



St. Baldrick's  
FOUNDATION

CONQUER  
KIDS'  
CANCER

# 2021 - 2022 ANNUAL REPORT



**Rocco, age 6**  
Acute lymphoblastic leukemia (ALL)  
Pictured with his mother, Ida



Dear Friends,

Volunteers, advocates, partners, sponsors, donors, researchers, honored kids, and their family members, comprise the St. Baldrick's Foundation. As you fill one or more of these key roles, **we thank you for responding strongly and generously to the needs of children with cancer last year.** Collectively, you have enabled the Foundation to continue its financial recovery from the pandemic, by focusing on the need to reinvigorate the childhood cancer research pipeline.

To better support our recovery, Foundation leadership has been updating our strategic plan and has substantially affirmed the strategic pillars adopted five years ago:

- I. **Increase** St. Baldrick's funding, and third-party **funding of childhood cancer research**
- II. **Ensure the best pediatric cancer research** is supported and target key priorities and barriers to progress
- III. Cultivate and **grow new audiences** of support for the Foundation
- IV. **Strengthen the Foundation's** board, staff and volunteer leadership and infrastructure to maximize efficiency and grow the impact of each person's efforts.

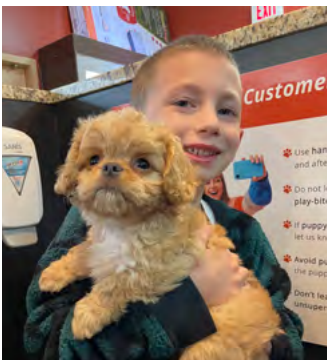
Each of the pillars is supported by a scaled and targeted strategy and goals that will enable the Foundation to fulfill its mission. While we position for long-term success, at present, volunteer participation and giving are still lower than in pre-pandemic years. Despite this, the progress made over the past year has been impressive.



St. Baldrick's  
FOUNDATION

## The Mission

**The St. Baldrick's Foundation is a volunteer and donor powered charity, committed to supporting the most promising research to find cures for childhood cancers and give survivors long and healthy lives.**



*Cover photo*

**Rocco** loves dinosaurs and dreams of being a paleontologist when he grows up. Soccer, pasta with meatballs, and Starbucks runs are some of his favorite things. Diagnosed with acute lymphoblastic leukemia in June 2021, Rocco is undergoing treatment with the support of his family, especially his siblings, RayRay and Chloe, who always keep his spirits up, and his dog, Spot. Optimus Prime, the brave leader of the Transformers and his dad are his heroes. Looking up to them gives him the strength to be fearless.

**To date, you have generously funded \$324 million in grants for 1,701 research projects at 380 institutions.** The advances these grants have made for children with cancer over the past year have been phenomenal. Here are some highlights:

- Our partnership with the Children's Oncology Group (COG) ensures children have access to the most advanced clinical trials at more than 200 institutions throughout the United States and Canada, and at a growing number of international sites. St. Baldrick's support has allowed **136,110 children to be treated via 232,379 separate trial enrollments.** Trials are often children's best hope for a cure, so ensuring every child can be treated close to home, on the best trial for them, is critical.
- Results from an international phase 3 [Children's Oncology Group](#) (COG) clinical trial could change the standard of care for patients with T-cell lymphoblastic lymphoma (T-LL) and T-cell acute lymphoblastic leukemia (T-ALL). By adding the drug bortezomib to chemotherapy, researchers significantly **improved overall survival in children and young adults with newly diagnosed T-LL. Additionally, radiation treatment can be eliminated in 90% of children with T-ALL when the chemotherapy regimen was intensified, decreasing harmful long-term effects of treatment.**
- Since the 1970s standard treatment for childhood [Acute Lymphoblastic Leukemia](#) (ALL) has included adding chemotherapy (Vincristine) and a steroid in pulse therapy, which administers high doses of drugs at one time. While helpful in treating the cancer, pulse therapy creates other undesirable long-term effects. A clinical trial developed by St. Baldrick's Foundation International Scholar [Dr. Hui Zhang](#) determined the **risky therapy can be safely omitted in the second year of care in patients with low-risk disease without affecting their survival.**
- About 15% of children with Acute Lymphoblastic Leukemia will develop an allergic reaction to the chemotherapy drug asparaginase, long an important part of treatment regimens. Erwinia asparaginase is an alternate form of the drug that can

