cookies for kids' cancer

cookiesforkidscancer.org

2020

Annual and Grant Recipient Report

cookies
for kids' cancer

cookiesforkidscancer.org

We fund early research that has the strongest science behind it and the best chance of getting from a research lab to a child's bedside in the shortest timeframe possible. We think of ourselves like venture capitalists providing critical early funding to prove out a scientific theory. How do we do this? With an all-star medical advisory board made up of top researchers from the leading centers across the country who guide the grant process. Grant requests are sent directly to the medical advisory board which thoroughly reviews and evaluates each grant request using the same rigorous criteria the National Cancer Institute uses.

> "...not the year anyone could have anticipated but it also reminds me of what happens to a family after a child is diagnosed with cancer. You adapt, figure out a new path, and move forward."

Dear Friends,

2020 certainly was not the year we thought it was going to be.

Since the beginning, Cookies for Kids' Cancer is an organization built on the belief that anyone anywhere can be a "Good Cookie" and make a difference in the lives of children battling childhood cancer. We started with what we thought was a one-time project to bake and sell 96,000 cookies. Today, we are an organization that has granted $17+ million through the efforts of more than 13,000 grassroots events in all 50 states, major events like Chefs for Kids' Cancer, generous donors, committed corporate partners and yes, cookie sales.

We were poised for an exciting year and had big plans for 2020. In early March we were hours away from welcoming the first guests to the 7th annual Chefs for Kids' Cancer gala in NYC when Covid made it clear we needed to postpone. As hard as that decision was, it was the right thing to do.

The question quickly became how does a community-based organization raise money in an era of social distancing and quarantines.

Immediately, we focused our efforts on cookie sales as people looked for comfort and connection in any form with the introduction of Cookies that Care and Cookies to Share, new offerings of individually wrapped cookies.

In the summer, we launched a virtual fundraising program called The Cookie Chain inspired by 6-year-old Arthur who is successfully battling a brain tumor thanks to cutting edge research. And other community organizers created new ways to get involved from virtual runs and t-shirt sales, to mask and mask chain making fundraisers. At the end of a year marked by what was lost, we grew our grassroots events by more than 35%!

It has been a year. Certainly not the year anyone could have anticipated but it also reminds me of what happens to a family after a child is diagnosed with cancer. You adapt, figure out a new path, and move forward. You have to for the safety of your child and we had to, for the sake of all children. While it has been years since a doctor told me my sweet 2 /12 year old son Liam had cancer, it's still a shock to me. It's still a shock that cancer is the number one disease killer of children under the age of 18 in the U.S. and that the cancers children get are completely different than the cancers adults get.

Because of dedicated donors like you, we were able to grant nearly $900,000 in 2020 and match federal government funding for every child enrolled in the Children's Oncology Group Pediatric Early Phase – Clinical Trial Network. Research doesn't move forward without funding and funding doesn't happen without one crucial ingredient: you. In a year where everything seemed upside down, we are so grateful for your support.

Thank you.

—Gretchen

Highlights

646
Events in
2020

13,203
Grassroots
events

Supporters
in all
50
states

19 countries

With Supporters Holding Events

RVA Virtual 5K

The eleventh annual Cookies for Kids' Cancer RVA City-Wide Bake Sale would have taken place across metro Richmond sometime in September. During these events, more than 15,000 cookies are typically sold.

Considering social-distancing and keeping people safe due to the COVID-19 pandemic, Chesterfield resident Amber van der Meer, who organizes the Richmond bake sales, decided to pivot their big event to a virtual 5k.

The RVA Good Cookie 5K took place on October 17th, 2020. There were 266 RVA residents who participated in the event, raising more than $25,000 for pediatric cancer research.

266
participants

Raised over
$25,000

Highlights

The Cookie Chain

The Cookie Chain was created by Tough Cookie Arthur and his family. Six-year-old Arthur is currently battling a brain tumor and held his first bake sale last year, raising more than $17,000. Knowing that in person bake sales would not be possible during Covid but still wanting to support the cause near to Arthur and his family, the Cookie Chain was created.

