

CHANGE SERVICE REQUESTED

Non-Profit Org.
U.S. Postage
PAID
Permit No. 1112
Memphis, TN



332 N. Lauderdale
Memphis, Tennessee 38105-2794

Public Information: 1-866-2STJUDE, ext. 3306
Donations: 1-800-822-6344
Visit our Web site at www.stjude.org.

St. Jude Children's Research Hospital,
American Lebanese Syrian Associated Charities
and *ALSAC* are registered trademarks.

Finding cures. Saving children.



Promise

Autumn 2003



Good News
for ALL Patients
Page 2

St. Jude Children's Research Hospital was founded by the late entertainer Danny Thomas. It opened February 4, 1962. The institution was created because of a promise Danny made during the depression era to St. Jude Thaddeus, the patron saint of the hopeless.

"Show me my way in life," Danny prayed. In return, Danny promised to build St. Jude Thaddeus a shrine. That shrine became a world-class research institution that treats children regardless of race, color, creed or their ability to pay. This remarkable event also inspired the name of this magazine,

Promise.



St. Jude Children's Research Hospital, Memphis, Tennessee

Promise

is a quarterly publication of the Department of Public Relations
St. Jude Children's Research Hospital
332 N. Lauderdale
Memphis, Tennessee 38105

St. Jude Children's Research Hospital's mission is to find cures for children with catastrophic diseases through research and treatment.

Hospital Director

Arthur W. Nienhuis, MD

ALSAC National Executive Director

Richard C. Shadyac

ALSAC/St. Jude Vice President of Communications and Public Relations

Jerry Chipman

Director of Public Relations

Judith W. Black

ALSAC Director of Communications

George Shadroui

Publications Manager and Editor

Elizabeth Jane Walker

Art Director

Jessica W. Anderson

Photo Editor

Jere Parobek

Photographers

Seth Dixon
Laura Hajar
Ann-Margaret Hedges
Evanne Newman
Jere Parobek

Contributing Writers

Tanuja Coletta
Joe Hanna
Carrie L. Strehlau

Guest Author

Daisy Fuentes

Editorial Advisory Board

Lisa Baker
Bonnie Cameron
Leslie Davidson
Pat Flynn, MD
Mark Hendricks
Marc Kusnitz, PhD
Phil McCarty
Carlos Rodriguez-Galindo, MD
David Tucker
Sally Wiard
John Zacher

Promise

A publication of St. Jude Children's Research Hospital Autumn 2003

Features

2 Graduation Bound

Good news for ALL survivors

6 Great Expectations

Rana Ajlani: Another St. Jude miracle

10 The Art of Survival

Cancer survivors celebrate life

12 Strategic Science

Attacking the cancer cell

15 A Class Act

The St. Jude School Program

18 Smooth Operation

Surgery at St. Jude

22 Haute Times, Cool Quilts

Hancock Fabrics' Quilt of Dreams promotion



Highlights

5 Achievements and events

Perspective

24 Daisy Fuentes

Finding a purpose

St. Jude Children's Research Hospital is an equal-opportunity employer. For inquiries about stories in this publication, call the Public Relations department at (901) 495-2125 or e-mail elizabeth.walker@stjude.org. Visit our Web site at www.stjude.org/media. Articles and photos may be reprinted with permission. ©2003.

On the cover: Ching-Hon Pui, MD, and St. Jude patient Riley Pickett (see article, page 2). Photo by Laura Hajar.



LAURA HAJAR

A new study from St. Jude indicates that survivors of childhood acute lymphoblastic leukemia who have not received radiation treatment as part of their therapy have virtually the same long-term life experiences as the general population.

BY CARRIE L. STREHLAU

Being an alumna will never be more fulfilling. Next year, Kate McCloskey will not only graduate from high school, but she will also graduate from St. Jude Children's Research Hospital—with a degree in survival.

At age 2, Kate was diagnosed with acute lymphoblastic leukemia (ALL) and underwent treatment at St. Jude for three years. "It's incredible to be a survivor.

It's so hard to put into words. It's the most incredible

feeling," exclaims Kate one early morning before a busy day of school, band practice and babysitting begins.

Now ALL survivors like Kate and current patients have more to be excited about. A St. Jude study published in the August 2003 *New England Journal of Medicine* shows that survivors of ALL are considered officially cured if leukemia free for 10 years or more. The outlook is even rosier for survivors who did not receive radiation as part of their treatment.

Survivors' report card

According to Ching-Hon Pui, MD, director of the Leukemia/Lymphoma division at St. Jude and lead author of the study, this discovery is important. "The good news is that patients who didn't receive radiation survive exactly the same as the general population and survive normally, as best we can tell, because they have an employment rate and marital rate as good as the general population," Pui says.

"For those who had radiation, I think the message is that they need to pay attention to the development of second tumors. Even though most are benign, we still

Ching-Hon Pui, MD, shares a light moment with 5-year-old Westin Edelen of Missouri. Survivors of ALL have rosy futures, according to a study published in the New England Journal of Medicine. For more information, visit www.stjude.org/media.

Graduation Bound

Highlights



Next year, Kate McCloskey will graduate from St. Jude as well as from high school.

insurance and employment. We thought we were going to see more insurance discrimination, and we did not. Our survivors have comparable rates of insurance to other people their same age in the population.”

Lifelong learning

Pui and Hudson agree that survivors like Kate, who had radiation, should maintain healthy lifestyles to reduce the risk of getting second cancers. Kate says she has made it a priority in her life to be conscious of her



health and to help her doctors. “Having cancer has made me more aware and should make all survivors a lot more aware,” Kate says. “As a person who had childhood cancer, you have to tell your doctor your health history, and it can be frustrating.

It’s hard to face the reality that you’re going to have medical problems, but it’s part of being a survivor.”

Only 53 percent of the survivors participating in the study had undergone medical examinations within the previous year. The rate for the general population is 80 percent. “We’re trying to motivate our survivors,” says Hudson. “They do need to have a relationship

with a health care provider who knows about their history—not so they have to panic every time, but so that the health care provider is aware on a baseline of any physical or emotional issues experienced by the survivor.” Hudson says that clinicians can help former cancer patients learn about the current research that affects childhood cancer survivors as they age.

According to Pui, current ALL and acute myeloid leukemia (AML) patients at St. Jude no longer receive radiation unless absolutely necessary. “We’re always concerned about radiation-related second cancer, and how the radiation can affect the patient’s neuropsychological functions,” he says. “There has been a trend over the years to reduce the amount of radiation and the number of patients who get radiation. Based on our studies over the past decade, we think we can possibly omit radiation altogether for all patients by intensifying other aspects of therapy without compromising their chance of cure.”

By eliminating radiation, quality of life for patients will improve. “I hope that in three to five years’ time, we can tell the world it’s feasible to not radiate,” Pui says. “If we can prove we don’t need to give radiation to cure leukemia, survivors of leukemia can expect an even better quality of life in the future.”

St. Jude is already moving in that direction. “This study provides more data to support the elimination of radiation as a front-line treatment for children with ALL,” Hudson says.

As Kate approaches her eighteenth birthday and life without checkups at St. Jude, she has advice for all patients: “Be strong in yourself and have faith in yourself,” she says.

