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6. Attached hereto as Exhibit A are true and accurate copies of browser screenshots of the Internet Archive's records of the archived files for the URLs and the dates specified in the attached coversheet of each screenshot.
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Mina Ching



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EXHIBIT A



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A Study of AG-348 in Adult Patients With Pyruvate Kinase Deficiency

Status: Recruiting

Phase:

Diagnosis: [Pediatric Hematology/Blood Related](#)

NCT ID: [NCT02476916](#) ([View complete trial on ClinicalTrials.gov](#))

DFCI Protocol ID:

Study AG348-C-003 is a multicenter study designed to evaluate the safety and efficacy of different dose levels of AG-348 in patients with PK deficiency. Blood Disorders (Hematology)

Conducting Institutions:

Children's Hospital Boston, Dana-Farber Cancer Institute

Overall PI:

Rachael Grace, MD, Children's Hospital Boston

Site-responsible Investigators:

Contacts:

Dana-Farber Cancer Institute: Childrens Hospital Pediatric Clinical Translation Investigation Program CTIP, ctip@partners.org

Eligibility Criteria

Inclusion Criteria:

1. Informed consent
2. Male or female, aged 18 years and older
3. Known medical history of PK deficiency
4. PK deficiency confirmed by enzymatic assay at Screening If the enzymatic assay at screening is normal, the patient will be eligible for enrollment if the genotyping shows a mutant genotype that has been previously documented in the literature to be associated with PK deficiency. If the genotyping shows a previously undescribed PKR gene mutation, then the eligibility will be determined on a case-by-case basis
5. Genotypic characterization of PKR gene at Screening, unless the genotype is available from study NCT02053480 (PK Deficiency Natural History Study)
6. Genotypic characterization of uridine-5'-diphosphate-glucuronyltransferase-A1 (UGTA1) gene to document underlying Gilbert's disease (Gilbert's disease pts are eligible)
7. Males Hb $\leq$ 12.0 g/dL, females Hb $\leq$ 11 g/dL
8. Transfusion independent, defined as no more than 3 units of red blood cells (RBC) transfused in 12 months prior to the first day of study dosing and no transfusions within 4 months of first day of study dosing
9. Splenectomized patients must have had the procedure at least 6 months prior to Screening and must be up-to-date in recommended vaccinations
10. Eastern Cooperative Oncology Group (ECOG) performance status $\leq$ 2
11. Must be taking at least 1 mg folic acid daily in the 21 days prior to screening
12. Adequate organ function defined by liver function, kidney function, platelet count and coagulation assessments
13. Agreement to use approved contraceptive measures
14. Women must not be breastfeeding

Exclusion criteria

1. Hb > 12.0 g/dL if male, Hb >11.0 g/dL if female
2. Additional diagnosis of other congenital or acquired blood disorder

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3. Iron overload sufficiently severe to result in cardiac, hepatic or pancreatic deficiency
4. Bone marrow or stem cell transplant
5. Clinically symptomatic cholelithiasis or cholecystitis
6. currently enrolled in any other investigational trial. Participation in the PK Deficiency Natural History Study (NCT02053480) is permitted.
7. Exposure to any investigational drug, device or procedure within 28 days prior to screening
8. Concurrent medical condition such as poorly controlled hypertension, heart failure, active infection, frequent post-splenectomy sepsis, Hepatitis B or C, Human Immunodeficiency Virus type 1 (HIV1) or Human Immunodeficiency Virus type 2 (HIV2) infection, poorly controlled diabetes mellitus, history of primary malignancy with the exception of curatively treated nonmelanomatous skin cancer, cervical cancer of breast cancer in situ
9. Major surgery in the last 6 months
10. Psychiatric disorder that could compromise the ability of the patient to cooperate with the study
11. Serum bilirubin higher to the upper limit of normal attributable to factors other than hemolysis or Gilbert's Syndrome
12. Use of restricted products known to strongly inhibit cytochrome P450 (CYP) 3A4 metabolism within 5 days prior to Prior Day 1 dosing, or to strongly induce cytochrome P450 3A4 (CYP3A4) metabolism within 28 days prior to Day 1 dosing, or to strongly inhibit P-glycoprotein transporter within 5 days prior to Day 1 dosing, or digoxin within 5 days prior to Day 1 dosing.
13. Corrected QT interval - Fridericia's method (QTcF) interval > 450 ms in male, QTcF > 470 ms in female, with the exception of patients with a left Bundle Branch Block
14. Cardiac arrhythmias that are clinically significant or treated with drugs that are substrates of CYP3A4
15. Allergy to sulfonamides if characterized by acute hemolytic anemia, anaphylaxis, rash of erythema multiforme type or Stevens-Johnson Syndrome
16. Any other medical or psychological condition deemed by the Investigator to be likely to interfere with a patient's ability to participate in the study.

