOR

ANRF has earned the highest, four-star rating from Charity Navigator for the sixth consecutive year.

Charity Navigator praised ANRF for its excellent fiscal management and its unwavering commitment to transparency and accountability. Receiving four out of four stars for six years in a row is an independent validation of its exemplary administration and commitment to their mission to cure arthritis through research.

The rating also ranks ANRF in the top three percent of U.S. charities rated by Charity Navigator; in other words, ANRF performs more efficiently than 97% of all other charities reviewed by Charity Navigator.

www.charitynavigator.org
# Financial Report 2013

## Audited Statement of Public Support, Fiscal Year Ending March 31, 2013

### Revenues and Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and bequests</td>
<td>1,070,203</td>
<td>1,516,453</td>
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<tr>
<td>Investment Income</td>
<td>591,635</td>
<td>287,385</td>
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<td>Unrealized Gain (loss) on Investments</td>
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<td>150,130</td>
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<td><strong>Total Support and Revenue</strong></td>
<td><strong>$1,661,838</strong></td>
<td><strong>$1,803,838</strong></td>
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### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
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<tr>
<td>Research</td>
<td>903,671</td>
<td>1,034,303</td>
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<td>Education</td>
<td>191,493</td>
<td>197,758</td>
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<td>Total Program Services</td>
<td><strong>$1,095,164</strong></td>
<td><strong>$1,232,061</strong></td>
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### Supporting Services

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<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
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<tbody>
<tr>
<td>Management and General</td>
<td>76,740</td>
<td>73,679</td>
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<tr>
<td>Fund Development</td>
<td>26,859</td>
<td>28,565</td>
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<tr>
<td>Total Supporting Services</td>
<td><strong>$103,599</strong></td>
<td><strong>$102,244</strong></td>
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### Total Expenses

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<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
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<tbody>
<tr>
<td>Change in Unrestricted Net Assets</td>
<td>463,075</td>
<td>469,533</td>
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<tr>
<td>Net Assets at Beginning of Year</td>
<td>7,689,422</td>
<td>7,219,889</td>
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<tr>
<td>Net Assets at End of Year</td>
<td>8,152,497</td>
<td>7,689,422</td>
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<td><strong>Total Expenses</strong></td>
<td><strong>$1,198,763</strong></td>
<td><strong>$1,334,305</strong></td>
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</table>

## Statement of Financial Position 2013

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>810,535</td>
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<td>Accrued Interest</td>
<td>13,014</td>
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<td>Investments</td>
<td>7,277,265</td>
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<td>Note Receivable</td>
<td>56,415</td>
<td>56,415</td>
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<tr>
<td>Equipment</td>
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</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$8,157,229</strong></td>
<td><strong>$7,693,675</strong></td>
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</tbody>
</table>

### Liabilities and Net Assets

#### Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>4,732</td>
<td>4,253</td>
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#### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>8,142,211</td>
<td>7,679,136</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$8,157,229</strong></td>
<td><strong>$7,693,675</strong></td>
</tr>
</tbody>
</table>
“MISSING LINK” TO REPairING JOINTS.

Denis Evseenko, MD, PhD
University of California, Los Angeles
Assistant Professor of Orthopaedic Surgery
Head, Laboratory of Connective Tissue Regeneration

Current Research Area:
1) Ontogenesis of connective tissue in humans
2) Generation of cartilage committed progenitors from human pluripotent and mesenchymal stem cells with an ultimate goal to develop new therapeutic strategies in patients with osteoarthritis.
3) Development of antifibrotic therapies for prevention of fibrocartilage formation during regeneration/repair of articular cartilage defects.
Denis Evseenko, MD, PhD, a two-year ANRF grant recipient from UCLA, led a study of stem cell researchers who tracked the early development of human joint cartilage, providing what could be a biological roadmap for therapies to repair cartilage defects and damage from osteoarthritis.

Such transformative, stem-cell based therapies could reach human clinical trials within three years, making many current knee and hip replacement surgeries unnecessary, offering patients the ability to regenerate lost cartilage and keep their bones intact.