**To date, you have  
generously funded  
\$324 million  
in grants**

## Partners in Mission

St. Baldrick's, together with Stand Up To Cancer, funded a pediatric dream team of scientists, now called the St. Baldrick's Foundation Empowering Pediatric Immunotherapy for Childhood Cancer Team (EPICC Team). This team has been so impactful generating many new therapies and clinical trials for children fighting cancer, the Foundation determined this work must continue. Because of this team's unprecedented success, several long-standing partners opted to direct their support to EPICC Team this year as well. These included Hope4ATRT, Ty Louis Campbell Foundation, McKenna Claire Foundation, Team Campbell Foundation and Marlee's Smile.

We thank all our charity partners who worked side-by-side with us throughout the past year to ensure researchers have the resources required to provide children with cancer the long, healthy futures each deserves:

Alliance for Childhood Cancer  
American Cancer Society  
American Association of Cancer Research (AACR)  
The American Society of Pediatric Hematology/Oncology (ASPHO)  
Battle Osteosarcoma  
Bermuda Cancer and Health Centre

*Continued on page 4*

be substituted if a patient has an allergic reaction. However, manufacturing problems have led to global shortages of this alternative form. Based upon a COG study supported by St. Baldrick's, the [FDA approved](#) a new form of asparaginase, Rylaze, which has the same make up as Erwinia asparaginase but is manufactured in a more efficient way. Having the option to use Rylaze should **reduce the drug shortages for patients.**

- There are numerous subtypes of pediatric [acute myeloid leukemia](#) (AML), some with an extremely poor prognosis. [Supported in early stages by the St. Baldrick's Foundation](#), the Target pediatric AML (TpAML) group has been performing genetic sequencing which has found **four existing drugs that show new promise for pediatric AML patients.**
- A bone marrow transplant can cure difficult to treat pediatric leukemia, but presents many short- and long-term side effects, with a major risk being viral infections, which are hard to treat, and often deadly. St. Baldrick's Fellow [Dr. Jeremy Rubinstein](#) and colleagues have had great success in tackling these viral infections by taking T-cells donated by children's personalized stem cell donors and engineering them to attack and kill certain viruses without risk to the patient. A new clinical trial has the potential to **decrease the number of pediatric cancer patients who die from infection while also shortening hospitalizations and decreasing the need for other anti-viral medications.** This research was generously supported by the [Rally for Ryan Fund](#), a St. Baldrick's Hero Fund.
- CAR T cell therapy is a type of immunotherapy, which uses a patient's own altered immune cells to fight their cancer. A new approach from researchers including St. Baldrick's Scholar [Dr. Saba Ghassemi](#), **has drastically cut the time it takes to alter patients' immune cells for infusion back into the body to find and attack cancer** from the previous 9-14 days, to just 24 hours. Besides reducing the time, materials, and labor required to generate effective treatment for patients, this could be especially beneficial in patients with rapidly progressive disease and in resource-poor healthcare environments.

**During the year,  
St. Baldrick's helped secure  
\$80 million in new federal  
funding for childhood  
cancer research.**

## Partners in Mission

*Continued from page 3*

CanKids...KidsCan (India)  
Children's Brain Tumor Network  
Children's Cancer Association of Japan  
Children's Cancer Foundation (Hong Kong)  
Children's Oncology Group  
Children with Cancer UK (United Kingdom)  
Defense Health Research Consortium (DHRC)  
Duke-NUS Graduate Medical School (Singapore)  
Gabriella Miller Kids First Pediatric Research Program  
Griffin's Guardians  
Health Research Associates  
Hope4ATRT  
International Society of Paediatric Oncology (SIOP)  
Keaton's Child Cancer Alliance  
The Kids' Cancer Project (Australia)  
Kids Shouldn't Have Cancer Foundation in Memory of Jonny Wade  
Making Headway Foundation  
Marlee's Smile  
McKenna Claire Foundation  
MIB Agents  
Micaela's Army  
Move for Miles Childhood Cancer Foundation  
Northern Nevada Children's Cancer Foundation

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- Based in part upon a St. Baldrick's-supported study, the [FDA approved](#) the combination of 2 targeted drugs for the treatment of adults and children ages 6 years or older with nearly any type of advanced solid tumor that has a specific **mutation in a gene called BRAF** which can increase the growth and spread of cancer cells. The study also was used to adapt the use of Trametinib in a phase 2 trial for pediatric patients with relapsed or refractory [Juvenile Myelomonocytic Leukemia \(JMML\)](#).