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Leukemia & Lymphoma
Solid Tumors
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Pediatric Hematology/Blood Related Clinical Trials

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1. Evaluation of the Duration of Therapy for Thrombosis in Children

The main purpose of the Kids-DOTT trial is to provide key evidence for the optimal duration of anticoagulant therapy for thrombosis in children, given that the conventional duration of such therapy in children is derived solely from evidence in adult thrombosis trials. Study hypothesis: Among children with first-episode acute venous thrombosis in whom thrombus resolution is evident following the initial 6 week period of anticoagulant therapy, the cumulative incidences of recurrent venous thromboembolism (VTE) and post-thrombotic syndrome (PTS) at 2 years is not significantly different between those receiving 6 weeks and those receiving 3 months total duration of anticoagulant therapy.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

2. Human-cl-rhFVIII in Previously Untreated Patients

Investigate the inhibitor development rate of Human cl rhFVIII in previously untreated patients with severe Hemophilia A.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

3. A Phase II Trial of Regadenoson in Sickle Cell Anemia

This research study is a Phase II clinical trial, which tests the safety and effectiveness of an investigational drug called Regadenoson (or Lexiscan) to learn whether the drug works in treating a specific disease, in this case Sickle Cell Disease (SCD). "Investigational" means that the drug is being studied. It also means that the FDA has not yet approved the drug for your type of disease. SCD is an inherited blood disorder that causes the red blood cells to change their shape from a round shape to a half-moon/crescent or sickle shape. People who have SCD have a different type of protein that carries oxygen in their blood (hemoglobin) than people without SCD. This different type of hemoglobin makes the red blood cells change into crescent shape under certain conditions. Sickle-shaped cells are a problem because they often get stuck in the blood vessels blocking the flow of blood, and cause inflammation and injury to important areas in the body. Regadenoson (trade name Lexiscan) is a drug that may prevent this inflammation and injury caused by the sickle shaped cells. This drug is approved by the FDA to be used as a fast infusion during a heart stress test in people who are unable to exercise enough to put stress on their heart by making the heart beat faster. Regadenoson has been studied as a long infusion at this dose in adults, and no safety issues have been identified (ClinicalTrials.gov Identifier: NCT01085201). This is the first study to look at patient benefit with the long infusion of the drug. This drug has been used in laboratory experiments and information from those other research studies suggests that this drug may help to protect the body from damage caused by sickle-shaped cells in this research study. In this research study, the investigators are specifically looking to see if Regadenoson is an effective treatment for pain crises and acute chest syndrome in SCD.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

4. Radiation- and Alkylator-free Bone Marrow Transplantation Regimen for Patients With Dyskeratosis Congenita

Dyskeratosis congenita is a disease that affects numerous parts of the body, most typically causing failure of the blood system. Lung disease and a predisposition to cancer are also frequent causes of illness and death. Bone marrow transplantation (BMT) can cure the blood system but can make the lung disease and cancer predisposition worse, because of agents such as alkylators and radiation that are typically used in the procedure. Based on the biology of DC, we hypothesize that it may be possible to avoid these agents in patients with DC, and still have a successful BMT. In this protocol we will test whether a regimen that avoids alkylators and radiation can permit successful BMT without compromising survival in patients with DC.

