

CBTF is a nonprofit 501(c)(3) all-volunteer organization, founded in 1994 and supported by friends, families, physicians, companies and those who wish to contribute.

#### Board Members:

Jeanne Young, President  
Claire Wynn, Vice President  
James Young, Treasurer  
Linda Quackenbush, Director  
Stephen Schoenfeld, Director  
Gilbert Smith, Esq., Director

#### Senior Medical Advisor:

Roger J. Packer, M.D.,  
pediatric neurologist

#### Medical Advisors:

Peter Burger, M.D.,  
neuro-pathologist

Philip Cogen, M.D., Ph.D.,  
pediatric neurosurgery

Kenneth Cohen, M.D., pediatric  
oncology

Michael Medlock, M.D., pediatric  
neurosurgery

Marianna Horn, M.D., pediatric  
oncology

Aziza Shad, M.D., pediatric  
oncology

Eva Perdahl-Wallace, M.D., Ph.D.,  
pediatric oncologist

#### Scientific Medical Advisor

Gil Smith, Ph.D.,  
National Institutes of Health, Bethesda,  
MD

#### Legal Advisor:

Fred Rickles, Esq.



#### CBTF:

20312 Watkins Meadow Drive  
Germantown, Maryland 20876  
phone number: (301) 515-2900

Check Out Our Website!

<http://www.mnsinc.com/cbtf>

## Foundation Spotlight:

### The Big Dog Foundation

is a nonprofit organization that supports charities which focus on dogs, children and dogs helping children. The Childhood Brain Tumor Foundation is the newest recipient of choice. The Childhood Brain Tumor Foundation has been given permission by Big Dog Foundation and the family of Dash Dunbar to reprint the story that was released in the 1999 Special Holiday magazine. A big THANK YOU to Big Dog Foundation for helping pediatric brain tumor research.

### Dash: The Big Dog of Super Heroes

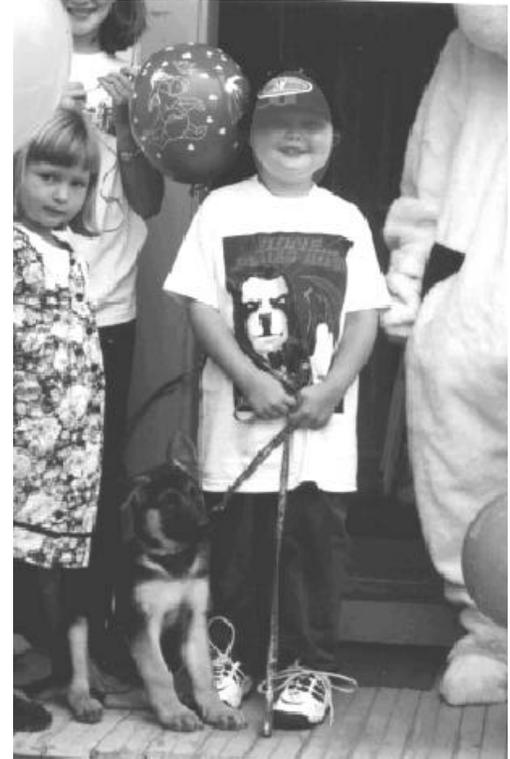
Most children worry about imaginary monsters that live under their bed. Children with brain tumors worry about a real monster, the monster that lives in their head. Cancerous brain tumors are devastatingly real for far too many Little Big Dogs and their families. It is this most heartbreaking diagnosis that must demand the most ground breaking of treatments. In June, one of our little Big Dog Club members, 5-year-old Dash Dunbar from Mendocino, CA was dreaming of the carefree summer days ahead - soccer games, camping on the beach, trips to Disneyland with his family.

Then without warning, without reason, Dash was struck down. The results of a CAT scan on June 25, 1999 would mark the day Dash's

(continued on page 3)

#### In This Issue:

- *Dash, the Big Dog of Super Heroes*, (pg. 1)
- *Pediatric Brain Tumor Consortium*, by Roger Packer, MD (pg. 1)
- *The Importance of Special Education*, by Dan Fiduccia, (pg. 2)
- *Interview with Dr. Michele Christie*, by Colleen Snyder, (pg. 4)
- *Fighting the Good Fight*, by Gib Smith, (pg.5)
- *White House Holiday Decorations*, (pg. 6)
- *Future Events and Memorials*(pg. 7)
- *Major Contributions* ( pg. 7)



