



Background

Chase After a Cure (CAAC) was started in 2009 by Summerville, S.C., resident Whitney Ringler and her family after her son, Chase, was given a 30 percent chance of survival after being diagnosed with Stage 4 neuroblastoma, a cancer of the nerve tissue of the sympathetic nervous system. Chase survived this aggressive form of cancer and now his family works tirelessly on behalf of childhood cancer research.

CAAC supports families of childhood cancer patients, raises awareness about childhood cancer, specifically neuroblastoma, and funds childhood cancer research at the Medical University of South Carolina Children's Hospital.

Cancer is the No. 1 cause of disease-related death among children. About 13,500 children between birth and age 19 are diagnosed with cancer each year. Just at the Medical University of South Carolina, about 70 children are diagnosed with pediatric cancer annually.

Compared to adult cancer, childhood cancers are rare. Even though childhood cancer incidence rates continue to increase slightly each year, they still represent less than 1 percent of all new cancer diagnoses. That means funding for childhood cancer research is limited. In particular, neuroblastoma – which has one of the lowest survival rates – receives very little attention because the population base with this form of cancer isn't profitable enough for pharmaceutical companies to develop new treatments.

While childhood cancer may impact a smaller population, it impacts the young lives of those diagnosed at 100 percent.

FAQs about Chase After a Cure

How does CAAC raise money?

Money comes through individual donations, business sponsorships and fundraising events. Typically, CAAC hosts fundraisers, including an annual golf tournament, during Childhood Cancer Awareness Month in September. It also organizes an annual fundraiser gala each February in Charleston, S.C.

Individuals, families and businesses are also encouraged to host their own fundraisers in support of CAAC.

Where does the money go?

CAAC supports childhood cancer research at the Medical University of South Carolina Children's Hospital. The Childhood Cancer Center for Cancer and Blood Disorders at MUSC is a division of pediatric hematology-oncology and offers comprehensive care for children with cancer and blood disorders. There are more than 70 new childhood cancer diagnoses seen annually at MUSC; 39 children have been diagnosed with neuroblastoma at MUSC since 2001. Last year, the clinic saw more than 4,600 outpatient oncology visits and more than 850 admissions to the inpatient hematology-

oncology unit. While the majority of patients come from the greater Charleston area, there are children coming to MUSC from around the state of South Carolina.

CAAC works closely with Dr. Jacqueline Kraveka, a pediatric oncologist. Her research laboratory, housed in the Darby Children's Research Institute, is the only laboratory in the state of South Carolina dedicated to translational pediatric cancer research.

MUSC Children's Hospital is a member of the Children's Oncology Group (COG), the world's premier pediatric cancer research collaborative. COG, a National Cancer Institute supported clinical trials group, is the world's largest organization devoted exclusively to childhood and adolescent cancer research. The COG unites more than 8,000 experts in childhood cancer at more than 200 leading children's hospitals, universities and cancer centers across North America, Australia, New Zealand and Europe in the fight against childhood cancer.

Today, more than 90% of 13,500 children and adolescents diagnosed with cancer each year in the United States are cared for at COG member institutions. COG's unparalleled collaborative efforts provide the information and support needed to answer important clinical questions in the fight against cancer.

MUSC Children's Hospital is also a member of the Neuroblastoma and Medulloblastoma Translational Research Consortium. The NMTRC is a group of 18 universities and children's hospitals headquartered at the Helen Devos Children's Hospital in Grand Rapids, Mich., that offer a nationwide network of childhood cancer clinical trials. These trials are based on the research from a group of closely collaborating investigators who are linked with laboratory programs developing novel therapies for high-risk neuroblastoma and medulloblastoma. Their mission is to create a national collaborative effort of researchers, oncologists and family advocates to bring forward new therapies for children with relapsed neuroblastoma and medulloblastoma with the goal of improving the quality of life and survival of children with neuroblastoma and medulloblastoma.

Dr. Kraveka is very involved on the national level in COG and the NMTRC. She is the institutional principal investigator (PI) for all COG and NMTRC trials open at MUSC. As the institutional PI, she is responsible for the conduct of more than 50 pediatric clinical trials currently open for patient enrollment at the MUSC. She is member of the COG Neuroblastoma Disease Committee and the COG Non-Hodgkin's Lymphoma Committee. She has been involved in the design of numerous clinical trials for children with neuroblastoma. She is involved in the first clinical trial of personalized medicine in pediatric cancer and is the Rare Tumor Study Chair of the NMTRC clinical trial, *NMTRC 008: A Feasibility Trial using Molecular-Guided Therapy for the Treatment of Patients with Relapsed and Refractory Childhood Cancer*. This is an open label, multicenter prospective study to evaluate the ability of using genome-wide expression profiles of a child's tumor along with DNA mutation panels to predict individual therapies for patients. This study outlines an approach by which doctors can use their expanding knowledge of the individual genetics of tumors to understand the mechanisms that cause tumors to grow. This knowledge is then used to identify specific targeted therapies for each patient.

Dr. Kraveka's research laboratory is the only laboratory in the state of South Carolina dedicated to translational pediatric cancer research. Translational research transforms scientific discoveries arising from laboratory, clinical, or population studies into clinical applications to reduce cancer incidence, morbidity, and mortality. Dr. Kraveka's laboratory focuses on studying neuroblastoma and developing novel treatments for this deadly disease.

How much money has been raised?

Since CAAC's founding, about \$705,000 has been raised for childhood cancer research.

How does Chase After a Cure integrate with other pediatric cancer organizations?

Chase After a Cure is part of the Coalition Against Childhood Cancer (CAC2), joining with other organizations to “imagine a world without childhood cancers.” CAC2 effectively advances a variety of childhood cancer causes by unifying the childhood cancer community through broad-based coordinated action and collaboration that leverages the strengths and expertise of its individual members and minimizes duplication of effort. cac2.org

Because of its commitment to neuroblastoma research, CAAC works with The Neuroblastoma Consortium. The mission of the Consortium of Neuroblastoma Foundations is to accelerate the identification of effective treatments for neuroblastoma, and improve life for individuals and families whose lives are affected by neuroblastoma. The consortium fulfills this mission by facilitating collaboration among foundations, nonprofit groups and individuals whose mission is focused solely or in part on funding or advocating for neuroblastoma research, or on advocating for and supporting those affected by neuroblastoma. This consortium has three key agendas: scientific, patient advocacy and family foundation support. neuroblastomaconsortium.org