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Diagnoses: Pediatric Hematopoietic Stem Cell Transplant (HSCT), Pediatric Hematology/Blood Related

Status: Recruiting

5. Pilot and Feasibility Study of Hematopoietic Stem Cell Gene Transfer for the Wiskott-Aldrich Syndrome

The Wiskott-Aldrich Syndrome (WAS) is an inherited disorder that results in defects of the blood and bone marrow. It affects boys because the genetic mistake is carried on the X chromosome. Normal people have blood cells called platelets that stop bleeding when blood vessels are damaged. Boys with WAS have low numbers of platelets that do not function correctly. Boys with WAS are thus at risk for severe life-threatening bleeding. A normal immune system is made of special blood cells called white blood cells, which protect against infection and also fight certain types of cancer. In WAS, these white blood cells don't work as well as they should, making these boys very susceptible to infections and to a form of blood cancer known as lymphoma. The abnormal white blood cells of patients with WAS also cause diseases such as eczema and arthritis. Although WAS can be mild, severe forms need treatment as early as possible to prevent life-threatening complications due to bleeding, infection and blood cancer. Over the past decade, investigators have developed new treatments based on the investigators knowledge of the defective gene causing WAS. The investigators can now use genes as a type of medicine that will correct the problem in the patient's own bone marrow. The investigators call this process gene transfer. The procedure is very similar to a normal bone marrow transplant, in that the old marrow is killed off using chemotherapy, but is different because the patient's own bone marrow is given back after it is treated by gene transfer. This approach can be used even if the patient does not have any matched donors available and will avoid problems such as GVHD and rejection. The investigators wish to test whether this approach is safe and whether gene transfer will lead to the development of a healthy immune and blood system.

Diagnoses: Pediatric Hematology/Blood Related, Pediatric Hematopoietic Stem Cell Transplant (HSCT)

Status: Recruiting

6. Study of Gene Therapy Using a Lentiviral Vector to Treat X-linked Chronic Granulomatous Disease

Chronic Granulomatous Disease (CGD) is an inherited immunodeficiency disorder which results from defects that prevent white blood cells from effectively killing bacteria, fungi and other microorganisms. Chronic granulomatous inflammation may compromise vital organs and account for additional morbidity. CGD is thought to affect approximately 1 in 200,000 persons, although the real incidence might be higher due to under-diagnosis of milder phenotypes. The first gene therapy approaches in X-CGD have shown that effective gene therapy requires bone-marrow (BM) conditioning with chemotherapy to make space for the gene-modified cells to engraft. These studies demonstrated that transplantation of gene modified stem cells led to production of white blood cells that could clear existing infections. However, some trials using mouse-derived retroviral vectors were complicated by the development of myelodysplasia and leukemia-like growth of blood cells. This trial will evaluate a new lentiviral vector that may be able to correct the defect, but have much lower risk for the complication. This study is a prospective non-controlled, non-randomized Phase I/II clinical trial to assess the safety, feasibility and efficacy of cellular gene therapy in patients with chronic granulomatous disease using transplantation of autologous bone marrow CD34+ cells transduced ex vivo by the G1XCGD lentiviral vector containing the human CGD gene. Primary objectives include evaluation of safety and evaluation of efficacy by biochemical and functional reconstitution in progeny of engrafted cells and stability at 12 months. Secondary objectives include evaluation of clinical efficacy, longitudinal evaluation of clinical effect in terms of augmented immunity against bacterial and fungal infection, transduction of CD34+ hematopoietic cells from X-CGD patients by ex vivo lentivirus-mediated gene transfer, and evaluation of engraftment kinetics and stability. Approximately 3-5 patients will be treated per site with a goal of 10 total patients to be treated with G1XCGD lentiviral vector.

Diagnoses: Pediatric Hematopoietic Stem Cell Transplant (HSCT), Pediatric Hematology/Blood Related

Status: Recruiting

7. Safety Study of Gene Modified Donor T-cells Following TCR Alpha Beta Depleted Stem Cell Transplant

This study will evaluate pediatric patients with malignant or non-malignant blood cell disorders who are having a blood stem cell transplant depleted of T cell receptor (TCR) alpha and beta cells that comes from a partially matched family donor. The study will assess whether immune cells, called T cells, from the family donor, that are specially grown in the laboratory and given back to the patient along with the stem cell transplant can help the immune system recover faster after transplant. As a safety measure these T cells have been programmed with a self-destruct switch so that they can be destroyed if they start to react against tissues (Graft versus host disease).

