This year was about celebration for the LRG, which we showcased as our Life Fest symbol — the famous DNA double helix bursting like fireworks in the night sky.
**A note about the cover:**
For Life Fest 2010, the LRG wanted to focus not on the negatives of cancer, but highlight all the good things that have come into the lives of GIST survivors since diagnosis. Members were asked to use these moments to create a “Tree of Life,” and tell the world just what this time has meant to them. We used these Trees as place cards at our GIST 2010 Gala so that all in attendance could share in the life of a GISTer. Long-time member, Paula Vettel, agreed to let us use her Tree on our cover as a message of hope to survivors everywhere.

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*Throughout this report you will notice photos labeled “A Year in Pictures.” These photos have been pulled directly from the LRG Newsletter to illustrate the important moments we covered in 2010.*
Dear Friends,

Looking back, it’s clear that 2010 was a year of milestones — milestones grounded in the hope of defeating this disease and heralded by the ten year anniversary of GIST treatment. As we look at our achievements this year, we need to consider them milestones of hope — important steps in bringing us to that ultimate step of curing GIST. And this year we had reason to celebrate. Eleven years ago, GIST was a concept known only to a handful of researchers, but everything changed in 2000. GIST was identified and groundbreaking treatment that saved thousands of lives was introduced. In the last ten years, the GIST community has been on a roller coaster ride of new treatments, experts, innovative research, conferences and seminars — an explosion of information that has not yet subsided. Life Fest 2010, held in Jersey City, New Jersey, celebrated this last decade with award ceremonies highlighting those from the GIST patient, medical, scientific and pharmaceutical communities who have contributed not only to the understanding and treatment of GIST, but also whose accomplishments have made a difference to the survival of GIST patients.

Perhaps it’s appropriate that ten years later, we mark an important next step in defeating this disease — the initiation of “Project D-Day” — driven by a team-focused, four-pronged strategy to cure GIST. Launched in July as part of our Pathway to a Cure initiative, Project D-Day is focused on gene sequencing & screening, the examination of thousands of drug compounds and strict validation studies. Like that extraordinary day in 1944, which marked the beginning of the end of World War II, our attack on GIST treatment resistance has reached an historic opportunity for success and we truly believe it is our best hope for a cure.

On the global front, we formally launched our Alianza GIST initiative with a meeting in Monterrey, Mexico that brought together representatives from ten different Latin American countries. This alliance is an effort focused on regional support and advocacy. Our goal is to improve the knowledge of patients & physicians, increase access to adequate treatment and to support collaboration within the patient and physician communities.

Certainly we didn’t accomplish everything we set out to do — like establishing plasma and mutational testing as routine measures in GIST management — but we aren’t giving up and we hope to mark them as achievements in 2011. We have accomplished a lot — all of us — and that drives us to accomplish more. The Life Raft Group wants 2011 to be a better year than 2010 — we want a year marked by many more milestones in the hope of curing GIST. That will take all of us — but given the great support already of the GIST community to the Life Raft Group — there will be much more to celebrate. Thank you for your considerable support to cure GIST and let’s make 2011 the best year of milestones yet.

Sincerely,

Norman J. Scherzer
Executive Director

Jerry Cudzil
President of the Board
Life Fest 2010

On June 25, the Life Raft Group kicked off its fourth biennial Life Fest — an event that occurs only once every two years and brings together patients, loved ones, doctors and representatives from the pharmaceutical industry in a setting that fosters learning and encourages the kind of camaraderie that you can only find amongst people who have been in your shoes.

Life Fest has always been a celebration of survival and hope. We recognize the enormous courage of every patient and family member who has battled and continues to battle GIST.

What made this Life Fest special was the Friday night gala event commemorating ten years of GIST treatment. Doctors, researchers, patient advocates and other key figures in the GIST community were inducted into the newly-formed GIST Hall of Fame. Moreover, Life Fest 2010 offered an opportunity to honor the entire GIST community — patients, friends and family members, GIST medical professionals, researchers and scientists — in a unique opportunity to come together to remember the past and to forge a path forward to find a cure.

