

CURE

Citizens United for Research in
EPILEPSY

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CURE

Citizens United for Research in
EPILEPSY

CURE Newsletter
WINTER '07, VOL 9

www.CUREepilepsy.org

Join us in Chicago for CURE's 10th Anniversary Benefit on February 29, 2008. **LEAP DAY!**

OUR MISSION

Citizens United for Research in Epilepsy (CURE) is a nonprofit organization dedicated to finding a cure for epilepsy by raising funds for research and by increasing awareness of the prevalence and devastation of this disease.

3 MILLION AMERICANS 50 MILLION WORLDWIDE

HOPERESEARCHCURE

Founded in 1998 by mothers of children with epilepsy, CURE's success is a direct result of the passion and dedication of families and volunteers around the country. To get involved email info@CUREepilepsy.org.

CURE is a nonprofit 501 (c)(3) organization supported by the generous contributions of individuals, corporations, and foundations.
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Evan Pigott
STORY PAGE 6

Photo by Jill Norton



A Message from the President

My daughter began to have seizures when she was seven months old and was diagnosed with a “seizure disorder.” She is now 26.

It took us a full five years to learn that she had “epilepsy.” I discovered it by accident when I read the word in one of her medical records. I was confused and terrified—did she now have both a seizure disorder *and* epilepsy?

I was amazed that in five years of frequent hospitalizations and clinic visits the word “epilepsy” had never been uttered in front of us. I quickly learned that “epilepsy” and “seizure disorder” are synonymous, and that whatever you choose to call it, the treatments, challenges, and prognosis are the same.

Twenty-six years later, I’m still amazed at the resistance to using the word “epilepsy” among some medical professionals as well as the general public, and the confusion it causes. So often I meet people who say they have a friend or loved one who has seizures but “doesn’t have epilepsy.”

Children with autism, cerebral palsy, and other neurological disorders often have seizures, but usually they are said to have “seizures” or “seizure disorders”—not “epilepsy.” Patients with

brain tumors frequently have recurring seizures, but generally are not told they have epilepsy. Senior citizens, the most rapidly growing population group with seizures because of age-related issues (stroke, tumors, etc.), are often not diagnosed with epilepsy, although the seizures and treatments add significantly to the burdens they already face.

Each and every seizure carries with it the risk of brain damage, other physical harm, or death. This is true whether a patient is said to have “seizures,” “a seizure disorder,” or “epilepsy.”

The critically important research we support at CURE is aimed at a cure—at stopping all seizures. Our research brings us closer to the day when we can offer relief to all who struggle with recurrent seizures, no matter what word or words are used to describe them.

Susan Axelrod

CURE board

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In-Kind KINDNESS

A TRIBUTE TO
Jasculca/Terman and Associates, Inc.

In late 1998, CURE planned for its first Annual Benefit, to be held in January, 1999 in Chicago. Having never organized such a large-scale event before, CURE needed help. The public affairs and strategic communications firm Jasculca/Terman and Associates, Inc. stepped in to provide their event planning expertise—free of charge.

That first Annual Benefit, with then First Lady Hillary Rodham Clinton as the guest speaker, was a huge success. It was also the first of many helping hands Jasculca/Terman has provided CURE.

Since then, Jasculca/Terman has helped CURE at every turn, and in many ways. Jasculca/Terman and their graphic design division, VisCom has been involved with the production of almost all of CURE’s printed material, including invitations, newsletters, brochures, and annual reports. They have helped with event planning and have sent in teams of their interns as volunteers to help staff CURE events.

“We are committed to helping CURE wherever help is needed,” Rick Jasculca, Chairman and CEO of Jasculca/Terman, said. “Our work for CURE has really united Jasculca/Terman. It’s something all the employees here can collectively work toward—helping CURE fulfill their mission to find a cure for epilepsy.”

“Without the phenomenal support of Jasculca/Terman, we would never be able to reach so many people and accomplish as much as we have. By donating their full array of professional services to CURE, they enable us to spend more of every dollar donated on the research that is the core of our mission,” stated Susan Axelrod, president and founding member of CURE.

