

2022 - 2023 ANNUAL REPORT



Haven, 4½ pictured here, now 7

Acute lymphoblastic leukemia

With her father, Tim

Dear Friends,

As our 25th year begins, we reflect upon the remarkable research progress made for children with cancer and our hope that in the next 25 years, that every child with cancer will be cured, and able to live free of toxic late effects that all too often plague survivors throughout their lives.

Equally important, we reflect upon the touching dedication of the volunteers who have served children with cancer through the Foundation over 25 years, and the donors who generously back those efforts. None of the progress you will read of in the following pages would have been possible without YOU. You are St. Baldrick's – and we salute each of you!

While the pandemic is behind us, the Foundation continues to adapt to the changes it caused in the lives of supporters, and we made great strides over the past year. We expanded the Foundation's board of directors, launched new partnerships, renewed lapsed volunteers, donors and sponsors, and reopened categories of grants that were dormant during the pandemic.

On the advocacy front, St. Baldrick's advocates, together with our partners in the Alliance for Childhood Cancer, secured the commitment of Congress to provide full federal funding of the Childhood Cancer STAR Act and Childhood Cancer Data Initiative for the fifth and fourth years respectively when Congress passes a budget. We further secured Congress' reauthorization of the Childhood Cancer STAR Act for another five years. St. Baldrick's crafted and implemented the strategy to get these bills signed into law. While many people and organizations in the childhood cancer community contributed ideas, resources, and manpower to get the STAR Act across the finish line, St. Baldrick's compiled and synthesized the policy ideas into one comprehensive legislative package, established relationships with key childhood cancer congressional champions, led the effort to build support for STAR



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

Haven, In April 2021, then four-and-a-half-year-old Haven was diagnosed with B-cell acute lymphoblastic leukemia. The diagnosis shook her family's world. For over two years, Haven battled through the hardships of treatment – enduring rounds of chemotherapy, steroids, ten blood transfusions, and countless needle sticks.

The good news is that Haven is not just surviving; she is thriving. Today, she is a vibrant and active first grader.

on Capitol Hill, and negotiated final legislative language with congressional leadership. St. Baldrick's maintained this leadership role in developing the STAR Reauthorization Act and securing its successful passage.

As St. Baldrick's 25th year begins, look for new and exciting fundraising programs to carry us through the next quarter-century to a cure. With your continued leadership and generosity, researchers will have the resources needed to reach the day we are no longer needed at all.

Research Highlights:

Impact of Anesthesia Exposure in Childhood Cancer Patients

Many children with cancer develop learning problems after treatment. Researchers don't yet know how best to predict which children will have problems, making it hard to prevent them from occurring. Outcomes recently presented at the American Society of Hematology (ASH) meeting are providing some hope.

Unlike other known risk factors for cognitive late effects in patients, anesthesia exposure is modifiable.

St. Baldrick's Researcher Dr. Kristina Hardy and colleagues found that children who received more of a certain kind of anesthesia, called propofol, had more problems with thinking and learning after their cancer treatment

ended. Importantly, however, and unlike other known risk factors for cognitive late effects in these patients, anesthesia exposure is modifiable. The future steps are to examine interventions that can reduce the need for anesthesia exposure in these patients.

Promising Treatment Option for Relapsed T-ALL

Children with T-cell leukemia (T-ALL) who experience relapse have a low chance of a cure with current therapy. St. Baldrick's Fellow Dr. Ryan Summers is hard at work to change this. MERTK and BCL-2 are proteins that may be therapeutic targets in children with T-ALL. Dr. Summers tested whether treatments targeting these proteins are effective in experimental models of T-ALL. As published in *Cancers*, he found that a new drug called MRX-2843, which blocks MERTK function, can kill T-ALL cells. In T-ALL models, treatment with this new drug reduced the presence of leukemia cells and prolonged survival.