The Cookie Chain offered a fun and easy way to spread awareness and raise funds for childhood cancer research while remaining socially distanced. We supplied people with bags, stickers, and postcards that they could personalize to help package and deliver their treats. Then it was as simple as baking, packaging and delivering goodies to friends and family asking them to donate and join The Cookie Chain too. This created a CHAIN reaction that inspired 150 participants all over the country to get involved.

150 participants

Nearly $60,000 raised and counting

Good Cookie Challenge

Every day, 43 kids are diagnosed with cancer. In honor of them, from June 1st to August 31st, we challenged participants to go 43 miles each month. Run, walk, bike, or swim. It didn't matter to us how you logged your miles. We just wanted everyone to GET MOVING.

Top Fundraisers	Top Teams	Top Mile Trackers
Gina Clegg	Go Grier Go	Carlos Torres
Daniela Delaney	Critter's Cookies	Karen Hill
Susan Wecht	Sam**Maddy**Jen FC	Kristin Horner

Over $10,000 raised

62 participants

Over 75,000 miles logged

> ***"I home schooled my two kids for three and a half months this past year and I still believe there is nothing that comes close to teaching your kids the importance of raising money for a charity we all strongly believe in and the power of giving back."*** *—Jenn Gaum*

Highlights

Arden's Allies

Arden was diagnosed with stage IV, high-risk neuroblastoma at 9 months old. She spent 9 months working hard to fight this cancer, but after an aggressive relapse, Arden lost her battle in February 2014. Since 2013, Arden's Allies have been on a mission to fund an entire neuroblastoma research grant in her name. This year, they made it happen!

"From the folks who bought the first Arden's Allies t-shirts back in July of 2013 to the friends who cheered on my half-marathon fundraising efforts in 2017. From those of you who have been enjoying our tasty Arden's Chunky Cheeks Chocolate Chip Cookies to those who fueled our most-recent quadruple-your-donation matching campaign (during a pandemic, no less!). We've had one-time donors and every-time donors. And no matter where you fall in that mix, YOU and your remarkable generosity, Arden's Allies, are TRULY making a difference in the lives of neuroblastoma patients...in the form of actual research!" *- Kim, Arden's Mom*

The Cookie Jar

Launched in 2020, The Cookie Jar is a community of committed partners making a monthly gift to fund pediatric cancer research.

A partner is a core supporter of our work and helps sustain critical research into the future.

When you become a Cookie Jar partner, you are joining a powerful network of supporters making a deep impact each month. Your tax-deductible donation helps fill our jar— ensuring that we can continually fund the critical research that saves the youngest of lives.

Founding Partners

- Constance Adler
- Sasha Alvarado
- Alexander Ananian
- Karen Azoulay
- Amy Beattie
- Daniela & Guy Ben-Zion
- Jennifer Cartwright
- Keri Cimaglia
- Ken & Shana Druckerman
- Clodagh Frank
- David & Lorraine Friedman
- Liz Gensheimer
- John Grob
- Katherine Hagen
- Pam Hale
- Matilda Harvey
- Mary Clara Hastings
- Jim & Susan Holloway
- Maryjo Jureller
- Susan Kwan
- Eileen Lowry
- Sara Manna
- Susan Marcus
- Matthew Powers
- Karen Semanchick
- Maria Weikel

Cookie Sales Overview

The opportunities with cookies (as in actual cookies!) continues to be a vital fundraising tool as well as awareness generator. In 2020, we transitioned to a new e-commerce provider that offers more capabilities. We also quickly responded to the needs that living in a pandemic presented by introducing several individually wrapped options through Cookies to Share and Cookies that Care. The holiday cookie season was one of the most profitable in recent years thanks to several new corporate supporters looking for meaningful gifts that give back for both employees and customers.