Thank you to everyone at Jasculca/Terman for sharing CURE’s vision of a cure for epilepsy.

In the Spring '07 newsletter, we began a new feature, “In-Kind Kindness,” to pay tribute to our many friends and supporters who donate goods, services, and time to CURE’s cause.

Jensen Receives NIH Pioneer Award



Frances Jensen, MD, Children’s Hospital Boston/Harvard Medical School and member of CURE’s Scientific Advisory Board, has received a prestigious 2007 National Institutes of Health (NIH) Director’s Pioneer Award. This Award is designed to support scientists who propose highly innovative approaches to major challenges in biomedical and behavioral research. Dr. Jensen will use this Award to examine how seizures in infants alter the developing brain, causing cognitive disorders such as learning disabilities and autism.

Epilepsy is the most common neurological condition affecting children, with effects that are frequently devastating and lifelong. Dr. Jensen’s unprecedented work in this area is guaranteed to have a huge impact on the lives of many children and generations to come.

“Dr. Jensen truly represents the spirit of the Pioneer Award, with her innovative efforts to uncover how early-life seizures contribute to cognitive disorders and neuro-psychiatric symptoms,” said Barbara Kelly, Vice-President of CURE.

Marciniak joins CURE



In March, CURE welcomed Michelle Marciniak as its new Executive Director. Michelle comes to CURE with a diverse background in public health and politics. Prior to joining CURE, Michelle was the Associate Director of Insure the Uninsured Project, where she worked to increase access to health care for uninsured Californians.

Michelle also spent five years working for former Senate Majority Leader Tom Daschle in Washington, DC and served as a liaison to the Democratic Senators on the US Senate floor.

Michelle earned her Masters degree in Public Health, with an emphasis in Health Services from UCLA and her undergraduate degree in Public Policy and Management from USC.

According to CURE Board President, Susan Axelrod, “Michelle brings to CURE much valued talent, experience, and an immense passion. We are thrilled that she has joined the CURE family as we enter our second decade of work toward a cure.”

2008 Research Awards

Prevention of Epilepsy After Traumatic Brain Injury

A Partnership with the United States Army Medical Research and Materiel Command (USAMRMC)



Adi Mizrahi, MD
The Hebrew University of Jerusalem, Israel

"In Vivo Time-Lapse Imaging of an Epileptogenic Focus in Post-Traumatic Epilepsy"

In this three-year project, Dr. Mizrahi will study the changes within the brain that underlie the development of post-traumatic epilepsy in mice. He will use live imaging techniques in a mouse model of post-traumatic epilepsy to learn how brain cells react when post-traumatic epilepsy develops. These experiments will provide a direct view, at high resolution, of the actual dynamics of the development of epilepsy. Such *in vivo* experiments may lead to the discovery of new biological mechanisms that lead to epilepsy after brain injury.



Detlev Boison, PhD
*RS Dow Neurobiology Lab, Legacy Research
Portland, OR*

"Prevention of Post-Traumatic Epilepsy by Transient Modulation of Adenosine Receptors"

Adenosine is one of the brain's own seizure-control substances and recent evidence suggests that epilepsy development is associated with a failure in the adenosine system. A frequent cause for the development of epilepsy is a previous traumatic brain injury. In this two-year study, Dr. Boison will examine how failures in the adenosine system develop as a consequence of brain injury, how these failures contribute to the development of spontaneous recurrent seizures, and how the development of epilepsy can be prevented by transient application of adenosine-related drugs during a critical window of time after the injury.

Visit www.CUREepilepsy.org for future Traumatic Brain Injury Research program application deadlines.



Daniela Kaufer, PhD
University of California, Berkeley, CA

"The Role of Serum Albumin and TGF-Beta in Post-Traumatic Epileptogenesis"

The mechanism by which traumatic brain injury leads to epilepsy is mostly unknown and at present, no preventive treatment exists. Dr. Kaufer discovered a novel mechanism that occurs following the injury-induced breakdown of the blood-brain barrier, leading to the development of epilepsy. This process is dependent on specific uptake of the serum protein albumin into the "supporting" cells of the brain, known as astrocytes. This two-year project aims to develop therapies that will prevent the generation of epilepsy following brain trauma.



