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## MR Imaging of Brain Tumors - Recent Developments

Gilbert Vezina, M.D.  
Director of Neuroradiology  
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Imaging techniques to diagnose, stage, and follow patients with brain tumors are central to their clinical management. Magnetic resonance imaging (MRI) is the most commonly utilized technique for lesion detection, definition of extent, detection of spread and in evaluation of either residual or recurrent disease. This article will review the basic principles and recent developments in MR technology pertinent to patients with brain neoplasms.

MR images result from the excitation of hydrogen protons by radio-frequency (FR) pulses. The MRI machine generates very brief (about 1 millisecond in duration) RF pulses; these RF pulses excite hydrogen protons, and elevate them to a higher energy state. As the protons return to a lower ("resting") energy state, they release electromagnetic energy. (This process, called "relaxation", takes anywhere from a few milliseconds to a few seconds, depending on the kind of molecule (tissue) where the protons are located.) This energy is picked up and amplified by the magnet's antennae (coils), and turned into visual display (images).

(continued on page 2)

**In This Issue:**

- "Imaging" by L. Gilbert Vezina, MD, (pg. 1)
- Family Retreat Day, (pg. 1)
- CBTF funding, (pg.3 )
- White House Easter Egg Roll, (pg. 3)
- Mile High Challenges in Nursing, by Debbie Lafond (pg. 4)
- Burke Texaco & the Wrestlers and Bingo (pg. 4)
- The Race, by Lisa Hesse (pg. 5)
- Unique fund-raisers and Future Events (pg. 7)
- Memorials and Poems (pg. 9)
- Major Contributions ( pg. 10)

## CBTF's Fall Family Retreat Day in association with Camp Friendship

On Saturday, September 25, a gloriously beautiful autumn day, parents came together for an educational day with excellent speakers. The children were entertained on the grounds of Camp Friendship by Joanie Knorpp, Patrina Goldstein, Peter Lee, DDS, Ms. Moon, Nick Schor, Colleen, Karen and teen volunteers: Meredith DeDona, Julie Hansen, Trent Hughes, Parisa Nik-Pay, Michael Williams, Amanda and Ashley Young. Bev Gough was generous in sharing the campgrounds and providing lunch. Also, thank you to Goran Dosen, DDS for donating snacks for the children.

Thank you to speakers John Finerty, MD, Chief of National Cancer Institutes Cellular Immunology; Nicholas Patronas, MD, Chief of Neuroradiology from National Cancer Institutes; Kenneth Cohen, Director of Pediatric Oncology at Johns Hopkins; and Laurie Weiss, LCSW for volunteering their time to help keep families informed and up to date. The informative topics were: Biomedical Research and Cancer with an emphasis on Immunology, Imaging of Patients with Intracranial Neoplasms, and Role of Chemotherapy in Treatment of Brain Tumors.

At the close of the day, Bev Gough, had entertainer Jim Hossick sing his original songs for the families. The children thoroughly enjoyed the entertainment and parents learned a great deal from our speakers.

*Jim Hossick  
entertaining  
the families.*



*Families  
socializing  
during  
lunch  
between  
sessions.*



### MRI Imaging (continued from page 1)

Until recently MRI was used to characterize cerebral neoplasms by:

1) Demonstration of anatomy in various planes. 2) Display of differences in relaxation times (so-called T1 and T2 relaxation times) between normal and abnormal tissues. 3) Detection of breakdown in the blood brain barrier on T1 weighted images with use of intravenous paramagnetic contrast enhancement (gadolinium accumulates in central nervous tissues that lack an intact blood brain barrier, a situation found in many neoplastic lesions).

In recent years, technological advances (improved hardware configuration and novel pulse sequences) have opened new windows in our ability to detect and characterize tumors. These new advances include rapid/ultrafast imaging, metabolic and functional imaging. Metabolic imaging aims to identify molecular biological factors that are potentially able to guide clinical management decisions; these techniques include MR spectroscopy and cerebral perfusion mapping. Functional MRI concerns the changes in cerebral hemodynamics that accompany brain function (activation); this latter topic lies outside the scope of this paper.