“Even though it’s a long road, you will be stronger from within.” ●



LAIRA HARRIS

Melissa Hudson, MD, director of the hospital’s After Completion of Therapy clinic, pins a “survivor” pin on Michael Brown, a long-term survivor of ALL.

want early detection. But they can also be assured that their leukemia is cured.”

The results stemmed from a long-term follow-up study of 856 patients treated between 1962 and 1992. “St. Jude is a unique institution because, unlike other institutions, we follow our patients practically forever,” Pui says.

“We focused on two major issues in this study,” says Melissa Hudson, MD, who directs the hospital’s After Completion of Therapy clinic and is a senior author of the report. “First, we wanted to know how our long-term survivors are doing as they are beginning to age, and whether the leukemia treatment specifically affects their mortality rates as compared to other people their same age and gender in the general population. We also wanted to know how their leukemia treatment affected specific areas of social functioning and social competence—marital rates, ability to get

blood diseases caused by defective hemoglobin. A report on this work appeared in the May issue of the journal *Blood*.

Genes and the retina: Investigators have discovered that a gene key to orchestrating embryo development also fine-tunes organization of the retina. The single gene, called *Prox1*, turns on and off at two different times in order to guide two different processes during the embryonic retina development. A report on this work appeared in the May issue of *Nature Genetics*.

Sickle cell and the brain: African-American children who have two genes for sickle cell disease (SCD) develop this potentially fatal disorder. Siblings of these children who inherit a single gene for SCD are at increased risk for developing abnormal, “twisted” arteries in their

brains. This can lead to elevated risk of stroke in adulthood. The arteries resemble those commonly seen in elderly patients with hypertension but are rarely seen in children. This finding helps to explain the elevated risk of stroke among African-American adults. The findings were published in the July issue of *Radiology*.

Leukemia treatment in Honduras: Investigators at St. Jude and Hospital Escuela (Tegucigalpa, Honduras) have identified how economic and culture-based behavior and beliefs discourage many parents from ensuring their children get the treatment they need for acute lymphoblastic leukemia (ALL). The finding has helped physicians overcome these obstacles and improve cure rates for Honduran children with ALL. Their findings are published in the August issue of *The Lancet*.

Reversing blood disease: St. Jude researchers have overcome two technical obstacles that limit the success of gene therapy for blood diseases such as beta-thalassemia (Cooley’s anemia) and sickle cell disease. The results offer promise for developing gene therapy to treat

These recent news items reflect only a handful of the lifesaving projects occurring at St. Jude. For information about other recent discoveries, visit the St. Jude Web site at www.stjude.org/media.

AIDS vaccine progress: The hospital has received approval from the Food and Drug Administration to begin testing another part of its HIV vaccine regimen. The hospital is beginning Phase I clinical trials for the second part of a three-tiered HIV vaccine designed to protect against all variants of the AIDS virus.

From collections to donations



Louise Stoddard has always been fascinated with collecting items, particularly books, dolls, music boxes and snow globes. She and her husband, Charles, an aeronautical engineer, spent much of their lives moving from one city to another. Going to yard sales together in search of collectibles was a way of making themselves feel at home, whether they were

living in Texas or Connecticut.

These days, if Louise isn’t working in her yard, she can usually be found at a flea market, hoping something unusual will catch her eye. “About a year ago, I started collecting nutcrackers,” says Louise, a soft-spoken Texas native. “I’m not sure why they appealed to me, but I already have more than 100. I even have a Mickey Mouse!”

After Charles retired in 1991, the couple sat down with an adviser to discuss their long-term financial plans. When the adviser asked how they would like their property to be distributed when

they no longer needed it, the couple knew immediately. “The first thing we thought about was St. Jude Children’s Research Hospital,” says Louise. “Charles always had a lot of admiration for Danny Thomas and the work the hospital did. Because we had no children ourselves, we decided that making St. Jude the sole beneficiary of our estate was the right thing to do.”

When Charles passed away in 1993, Louise discovered another way to make gifts to St. Jude. She used a portion of the proceeds from his life insurance policy to create a charitable gift annuity. In addition to paying her a fixed amount annually for life based on her age at the time the gift was made, a portion of each year’s annuity payment is received tax free. Louise also qualified for a generous income tax deduction the year she made her gift.

“I’ve never had a chance to visit St. Jude in person,” says Louise, “but I’d like to. Everyone I’ve talked to there has been so kind and helpful. The children there are fortunate to be surrounded by such warm and caring people.”

If Louise does visit St. Jude, she’s sure to collect one thing that cannot be bought at a flea market: gratitude.



SETH DIXON

Family, faith and a dedicated medical team helped one St. Jude patient return from the brink of death. Rana Ajlani's caregivers agree: "When she came back, it was truly a St. Jude miracle."

Great Expectations

Rana Ajlani didn't expect to be in Memphis more than six months for cancer therapy. After treatment, she certainly didn't anticipate a relapse. And when she obtained a stem cell transplant, no one predicted serious complications, because she had a matched donor.

But then the transplanted cells began attacking Rana's body. For months, she lay in the Intensive Care Unit on a ventilator, unconscious, her organs shutting down one by one.

Almost everyone assumed that she would die.

But Rana kept fighting, her family kept praying and her clinical team persevered.

This is the story of a girl who surpassed all expectations.

Change in plans

Born in Cannes, France, Rana Ajlani has lived most of her life in Saudi Arabia. A soft-spoken teenager with green eyes and a bright sense of humor, Rana is comfortable conversing in Arabic, English or French. Throughout her adolescence, she enjoyed swimming, skiing and playing tennis. In March of 2000, a persistent cough prompted the usually healthy teen to visit the doctor. She was shocked to learn that she had non-Hodgkin lymphoma, a cancer of the lymphoid tissues. Rana's parents began researching treatment options. "I began looking around and I heard about St. Jude immediately," recalls her mother, Mouna.

Soon Rana was living in Memphis, undergoing chemotherapy at St. Jude Children's

Research Hospital. At first, her treatment progressed smoothly. But after a few months, the disease returned. Rana underwent additional chemotherapy and an operation to remove a tumor. Then doctors opted to perform a stem cell transplant.

Stem cells are immature cells that can renew themselves and develop into a variety of cell types. The stem cells used for transplantation at St. Jude are harvested from the blood or bone marrow of children or adults.

After extensive testing, Rana's older sister, Loulwa, was deemed to be a perfect match for the transplant. Doctors hoped that Loulwa's stem cells would begin reproducing within Rana's body and would replace her immune system. The new, healthy immune system would recognize Rana's

BY ELIZABETH JANE WALKER

cancer cells as foreign and kill them.

The transplant occurred in October of 2000. The next eight months were uneventful. But in July of 2001, Rana began to cough and experience breathing problems. Doctors found that she had developed graft-versus-host disease (GVHD): powerful white blood cells called T-cells in the donated immune system had perceived Rana's body as foreign and had begun to attack it.

Rupert Handgretinger, MD, PhD, director of Stem Cell Transplantation at St. Jude, says GVHD occurs in about 20 percent of transplants between matched siblings. The term "perfect match" implies that some—but not all—immune system characteristics have matched. "Even when you have a 'perfect match,' there are still some minor antigens, which we have not identified yet, that can cause graft-versus-host disease," Handgretinger says. "So a complete match doesn't exclude GVHD. But it was rather rare that it came that late."