The weekend continued with awards for Humanitarian of the Decade, Clinician of the Year and Volunteer of the Year, a star-filled dinner cruise on the Hudson, and numerous presentations and workshops, on topics like complimentary medicine, plasma testing, coping and survival strategies.

GIST Hall of Fame Inaugural Inductees

| Dr. J. Aidan Carney          | Dr. Charles Blanke          |
| Dr. Christopher Corless      | Dr. Heikki Joensuu          |
| Dr. George Demetri           | Dr. Michael Heinrich        |
| Dr. Brian Druker             | Dr. Seiichi Hirota          |
| Dr. Jonathan Fletcher        | Mr. Jeffrey Kindler & Pfizer|
| Mr. Gilles Frydman & ACOR    | The National Institutes of  |
| The GIST Patient:            | Health Clinic               |
| Patient Advocacy Groups      | For Sutent:                 |
| For Gleevec:                 | Dr. Zuleima Aguilar         |
| Dr. Elisabeth Buchdunger     | Ms. Elizabeth Barrett       |
| Dr. Renaud Capdeville        | Mr. Carlo Bello             |
| Dr. Laurie Letvak            | Dr. James Christensen       |
| Dr. Nicholas Lydon           | Dr. Darrel Cohen            |
| Dr. Alex Matter              | Mr. Stephen Evans-Freke     |
| Dr. Jürg Zimmermann          | Dr. Joseph Schlessinger     |
| The Gleevec Trial Doctors:   | Dr. Axel Ullrich            |
| Dr. George Demetri           | Dr. Daniel Vasella & Novartis|
| Dr. Margaret von Mehren      | Dr. James Watson            |

Humanitarian of the Decade

Dr. George Demetri & Dr. Dan Vasella

Clinician of the Year

Dr. Jonathan Trent

Volunteer of the Year

Vicky Ossio

With immense pride, the LRG was able to honor 10-year GIST survivors at Life Fest 2010. Pictured from left to right: (Standing) Chris Carley, Theresa Hausbeck, Elsie Hernandez, Estelle Lecointe, Jerry Call (on behalf of wife, Stephanie Call), Jas Kiran Kaur, David Epstein from Novartis, Paula Vettel, Alice Sulkowski, Anita Scherzer, LRG Executive Director, Norman Scherzer, Norma Siegel, Dan Cunningham; (Seated) Dr. Joel William Sherr, John Poss, Garnette Draper, Tom Overley.
**Outreach**

Outreach can be defined as a systematic attempt to provide services beyond conventional limits. Nowhere is this more needed than in the global community where patient concerns vary greatly, not only by country but also by region.

The LRG greatly strengthened its outreach efforts by facilitating and supporting the formation of several new international GIST groups and helping existing groups expand their influence.

In Iran, where access issues are at the forefront of patient concerns, the LRG is assisting in the formation of a group to target these very problems.

Additionally, representatives from Colombia reached out beyond their borders by presenting at GIST Tour (Global Interdisciplinary Specialists Training around the World) an international gathering of medical professionals sponsored by Novartis Pharmaceuticals.

In some countries, formal organizations have not yet been created but the patient need is still great. The LRG continues to meet their needs by establishing patient liaisons within the country or region. This year we were able to tap patients in South Africa, Samoa, Nicaragua and Finland as liaisons and will continue to add much-needed support in 2011.

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**Cruisin' at Life Fest**

Saturday night at Life Fest 2010 was the favorite part of the down time for all the people who attended. After a day of learning, absorbing as much information as possible at the many classes that were offered, many of the group gathered together for a dinner cruise on the Hudson. We were treated to the indoor pavilion where we could gaze out at the glittering lights of the skyline of New York and Jersey City.

The weather was perfect for our cruise as the rain held off seemingly just for us. We were greeted at the top of the plank by the cruise boat captain and welcomed inside for what turned out to be a wonderful evening of entertainment, food and revelries. Before long we were dancing in our seats to the beat of the '80s hits and not long after it just spilled out onto the dance floor. About the time dessert was being served we were informed by the crew that we should hurry outside to the upper decks to enjoy a fireworks display like no other.