- Chemotherapy often damages the heart, so early heart disease has become the most common serious problem survivors of childhood cancers face besides recurrence of their original cancer or development of a new cancer. Dr. Eric Chow received a St. Baldrick's Consortium Research Grant to determine if the use of "dexrazoxane," when given with chemotherapy, can [protect children's hearts](#).

More research is necessary, yet **preliminary results suggest that the risk of more serious heart disease, including needing a heart transplant, may be lower in children who received dexrazoxane compared with children who did not.**

- New hope is on the horizon for osteosarcoma patients. Researchers including St. Baldrick's funded [Dr. Alex Huang](#) tested Vactosertib, an adult pancreatic cancer drug, for its effect in preventing the growth and metastasis of osteosarcoma. **Pre-clinical testing resulted in [FDA Orphan Drug Designation approval](#)** which opens a realistic path to testing Vactosertib in combination with other therapies for the treatment of sarcomas in pediatric, adolescent and young adult populations.
- Inspired by [a special teenager](#) who passed away from Ewing Sarcoma, an aggressive bone and soft tissue cancer, the **Martha's BEST Grant for All identified a new drug candidate that is 25 times stronger than current FDA approved drugs in trials for the disease and other treatment-resistant cancers.**



### **Martha, forever 20** **Ewing sarcoma**

Martha's legacy is one of strength, courage, and love. Passionate about traveling, exercise, and delicious food, she is remembered for her compassionate soul, courageous spirit, creative talent, inquisitive mind, and irreverent sense of humor. Diagnosed with Ewing sarcoma at 13, Martha faced her diagnosis with courage and her trademark sense of humor, dedicating much of her energy to finding better options and cures for other kids with cancer.



- [Diffuse intrinsic pontine glioma \(DIPG\)](#) and other diffuse midline gliomas are universally fatal pediatric brain tumors. Researchers on the St. Baldrick's Foundation EPICC Team (Empowering Pediatric Immunotherapies for Childhood Cancers, formerly known as the St. Baldrick's Stand Up to Cancer Pediatric Cancer Dream Team) are applying [what they have learned](#) from treating blood cancers with CAR-T cell immunotherapy and are applying it to these solid tumors. **Results from the first four patients enrolled in a clinical trial show consistent effectiveness, and some trial patients have seen their tumors shrink by 95% or more—a dramatic achievement never before seen in DIPG. Though some have since died, most survived far longer than expected and with a greatly improved quality of life.**
- While most [medulloblastoma](#) patients are cured with standard treatment, they are typically left with debilitating side effects, so less toxic treatments are needed. St. Baldrick's Scholar [Dr. Timothy Gershon's work](#) shows that **placing a breast cancer drug, Palbociclib, in nanoparticles helps the drug reach tumors better and stay in the body longer.** While palbociclib alone does not shrink tumors, when combined with another drug, sapanisertib, and placed in nanoparticles, better results are achieved.
- Researchers including St. Baldrick's supported [Dr. Paul Northcott](#) have developed a test aimed at identifying residual disease earlier in children with [medulloblastoma](#), a lethal brain tumor that usually claims the lives of children who relapse.
- Pediatric radiation-induced high-grade gliomas (RIGs) are a specific type of brain tumor caused by cranial radiation therapy for other cancers. St. Baldrick's Scholar [Dr. Adam Green](#) and colleagues found that the **mutations that occur in these tumors are different than the mutations seen in primary gliomas (those that are not a result of cranial radiation) and that patients with an impaired ability to repair DNA may be at higher risk for developing RIGs once they are exposed to radiation.** If this weakness could be detected early, doctors could provide alternative treatments or monitor patients for RIGs more closely after radiation. **The team identified other FDA-approved drugs that seem to be effective against RIGs – suggesting new opportunities for clinical trials.**