Soon after the GVHD diagnosis, Rana began coughing up blood and entered the hospital's Intensive Care Unit (ICU).

Attacked from within

Rana's family watched in horror as her condition rapidly deteriorated. Her lungs filled with blood because of recurrent hemorrhages. Fluid accumulated around her heart. She had pulmonary failure and required a ventilator to breathe. Her kidneys failed. The outlook was grim.

St. Jude employees worked relentlessly to help Rana. They administered dozens of medications. Some of these were designed to weaken the donor's immune system so that it would cease attacking her body. But doctors walked a tightrope as they attempted to suppress her immune system. "When patients are on immunosuppression, it becomes like a ticking clock," says Gregory Hale, MD, clinical director of Stem Cell Transplantation. "Eventually, you'll end up getting an infection, most of which are life threatening. The most common cause of death in patients with graft-versus-host disease is infection."

Evelyn Fields, RN, worked in the

ICU during Rana's ordeal. "I can't even describe how she looked," Fields says. "I'm a dark-skinned black person. Well, Rana was as dark as me. Her skin was as hard as a brick. If you touched her skin, fluid would seep out."



For Rana, the months in isolation were interminable. So at last year's Halloween celebration, Rana dressed as a ghost that had emerged from centuries in isolation. Sponge Bob characters Ashley Holland and Penne McMorrough of the Medicine Room celebrated with her.

As the days turned into months, Rana held tenuously to life. The doctors and nurses offered little hope that Rana would survive. "Through medical judgment," Handgretinger says, "she was going to die."

After 25 years of working in the ICU, Michelle Mosby, RN, also knew what to expect. "She had multi-system organ failure after a bone marrow transplant," says Mosby. "By what we all know and have experienced, Rana shouldn't have made it."

But they didn't count on a family who absolutely refused to accept defeat.

Expecting a miracle

"We never gave up hope," says Mouna. "Never."

For more than five months, Rana's family stayed by her bedside every moment. Mouna learned how to bathe her daughter; clean her trach; change her bed. She learned about the dosage, purpose and use of each medication. The clinical staff was amazed by the family's unflagging dedication and unwavering hope.

"It took strength and faith to pull this off," observes Peggy Derringer, RN. "And Rana's family was absolutely devoted. They were there 24-7."

"Rana's family is an amazing example

of the way a family should love each other," says Mosby. "Everybody sacrificed; everybody put their life on hold. They wanted us to do everything we could possibly do to keep Rana alive. I think they really, really believed that

God would heal Rana."

Fields watched as Mouna spent hours praying for Rana. Today, the veteran nurse weeps when she recalls Mouna's words to her: "I know the odds are against her, but I just believe God can do this," Mouna told Fields. "I

believe that if there's one chance in a million or one chance in 10 million, then God will heal my baby."

During the darkest days, some people suggested that the Ajlanis take their daughter home to Saudi Arabia. But Mouna says they rejected that idea because of one statement made by Handgretinger. "If a miracle is going to happen," he told them, "it will happen here."

Rana's family was also upheld by other St. Jude staff members, such as Torrey Sandlund, MD. "Dr. Sandlund used to visit Rana when she was unconscious and pray with us," Mouna says. "He even let his church pray for Rana. That deeply touched us at such a difficult time. The people at St. Jude helped us to cope.

"When we first came here, we had a few favorite doctors, nurses and caregivers," Mouna continues. "But after all this time, we can say that every single one who took care of Rana is deep in our hearts. The love, excellent care and patience Rana received was above description."

In early 2002, Rana's condition began to improve gradually, almost imperceptibly. Then Rana and her caregivers faced different challenges.

Rana returns

When she returned to consciousness, Rana had neither speech nor vision. "It seemed like a jungle," recalls Rana, describing her eyesight. After an ophthalmologist administered steroid injections, her vision improved dramatically. But because of an antibiotic-resistant bacterial infection, Rana had to spend additional months in isolation—no mean feat for a teenager who craves contact with her peers.

After lying in bed for months, she could no longer move her muscles. With daily help from Janet Adams of St. Jude Rehabilitation Services, Rana began the arduous task of re-learning the most basic movements.

"She had no head control; no trunk control; no sitting balance whatsoever," says Adams. "Just for Rana to hold her head up for two to three seconds at a time took 100 percent of her effort."

Cycling 30 seconds on a stationary bike was an ordeal for Rana because of her decreased lung function. As she



"Rana's family are an amazing example of the way a family should love each other," says one St. Jude nurse. Here, Rana shares a quiet moment with (from left) her mother, Mouna, and her sisters, Zayna and Loulwa.

regained muscle control and saw the progress she was making, Rana became motivated to do more. Seven months later, she was walking. "Rana and her family are an inspiration to me," Adams says. "In spite of her illness, Rana had things that many people long for—a family who showed and continues to show their unwavering love and support for one another; whose trust and belief in God allowed them never to give up hope for Rana's recovery. Rana has worked hard.

She is now able to do many of the things that are important to her. That, in itself, is an inspiration."

One of the few people who could visit Rana during isolation was Dennis Medford, her teacher through the St. Jude School Program and Memphis City Schools. When Medford began working with Rana, Medford discovered that she was an intelligent and highly motivated student with a streak of perfectionism and a healthy dose of humor. "She's a joy to teach," observes Medford.

One cold, winter day, Medford arrived at the isolation room to find a bucket of ice blocking his way and a "Snow Day" sign affixed to the door. "It didn't work," laughs Medford. "I enjoy Rana too much to go away without seeing her!" Medford says Rana's quirky sense of humor emerged again last Halloween, when she dressed as a ghost that had been in isolation for 2000 years.

Because of damage to her lungs and kidneys, Rana still requires additional oxygen and must endure dialysis several

mixture is exposed to ultraviolet light, the drug is activated; the treated blood is then reinfused into Rana's bloodstream.

"This process is really new," says Handgretinger. "It's not yet known why it works, but at the moment it's the best therapy for graft-versus-host disease if other treatment fails. Rana got renal failure from some of the drugs we use for GVHD; since we cannot use those drugs again, we have put her on photopheresis."

Inspiration

Now that the storm has abated, Rana is resuming a more normal life. But St. Jude staff members still marvel at the dedication of her family. Bonnie Mason, RN, says Rana's parents treat the girl like royalty. That's why Mason painted a glorious princess on the door to Rana's isolation room.

"I felt that Rana was a princess in her daddy's eyes," explains the nurse-cum-artist. "Rana has this crazy laugh that shakes her whole body. I just love to hear it, so I do things like that to make coming here more enjoyable for her." Mason says she's also impressed by the tender care Mouna bestows on Rana. "That lady takes care of that child like she's a precious jewel," Mason says. "She's the kind of mom everybody would want to have if they were sick."

Even though she left Intensive Care months ago, Rana's ICU nurses continue to draw inspiration from their patient's astounding recovery. "Rana was not supposed to be alive," says Evelyn Fields. "I think her family just willed a miracle through prayer and hard work. By all accounts, medically, she should not be here. When she came back, it was truly one of St. Jude's miracles."