Jian Kang, MD, PhD
New York Medical College, New York, NY

"Roles of Glutamate-Induced Astrocytic Glutamate Release in Post-Traumatic Epilepsy"

Post-traumatic epilepsy is a common neurological disorder following brain injury. The cellular and molecular mechanism of this disease is still unknown. The goal of this two-year project is to study how glutamate release from astrocytes, the "supporting" cells of the brain, causes the development of post-traumatic epilepsy. In response to increased extracellular glutamate, astrocytes release a large amount of glutamate through fusion of a large vesicle. This may contribute to the cellular mechanism of post-traumatic epilepsy. This work may lead to a novel target for preventing post-traumatic epilepsy following brain injury.



David Prince, MD
Stanford University, Stanford, CA

This grant is jointly sponsored by the USAMRMC and funds raised from the Northwestern University 2007 Dance Marathon.

"Prevention of Neocortical Post-Traumatic Epileptogenesis"

There is often a delay between brain injury and development of seizures in lab animals and in humans. Dr. Prince has shown that development of post-traumatic epilepsy in animals can be prevented by briefly treating the injured brain with a substance that blocks nerve cell messages. In this two-year study, he will use other approaches, such as the application of a drug that acts to decrease the action of an excitatory messenger normally present. Other experiments will test whether increases in a gene that prevents both nerve injury and development of new connections will prevent post-traumatic epilepsy in animals.



Philip Schwartzkroin, PhD
University of California, Davis, CA

"Dietary and Activity Treatments for Modulating Post-Traumatic Brain Hyperexcitability"

In this two-year project, Dr. Schwartzkroin will study potential protective therapies in a rat model of traumatic brain injury. He will examine the effects of a ketogenic diet administered both before and after the brain insult, including the potential addictive effects of the diet. In addition, because "enriched environment therapies" have been shown to promote the birth of new brain cells, Dr. Schwartzkroin will study the effects of exposure to such environments. If these simple and inexpensive treatments can reduce the expected brain cell damage associated with traumatic brain injury, and/or prevent the development of abnormal brain excitability, then these therapies could be applied to humans after traumatic brain injury (e.g., soldiers who have received head trauma in conflict).

Consequences of Brain Injury

In the current wars of Iraq and Afghanistan the "signature wound" is traumatic brain injury, of which epilepsy is a common long-term consequence. Referred to as post-traumatic epilepsy (PTE), it is a serious and long overlooked problem for our injured soldiers.

Two-thirds of service members who have sustained blast injuries have been diagnosed with traumatic brain injury.

Many of these soldiers will develop epilepsy. A study of Vietnam War veterans revealed that 53% of those who suffered a penetrating head injury developed epilepsy.

Remarkably little is understood about PTE. In both civilian and non-civilian populations, head injury is known to put a patient at high risk for development of chronic seizures, and still there is a lack of research focused on this area. PTE can develop immediately upon injury or as long as 15 years later.

It is known, however, that PTE is a considerable burden for patients. Frequently, their seizures do not respond to available treatments, requiring multiple medication regimens and trials, while uncontrolled seizures impose significant ill effects on rehabilitation and quality of life.

Since 2002, CURE has been working to develop a special research program aimed at the prevention of epilepsy after traumatic brain injury. In this issue, we are proud to announce our second round of grants, which have been awarded in partnership with the United States Department of Defense (see p. 4-5).

Legislation to establish six Veterans Administration Epilepsy Centers of Excellence has been introduced in the U.S. House of Representatives by Representatives Perlmutter (CO-D) and Lamborn (CO-D), and in the U.S. Senate by Senators Murray (WA-D) and Craig (ID-R). To voice your support for this legislation please contact your U.S. Senators and U.S. Representatives. If you need assistance identifying your representatives, visit www.congress.org.



NO PARENT IS EVER PREPARED FOR THEIR CHILD TO BE DIAGNOSED WITH ONE NEUROLOGICAL CONDITION, MUCH LESS SEVERAL...

