Peighton’s mother, Jennifer, holds an x-ray up to her kitchen window. “See,” she says, “it’s right there!” She points to a white patch between two eyeballs—an image of her daughter’s brain and her tumor. It’s the last remaining tumor of six that were in her spine and brain. “We call it Gary the Snail!” says 10-year-old Peighton with a huge grin. Not only is the tumor slow to disappear, but it has the likeness of a small snail, shell and all, sitting under her optic nerve in the middle of her brain.

Peighton doesn’t let her diagnosis of grade II pilomyxoid astrocytoma (PMA) stop her from cartwheeling across her living room or playing trivia games and texting with her friends. In fact, she’s an avid hip-hop dancer and gymnast who, her mom says, will be on a runway someday.

Six years ago, however, Peighton wasn’t acting like her usual self-described “sassy” self. After having headaches, throwing up constantly and weighing a mere twenty-six pounds, Jennifer knew something was wrong with her then 4-year-old daughter. She took her to the emergency room near their hometown where doctors took a CT scan of her stomach. Though they found a cyst on her liver, Jennifer said she still felt like there was something more going on and that the doctors weren’t looking in the right place.

“I just heard this voice in the back of my head,” says Jennifer. “I kept thinking, ‘Look at her head.’” She asked the doctors to scan Peighton’s head. When they did, they found a golf-ball sized mass in the middle of her brain. A few days later, doctors discovered three other masses in her brain and two more in her spine.

The small preschooler was diagnosed with PMA, a brain tumor that occurs most often in children between 5 and 14 years old. Typically, symptoms of the cancer include lack of appropriate weight gain, headaches and nausea—all indicators Peighton had experienced early in her life.

Currently, there is no standard treatment for PMA, so researchers framed Peighton’s treatment protocol after a more common brain cancer called pilocytic astrocytoma (PA). Typically, surgery is the first step to combating PMA; unfortunately, the location of the tumors sometimes prevents complete removal—as is the case with “Gary the Snail.”

“We were originally told to never expect any of the tumors to go away,” says Jennifer. “But Peighton has a strong desire to live.”

After diagnosis, Peighton was treated at Children’s Hospital in Minneapolis where she endured eighteen surgeries on her head and spine and several chemotherapy treatments over the course of six years. At one point in her treatment, Peighton underwent three surgeries within a ten-day span that included a laminectomy, a craniotomy and a gastro-jejunal tube and port placement. Though the treatments shut down all but one of her tumors, some of her medications had adverse side effects including high blood pressure and protein in her urine, so she had to stop the treatments.

Her tumor had remained stable for sixteen months, but in December 2014 Peighton received unfavorable news during her follow-up scans. “I just had a motherly instinct,” says Jennifer. “We weren’t going to get the news that we wanted.” Unfortunately, Peighton’s remaining tumor had become increasingly active.

Today, Peighton’s parents are exploring experimental treatments for low-grade tumors through specialized brain tumor doctors in Columbus, Ohio, and Los Angeles, California. One early phase treatment option, an oral inhibitor, is currently under consideration. With this therapy, Peighton will not need a port or any type of injection, and it would target the tumor’s microenvironment.
Until then, however, Peighton and Jennifer have to wait for the doctors to look over her cancer history, treatment and scans to see if the treatments would be a good fit for PMA.

“You just go into survival mode and take one moment at a time,” Jennifer says. “You say okay, this is what’s next, this is what’s got to be done, and you move forward.”

Peighton says the best times at the hospital are when the doctors tell her she doesn’t have to be on chemotherapy anymore. “After chemo, every once in a while, I’ll go home and just dance,” she says.

When Peighton is in treatment, she says she misses her friends the most. Popular in school, she has a tight-knit group of girl friends who like to prank boys and work on their math homework together. Recently, Peighton and her friends performed a hip-hop routine together for the school talent show. According to her mother, it was a huge hit.