When combined with another drug called venetoclax, which blocks BCL-2 function, it proved more effective. These studies provide good evidence that MRX-2843 could be effective for treatment of T-ALL, especially when combined with venetoclax.



Julianna, 5

Neuroblastoma

Julianna (a.k.a. Juju) loves Jack Sparrow, dancing, baby dolls, unicorns, and church. Diagnosed with stage L2 neuroblastoma in January 2022 at the age of 3, she relapsed as stage 3 the following January. Over two years, Juju was sedated more than 20 times. Her mom, Courtney, shared, "I will never forget the very first sedation. Handing her limp body over to people I had just met, trusting them to take care of her. And then her waking up from sedation with her perfect little toddler body baring the scars of port placement and biopsy."

This grant was supported by the Emily Beazley Kures for Kids Fund, a St. Baldrick's Hero Fund.

Growing NK Cells for Neuroblastoma Patients

Natural Killer (NK) cells are an important part of your immune system that can recognize cancer and work in concert with other cancer treatments, but they are low in number and function in cancer patients. These cells are particularly good at killing neuroblastoma. Dr. Dean Lee has been working to grow NK cells outside the body from neuroblastoma patients. With St. Baldrick's funding he and his colleagues at NANT (New Approaches to Neuroblastoma Therapy) conducted a multi-institutional clinical trial to test if it was safe and feasible to grow these cells and restore their function, ship them back to participating institutions, and give them back to the patient in large numbers.

The outcomes were encouraging and showed it was safe. However, because the number of NK cells in cancer patients are so small, it was difficult to achieve the highest dose levels. But Dr. Lee isn't letting that stop him. He has designed a follow-on trial to test "ready-to-use" NK cells that are grown from healthy donors.

Sharing Data to Improve Pediatric Cancer Treatment

The Pediatric Cancer Data Commons (PCDC) houses the world's largest set of harmonized clinical data for pediatric cancer research. With hundreds of international collaborators forming more than ten disease-specific consortia, they have collected and harmonized data from across more than forty countries and almost all types of pediatric cancer. This massive international collaboration creates larger datasets with better genetic and geographical diversity within the available data.

Researchers who have already made their data available for research are driving new science and publishing their discoveries.

The recent launch of the PCDC Data Portal allows researchers easy access to this diverse data. The St. Baldrick's Foundation has proudly provided essential support for the development and launch of the PCDC data portal and analysis tools.

The researchers who have already made their data available for research are driving new science and publishing their discoveries. At least 68 papers have been published using data from the PCDC or consensus opinions developed by the consortium experts.



Lola, 8

Neuroblastoma

Spirited, hilarious, sweet, artistic, and sunshine are just a few words that describe Lola. Diagnosed with high-risk neuroblastoma in December 2022, she's faced chemo, multiple surgeries, two stem cell transplants, radiation, and spent 7 days intubated in the PICU. Her mom, Jeni, noted, "It's really hard to find the words to describe what it's like watching your child fight for their life - and not from cancer, but from the treatment. It was incredibly scary and her turn around is nothing less than miraculous." Lola's most recent scans showed zero evidence of disease and she started immunotherapy last November. Her resilience and ability to accept and adapt to challenging situations amaze and inspire everyone around her.

Results Show Promise For Kids With Neuroblastoma

Results were recently published on the first in-child study evaluating lorlatinib with and without chemotherapy in children and adults with relapsed ALK-driven neuroblastoma. Supported in part by the St. Baldrick's Foundation, this New Approaches to Neuroblastoma Therapy (NANT) Consortium phase 1 study found lorlatinib is safe and tolerable in pediatric and adolescent patients with relapsed neuroblastoma. These findings not only provide hope for patients, they support lorlatinib's rapid translation into active phase 3 trials for patients with newly diagnosed high-risk, ALK-driven neuroblastoma.