8,201
Dozen Sold

141,722
Cookies Sold

Special Events

The word "event" took on a new look in 2020 amidst pandemic protocol, but with no less enthusiasm. We created both private custom events for donors as well as public events open to all Good Cookie supporters. We will continue organizing virtual events until the landscape changes and in person events are deemed safe.

art in august

More Than $75,000 Raised

Over 70 pieces donated

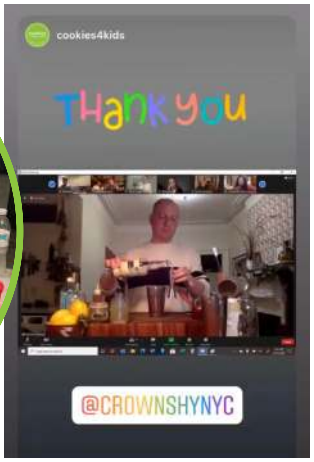
In August, we took more than 70 pieces of donated art originally intended to be auctioned at our annual Chef event in March and created an online auction called Art in August. The online format allowed the art auction to be accessible to anyone in the country which expanded the reach and brought in new donors. Over the course of a week, art and artists were profiled to create excitement and energy for this new fundraising opportunity. The net result was more than $75,000 raised with a large percentage of the bidders being new to the organization.

cookies for kids' cancer
the good cookie club

@evansungnyc teaching us all how to take proper food photos on zoom.

Thanks @cookies4kids

GOOD COOKIE CLUB CLASS 1 ✅✅✅



cookies4kids

Thank you

@CROWNSHYNYC

Relationships are the core of any organization. In the 4th quarter, we leveraged the strong relationships we have with a wide range of experts in their fields to create The Good Cookie Club, a series of live virtual gatherings. Attendees learned how to take perfect pictures from an award-winning photographer, create perfect cake pops from an expert of the fan-favorite treat, and the art of mixing perfect cocktails from industry leaders. The gatherings were personal, felt intimate and allowed us to open up the opportunity to anyone, anywhere. They were fun, informative and gave people a chance to interact directly with experts.

Tough Cookies

Why we do what we do

Stories lovingly submitted by Tough Cookie parents.

Lissy

Lissy is 3 years old. She was diagnosed with high-risk B-cell acute lymphocytic leukemia (ALL) in April of 2020. She was diagnosed after a break was found in her wrist and an infection in her stomach. She stopped walking in March and didn't walk again until June. She has gotten through multiple hospital stays, pokes, transfusions, and chemo so far with a smile on her face and beat in her step! She went from screaming when seeing a hospital building to walking in no problem. She dances during her appointments and loves to be chased around (even with an IV pole). She plays all day and loves to sing her songs (a total music head). She doesn't mind having no hair or not being able to do things other kids can. As long as she can have her family she's a happy little bee.

Lincoln

Lincoln was diagnosed with B-cell acute lymphoblastic leukemia the Fourth of July weekend after he turned four years old. He is currently about 5 months into a 2-3 yearlong treatment. He is keeping his head up and staying strong.

Lincoln is a fireball. He loves cars, video games, and anything sweet. He is a great little brother and an even greater big brother. He is kind, thoughtful and loving. He truly has a heart of gold.

Max

Max was diagnosed with stage IV neuroblastoma at 16 months. He woke up every day with a brave face and a big smile. Max taught everyone around him how to be strong, smile and be happy through it all. He loved music, dancing, his "Ellies", Jack Skellington, basketball and anything that involved his big brother Cole.

Max fought long and hard for 2 years – he had 10 surgeries (with 3 being craniotomies) and went through countless chemo and immunotherapies. He lost his battle to cancer in March of 2020.