There's nothing like watching fireworks over the water, with the double joy of seeing the night sky lit up in multicolored patriotism and the same reflection on the water. Soon after the fireworks we began to circle the Statue of Liberty. Having the opportunity to see her that close is a memory I will not soon forget.

Kim Trout, a member of the Life Raft Group and Pennsylvania Local Group Coordinator, got married on May 8, 2010 surrounded by her beloved family and friends. “Don’t let GIST stop you from doing what’s important in your life,” says Kim, who despite the hurdles she faces with GIST, lives a life that is overflowing with joy.

— Janeen Ryan, LRG Member
The LRG Research Team

In 2006, the Life Raft Group initiated a strategic research plan — Pathway to a Cure — that emphasized cooperation, coordination and accountability and brought together 10 of the finest GIST researchers in the world. Its focus was on identifying projects with the greatest chance of successful outcomes.

For the first four years, Pathway to a Cure laid the groundwork in the search for a cure for GIST and made progress on a broad number of fronts. This progress, reported at a three day event in Monterrey, Mexico, includes the creation of a comprehensive blueprint for understanding the mechanisms of treatment resistance, developing mechanisms to test new drugs in the laboratory, the creation of a comprehensive GIST tissue bank housed at Stanford University which allows researchers to access and test this rare tissue and simultaneously access the clinical histories of the patients, and the critical investigation into understanding why a small number of GIST cells may survive an otherwise successful drug treatment. Our team has authored over 150 research publications.

In 2010, a Dutch GIST patient named Jeroen Pit, confronting his own struggle to overcome treatment resistance, was investigating the best way to donate to GIST research and perhaps help save his own life. After consulting several leading GIST researchers, the patient decided that the Life Raft Group Research Team gave him the best chance for finding a cure. He raised 2 million dollars and challenged us to accelerate our efforts to keep him and other GIST patients alive.

Unfortunately, in late 2009, progression forced Jeroen to discontinue Gleevec and he was placed on Sutent. Initial scans showed a positive response. After numerous surgeries,
procedures and drug changes, Jeroen asked himself what was next on his list? It was time to raise funds.

“We wanted to be able to say to ourselves, ‘At least we did everything we could. At least we don’t blame ourselves.’”

Jeroen got on the internet and started his investigation into the GIST research landscape.

“I wanted to know if my fundraising efforts would make a difference. What are the amounts researchers are working with and who are the key researchers in the field?” said Pit.

Once satisfied that he could indeed make a difference, Jeroen got in touch with Dr. Maria Debiec-Rychter of the Catholic University in Leuven, Belgium, who told him about the LRG Research Team.

In November 2009, Jeroen & Emilie met with LRG Executive Director, Norman Scherzer to discuss research and fundraising opportunities.

“Norman is inspiring,” Jeroen recalls, “I went home and thought, ‘We can make a difference and this research team is the right choice.’”

“Other [research] alternatives were good,” he adds, “But the impact of your dollar is better at the LRG.”

This impact stems from a number of areas in which the LRG research team differs from traditional cancer research. The LRG eliminates the overhead costs institutions usually take, which can range from 50 to 75 percent of the donation. In addition, the LRG research team stresses collaboration and sharing amongst its researchers, who are required to meet in person, as well as submit routine progress reports.

While Jeroen worked on a way to enhance GIST research, his GIST tumors had an entirely different plan. Jeroen was beginning to fail Sutent.

Over the next few months, Jeroen would undergo radiation, RFA and embolization treatments to control his metastases. In March, his doctors at MSK decided to start him on Nexavar.

With another hurdle overcome, Jeroen began to think about a fundraising plan again.

“In April, my CT scan showed that Nexavar was working, so we decided to go for it.”

Choosing a quality over quantity approach, Jeroen asked a small group of people to donate larger amounts than he normally might. His plan worked.

Within a matter of weeks, Jeroen had raised over 1.7 million euros for GIST research, roughly two million dollars.

 “[That approach] was easier for me because of my network of colleagues.”

But Jeroen wasn’t satisfied with handing a check over without assurances that there was a firm plan in mind for his hard work.

Using the combined ingenuity of the LRG research team, a new plan was formed: Project D-Day.

Taking the knowledge, understanding and achievements the researchers have acquired in the last four years, the team would launch a four-pronged strategic attack on GIST treatment resistance.