**Rapid Imaging** and improved resolution are now possible using more powerful magnetic gradients. Techniques that utilize either strings of spin echoes (Turbo or Fast spin echo), or hybrid combinations of gradient and spin echoes allow faster image acquisition. The cranium can be imaged in to one or two minutes per imaging series, compared to 6 to 8 minutes for conventional spin echo acquisitions. Greater spatial resolution can be achieved without compromise in signal to noise. MR images can also be acquired individually in as little as half a second per image (Single Slice or HASTE techniques), very much like CT, at some loss of resolution and tissue characterization; less cooperative patients can thus be imaged with reduced sedation needs.

The latest innovations in hardware include magnetic field gradients that are strong enough and switch rapidly enough so that an entire imaging plane can be acquired in a single radio-frequency excitation. This technique, called echo planar imaging (EPI), allows image acquisition in a fraction of a second (as short as 50 milliseconds), or repeated multislice acquisitions on the order one or two seconds. The decreased imaging time allows for acquisition of images with higher temporal resolution. This improved temporal resolution permits the evaluation of cortical physiological events such as cerebral tissue perfusion and cortical activation.

**Proton MR Spectroscopy** provides information about the presence and amount of hydrogen protons attached to different cerebral molecular compounds. These protons

possess intrinsic differences in resonant frequencies (or chemical shift) due to their differing molecular environment. A spectrum can be generated that corresponds to a scale of resonant frequencies vs amplitude (concentration). Molecular compounds identified within cerebral tissue include N-acetyl-aspartate (NAA, a neuronal marker), choline (a cell membrane marker), creatinine and phosphocreatinine (energy metabolites), and lactate (a by-product of cerebral metabolism).

MR spectroscopy is useful in characterization of brain tumors. Compared to more benign tumors, malignant tumors have an increased rate of membrane turnover (increased level of choline) and a decreased concentration of neurons (decreased NAA). Spectroscopy has had some success in the pre-operative differentiation of various tumor types. More importantly, spectroscopy allows for the non-invasive monitoring of the response of residual tumor to therapy. Finally, spectroscopy can be utilized to differentiate tumor recurrence from tissue necrosis.

**Perfusion MR** can demonstrate the microscopic vascular proliferation (“neovascularization”) associated with tumor growth. Cerebral tissue perfusion can be assessed following a dynamic injection of Gadolinium. During the first pass transit through the cerebrovascular bed (which lasts only 5 to 15 seconds), gadolinium is restricted to the intravascular space. The restricted intravascular presence of highly paramagnetic contrast molecules (gadolinium) creates microscopic field gradients around the cerebral microvasculature, resulting in a change (shortening) of T2 relaxation and signal loss. From the amount of signal loss, the concentration of gadolinium in each pixel can be calculated, and a pixel by pixel relative estimate of blood volume can be inferred. Maps of cerebral blood volume (CBV) and cerebral blood flow (CBF) can be generated. As a rule, high-grade tumors have higher CBV values than low-grade tumors; and CBV values correlate with the grade of vascularity and mitotic activity.

Knowledge of tumoral vascularity is helpful to improve tumor grading, to identify optimal biopsy site in tumors with heterogeneous vascularity, to monitor for malignant degeneration and treatment efficacy, and to differentiate tumor recurrence from radiation necrosis.

In summary, recent advances in imaging techniques allow for improved tumor detection and biological characterization with MR imaging. This can be performed at the cost of added time (pulse sequences) to a MR exam. Alternatively, MR exam times can be greatly reduced (along with sedation needs), at the cost of poorer image quality and decreased tissue characterization.