“[My friends] text me all the time in the mornings before school and when they have snack time,” says Peighton. Her friends also make a point to FaceTime her when it’s not class time.

“I also miss getting up and doing my own thing,” Peighton says. “You can’t spin in circles, lift your legs in the air and have fun in the hospital.”

Despite her last tumor sticking around, Peighton maintains a positive attitude. “The fire she has to survive pushes all those fears in my head away,” says Jennifer.

As she cartwheels away into her living room, Peighton says, “I can change the story from really sad to okay. I’m a ninja.”

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**What’s a low grade tumor?**

Low grade tumors like Peighton’s are classified as Grade I - Grade II tumors that tend to grow and spread slowly. If the cells of the tumor look similar to those of normal cells and tissue, it’s a lower grade tumor. When planning for treatment, tumor grade is one of the factors considered when planning treatment for a patient. *(Source: National Cancer Institute)*

At Children’s Cancer Research Fund, we support the passionate work of the University of Minnesota researchers who seek to prevent, treat and cure brain tumors in children. To learn more about the latest brain tumor research, visit ChildrensCancer.org/BrainTumor
about his work

Branden Moriarity, PhD, uses mouse models to identify cancer genes that cause osteosarcoma, a rare pediatric bone cancer, that primarily affects young adults. Additionally, osteosarcoma is a highly prevalent cancer in canines, with more than 50,000 cases per year in the U.S. Unlike some tumors, osteosarcoma is genetically complicated and difficult to understand using normal mouse models. Because of the complicated nature, researchers haven’t been able to fully trace the genetics of osteosarcoma—until now.

Working with David Largaespada, PhD, and using his new technology called Sleeping Beauty (SB) transposon mutagenesis, researchers have found the genes that cause metastatic osteosarcoma in mouse models. This is a monumental achievement in osteosarcoma research because it’s the first time researchers have been able to identify the over 200 genes that make up this disease. Further, the University of Minnesota’s osteosarcoma research group is currently generating massive amounts of genomics data from many human and canine osteosarcoma samples. “When we have all the osteosarcoma genomics data completed,” says Dr. Moriarity, “it will be the largest database in the world.”

Now, they can compare the misregulated genes in Dr. Moriarity’s mouse model with human and canine genetic makeup, giving them the opportunity to try new, targeted therapies in mice that they believe will be useful to treat human and canine osteosarcoma.

Eventually, doctors will be able to inhibit and treat these cancer genes, pointing to new treatment options and increasing survival rates for children with the disease. “The ultimate goal of my work is to find targets for new therapies to increase survival outcomes,” says Dr. Moriarity.

In fact, researchers have already found a potential treatment option that is used for other solid tumors and multiple sclerosis. Since the drug has already gone through several trial phases, it could be made ready for children with osteosarcoma more quickly.

how your donations have helped

Grants from the Zach Sobiech Osteosarcoma Fund helped fund Dr. Moriarity’s initial osteosarcoma research, giving him enough data on the disease to apply for and win an additional grant called the Career Development Award in Pediatric Research from the American Association for Cancer Research and Aflac Inc. A highly selective award, only one researcher is given the grant each year. Dr. Moriarity now has the funds to focus entirely on osteosarcoma research over the next two years. He plans to use the funding to find common and treatable genes in bone cancer. Within the next decade, he hopes to find many new biomarkers and targets in the disease’s genome to improve survival rates, especially for children who have the form of osteosarcoma that spreads throughout the body.

your donations help researchers across the globe

In collaboration with researchers at St. Jude’s, the Albert Einstein College of Medicine and the University of Minnesota, Dr. Branden Moriarity’s findings will be published in one of the most high impact genetics journals in the world, Nature Genetics. The information shared in the journal has been six years in the making and will be shared publicly with scientists around the world.

To learn more about your impact, visit ChildrensCancer.org/Zach. 