EVAN PIGOTT

by Evan's mom, Stacey Pigott

At 15 months, our son Evan was a typical child. He was happy, and seemed to be developing just like his twin brother, Henry. Suddenly, that all changed. Evan began to lose the words and sounds he had learned, and began moving his mouth open and shut with nothing coming out.

Over the next year and half, Evan was diagnosed with verbal apraxia, hypotonia, sensory integration dysfunction, and fine motor delays. He made tremendous progress with intensive speech and occupational therapy, but something was still not right—Evan had trouble with social interactions, limited interest in toys, poor eye contact, obsessive-compulsive tendencies, and didn't appear to understand non-verbal gestures. He was diagnosed with PDD (pervasive developmental disorder), a developmental delay on the autism spectrum. We were devastated, but held out hope that his excellent cognitive skills and early intervention would allow him to live a fairly normal life.

With intensive therapy, Evan made progress. At four, we enrolled him in a typical pre-school with Henry. However, one day before school, Evan vomited and hunched over in his chair at the kitchen table. I assumed he had a stomach virus,



but soon realized something else was going on. He was pale, unable to talk, and just seemed to stare right through me. After fifteen minutes, he seemed fine, so I brushed it off, hoping it was an isolated incident.

One week later, the twins were playing and laughing together when they abruptly lapsed into silence. I found Henry watching TV, and Evan asleep on the couch. He was breathing but unresponsive. The paramedics suspected he had had a seizure and was 'post-ictal' (a state of altered consciousness after a seizure). When an EEG confirmed this was true, the doctor put him on medication immediately.

I admit we were in denial. How could he have epilepsy when none of us had ever witnessed a seizure? We remained optimistic—he had grappled with other diagnoses before and always managed to exceed expectations.

However, when we found Evan atop our seven-foot high swing-set in the midst of a 45-minute seizure, the reality of his diagnosis set in. Evan was lying on the swing-set platform, all extremities shaking. Seeing that one seizure taught us to hate yet respect the power of this disorder.

We began a long, painful process of finding a medication to control Evan's seizures. With the first two drugs, he continued to have frequent seizures, putting his brain and life at constant risk. The medications had terrible side effects—he slept all the time, bruised easily, lost self-confidence, and most importantly, lost much of the progress he had made in speech and occupational

therapy. His pre-school was now uncomfortable having him in the classroom, and baby-sitters and family members were nervous watching him alone.

After months, we finally found a medication that worked. Side effects were mild, and hope crept back into our lives. He began to make progress in therapy again. After living with the uncertainty, fear, and pain of Evan's seizures, we felt liberated and began to recapture what our lives were like before seizures.

“WHEN WE FOUND EVAN ATOP OUR SEVEN-FOOT HIGH SWING-SET IN THE MIDST OF A 45-MINUTE SEIZURE, THE REALITY OF HIS DIAGNOSIS SET IN.”

Unfortunately, this “honeymoon” was short-lived. Five months later, we started to notice odd behaviors—Evan would suddenly stop short, become very pale and unable to talk, and at times move his mouth in an odd way. These incidents became more frequent, each lasting longer than the one before. When doctors diagnosed “atypical absence seizures,” we also learned that Evan's brain was seizing during much of his sleep, contributing to the deterioration we were witnessing.

New medications made Evan agitated, angry, and emotionally unstable. He made repetitive noises and movements. He became violent with his siblings, parents, and therapists. We had to take him out of school and stop therapy.

Worst of all, his seizures continued. Suffering his worst seizure ever, Evan stopped breathing and turned blue. Afterwards, his seizures began to come in clusters, and we



dramatically changed medications in a desperate attempt to stop the seizures. Some days he was lucid in between the seizures, but there were often days he was barely conscious. At one point, his EEG showed over 50 absence seizures every hour.

Presently, after three months in and out of the hospital, we have seizure control again. While Evan's cognitive functions, miraculously, have remained intact, we continue to see a lot of emotional and psychological regression. The seizure control comes at a cost—he sleeps for hours every afternoon and twelve hours at night, causing him to miss out on many activities typical for a boy his age. We are aware this may be another short-lived “honeymoon” from seizures and we are running out of options.