## CBTF funds study entitled “Development of a syngeneic model of murine medulloblastoma”

The CBTF board has reviewed this year's crop of research proposals received in application for research funding. The board unanimously approved \$25,000 to Dr. Robert L. Martuza and his Research Fellow Dr. Pablo Hernaiz Driever in support of their effort to develop an in vivo syngeneic mouse model for medulloblastoma. Medulloblastoma is a common malignant brain tumor in childhood. Although the regimen for treatment of the primary disease has been improving over the past several decades, the prospects for long term cure remain grim. This new model has an important potential for the de-



velopment of new treatment strategies especially immunotherapeutic approaches that are not possible using human medulloblastoma in immuno-deficient mice as is now prevalent. The researchers plan to use mice carrying a "knockout" of the mouse homolog of the patched gene which has been found to be mutated in up to 20% of human medulloblastomas. Mice with a single patched gene "knockout" develop medulloblastoma at 12 weeks of age. The scientists propose to grow these mouse brain tumors in culture to determine specifically their relationship to human medulloblastoma and subsequently to use these mouse medulloblastoma cells in genetically-identical mice to create strategies that promise to revolutionize the approach to treatment and prophylaxis of childhood medulloblastoma in humans.

## Easter Egg Roll at the White House

The Childhood Brain Tumor Foundation was honored to be invited by President Clinton and Mrs. Clinton to be their guests at a special event at the annual White House Easter Egg Roll, held on Monday, April 5, 1999. Twenty of our CBTF families were represented, with children ages 3-6, along with one parent, attending this 127-year-old traditional Easter White House event.

The White House Easter Egg Roll featured Prescription for Reading, an effort to bring books into the hands of parents and children launched two years ago by Mrs. Clinton. Each child attending the event received a child's storybook and plush toy bunny.



Exciting events of the morning included colorful egg decorating, ongoing story telling sessions by The Bits Troupe, strolling Easter-related characters in full costume, fantastic Easter Confectionery Creations by World Cup USA Pastry Chefs, a CD Pavillion, Balcony Music, and a virtual tour of the White House. The children enjoyed climbing on the Giant Climbing Nest, and participating in easter egg rolling on the South White House Lawn. Needless to say, everyone was

drooling when they spotted the huge creations created by the USA Team of Pastry Chefs who just returned from the World Cup of Pastry in Lyon, France.

Several celebrities including Jamie Lee Curtis, Tom Chapin, Al Roper, and W. C. Greer entertained guests on the White House lawn. As the event was coming to a close, a few of our families spotted the President and First Lady when they came out on the White House lawn to greet visitors and wishing them a Happy Easter which added to the excitement of the day. As we were leaving the White House grounds, each guest received a beautiful color print of a spring bouquet of tulips and information about the history of the White House Easter Egg Roll. Invitees were also given a colorful wooden egg signed by President and Mrs. Clinton as a memento of the happy day.

All the families in attendance had a marvelous time and would like to say thank you to the Clintons for inviting them to the White House for this very special event.



## MILE HIGH CHALLENGES IN CCG NURSING



Submitted by  
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Approximately 360 nurses from around the country attended "Mile High Challenges in CCG Nursing" on May 18-19, 1999 which was held in conjunction with the Children's Cancer Group (CCG) meeting in Denver, Colorado. The Childhood Brain Tumor Foundation graciously provided an educational grant to help fund the workshop, and nurses from both the Pediatric Oncology Group (POG) and the Children's Cancer Group (CCG) were able to hear expert speakers from around the country discuss current advances in childhood brain tumor treatment. The workshop encompassed four minisymposia: Brain Tumors, Medical Economics, Difficult Dilemmas, and Today and Tomorrow.