"Rana's recovery was a combination of family support and medical care," says Michelle Mosby. "Her family really, really worked hard to pull Rana through, and they were rewarded. It was beautiful. When I see her now, I almost come to tears.

"It's seriously a miracle that Rana's here," continues Mosby. "She must be awfully special. She has lots of things left to do."●

The Art of Survival

St. Jude cancer survivors
come home to celebrate.

BY TANUJA COLETTA

The way the word *survivor* is bandied about on television these days, one would think that all it takes is a jaunt in the wilderness and—*Bam!*—you're a survivor.

If only that were true.

Children who have beat cancer and those who continue to fight the disease know the designation comes with a hefty price tag rather than a million-dollar payoff. The reward comes in knowing one has persevered through the journey.

Perhaps that is why Maria Garrido hopped on a plane from Chile to visit St. Jude Children's Research Hospital in June. A newlywed, Maria brought her husband, Hugo, to see the place where, as a young girl, she won her battle with Hodgkin disease. "St. Jude is a part of me," she says. "It feels so good to be back. It's a part of my history."

Howard Jernigan understands. He cherishes his status as a cancer survivor. "I didn't ask to have cancer, but it is something that has made me who I am today," says the 32-year-old from Kentucky who overcame an eye tumor as an infant.

Jernigan and Garrido were among more than 400 patients and family members who found their way back to St. Jude for the hospital's Seventh Annual St. Jude Cancer Survivors Day. It's a time to celebrate life with people who know what it means to muster up the courage to fight a callous opponent called cancer.

Seventeen-year-old Sarah Johnson of Illinois and 6-year-old Drake Massengill of Mississippi were two of more than 400 patients and family members who attended this year's Cancer Survivors Day.

PHOTOS BY LAURA HAJAR



Leukemia survivor Freddrick Hardin attended Survivors Day festivities with his fiancée, Shalondria White, and Kylan White.

Surviving and thriving

Jernigan was just one-and-a-half years old when doctors told his mother, Sandy Robinson, that he had retinoblastoma. After three decades, her eyes still well up at the thought of his illness. "As a parent you don't expect that you'll be thinking of your baby in terms of life or death," she says. "St. Jude pulled us through. They proved that you can have cancer and still go on to lead a normal life."

More and more patients have indeed gone on to lead "normal" lives, thanks to advances in cancer treatment that have dramatically improved cancer survival rates since St. Jude opened more than 40 years ago. In 1962, the overall pediatric cancer survival rate was about 20 percent. Today, more than 70 percent of all pediatric cancer patients survive their diseases. An estimated 8.9 million Americans are now living with and beyond cancer diagnoses.

A survey of patients who attended Survivors Day at St. Jude showed that patients have gone on to lead productive lives as students, teachers and business owners. Some even have a taste for adventure with hobbies ranging from motorcross racing and

hang gliding to storm chasing and cliff jumping.

The spirit of the survivors would be an inspiration to St. Jude founder Danny Thomas, said an emotional Richard C. Shadyac, national executive director of ALSAC, the hospital's fund-raising arm. "Danny had a dream," he told the gathering of survivors. "It wasn't about brick and mortar or about raising money. You are what Danny dreamt about. You are what we are all about: saving the lives of children."

The St. Jude celebration was held in conjunction with National Cancer Survivors Day and offered former and current patients a chance to tour the expanded hospital, meet with staff members and attend workshops that addressed the unique concerns of being cancer survivors.



Maria Garrido from Chile jumped at the chance to return to St. Jude and show her husband the place where she overcame Hodgkin disease.

"You've taken that first step—surviving; now you have to face other issues," Stuart Kaplan, MD, told survivors at the event. Kaplan, who conducts follow-up care at the St. Jude After Completion of Therapy Clinic, says events like Survivors Day are important.

"They give people a chance to learn about issues that affect their lives post-treatment, such as fertility, stress and access to care," Kaplan says. "It gives them a chance to network with other survivors, and maybe to reconnect with some old familiar faces."

A family affair

When St. Jude patients Amanda Lyon and Wendy Davis shrieked, hugged and giggled after spotting each other at the Survivors Day event, no one seemed surprised. They are teenagers, after all. But the second set of squeals—from their mothers—got everyone's attention.

"It's like seeing long-lost family," explains a giddy Teresa Davis, still clenching Sue Lyon's hand. "Our daughters went through this together and so did we. It's wonderful to be with each other again under much better circumstances."

Davis, from Memphis, and Lyon, from Illinois, say that Survivors Day is just as important for family members as it is for the actual cancer survivors.

"We were the ones beside them for the surgeries or awake all night when they were sick," Lyon says. "They were so young that they sometimes don't remember how bad it was or how far we've come."

"But we know," says Davis. "We moms remember everything. It's one thing to celebrate with our friends and family; but there is something special about celebrating life with people who walked the walk with us. They were on the same path, so they know what it's like without even saying a word."

The inner strength of a true survivor can shine boldly even in the twinkle of an eye. After licking cancer, tackling the wilderness would be a walk in the park. ●

Strategic Science

SETH DIXON

Like grand masters in a chess match, St. Jude scientists seek the best strategy for vanquishing the enemy—the cancer cell.

BY LOIS M. YOUNG

Children around the world have a renewed interest in learning chess after reading about fictional hero Harry Potter playing Wizard's Chess, a brutal variation of the classic board game. When a player makes a move in Wizard's Chess, the game pieces come to life and wage an actual battle. Fighting cancer is much like playing Wizard's Chess. Each move must be well planned and calculated or the results can be deadly.

The scientists in Molecular Pharmacology at St. Jude Children's Research Hospital are like grand masters in a chess match. Each attack they make at cancer is thoughtfully considered and based on knowledge that they have gained through many years. Still, they continue searching for the best strategy—a series of moves that will lead them to checkmate and victory. They want to corner the enemy king, the deadly cancer cell, and give him no choice but to kill himself through apoptosis (sometimes called programmed cell death or cell suicide). A recent study brought these scientists one important step closer to finding that winning strategy.

The discovery, published in the journal *Molecular Cell*, suggests that drugs designed to activate apoptosis could be effective anti-cancer therapies. This strategy would target specific molecules in the cancer cell rather than rely on typical chemotherapy, which has

serious side effects that degrade quality of life for cancer patients.

Blocking an attack

The St. Jude team simulated cell suicide in the laboratory by treating cancer cells with a drug called rapamycin. This drug blocks the action of a cell protein called mTOR. That protein can activate a biochemical pathway that leads to cell proliferation (growth in numbers).

Peter Houghton, PhD, chair of St. Jude Molecular Pharmacology and senior author of this study, says that blocking the activity of mTOR with rapamycin triggers a deadly biochemical pathway in cells that lack a gene called *p53*. This pathway, the JNK



cascade, causes programmed cell death. Since *p53* is mutated and inactive in about half of all forms of cancer, this new discovery could potentially lead to more effective treatments for a wide range of cancers.

“Shutting down synthesis of proteins critical for cell proliferation sends the cell into a crisis,” Houghton explains. “The cell activates a protein called ASK1, which is at the top of the JNK cascade. ASK1 then sets off the cascade and causes the cells that lack *p53* to self-destruct.”