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting



8. Gene Transfer for Severe Combined Immunodeficiency, X-linked (SCID-X1) Using a Self-inactivating (SIN) Gammaretroviral Vector

Researchers are working on ways to treat SCID patients who don't have a matched brother or sister. One of the goals is to avoid the problems that happen with stem cell transplant from parents and unrelated people, such as repeat transplants, incomplete cure of the immune system, exposure to chemotherapy, and graft versus host disease. The idea behind gene transfer is to replace the broken gene by putting a piece of genetic material (DNA) that has the normal gene into the child's cells. Gene transfer can only be done if we know which gene is missing or broken in the patient. For SCID-X1, gene transfer has been done in the laboratory and in two previous clinical trials by inserting the normal gene into stem cells from bone marrow. The bone marrow is the "factory" inside the bones that creates blood and immune cells. So fixing the gene in the bone marrow stem cells should fix the immune problem, without giving chemotherapy and without risk of graft versus host disease, because the child's own cells are used, rather than another person's. Out of the 20 subjects enrolled in the two previous trials, 18 are alive with better immune systems after gene transfer. Two of the surviving subjects received gene corrected cells over 10 years ago. Gene transfer is still research for two reasons. One is that not enough children have been studied to tell if the procedure is consistently successful. Of the 20 children enrolled in the previous two trials, one child did not have correction of the immune system, and died of complications after undergoing stem cell transplant. The second important reason why gene transfer is research is that we are still learning about the side effects of gene transfer and how to do gene transfer safely. In the last two trials, 5 children have experienced a serious side effect. These children developed leukemia related to the gene transfer itself. Leukemia is a cancer of the white blood cells, a condition where a few white blood cells grow out of control. Of these children, 4 of the 5 have received chemotherapy (medication to treat cancer) and are currently in remission (no leukemia can be found by sensitive testing), whereas one died of gene transfer-related leukemia.

Diagnoses: Pediatric Hematology/Blood Related, Pediatric Hematopoietic Stem Cell Transplant (HSCT)

Status: Recruiting

9. ICON1: Treatment Decisions and Outcomes in Pediatric Refractory ITP

The purpose of this study is to understand physician treatment decisions in selecting specific second line treatments in pediatric ITP and to determine the effectiveness of different second line ITP treatments. Eligible patients are those ages 1-18 years who are starting on a new second line treatment for ITP, defined as any treatment other than IVIG, steroids, anti-D globulin, or aminocaproic acid. Enrolled patients remain on the study for approximately one year.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

10. Pyruvate Kinase Deficiency Natural History Study

The purpose of this study is to describe the range and incidence of symptoms, treatments, and complications related to pyruvate kinase deficiency (PKD). Eligible patients are those of all ages with known PKD or with a hemolytic anemia and a family member with PKD. The study will collect retrospective medical history, routine clinical care data, and quality of life measures at baseline and annually for patients with PKD.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

11. Tretinoin and Arsenic Trioxide in Treating Patients With Untreated Acute Promyelocytic Leukemia

This phase III trial studies tretinoin and arsenic trioxide in treating patients with newly diagnosed acute promyelocytic leukemia. Standard treatment for acute promyelocytic leukemia involves high doses of a common class of chemotherapy drugs called anthracyclines, which are known to cause long-term side effects, especially to the heart. Tretinoin may stop the growth of cancer cells by blocking some of the enzymes needed for cell growth. Arsenic trioxide may stop the growth of cancer cells by either killing the cells, by stopping them from dividing, or by stopping them from spreading. Completely removing or reducing the amount of anthracycline chemotherapy and giving tretinoin together with arsenic trioxide may be an effective treatment for acute promyelocytic leukemia and may reduce some of the long-term side effects.

Diagnoses: Pediatric Hematology/Blood Related, Pediatric Oncology

Status: Recruiting

12. Safety and Dose Finding Study of DTX101 (AAVrh10FIX) in Adults With Moderate/Severe to Severe Hemophilia B

A Phase 1/2, open-label, dose-finding safety study of single ascending doses of DTX101 in adult males with moderate/severe to severe hemophilia B. Hemophilia B is an X-linked recessive genetic bleeding disorder caused by mutations in the factor IX (FIX) gene. FIX is produced in the liver and is critical for fibrin clot formation. Hemophilia B is characterized by frequent, spontaneous internal bleeding that can lead to chronic arthropathy (joint damage), intracranial hemorrhage, and even death. In patients with moderate/severe to severe hemophilia B, the



hemorrhage, and even death. In patients with moderate/severe to severe hemophilia B, the majority of bleeding episodes occur in the joints and, if not treated, lead to debilitating damage and a decreased quality of life. This gene therapy [gene transfer] study will evaluate the safety and efficacy of the adeno-associated virus (AAV) to deliver human factor IX (hFIX) gene, the healthy gene necessary to make FIX, to the liver where FIX is normally produced. This study will determine if AAVrh10 can produce clinically meaningful FIX levels in patients with moderately/severe or severe hemophilia B. (gene therapy, gene transfer)