We continually struggle to understand how all of Evan's issues are related. Are his seizures the result of an autistic brain? Or is Evan's autism spectrum disorder caused by his seizure disorder? We are desperate to find the correct balance where we can treat both the seizures and the symptoms of autism.

Often the treatments for epilepsy and autism are incompatible. Many of the interventions to treat autism spectrum disorders, such as diets and nutritional supplements, are not safe for Evan and others with epilepsy. Furthermore, Evan's seizure medications continue to hinder his learning and progress. Evan is now six years old. Whether or not Evan is lucky enough to outgrow his seizures, we know the impact they have already had on his development, and will always wonder what could have been. ■

Pediatric Epilepsy Database Consortium

In the Winter '06 newsletter, CURE announced its Pediatric Epilepsy Database Consortium, under the leadership of Doug Nordli, MD, Director of the Epilepsy Center, Children's Memorial Hospital/Chicago. With initial data collection complete, Dr. Nordli's project is entering its next stages, providing a needed foundation in the search for a cure for epilepsy.

Dr. Doug Nordli is leading a CURE-funded effort to create a database consortium of pediatric epilepsy centers, which has begun to accumulate and track standardized information about children with epilepsy. Dr. Nordli has teamed up with William Gaillard, MD of George Washington University Medical School (Washington, DC) and Helen Cross, MD, PhD of Great Ormond Street Hospital for Children (London, England) in this effort.

Data are collected from medical charts at each site, and deidentified before being entered into a secure web-based database. By collecting and sharing the medical histories of a large number of children with epilepsy, it is hoped that treatment for those with difficult-to-treat epilepsy can be greatly improved.

The Pediatric Epilepsy Database Consortium was largely borne out of frustration. Dr. Nordli and others in his cohort saw that even with an increase in new epilepsy medications over the last 50 years, the number of children with inadequately controlled seizures

Siegel Shares His Story

CURE Board member and Parade Magazine publisher, Randy Siegel recently wrote a Newsweek web exclusive, entitled "More Than Hugs." The article shares the story of the Siegel family's life with epilepsy, from which Randy's daughter Rebecca suffers. Siegel also calls for more research to be done on the causes of epilepsy and the development of safer and more effective treatments.

Many other CURE families have been similarly motivated to share their stories, and to educate the public about the effects of this debilitating disease. CURE families are reaching people all over the country through articles in leading newspapers.

To read Randy's story, visit www.newsweek.com/id/56667.



Future plans to build an even wider consortium will help in the discovery of the best treatments for pediatric epilepsy syndromes.

remained the same. Dr. Nordli felt that progress in the treatment of infantile and childhood epilepsy was hindered by a lack of well-designed comparative studies. The Pediatric Epilepsy Database Consortium aims to address just that problem.

Dr. Cross said of the collaboration, "The database is critical—it is providing the first step toward a wider base of evidence for the treatment of epilepsy in early life."

Having already collected data on more patients than originally anticipated, Dr. Nordli's team is now set to run data analysis to see if any compelling patterns appear. They hope to learn which patients go into remission, and what medications may have aided in recovery. In addition, the consortium will provide the data for comparative clinical studies to help all children with epilepsy.



Randy Siegel and his daughter Rebecca



Photo by Jo Grogan

Participants of the Boilermaker 8K Walk

Walk Raises Awareness

On July 9th, the day before the 30th Annual Boilermaker 15K Road Race, the country's largest race of its kind, the Boilermaker 8K Walk was held. The race was in memory of Chris Donalty, who died in 2002. "The walk gives people who can't participate in the race a chance to be part of the weekend's festivities," said Chris's mother and CURE Board member Jeanne Donalty. Over 1,000 participants, wearing t-shirts designed by Chris's uncle, Mark Hartnett, walked in the Utica, NY event. "We are very grateful to Earle Reed, the founder of the Boilermaker Road Race, for supporting CURE and giving us the opportunity to reach out to participants to increase their awareness and understanding of epilepsy," said Jeanne Donalty.

