Accelerating the Pace of Pediatric Drug Development
For more than 30 years, CureSearch has been a driving force in pediatric cancer research. Recognizing a broken system, growing obstacles, and unmet needs in drug development, we’ve launched an innovative and unique strategy to address the urgent, critical need for new childhood cancer treatments.

By supporting CureSearch, you’re funding research that’s on the path to quickly becoming a drug accessible to the children who so desperately need new treatment options, and you’re providing innovative platforms that allow stakeholders to work smarter, faster and more collaboratively.

While survival rates for the most common types of childhood cancer have greatly increased in recent years, there has been little improvement in the prognosis for many less common tumor types. For many high-risk subtypes, long-term survival rates are often less than 50%. Others, like the brain tumor DIPG, remain incurable. For those who do survive a childhood cancer diagnosis, 2 out of 3 will develop one or more chronic health conditions including secondary cancers.

Cancer remains the #1 cause of death by disease in children, yet the current pace of pediatric drug development fails to reflect the urgent need for new treatments. On average, clinical trials for children begin 6.5 years after adult trials.1 Our children deserve better, and CureSearch is leading the way.

With the expert leadership of our Scientific and Industry Advisory Councils, we identify and fund only the strongest research projects that address areas of unmet need and are most likely to quickly reach patients in the clinic or marketplace.

Translational research funding via our Young Investigator and Acceleration Initiative awards support novel projects that address areas of unmet need and are most likely to advance quickly to the clinic in 3–5 years. Through our Catapult Awards, we fund game-changing clinical trials — projects with established commercial potential that will impact patients in the clinic today and have the potential to provide a new, better standard of care for children everywhere.

Our success is measured by the rate of a funded project’s progress toward the clinic and marketplace where new treatments can directly impact patients, not by total dollars spent or by publishing in academic journals. We’re focused on results, holding our researchers accountable to rigorous six-month milestones; continued funding is dependent on achieving agreed upon goals.
Since we began funding pre-clinical projects through our Acceleration Initiative in 2013, multiple projects have directly led to the launch of phase one clinical trials offering new treatment options, including trials that are now enrolling Ewing sarcoma and medulloblastoma patients across the country. We’re impacting patients today while working to change outcomes for all children in the future.

**At CureSearch, we’re uniquely positioned to drive critical stakeholder collaborations to accelerate the pace of pediatric drug development.**

We know that smarter research funding is just one part of the solution, and that long-term solutions will require a seismic shift to the existing pediatric drug development process and landscape. This change will require strategic collaboration among all players in the pediatric cancer ecosystem, including science, academia, regulatory, funding, patients and industry leaders.

We create connections and community between stakeholders by providing platforms for engagement to allow critical conversations to occur. CureSearch stakeholder meetings such as the annual CureSearch Summit and first-of-its-kind IMPACT Series directly influence and advance pediatric cancer research and drug development.

**Together, we’re changing the drug development landscape from within and accelerating the development of new treatments for the 43 children diagnosed with cancer each day.**

“When our son, Jacob “Jake” Koenigs was diagnosed with rhabdomyosarcoma when he was barely five years old, we did everything we could as he heroically battled his disease. After countless trips to the hospital, trying everything available to us, Jake’s doctor explained that there were simply no more options. As I sat by my son’s bedside and put him into his favorite Sponge Bob Square Pants pajamas to say goodbye, I looked at him and thought, “I am so, so sorry, Jake...I’ve got nothing for you.” And as I gently kissed his forehead, I watched my only son lose his battle.” — Robin, Jake’s mom

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