



## Pediatric Cancer Research Foundation Announces 2023 Grant Recipients to Accelerate Discovery of New Treatments for Pediatric Cancers

IRVINE, CA, May 30 – The Pediatric Cancer Research Foundation (PCRF), a nonprofit focused on transforming pediatric cancer care by accelerating research breakthroughs, today announced the 19 recipients of its 2023 research grants. The researchers will receive \$1,730,000 in funding to explore new and safer treatments for pediatric cancers.

Of the recipients, six scientists are receiving PCRF funding for the first time. For the balance, PCRF funding will support the continuation of ongoing research projects. Grant recipients will conduct their research at top institutions across the U.S, studying various types of childhood cancers. Many past researchers funded by PCRF have gone on to receive NIH funding after proving their initial concepts with the support of philanthropic dollars.

“These grants encourage visionary researchers to advance science and develop the next generation of treatments to cure pediatric cancers and enhance quality of life,” said Jeri Wilson, Executive Director, Pediatric Cancer Research Foundation. “The proposals we received this year are some of the most exciting we have ever had the privilege to consider and show great potential for moving us closer to desperately needed cures. Our only regret is that we didn’t have more money to invest!”

The 2023 grant recipients include:

- **Susann Brady-Kalnay, PhD**  
*Case Western Reserve University Hospital*  
Use of magnetic resonance fingerprinting for determining response to immunotherapy in pediatric brain tumors
- **Mitchell Cairo, MD**  
*New York Medical College, Marie Fareri Children’s Hospital*  
Cancer genetics, tumor immunology, and targeted treatments for childhood and adolescent hematological malignancies and solid tumors
- **Brian Crompton, MD**  
*Dana-Farber Cancer Institute*  
Prospective validation of a prognostic liquid biopsy approach for pediatric Ewing Sarcoma
- **Gregory Friedman, MD**  
*University of Alabama at Birmingham*  
Directed drug delivery for pediatric High-Grade Glioma

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- **Josephine HaDuong, MD**  
*Children's Hospital of Orange County and University of California Irvine*  
Establishing a pediatric Medulloblastoma testing "pipeline"
- **Alex Kentsis, MD**  
*Memorial Sloan-Kettering Cancer Center*  
Curative epigenetic therapies of refractory pediatric Sarcomas
- **Eugenie Kleinerman, MD**  
*MD Anderson Cancer Center*  
A novel dendritic cell vaccine and anti-PD1 for Osteosarcoma therapy
- **Audrey Lasry, MD**  
*New York University School of Medicine*  
Modulating the immune microenvironment in pediatric Acute Myeloid Leukemia (AML)
- **John Ligon, MD**  
*University of Florida*  
Investigating the immune response to RNA-nanoparticle vaccines and use of these vaccines in combination with immune checkpoint inhibitors for metastatic Osteosarcoma
- **Michelle Monje, MD, PhD**  
*Lucile Packard Children's Hospital Stanford*  
Therapies for High-Grade Glioma
- **Theodore Moore, MD**  
*Mattel Children's Hospital, UCLA*  
Phase I/II therapeutic research trials and development of new treatment modality for incurable brain tumors
- **Marie Nelson, MD**  
*Children's Research Institute (CNMC)*  
Neoadjuvant checkpoint inhibition and cryoablation therapy in relapsed or refractory pediatric solid tumors
- **Cody Nesvick, MD**  
*Mayo Clinic*  
Understand how SMARCB1 loss makes Atypical Teratoid Rhabdoid Tumor (ATRT) cells more vulnerable to treatment
- **Ashley Plant-Fox, MD**  
*Ann & Robert H. Lurie Children's Hospital of Chicago*  
Combination immunotherapy for Diffuse Intrinsic Pontine Glioma (DIPG)

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- **Kathleen Sakamoto, MD, PhD**  
*Lucile Packard Children's Hospital Stanford*  
Targeting mitochondrial pathways in pediatric Acute Myeloid Leukemia (AML)
- **Surojit Sarkar, PhD**  
*Seattle Children's Research Institute*  
Designing self-driving CAR T cell immunotherapies for metastatic solid tumors
- **Elliot Stieglitz, MD**  
*University of California, San Francisco Benioff Children's Hospital*  
Innovative tests to determine treatment responsiveness for Juvenile Myelomonocytic Leukemia (JMML)
- **Masataka Suzuki, PhD**  
*Baylor College of Medicine*  
Immunotherapy and CAR NK cell therapy for pediatric Sarcomas
- **Rajkumar Venkatramani, MD**  
*Texas Children's Hospital*  
Molecular characterization of undifferentiated Sarcomas

Sixty-seven applications were evaluated. The selected grant recipients were determined using the following criteria:

- Probability of an advance in prevention, diagnosis or treatment for the near-term
- Novelty of the concept and strategy
- Clarity of presentation
- Overall plan for bringing the research findings to clinical application
- Experience, background, and qualifications of the investigators
- Adequacy of resources and environment (facilities, patients, etc.)

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#### **About the Pediatric Cancer Research Foundation (PCRF)**

Determined to transform pediatric cancer care by accelerating research breakthroughs, the Pediatric Cancer Research Foundation has one goal: to make it possible for all children facing childhood cancer to beat their disease and realize their full potential. Overseen by scientific thought leaders, its rigorous and competitive process for awarding research grants has contributed to pivotal advancements in the areas of Non-Hodgkin's Lymphoma, Immunotherapy/CAR T-cells, Osteosarcoma, Juvenile Myelomonocytic Leukemia, and Acute Myeloid Leukemia. The Pediatric Cancer Research Foundation is a GuideStar Platinum-rated charity. Powering Cures, Realizing Futures, its inspiring motto, encapsulates the Foundation's motivation and commitment. For more information, please visit [www.PCRF-kids.org](http://www.PCRF-kids.org) or follow us @PCRF\_KIDS.

#### **About Childhood Cancer**

One in every 285 children in the US will be diagnosed with cancer by the end of their teens and more children under 19 years of age will lose their lives to cancer than any other disease. Due to research advances, overall survival rates for pediatric cancer patients have grown by 70 percent in the past 40 years. Still, about 20 percent of kids with pediatric cancer do not survive today. Of those who do, two-thirds will suffer long-lasting chronic health conditions from their care and one quarter will face a severe or life-threatening later life effect from their treatment. This is because most current pediatric treatments are decades old, derived from adult oncology and are just too potent for developing bodies. Modern research focuses on advancing science that addresses the unique characteristics of pediatric cancers, including developing treatments for some cancers that presently have no known protocols. Achieving more breakthroughs, so all children with cancer emerge healthy after treatment, requires dramatically increasing research momentum – which starts with raising and investing more money in pediatric cancer research.