Dr. Branden Moriarity
DEFEATING GRAFT VERSUS HOST DISEASE

Approximately one-third of children who have a bone marrow transplant suffer from graft versus host disease (GVHD), a condition that occurs when the donor cells recognize the patient’s cells as foreign and attacks them. According to Dr. Margaret MacMillan, a blood and marrow transplant physician at the University of Minnesota, despite significant efforts to prevent and treat the disease, it’s still a major cause of death in children.

For the most part, researchers have been using drugs to prevent and treat the disease, but unfortunately, these treatments come at a price. Because the drugs suppress the immune system to reduce attacks on donor cells, the patient is more susceptible to viral, bacterial and fungal infections.

That’s why Dr. MacMillan and her colleagues Drs. Bruce Blazar, John Wagner and Keli Hippen are working to create other methods to prevent and treat it.

About a decade ago, Dr. Blazar discovered a new role for regulatory T-cells (Tregs), which naturally help regulate the immune system. Researchers found that when they transplanted these cells into mice, they either did not develop GVHD, were cured of the disease if they already had it or the disease was greatly reduced. “We’re the only ones in the world to use expanded Tregs in patients,” says Dr. Hippen, assistant professor at the University of Minnesota.

The University of Minnesota’s unique ability to conduct translational research, research that can be taken from the mouse to the human, allowed them to identify different ways of isolating and expanding the regulatory T-cells in cord-blood units to give to humans. In fact, researchers at the University of Minnesota gave regulatory T-cells to human patients for the first time in history.

The good news is that the treatment proved to be effective in humans, as studies showed that they were less susceptible to GVHD. But it came with challenges—researchers couldn’t grow enough of the cells from cord blood.

To solve this issue, scientists discovered a method for creating regulatory T-cells in vitro (inducible Tregs) that comes directly from T-cells present in human blood that are more plentiful.

Thanks to funding from the Children’s Cancer Research Fund, researchers had the seed money to develop the preliminary data to bring human inducible Treg trials to humans. Though data is still being collected, the rates of GVHD have proven to be very low in humans, and Dr. MacMillan says the results are promising.

In addition to helping fund preliminary data, the CCRF seed grant also helped Dr. MacMillan leverage a three-million-dollar grant from the National Institutes of Health, bringing in more funds to help researchers learn the proper dosage to give to patients, how to provide the cells at a lower cost and how to expand to the next trial phase.

According to Dr. MacMillan, it costs about $100,000 to treat only one patient, an impractical amount for patients and their families—and a price insurance companies won’t pay.

Why the high price? Today, researchers are producing the regulatory T-cells from individual sibling donor matches. Dr. MacMillan describes it like making a cookie completely from scratch and having to buy all the equipment and ingredients for one single cookie. “If we made cookies like that,” she says, “they’d cost $100 each.”

With her colleagues, Dr. MacMillan’s goal is to mass-produce the cells from an unrelated donor and bank them to reduce costs. Within five to ten years, she hopes they’ll have the regulatory T-cells stored on the shelf, available for children and adults at every hospital or medical institution around the world.

To date, she says her team’s greatest successes have been learning to identify which patients the GVHD standard of care won’t work for and bringing regulatory T-cells to clinical trials as a new treatment for the disease. “I love the challenges of trying something new,” she says, “and I love it when it works.”

Next, they are beginning clinical trials, including on children. “Research allows us to give patients and families hope,” she says. “And it all starts with donors.”
CONNECTING THROUGH CLOUDS

For Angeline Fahey, 21, life is about finding happiness in the small, seemingly mundane moments. Since she was diagnosed with osteosarcoma in June 2012, she has adopted the motto “Be positive even though it hurts.” So when she saw Zach Sobiech’s Clouds video, she felt like he shared more with her than a cancer diagnosis—he was a kindred spirit.