**Mary, age 6**  
**Diffuse intrinsic pontine glioma (DIPG)**

Mary loves shopping, movies, crafting, school, and spending time with her brother. Diagnosed with DIPG over two years ago and thought to only have six-nine months to live, Mary enrolled in the St. Baldrick's Foundation EPICC Team CAR-T trial. Her mother, Kristen shared, "If it hadn't been for research, Mary would never have made it to kindergarten, let alone first grade. She wouldn't be walking again and mainly living like a normal kid—after being handed a terminal diagnosis." At the time of this report, Mary was undergoing radiation.

- St. Baldrick's Fellow [Dr. Nathan Dahl](#) uses genetic screening to identify new therapeutic targets in diffuse midline gliomas (DMGs), childhood brain tumors that are currently incurable. With St. Baldrick's support, he found that **CDK9 inhibitors, a class of drugs already moving forward in adult clinical trials, effectively treated models of DMG with minimal toxic side effects. This identified a new class of effective drugs ready for rapid translation into pediatric trials for this devastating disease.** This research was supported by the [Kids Shouldn't Have Cancer Foundation](#), a St. Baldrick's non-profit partner.
- St. Baldrick's International Scholar, [Dr. Anirban Das](#), and colleagues, **developed an inexpensive tool called 'signatures' which will help better diagnose certain pediatric brain tumors, previously believed to be non-responsive to treatment.** By using these signatures with a specific type of immunotherapy, **researchers saw improved survival in relapsed disease compared to traditional chemotherapy and radiation**, so using immunotherapy could reduce late effects, resulting in improved quality of life for these children, and offering benefit for many children in under served areas across the globe.
- By measuring body composition (skeletal muscle and fat tissue) at diagnosis, St. Baldrick's Fellow [Dr. Aman Wadhwa](#) and colleagues measured body composition in children with [lymphoma](#) and [rhabdomyosarcoma](#). Their findings suggest **this measurement may enable doctors to identify children at risk for serious side effects from chemotherapy** that can lead to chemotherapy dose reductions or other interventions, and improved quality of life.
- The pediatric oncology community has a long history of research collaboration. With fewer children with cancer compared to adults, it is important for researchers to share data to achieve the sample size, genotypic diversity, and statistical power necessary for new discoveries. The Foundation has long-supported data projects, including since 2015, the Pediatric Cancer Data Commons (PCDC) at the University of Chicago. PCDC is streamlining the collection and sharing of pediatric cancer data, **developing data commons for [neuroblastoma](#), [pediatric soft tissue sarcomas](#), [acute myelogenous leukemia](#),**



**Jack, forever 7**  
**Diffuse midline glioma**

Jack is remembered for his beautiful smile, his kind, compassionate nature, and love of life. His days were filled with swimming, singing, bike riding, playing with his baby brother, and eating his favorite foods. One week before his sixth birthday Jack was diagnosed to DMG, an aggressive, incurable brain tumor. He passed away in December 2021 following a courageous 16-month fight.

[acute lymphocytic leukemia](#), [Ewing sarcoma](#), [osteosarcoma](#), [Hodgkin lymphoma](#), [central nervous system tumors](#), [retinoblastoma](#), and [germ cell tumors](#). Collaborating with representatives from international pediatric cancer cooperative groups, the **PCDC is harmonizing the largest set of clinical trials and registry data ever collected** (> 25,000 children with cancer). Recently, in this spirit of sharing, the **PCDC [published six critical features of commons design and implementation](#) to serve as a blueprint for others wishing to develop similar resources.**

- With St. Baldrick's support, [Dr. Ashraf Mohamed](#) brought **Integrative Oncology to Cook Children's Medical Center in Ft. Worth, Texas**. Integrative Oncology brings specialists together and provides complimentary therapies for pediatric cancer patients. These evidence-based practices include interventions like animal-assisted therapy, rehabilitative services, psychoeducation, psychosocial screenings, behavioral health strategies, creative art therapies, chaplain services, safe herbs/supplements program, and pain management strategies. Information collected from psychosocial screenings will show staff trends in psychosocial distress which will **aid in patient diagnosis and treatment decisions**, and recommendations for the appropriate complementary therapeutic interventions.
- St. Baldrick's Fellow [Dr. Jessica Tsai](#) and colleagues discovered that a gene called FOXR2 that is normally turned off in most tissues is activated in at least 70% of cancer types, helping researchers understand how cancer develops. For instance, they found that osteosarcoma shows FOXR2 expression and that FOXR2 boosts the growth rate of brain tumors, including diffuse midline gliomas.