> **"One of the hardest things we learned through all of this is that there is not enough funding to provide the type of research that is needed to help kids like our son live the long lives they deserve. A lot of the "innovative" treatments Max received were decades old. We can and must do better for our kids."**
>
> - Carrie, Max's mom.

cookies for kids' cancer

2020 Grant Recipients

Texas Children’s Cancer Center

Grant: $100,000

Project: Targeting PAK4 in high-risk rhabdomyosarcoma

Recipient: Dr. Jason Yustein

Rhabdomyosarcoma is the most common soft tissue sarcoma, or tumor of the muscle, in childhood. Overall, the treatments for rhabdomyosarcoma include chemotherapy, surgery and/or radiation, which have improved overall survival rates to approximately 65-70%. However, despite strengthening therapeutic regimens, long-term outcomes for patients with metastatic or relapsed rhabdomyosarcoma remain extremely poor, with overall survival rates between 20-30%.Thus, alternative therapies, or combination therapies are essential for improving outcomes. For rhabdomyosarcoma, activation of vital cell pathways drive resistance to chemotherapy and successful spread of disease, which is known as metastasis. Our laboratory has recently identified that a family of kinases, which are key enzymes in cells, known as the p21-activated kinases (PAKs) are activated and promote aggressive properties in rhabdomyosarcoma.

PAKs control several key cancer-causing pathways. Our lab has identified PAK4 as a critical regulator of cancer-related signaling pathways in rhabdomyosarcoma. We have preliminary genetic and small molecule studies providing evidence that targeting PAK4 inhibits tumor promoting and metastatic conditions in rhabdomyosarcoma. The overarching goals of our proposal are to study the treatment benefit of targeting PAK4. Specifically, our proposal will study the effectiveness of clinically relevant therapies using human and mouse rhabdomyosarcoma models. We believe using PAK4 targeting agents, which are actively being used in clinical trials, can provide effective treatments for these high- risk patients. Completion of these studies is expected to provide new therapies that can quickly move to clinical trial for the treatment of relapsed and metastatic sarcomas.

> **It is an honor to receive the support from Cookies for Kids’ Cancer for our research into identifying better treatments for relapsed and/or metastatic rhabdomyosarcoma. The dedicated support from incredible foundations such as Cookies for Kids’ Cancer enables vital studies to be performed as these continue to be extremely difficult financial times for those interested in performing pediatric cancer research. We believe that in the not too distant future we will discover better therapies that will lead to the eradication of pediatric sarcomas and other childhood cancers. Thank you for being our stalwarts, and your unwavering dedication in helping obtain this goal of defeating pediatric cancer.**

> “Funding from foundations like Cookies for Kids’ Cancer is so critical to discovery and the development of better therapies.”

Children’s Hospital of Philadelphia (CHOP)

Grant: $100,000

Project: Understanding mechanisms and developing therapies for MN1-driven leukemia

Recipient: Kathrin M. Bernt, MD

Our group recently discovered how a protein called Meningioma-1 (MN1) causes cancer. We found that in some leukemias, the MN1 gene breaks and becomes attached to another chromosome where it is put into overdrive. In parallel, another group found that this also happens in a subset of pediatric brain cancers. MN1 is a bit of a mystery protein – it has been very unclear what it actually does. MN1 is very sticky. We found that it is this “stickiness” than is central to MN1 ability to cause cancer. By gumming up some of the machinery that normally regulates the development of immature cells in the bone marrow to mature blood cells, MN1 forces cells to remain in an immature state, expand, and crowd out mature functioning cells.
This is the definition of leukemia.

Now that we understand what MN1 does, we need to figure out a way to inhibit it. The goal of the project supported by Cookies for Kids Cancer is to identify means to block the sticky protein – either by figuring out what makes it sticky and blocking it directly (aim 1), or by blocking the proteins it sticks to (aim 2).

