Summer 2017

NEUROtransmitter

Communicating our message.

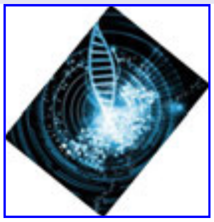
2017 BeAMYazing Reston Youth Triathlon

Feature Article

Group Photos: BeAMYazing Triatholon participants.

Now in its seventh year, the 2017 BeAMYazing! Reston Youth Triathlon reached a long-anticipated goal of raising $100,000 to support the work of CBTF. In addition, for the 2nd year, the racers have included a team of scholarship kids from Reston's Southgate Community Center. A group of South Lakes High School students coached these young children over 2 ½ months, securing pool time for practice each week, as well as the equipment (bikes, helmets, and goggles) needed to successfully complete the triathlon.

As coaches, we formed incredible bonds with amazing kids whom we would have never known otherwise. We got to see their strength and determination as they tried out a tough sport that none of them had experienced before. The best art, however, was to see how they had and how they grew as a team. *(cont. on pg. 6)*



Education and Updates for Childhood Brain Tumors

Presented by
Childhood Brain Tumor Foundation
in collaboration with Children's National

Conference Day, held on April 2, 2017 at the National 4-H Center, was supported by the Childhood Brain Tumor Foundation (CBTF) in collaboration with Children's National Health System. Speakers included morning Keynote speaker, Roger J. Packer, MD, followed by Kristina Hardy, Ph.D., Gilbert Vezina, M.D, Lisa Jacobson, Ph.D., Matthew Ladra, M.D., MPH, and afternoon keynote speaker Katherine E. Warren, M.D. CBTF Board members and Lauren Hancock, RN, MSN, CPNP-AC; Katie D. McHugh, MSN, RN; Elizabeth Leitzer, NP-C, Jessica Posner, and Kristin Donley came together to make it a great educational day. (*cont. on page 4*)

Conference Photo: Fun Activities provided.

CBTF RAISES FUNDS FOR RESEARCH

The Childhood Brain Tumor Foundation

Our ŖŘŢĬŜŚ is to support and fund basic science or clinical research for childhood brain tumors. We are dedicated to heightening public awareness of this devastating disease. and improving the quality of life for those that it affects by funding vital research initiatives.

TOGETHER

Reaching for a Cure

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BEAMYAZING RESTON YOUTH TRIATHLON

(*continued from page 1*) These scholarship participants have become an important part of the race and, likewise, the triathlon has become an incredibly speciall event for the kids. "I look forward to this every year," said one of the racers, Tsedeniya, and her teammates echoed her enthusiastically. The final racer of our group, Mohammed, reached the finish line at this year's event, while his teammates lined up to offer high fives and encouragement. Every single one of them smiled as they finished and Mohammed grinned at us saying, "I can't wait to do it again next year." The moment demonstrated the broader impact of the triathlon, begun in honor of Amy Boyle who died as a result of a Diffuse Intrinsic Pontine Glioma. These kids were embodying the triathlon's slogan: *living fit, loving life, and having fun*, which was inspired by Amy's spirit, athleticism, and love of life. In each racer, we could see the inspiration they gained from the event and in each of us on the team, coaches included, we saw a little bit of Amy in the spirit and the love for life, sport, and each other that we gained through working together.

Emily Landeryou,
Special Teams Coach & South Lakes High School Student

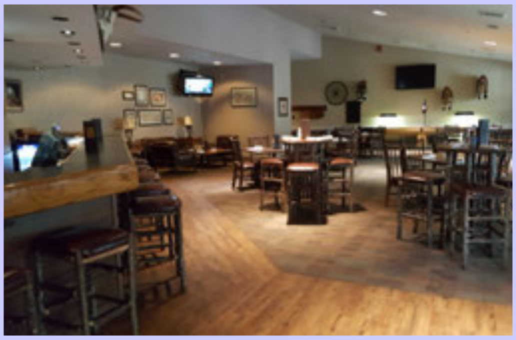
The Childhood Brain Tumor Foundation is deeply appreciative of the organizers, supporters, the Boyle family, and all of the individuals and businesses that support the BeAMYazing Reston Youth League event.

It is truly an amazing and exciting event!

Please join us for a CBTF Party!

WHEN: Sat., November 11, 2017- 7:00 PM to 11 PM
WHERE: The Pony Express Bar & Grille at Bogler Conference Center.