Identifying Survivors At Risk For Cardiovascular Dysfunction

The best cardiovascular screening strategy for survivors of childhood cancer 39 years old or younger has not been determined. St. Baldrick's Scholar, Dr. Wendy Bottinor, is working to fix that. She recently found that measuring strain on parts of the heart through an echocardiogram can likely improve the identification of survivors at risk for cardiovascular dysfunction, and provide an opportunity for early intervention. Dr. Bottinor found that patients who developed cardiotoxicity had apparent changes in strain measurements about five years after cancer diagnosis. Next steps include validating these findings in a larger cohort to support using strain measurements to stratify risk among survivors.

This grant was supported by To-morrow's Research Fund, a St. Baldrick's Hero Fund.

Understanding Rhabdomyosarcoma Subtypes

Rhabdomyosarcoma is the most common sarcoma in children. There are two major subtypes; embryonal rhabdomyosarcoma (ERMS) and alveolar rhabdomyosarcoma (ARMS). Unfortunately, children with ARMS have worse outcomes compared to ERMS patients. A St. Baldrick's supported study evaluated if a chemotherapy commonly used to treat relapsed (or returning) rhabdomyosarcomas is more or less successful based on subtype. After analyzing the results from five phase 2 clinical trials, researchers found that patients with ARMS had significantly higher response to this type of chemotherapy than those with ERMS. Next steps include investigating the use of this chemotherapy in newly diagnosed patients, particularly those with ARMS.

Outstanding Results for Kids With Low-Risk B-ALL

Clinical trial shows low risk B-ALL patients experience outstanding survival on 2 low intensity regimens.

A recent report from the Children's Oncology Group (COG) shows that low risk B-ALL children enrolled on a COG clinical trial - supported in part by the St. Baldrick's Foundation - experience



Jet, 5

Acute lymphoblastic leukemia

Jet is a "boy's boy" through and through. He likes to wrestle, shoot Nerf guns, and watch football. He's also an avid video gamer (Mario Kart and Monster Jam are his favorites). Jet relies heavily on his faith, which has sustained him through tough times. In a matter of eight months, a swollen lymph node under his chin spread into other lymph nodes throughout his body. Just ten days shy of his 5th birthday, in September 2023, Jet was diagnosed with B-cell acute lymphoblastic leukemia. He's faced chemo, steroids, which make him irritable, surgery to place a port, and a bone marrow biopsy. His mom, Kristina, shared, "Jet is such a strong boy considering all the treatment and changes in his life. The worst part of this whole process has been him missing his friends and being somewhat isolated."

outstanding survival on low intensity regimens. This trial treated children with two different low intensity regimens, and both were favorable. This finding allows physicians and families to select the treatment approach based on preference and still experience the same survival rates. Next steps include exploring further ways to reduce treatment by eliminating unnecessary therapies.

Mapping Rhabdomyosarcoma

St. Baldrick's Scholar Dr. Benjamin Stanton and colleagues recently published the first comprehensive, 3D analysis of the complete rhabdomyosarcoma genome. The survival rates for rhabdomyosarcoma vary widely depending on the stage and subtype, making it a challenging condition to treat effectively.

To address this, Dr. Stanton looked at the genome of rhabdomyosarcoma in a new and detailed way – like examining it in 3D instead of just reading it in a straight line. This 3D analysis helped them find factors that control how the cancer grows and how certain genes work together. This knowledge could help doctors find better treatments in the future.