> **Cancer is the leading cause of death in children under 15 years of age. Pediatric cancers are fundamentally different from adult cancers. In order to develop effective treatments for children, pediatric cancers have to be studied with the most sophisticated tools available. Yet only a very small share of government funding, and next to no investment by the pharmaceutical industry are directed towards childhood cancer. This is why funding from foundations like Cookies for Kids’ Cancer is so critical to discovery and the development of better therapies. What we do would simply not be possible without your support.”**

University of California, San Francisco (UCSF)

Grant: $100,000

Project: Exploiting therapeutic opportunities against high-risk leukemias harboring TP53 mutations

Recipient: Ernesto Diaz-Flores, PhD

In my group, we study hypodiploid B cell leukemia (LH B-ALL), an aggressive and deadly childhood cancer, affecting kids 1-10 years old, characterized by less than 43 chromosomes, and high mortality rate (5-year event free-survival <29% compared to >85% for leukemia patients overall).

90% of patients present mutations in a gene called TP53, and 40 % of them present it at birth, representing a type of Li-Fraumeni syndrome, the most common cancer predisposition syndrome. Neither intensive chemotherapy nor hematopoietic stem cell transplant improve survival in these patients who even relapse with CAR-T cell therapy, stressing the urgent need for new curative strategies.

We are at a time where cures cannot wait, as every day that goes by is another day that we are arriving too late. Thanks to private foundations like Cookies for Kids', groups like ours...can get the support needed to move forward to bring novel treatments to the clinic.

With our treatment strategy we aim to eliminate only the p53 mutant leukemic cells, while minimizing any off-target toxicity. We hope this strategy will turn this highly deadly cancer into a highly curable one.

I want to share my most profound appreciation to Cookies for Kids' Cancer for their generous grant. These funds will help us advance our studies to target a mutation responsible for treatment failure and relapse in most cancers worldwide. Our studies will validate the curative potential of a promising targeted therapy for children with high-risk cancer for whom there are no current curative options. Last year, due to a reduction in federal funds, we had to operate with a minimal budget, which slowed the amount and speed of experiments we could get accomplished. We are at a time where cures cannot wait, as every day that goes by is another day that we are arriving too late. Thanks to private foundations like Cookies for Kids' Cancer, groups like ours, with promising projects, great expertise, and committed drive, can get the support needed to move forward to bring novel treatments to the clinic.

> **Thank you very much to the entire Cookies for Kids' Cancer, board, and donors, for entrusting us with your generous and invaluable support from the deepest part of my heart.**

St. Jude Children's Research Hospital

Grant: $100,000

Project: Targeting the p53 pathway in high risk pediatric atypical teratoid rhabdoid tumors

Recipient: Martine F Roussel, PhD

I am thrilled to hear this terrific good news. These funds will no doubt renew our enthusiasm for these studies. We will make sure to make the best use of these funds to reach our goals.

Atypical teratoid rhabdoid tumor or ATRT is a particularly devastating disease that occurs mainly in the brain and, very rarely in the spinal cord of very young children- it is heartbreaking. Though an extremely rare form of cancer in children, with approximately 75 children being diagnosed annually in the United states, majority of them are less than 3 years of age at diagnosis. This makes it particularly challenging to cure ATRT due to the risk of side effects from radiation therapy on the growing brain. The failure rate for the currently available treatments are approximately 70% depending upon the age of presentation of the disease.

Because of this, we decided as a group to find new ways to treat ATRT and other similarly aggressive brain tumors which could potentially be more effective and have less side effects on the children. We have developed several patient-derived xenografts that are tumors from patients with ATRT treated at St. Jude that we immortalize in the brain of immuno-compromised mice.

We first undertook drug screens in cell lines that identified compounds that when added in combination profoundly suppressed tumor growth in vitro. One such drug is a MDM2 inhibitor that prevents P53 from being degraded thus inducing p53-induced cell death. Additionally, we found that another drug called Selinexor, that activates p53 pathway by an alternate mechanism by preventing its nuclear exit, when combined with the MDM2 inhibitor drug, acts synergistically and enhances tumor cell death. With these in vitro data on hand, we confirmed that the drugs crossed the blood brain barrier. Ongoing experiments with these drugs when used either as single agent and in combination in mice that carry patient-derived xenografts demonstrate encouraging preliminary data.