The four distinct project areas are sequencing, gene knockdown, drug screening and validation. Each of these complex areas would have a unique team leader to ensure maximum coordination, communication and assess progress at all times.

“The sequencing and knockdown project areas will enable researchers to understand what is going on in GIST tumors,” says Pit.

Ever mindful of his personal struggles with GIST, Jeroen made sure drug screening would be a part of the research plan. This research, which involves testing GIST cells against thousands of drugs and compounds, is specifically targeted at those patients who have failed first-line treatment.

“Every patient thinks to themselves, what if Gleevec doesn’t work anymore?”

Why are we so passive? With Project D-Day underway, Jeroen is proud of what he and his family have accomplished. But he still wonders why this type of effort is not more common in the GIST community.

Because GIST is such a rare disease, funding by government and most pharmaceutical companies is very difficult. This makes GIST research largely dependent on private donations.

“If GIST cases in the US range from 5,000 to 10,000 diagnosed a year, and 10,000 people donated just ten dollars a month, we would have 1.2 million dollars a year for GIST research.”

Jeroen encourages others to follow his lead and spearhead their own fundraising efforts by reaching out to friends and colleagues.

“You can only create when you do things together.”

While Jeroen’s situation may seem different, the principles are still the same. “Put it on paper,” he says, “By writing, you further develop your proposition.”

Using information from LRG researchers about past achievements and future plans, Jeroen created and circulated a brochure addressing why donating is important and the impact of private donations.

As for Jeroen, he has recently taken up the mantle of spreading awareness of GIST treatments in the Netherlands (probably the next item on his To Do list).

But with Project D-Day finally a reality, he can’t help looking forward just a little, “I really think they are going to find something that will help us all.”

This is an excerpt from an article that appeared in the LRG Newsletter, October 2010 issue.
patients resistant to Gleevec and Sutent (the only two FDA approved drugs for this cancer) alive. We added one million dollars and the result is the aptly named D-Day Project. Like that extraordinary day in 1944, when the Allied forces stormed the beaches of Normandy, our attack on GIST treatment resistance has reached an historic opportunity for success.

Launched in July, Project D-Day focuses on four areas:

1. **sequencing** the GIST genome;
2. **gene knockdown** studies or screens that will examine pathways essential for GIST cell survival;
3. **drug screening** of GIST cells against large libraries of drug compounds, including drugs in late stage development and approved drugs; and
4. **validation** studies where discoveries in previous research will be repeated for confirmation.

This targeted approach has already made significant advances and we are confident that there will be much more achievements to report in 2011.

### The LRG Patient Registry

In 2009, the LRG strengthened its Patient Registry, creating a much more sophisticated and comprehensive system for entering, tracking and disseminating the medical data of nearly 1,300 patients.

In 2010, this system provided us the means to publish our findings on a poster at the prestigious American Association for Cancer Research conference in April. Titled “Life Raft Group registry: An observational registry of Gastrointestinal Stromal Tumor (GIST) patients”, the study focused on the overall survival for GIST patients in the imatinib era.

The LRG plans to continue utilizing the vital information in our patient registry not just for reporting to the scientific community, but also to keep GIST patients up-to-date on the trends in treatment, evaluation and other criteria we are discovering.

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**June 2010 issue**

Two human cancer cells seen just before they divide into four cells, viewed at 100x magnification.

**Quote from Life Fest 2010**

“In Dallas [at Life Fest 2006], we [the LRG Research Team] were asked by Norman to get up on the platform in front of this incredible group and say we were going to cure GIST and I was concerned with saying this because we can’t cure it...but, I am delighted to say and in a clean conscience, four years later, that our understanding of GIST has grown such in the last four years that now we can stand up on this stage and say with determination and conviction that we are going to cure GIST.”

—Jonathan Fletcher, LRG Research Team Leader
Our three day meeting in Monterrey, Mexico, brought together some of the best GIST researchers in the world. But a large part of that event focused on a coalition of patient representatives from all over Latin America, who met for the first time to outline their mission and commitment to promoting the survival of GIST patients in Latin America.