Dash Dunbar with his new puppy from  
The Big Dog Foundation

## Pediatric Brain Tumor Consortium

In April of 1999, the Children's National Medical Center was named as one of nine institutions in the United States selected for membership in the newly formed Pediatric Brain Tumor Consortium (PBTC). This Consortium, supported by the National Institutes of Health and the National Cancer Institute, was developed to perform innovative, technologically challenging studies for children with brain tumors; studies designed to improve survival and quality of life. The nine institutions were chosen after a competitive review of their past experience in the care of children with brain tumors, the depth of their pediatric brain tumor program, the clinical resources of the institution, and their ability to perform innovative research. Dr. Roger J. Packer, Executive Director of Neuro-

(continued on page 2)

(continued from page 1)

### **Pediatric Brain Tumor Consortium**

science and Behavioral Medicine and Chairman of Neurology at the Children's National Medical Center, (CNMC), is the principal investigator for CNMC. He is joined by Drs. Gregory Reaman, Tobey MacDonald, Philip Cogen, Gilbert Vezina, Kaethe Weschler-Jentsch, and nurses Debbie LaFond and Kathleen Cooney, in directing the CNMC effort. As part of the selection for the PBTC, working relationships were documented with the Imaging Branch of the National Institutes of Health and the Neuropathology Section of the Armed Forces of Pathology (Dr. Hernando Mena). The Children's National Medical Center Brain Tumor Program has worked closely with other oncology programs in the region to develop the best possible comprehensive care for children with brain tumors. Part of the reason that Children's National Medical Center Brain Tumor Program was awarded this grant by the National Cancer Institute is the strong regional working group headed by the CNMC which includes Fairfax Hospital (Drs. Greenberg and Horn), Kings Daughter of Norfolk, Virginia (Dr. Bevan), Geisinger Medical Center (Dr. Shah), University of Virginia at Charlottesville, Virginia (Drs. Jane and D'Alarcon), DuPont Institute and Delaware Children's Hospital (Drs. Meek and Walter), and Hershey Medical Center (Dr. Neely). The members of the regional neuro-oncology program have agreed to participate with the CNMC in the selection of appropriate patients for PBTC studies. All patients who are candidates for these new, innovative studies will be treated at the Children's National Medical Center, but much of the supportive care can be delivered at the referring institution.

The PBTC had its first meeting in May of 1999 and completed its second organizational meeting in October, 1999. The mission of the PBTC is to perform innovative clinical trials for children with brain tumors, which cannot be completed at any one single institution and are so new and challenging that only a select group of institutions can perform them. The PBTC will work closely with already established national groups, such as the Children's Cancer Group, the Pediatric Oncology Group, and the Pediatric Oncology Branch of the National Cancer Institute, to perform studies. It is planned that the studies to be completed by the PBTC will include those investigating new methods of delivery of anti-cancer agents to the region of the brain tumor and the area of brain where the tumor may have infiltrated; innovative biologic agents, such as antiangiogenesis agents; pharmacological studies of new drugs; innovative means to evaluate the efficacy of 9 studies will probably include: 1) an innovative approach for infants with malignant brain tumors, including the use of intrathecal chemotherapy (chemotherapy being given directly into the cerebrospinal fluid; 2) studies investigating the use of toxin

treatment labeled to a brain tumor specific receptor for children with 9 tumors; and 3) two new antiangiogenesis agents. It is also likely that a study investigating a new type of biologic agent, the farnesyl transferase inhibitors, will also begin soon through the group.

The PBTC, which was strongly supported by Dr. Malcolm Smith and his co-workers at the National Cancer Institute, should be an important new avenue to improve the care of children with brain tumors and will hasten the integration of innovative approaches in the management of children with brain tumors. The program is designed to supplement, but not in any way replace, the efforts already ongoing on a national and regional basis for children with brain tumors. The Children's National Medical Center program will meet on a semi-yearly basis with the members of the regional working group to update members of the working group on the progress of the Consortium. Families interested in the activities of the Pediatric Brain Tumor Consortium can contact either Debbie LaFond (202-884-3569) or Cass Cooney (202-884-2635) at the Children's National Medical Center for more information.

*Written by Roger Packer, MD*

---

## **The Importance of Special Education**

by Daniel Fiduccia

Every child with cancer should be in special education and have an Individualized Education Plan (IEP). This is important to see that the child receives an appropriate and free public education, his intelligence, achievement, and behavioral skills are tested and compared to end of treatment and for late effects, and his rights are protected.