The Brain Tumor symposium featured innovative surgeries for central nervous system tumors as well as chemotherapeutic, radiation therapy, and peripheral blood stem cell/bone marrow transplant options. Tania Shiminski-Maher, MSN, CPNP, a nurse practitioner with Dr. Fred Epstein at Beth Israel Medical Center in New York, presented new advances in pediatric neuro-surgery which included a video of an actual surgery. This allowed nurses who work in oncology, neurology, or general pediatric units to have a better understanding of what is involved in making the surgical decision, why surgery is always considered as an option, and why pathology makes a difference in the surgical approach and degree of resection. Nurses are now able to prepare families better pre-operatively so that the post-operative course is less traumatic. New advances in surgery including the Gliodel wafer and intra-tumoral chemotherapy were discussed. The conclusions of this talk were: that major technological advances have allowed for more aggressive surgery with less complications, that neuro-surgery is responsible for many advances in the care of childhood brain tumors, and that neuro-surgeons are now incorporated in the Neuro-Oncology team and play a significant part in the decision-making regarding treatment of childhood brain tumors.

One of the leading members of the CCG Nursing Committee, Patsy McGuire Cullen, CPNP, a nurse practitioner from Pediatric Hematology/Oncology Associ-

## Burke Center Texaco and Wrestlers Weighing in to Help CBTF

A Charity Autograph Session was held on May 29, 1999 at the Burke Center Texaco in Burke, Virginia. Members of the Virginia Wrestling Federation signed autographs and chatted with fans. Food, entertainment and the DJ were donated by Robin Haar, owner of the Texaco station. Proceeds were donated to CBTF.

The CBTF thanks Robin and the VWF Heavyweight Champions, Shorty Smalls, the Lovely Cassidy, Hardcore Luchadore, EL Suicidio Nino, the Sexy One Seduction, Manager of Champions Neil Sharkey, Burke Center-Texaco's Big Bubba Nuckols for this unique and fun event.



*Wrestlers using their muscles to raise funds for CBTF.*

Additionally, during September 1999, a "Sound Off," another charitable fundraiser was held at the Burke Center Texaco. Thanks once again to Robin Haar and to James Murphy who planned the event.

## Basket Bingo Fund-raiser

On Sunday, January 21, 1999 CBTF held a fund-raising Basket Bingo at the American Legion in Damascus, Maryland. Thank you to Susan Young who planned the event and Jenny Hahn for volunteering her time to help.

The winners were very excited to win the durable handmade baskets. Thank you Weis Supermarkets and Carolyn Case for contributing snacks for this event.



*Bingo participants eagerly double-checking their numbers.*

(continued on page 6)

# The Race

by Lisa Hesse

May 4th, 1998: having just completed my own race, I pin a race number for the Fun Run on the front of Logan's T-shirt. His expression shows both wonderment and excitement, and briefly takes an extra second to register it in my mind. It is an expression everyone should wear just before running a race, participating in a sports event, or for any activity that requires us to "give it all" simply because we want to, and have been given the chance in life to do so. When was the last time I wore that expression? I am brought back to the task at hand by Logan. "Mom, how long is this race again?" I explain it is a mile long. I gently tell him this, it's just an automatic mom thing to say. Logan doesn't hear it. He loves these races; the thrill of the event and getting the medal at the end, no matter where in place he finishes. Getting ready to start the race, he rushes off to find his father, the chaperone in this event. I station myself with the camera, ready for the Kodak moment.



Flashback: January 27th, 1998. I button the last button on Logan's hospital gown as the doctor who is going to "help him take a little nap" takes his hand. Logan's expression shows a state of calm anxiety; deep down he knows he is in good hands. I take a deep breath and realize that my stomach is one huge knot, and I register Logan's expression in my mind; I need to take my cue from him. I look him square in the eye and say "I love you Logan." This is more important than anything else going on in that room at the moment and I need him to look me in the eye and hear the word. He says "I love you too, mom" and takes the doctor's hand as they walk through the double doors. It is said that running a marathon takes a tremendous amount of mental strength, and I am hoping now that this mental toughness I supposedly have is with me today. The emptiness and fear that envelopes me is more than I can take and I sink down in a chair. Then I concentrate on Logan. The doctor said the surgery would be 8 to 15 hours. There is the slightest chance, as in any surgery, that he will not survive, but that is not in my reality. There is a far greater chance that he will be unable to

walk when he leaves this hospital. They are taking an orange-sized tumor out of his brain and the complications of the tumor and the surgery are yet to be known. As we begin our wait, I make a mental picture of Logan doing one of his favorite activities: Going to the track and running the 100 yard dash. In this picture, I am standing at one end, he at the other, and when I say "go!" he runs with the reckless abandon of all seven-year-olds. His arms propel him through the air, his legs are stretching with each step, and his eyes are focused on the line he must cross. In this picture he is healthy, happy and running.