In normal cells that have a functional *p53* gene, a protein called p21 is expressed, and in the presence of rapamycin, it binds to ASK1 and makes it inactive. This process prevents healthy cells from undergoing cell suicide. For this reason, therapy based on the finding could bypass the side effects of typical cancer treatments. Most of these side effects occur because healthy tissues are killed along with the cancer cells. Some of these treatments also cause damage to the DNA of healthy cells.

“We have been working on this pathway for about 10 years now, but when it was first found no one thought it was terribly important,” Houghton says. “Suddenly, it is a major focus.”

A formidable opponent

Trying to activate a cell death cascade in a cancer cell is much like a game of chess. Specific moves can start the death process or thwart it. One game piece, a growth factor called IGF-I, prevents rapamycin from activating ASK1, and shuts down the pathway that leads to cell suicide. “So any drug therapy that targets mTOR with the intent of inducing cell death should also include a drug that targets IGF-I signaling,” Houghton says. “That double hit would leave the cancer cell no choice but to self-destruct.”

Currently, several drugs that affect IGF-I signaling are in preclinical trials. The next step is to test these drugs and rapamycin in patients who have the

kinds of cancer that might be affected. Plans are underway at St. Jude for clinical trials of two drugs that are analogs (slight chemical modifications of rapamycin). The trials will target neuroblastoma, a cancer that affects the nervous system. Scientists already know that about half of all neuroblastoma cell cultures are sensitive to rapamycin. Researchers need to see if rapamycin does the same thing in cancer cells in the human body that it did in controlled laboratory experiments.

The new strategy

“These are a new class of drugs called signal inhibitors as opposed to the cytotoxic drugs that are so prevalent in cancer therapy today,” Houghton explains. “These new drugs focus on very subtle, very specific cell functions—in this case on the function of a single protein in the cancer cell.

“Ultimately, we need to understand how to put these various signal inhibitors together to kill tumor cells. It may be that different select inhibitors are combined for neuroblastoma, and others will be needed for targeting other specific cancers.”

Houghton, who has been at St. Jude for 26 years, feels that he is in the best place in the world to make this happen. “St. Jude is absolutely a unique place,” he says. “My interest is in pediatric solid tumors, and this is the premiere place to study them. I also do not know of another institution with the same ability to quickly translate the science we do in the lab to the clinic.”

St. Jude scientists are able to accelerate this process for two reasons. The first is the enormous collaboration between physicians and scientists. Within the St. Jude cancer center several programs are co-led by physicians and scientists, so the discussions between basic scientists and clinical physicians are ongoing. Second, the funding base is strong. Along with both public and private grants, the research is supported by many individual donors who give



SETH DIXON

Peter Houghton, PhD, chair of St. Jude Molecular Pharmacology, and his colleagues discovered that drugs designed to activate cell suicide could be effective anti-cancer therapies. This strategy would target specific molecules in the cancer cell rather than rely on typical chemotherapy.

to St. Jude through ALSAC, the hospital's fund-raising organization.

“We have been quite successful with this type of translational program. With the camptothecin-based drugs, the basic science and preclinical trials for those inhibitors were done at St. Jude,” Houghton says. “Now, several national clinical trials are based on what we have done here with those drugs.”

Mastering the game

The great chess masters say that chess is a game of skill, not luck. The only way to win is to have full knowledge of how each game piece can move and to defend each attack with a stronger counterattack. At St. Jude, scientists are working as fast and as diligently as they can to gain the knowledge they need to lure cancer into a fatal trap. Although there are no easy victories against this formidable opponent, each successful research study brings us closer to the day when all cancer patients will be champions.●

For more information about Houghton's research, visit www.stjude.org/media.

A Class Act

BY ELIZABETH JANE WALKER

A couple of months ago, more than 450 seniors in an Illinois high school cinched up new backpacks, sharpened No. 2 pencils and experienced a frisson of excitement as they began their last year of school. But one of their classmates was absent. Tammy Jackson hasn't attended school in her hometown since her soph-

omore year. She hasn't been playing hooky; Tammy has been completing her assignments at St. Jude Children's Research Hospital. While undergoing therapy for a soft-tissue cancer called rhabdomyosarcoma, she keeps up with her studies through the St. Jude School Program.

Many patients undergoing treatment for cancer or

St. Jude patients keep up with their studies through the hospital's School Program.

Attorney Carmel Morgan works as a volunteer teacher through the School Program, teaching Justin Wilson, a seventh-grader from Wisconsin. “We work together about twice a week for about an hour-and-a-half each time,” Morgan says. “Whatever he feels up to. You have to be pretty flexible when you're working with patients.”

ANIN-MARGARET HEDGES



other catastrophic diseases at St. Jude must leave their hometowns, friends and schools for months or years at a time. Children often fear that their classmates will surpass them academically. The School Program helps patients continue their normal educational activities. For children who are thrust into an unfamiliar hospital environment, school offers a regular routine, achievable goals, a feeling of control and a sense of normalcy.

First-class faculty

St. Jude employees Lou Ann Vaught and Justin Gardner are fully certified teachers who provide instruction for the hospital's patients; the Memphis City Schools system has also assigned a full-time high school teacher, Dennis Medford, to St. Jude. A cadre of volunteers offering extensive teaching and tutoring experience augments this faculty.

When a student enrolls in the School Program, a St. Jude teacher makes arrangements to obtain textbooks and other materials from that child's home school. Assignments may be faxed, mailed or e-mailed to the hospital. The

St. Jude teacher then works with the student for at least three hours per week, assigning grades and mailing those scores back to the home school. Occasionally, a school system removes a patient from its rolls because of attendance requirements; when that happens, Dennis Medford gives the student a "school home" in the Memphis City Schools.

The English language can pose a barrier for some patients who come to St. Jude for treatment from other

countries. That's why English as a Second Language (ESL) classes are taught twice a week at Target House. Memphis City Schools ESL teachers teach these classes.

Classy classrooms

The hospital's School Program used to be based in a one-room facility that was funded by proceeds from the Federal Express St. Jude Classic golf tournament. In the past two years, the program has expanded to include a classroom for kindergarten through sixth grades and another for seventh through 12th grades. This setup ensures flexibility for both teachers and students.

"Sometimes all the kids scheduled for the morning show up in the afternoon," says Laurie Leigh, director of the School Program. "That is the essence of this place—patient schedules change and how they feel changes from morning to afternoon."

But teachers and patients do not restrict instruction time to the classroom; David Morgan can attest to that fact. For almost two years, he has kept up with his schoolwork while battling acute myeloid leukemia. Angie Morgan says that her son's classes have occurred in every corner of the hospital.

"Lou Ann comes to the hospital room and works with him now," says Angie, as David sleeps in a nearby hospital bed. "When we were outpatient, David went to her classroom. And when we were in the Medicine Room all day, she'd even come in there and work with him."

Vaught recently discovered that David's classmates in Missouri were having their portraits made for the yearbook. She immediately procured a jacket, tie and dress shirt and arranged for the hospital's photographers to take a studio portrait in David's hospital room. "It was perfect timing," says Angie, as she gazes at the portrait. "All of his hair fell out the very next day.