We look forward to seeing you at this unique venue, a great location in Potomac with entertainment and games available. Weather permitting we will also have use of the outdoor fire pits.



One important aspect of this event—we plan to recognize some nurses for their dedication to children battling brain tumors. Of course we cannot recognize all nurses, but we feel that they give a heroic effort to caring for the children. As with last year, recognition of younger researchers, we believe the nurses are an equally important group of individuals that we cannot begin to thank enough. If you are interested in helping with the event, finding sponsors or attending, email us at cbtfmd@aol.com.

Help us recognize nurses, while we raise vital funds that allow us to fund more young, brilliant investigators to encourage continuance in the field. We need you to attend to cheer nurses on in congratulating them for all that they do.

If you are interested in learning more about the Childhood Brain Tumor Foundation, Inc.,
Please contact: **E-MAIL**: cbtf@childhoodbraintumor.org or jeanneyoung@childhoodbraintumor.org (**E-mail preferred due to high volume of robo-calls**)
TELEPHONE: 877-217-4166 or 301-515-2900
Volunteers welcome!

RESOURCE CORNER

A Guide to Collaboration for IEP Teams
By: Nicholas Martin, M.A.

A Parent's Guide to Special Education
By: Linda Wilmshurst, Alan W. Brue

Meeting the Challenge: Special Education Tools That Work for All Kids
By: Patti Ralabate
National Education Association

Negotiating the Special Education Maze
By: Winifred Anderson, Stephen Chitwood ,
Deidre Hayden , Cherie Takemoto

The Complete IEP Guide:
How to Advocate for Your Special Ed Child
By: Lawrence M. Siegel

Wrightslaw: From Emotions to Advocacy
By: Peter W. D. Wright, Pamela Darr Wright

Wrightslaw: Special Education Law
By: Peter W. D. Wright, Pamela Darr Wright

Books purchased via LD Online will help support their online efforts:
http://www.ldonline.org/profbooks/c667/

UPDATE for the CBTF 5K

We are changing our game plan for our Superheroes 5K event usually held in the fall. Our event will move to the spring of 2018. Location, date, time and registration details will be available soon. Please join us in making sure young promising investigators are supported in their efforts in researching cures and advancements for pediatric brain tumors. We cannot do it without your support. Our funding for 2018 may be adjusted due to the strategic event changes. Corporate, team, and individuals sponsors are important, just as are all families and runners that love to run or care about the cause.

Education and Updates for Childhood Brain Tumors *(continued from page 1)*

Our parent patient panel did a splendid job facilitated by Lauren Hancock. The children were kept busy nearby, entertained by outstanding volunteers from Clarksburg High School, Danielle Gottlieb, Rocknoceros (an entertaining children's rock band), and the PhotoStop Booth. Colleen Snyder volunteered her time in advancing slides and recording the webinars with the help of the National 4-H Conference Center. Downstairs, the room buzzed with energy with volunteers and children playing games and doing crafts. Energy soared, especially with Rocknoceros. The children also enjoyed some time playing outside on the gloriously beautiful day.

CBTF thanks all of the speakers for sharing their expertise and for including Q & A time. CBTF is always pleased to offer Conference Day and enjoys our collaborations as we strive to provide educational opportunities to share updates and education. CBTF funds top quality research every year in support of finding a cure. Our mission since inception in 1994 has always been to fund vital research initiatives that may lead to cures, improve quality of life for the children, and to provide educational information to families. More than three million dollars have been raised to date. Webinar recordings of the two sessions Dr. Packer and Dr. Hardy are posted. Two of the other sessions were recorded and will be posted soon. Visit the CBTF website: www.childhoodbraintumor.org

Childhood Brain Tumors: The Challenges Ahead

Keynote Address *presented by* Roger J. Packer, M.D.

The goal for clinicians and researchers is to find the best therapies for children battling a brain tumor while building on current knowledge and developments. The highlight of Packer's presentation was to provide updates about molecular/genetic advances and vaccines/immunotherapy.

The molecular era is showing progress. There is a balance in finding out what will destroy the tumor while striving to give children the best possible quality of life after treatment.