During her freshman year of college at the University of Arizona, Angeline’s knee started to ache, and eventually it swelled to the size of a football. After going to the ER and seeing a surgeon, she was diagnosed with the rare bone cancer. Since then, she has endured twenty-one cycles of chemotherapy and several surgeries on her lungs and leg. One surgery took a little more than half her femur. She now has what she calls a “bionic leg.”

But she doesn’t let that stop her from finding ways to heal and look for joy in every aspect of life. “People suffer so much,” she says, “but you don’t have to live in that sorrow.”

Nonetheless, one night near the end of one of her treatment cycles, Angeline was having an especially hard time staying positive about her journey with cancer. She was looking for an osteosarcoma community online, trying to find someone who shared her experiences.

After searching on her laptop into the wee hours of the morning, finding nothing and becoming more discouraged, she finally came across a video that she says made her think deeply about the purpose of her life. It was a music video by a young adult much like herself, who chose to live to the fullest despite life’s trials—it was Clouds, the song written by Zach Sobiech.

She spent the rest of the night poring over documentaries and music videos, feeling a jolt of inspiration to give back. She decided she was going to cover the song for Zach and his family.

But prior to seeing Zach’s video, she says she shut music out of her life after her cancer diagnosis. “It reminded me too much of the life I didn’t have,” she explains.

Together with music therapist Angela Wibben, MM, MT-BC, Angeline recorded a cover of the song Clouds. “She felt so connected to Zach’s story,” says Wibben. “She wanted to show people a snapshot of what life is like as a cancer kid.”

After recording Clouds, Angeline felt motivated. “It helped boost me to finish the treatments with oomph and power,” says Angeline. “I had the strength to be bald.”

“Clouds was her music therapy healing moment,” says Angela. “It became her anthem.”

Today, Angeline says music has aided her healing process. “Music helps me cope,” she says. “It’s my time to be in my head and focus on myself. I love playing my guitar and singing.”

Along with music, Angeline heals through the work she does for the Beads of Courage program, a nonprofit that gives beads to children facing a serious illness to tell their story and commemorate the milestones they have achieved during their treatments. She delivers the beads to the younger children who are at the hospital and talks them through their struggles. “You have to be real with them,” she says. “I tell them it takes a courageous and brave kid to do this.”

Today, she’s celebrating the first hair blowout she has experienced in years and is actively supporting several children’s cancer organizations.

Angeline will also be an ambassador in Children’s Cancer Research Fund’s new event, Great Cycle Challenge USA, providing hope for a cure.

You can watch Angeline’s cover of the Clouds video on YouTube.
Care Partners is a volunteer-driven, quality-of-life program that provides non-medical support to families and patients being treated for pediatric blood and marrow transplantation, pediatric cancer (oncology) and blood diseases (hematology). The program is funded in part by Children’s Cancer Research Fund.

**Caitlin Batzlaff, Care Partners volunteer, three years**

When Caitlin started preparing for medical school at the University of Minnesota, it was an easy decision for her to become a volunteer for the Care Partners program. “My family has a lot of medical background, so I’ve been immersed in the culture of caring my whole life,” she says. Each day the creativity and resilience of the kids inspires her. “Even though they’re in such adverse situations, their eyes light up whenever they see me,” she says. “If they aren’t feeling well, they will still attempt to reach out and show you they are so happy to have you there.”

She remembers one particular little girl who was exhausted due to treatment but who managed to put her leg next to Caitlin’s to let her know she wanted her there. “I’ve learned it takes a lot to take care of even the smallest patients,” she says. “I’m happy to offer opportunities for parents to step away and run errands. It’s super stressful to live in a hospital, so offering solace to the families can be a big deal.” Through the Care Partners program, Caitlin hopes the skills she has learned will help her with patient care when she starts her medical program sponsored through the Air Force.

**Dustin Hron, Care Partners volunteer, six months**

Airline pilot Dustin Hron has always wanted to use his own experience to give back in a positive way. When he was 6 months old, he was diagnosed with neuroblastoma and treated at the University of Minnesota. Though he was too young to remember much, he still has late effects from his cancer and treatment. He loves volunteering because it’s a different setting than flying the skies. “It grounds me and reminds me of how good I have it compared to what it could have been,” he says.