Special education can also provide the child with related services such as transportation, occupational, and physical therapy, and psychotherapy. Services which are necessary for the child to benefit from his education are related services.

Many parents pull children on treatment out of school during treatment or accept school administrator's oral promises about what will years later be done in the future for the child. They then try to re-integrate the child back in school years later. This puts the child at an extreme educational and social disadvantage, which can be worsened by the child's treatment effects. If it is not in the IEP, the school has no obligation to provide it. Without an IEP, the child is not eligible for such things as home tutoring or an additional set of books for home

(continued on page 5)

(continued from page 1) **Dash & Bigdog**

dreams shattered and his nightmare began. To the heartbreak of his family, Dash was diagnosed with brain stem cancer. In a moment, he was asked to trade his home for a barren cancer hospice, his soccer uniform for a hospital gown and his pizzas for mere sips of organic broth. Although far too young to understand his illness or why he was to endure such pain and punishment, Dash put his fear aside. With his family's strength and encouragement, he searched deep inside and from his tiny, fragile soul, rose the courage of a warrior. Five days a week for six weeks, he struggled through hours of radiation therapy. Each day he took medicines with a brave face (and a few soury cringes). We can all learn a lot from this little Big Dog who knows Attitude is Everything. When asked his name, he is quick to respond, "Bond, James Bond." Dreams of becoming a Super Hero? Why not? We know he already is one. His family continues their worldwide search for the latest experimental medicines through clinical trials, which may be Dash's only hope of growing up to be a Big Dog.

**The Childhood Brain Tumor Foundation**, the newest recipient of the Big Dog Foundation, funds the clinical research of childhood brain tumors. As recent as June 1999, new promising treatments are being discovered that may be able to prolong Dash's life. These worldwide multidisciplinary teams of oncologists, neurosurgeons, neurologists, and geneticists are the paladins, the white knights, the slayers of dragon known as children's cancer. It is only through donations from people like you, Top Dogs, that these doctors have a chance to save these Little Big Dogs from their enemy within. These promising new treatments are the sole chance for Dash, and so many others like him, to be able to grow up in a world where they can say, "there are no such thing as monsters."

#### **Guide Dogs of America**

Due to his weakening illness, Dash can no longer join his friends in active sports. To help him and friends enjoy playtime, the Big Dog Foundation gave him a Power Mac with computer games. When Dash expressed his lifelong wish for a German Shepard puppy, our other Foundation Recipient, Guide Dogs of America, An International Guiding Eyes Program generously donated a German Shepard guide dog puppy to Dash. On August 18, 1999 the Big Dog mascot presented Dash his computer and puppy, who Dash named "Thunderbolt." The Big Dog Foundation and Guide Dogs of America hope these gifts help Dash "Think Pawsitive" during this very difficult time.



Dash Dunbar, age 5, prior to diagnosis



Above: Big Dog Mascot presenting Dash with a computer and puppy dog. Below: Big Dog and others in support of a child with cancer.



## Interview with Dr. Michele Christie, M.D., pediatric endocrinologist for Kaiser Permanente

by Colleen Snyder

**Colleen Snyder:** When a pediatric patient presents with a brain tumor, what does that trigger you to monitor and what concerns does a brain tumor in a child raise from an endocrine standpoint?

**Dr. Michele Christie, M.D.:** From an endocrine standpoint, a child with a brain tumor or who has been treated with a brain tumor, must be evaluated and followed for any possible deficiency of the hypothalamic-pituitary axis. Specifically, this would mean evaluating for deficiencies of growth hormone, thyroid hormone, cortisol, vasopressin (the hormone that allows the kidney to concentrate urine) and the hormones that control puberty, LH and FSH. The type and location of the tumor and the course of treatment influence the possibility of finding any of the above.

**Snyder:** As a patient begins to undergo treatment--typically surgery, chemotherapy, and cranial radiation--are there endocrine conditions that may develop which need to be monitored or treated?

**Christie:** During treatment, the use of high dose corticosteroids (typically prednisone), may lead to glucose intolerance/high blood sugars which may require insulin injections to control. The use of chemotherapy, specifically cyclophosphamide, may be associated with amenorrhea and azoospermia. Estrogen replacement should be considered by age 13 in girls with evidence of ovarian failure to allow normal pubertal progression and to minimize the risk of osteoporosis.

**Snyder:** Could you please comment on the late effects of cranial radiation on the endocrine system and give a timeline of when these endocrine problems may occur post-radiation.