Dr. Evseenko received ANRF funding from 2012-14 and is an assistant professor of orthopedic surgery and head of UCLA's Laboratory of Connective Tissue Regeneration.

Articular cartilage, a highly specialized tissue, protects the bones of joints from forces associated with load-bearing and impact and allows nearly frictionless motion between the areas where bone connects with other bones in a joint. Cartilage injury and a lack of cartilage regeneration often lead to osteoarthritis, which involves the degradation of joints, including cartilage and bone.

By bridging developmental biology and tissue engineering, Evseenko's discoveries represent a critical "missing link," providing scientists with checkpoints to tell if the cartilage cells are developing correctly.

"We began with three questions about cartilage development," Evseenko said. "We wanted to know the key molecular mechanisms, the key cell populations and the developmental stages in humans. We carefully studied how these cells developed, watching not only their genes but other biological markers that will allow us to apply the system for the improvement of current stem cell-based therapeutic approaches."

Stem cells are often grown using animal-based components, which help the stem cells flourish and grow, but such components can lead to unwanted variations and contamination. Evseenko's research process did not rely on any animal components, thus allowing for the potential production of therapies, such as stem cell serums, that are safe for humans.

Evseenko noted that more than one cell type is responsible for the complete regeneration of tissue, so in addition to the studies involving the generation of articular cartilage from human stem cells, he and his team are using various combinations of cells present in the joint to regenerate cartilage until the best one is found for therapeutic use.

Osteoarthritis (OA) is a degeneration of joint tissues due to aging, injury or repetitive use. It is the most prevalent form of arthritis, causing pain and debilitation for nearly 30 million Americans.

The current therapies for OA focus on easing pain only and often, as OA progresses, necessitates joint replacement surgery. Research underway, however, may preclude the need for joint replacement, stop OA's progression and possibly reverse its effects.
RESEARCH

Taking that first small step often puts us on the path to making a big difference. At ANRF we fund emerging, exemplary scientists in arthritis research. Their enthusiasm and cutting-edge ideas need that first supporting "step" to launch them towards a productive research career and a cure for arthritis.

Over the last two years ANRF has funded 26 arthritis research studies. These scientists are working on projects such as gene therapy to prevent osteoarthritis, reprogramming joint cells for a potential RA therapy, repairing cartilage in osteoarthritis joints, elucidating the risk factors for gout and so much more.

Your gift supports the work of these up-and-coming researchers, ensuring that together we will find a cure.

Grant Recipients 2012-2014

<table>
<thead>
<tr>
<th>Area of Study</th>
<th>ANRF Scientist</th>
<th>Research Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid Arthritis</td>
<td>Beatrix Bartok, MD Massimo Bottini, PhD Gonghua Huang, PhD* Damini Jawaheer, PhD* Julia Jellusova, PhD Nicole Joller, PhD George Kallolias, MD, PhD Hye-Jung Kim, PhD Subbarao Malireddi, PhD Lisa Peterson, PhD Junxia Wang, MD, PhD</td>
<td>University of California, San Diego Sanford Burnham Medical Research Institute St. Jude Children’s Research Hospital Children’s Hospital Oakland Research Institute Sanford Burnham Medical Research Institute Brigham &amp; Women’s Hospital Hospital for Special Surgery Dana-Farber Cancer Institute St. Jude Children’s Research Hospital National Jewish Health Harvard Medical School</td>
</tr>
<tr>
<td>Juvenile Arthritis</td>
<td>Scott Canna, MD Altan Ercan, PhD</td>
<td>National Institutes of Health Brigham and Women’s Hospital</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Denis Everseenko, MD, PhD Andrea Ionescu, PhD* Yingui Li, PhD* Lara Longobardi, PhD</td>
<td>University of California, Los Angeles Harvard Medical School University of Connecticut Health Center University of North Carolina, Chapel Hill</td>
</tr>
<tr>
<td>Lupus</td>
<td>Stephen Gauld, PhD* Hong Zan, PhD Julie Zikherman, MD</td>
<td>Medical College of Wisconsin University of California, Irvine UC San Francisco</td>
</tr>
<tr>
<td>Gout</td>
<td>Mara McAdams DeMarco, PhD Laurent Reber, PhD</td>
<td>Johns Hopkins University Stanford University</td>
</tr>
</tbody>
</table>