Dustin likes spending time with the older children because he often sees immense courage in the face of death. “Children have the greatest imagination and ability to overcome certain odds,” he says. “Hope is huge.” For Dustin, the best part of volunteering is fostering the recovery process and bringing awareness to those who haven’t experienced childhood cancer. Unfortunately, some of the children don’t recover completely, which is the hardest part for him. “I could see myself wishing I could have done more to help,” he says. That’s why he sees so much merit in childhood cancer research. “Not a single product or procedure has ever been done without research,” he says. 🎯
We were told Connor would experience many late effects, health problems that occur months or years after diagnosis, from the medical treatments that we hoped would save his life. His care team warned us of hair loss, night sweats, vomiting, mouth sores, body aches, cognitive delays, growth delays, tooth malformation, hearing loss—the list goes on for what seems like miles.

It all happened so fast. First, at six weeks old, Connor survived a risky emergency surgery to remove a mass that was shutting down his vital organs. Then he was diagnosed with a brain tumor.

He was baptized in the emergency room after being intubated. I whispered in his ear to fight. Fight for what? Fight for life, any life—we would take anything.

Before beginning treatments for their cancer, children are put through a battery of tests to establish baselines for all functions. In other words, the doctors get a starting place to look back to, a before picture to see what damage has been done following treatment.

The tests, at varying degrees of invasiveness, were not all bad news for Connor. Urine outputs were good; intake was good; healthy white blood cell counts were good; body weight and height were on track; there was no hearing loss. OK: ready to fight for life.

And soon everything they warned you about starts. The barfing, the crying, the aches, the gloves you have to wear to change your baby’s diaper, the bed baths four times a day to keep his skin from falling off due to the toxic chemo, the sticky dressing changes. It’s a nightmare. And you do it over and over and over again.

Connor’s chemo cocktail had a track record of damaging hearing. I never had a reason to question his team, but when you hear that certain things are only a possibility, you allow yourself to believe it won’t happen to your child.

Connor had perfect hearing before treatment—what a gift. But at the end of his treatment, he had suffered significant high-range hearing loss.

The testing was fun for him. He was a mere 2½ years old and loved the cozy, padded, soundproof room with the silly mechanical dog that would bark, move and light up when prompted by the audiologist. He enjoyed the oversized big-boy headphones, his own special chair and seeing my smiling face through the window. He even loved the pattern of the fabric on the floor, which is where he looked most of the time.

I kept smiling at him through each test, and each time he missed his cue to look when a noise or signal was sent to him.

He wasn’t hearing them. He wasn’t looking. And he wasn’t passing his test. He had lost a significant amount of his hearing, and my heart was aching. My face felt hot. My stomach felt sick. Still, I did not cry.

He patiently waited for his ear foam to set while he chose a fun green and black pattern that he liked for his molds. We would come back in a few weeks for Connor’s new hearing aids. I wrestled with the undeniable truth: Connor had hearing loss.

Back again weeks later in the same small room, same fun carpet and same smiling faces, Connor’s new aids were in. He sat on my lap as our audiologist showed me how to put in his “ears” and how to care for them.

The next moment was beautiful and heart wrenching at the same time. Connor became still, absorbing all that was happening around him. He looked at me as a huge Muppet smile ran across his face.
He could hear me! He could hear me! I was fighting tears. I was so happy he could hear me again.

Our audiologist reached over and touched the back of my hand. Looking into my eyes, she said, “Mindy, it is okay to grieve Connor’s hearing loss.”

How did she know I needed to hear that at that exact moment?

I was so grateful for his life, so thankful for every smile and every touch. But I hurt from all that was taken from him. And I cried.

Then I embraced our beautiful boy, who could hear me.

