



helping kids fight cancer

#CureMEDullo
powered by Carson Leslie Foundation

BRAIN CANCER is #1

disease killer of our Nation's Children

- Medulloblastoma is the most prevalent brain cancer in children
- At diagnosis, medulloblastoma has often spread to other parts of a child's nervous system
- Cause of medulloblastoma is unknown
- A child is considered a 'survivor' when they live 5 years past treatment
- Average age of a child diagnosed with cancer is 8
- 13 years old is hardly surviving

Experts say childhood brain cancer is rare; yet it's the deadliest disease of our nations children ..

"For pediatric brain tumors in particular, we have not made significant headway at all.

There's survival, and then there's survival at a price."

- Katherine Warren, Head Pediatric Neuro-Oncology – National Cancer Institute

Medulloblastoma Frontline Chemotherapies Are Derived from Mustard Gas and Decades Old

Cisplatin

Chemically related to Mustard Gas | First isolated in 1845 | Approved by FDA 1978

Cyclophosphamide

Chemically related to Mustard Gas | Investigational drug in 1960's | FDA approved 1976

Vincristine

First isolated in 1961 | Approved by FDA in 1963

‘There can be no keener revelation of a society's soul than the way in which it treats its children.’

– Nelson Mandela

Medulloblastoma Survivors (frequently) Suffer Severe & Permanent Side Effects

Overall cognitive impairment | Significantly decreased IQ | Attention deficient/memory loss | Strokes
Special Education services, limited ability to read/comprehend/perform basic math/tell time
Hormone deficiencies, pituitary gland injury, thyroid gland injury, lifetime hormone replacement, sterilization
Optic nerve damage: double vision, tunnel vision, temporary vision loss, permanent blindness
Inability to swallow, Inability to balance/run/walk
Short stature, scoliosis
Hearing loss
Secondary cancers
Secondary brain cancers/relapse
Early lung/kidney/heart disease

*“Treatment for childhood medulloblastoma, with a few exceptions,
has changed very little the past two decades.*

This needs to change.

We need to find new, less toxic cures for all children with medulloblastoma.”

- Daniel C. Bowers MD - Professor of Pediatrics and Neurological Surgery, UT Southwestern Medical School

Medulloblastoma Treatment is Exceedingly Harsh on Children’s Brains Growing Bodies.

“Make sure they study those tumors in my brain.
If those tumors can help some kid someday not die from cancer like I am, I’d like that;
It’s hard to have cancer.”

- Carson Leslie

Healthy-happy, two months before medullo.



Childhood cancers are not the same as adult cancers which can be attributed to environmental or lifestyle factors like smoking, obesity, or exposure to harmful substances. They are specific to children under the age of 19 with some cancers impacting only those under the age of 5. Unlike many adult cancers, there is no early detection model for childhood cancer. In 80 percent of cases, the cancer has spread to other areas before it’s even identified, making treatment that much more difficult.

- National Cancer Institute

One of the wicked scars of medullo.



Real change to the deadliest disease of our nation’s children requires Federal, State, Public, Private and Corporate attention.

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Congressman Michael McCaul, Founder of the Congressional Childhood Cancer Caucus Honorary Chairman of the Carson Leslie Foundation's National Advisory Council



“Annette, Your advocacy on behalf of pediatric cancer patients is making a difference. By bringing advocates, researchers and policy makers together you are playing a leading role in the fight to one day eradicate pediatric cancer as a threat to children. We look forward to continuing work with you to support pediatric cancer research, greater access to treatments, and high quality care for patients and survivors.”
- Congressman Michael McCaul



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS (CPRIT) \$3Billion



CLF's Co-Founder serves on CPRIT's Advisory Council for Childhood Cancers

CLF + CPRIT launched *Researcher's Roundup* – a TX Childhood Brain cancer Research Consortium

CPRIT made Childhood cancer Research a Top Priority

Carson Leslie Grants for Childhood Cancer, is a \$3,200,000 CLF/CPRIT Collaboration

CPRIT named their Conference room in honor of an extraordinary boy who lived LARGE while he was able!

CARSON ROBERT LESLIE July 6, 1992 - January 12, 2010

"I can either go around mad and sad, or go around living with the strength and courage that comes from God and from the people he puts around me." - Carson Leslie

Carson was diagnosed with medulloblastoma, a brain tumor at the age of 14 in 2006. He shared his fight against cancer in his book, Carry Me, which Carson hoped would offer encouragement and strength to other young cancer patients.

He asked his family to make sure that researchers study the tumors in his brain, *"because if those tumors can help some kid not die from cancer like I am, I'd like that, it's hard to have cancer."* The Carson Leslie Foundation was established in his memory.

IN NAMING THIS ROOM FOR CARSON,
CPRIT HONORS ALL TEXANS AND THEIR FAMILIES AND
FRIENDS WHO HAVE BEEN AFFECTED BY CANCER.

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Immune Oncology Therapy is changing the landscape of cancer treatment.

Stingray Therapeutics is introducing Immune Oncology Therapy into childhood brain cancer; starting with medulloblastoma.

“The science is more and more supporting that medullo does its dirty work by, among other things, suppressing the innate immune system so it is invisible to our natural and powerful immune defenses, and it does this not only in the brain but also by blocking immunity throughout important body organs. Innate immune activators like the Stingray program have great promise to reverse this and allow our immune system to attack medullo. Able to activate, our natural immune system is an exceptional targeted cancer fighter. We are working to provide a 21st century cancer treatment for this deadly scourge of children.”

- Jon Northrup, Stingray Therapeutics Founder

Stingray Co-Founder Jon Northrup will explain how our immune system has two major fighting arms inside of our bodies constantly working together to assault and destroy invaders of our bodies.

Innate Immunity

The surveillance fighting arm inside our bodies constantly identifying foreign invaders like viruses, bacteria *and cancer*.



Adaptive Immunity

The assaulting and destroying fighting arm that takes out foreign invaders that Innate identifies.

Problem: some invaders hide so well Innate doesn't see the invader, therefore Adaptive doesn't assault and destroy.

Medulloblastoma is a foreign invader that hides well.

Stingray Therapeutics believes they have answers how Innate can identify hiding medulloblastomas so Adaptive can assault and destroy.

Stingray Therapeutics co-founder, Jon Northrup

will explain why

Mr. Walter Capone, Director of #cureMEdullo Strategic Plan, CLF's Chief Advisor states:

"I am especially motivated as I returned from the largest annual global scientific conference on immune system-focused therapies in cancer, the Society for Immunotherapy of Cancer conference, in Washington, DC. During this conference, the timeliness and uniqueness of the opportunity involving Stingray's novel, immune-therapy became readily apparent.

The strength and uniqueness of the program, its accelerated path based on medulloblastoma, the successful track record of Stingray's researchers and their established position in the CPRIT framework, we believe this program is vastly differentiated from more typical biotech investments." - Walter Capone



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Mr. Steve Coffey
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Annette & Craig Leslie
Co-Founders, Craig - Board Director



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