*Indicates having received two years of funding
RESEARCH GRANTS INCREASED TO $100,000

ANRF increased its annual maximum grant award to $100,000 this year in response to increasing costs in biomedical research.

For the last six years, the annual maximum ANRF research grant has been $75,000. During these years, biomedical research costs have increased approximately 7-10% annually. And, the reduction in funding by national agencies such as the National Institutes of Health coupled with the threat of further reductions due to sequestration, makes research funding even more critical.

ANRF grants enable the investigator to hire a technician/graduate student and to purchase the supplies necessary to pursue their cutting-edge idea. This "second set of hands" in the lab allows the scientist's work to proceed twice as quickly toward meaningful results.

At the Arthritis National Research Foundation we concluded that increasing grants to $100,000 would help move us closer to a cure:

- Funded investigators will be able to test and reach their conclusions even more quickly
- The pool of applicants for ANRF grants would increase
- A higher level of funding to develop a lab gets us closer to a cure. In other words, more research dollars increases the likelihood of a breakthrough and success

This year ANRF funded 12 scientists at research institutions across the U.S.

Read more about our research programs at CureArthritis.org/grants.
Arthritis Now is a web series brought to you by ANRF. The goal is to interview our scientists so they can share their knowledge with you.

Hosted by ANRF Marketing Specialist, Kyle Langan, the show brings scientific information to the public right from the scientists themselves, while also not hindering our scientists’ busy schedules. To accommodate this, each interview is recorded using Skype, allowing us to interview our scientists at their convenience and from anywhere in the world. For example, we’ve spoken to Dr. Massimo Bottini, who splits his time as an assistant professor at the University of Rome and the Sanford-Burnham Medical Research Institute in La Jolla, CA.

Visit CureArthritis.org every first and third Wednesday of the month to catch the latest Arthritis Now interview!

See what these ANRF scientists have said in their interviews:

**Paul J. Utz, MD**
Professor of Medicine
Stanford University, Stanford, CA

“What the ANRF grant really allowed me to do was start a whole new area [of research] which is now what my lab is most known for, which are protein microarrays.”

**Nunzio Bottini, MD, PhD**
Associate Professor
La Jolla Institute For Allergy and Immunology

“When I was funded I had just started my own lab and found an important gene for rheumatoid arthritis. ANRF funded the research on that gene, which allowed the science to progress in my lab and it led me to get my first federal grant.”

**Iannis E. Adamopoulos, DPhil**
Assistant Professor
UC Davis

“If we can inhibit this one molecule, then you can possibly target two different diseases [for treatment].”

Watch all the latest Arthritis Now videos at CureArthritis.org/Arthritis-Now
WORKING TOGETHER TOWARDS A CURE

Partnering to further research.

At ANRF, our goal is to cure arthritis through research. Collaborations are at the heart of successfully reaching mutual goals. If two or more partners share a common vision, you can multiply the effect that you may achieve alone. Each of our collaborative partners feels just as passionately as we do about the importance of research to find more effective treatments and cures. By working together, we can make it happen.

Cure arthritis through research. ANRF’s Community Partners share this vision, encourage their supporters and members to learn more, support ANRF and help get us closer to a cure. We are proud to partner with the following organizations to increase awareness about arthritis and that only research will lead to the cure. Each of them is working to make life better for those they serve and we appreciate their support to inform the public and support arthritis research.