Not every grant results in a new treatment or a promising new research direction. Some important discoveries do not make the news, and some projects prove a research path to be ineffective, allowing researchers to focus precious resources elsewhere. Regardless of the result, each grant adds to the body of scientific knowledge that takes us one step closer to more effective and less toxic treatments for kids with cancer, and your support makes all this possible.

In advocacy news, 2022 marked the fourth year of implementation for the Childhood Cancer Survivorship, Treatment, Access &



### **Bodie, age 3 Neuroblastoma**

Bodie loves race cars, fire trucks, trains, puzzles, and football. Going to the park and Target rank as his top favorite things to do, second only to cuddling with mom to watch a movie or read a book. Diagnosed with neuroblastoma in September 2021, Bodie rang the bell, signaling the end of treatment in November 2022.



Research (STAR) Act. Thanks to St. Baldrick's advocates and those of partner organizations, the STAR Act was fully funded for a fourth consecutive year, generating an additional \$30 million from the federal budget to:

- Expand opportunities for childhood cancer research
- Improve childhood cancer surveillance
- Improve quality of life for childhood cancer survivors
- Ensure pediatric expertise at the National Institutes of Health (NIH)



St. Baldrick's drove the development and passage of this bill and has spearheaded the strategy to ensure the STAR Act is fully funded each year. We are happy to report on the progress made to date under STAR:

- The National Cancer Institute (NCI) invested substantial funding to enhance and expand its childhood cancer biobanking programs.
- NCI funded more than 30 childhood cancer survivorship grants, with the goal of providing \$25 million over five years.
- An additional \$8 million has been provided to the Centers for Disease Control and Prevention (CDC) to enhance childhood cancer surveillance.
- The Agency for Healthcare Research Quality (AHRQ) released three reports to identify best practices for improving the effectiveness of care provided to childhood cancer survivors.
- The U.S. Government Accountability Office (GAO) conducted a review on existing barriers to obtaining and paying for adequate medical care for survivors of childhood cancer. GAO issued its final report in July 2020, which identified 15 key barriers to accessing quality care. These barriers divided into three broad categories: affordability, knowledge, and proximity to care.

Childhood cancer champions in Congress, in partnership with St. Baldrick's, introduced new legislation in April 2022 to reauthorize the programs created by the Childhood Cancer STAR Act for another five years. St. Baldrick's will work with Congress to pass this legislation before the original STAR Act expires in September 2023.

In 2022, the Childhood Cancer Data Initiative (CCDI) was funded for the third year because of our advocacy and partnership with the Alliance for Childhood Cancer, resulting in \$50 million in additional

**Natasha, age 14**  
**Acute myeloid leukemia (AML)**  
**Pictured with Dr. Lubega**

Natasha loves school, excelling at science, English and math. In her free time, she enjoys puzzles, reading, and playing netball, which is like basketball, and eating pork and African plantain, her favorite foods. Diagnosed with acute myeloid leukemia in April 2019, Natasha got a timely diagnosis using advanced laboratory technology (called flow cytometry) that Dr. Lubega, St. Baldrick's International Scholar, initiated in Uganda as part of his St. Baldrick's supported research. Today, she is cancer-free.

**Partners in Mission**  
*Continued from page 4*

One Voice Against Cancer  
(OVAC)

The Osteosarcoma  
Collaborative, Inc.

The Osteosarcoma Institute

Painting the Town Gold

*Continued on page 10*

federal funding in 2022. The initiative seeks to accelerate research by enhancing data collection and sharing for childhood cancer.