"Oh, my gosh, we love Lou Ann," Angie continues. "If you just mention something, not thinking, the next thing you know she's there with it.



SETH DIXON

Above: After excelling in academics through the St. Jude School Program, Tammy Jackson is eagerly anticipating high school graduation in the spring of 2004.

At left: Teacher Lou Ann Vaught works with David Morgan as he recuperates from his second stem cell transplant. Below is David's senior picture, which was taken at St. Jude



SETH DIXON



ANN-MARGARET HEDGES



ANN-MARGARET HEDGES

Memphis sculptor and painter Joyce Petrina volunteers her services one day each week to help students complete art requirements for their classes. "I love working with the kids," she says. "There's a lot of talent there." Working on art projects are (from left) Brittany Melton, Kelsey Tatum and Hayley Arceneaux.

She's way more than a teacher; she's very special to us."

Bound for home

School Program services do not cease when a student finishes treatment and prepares to return home. Because of fatigue or other issues, children may need to ease back into a regular school environment. That may mean having a part-time homebound teacher and attending school part time. "We help parents and schools to understand those options and to access them," says Leigh. "Then when the student is ready to go back full time, it helps them make that transition slowly without a lot of pressure that they really don't need."

When the student does return to the classroom, employees from the School

Program and Child Life Services may present a school reentry presentation for the patient's classmates. They plan the presentation with input from the patient. The program can include discussions of diagnosis, treatment, side effects, chemotherapy, baldness or other topics.

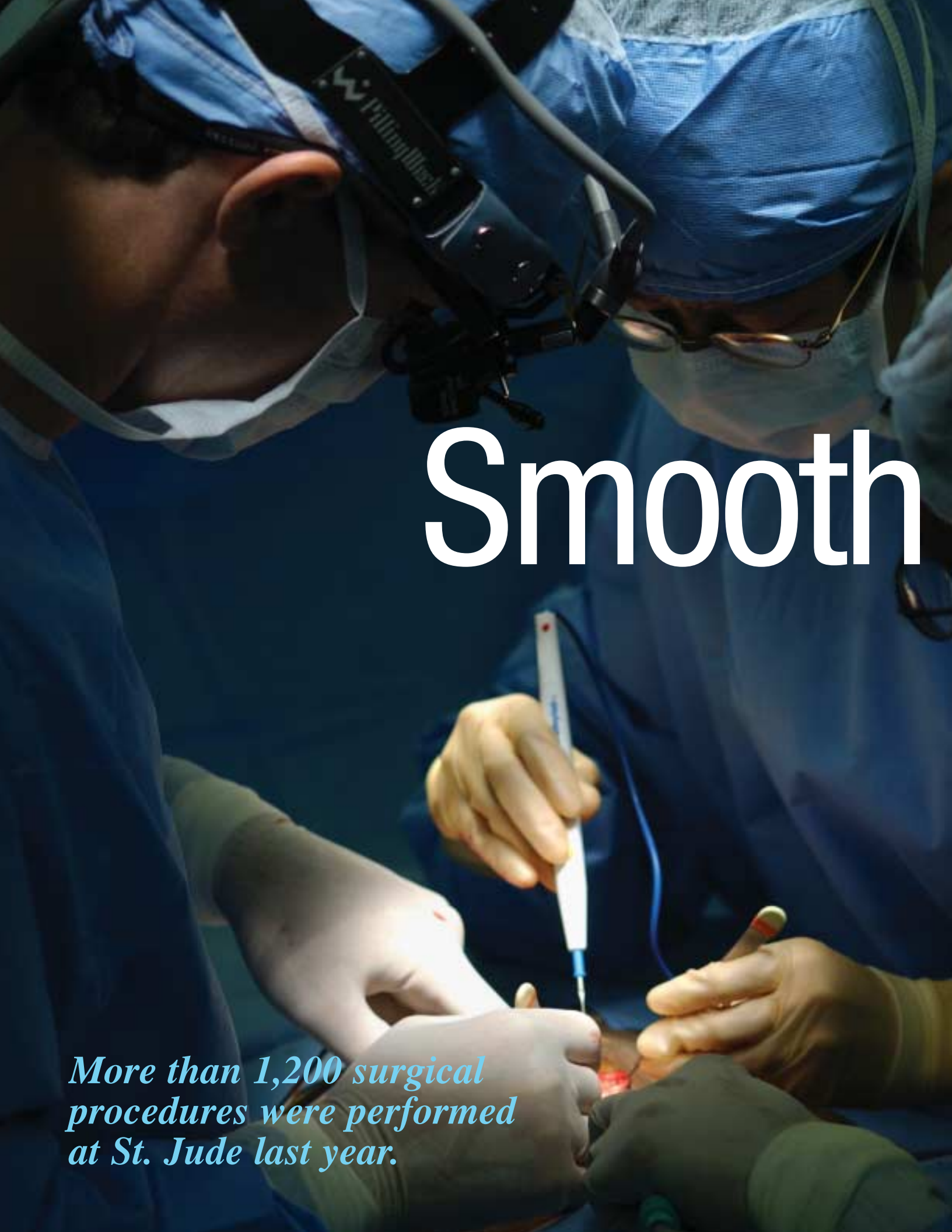
Leigh says the reentry presentation helps ease the transition into the classroom by demystifying the disease. "We help them understand that cancer is not contagious; that you don't get cancer because you were bad," she says. "If you explain things, then they accept it. But if you don't explain things, they make things up."

If a patient lives more than an hour away from Memphis, St. Jude employees can still help school officials organize a re-entry presentation. Leigh mails books and films and talks by phone to

guidance counselors or school nurses who will be using the materials.

Looking forward

Last year more than 130 patients took advantage of services offered through the School Program. Several of those students plan to graduate from high school in May of 2004. Tammy Jackson is one of those students. Throughout three-and-a-half years of rigorous treatment, she has excelled in honors math and chemistry classes; accepted an invitation to join a national honors society; and scored high on the ACT college admissions test, which she took at St. Jude. Tammy is eagerly anticipating graduation, followed by college and a career—thanks, in part, to her participation in the St. Jude School Program.●



JERE PAROBK

Surgeons, operating room nurses and anesthesiologists work together like a well-oiled machine to treat St. Jude patients.

Smooth Operation

BY TANUJA COLETTA

The knot was the size of a golf ball and as hard as a rock. At first, no one knew what it was, what to do about it or why it was growing so fast. “It was the most terrifying time of my life,” says Brandi Hilliard. On September 17, 2001, the Oklahoma mother gave birth to a beautiful baby girl she named India Grace. But Brandi’s joy over her baby’s arrival was soon entwined with fear about a large bulge in the calf of India’s left leg. Brandi says her daughter’s leg looked tight “like she had been working out.”

In the first week of her life, India underwent extensive diagnostic tests as well as a biopsy, all of which pointed to cancer. With no time to waste—the growing tumor was tearing through India’s skin—her doctors immediately sent the family to St. Jude Children’s Research Hospital. “It was a tough

couple of days,” says Brandi. “India had been bleeding from the biopsy site. We honestly didn’t know if she would make it.”