Packer shared that molecular studies have helped researchers understanding that the names of tumors do not mean as much as they did in decades prior. Over time the researchers have learning that some tumor types may include as many as seven or eight different tumors, some of which may not need treatment. Pediatric brain tumors may include as many as 7-8 different tumor subtypes with some not requiring treatment. For example, medulloblastoma is no longer believed to include four subtypes; instead medulloblastoma is believed to include 11. Primitive neuro-ectodermal tumor (PNET) is no longer named as a specific tumor. It is now classified as embryonal tumors. Ependymoma is now broken into 70 different tumor types, but this discovery has not yet led to new therapies. However, the knowledge gained through molecular studies is providing information that is invaluable in the crusade to develop more effective treatment approaches.

Statistics are hard to quote; they are a guide. Understanding the tumor type influences treatment choice. Specimen sharing is now commonly done with the data and specimens providing information that will help the progression of treatment.

Education and Updates for Childhood Brain Tumors

Conference Photo: info

Genetic conditions associated with brain tumors include: Li-Fraumeni syndrome; Biallelic Mismath Repair Deficiency, NF1, NF2, Tuberous sclerosis; Nevoid basal cell carcinoma, retinoblastoma, germline 1 mutations, DICER 1 syndrome, Familial Adenomatous Polyposis, PTEN hamartomas syndrome, and Von Hippel Lindau. Clinicians now ask for a blood sample to test for genetic possibilities. They have found familial history of stomach and colon cancer can be linked to brain tumors. Colon cancer drugs can interrupt the molecular pathway in brain tumors, as shown in adults. About 10% of pediatric brain tumors are genetically inherited. Studies are underway for pediatric glioblastoma, linking laboratories with a genetic focuses together to promote greater advancements in research.

Brain stem tumor treatments have shown little to no progress in the field. However, scientists are looking at them differently and new approaches are being explored. Biopsies are being done again. The information yielded from biopsy can aid in determining better treatment choices. New hope exists due to molecular studies.

Scientists are discovering that bevacizumab, an anti-angiogenic drug, may lead to new approaches for LGG. Currently since bevacizumab is still consider a new drug, it is reserved for patients as a first line approach after relapse and is used before radiation is offered for treatment. It will take three to five years before outcomes will be known. In cases of vision loss due to tumor, some patients have regained some vision within a few weeks of treatment and tumor shrinkage.

Immunotherapy is a new and promising approach for treatment of incurable tumors. The immune system can suppress cancer. Immunotherapy may be a way to allow the body to fight the tumor by stimulating the immune system using part of the tumor. This approach may allow the immune system to fight the tumor with its own antibodies.

New research investigators only have a 7% to 12 % chance of funding from NIH. Some philanthropic and charitable groups, such as CBTF, provide encouragement to the young investigators by funding their research to ensure they continue their dedicated pursuits in finding new therapies. It is important for the brilliant young investigators to stay in the research field.
(Webinar—Patients/Families: www.childhoodbraintumor.org)

Tackling school challenges in survivors of pediatric brain tumors: Learning tools and strategies for the 21st century

Kristina Hardy, Ph.D.

Dr. Hardy provided information about late effects that occur after treatment ends. Early changes may develop sooner based on tumor location and size. After treatment ends there can be a one-year delay or longer before changes become evident. Changes seem more evident when related to school efforts, such as the child taking longer to complete tasks. Researchers are trying to improve prediction of risks.

Girls who have been through treatment tend to exhibit more cognitive difficulty than males and this is thought to be attributed to the differences in brain development because of hormone changes that happen earlier in girls.

Conference Photo: info

Other factors associated with late effects may include age at diagnosis. Younger children often experience more cognitive difficulties because there was less time to develop the brain before diagnosis. Other medical problems such as seizures, radiation treatments, and surgery may also add to cognitive problems. In the future, more will be known about the role genetics may play.

Executive functioning impacts school performance related to organizational skills, planning and using time wisely. Children do not have strong executive functioning skills. These skills are something they learn over time. Schools are not always familiar with the different challenges children with brain tumors face. Brain tumor cases are not frequently seen by educators, thus the burden falls on families to explain to school staff the issues that develop due to tumor and treatment. The parents become the experts explaining their child's challenges to the school. Schools often lack empirical support and these students do not fit the familiar pattern of ADHD. Studies have shown that students fair better when schools provide quarterly assessments versus only annual assessments.

There are structures in the brain that help a child function while performing tasks which involve connections within the brain. The network connections are responsible for helping the brain work efficiently. Radiation and chemotherapy can make it more difficult for the brain to carry signals, due to vascular damage, tissue calcification, or white matter concerns. Time management and cognitive flexibility are important. Emotional regulation is difficult because the kids are trying hard by putting in effort, but sometimes breakdown at the end of the day due to tiredness or the struggles they face during a school day. They then have no energy to regulate their emotions.