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**RECENT HAPPENINGS**

On April 22, 160 childhood cancer advocates, families, patients, donors and researchers joined together to hear about the latest exciting work that’s occurring in childhood research. At Golden Valley Country Club, Laura Sobiech, author and mother of Zach Sobiech, spoke to the audience about how a simple story can have such a major impact on research: It just takes the willingness to share the cancer story and raise awareness. “I think we have a responsibility to use what we have been given, an intimate understanding of how this cancer affects lives, to change the world for the better,” she says. “The amount of data that has been collected is quite remarkable.” Lead researcher David Largaespada, PhD also discussed the new research that could lead to new treatments for childhood brain and bone tumors—and the University of Minnesota’s team approach involving clinicians and scientists. To learn more, visit ChildrensCancer.org/Zach

**Naples Luncheon**

On March 12, Children’s Cancer Research Fund donors in Naples, Florida, gathered for a luncheon hosted by Toni Cady, a long-time donor. The University of Minnesota’s Margaret MacMillan, MD, spoke to a group of women about her incredible work with finding new treatments to combat graft versus host disease, a condition that affects approximately one-third of children who receive a bone marrow transplant. Dr. MacMillan began by saying she wished they could see families’ faces when they see her for the first time, and she has hope for each child she sees. Through donations for research funding, Dr. MacMillan said she can give families hope through new treatment options. However, when she has an idea for research, she needs proof of principle or results showing her idea is successful before she can acquire federal funding. Because Children’s Cancer Research Fund provides seed money to researchers, they can move forward with the idea and receive additional funding. Read more about Dr. MacMillan’s work on page 5.
Join us this June for the first ever Great Cycle Challenge USA!

It doesn’t matter if you’re a cycling enthusiast, a recreational biker or an avid spinner—you can join Great Cycle Challenge USA and help fight kids’ cancer. It’s a great way to support impactful research that’s resulting in better therapies and treatments aimed at discovering a cure for children with cancer.

What is the Great Cycle Challenge USA?
It’s a fun, easy, virtual event in which you can ride your bike and raise money for childhood cancer at the same time!

How can I get involved?
Visit GreatCycleChallenge.com and register. Set your personal challenge, recruit family and friends to pledge dollars and log your progress in a mobile app. You can download the app on your mobile device. Then, get out and ride during the month of June.

Where can I ride?
You can participate anywhere. You can ride your bike outdoors, solo, with a team or with your family and friends. You can also ride at the gym or on a stationary bike. If you are already riding your bike, now you can do it to support a great cause. And remember: Great Cycle Challenge USA knows no age or ability limits!

When do I ride?
You can ride any time during the month of June.

How does this benefit childhood cancer research?
Nearly four out of five children diagnosed with cancer can be successfully treated today because of past research, but cancer is still the leading cause of death by illness among children. Great Cycle Challenge USA benefits Children’s Cancer Research Fund and helps eradicate childhood cancer by providing funds to the University of Minnesota Masonic Cancer Center.
MEET TWO OF OUR GREAT CYCLE CHALLENGE AMBASSADORS!

ASHLYNE
Age: 10
Diagnosis: Ewing sarcoma
From: McKinleyville, CA
Ashlyne was diagnosed with metastasized Ewing sarcoma in August 2014. She was brought to the doctor after her leg started to ache and swell. Doctors ordered an x-ray and found a tumor. They performed a biopsy and discovered that her tumor was cancerous. She also has tumors in her lungs, left pelvis lymph node chain, vertebrae, jaw and thyroid. Ashlyne says she couldn’t believe it when they told her she had cancer. Since then, she has undergone five kinds of chemotherapy and a leg amputation. She will be in treatment for at least three more months.