> **"This grant will allow us to expand these pre-clinical studies in mice and confirm the preliminary results with the eventual goal of developing clinical trials using novel combination of drugs at St. Jude for children with these highly aggressive and often fatal brain tumors. We also hope to identify other drug combinations that we will test pre-clinically."**

Seattle Children’s Research Institute

Grant: $100,000 Innovative Translational Research Award funded by AeroPress

Project: Advanced Molecular Monitoring of CAR T cell therapy for diffuse midline gliomas

Recipient: Nicholas A. Vitanza, MD

Diffuse midline gliomas with H3 K27M mutations (DMG), including diffuse intrinsic pontine glioma (DIPG), are fatal tumors that occur in unresectable parts of the central nervous system (CNS), which includes the brain and spine. They most commonly occur in children 6 years of age and the median survival is only 11 months. Seattle Children’s Vitanza Lab is dedicated to studying this disease with the goal of improving the lives of children with DMG and ultimately curing this disease.

Chimeric antigen receptor (CAR) T cells are a specific type of immunotherapy built form a patient’s own immune system and have been incredibly successful in curing relapsed leukemia in children. At Seattle Children’s, we have treated over 300 children with CAR T cells for a range of cancers and have 3 open trials dedicated to pediatric CNS tumors (BrainChild-01, -02, and -03, which target HER2, EGFR, and B7-H3, respectively). While early results of these trials are encouraging, differentiating progressive tumor vs. inflamed tumor responding to any immunotherapy is very challenging. However, recent technologies now allow us to measure circulating tumor DNA in patient’s blood and cerebrospinal fluid (CSF) and, even more exciting, allow us to capture byproducts of living CAR T cells and tumor cells. In combination, this provides the opportunity to not only measure the amount of tumor in a patient’s CNS, but also the overall health and changes within the tumor after treatment and the functional state of our T cells after they engage tumor cells. Through a powerful collaboration with The Translational Genomic Research Institute (TGen), we can get these results both from our laboratory models after they are treated with CAR T cells and in patients who are enrolled on BrainChild-02, our EGFR-targeting CAR T cell trial for children with recurrent CNS tumors and DMG.

> “
>
> **It is an honor to be awarded the inaugural Innovative Translational Research Award to support our work. Pediatric cancer continues to be dramatically underfunded compared to adult cancer at every level from NIH funding to philanthropic support so these awards are critical and make our research possible. As DMG is responsible for an unimaginable 25,000 potential years of life lost every year just in the United States, we owe it to these children and their families to investigate new technologies as quickly and safely as possible and also understand how best to deliver them. This partnership will bring us closer to critical answers and support from Cookies for Kid’s Cancer and AeroPress truly has the potential to change the future of therapy for these effected children.”**

Children's Oncology Group

Grant: $150,500

Project: Pediatric Early Phase Clinical Trial Network (PEP-CTN)

Since 2012, we have granted $2,745,300 to the Pediatric Early Phase Clinical Trial Network (PEP-CTN). We match dollar for dollar the funding the National Cancer Institute (NCI) provides for every child enrolled at the 20 participating centers which are located across the country. For three years of our funding, we actually doubled the amount the NCI funds.

Here are some figures about the program and our support:

- The funding from the NCI to support the conduct of complex studies (like phase 1 studies) does not cover the true cost to the institution
- Effective early phase clinical trial teams include dedicated research nurses, pharmacists, and research coordinators; personnel expenses are the largest single cost at institutions
- To be effective as an early phase clinical trial institution, you need to have a team ready when eligible patients present, which is impossible to predict in advance
- Last year, support from Cookies for Kids' Cancer went to 18 institutions for 43 children who enrolled on PEP-CTN studies
- Since 2012, support from Cookies for Kids' Cancer went to 35 institutions for 828 children who enrolled on early phase studies
- The FDA has granted approval for children for a targeted agent for a rare type of lymphoma based upon a COG phase 1 study
- FDA approval means that children anywhere in the US can get access to a medication that is both effective and has much fewer side effects that standard chemotherapy
- The COG study also evaluated a liquid form of the medication, which is much more kid friendly than large tablets
- With the dedicated COG early phase trial, this would not have happened