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

13. A Study of AG-348 in Adult Patients With Pyruvate Kinase Deficiency

Study AG348-C-003 is a multicenter study designed to evaluate the safety and efficacy of different dose levels of AG-348 in patients with PK deficiency. Blood Disorders (Hematology)

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

14. Apixaban for the Acute Treatment of Venous Thromboembolism in Children

To assess the safety and extrapolated efficacy of apixaban in pediatric subjects requiring anticoagulation for the treatment of a VTE.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

15. A Study to Compare Vincristine to Sirolimus for Treatment of High Risk Vascular Tumors

In this research study we want to learn more about which treatment works better for patients diagnosed with a vascular tumor called Kaposiform Hemangioendothelioma (KHE) or other high risk vascular tumors such as Tufted Angioma (TA). In these tumors, the blood cells that help your blood clot called platelets become trapped in the tumor causing swelling, pain, and bruising. Vascular tumors can be life threatening. There are few medical treatments that will work to shrink the vascular tumor. Some doctors will use steroids and vincristine to try and shrink vascular tumors. In this research study, the study doctor will compare two different drugs to see which one will work better to help shrink your vascular tumor. One of the drugs is vincristine. Vincristine is approved by the Food and Drug Administration (FDA) to treat people with cancer. Vincristine is used to stop the abnormal cells from growing such as cells that make up blood vessels. The other drug to be used in this study is sirolimus. Sirolimus is currently approved by the Food and Drug Administration (FDA) to prevent transplanted organ rejection. Sirolimus is not approved by the FDA for treatment of vascular abnormalities and is considered experimental. Sirolimus belongs to a class of drugs call 'mTOR inhibitors'. mTOR (mammalian target of rapamycin) helps cells to grow and may also help blood vessels to grow in a more normal fashion. Sirolimus is currently being tested in patients with vascular tumors and cancer. In vascular tumors, we hope sirolimus will stop the blood vessel growth. Funding Source: FDA - OOPD (Office of Orphan Products Development)

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

16. Therapeutic Use of the Amino Acid, Leucine in the Treatment of Transfusion - Dependent Diamond Blackfan Anemia Patients

This study will determine the safety and possibility of giving the amino acid, leucine, in patients with Diamond Blackfan anemia (DBA) who are on dependent on red blood cell transfusions. The leucine is expected to produce a response in patients with DBA to the point where red blood cell production is increased. Red cell transfusions can then be less frequent or possibly discontinued. The investigators will study the side effects, if any, of giving leucine to DBA patients. Leucine levels of leucine will be obtained at baseline and during the study. The drug leucine will be provided in capsule form and taken 3 times a day for a total of 9 months.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

17. Web-based Application for the Population Pharmacokinetic Service - Phase 1 (Hemophilia)

The aims of this trials are: 1. to collect published and unpublished individual classic pharmacokinetic data (individual patient data from independent investigators and pharmaceutical companies) 2. to make available population pharmacokinetic models for the concentrates derived from the data collected 3. to develop a web based application intended to use the above models to calculate pharmacokinetic parameters for individual patients, and 4. to test the system functionality via simulation of the use of the prototype by use of faked test data.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

18. Safety and Pharmacokinetic Study of Escalating Doses of SP-420, an Iron Chelator, in Patients With β -Thalassemia

SP-420 is a novel iron chelator that has been shown to be effective in animal models of iron overload. The purpose of this study is to evaluate the safety and pharmacokinetics of escalating doses of SP-420 in patients with β -thalassemia. The study will be conducted in a multicenter, open-label, phase I/II design. The primary objective is to determine the maximum tolerated dose (MTD) of SP-420. Secondary objectives include evaluating the safety, tolerability, and pharmacokinetics of SP-420. The study will enroll patients with β -thalassemia who are on chronic transfusion therapy. The study will be conducted in a multicenter, open-label, phase I/II design. The primary objective is to determine the maximum tolerated dose (MTD) of SP-420. Secondary objectives include evaluating the safety, tolerability, and pharmacokinetics of SP-420. The study will enroll patients with β -thalassemia who are on chronic transfusion therapy.