Executive functioning problems can affect a child's ability to start tasks, remember what needs to be done, long-term planning, dealing with multiple step instruction, and problem-solving in situations that are frustrating (thoughts, feelings, or behavior).

The settings where skills matter are at home, in school, social, and intrapersonal. A 504 plan or IEP is important and cognitive rehabilitation has shown to be helpful. Helpful tools may include the Smartpen, speech to text software, text-to-speech software, reading focus cards, editing apps, and internet screen organizers. Some detail was provided about cognitive training such as Cogmed$^{RM.}$ which has proven to be effective. Hardy's advice was to focus more on what to do rather than what not to do. Proactive approaches are more effective. (Webinar—Patients/Families: www.childhoodbraintumor.org)

Neuroradiology: Reading and Understanding MRI and Brain Anatomy, Gilbert Vézina, M.D., FARC
An overview was provided about how to read and understand an MRI report. Dr. Vezina explained terms associated with MRI reports and then provided a detailed anatomy lesson about the brain, area related functions and MRIs. Normal brain does not enhance with the use of contrast agents because of the blood brain barrier. Tumor does enhance because of the lack of blood brain barrier and this enhancement helps in discovering localized and disseminated tumor. Contrast agents include: Dotarem, Gadavist, Magnevist MultiHance, Omniscan, and ProHance. Diffusion imaging investigates molecular translational movement of water molecules.

An overview was provided about the difference between CT and MRI scanning. CT scans provide discrimination of soft tissues and is an excellent source for the detection of calcifications, bone, and blood. However, CT is less sensitive than MRI for tumor detection in the brain and radiation exposure is a concern. Lower grade tumors have lower cellularity and higher diffusion, whereas high grade tumors have

Education and Updates for Childhood Brain Tumors

If a tumor is ≥ 25% bigger it is indicative of tumor progression; ≥ 50% smaller indicates partial tumor response; 25-50% smaller indicates minor response; and when a tumor is 25% bigger or smaller it is consider to have no significant change. This presentation will soon be posted on the website, providing more details with MRI images.

Family Adjustment and Coping: Models and Challenges, Lisa Jacobson, Ph.D., NCSP, ABPP

Dr. Jacobson addressed scary situations and the stress responses that occur. Some are physical responses and others are psychological. Prior to the conference, we surveyed parents for comments about coping and some comments were addressed in Jacobson's presentation. Cancer and treatment is scary and response to diagnosis and the concerns ahead abound. Post-traumatic stress disorder (PTSD) symptoms include re-experiencing situations, avoidance of things that are a reminder, increased arousal, and dissociation. Based on teen cancer survivors responses one or more years post-treatment and other studies, they found that families facing childhood cancer rates of TSD are often higher in parents than the child that has the cancer.

Stress can be universal, targeted or clinical. Under the circumstances, stress is normal. Acute stress often manifests with at least one clinical symptom if not several. Stress symptoms decline over time, most in the first months after diagnosis. Partial PTSD may occur 5 years post-treatment.

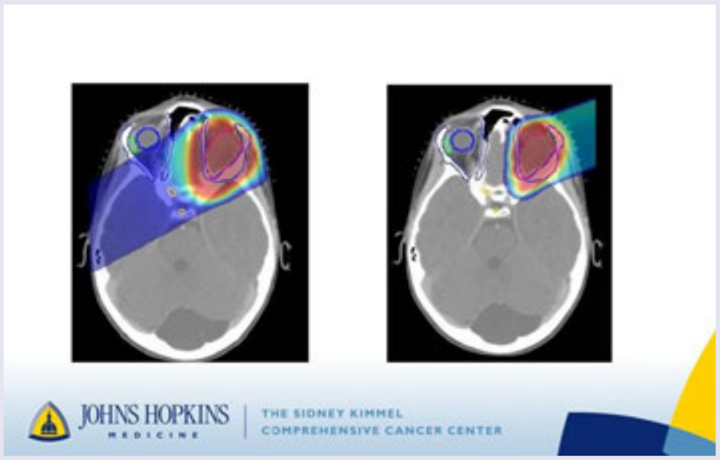
Strategies can help your child cope. Family members need to assess what helps them cope and remain calm. Talking about worries, feelings, and hopes is helpful. Keeping normalcy by continues activities that are enjoyable and doable as a family is helpful. Communication within the family often helps the family function. Self-care for the whole family by getting enough sleep, healthy food, and breaks is important.