Dana-Farber Cancer Institute/The Jimmy Fund

Grant: $100,000

Project: Augmenting immune response in neuroblastoma

Recipient: Dr. Rani George , MD, PhD

I would like to express my sincere appreciation to Cookies for Kids' Cancer for this generous grant and their commitment to advance research and improve treatments for pediatric cancers. The success of immune-based treatment in adult cancers has not extended to neuroblastoma. We have identified that many of the genes that induce an immune response in neuroblastoma are epigenetically suppressed. With this support, my team aims to investigate whether pre-treatment of neuroblastoma cells with small molecule inhibitors of the PRC2 repressor complex can cause the immune response genes to be reactivated. If successful, the results of our research would help counter the ability of neuroblastoma cells to suppress the immune system and revise treatments now in use against high-risk neuroblastoma. With full lives ahead of them, our young patients deserve to have durable treatments that spare them so many of the toxic and late effects of traditional treatment. Thanks again for your tireless efforts to improve the lives of children with cancer.

Texas Children's Cancer Center

Grant: $100,000 (2nd half of a $200,000 grant initiated in 2019)

Project: Development of a human natural killer cell immunotherapy against pediatric sarcomas

Recipient: Dr. Robin Parihar

Treatments using the immune system to fight childhood bone and muscle tumors (sarcomas) have shown promise in the lab. However, their ability to cure patients has been limited by a powerful tumor environment that turns off the immune system and does damage to normal cells. We have developed a cancer therapy that uses natural killer (NK) cells, a type of white blood cell with excellent tumor killing capacity and a unique ability to distinguish normal tissues in the body. The NK cells safely target both the tumor environment and sarcoma-associated proteins in a special way that allows them to destroy cancer but leave normal tissues alone. We will test the ability of these NK cells to kill tumors safely in laboratory models, and then make preparations to test safety and effectiveness in kids with sarcoma.

My lab and I are incredibly thankful to the generous support of CFKC donors. Your tireless devotion to kids with cancer, and to supporting researchers who want to bring new, less toxic therapies to them, is inspirational and incredibly appreciated. We truly would not be able to do this without you!

Despite attempts to improve treatment over the last few decades, children with advanced pediatric sarcoma of muscle or bone continue to die from their disease. New treatments are sorely needed. Treatments that utilize the immune system to fight cancer have shown promise in the lab. Their ability to cure patients, however, has been limited by a powerful tumor environment that turns off the immune system. In addition, because there are very few target proteins specific to sarcoma tumors (i.e., those expressed on the tumor, but not on normal tissues), it is difficult to spare normal cells from damage during immune treatment. Thus, there is a critical need to develop treatments that safely target both the tumor microenvironment (TME) and sarcoma-associated proteins so that immune treatments can destroy cancer but leave normal tissue alone. To overcome these challenges, we have developed a treatment that utilizes natural killer (NK) cells, a type of immune cell with excellent tumor killing capacity and a unique ability to distinguish normal tissues in the body. To further enhance their activity, we have modified NK cells to target both sarcoma tumor cells and the TME. We are now testing the ability of these NK cells to kill tumors safely in lab models and making regulatory preparations to test safety and effectiveness in children with advanced soft-tissue sarcoma within the context of a clinical trial.