Fast forward: the May 4th Fun Run starts with a bell and the children begin to run. I see Logan's brother, 2 years older and the competitive one, straining to remain one of the first. I get the camera ready as I prepare for Logan to pass. And then I see him. He is also straining to stay with the pack, but in a different way. He doesn't have his brother's illusions that he might win; instead, he is running because he can. I am ready to take the picture, but I can't. I can see through my tears as Logan passes by, completely oblivious to me on the side - he is focusing on his race.

At the finish line, after most of the children have finished, the stragglers are beginning to come in. Logan is one of them and his older brother and friends line up at the finish to cheer him on. Many people there that day know what Logan had been through only a few months before. We are ready to see him walking, but as he rounds the corner he is running full force. The cheers from the sidelines carry him on. "Go, Logan GO!" This time I am able to catch the moment on camera. He is crossing the finish line with a broad smile stretching from ear to ear. It is the picture of a champion. A medal is placed around his neck and he runs up to me, "Mom, did you see me? did you see I got the gold medal?" I reach down and give him a huge hug, and congratulate him on his race. He rushes off to his friends and his brother, and I watch him run through the crowd. I know that he has done far more than simply run a race, and I find myself chanting again, "Go Logan, Go."

*Lisa Hesse and son, Logan, after an exciting and fulfilling race proudly showing their medals!*



Article submitted by  
Lisa Hesse, mother of Logan who was diagnosed at age

### Mile High Challenges (continued from page 4)

ates of Denver, Colorado, presented “Chemotherapy for Pediatric Brain Tumors: What’s In...What’s Out”. She gave a brief overview of the historical perspective of brain tumor therapy and early CCG brain tumor studies before focusing on the current CCG studies. Most notably the intensity of chemotherapy has dramatically increased over the past three to five years in just about every type of childhood brain tumor treatment with the goal of achieving higher cure rates. For example, treatment of Medulloblastoma, Ependymoma, and High Grade Astrocytomas is now very aggressive and requires peripheral blood stem cell support. The future direction for treatment of brain stem gliomas is to use more radiosensitizers, such as topotecan, carboplatin + RMP-7, and Gadolinium texaphyrin. Ms. McGuire-Cullen reviewed the newest studies and gave tips on nursing interventions to decrease common side effects. As the millennium approaches, the focus is on identification of biological markers to assist with treatment planning, optimizing chemotherapy to improve survival, radiosensitization to improve the outcome for resistant tumors, and intensifying chemotherapy with peripheral blood stem cell (PBSC) support.

A radiation oncologist from New York University Medical Center, Bernadine Donahue, M.D., presented new developments in radiation therapy. Goals of radiation therapy are to improve cure rates, eliminate or reduce radiation where feasible, safely delay radiation in young children, modify radiation techniques and delivery methods, and to improve supportive care. Radiation delivery has improved with newer immobilization devices, which provide greater patient comfort and increased cooperation. General anesthesia is utilized routinely for young children. Radiation techniques including hyperfractionization, radiation implants, 3-dimensional conformal treatment, and the use of radiosurgery have improved outcomes for a wide variety of pediatric central nervous system tumors. (Hyperfractionization refers to treatments that are given twice a day, thus allowing a higher total dose with tolerable toxicity). The efficacy and long term effects of this technique are still unknown. Brachytherapy, or the use of radiation implants, is still limited in pediatrics. While adult studies have shown benefit in gliomas, pediatric trials using brachytherapy are under development. 3-D conformal radiation therapy which uses CT or MRI to locate tumor and normal structures and allow multiple fields shows the area to be treated in three dimensions. Stereotactic radiation or Gamma Knife and radiosurgery uses multiple, precisely aimed beams of radiation that converge at a point which delivers high doses to a small area of tumor and thus spares some of the normal surrounding brain. It is usually given in one treatment. These techniques can only be used in single lesions, less than 4 cm. Improved radiation techniques will hopefully lead to improve cure rates with the least side effects.