Pediatric Radiation Oncology, Matt Ladra, M.D., MPH

Radiation damages DNA indiscriminately. However, normal tissue cells can repair DNA damage by tumor cell replication, not cell maintenance. The radiation dose to normal tissue is lower because the tumor is the target, avoiding normal sensitive structures. The cells most sensitive to radiation are in the GI tract, bone marrow, skin, and hair. Radiation causes creation of free radicals in tissue, producing DNA strand breaks. Single strand breaks are more easily repaired, whereas double strand breaks are more difficult to repair and can lead to cell death, mutations, or cancer.

During radiation high dose antioxidants should be avoided, such as vitamins A, C, and E., but multivitamins are okay. Radiation delivery systems include: Conformal (3D Radiation, Intensity-Modulated Radiation (IMRT, VMAT, Tomotherapy):

- Conformal 3D Radiation is also known as conventional radiation with static beams that have fixed blocks for shaping. IMRT involves multiple beam angles, allows for more conformal shapes, dynamic collimation, spares more normal tissue, and complex and inverse planning. VMAT and Tomotherapy beam angles are not fixed and radiation is delivered as the gantry rotates, allows more complex shapes, more normal tissue is treated but at a lower dose.
- Stereotactic Radiation (Cyberknife, Gamma Knife, and Linac-based): This approach includes 1-5 treatments and is used for small tumors. Gamma knife is for brain tumors and requires a fixed head frame.
- Protons (Passively scattered and pencil beam scanning) Protons (Passively scattered and pencil beam scanning)



Tumor Volume:
Clinical Target Volume (CTV) includes gross tumor and a margin that includes areas of subclinical disease that is not visible on imaging. Planning Target Volume (PTV) is CTV and margin differences account for setup variation (patient movement and daily set-up differences).

The early effects of radiation may occur and last days or weeks after radiation due to direct damage to cells which rapidly occurs in proliferation tissues. These damaging effects are often completely reversible. Late effects generally occur months or years after radiation treatments are complete. There is continued inflammation and/or hypoxia due to microvascular damage. Slowly damage occurs in proliferating tissues (kidney, heart, lung, liver, CNS) and damage is not completely repairable.

Photo: Conference Activity

Keynote: Drug Development for Brain Tumors:
Why It's Not So Easy
Kathy Warren, M.D

Pediatric brain tumors are a heterogeneous group of diseases. The five year survival rate by diagnosis is widely variable. Survivability is approximately 90% for juvenile pilocytic astrocytoma, 78% for medulloblastoma, 70% for low-grade glioma, 43% for ependymoma, 15% for high grade glioma, and .50% for DIPG.

There are limited approved agents available for children with central nervous system tumors and include: Everolimus (2010), Bevacizumab (2009), Temozolomide (1999), BCNU (Gliadel Wafer) (1996) and CCNU (1976). Traditional drug development begins with pre-clinical trials and advances clinically, bench to bedside. Clinically they first assess the safety and tolerability and the maximum tolerated dose (MTD) and pharmacokinetics (PK). Then activity is assessed and results are compared. For pediatric drug development the advancement to clinic occurs after safety, tolerability, MTD, and PK are assessed.

For a drug to work, the drug must be an active drug (sensitive cells), deliverable to the tumor, present in the tumor site, delivered with effective concentrations, long enough duration, and tolerable to the patient. Preclinical studies do not always inform scientists about which disease the drug may be active in. Selecting agents for clinical trials may vary based on pre-clinical studies and agents are then selected for testing in pediatric oncology. Pre-clinical studies for DIPG include cell lines and animal models. DIPG cell lines were first established in 2011 by Michelle

Photo: Conference Activity description here.

Education and Updates for Childhood Brain Tumors

Monje, MD, Ph.D, at Stanford University Currently, there are ~20 validated cell lines in the United States. A single drug screen against 4 DIPG cell lines has been developed. (Note: DIPG is a tumor type that CBTF has had an active interest in funding for more than seven years now). EGFR inhibitors were ineffective in DIPG.

