EXHIBIT B

EXHIBIT B

As consideration for Institution's performance of the Study, Company shall pay Institution \$16,701 per subject for the actual number of subjects who complete the Study. Company will pay for completed visits for patients that do not complete the trial, in accordance with the following payment schedule. These amounts include all applicable overheads due to Institution. Company shall also reimburse Institution for its initial IRB review and approval fee, subsequent annual IRB renewal fees, and, if applicable, fees for IRB review and approval of each material Protocol amendment.

Payment #1:

\$4,875 upon execution of this Agreement and initiation of the Study, provided that the following documents have been received by Company: (i) signed Protocol signature page; (ii) signed FDA form 1572; (iii) if not already submitted, completed "Form for Financial Disclosure by Clinical Investigators"; (iv) Curricula vitae for principal investigator and all subinvestigators; (v) IRB approval of the Protocol; (vi) IRB approval of the patient informed consent form; (vii) list of IRB voting members or their DHHS numbers; (viii) invoice for initial IRB review and approval fee; and (ix) completed W9 form and, if applicable, Form 587. This fee is non-refundable and is inclusive of overhead. Medivation also agrees to cover all IRB fees including \$1,500 not subject to overhead for the initial review. Fees will be paid upon receipt of invoice from on Institution.

Visit schedule:

Screening visits:	\$ 2,425
Baseline Visits (1):	\$ 1,755
Day 8:	\$ 1,430
Day 29:	\$ 1,580
Day 57:	\$ 1,794
Day 85:	\$ 1,677
Day 113:	\$ 1,515
Day 141:	\$ 1,515
Day 169:	\$ 1,710
Safety F/U:	\$ 1,300
	\$16,701

Company shall pay \$1,710 for the visits that will occur every 12 weeks after Day 169 until the patient leaves the trial.

Company shall pay up to \$2,425 for screen failures based upon completed procedures. Company shall pay Unscheduled visits based upon procedures completed up to \$1,333.

Company shall pay for survival follow-up visits \$130 beginning 2 months after last visits and every 2 months after as long as patient survives.

Company shall pay a one-time pharmacy set up and close out fee of \$1,300 for both pharmacies that are involved in the study (#1 & #2)

Company shall pay a monthly pharmacy maintenance cost of \$75 for each pharmacy involved in the trial.

Company shall pay \$25 to report outside AEs to the IRB

All fees are inclusive of overhead and shall be billed by the Institution.



SCHEDULE 1

Exhibit C

See Attached Master Budget inclusive of overhead

Exhibit C has been added to reflect payment for subjects as they transfer into Protocol Amendment 4. Prior to migrating, cost will remain consistent with original Exhibit B.

Company shall also reimburse Institution for subsequent annual IRB renewal fees, and, if applicable, fees for IRB review and approval of each material Protocol amendment.

Visit schedule:

Visit schedule Placebo:

Screening visits:	\$ 100
Day (1):	\$ 748
Week 4:	\$ 586
3 months:	\$ 715
6 months:	\$ 715
9 months:	\$ 715
12 months:	\$715
Safety F/U:	\$ 650
•	\$5852

Visit schedule Active:

Day (1):	\$ 878
3 months:	\$715
6 months:	\$715
9 months;	\$715
12 months:	\$715
Safety F/U:	\$ 650
•	\$4388

Company shall pay \$715 every 12 weeks until trial has completed.

Company shall pay screen failures based upon procedures completed up to \$1008.

Company shall pay unscheduled visits based upon procedures completed up to \$650.

Company shall pay for survival follow-up visits \$130 beginning after subject has completed trial and safety follow up visit and every 3 months as required per protocol.

Institution shall attempt to send bills for applicable pass-throughs within 90 days to sponsor for reimbursement.

. . .

	Screening	Day 1	Day 1	Week 4	Every 12	Every 12	Every 12	Every 12	Safety F/U ^a	Safety F/Ua Unschedule	Long-Term
	For Placebo Patients Only)	Active	Placebo		weeks Study Visit	weeks Study Visit	weeks Study Visit	weeks Study Visit		d Visit	(Every 12 Weeks) Phone call
			ioni	(For Placebo Patients Onfy)							
Window (days)	<30 days prior to Week 1			7.4	7.4	7.7	+1	7.4	7.4	n/a	*i
Inigrimed Consent	100	100						**************************************			***
Eligibility for Cross-over										1	
l herapy	020									Z	
vital Signs	ອດ	SoC	200	Soc	Soc	Soc	300	SoC	SoC	200	
und Physical exemination, Weight*	100	100	100	103	100	400	100	100	100	100	
MUGNECHO-	7.				SHALL SHALL						
Cinica, Labs*	(12)	10	2/	2/	g)	//3	ر2	7.5	C.	1.5	\$ 100 mm
ECGs	100							\$ 100 miles	STAN STAN A	000000000000000000000000000000000000000	
Adverse Events		05	50	90	90	50	09	20	3	90	
Concomnam Medications	00	30	50	50	50	50	00	95	50	50	
Study Drug Dispensing (3 bollies)		90	50		50	90	20	20			
Lind Overall Survival Assessment ^k								**************************************			100
SC/Data enligitme	150	150	150	75	125	17.0	125	125	125	125	
Pl Time	100	100	100	100	100	100	100	100	100	100	
Total	775	679	575	451	550	250	550	550	900	500	100
Overhead 30%	233	203	173	135	165	183	165	165	150	150	30
Total	1008	878	748	585	735	715	795	715	650	990	130
Placebo	1008	¥	7.48	586	715	715	716	7/15	650	650	130
Active	NA	878	NA NA	NA.	715	715	715	2115	950	650	130
			1000								

Total amount through one year plus Safety FU visit

Placebo Pt total: Active Pt total:

5851

4388

For subjects who stay on trial through WK 48 + Safety F/U

To be Involced

NCT Number NCT00974311

Account	Account Description	Dept	Fund Type	Source	PC Bus Unit	Project	Activity	Budget	Expense	Encumbrance	Pre-Encumbrance	Available Budget*	Percent Available
501000	Salary Budget	415021	442	441010	20100	4782	1	25,236.72	25,236.72	0	0	0	0
508000	Fringe Benefits Budget	415021	442	441010	20100	4782	1	7,291.08	7,291.08	0	0	0	0
510000	Other Mat & Supp Budget	415021	442	441010	20100	4782	1	12,941.72	12,941.72	0	0	0	0
524000	Sub-recipient Payments Budget	415021	442	441010	20100	4782	1	2,000.00	2,000.00	0	0	0	0
568000	Facil and Admin Budget	415021	442	441010	20100	4782	1	14,265.65	4,521.46	0	0	9,744.19	68.31
569000	Grant Restricted Budget	415021	442	441010	20100	4782	1	80.83	0	0	0	80.83	100
587000	Non-Operating Expense Budget	415021	442	441010	20100	4782	1	0	9,744.18	0	0	-9,744.18	0

Study Approved to Enroll 10

Total enrollment to Date 4 Note: Out of 4 enrolled, 2 failed screening and did not proceed to receive study treatment