**Christie:** The late effects of cranial radiation on the endocrine system include growth hormone deficiency, thyroid hormone deficiency, adrenal insufficiency (through decreased ACTH production) and precocious puberty. Growth hormone deficiency of-

ten presents within 3-5 years of radiation. Thyroid deficiency may present at variable times depending on whether there has been radiation to the spine which potentially damages the thyroid gland itself. Adrenal insufficiency is found much less frequently but should be screened for on a regular basis. Precocious puberty also may present at variable times after radiation. Delayed puberty may be seen after spinal radiation.

**Snyder:** As you mentioned, children with brain tumors are at risk for developing precocious puberty. Could you please define the condition.

**Christie:** The definition of precocious puberty is currently being modified as a result of recent data better defining current normal ages for onset of puberty. The new guidelines will likely suggest that the appearance of breast development in girls before the age of seven and of testicular enlargement in boys before the age of nine constitutes precocious puberty. Of note, the development of body odor, pubic and axillary hair may develop earlier. This is under the control of the adrenal glands and is not considered, by itself, to be evidence of precocious puberty.

**Snyder:** How does bone age affect the treatment of precocious puberty?

**Christie:** The bone age is used to determine how much potential growth a child may have in the future. This is a critical piece of information in determining whether or not to suppress precocious puberty for the purpose of trying to achieve a greater final height. If the bone age is too advanced, there may be no additional height gained by suppressing puberty.

**Snyder:** Many children receive Lupron to suppress puberty. There is some concern that the shots may affect tumor growth either by stunting the tumor's growth while the child is on Lupron and then causing the tumor to grow once treatment is stopped. Is there any validity to the concern that once a child is taken off Lupron his brain tumor may begin to grow? In addition, is there any indication that injections of growth hormone would cause tumor growth?

**Christie:** Lupron is a LHRH analog, not a growth hormone analog, so it should not have any impact on brain tumor growth. Growth hormone, theoretically, may have an impact on tumor growth; however, to date there has been no data confirming increased risk of recurrence or second malignancy. For this reason,

(continued on page 6)

## Fighting the Good Fight

### CCOP on Insurance Issues

Unfortunately many people simply accept health insurance denials without question. Such blind compliance is often a mistake. Insurance companies bank on their members' ignorance of their insurance policy. This issue becomes exceptionally acute with those families dealing with a chronic or terminal illness. By taking time to follow certain steps, insurance problems can be prevented and perhaps an insurance denial overturned.

- Read your policy **carefully** and review it at least once year. You should know its provisions, especially the exclusions/limitations and appeals sections. Make sure your physician and other healthcare providers understand your financial position and what your insurance does and does not cover.
- If your policy mandates prior authorization of a procedure or a second opinion – do it! Otherwise your claim can, and probably will be, denied. Never assume that just because your physician orders a service, your insurance company will cover it. Remember your doctor is a medical expert, not an insurance agent.
- If you have insurance through your employer become acquainted with your employer's human resources department, as well as your insurer's customer service staff. Whenever you have a question or concern ask for the same person each time. The better the relationship the better the service.
- Keep a log of names, dates, and notes about your appointments, procedures performed, phone calls made, claims filed, and agents contacted.
- Keep copies of all correspondence with your insurance representatives and medical professionals. This includes your Evidence of Coverage (EOC).
- As a follow-up to every conversation with your insurance representative, send a letter confirming the conversation's outcome. Make sure keep copies of all correspondence sent.
- File your claims promptly and accurately to help ensure timely payment.
- If there is a delay in payment of your claim, call your insurance company immediately. A delayed claim can signal a problem.
- Try to pay by check so that you will have proof of payment in case questions or disputes arise. Save your canceled checks and all receipts for payments.

Should you have any questions or concerns as you strive to keep pace with your insurance company the Childhood Cancer Ombudsman Program (CCOP) is an excellent resource. CCOP is staffed by volunteer attorneys, disability rights specialists, and insurance experts. CCOP can be contacted via CBTF.

*Gib Smith, Esq, is a board member of CBTF and member of the Childhood Cancer Ombudsman Program.*

(continued from page 2)

### The Importance of Special Education

or the hospital. Schools may also try to force parents to have testing done which is really educational in nature. If the parent tries to have the testing done through their health insurance, the insurance company will deny payment for the testing because it should be done by the school system.