*"NCI's Childhood Cancer Data Initiative (CCDI) is building a community centered around childhood cancer care and research data. Through enhanced data sharing, we can improve our understanding of cancer biology to improve preventive measures, treatment, quality of life, and survivorship, as well as ensure that researchers learn from every child with cancer...Sharing clinical care and research data generated by children's hospitals, clinics, or networks broadly with the community can help us learn faster and on a scale much larger than any single institution caring for children can learn on its own."*

- [www.cancer.gov](http://www.cancer.gov)

CCDI's objectives:

- Gather data from every child, adolescent, and young adult diagnosed with a pediatric cancer, regardless of where they receive their care
- Create a national strategy of appropriate clinical and molecular characterization to speed diagnosis and inform treatment for all types of pediatric cancers
- Develop a platform and tools to bring together clinical care and research data that will improve preventive measures, treatment, quality of life, and survivorship for pediatric cancers

St. Baldrick's celebrated the 1-year anniversary of the Creating Advocates through Research Education (CARE) Training Program, an online training and resource guide aimed at: 1) equipping childhood cancer advocates with a solid foundation of key terminology, concepts and processes involved in clinical trial and drug development, and 2) enhancing the integration of the patient and family voice of children and young adults with cancer into the clinical trial and drug development processes.

Approximately 40 childhood cancer advocates have graduated from the program since its inception. Following completion of the program, several graduates applied for, and were accepted to serve as patient advocates and lay reviewers for various research and speaking opportunities during the past year, including the Department of Defense Peer Review Cancer Research Program, American Association of Cancer Research Scientist-Survivor Program, Pediatric Cancer Data Commons External Advisory Board, and the National Cancer Institute.

## Partners in Mission

*Continued from page 9*

Patient Quality of Life Coalition  
(PQLC)

Princess Maxima Center  
for Pediatric Oncology  
(Netherlands)

Stand Up To Cancer

Tap Cancer Out

Team Campbell Foundation

TeamConnor Childhood  
Cancer Foundation

There With Care

Ty Louis Campbell  
(TLC) Foundation

Voices Against Cancer

## Hero Funds

The Foundation's Hero Fund program offers families a lasting way to honor a child or loved one and build a legacy of support for the most promising childhood cancer research. The following Hero Funds raised \$10,000 or more for lifesaving research during the year:

Aiden's Army Fund

Arden Quinn Bucher  
Memorial Fund

Battle Osteosarcoma

Be Brooks Brave Fund

Christian's Crusaders Childhood  
Cancer Research Fund

David's Warriors

Do It For Dominic Fund

Double Deckers Destroy AML

*Continued on page 11*



## Statement of Activities

Year ended June 30, 2022

<b>Income</b>		
Contributions	\$ 22,544,186	
Contributed services and assets	512,198	
Investment return, net	19,401	
<b>Total Income</b>		<b>\$ 23,075,785</b>
<b>Expenses</b>		
Program	\$ 14,681,010	
Fundraising	5,477,186	
Administration	1,554,620	
<b>Total Expenses</b>		<b>\$ 21,712,816</b>
<b>Change in Net Assets</b>		1,362,969
<b>Beginning Net Assets</b>		8,765,851
<b>Ending Net Assets</b>		10,128,820
<b>Total Liabilities</b>		12,835,661
<b>Total Assets</b>		<b>\$ 22,964,481</b>

[View the fully audited 2021-2022 Financial Report.](#)

*Note: As reported in the organization's audited financial statements for the year ended June 30, 2022, St. Baldrick's received in-kind donations totaling \$ 512,198 in the form of advertising, attorney services (\$505,809), as well as items for fundraising events and operations (\$6,389).*