The Coalition, which would eventually become known as Alianza GIST, gathered in a room lined with flags representing ten countries across Latin America and the United States. The circle of flags symbolized the unity among the patient community and its belief that change can only be achieved through solidarity.

Important alliances were achieved, including one with the Tecnológico de Monterrey, an institution committed to the development of the first center for cancer research in Mexico, and another with The Max Foundation and the Life Raft Group, organizations dedicated to improving the lives and survival rates of patients with rare cancers worldwide. These alliances provided a number of resources to help Alianza GIST identify and reach GIST patients and disseminate information and education into Latin America. Rodrigo Salas, the Mexican representative of the Coalition, summed up the purpose of the meeting and resulting alliances as “an extraordinary historic event paired with expertise from our partnership organizations to strengthen our efforts at promoting survival of GIST patients.”

The meeting reached its climax when the Coalition proudly announced their plan to promote survival of GIST patients, which they called the Monterrey Declaration, focused on four key principles:

- To improve the knowledge of patients and physicians.
- To increase patient access to adequate treatment and resources.
- To support local patient support organizations, including the creation of new ones.
- To encourage collaboration and coordination with the physician community.

Alianza GIST is a partnership of patient advocates from 10 Latin American countries. The following Coalition members were present at the Monterrey meeting: Sandra Mesri of Argentina, Rafael Becerra and Rafael Vega of GIST Colombia, and Rodrigo Salas, the Mexican representative of the Coalition.

(continued on page 8)
Struggling for Better Treatment

Mutational Testing

In 2010, the LRG continued its strong support of mutational testing, urging clinicians to make mutational testing a routine part of GIST treatment and to use this knowledge to their advantage in choosing a clinical trial for Gleevec resistant GIST patients.

In the not too distant future, we may have newer KIT inhibitors that overcome most types of GIST resistance. But for the present, it is becoming increasingly clear that GIST can be divided into four main types based on mutational status: KIT exon 11, KIT exon 9, PDGFR A D842V and wild-type GIST. In addition, there is another group comprising the “rare” mutations (KIT exons 13 & 17, etc). The different types have different initial responses to Gleevec and resistance occurs via somewhat different mechanisms. GIST patients and doctors can use this not only for clinical trials but, in some cases, to consider off-label treatment options.

The GIST clinical trial era began in earnest in 2000 with the first Gleevec trials. For almost ten years now, almost all GIST trials have been inclusive trials allowing most or all of the various sub-types of GIST. Today, some clinical trials have broad inclusion criteria designed to “cast a wide patient net.” While this approach has the potential to find unexpected benefit, it also has a downside, especially in registration trials. The downside is that the trial may not show enough overall benefit to be considered successful.

Conversely, a trial can be designed with more rigid criteria in an attempt to “enrich” the patient population. The goal would be to enroll only patients that are predicted to respond.

Plasma Testing

In 2009, we made the case that… “At this time, plasma level testing may be the biggest potential opportunity to significantly improve GIST patient survival in the near future. The question remains: Will plasma testing go the way of mutational testing, with only a lucky few being offered the test?”

In 2009, plasma testing gained ground and acceptance as a possible treatment tool culminating in the launch of a Novartis oncology program, GIST Alliance, which encouraged patients to learn about plasma (blood level) testing and financially supported this testing.

On April 21, 2010, the U.S. Food and Drug Administration (FDA) issued a warning letter to Novartis criticizing its promotion of blood level testing on its CML and GIST Alliance websites which led to the eventual termination of these programs and its financial support of these tests.

Since the FDA’s warning and the subsequent cancelation, the Life Raft Group has worked tirelessly behind the scenes to try and resume this critical testing procedure. At the close of 2010, we were happy to report that plasma testing would be renewed in 2011 and we will remain committed to promoting this practice in the GIST medical and research communities.
My journey as a cancer fighter began fourteen years ago during a routine gynecological checkup in December 1995, when a tumor was detected.

After a large resection, a round of radiation therapy followed. Four years later, in 1999, I had a local recurrence that was again resected and due to complications, a temporal colostomy was required, followed by brachytherapy treatment.