Dr. Donahue also discussed late effects of radiation therapy. Radiation therapy works by damaging the DNA. Normal cells can repair their DNA, but tumor cells cannot. Normal cells that are slowly dividing when hit by the radiation are least likely to be able to repair themselves, therefore leading to late effects of treatment. Late effects include learning disabilities, bone loss, hearing loss, eye changes (dry eyes and/or cataracts), low thyroid function, growth delay, and the possibility of second cancers. Improved radiation delivery techniques are being developed to prevent some of these problems, such as pre-radiation chemotherapy to decrease the required radiation field, focused radiation or stereotactic radiation, field adjustment to avoid the auditory (ear) canal, and shielding and immobilization of the eye to minimize scatter to the eyes. The ultimate goal is to improve cure with minimal side effects.

Dr. Judy Villablanca from Children’s of Los Angeles spoke on Peripheral Blood Stem Cell and Bone Marrow Transplant options for brain tumor patients. The goal of this approach to treatment is to increase the cure rate by increasing the intensity of chemotherapy, and in young children to eliminate or postpone radiation therapy. The blood-brain barrier has been a roadblock to many previous chemotherapy regimens, but high dose chemotherapy provides better central nervous system penetration. Side effects of this approach include low blood counts requiring frequent admissions to the hospital, primary gonadal failure, hearing loss, potential for second malignancies, and approximately a 3 to 5% mortality due to therapy related complications. Although not without risk, this type of intensive chemotherapy has been relatively well tolerated and appears to have benefit in aggressive tumors. Current studies are open for Medulloblastomas, PNETs, and high grade Astrocytomas.

The second mini-symposium was on medical economics with an emphasis on brain tumor treatments. Alice Ettinger, RN, MSN, CPNP, from St. Peter’s University Hospital in New Brunswick, NJ, spoke on “Educating the Case Manager.” She examined current issues affecting the health care industry and pediatric oncology practice. Methods to improve communications with the insurance company’s case manager were discussed so that clinical trials could be better understood and accepted as the standard of care. The role of the case manager is beneficial to the patients/families as well as the physicians. Both can utilize case management services to better serve the patient. Case management is the optimal way to approach HMO type companies. The discussion included strategies to face the concerns, questions, and issues facing caregivers and payers in the managed care environment.

The Sacramento Region Pediatric Oncology Group representative Kelly James, MSN, RN, presented the preliminary results of a caregiver burden study done through the

(continued on page 8 )

## Great Ideas to help support CBTF



### WHAT SHOULD WE GET THEM? I DON'T KNOW!

How many times have we had these thoughts?. Well, our friends Steve and Terry Klein recently solved that dilemma for their friends and family. They were having a birthday party for Terry's mother, Annette Saunder, and brother, Bernie Saunder. Both are at a stage in life where they have everything they want, and did not want their family and friends to get them any gifts.

So, on the invitations they wrote "No gifts, please. Donations to The Childhood Brain Tumor Foundation in honor of Annette and Bernie Saunder's birthdays would be appreciated." What prompted Steve and Terry to do this? No doubt, they knew our work in the

Foundation and of the good that comes from it. They know that our son, Michael, (a nine and one-half year brain tumor survivor) is a participant in retreats for families of children with brain tumors sponsored by the Foundation.

Thank you Steve and Terry. Not only for the more than \$200 raised for The Childhood Brain Tumor Foundation but for giving others a way to give gifts for those who have it all.

*written by Steph and Lorraine Schoenfeld*

## Other great fund-raising ideas helping CBTF

### The Kindness of Giving Can Work Wonders

In memory of their daughter, Emily, Rev. Kurt & Sherry Mau of Wisconsin recently had a rummage sale and donated the proceeds to CBTF. As they said, "Let's race for the cure for these precious children."