Ashlyne loves penguins and her American Girl Doll Lily that never leaves her side and even has crutches like Ashlyne’s. She also has a stuffed animal penguin named Jeffrey. “Jeffrey is my guard,” she says. He has a button that says, “I just had chemo. What’s your excuse?” Her best advice for other children who have cancer: “Don’t eat the hospital food!”
Ride for Ashlyne at GreatCycleChallenge.com

LANDON
Age: 5
Diagnosis: Stage IV Hepatoblastoma
From: Bismarck, ND
Landon was diagnosed with stage IV hepatoblastoma in August 2014 after doubling over with a stomach ache. A CT scan revealed that Landon had a tumor the size of a mini basketball along with several nodules on his lungs. Landon was airlifted to the University of Minnesota Masonic Children’s Hospital, and more tests confirmed that Landon had a form of hepatoblastoma, a rare liver cancer that accounts for less than 2 percent of pediatric cancers. The cancer had pushed aside several of his internal organs, and the doctor said he had never seen anything like Landon’s tumor before. Landon then had surgery to remove the tumor. Currently, he is doing six months of chemotherapy treatment in Bismarck to reduce the nodules in his lungs.

Landon and his twin brother recently celebrated their fifth birthdays. Landon loves Spiderman and never leaves home without his box of Hot Wheels cars. In fact, he even sleeps with them in his hospital bed. His mom, Michelle, describes him as “high-spirited.” The family hopes to take a trip to either Disney World or Disneyland soon.
Ride for Landon at GreatCycleChallenge.com
Before June 14 Race Day

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<th>Event</th>
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<td>10K Run, 5K Run*</td>
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<td>5K Walk to Cure Children’s Cancer**</td>
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<td>Kids’ Fun Run</td>
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*Your entry fee includes race registration, chip timing, race bib and race refreshments. Performance shirts will be given to participants who raise $100 or more to support Children’s Cancer Research Fund.

**Your entry includes race registration and race refreshments. Performance shirts will be given to participants who raise $100 or more to support Children’s Cancer Research Fund.

For more information, contact Emily at 952-893-9355 or ecorson@childrenscancer.org

Sign up and start a team with family and friends at ChildrensCancer.org/TimetoFly
IT’S THAT TIME OF YEAR, IT’S TIME TO FLY!
Presented by Winnesota Regional Transportation

Returning to Phalen Park

Time to Fly will be returning to Phalen Park! Phalen Park offers beautiful views of the lake, a team gathering area and the ease of a shuttle service from parking to the event. Sign up and start a team with family and friends at ChildrensCancer.org/TimetoFly.

Time to Fly Team Spotlight: A Search for Sammy

For six years, the Time to Fly team, A Search for Sammy, has been flying in search of a cure for childhood cancer. The team was started by family, friends and neighbors in honor of Samantha Jo, a young woman who passed away from Ewing sarcoma at age 18. Together, they have raised over $5,000 for childhood cancer research.

Samantha Jo’s family remembers her as a beautiful young woman who loved her family dearly and who had the whole world ahead of her. She was looking forward to college and planned to pursue a degree in nursing when she was diagnosed in November of 2008. Samantha Jo underwent a bone marrow transplant, surgery, chemotherapy and radiation treatments—all of which Wendy Armstrong, her aunt and Time to Fly team captain, says she handled with grace and fortitude. “Samantha Jo was an inspiration to all who knew her,” she says.

First participating in Time to Fly on what would have been Samantha Jo’s 19th birthday, Wendy has loved seeing the support of friends and family and knowing that they all have one common bond: “to fight for what Sammy can no longer fight for.” After the Time to Fly event, Samantha Jo’s family and friends hold a birthday barbeque and balloon release in her honor.

Wendy says that she plans to continue participating in Time to Fly in honor of Samantha Jo for years to come. “We need to be the voice of the children and bring childhood cancer research to the front of the line,” she says. “We are, as a family and community, dedicated to raising awareness for childhood cancer.”

Race Route Signs

Race route signs are available to purchase for $25. We will place a sign along the race route in honor of or in memory of a loved one. Signs can be customized when you register or by contacting Emily Corson at (952) 224-8497 or ecorson@childrenscancer.org.