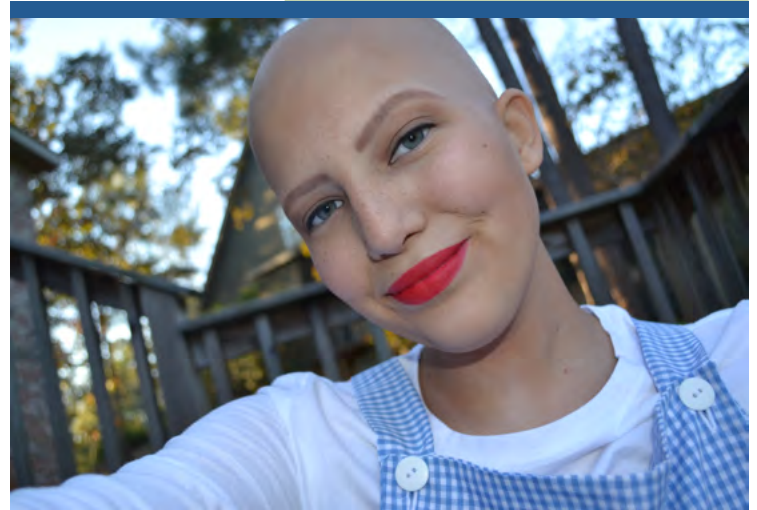
The 2023 year of this grant is supported by Berry Strong, a St. Baldrick's Hero Fund honoring the memory of Caroline.

Treating Relapsed Neuroblastoma with Immunotherapy: Interim Phase 1 Trial Results

Dr. Andras Heczey, a St. Baldrick's Foundation – American Cancer Society awardee, recently published interim results from a Phase 1 clinical trial. In this study, researchers tested an immunotherapy in 12 kids with neuroblastoma. The main goals of the study are to check if the treatment is safe and to find how much can be given without causing severe side effects.

The results showed that the treatment was safe and well-tolerated.

25% of the children responded positively to the treatment, with two showing partial improvement and one experiencing complete tumor shrinkage. They also discovered that a certain gene called BTG1, when suppressed in the immune cells, made them even more effective in attacking cancer cells in models. Next steps include understanding how BTG1 interferes with the immune cells.



Caroline, Forever 16

Rhabdomyosarcoma

Caroline was a bright light to all who knew her. She was a fun-loving, sweet and sassy girl who always had a smile on her face and could always put a smile on others. She loved her friends, all things country music (especially Luke Bryan), painting and calligraphy, the beach, playing indoor and beach volleyball, basketball and her sweet puppy, Buddy. She was intelligent, creative, kind, funny, and feisty. Above all, she was selfless, even in the middle of the fight for her life, she became an ambassador for childhood cancer - raising awareness and research funding so that no child would ever have to endure the same battle.

Phase 1 neuroblastoma immunotherapy clinical trial is well-tolerated and shows promise.

Empowering Young People Because "I won't get to live my life the way I planned it"

To better understand their perspectives and experiences, Dr. Abby Rosenberg and colleagues interviewed adolescents and young adults (AYAs) ages 14-25 years who were receiving treatment for advanced cancer. After analysis, they noticed three global themes: "Do I have a future?", "Those decisions ... were really hard." and "I felt very alone." These results provide justification for psychological support interventions to empower AYAs to navigate difficult decisions and to cope with isolation.

An EPICC Battle: Using Immunotherapy to Fight Brain Tumors

Children with many kinds of cancer - from leukemia to solid tumors - have new hope with the rising success of a type of immunotherapy called CAR T-cell therapy. Despite notable progress in leukemia, solid tumors - especially brain tumors - have proven far more difficult.

One exciting development is that Dr. Michelle Monje, a member of the St. Baldrick's Foundation EPICC (Empowering Pediatric Immunotherapies for Childhood Cancer) Team, recently observed success and high response rates in a clinical trial of a particular CAR T-cell therapy for one of the most difficult childhood brain tumors, diffuse midline gliomas (DMG).

Even so, all but one of the patients on this trial have eventually developed progressive disease. With St. Baldrick's Foundation support, Dr. Monje and team are now working to understand why.

With increased understanding of the biology of CAR T-cells and the use of emerging next generation designs, the team is developing novel, stronger, GD2-CAR T-cells suitable for testing in childhood brain tumors.