### Hero Funds

Continued from page 10

Emily Beazley's Kures  
for Kids Fund

Hannah's Heroes

Invictus Fund

Jack's Pack - We Still  
Have His Back

JJ's Angels

Julia's Legacy of Hope

Just Do It...and be done with it

Kai Slockers Pediatric Cancer  
Research Fund

Lilbug's Legacy

Luke's Army Pediatric Cancer  
Research Fund

LukeStrong A Force Against  
Neuroblastoma Childhood  
Cancer Fund

Mighty Micah's Mission Fund

Miracles for Michael Fund

Oh Danny Boy, I Love You So:  
The Danny O'Brien Rhabdoid  
Tumor Research Fund

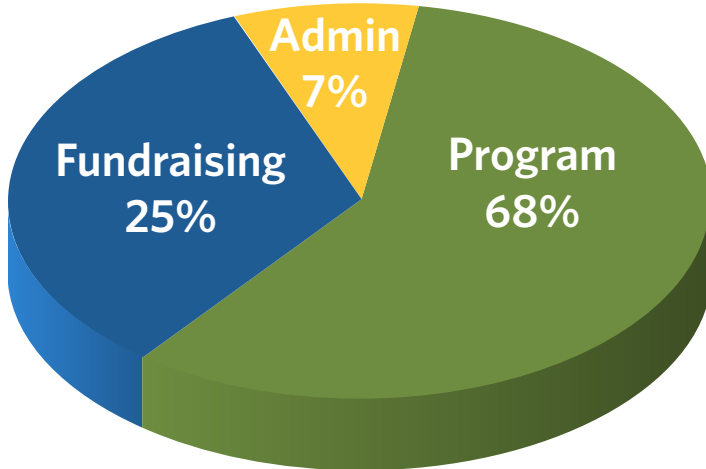
Pray for Dominic

Rays of Hope

Rebecca's Gift

Continued on page 13

## FY 2021-2022 Expense Ratio



**Program** Includes research grants, the vetting process to identify the best research and federal advocacy and more.

**Fundraising** Includes credit card processing fees, volunteer t-shirts, postage, website and more.

**Administration** Includes human resources, accounting, audit, investment fees and more.

The above indicates how funds contributed to the St. Baldrick's Foundation were deployed in Fiscal Year 2022. As the pandemic subsides, fundraising is resuming, and the Foundation is gradually able to restore the research pipeline. The Foundation continues to manage operating expenses conservatively to enable greater funding of research.

While the "expense ratio" tells donors the percentage of their gift that supports the mission, it does not measure whether the use of funds is improving the way children with cancer are treated. For that assessment, we point you to pages 2 through 10 of this report.

The above does not encompass other results of our efforts, including but not limited to:


- Funds received by partner organizations because of our efforts
- Research supported by others, at the recommendation of St. Baldrick's
- Increased federal dollars for childhood cancer research because of our advocacy work
- The effects of improved federal policy around childhood cancer care and treatment
- Grants received by researchers because of earlier funding by St. Baldrick's. (Researchers can leverage our grants to receive up to 15 times the original amount of our grant, to build on discoveries!)

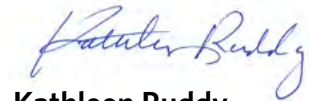
**And more!**

**Thank you** on behalf of the all the children whose lives you give generously to save, the families you serve to protect, and the researchers whose innovation is fueled by your gifts of time, talent, and treasure. **Research is Hope**, and **you** make that gift possible too.

In Service,

  
**Frank Nutter**  
 Chair of the Board

  
**Katherine Lugar**  
 Chair Emeritus of the Board  
 Aunt & Godmother to Caroline  
 (2002-2014)

  
**Kathleen Ruddy**  
 Chief Executive Officer



## Hero Funds

*Continued from page 11*

RowOn 4 a Cure	Team Z for Phi	The Shohet Family Fund for Ewing Sarcoma Research
Strong & Courageous	The Abbey E. Foltz Fund	Thumbs Up Fund To Honor Brett Haubrich
Super Soph's Pediatric Cancer Research Fund	The Ben Brandenburg Fund for Ewing Sarcoma Research	To-morrow's Research Fund
Sweet Caroline Fund	Cody Thompson Memorial Hero Fund	Yes Way, Jose! Hero Fund
TEAM ABBY Gives	The Grace for Good Fund	
Team Clarkie Fund	The Oliver Wells Fund for Neuroblastoma Research	
Team Jackson		

## St. Baldrick's Board of Directors

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School of Medicine, University of Alabama at Birmingham  
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To learn more, Please Visit:

Why We Exist

[stbaldricks.org/why-we-exist](http://stbaldricks.org/why-we-exist)

Financials

[stbaldricks.org/financials](http://stbaldricks.org/financials)

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