At St. Jude, surgeons stopped the bleeding and determined India’s cancer was a rare infantile fibrosarcoma known for rapid growth. The tumor was so large that Brandi could no longer wrap her hand around India’s leg. After consulting with Brandi and with India’s St. Jude pediatric oncologist, the surgeons decided to shrink the tumor with chemotherapy before performing surgery.

“Amputation is the way many doctors would manage India, but as pediatric surgeons we don’t manage cases that way,” says Stephen Shochat, MD, chief of Surgery. “When we are dealing with children, it’s important to us to retain function. We want to cure the



LAURA HAJAR

Stephen Shochat, MD; Alberto de Armendi, MD; and Cathy Love, RN, are part of a team that works closely to ensure the best surgical care for St. Jude patients.

cancer but not by performing a mutilating procedure.” Instead, Shochat’s team takes what he calls a “multi-modality” approach to patient care, working closely with the hospital’s oncologists to find the best ways to treat patients like India who would otherwise be disabled for life if surgeons opted for amputation.

“It was all so much to digest,” remembers Brandi. “But everyone was

More than 1,200 surgical procedures were performed at St. Jude last year.



SETH DIXON

The collaboration among staff members in Surgery, the Operating Room and Anesthesia is probably best described as a medical “ballet” of sorts, complete with acts done in surgical phases, dozens of imaging and monitoring props and a cast of expert characters, everyone from surgeons and nurses to anesthetists and medical industry representatives.

so good at explaining it all to me so I understood exactly what was going on. They have always gone above and beyond for us.” Brandi will never forget one night in particular when she had been up with India into the wee hours. Brandi regularly lulled her baby to sleep singing the hymn “God is So Good.” But this night Brandi was exhausted, and her voice simply gave out. “Immediately, a surgery staff member who was standing nearby stepped up and started humming the rest of the song to India where I left off.”

Four months of chemotherapy successfully shrank the tumor to an operable size. Finally the day arrived for India’s operation. Brandi dressed in scrubs and joined her daughter in the operating room until the anesthesia started working. St. Jude offers families the unique privilege of allowing parents in the operating room to make young patients as comfortable as possible before an operation. “She was so tiny that you just wondered how she’d get through it,” says Brandi. “Getting to go in there with her and stay until she slept meant so much to me.”

Like most procedures involving infants, India’s surgery was complex. Shochat and his team were able to work around arteries to keep the blood circulat-

ing and protect nerves to retain function of the leg while cutting out the mammoth tumor. The procedure was followed by another round of chemotherapy to be sure the cancer was in remission. Afterward, diagnostic tests revealed that the tumor was gone. “It was a miracle,” said Brandi. “My whole family was jumping up and down.”

One-stop treatment

The miracle doesn’t surprise Shochat, who has expanded the hospital’s Surgery Center from modest beginnings seven years ago. “Many people have no idea the level of complex procedures, especially with infants, that we are doing here,” he says. More than 1,200 surgical procedures were performed last year, bringing the hospital a long way from the days when patients were taken to the former St. Joseph Hospital or LeBonheur Children’s Medical Center for surgery.

“We are doing more than 90 percent of our operations right here,” says Shochat, pointing to the state-of-the-art surgical suites housed on the third floor of the Patient Care Center. The facility was built especially equipped to handle infants and very young children. “There is no longer

a need for referring physicians to send children elsewhere for surgery,” Shochat says. Instead, patients can have their initial surgical evaluations, operations and postoperative treatments all at St. Jude.

The Surgery department comprises nine divisions: dentistry; general pediatric surgery, which includes its basic research component; gynecology; neurosurgery; ophthalmology; orthopedic surgery; plastic surgery; urology; and otolaryngology, the study of diseases affecting the ear and larynx.

Besides its role in clinical care, the department is also on the cutting edge of research, with members actively involved in the development of protocols. Shochat and Andrew Davidoff, MD, have done extensive work with neuroblastomas. The department is also looking forward to new technologies on the horizon, including the use of robotics with surgery.

“It sounds very *Star Wars*, but it looks promising,” Shochat says. Bhaskar Rao, MD, specializes in osteosarcomas and has



SETH DIXON

The Operating Room staff consists solely of registered nurses, as opposed to the surgical technicians found at many other institutions. Almost all of the St. Jude nurses are cross-trained, which means that they can perform almost any role.

pioneered St. Jude’s efforts in limb-salvage surgery.

Shochat is quick to point out that the hospital’s high level of surgical care wouldn’t be possible without the teamwork among his department, the Operating Room nursing staff and Anesthesia division. “We truly work in concert,” he says. “We have a collaborative approach to treatment that is not found everywhere.”

A cut above

The collaboration is probably best described as a medical “ballet” of sorts, complete with acts done in surgical phases, dozens of imaging and monitoring props and a cast of expert characters, everyone from surgeons and nurses to anesthetists and medical industry representatives.

Well before the first incision is made for an operation, operating room nurses

“We are doing more than 90 percent of our operations right here. There is no longer a need for referring physicians to send children elsewhere for surgery.”

scrub in and begin the tedious process of laying out the hundreds of instrument pieces—sterile clamps, scalpels and other necessary tools. The staff consists solely of registered nurses, as opposed to the surgical technicians found at many other institutions. Almost all of the St. Jude nurses are cross-trained, which means that they can perform almost any role—whether that means scrubbing in, circulating or working in the recovery room.

Operating Room Manager Daphne Phillips, RN, explains that cross-training is especially important at St. Jude. “We have a lot of specialty doctors coming in, so nothing is routine,” she says. “We have to be very flexible.” Nursing Surgical Services Director Cathy Love, RN, agrees. “Our nurses are highly skilled, compassionate and committed to providing the highest quality of care,” she says.

The anesthesiologist also begins his work early, first meeting with the family

to check the patient’s latest health status. This preoperative assessment is another unique procedure at St. Jude; most patients at other institutions meet with their anesthesiologists days, even weeks, before surgery.

“We don’t take chances with our children,” says Alberto de Armendi, MD, chief of Anesthesia. “A child’s health can change rapidly, so what shows up in an evaluation one day may be different from what is going on when you check the morning of surgery. Every kid at St. Jude offers a challenge because every child has unique complications from their disease. That’s why we tailor our treatment to the individual and not to the disease.”

The anesthesiologist’s work is hardly done when the last stitch is sewn in the operating room. Patients are closely monitored in the Post-Anesthesia Care Unit to be sure they wake up with no problems. On follow-up visits, children who experience aches and pains as a result of their

SETH DIXON



Two years after her operation, India Grace Hilliard has complete use of her legs and leads the active life of a normal toddler, says her mother, Brandi.

anesthesia doctors and researchers from the Mid-South together for the first time to discuss the latest topics in the field. “There is still a lot to learn in pediatric anesthesiology,” says de Armendi. “We’re always on our toes.”

Happy ending

Today, it’s 2-year-old India Grace Hilliard who keeps everyone on their toes. The only reminder of her tumor is a thin, tiny scar, which her mother calls “the most beautiful thing I’ve ever seen.” India has full use of her legs and runs her family ragged if they dare chase her. She even plays in the pool with her sister Zoë Bree, and brother Levi. Brandi attributes her daughter’s success to “a lot of prayers and the blessed people who make up St. Jude. The whole surgery staff treated India like she was their baby. I can’t say enough good things about them.”