Until that time, I trusted my attending physician, but the following year (2000), when a new cancer recurrence surfaced, he failed to give it any significance, which led me to seek a second opinion as I lost faith in him. Maybe he thought the battle was lost, something that I could not let enter my mind.

The oncologist I consulted later approached my case with commitment and empathy. He asked for a few days to study my medical chart and requested more specific tests, which confirmed how far off base my previous physician had been. The new diagnosis was “local recurrence with hepatic metastasis.” This again required surgery to resect the tumor and a permanent colostomy. A month later, I underwent a hepatectomy to resect three metastatic nodules.

In 2002, two more nodules were detected in the liver, but this time a resection was impossible due to location. Again, my oncologist took his time and consulted with other specialists in the United States. He then discussed with me what he felt was my only chance: pending test results, a new drug treatment was being used in CML which could help me. Waiting for the results of the tests was extremely difficult. I was facing the temporality of life, although filled with great hope and faith, I saw before me a light, a chance to keep on living.

The results were as expected; it was GIST and reacted to this new drug whose name was unknown to us at the time. The race to learn more about what a GIST was began in earnest and to try to get a hold of this new miracle drug.

We learned about The Max Foundation and the Novartis Glivec International Patient Assistance Program (GIPAP) program and I applied immediately. I started my treatment with Glivec, followed by periodic checkups every three months in Guatemala.

The power and magic of the solidarity around me does not cease to amaze me! I remember having received the gift of airplane tickets to travel to my checkups from good people that I didn’t even know, and I remember with immense gratitude the support of my family and friends who looked after my children while I was away.

Once again and every day, I give thanks to the Lord for the gift of life, for the generosity of Novartis, for the effective and close way The Max Foundation monitors my treatment, for the solidarity of my friends near and far, and for the strength shown by my children and their support throughout this journey, as they are the main reason behind my drive to fight this battle. Thanks to all of them, I have been able to look at the future with new and hopeful eyes.

Today, I also want to express my heartfelt thanks to the Life Raft Group for their invitation to participate in their Alianza GIST initiative. At this point, I want to share with you something that happened during my return trip home after participating in the Alianza GIST planning meeting in Monterrey, Mexico.

A Uruguayan lady who lives in New York sat beside me on the plane, and just after we had exchanged but a few words, one of those magical moments when two souls connect occurred. She began telling me part of her personal story.

Her husband had passed away two years prior after a battle with cancer. When she was describing to me the development of his illness, it was as if she was narrating my own story… an initial diagnosis, surgeries, radiations, metastasis and, in his case, also chemotherapy. The similarities were uncanny, the big difference was that her husband was dead and I was alive.

So many questions filled my mind! Was he diagnosed properly and given appropriate treatment? Did he have access to enough information to decide whether or not to trust his diagnosis? Could it have been a misdiagnosed GIST? And if so, had it been identified and treated properly, as in my case, could he still be alive?

Of course, we will never know the answer to all those questions, but after the Monterrey meeting I felt compelled to return to my country to try to do my bit in the fight against this disease. This conversation further cemented my decision and confirmed the need to provide physicians with all the information possible related to this cancer so they can draw upon such information when making a diagnosis.

It also confirmed the need to arm GIST patients with all the wealth of information available so they may better understand what is happening inside their bodies. I need to support them so they never feel alone in this fight for their lives, and in some way, give to others the same gifts I have received during my journey.

This is an excerpt from an article that appeared in the LRG Newsletter, February 2011 issue.
The LRG would like to extend deep thanks to its generous and committed Board of Directors. Each year our Directors strive to push themselves further in support of GIST patients and in 2010, the Board raised a combined $175,000 to support GIST research and patient support, education and advocacy.

Robert Book
Stan Bunn
Mia Byrne
Chris Carley
Jerry Cudzil, President
Jim Hughes
Jerry Knapp
Ray Montague
John Poss
Marietta Robinson
David Safford
Rodrigo Salas
Lawrence Selkovits
Silvia Steinhilber

Also this year, the LRG Board welcomed a new director, David Safford to its ranks.