Thanks once again to the Symbiosis family of Colorado for donating proceeds from their Techno Concert to the Childhood Brain Tumor Foundation.

## Future Events:

**Spring Family Retreat Day - Sunday, May 7, 2000-** Call (301) 515-2900 for more information.

Location and details to be announced.

### 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.

**Art Auction/Floral Design Competition, Spring 2000-** This exciting event will include an Art Auction with L'Chaim Gallery which will include a vast selection of well known art pieces and styles. The area's finest floral designers will display exquisite floral creations for a People's Choice competition. Musical entertainment and food will be included. Details to be announced, watch for them.

**Fall Party 2000, a gala event -** Date and location to be announced in the next newsletter for the October event.

**MILE HIGH CHALLENGES** (continued from page 6)

POG nursing group. She discussed the development of a new tool, "The Care of My Child with Cancer," which attempts to quantify the amount of time spent on caregiving tasks and the amount of effort or difficulty associated with these tasks by primary caregivers (i.e. parents). The results of this study will aid nurses in evaluating new therapies for the potential burden on families as therapy intensifies and help with protocol development. Nurses and physicians must always be mindful of the family's ability to manage the day to day care at home as they make treatment recommendations.

Cindy Proku, MSN, CPNP from the University of Rochester, NY discussed long term follow-up and survivorship in relation to medical economics. The importance of life long follow-up was stressed. More children are surviving brain tumors as the direct result of new therapies, and these children grow into adulthood, a new set of challenges awaits them such as late effects of treatment. These effects include: learning disabilities, cataracts, heart muscle weakness, hearing loss, liver damage, electrolyte/mineral imbalance, kidney problems, low thyroid function, gonadal failure, and growth delay. Crucially the nurse helps families understand the treatment their child received and the importance of follow-up. The primary care physicians and insurance companies also need to learn about late effects.

The second day of the workshop took on a psychosocial theme. There were two mini-symposia, Difficult Dilemmas and Today and Tomorrow in CCG Nursing. The difficult dilemmas symposium featured Pamela Hinds, Ph.D., a world-renowned expert on the psychosocial issues surrounding the diagnosis and treatment of childhood cancer. Dr. Hinds discussed end of life decision-making by adolescents, parents, and physicians. She identified key factors that are faced when making these decisions. She compared the process among these groups and identified behaviors of health care providers that facilitate or hinder choices made by patients or parents. Dr. Hinds reviewed the results of a study conducted at the St. Jude's Children's Research Hospital which included case studies from several institutions. The audience came away with a sense of value in what we provide to the care of childhood cancer patients.

Dr. Eric Kodish, from Rainbow Babies and Children's Hospital in Cleveland, OH, spoke on the ethical dilemmas of putting pediatric patients in clinical trials. Informed consent in both pediatric practice and research were discussed with an emphasis on distinguishing the goals of research from the goals of treatment in the consent process as well as the role of assent with older children. Parents as well as health care workers face ethical issues when patients are entered in to clinical trials, ranging from large multi-center randomized Phase III studies to Phase I investigations of new cancer drugs. Although designed to protect children from potential risks associated with investigational therapy, mechanisms to pro-

tect vulnerable children from research risks may also restrict them from the potential benefits of newer therapies due to limited enrollment. In addition most parents are faced with making informed consent shortly after learning that their child has cancer which may initially compromise their ability to make informed decisions. This leaves them vulnerable and dependent upon the health care system while making important choices.