The blood brain barrier (BBB) prevents 98% of drugs from entering into the central nervous system (CNS). The following factors are involved in affecting drug levels in brain tumors: BBB, drig concentration in the blood stream, protein/tissue binding, blood flow to the tumor, and diffusion of the drug in the brain parenchyma. There are drugs that will disrupt the BBB, as will regional chemotherapy, high dose therapy, and there are some drugs available that will penetrate the BBB. As Dr. Warren wrapped up her presentation she indicated that many new drugs are in development because the biology is better understood with children now recognized as a different population. Drugs are in development for specific targeting, not just targeted to tumor types.

The Childhood Brain Tumor Foundation is deeply appreciative of all speakers, the parent/survivor panel (Kristin Donley, Jessica Posner, Josh Dupuis and Carmin Gibbs), volunteers, and the collaboration of Children's National Health System in planning and sharing in making this educational conference successful in offering vital information that is helpful to families. Our volunteers for the children's activities expressed enjoyment in entertaining the children while parents could attend sessions uninterrupted. *Thank you for joining us for the conference day.* §

WELCOME
to
Alicia Gonzalez and Camden Wiseman
for joining CBTF as Ambassadors.
We look forward to working with them on events
and other survivorship items in the future.

Please support the Childhood Brain Tumor Foundation
Visit our GIVE ONLINE donation button:
https://www.givedirect.org/donate/?cid=1605

Be part of the solution in helping fund vital research initiatives
cure childhood brain tumors!

In Honor of

Ella Day
Jackson Dundon
Tal Hughes
Alicia Gonzalez

Beverly Koren
Andrew Mancini

The CBTF Advisors
and
Ad Hoc Reviewers
Cooper Raleigh
Camden Wiseman

Thank you from CBTF
to Individuals and Groups for holding special events

Thank you

FD Associates, Inc.

Rocky Hill Middle School
In Memory of Sam Moore

Recent Events
Education and Updates:
Childhood Brain Tumors
April 2, 2017
Some webinars are posted on
www.childhoodbraintumor.org

Future Events
CBTF Party
November 11, 2017
Pony Express Bar and Grill at
Bogler Conference Center,
Potomac, MD

5K will move to spring 2018.
Details coming soon.

HELPFUL RESOURCE LINKS

Thoughts Can Fuel Some Deadly Brain Cancers (paper in *Cell*), Michelle Monje
"*The discovery of a link between tumor growth and brain activity has opened up a window into potential therapeutic interventions*," says Bachelor
http://www.npr.org/blogs/health/2015/04/23/401723235/thoughts-can-fuel-some-deadly-brain-cancers

GRACIOUS GIVING

Thank you to our friends who donated through workplace charitable giving campaigns this year, inclusive of the **CFC**, **Maryland Charity Campaign** and other independent campaigns.

Proud participant in the Combined Federal Campaign

The Childhood Brain Tumor Foundation, friends and families are very appreciative of your support.

Children's Medical & Research Charities of America

Maryland Charity Campaign

Campaign donations may be made for the United Way (**UW)** through the "donor option" or "donor choice."

Please check with your employer in reference to **UW** campaigns.

Thank you donors!

The Childhood Brain Tumor Foundation participates in the **Combined Federal Campaign (CFC) and Maryland Charities.** Check our Website in the late summer or fall for our confirmed designated numbers. Check your campaign pamphlet for our **United Way number or write us in.**

Vehicle Donation Program

Powered By V-Dac Vehicle Donations

CBTF accepts vehicle donations. Help make a difference, donate online or call 877-999-8322 and designate the Childhood Brain Tumor Foundation as your charity of choice.

The service is totally free and includes convenient pick-up of your

Stock Donations

If you would like to make a stock donation,
contact us: **cbtf@childhoodbraintumor.org**

Our treasurer will provide you with the necessary details to proceed with your donation.
Thank you.

Give Online

Visit our secure ***Give Online*** button on our website: **www.childhoodbraintumor.org** (Discover, MC, VISA, and AE):

The Childhood Brain Tumor Foundation is dedicated to funding research for all pediatric brain tumor types.
Contact us if you have any questions:
cbtf@childhoodbraintumor.org

CBTF also accepts registration payments for the annual gala online. Be sure to include in the message box (number of tickets, names for ticket holders, and any additional donation). Tickets will be sent to the donor, unless noted as a donation in support of the event toward research.

Gift Matching Opportunities

Many companies offer a matching gifts program to support charitable organizations.

Your human resources department can tell you if such a program exists at your company. Ask them about the form that can be sent to the Childhood Brain Tumor Foundation reporting a contribution (donation or event contribution). The form states that they will match your contribution.