David became a member of the GIST family on January 21, 2010. After receiving an initial diagnosis that gave little room for hope due to the extensive nature of his metastatic cancer, pathology reports later confirmed kit+ GIST and a new mission was formed. David is inspired by the stories of GIST patients and is dedicated to helping not only control the positive outcome of his own disease but in those of the new GIST friends he has made, by participating in the efforts of the Life Raft Group.

David Safford is the Chief Business Development Executive for Insight e-Tools, a growing high tech services provider with business clients large and small, all across the USA. David’s professional sales management career has included positions in both Fortune 500 and small business environments for specialty product distribution, business services and high tech data solutions. Areas of expertise include strategic corporate partnerships, innovative problem solving, group dynamics, neuro-marketing, keynote addresses and other public speaking engagements. David is also a member of Vistage Key Executive Group in Seattle.

He has been married to his wife, Cherry for over 18 years and has three wonderful daughters, Natalie, Kiana and Alani.

In August 2010, LRG Board Member, Marietta Robinson’s husband, Jim Robinson (on right), passed away from GIST. Jim was a dedicated and outspoken public servant, who frequently wrote and spoke on criminal justice issues. He was Dean and a Professor of Law at Wayne State Law School, served as the President of the State Bar of Michigan and in 1998 he was appointed by President Clinton to be Assistant Attorney General in charge of the Criminal Division of the U.S. Department of Justice. He touched the lives of so many and is truly missed.

December 2010 issue

April 2010 issue

Kate Poss, daughter of LRG Board of Director and GISTer, John Poss not only managed to run the Austin Marathon in February 2010, she also managed to raise a tremendous $7,000 while she did it! And when Kate finished that last mile, John was waiting for her with a big smile.
$100,000 & Above
BST Consultants
Novartis Pharmaceuticals
Pfizer Inc.

$20,000 – $99,999
Carlos & Liana Baldor
Helen Frey
Rodrigo Salas

$10,000 – $19,999
Jerry Cudzil
Jim Hughes
Arbor Foundation Inc
Jerry Knapp
Marietta Robinson
RTI
Lawrence Selkovits

$5,000 – $9,999
Michael DiMaio
Genentech
Martha Smart
Pat Brady & David Smith
Synta Pharmaceuticals Corp

$1,000 – $4,999
Nasser Ahmad
ASCO
Brian Behrens
David Bell
Ettore Bianchi
Bob Book
Kathryn Byrne
Mia & Mike Byrne
KS Carberry
Celtic Therapeutics
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Benji Cheung
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Joy & Douglas Knopp
Louise W. Korder
Jack R. LaDue
Roberto Lynn
David Malvern
Valerie Matthews
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Patrick Moore
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Randy Beil
Wayne Bellet
Eric Bischoff
Marisa & Richard Bolognese
Joe Bonavita
Joseph Brachfeld
Ann Amer Brennan
Timothy Brennan
Pam Broadus
Bruce E. Brockstein
Kelly Buckley
Chris Carley
Bryan Carroll
Thomas Carroll
Lyon Carter III
Jiayi Chen
Nick Chiara
Jae Choi
David & Maxine Clark
Cohn & Wolfe
Michael Cudzil
Cuyahoga Cnty Land Revitalization Corp
Doris Dallow
Doug Davies
Deciphera Pharmaceutical
John Denning
Joseph DiMaria
Vicki Dotson
Michael Fargione
Alexis Feliciano
Timothy Fischer

Long-time LRG member, Ruijia Mu, gives each month to our patient support efforts, even after the passing of his father, Xiangjie (left), in March 2008.

Not only did Carolina Ponce-Williams celebrate her four-year cancerversary in 2010, she was blessed with the one thing she always wanted—a child.

“I am so thankful to be able to celebrate my four year NED anniversary this year, especially because I am still a wife, a teacher, a daughter, a friend and now I am also a MOM!!”
From left: Henji Cheung (2nd Place), Cayetano Lacroze (1st place) & Jonathan Rosee (3rd place) were this year’s winners at our annual NYC Poker Tournament.
The LRG would like to give big thanks to Kim Tallau of Innovative Images who donated her time and experience as a photographer in 2010, helping us keep these moments alive for many years to come.
The Life Raft Group

We direct research to find a cure for a rare cancer and help those affected through support and advocacy until we do.