To have your child assessed for special ed, write a letter to the school principal. read carefully the Notice of Parent's Rights which the school district will send you. Contact your state Protection & Advocacy Unit (contact the National Association of Protection & Advocacy Systems, Washington, D.C., 1-202-408-9518, for information on contacting your state's unit) and obtain their special education materials for parents and advocates. Some of these documents are now available on line.

It pays to follow up phone calls with letters, and keep a log of phone conversations with school staff. If the school is not providing what is on the IEP, you must follow the procedure (usually filing a complaint with the state's Department of Education/Public Instruction) to seek compliance. If the school will not place what you want on the IEP, then you must usually file for a fair hearing to obtain these items or services (sometimes, mediation is required before the hearing). If you cannot resolve your problem with the school staff, follow the proper resolution procedure.

It is important to know what special education does not provide. For example, you cannot pick your child's teachers. Parents sometimes waste time fighting over items which are inconsequential or not provided by law. Be sure to concentrate on the major issues specific to your unique child.

Private schools have little obligation towards disabled children, and private religious schools have none. We have received many complaints about private schools; parents usually have to place the child in public school to receive services. Charter schools, however, are considered public schools under federal law.

Remember that you child is to be assessed every three years that she or he is in special ed. This provides comparisons and helps determine if late effects are developing. This information should be shared with your child's medical treatment team.

Make sure you apply to have your child determined eligible for special ed. Do not accept excuses such as he doesn't meet it, you can do better without it, or she is functioning just fine. Receiving a poor education can destroy your child's chances to lead an independent and fulfilling life as an adult.

*Daniel Fiduccia is a staff member of the Childhood Cancer Ombudsman Program (CCOP), a project of CBTF.*

(continued from page 4) **Endocrinology Interview**

it should only be prescribed to a patient with GH deficiency when that patient has been in remission for one year. Even then, the patient should be followed carefully with regular CNS scans to rule out recurrence.

**Snyder: Children with brain tumors are at risk for developing thyroid problems. What thyroid conditions are typically a problem and how are they treated? If these conditions result from cranial radiation, what is a typical timeline of when they would develop post-radiation?**

**Christie:** The two most likely thyroid condition that may result from radiation are hypothyroidism and thyroid nodules. The former is a result of either decreased TSH production or direct damage to the thyroid gland. This may show up at time within one to several years after diagnosis (typically 1-5 years). It is treated by replacing thyroid hormone in the form of a pill taken once a day (e.g. Synthroid, Levothyroid). Thyroid nodules may appear in a patient with a history of spinal radiation if there has been enough secondary exposure to the thyroid gland. These may show up 5-10 or more years after radiation. They require evaluation to be sure they do not represent a secondary cancer. Primary treatment for a malignant thyroid nodule is surgical excision.

**Snyder: How does cranial radiation affect the satiety center or other functions of the hypothalamus in children with brain tumors and how is it treated?**

**Christie:** There is little information available about the effect of radiation on the satiety center within the hypothalamus. It is difficult to determine in a patient with a brain tumor near the hypothalamus whether or not any effect on appetite may be a surgical complication or a radiation side-effect. Currently, there is no satisfactory treatment for abnormal satiety other than strict portion control. It is possible that research on the hormone leptin will lead to a better understanding of the mechanisms underlying satiety and hence possible treatment for patients with this complication.

**Snyder: Is obesity a problem with these children?**

**Christie:** Obesity may be a problem with these children. Contributors to obesity include unrecognized hypothyroidism, abnormal satiety, stunted linear growth, and decreased activity secondary to other complications such as visual loss.

**Snyder: How prevalent is diabetes insipidus in brain tumor children and how is it treated?**

**Christie:** Diabetes insipidus is a potential complication

tion of any tumor involving the hypothalamic-pituitary axis. It is treated by replacing the hormone vasopressin, either by using a nasal spray or, more recently, taking pills generally one to two times a day. Careful attention must be given to fluid intake and output to avoid either dehydration or water excess.

---

## Holiday Treasures at the White House 1999

This past December, the Childhood Brain Tumor Foundation was delighted to receive a special invitation from President and Mrs. Clinton to tour the White House during this most festive time at our nation's official house. Their hospitality was extended not only to the CBTF but to several other local organizations who have patients with motor disabilities and chronically ill patients. We were greeted at the front door by members of the White House staff who, as in the past always make us feel so special with their warm greetings and friendly smiles.

The first floor of the White House, which was open to tour, was adorned with spectacular holiday decorations including projects of *Save America's Treasures* that were displayed. This particular project was a special initiative of Mrs. Clinton's between the White House Millennium Council and the National Trust for Historic Preservation.