Not every research advancement supported by St. Baldrick's makes the news, but each one adds to the body of scientific knowledge that takes us one step closer to better outcomes for kids with cancer. Your continued support will make more research possible to *Conquer Kids' Cancer*.



summer quickly shifted to a courageous battle against the deadliest form of pediatric brain cancer. Following six weeks of radiation at Children's Hospital in Pittsburgh, he traveled to Seattle to participate in a promising CAR T-cell clinical trial. When the tumor continued to grow, he enrolled in a different trial at Children's National Hospital in Washington, DC. Unfortunately, nothing could stop the aggressive tumor and he passed away on March 23, 2023.

Joe brought out the best in people. Everyone who knew him and even those who didn't could see his goodness, his true zest for life, the bond he had with his friends, the 100% effort he gave to the things he was passionate about, and the kindness he showed to others, especially those less fortunate. Joe leaves behind an inspirational legacy of never complaining, no matter how hard things got.

Joe, Forever 19

Diffuse intrinsic pontine glioma

Joe was smart, easygoing, kind, handsome, and well-mannered. He loved football, his friends, and his family. A month after receiving his high school diploma, he was diagnosed with DIPG - an aggressive brain tumor. Joe's plans for a care-free

Statement of Activities

Year ending June 30, 2023

Income		
Contributions	\$ 23,186,087	
Contributed services and assets	381,725	
Investment return, net	477,201	
Total Income		\$ 24,045,013
Expenses		
Program	\$ 15,684,597	
Fundraising	5,634,438	
Administration	1,591,420	
Total Expenses		\$ 22,910,455
Change in Net Assets		1,345,241
Beginning Net Assets		10,128,820
Ending Net Assets		11,474,061
Total Liabilities		14,220,357
Total Assets		\$ 25,694,418

Aaron, 12 pictured here, now 16
Ewing sarcoma

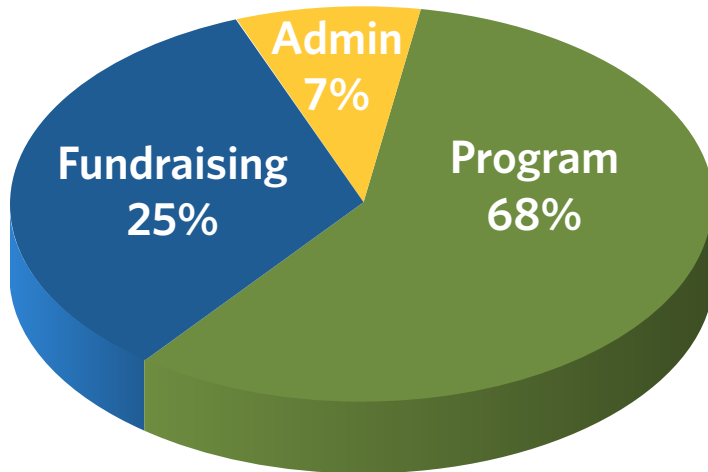
[View the fully audited 2022-2023 Financial Report.](#)

To learn more, Please Visit:

Why We Exist	stbaldricks.org/why-we-exist
Get Involved	stbaldricks.org/get-involved
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Leadership	stbaldricks.org/board

Note: As reported in the organization's audited financial statements for the year ending June 30, 2023, St. Baldrick's received in-kind donations totaling \$381,725 in the form of advertising, \$351,833 in attorney services, as well as \$29,892 in items for fundraising events and operations.

FY 2022-2023 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 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 3 through 7 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 far more!

Thank you on behalf of 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. As we work together on behalf of every child with cancer, when asked “**who have you saved?**” know you can proudly answer, “**many.**”

In Service,

Frank Nutter

Chair of the Board

Kathleen Ruddy

Chief Executive Officer & Board Member

Partners in Mission

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:



Anonymous	Defense Health Research Consortium (DHRC)	One Voice Against Cancer (OVAC)
Alliance for Childhood Cancer	Duke-NUS Graduate Medical School (Singapore)	Olivia Fund
American Cancer Society	The Edward M. Calvo Cancer Foundation (Guam)	The Osteosarcoma Collaborative, Inc.
American Association of Cancer Research (AACR)	The Faris Foundation	The Osteosarcoma Institute
The American Society of Pediatric Hematology/Oncology (ASPHO)	Fight Kids Cancer (Belgium)	Patient Quality of Life Coalition (PQLC)
Battle Osteosarcoma	Firefighter Cancer Foundation	People Against Childhood Cancer (PAC2)
Bermuda Cancer and Health Centre	Focused Ultrasound Foundation	Princess Maxima Center for Pediatric Oncology (Netherlands)
Children's Brain Tumor Network	Gabriella Miller Kids First Pediatric Research Program	Stand Up To Cancer
Children's Cancer Association of Japan	Griffin's Guardians	Songs of Love
Children's Cancer Foundation (Hong Kong)	Health Research Associates	Tap Cancer Out
Children's Cancer Fund	International Society of Paediatric Oncology (SIOP)	Team Campbell Foundation*
Children's Oncology Group	Keaton's Child Cancer Alliance	TeamConnor Childhood Cancer Foundation
Children's Cancer Research Fund	The Kids' Cancer Project (Australia)	There With Care
Children with Cancer UK (United Kingdom)	Marlee's Smile*	Ty Louis Campbell (TLC) Foundation*
CureSearch for Children's Cancer	MIB Agents	Voices Against Cancer
D-Feet Cancer	Move for Miles	Zach Sobiech Osteosarcoma Fund
The Dalton Fox Foundation*	Northern Nevada Children's Cancer Foundation	

* These partners are supporting the work of the St. Baldrick's Foundation EPICC Team (Empowering Pediatric Immunotherapies for Childhood Cancer Team)

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	Oh Danny Boy, I Love You So: The Danny O'Brien
Arden Quinn Bucher Memorial Fund	Rhabdoid Tumor Research Fund
Be Brooks Brave Fund	Pray for Dominic
Berry Strong	Rays of Hope
Cody Thompson Memorial Hero Fund	Robert Arceci Memorial Fund
David's Warriors	RowOn 4 a Cure
Do It For Dominic Fund	Strong & Courageous
Double Deckers Destroy AML	Super Soph's Pediatric Cancer Research Fund
Emily Beazley's Kures for Kids Fund	Sweet Caroline Fund
EPICC Team: Empowering Pediatric Immunotherapies for Childhood Cancer	TEAM ABBY Gives
Expanding Access Hero Fund	Team Clarkie Fund
Friends for Hope	Team Jackson
Gallo's Heroes: Assist Kids with Cancer	Team Z for Phi
Glen Parker Bayne Hero Fund	The Abbey E. Foltz Fund
Hannah's Heroes	The Ben Brandenburg Fund for Ewing Sarcoma Research
Invictus Fund	The Grace for Good Fund
Jack's Pack - We Still Have His Back	The Henry Cermak Fund for Pediatric Cancer Research
JJ's Angels	The Oliver Wells Fund for Neuroblastoma Research
#Joe Strong 71	The Shohet Family Fund for Ewing Sarcoma Research
Julia's Legacy of Hope	Thumbs Up Fund To Honor Brett Haubrich
Just Do It...and be done with it	To-morrow's Research Fund
Kai Slockers Pediatric Cancer Research Fund	Tough as Ace
Lilbug's Legacy	Yes Way, Jose! Hero Fund
Luke's Army Pediatric Cancer Research Fund	
LukeStrong A Force Against Neuroblastoma	
Childhood Cancer Fund	

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Donations to St. Baldrick's Foundation are a
sound investment in childhood cancer research.

Platinum Rating on [Guidestar](#)

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Meeting 20 standards of accountability

Platinum
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Candid.



Julianna, 5
Neuroblastoma

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1333 S. Mayflower Avenue, Suite 400
Monrovia, CA 91016 USA
888-899-BALD (2253), (626) 739-2700
StBaldricks.org