> **“The burden of pediatric cancer, both physical and emotional, for patients and their families is immense. My lab aims to help discover more specific, less toxic treatments to decrease that burden. We expect our research to lead directly to a cell therapy clinical trial at Texas Children's Hospital for children with soft-tissue and bone sarcomas. We are incredibly thankful to the generous support of CFKC donors that is helping move this research into the clinic.”**

> Your tireless devotion to kids with cancer, and to supporting researchers who want to bring new, less toxic therapies to them, is inspirational and incredibly appreciated. We truly would not be able to do this without you!
>
> — Dr. Robin Parihar, *Texas Children's Cancer Center*

Other Grants

Institutions that have received funding from Cookies For Kids' Cancer in conjunction with PEP-CTN include:

- NYP/Columbia University Medical Center/ Herbert Irving Comprehensive Cancer Center
- C S Mott Children's Hospital
- Cincinnati Children's Hospital Medical Center
- UCSF Medical Center-Mission Bay
- Baylor College of Medicine/Dan L Duncan Comprehensive Cancer Center
- Children's Hospital of Philadelphia
- Riley Hospital for Children
- University of Minnesota/Masonic Cancer Center
- Children's Hospital of Alabama
- Children's Healthcare of Atlanta - Egleston
- Saint Jude Children's Research Hospital
- Children's Hospital of Orange County
- Children's Hospital of Pittsburgh of UPMC
- Washington University School of Medicine
- Children's National Medical Center
- Seattle Children's Hospital
- Dana-Farber/Harvard Cancer Center
- Ann and Robert H Lurie Children's Hospital of Chicago
- Children's Hospital of Colorado
- Children's Hospital of Los Angeles
- Children's Hospital of Wisconsin
- Oregon Health and Science University
- Hospital for Sick Children
- Midwest Children's Cancer Center
- Mark O'Hatfield-Warren Grant Magnuson Clinical Center
- Lucile Packard Children's Hospital Stanford University
- University of Oklahoma Health Sciences Center
- University of Texas Southwestern Medical Center
- Centre Hospitalier Universitaire Sainte-Justine
- Children's Mercy Hospitals and Clinics
- Cook Children's Medical Center
- Montefiore Medical Center - Moses Campus
- Nemours Children's Clinic - Jacksonville
- Phoenix Children's Hospital
- Rady Children's Hospital - San Diego
- National Institutes of Health Clinical Center

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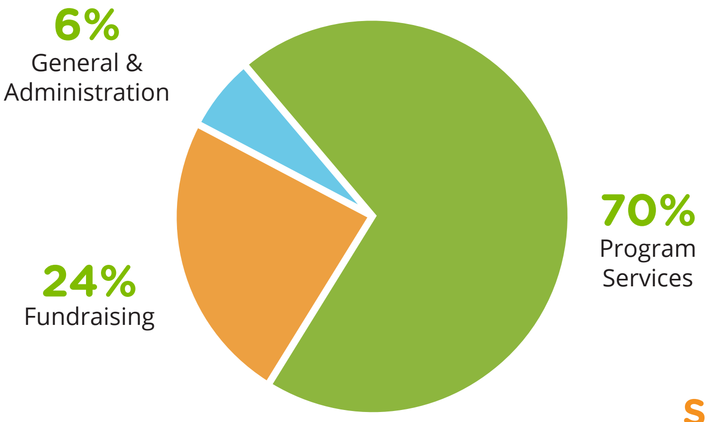
Financial Highlights



$2,530,739
spent in 2020

Statement of Financial Position

	2019	2020
Total Assets	$3,174,237.00	$2,924,841.00
Total Liabilities	$412,765.00	$214,409.00
Total Net Assets	$2,761,472.00	$2,710,432.00

Statement of Activity

	2019	2020
Total Support & Revenues	**$3,854,233**	**$2,479,699**
Total Expenses	**$4,038,702**	**$2,530,739**
Program Services		
Pediatric Cancer Research Grants	$1,793,500	$800,500
Organizational Mission Advancement	$1,367,243	$968,389
Fundraising	$671,632	$595,865
General & Administration	$206,327	$165,985
Surplus/Deficit	$(184,469)	$(51,040)

cookies for kids' cancer

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