We return the form to the employer with the proper acknowledgment and information required.

Bequests, Planned Giving, and Trusts

Through a trust, bequest, or planned giving you can contribute to furthering the future research and programs of the Childhood Brain Tumor Foundation, Inc. By including the CBTF in your estate planning you can minimize your taxes.

Irish Blessing

May the road rise to meet you.
May the wind be always at your back.
May the sun shine warm upon your face,
the rain fall softly upon your fields.
And until we meet again,
may God hold you in the palm of his hand.

Jill Adleman
Evelyn Auerbach
Ross Barash
Debbie Bell
Jack Bell
Cameo Beauchesne
Franco Borello
Amy Boyle
Kelly Elizabeth Brosius
Kelley Christine Bula
Anderson Butzine
William Thomas Camut
Catherine Cason
Ryan Caspar
Laira Caverly
Betsy Anne Charkatz
Josetta Chiang
Faith Jade Cleveland
George Coleman
Geoffrey Cornman
Rose DeMartino
Henry Dolch
Dorothy Durkin
Shawn Edwards
Cory Empens
Felix Fearon
Daniel Fiduccia
Jared Daniel Foreman
Michael Gallagher
Grant Galvin
Doyle Garrett
Herman Glaser
Elizabeth Carolyn Hahn
Ian Lennon Hahn

Kenneth Hahn
Katie Harris
Donald Hartman
Rebecca Hatef
David Hayes
Whitley Sue Hedger
Nolan Hoffman
John Russell Irvin
Jill Adlman Kelley
Paul Kenney
Kristen Kenzig
Alexx Kipp
Ricky Knight
Amy Kruppenbacher
Stephanie Kuhlman
Mason Leach
Frances and Wesley Lewis
Isadore Lieberman
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Michale Lopiano
Kally Lyn Kusaj
Emily Mau
Willard Maddox
Emily Mau
Shamsa Mazara
Damion Christian McClendon

Christopher C. Miller
Samuel Moore

Macklin Ollayos
Helen Asynith Palmer
Marilyn and Jerry Peacock
Martin Pollinger
Kyle Pomerleau
Joshua Posner
Jessica Catherine Randall
Emory Richmond
Aaralyn Isabella Rodriguez
Debbie Rosenbaum
Lynda Santelli
Maya Krim Schwrtz
Amy Schiller
Hunter Dean Scott
Luke Shahateet
Hope Shields
Brennen Smith
Ralph Axel Smyth
Lisa Soghomonian
Tyler Christopher SooHoo
Daniel Sussman
Kelly Elizabeth Sweeney
Michael Thomas
Daniel Trainer
Jaime Vanderheyden
Swetha Vasudevan
Matthew Wierzbicki
Mary Waugh
Kayla Wenger
Stephen Allen Wood
Josie Wynn

TOGETHER
Reaching for a Cure

Thank you for your support!

The Childhood Brain Tumor Foundation, Inc.

Form may be used for donations, to add or change your address for our mailing list, or for information requests.

Enclosed is my contribution: $__________
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Address: ____
City/State/Zip: _______________________________________
Message: ____
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Please select type of donation:

☐ In Honor of

☐ In Memory of

☐ General

Supporting ☐ General ☐ Research ☐ Education

Please make checks payable to: Childhood Brain Tumor Foundation (CBTF)
20312 Watkins Meadow Drive
Germantown, Maryland 20876

Toll free: 877.217.4166
Telephone: 301.515.2900

Master Card, VISA, and American Express donations for CBTF are accepted through our secure **Give Online** button on our Web site: **www.childhoodbraintumor.org**

Information request: (Email request or mail note bellow specific interests) or address change.
____
Include your E-mail address and name/address: ______________________________________
____

together, reaching for a cure!

The Childhood Brain Tumor Foundation
20312 Watkins Meadow Drive
Germantown, MD 20876

Address change requested

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We are funded through contributions and sponsorships from individuals and corporations.
Please let us know if your address has changed.

We welcome any donations in the way of financial support, commentary or information for this newsletter, or volunteer services to help with our operations.

CBTF is a tax-exempt, not for profit foundation IRS 501(c)(3) whose mission is to raise money to improve prognosis and quality of life for children suffering from brain tumors. Every year the requests continue to grow,

we need your support.

24 Years of Excellence

It is through your support we
continue to fund programs and research
of excellence,
Thank you to all of our supporters, near and far!

Children's Medical & Research
Charities of America