Fundraising Tip:
Upcycle your electronics today!
Raise money for your Time to Fly team and responsibly recycle your outdated devices all at once. Details at ChildrensCancer.org/TimetoFly

Time to Fly Presented By:
WINNESTON REGIONAL TRANSPORTATION

SK Walk Sponsor:
DELTA

Kids’ Fun Run Sponsor:
Magenic

Event Sponsor:
NFL Alumni MN Chapter
SAVE THE DATE

Dawn of a Dream

Join us for our Annual Dawn of a Dream gala on Saturday, November 7, at the Depot Minneapolis. Celebrate 35 years of research achievements and fundraising for childhood cancer research with fun, interactive experiences during the reception, a captivating and inspirational program and an exciting live auction as well as music and dancing.

Planning for Children’s Cancer Research Fund’s 35th Annual Dawn of a Dream Gala is already well under way! Our committee, led by co-chairs Helenbeth Reynolds and Marci Weiner, is hard at work organizing a wonderful evening. For tickets or sponsorship information, please contact Emily at ecorson@childrenscancer.org or (952) 224-8497.

140 Invitational Golf Tournament
presented by Lubrication Technologies, Inc.

Start practicing your putting because the 12th annual 140 Invitational Golf Tournament will be in full swing on August 15, 2015, at Troy Burne Golf Club in Hudson, Wisconsin. Now at a new venue, this year’s event is sure to have something for everyone—golfers and non-golfers alike! Join us for a celebratory dinner, silent and live auctions, a short program and live entertainment by Tonic Sol-fa. To register or learn more, visit ChildrensCancer.org/Events

COMMUNITY FUNDRAISERS

Spring and Summer Community Fundraiser Shout-outs!
Date for Life
Dueling Charity 5K
Friends of Children’s Cancer Research Fund Golf Tournament
Hairstylist Management Systems & Michael Kunin
Harmonic Relief Spring Show
Linda’s Portrait Studio: Bunnies and Lambs Sessions
Love Beer, Hate Cancer, Softball and Kickball Tournament
Maplewood Imports Client Appreciation Day
Twin Cities Pond & Landscape Tour
I’ve lived in a northern climate my entire life. I love the change of seasons, and each season brings its own unique personality. For me, spring has always been the season of hope. It’s the hope that comes from seeing the first daffodil shoots poke through snow. It’s the promise of new green blades of grass among the brown, dormant sod. It’s even the bright yellow dandelions providing an early hint of spring color.

At Children’s Cancer Research Fund, we are in the business of hope. In this issue of the Butterfly, you can read about Angeline, a young cancer survivor who is helping provide hope to other young cancer patients. Or another cancer survivor, Dustin, who works as a Care Partners volunteer and gives hours of “hands on hope” to kids in the hospital.

Or young researchers like Branden Moriarity who has already leveraged financial support from the Zach Sobiech Osteosarcoma Fund to secure additional research funding on his way to understanding the genetics of osteosarcoma that will pave the way to better treatment. That treatment will provide hope to children newly diagnosed with this disease.

Finally, hope is something of which all of us can be a part. Learn more about our newest event, Great Cycle Challenge USA, and how riding a bicycle can be more than just good exercise. You can turn those miles into donations that will support hope-giving research. Learn how you can help or read about the kids you are helping at GreatCycleChallenge.com. Thanks for being a source of hope to so many children.

John Hallberg, CEO
For the second year, Children's Cancer Research Fund will benefit from the Valleyfair Cares Program! Buy discounted tickets this July and coast, twirl or slide to help us fight children's cancer at the largest amusement park in the upper Midwest! Tickets can be used between August 21 and September 5. You can also purchase a raffle ticket to win a 2015 Jeep Renegade.

Visit ChildrensCancer.org/ValleyFairCares to learn more.