Perhaps Lunetha Britton, RN, a surgery nurse in the Ambulatory Care Unit, summarizes it best: “There is a camaraderie and humility among the doctors and nurses and staff of all the different disciplines that mesh at St. Jude all because of one basic thing: we truly care about what happens to these children. When they walk through those doors, they become ours and we want only the best for them always.”●

Haute Times, Cool Quilts

BY JOE HANNA

Whether they're strutting their stuff on the runway or bundling up under cozy quilts, St. Jude patients appreciate the efforts of Hancock Fabrics.

WITH A STRUT AND A SASHAY along a catwalk, the patients of St. Jude Children's Research Hospital helped Hancock Fabrics kick off its second annual "Quilt of Dreams" promotion.

Thirteen St. Jude patients paraded through the Danny Thomas/ALSAC Pavilion, wearing clothing made from the 20 different fabric designs inspired by the artwork of St. Jude children. The fabrics were sold this summer in Hancock Fabrics' 440 stores nationwide.

The clothing modeled by the patients was produced by 13 designers in the Martha Pullen Sewing Family. Children participating in the fashion show were also featured in the July issue of Martha Pullen's *Sew Beautiful* magazine.

In 2002, Hancock Fabrics created the "Quilt of Dreams" promotion to help generate even more support from the company's employees and customers. "We always knew we wanted to do more for St. Jude, and we developed the 'Quilt of Dreams' promotion during a small brainstorming meeting to discuss our St. Jude partnership," says Larry Kirk, chief executive officer of Hancock Fabrics. Kirk is also a member of the St. Jude Professional Advisory Board, which provides guidance and support for ALSAC's fund-raising efforts.

"It has quickly become a heart-warming way for our customers and employees to give something to the children that they have put a lot of time and love into making," Kirk says.

"I don't think I could ever be as proud of a group of people as I am our customers and employees. They are heroes in my mind for their love and support of the children of St. Jude."

During the promotion, customers were invited to purchase the special St. Jude fabric and create lap quilts using the fabric and the dreams of St. Jude patients. Each quilter chose a patient from a list provided at Hancock Fabrics stores. St. Jude received 30 cents of the purchase price of each yard of fabric Hancock sold during the promotion.

Hancock customers and employees who designed quilts



could enter their designs in "Quilt of Dreams" contests at local Hancock Fabrics stores. The quilts were judged for originality and best use of theme. All quilts donated to the hospital were displayed during a recent quilt show (see related photo on inside back cover). The quilts will be given to patients or used by St. Jude for fund-raising purposes. All monies raised from the quilts will go to support the hospital's lifesaving work.

Hancock customers were also able to either donate \$1 and have their names displayed on pin-ups in their local Hancock stores or purchase limited-edition quilter's pins for \$5. Ninety percent of the purchase price of each pin went to the hospital.

Hancock's goal for the 2003 promotion is to raise enough money to fund the hospital for one day, or approximately \$1 million. Last year's "Quilt of Dreams" promotion raised more than \$502,000 for the hospital.

Hancock Fabrics became a St. Jude partner when they began holding hole-in-one golf tournaments to benefit the hospital. During the past six years, Hancock Fabrics has sold cookbooks in its stores, displayed canisters at cash registers and held local events like bake sales, craft sales and garage sales. Hancock is also a part of the St. Jude Employee Giving program, "Companies Care for St. Jude Kids."

"Our employees' grassroots fund-raising efforts and support of St. Jude has helped make our contribution what it is today," Kirk says. "Everyone is behind our goal to raise \$1 million for the hospital, and we really have a special relationship with the kids, their families and the St. Jude staff. It's amazing to think that we started just six years ago with a little hole-in-one golf tournament in Tupelo, Mississippi, which raised only \$36,000."

Before the fashion show, patient Caitlin Adkins told the crowd of parents, doctors and Hancock executives, "Thank you, Hancock Fabrics, for your generous donation. Your gift gives the kids at St. Jude a chance at life."

And Caitlin knows. Immediately after the fashion show, she had her coming-off-chemo party, signifying the end of her chemotherapy treatments for Ewing sarcoma, a bone cancer.

"That is what it is all about," Kirk says. •



St. Jude patients modeling clothes made from fabric designs inspired by patient artwork are (from left): Caitlin Adkins; Alexis Gilmore, who gives an enthusiastic hug to Hancock Fabrics CEO Larry Kirk; Yiressy Izaguirre and Hugo Zuniga.

Perspective

Finding a Purpose

By Daisy Fuentes

I have led a pretty successful life by most people's standards. I've hosted and been a guest star on several television shows and enjoyed a prosperous modeling career, but nothing has meant more to me than my involvement with the children at St. Jude Children's Research Hospital.

Although I'd always heard about St. Jude, my involvement with the hospital began when Marlo Thomas, daughter of hospital founder Danny Thomas, invit-

"I realized that St. Jude is a place where miracles happen every day."

the hospital. I didn't know what to expect, so I have to admit I was initially shocked to see the children with no hair and wearing masks. But once I saw the facility and visited with the kids and their families, I realized that St. Jude is a place where miracles happen every day.

During that visit, I met several families with whom I have kept in contact. One patient I met was Jessica, a 9-year-old girl with a diagnosis of acute lymphoblastic leukemia. She had lost her hair from chemotherapy, but she didn't let that get in

I recently received a letter from Jessica, who is now 14. She included a picture with the letter, and I couldn't believe it was the same little girl I'd met a few years earlier. She looked like a supermodel! In that moment, I knew that my commitment to St. Jude was worthwhile.

I believe everyone has a purpose in life, and mine is to educate the community about St. Jude. I am fortunate to be able to work with an organization dedicated to such a noble cause.

The one message I would like to get across to people is that you don't have to close your eyes to what these children are facing. As tragic as it is to know that a child is suffering from a catastrophic disease, it's very important to see what's going on at St. Jude. Once you see it, you realize that there is hope and that we need to do what we can to feed that hope.

It's just amazing to witness the mission of the hospital and to see the number of kids being saved from such devastating diseases. St. Jude is truly an amazing place.

Daisy Fuentes has served as a TV news anchor, attracted a large following as a VJ on MTV, hosted a talk show and worked as worldwide spokesmodel for Revlon. Also a soap opera and film star, Fuentes is a loyal St. Jude supporter, helping the hospital through promotional and fund-raising campaigns.

the way of her bubbly personality. I learned from Jessica and many other children that St. Jude is a happy place, and that despite what they're going through, the kids are okay there.

ed me to attend a fund-raising event in Los Angeles. St. Jude soon found a special place in my heart.

In 1998, I had the opportunity to visit



Daisy Fuentes and Jessica Turri in 1998; and Jessica as a teenager.



A stitch in time saves lives

Brightly colored quilts covered nearly every surface in this Tupelo, Mississippi, convention center in September. More than 3,500 quilts were donated to the hospital following "Quilt of Dreams" contests at Hancock Fabrics stores around the country. The handmade quilts will be given to patients or used by St. Jude for fund-raising purposes. Read more about Hancock Fabrics' Quilt of Dreams promotion on page 22.