Chairperson of the CCG Nursing Committee, Kathy Ruccione, RN, MPH, opened the final mini-symposium on Today and Tomorrow in CCG Nursing. Ms. Ruccione presented "Basic Science at the Bedside: Molecular Biology." She discussed the language of molecular biology and current research in cancer, including the Human Genome Project. She discussed how molecular biology relates to cancer including oncogenes, tumor suppressor genes, and DNA repair genes. As we make scientific strides towards the next millennium, medicine is changing to a molecular focus. Genetic testing is currently being done on most brain tumors, either in institutional laboratories or the central CCG reference laboratories. Most institutions send tumor specimens to the central reference laboratory so that data can be collected on a greater number of specimens. With the development of new growth factors, monoclonal antibodies, gene therapy, new genetic medicines, and chemoprevention trials disease treatment is changing which presents a new set of challenges for pediatric oncology nurses, such as updating familial genetic histories, making referrals for genetic testing/counseling when appropriate, and educating families on the genetic implications of diagnosis and treatment.

The Children's Cancer Group and the Pediatric Oncology Group are merging to form the Children's Oncology Group (COG) in 2000. The nursing leadership from both groups presented a summary of past accomplishments and discussed future directions for pediatric oncology nursing. Nurses play an important role in the care of childhood cancer patients, from diagnosis to long-term follow-up or end of life decision-making. Through this conference, nurses are better equipped to deliver state of the art nursing care and to educate patients and families. We thank CBTF for its continued support of nursing and the Children's Cancer Group. We will strive to provide unsurpassed quality care to you and your children whatever the need.



**Remembrances**

A. Alvarez	Wesley Hall Lewis, II
Stephen Boyce	Wesley Hall Lewis, Jr.
Jeff Brown	Lauren Lockard
Albee Budlow	Margie Kane
Kelley Bula	Stewart MacDonald
Janice Carpenter	Emily Mau
Catherine Cason	Donald McGettigan
Ryan Caspar	Bernard Miller
Martin Durkin	Theresa Myers
Shawn Edwards	Marla Parasca
Molly Reid Trick Foley	Herschel Parham
Vanessa Gonzalez	Grace Powers
Donald Hambrice	Nicole Ringes
Katie Harris	Amy Schiller
Erica Holm	Lynda Santelli
Samuel Robertson Johnson	Lisa Soghomonian
Thomas Kelleher	Teresa Stargel
Tommy Kelleher	

## *Thomas Kelleher and Tommy Kelleher Memorial Foundation*

The Childhood Brain Tumor Foundation would like once more to thank the Thomas Kelleher and Tommy Kelleher Memorial Foundation for its continued support. The foundation's generous donation of Washington Redskins tickets has made it possible for many families to enjoy the games throughout the 1999-2000 season. Tickets were distributed through the local treatment centers and received enthusiastically by the families. We thank the Kellehers for their continued kindness as these families enjoy a wonderful area tradition.

### **The Sun Set Slowly**

*in memory of Shawn Robert Edwards  
10/8/89-7/29/96  
written by Jason*

*the sun set slowly today,  
hoping to touch every life  
in every valley  
with its gentle rays.*

*it slowly descended  
across the thankless sky  
and cast one last shadow  
in the corner of my eye.*

*its soft glow leaving to make room  
for darkness.  
i yelled, screamed, kicked and fought.  
i reached out to touch it, grasp it,  
to hold it with all my heart and soul.*

*but my will alone could not keep it shining.  
with its warm glow and pleasing light,  
the sun set slowly today  
on my good friend's life.*



### **In Memory of Catherine Cason**

*With love from Mom & Crissy*

PLEASE, don't ask me if I'm over it yet.  
I'll never be over it.  
PLEASE don't tell me she's in a better place.  
She isn't here with me.  
PLEASE, don't say at least she isn't suffering.  
I haven't come to terms with why she had to suffer at all.  
PLEASE, don't tell me you know how I feel,  
Unless you have lost a child.  
PLEASE, don't ask me if I feel better.  
Bereavement isn't a condition that clears up.  
PLEASE, don't tell me at least you had her for so many years.  
PLEASE, don't tell me God never gives us more than we can bear.  
PLEASE, just say you are sorry.  
PLEASE, just say you remember my child, if you do.  
PLEASE, mention my child's name.  
PLEASE, just let me cry.