Collaborative Partners (Focus of Research)
- The Sontag Foundation (Rheumatoid Arthritis)
- National Psoriasis Foundation (Psoriatic Arthritis)
- American Federation for Aging Research (Arthritis & Aging)

Community Partners
- Creaky Joints
- The Blue Ribbon Project
- Arthritis Introspective
- Life Fit Center at CSULB

Read more about our collaborative partners at CureArthritis.org/Partners
RESEARCH HIGHLIGHTS

Every research project funded by ANRF has the potential for developing new treatments based on new information uncovered. We’ve highlighted a few of this year’s funded projects underway.

Juvenile Arthritis Study

Scott Canna, MD of the National Institutes of Health, Molecular Immunology and Inflammation Branch, located in Rockville, MD, is studying a life-threatening complication of juvenile arthritis.

Macrophage Activation Syndrome (MAS) is a life-threatening complication of a number of rheumatic illnesses, particularly systemic juvenile idiopathic arthritis. It manifests as the rapid onset of severe systemic inflammation. Currently, our understanding of the causes, risk factors, diagnosis, and treatment of MAS remains very poor. Using clues from patients and animal models, Dr. Canna aims to understand how cellular defects contribute to MAS.

Dr. Canna is the 2013 recipient of The Kelly Award for Juvenile Arthritis Research and is featured in ANRF’s “Arthritis Now” interview show which can be seen at CureArthritis.org/Arthritis-Now

New Targets for RA Treatment

George Kalliolas, MD, PhD, of the Hospital for Special Surgery in New York, NY is this year’s Sontag Foundation Fellow, whose work was deemed “most promising and innovative” by ANRF’s partner in RA research, The Sontag Foundation.

Despite the progress in our understanding of RA pathogenesis, sustained disease remission is an unmet need for >50% of RA patients. The goal of this project is to identify novel therapeutic targets to stop efficiently and safely the damaging progress of RA.

Dr. Kalliolas uses novel technologies to characterize the role of synovial fibroblasts (SF) in RA pathogenesis. SF are resident cells of the normal joint that become activated in RA. Dr. Kalliolas hypothesizes that by blocking SF cells the progression of joint inflammation will be stopped. He anticipates these studies will set the stage for designing novel SF-targeting therapies, enriching the existing therapies without increasing suppression of the immune systems of RA patients.
Gout, a complex form of arthritis, is characterized by sudden, severe attacks of pain, redness and tenderness in joints, often the joint at the base of the big toe. Men are more likely to get gout, but women become increasingly susceptible to gout after menopause. Gout occurs when urate crystals accumulate in your joint, causing the inflammation, swelling and intense pain. Urate crystals can form when you have high levels of uric acid in your blood.

This year ANRF funded two studies in gout.

"The burden, risk factors, and consequences of gout in older Americans"

This is a study by Mara McAdams DeMarco, PhD, of Johns Hopkins University in Baltimore, MD.

Gout is the most common form of inflammatory arthritis and disproportionately affects adults over the age of 65; an estimated 4.7 million older adults have been diagnosed with gout in the US. There is increasing awareness that the risk factors, clinical presentation, and progression of gout differs for older adults.

To address the growing public health burden and distinct clinical aspects of gout in older adults, Dr. McAdams DeMarco’s research will estimate the number of older adults who develop gout, identify risk factors for gout in older adults, and determine the impact of gout on physical function in older adults. The findings from this research will lead to a better understanding of the burden, risk factors, and consequences of gout in older adults and will directly benefit patients and providers by characterizing this inflammatory arthritis in an understudied population.

Dr. DeMarco’s study was co-funded with ANRF collaborative partner, American Federation for Aging Research.

New Target for Gout Therapy

Laurent Reber, PhD, a second-year grant recipient from Stanford University in Stanford, CA, is studying a new treatment for gout.

Gout and pseudogout are chronic inflammatory diseases caused by the buildup of urate crystals in joints tissues. Defining which cell types in the affected joints initiate and/or perpetuate the inflammatory response induced by such crystals is an essential step towards finding more effective treatments.