The purpose of this study is to assess safety and amount of the study drug in the blood after increasing doses of SP-420. The study will be conducted in patients with β -thalassaemia.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

19. Phase 1 Pediatric PK/PD Study

This is the first evaluation of edoxaban in pediatric subjects. In this Phase 1 study, a single dose of edoxaban will be given to pediatric subjects who require anticoagulant therapy to see what the body does to the drug (pharmacokinetics) and what the drug does to the body (pharmacodynamics), and to compare if these effects are similar to those observed in adults.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

20. A Study of Prasugrel in Pediatric Participants With Sickle Cell Disease (SCD)

The main purpose of the study is to evaluate the efficacy and safety of the study drug known as prasugrel for the reduction of Vaso-Occlusive Crisis events in pediatric participants with sickle cell disease. The study will also investigate reduction in daily pain in children who have sickle cell disease.

Diagnoses: Pediatric Hematology/Blood Related

Status: Recruiting

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Cancer and Blood Disorder Clinical Trials

As a national leader in pediatric cancer and blood disorder clinical research and care, we currently are involved in more than 100 clinical trials – many of which aren't available anywhere else. Clinical trials can provide children with rare or hard-to-treat conditions access to innovative treatments that may help where traditional options fail. [Learn more about participating in pediatric clinical trials.](#)

Please note: Clinical trials open and close regularly, and new trials are continually in development. We may have additional trials not listed here. For the most current information, email us at clinicaltrials@dana-farberbostonchildrens.org. Let us know your child's diagnosis, any treatment already received, and the best way to reach you.

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- Sickle cell disease
- Hemophilia
- Immune thrombocytopenia (ITP)
- Myelodysplastic syndrome
- All blood disorder trials

Brain Tumor

- Diffuse intrinsic pontine glioma (DIPG)
- Medulloblastoma
- All brain tumor trials

Solid Tumor

- Ewing sarcoma
- Neuroblastoma
- Osteosarcoma
- All solid tumor trials

Stem Cell Transplant and Gene Therapy

- Stem cell transplant
- Gene therapy (gene transfer)

Leukemia

- Acute lymphoblastic leukemia (ALL)
 - Relapsed acute lymphoblastic leukemia (ALL)
- Acute myelogenous leukemia (AML)
 - Relapsed acute myelogenous leukemia (AML)

- Chronic myelogenous leukemia (CML)
- All leukemia trials

Lymphoma

- Hodgkin lymphoma
- Non-Hodgkin lymphoma
- All lymphoma trials

Histiocytosis

- Hemophagocytic lymphohistiocytosis (HLH)
- Langerhans cell histiocytosis (LCH)
- All histiocytosis trials

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iCat Study Finds Genetic Sequencing Can Help Guide Treatment in Children with Solid Tumors »

Clinical genomic sequencing is feasible in pediatric oncology and can be used to recommend therapy or pinpoint diagnosis in children with solid tumors, according to one of the first pediatric studies of its kind.



Holiday Concert One Year After Brain Tumor Surgery »

A holiday concert brings together a girl and the surgeon who removed her brain tumor.



Gene Editing Study Reveals Possible "Achilles Heel" of Sickle Cell Disease »

Dana-Farber/Boston Children's researchers found that changes to a small stretch of DNA may circumvent the genetic defect behind sickle cell disease.



Immunotherapy Clinical Trial for Relapsed Leukemia »

Dana-Farber/Boston Children's is the first and only site in New England to offer a breakthrough immunotherapy clinical trial for children with relapsed or treatment-resistant acute lymphoblastic leukemia.



Unlocking the Secrets of Pediatric Cancers can Help Children and Adults »

Understanding cancers of young children could also hold the key to understanding a broad range of adult cancers, David Williams, MD, writes.

[More news](#) »

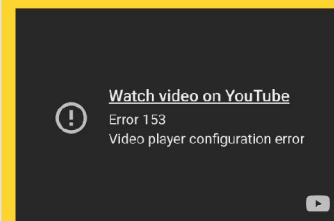
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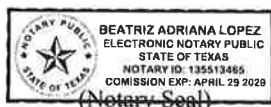
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF Texas }

COUNTY OF Harris }

The foregoing instrument was subscribed and sworn before me this date of 03/21/2026, by Mina Ching

This notarial act was an online notarization.



Notary's Signature 

Registration No.: 135513465

Commission Expiration Date: April 29, 2029