Hand-crafted treasures from artists across the United States, adorned several large evergreen-type trees, crèches, and historic mantelpieces, bringing life to our remarkable history and reflecting the heritage of craftsmen, dollmakers, and tinsmiths. When we entered, a group of young men and women were entertaining us with a melody of Christmas carols. Everyone seemed to be drawn to almost at once towards the far wall where a huge crèche was exhibited. Stopping to listen to the carolers, we then proceeded into the Blue Room where everyone was crowded around a huge tree situated in the center of the room. Under the ceiling-high Christmas tree was placed an exquisite handmade velvet tree skirt which incorporated handwork representing the fifty states, territories and District of Columbia.

Handmade ornaments and decorations were placed randomly throughout the branches of this massive tree and reflected the heritage of craftsmen, dollmakers, and tinsmiths. A virtual rolling backup was encountered due to the many children and adults alike who stopped to view each and every ornament on this spectacular tree. Another favorite of all were the gingerbread creations, seen in the State Dining Room, designed and baked by the White House pastry chefs. These delightful, yummy-appearing creations depicted several of the well-known landmarks throughout the District of Columbia, complete with chocolate trees lining the banks of the Potomac River. As our tour of the White House was coming to a close, one of the members of our group spotted Santa sitting in a large chair and the children happily gathered around him.

**Future Events:**

**Spring Family Retreat Day, Sunday, May 7, 2000-** Retreat Day will be held at the Bannockburn Nursery School/Community Center, Glen Echo, MD. Call (301) 515-2900 for more information.

**Fund-raisers:**

**Annual Spring Biathlon, Sunday, April, 30, 2000-** 500 yd. Swim/5K Run to be held at the Madeira School in Great Falls, VA. Participants can be as individuals or as a team. Have some fun and take the challenge. Sponsorships are encouraged. Call (703) 849-1980 for more information

**Fall Party 2000, a gala event - Casino, Music, Art Auction and the People's Choice Floral Design Competition:** Saturday, November 18, 2000 event. This exciting event will include a Casino, musical entertainment by RedLine, Art Auction with L'Chaim Gallery which will include a vast selection of well known art pieces and styles. The areas finest floral designers will display exquisite floral creations for a People's Choice competition that will be auctioned. Musical entertainment, open-bar, and food will be included. Call (301) 515-2900 for more information.

*Our mission is to support and fund basic science and clinical research for childhood brain tumors. We are dedicated to heightening public awareness of this devastating disease and improving the quality of life for those that it affects.*

**CBTF is now in the  
Combined Federal Campaign and  
United Way of the National Capital Area  
Children's Charities of America.  
Our designated number for the Fall  
2000 campaign is  
#2742  
Thank you to those who choose us as their**

CBTF has a website!  
visit us at:  
<http://www.mnsinc.com/cbtf>

<b>Remembrances</b>	
Stephen Boyce	Lauren Lockard
Jeff Brown	Margie Kane
Kelley Bula	Emily Mau
Janice Carpenter	Donald Mc Gettigan
Catherine Cason	Bernard Miller
Ryan Caspar	Theresa Myers
Ryan Crozier	Herschel Parham
Shawn Edwards	Grace Powers
Vanessa Gonzalez	Nicole Ringes
Katie Harris	Amy Schiller
Erica Holm	Lynda Santelli
Samuel Robertson Johnson	Teresa Stargel
Tommy Kelleher	Tabechow
Wesley Hall Lewis, II	Jaime Vanderheyden
Wesley Hall Lewis, Jr.	

Thank you for your support!  
The Childhood Brain Tumor Foundation, Inc.  
Donation Form

Enclosed is my contribution of \$: \_\_\_\_\_

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

On the occasion of: \_\_\_\_\_

General donation: \_\_\_\_\_

Please send remembrance card to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Optional Phone: \_\_\_\_\_

Please make checks payable to:  
The Childhood Brain Tumor Foundation  
20312 Watkins Meadow Drive  
Germantown, Maryland 20876  
(301) 515-2900

Charge my: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card# \_\_\_\_\_ exp. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Note: minimum charge donation is \$20

Editor: Colleen Snyder  
Contributing Editor: Jeanne Young  
Contributing Writers: Dan Fiduccia, Roger Packer, MD, Betsy Schaefer, Gib Smith, Esq., Colleen Snyder/Michele Christie, MD, and Big Dog Foundation  
Graphic Design and Production: Jeanne Young