Mast cells are potent pro-inflammatory immune cells which are abundant in the joints but their role in gout and pseudogout remains unknown. In this project, Dr. Reber will define mechanisms by which mast cells contribute to joint disease in mouse models of gout and pseudogout and assess whether and to what extent targeted inhibition of mast cell functions can reduce inflammation and progress of the disease.
Any Race. Anytime. Anywhere!

Racing For A Cure is a team of people around the world raising arthritis awareness and support toward finding a cure for arthritis. Fundraising from Racing For A Cure benefits the Arthritis National Research Foundation.

The Racing For A Cure team welcomes all runners, tri-athletes, walkers, bikers, and swimmers to join the team!

Participate in your next race or simply train as a Racing For A Cure team member to demonstrate your support for arthritis research. Everyone can join the team!

Team members train and race all over the United States and the world. Everyone is at their own pace; from walking a mile to running 100 miles, from your first triathlon to multiple ironmans, Racing For A Cure athletes are making a difference. Read what some of the athletes have to say below.

We hope you'll join us on this journey.

“Although arthritis attempts to dictate my life, the Racing For A Cure team gives me numerous ways to fight back! It has given me community and the confidence to call myself an athlete again.”
- Britt Johnson, Los Angeles

“When I go for a run, I am out to win a battle against rheumatoid arthritis that day. When I race for a cure, I am out to win the war! Racing For A Cure has helped me push through!”
- Wendy Nail, World Traveler

“Racing for a Cure was a cause that allowed me to give more purpose to my running. Running is a true celebration of the physical life we are given.”
- Kevin Tison, Long Beach, CA

“It’s awesome that my love of distance running also brings awareness to arthritis. Wearing my Racing For A Cure jersey gives me the extra push I need to keep going for my team.”
- Leon Long, Las Vegas

“Being on Racing for a Cure means bringing awareness and changing the face of arthritis. Young, athletic people can also battle with this disease. Wearing my jersey not only brings awareness to strangers, but the jersey also brings a sense of community with my other teammates even though we’re spread across the globe. I love being on the team and changing people’s minds about who battles with rheumatoid arthritis.”
- Aimee Espinoza, San Clemente, CA

Join the team at:
CureArthritis.org/Racing-For-A-Cure
2014 was an exciting year for Racing For A Cure as teams raised more funds for arthritis research than in any previous year. However, to top it off one special family decided to start the first ever race solely dedicated to juvenile rheumatoid arthritis and the nearly 300,000 children suffering with various forms of juvenile arthritis.

The JRA 5K was started by Tonya Robb and her daughter Ivy in an effort to raise funds and awareness for juvenile arthritis research through the Arthritis National Research Foundation. Ivy, age 14, was diagnosed with JRA at age two when her knee swelled up to the size of a grapefruit.

After years of doctors visit, medications and pain Ivy knew that she wanted to do something to make a difference. That’s when she began brainstorming with her family about what they might do.

“I’m in constant pain and sometimes there’s nothing that helps,” said Ivy. “Also, knowing there’s no cure makes it even worse. That’s why my mom and I decided to finally start fighting back by organizing the JRA 5K in Virginia, Minnesota.”

When Tonya went to her husband with the idea he couldn’t imagine how they were going to pull it off.

“I felt that putting on an event was going to be a challenge, especially in our small town,” said her husband Dan. “But I knew that if anyone could make it happen it was Tonya and Ivy, so I was going to be by their side until the end.”

With the support of the rest of their family Tonya, Dan, Ivy and her two sisters, Lily and Nadia, set out to create the first annual JRA 5K. Even with a few bumps in the road, the event was an overwhelming success.

“We are already looking forward to next year with a bigger and better event,” said Tonya, “It means so much to our family to give back and fight back against this horrible disease. If we can inspire at least a few other people to get involved and make a difference it will make everything worth it!”

Tonya, Ivy and the rest of the family have inspired us and we are looking forward to next year’s event. If they’ve inspired you please check out www.JRA5K.org and contact us if you’re interested in starting an event in your area.
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CFC #11031

Please remember us again this fall!