Central New York Remembers Christopher Donalty

On September 6th, more than 650 Central New York residents and guests flocked to a Utica, NY banquet hall to support a worthy cause and to roast prominent Herkimer County attorney George Aney. Proceeds from the event will fund an interdisciplinary CURE grant created in memory of Christopher Donalty and Kyle Coggins, two young men who passed away during their college years as a result of Sudden Unexpected Death in Epilepsy (SUDEP).

Susan Axelrod, CURE Board President, attended the event, which was the third CURE benefit held in Utica. "Each time I come here," she said, "I am overwhelmed by the tremendous outpouring of support in this community."

Cedar Rapids Benefit a Celebrated Success

Held at a Cedar Rapids warehouse in June, the Cedar Rapids Benefit for CURE raised funds, as well as awareness of the prevalence and devastation of epilepsy. What started out as a small collaboration between Silpada jewelry representative Marcia Black and Dale and Sara Todd, the parents of 8 year old Adam, who suffers from intractable epilepsy, turned into a celebrated philanthropic event highlighted by the local media. Proceeds from the jewelry guests purchased supported CURE.



Photo by Jo Grogan

Event host Barry Donalty and honoree George Aney

Upcoming Events

CURE's 10th Anniversary Benefit

LEAP DAY! Friday, February 29, 2008
The Field Museum, Chicago, IL
INFO: info@CUREepilepsy.org

2nd Annual CURE 365 Event

March 8, 2008
North Beach, Chicago, IL
INFO: Amy Cooke, cooke2335@comcast.net

Annual Rhode Island Benefit

March 14, 2008
Harrisville, RI
INFO: LeeAnn Brigido Johnson, zacode@hotmail.com

International Symposium on Dietary Therapies for Epilepsy

April 3-6, 2008
Phoenix, AZ
INFO: 1-800-367-5386
Presented by the Charlie Foundation and co-sponsored by CURE.

David's Run

April 6, 2008
Chesterbrook, PA
INFO: Christine Shindler, 610-642-0604, www.davidgallagher-foundation.org

1st Annual New York City CURE Benefit

Guest speaker:
George Stephanopoulos
May 13, 2008
New York, NY
INFO: Randy, 212-450-0980

Annual Loeffel Golf Tournament

June 19, 2008
Lake Geneva, WI
INFO: Mike Smyk, Michael.Smyk@loeffelsteel.com

Drive for CURE

August 2008
Beach Park, IL
INFO: Susan Schneider, jschny@comcast.net

2nd Annual Gordon Research Conference on Epilepsy

August 3-8, 2008
Colby College, Waterville, ME
INFO: www.grc.org
Co-sponsored by CURE

Annual Lakefront Marathon

Team Bailey for Epilepsy to raise funds for CURE
October 5, 2008
Milwaukee, WI
INFO: www.teambaileyforepilepsy.org

If you'd like to join the growing number of families and friends who are hosting events around the country to benefit CURE and epilepsy research, contact CURE at (800) 765-7118 or info@CUREepilepsy.org.



Lauren Marshall as a high school senior

Marshall Family Hosts Benefit Ride

On July 23rd, over 100 motorcyclists rode 100 miles roundtrip from the famous Cooks Corner in Trabuco Canyon, CA, to the Roadhouse in Lake Elsinore. The ride was in memory of Lauren Ann Marshall, 25, who died in her sleep this past May from complications following an epilepsy-related surgery. The event was organized by Lauren's parents, Wendi and Mark; her sister, Megan; and Lauren's fiancé, Justin Van Leeuwen. As Wendi expressed, the benefit ride paid tribute to "a beautiful girl who led an amazing, courageous life full of love, but was taken from all of us way too soon."

Dining and Dancing at the Summer Soiree

Coming together to mark the end of the summer, CURE's Junior Board hosted its annual fundraiser at Chicago's Blue Dolphin Street. Guests enjoyed wine, snacks, dancing, and a live auction, with prizes ranging from jewelry to White Sox tickets.



The Daniels family present a check to CURE

Fishing for a CURE

On May 12th, the Braidwood Generating Station in Braceville, IL sponsored the 6th Annual Exelon Fishing Tournament. At the request of Exelon employee Brian Daniels, CURE was the recipient of this year's proceeds. The Daniels chaired the event in memory of their daughter, Ashlyn, whom they lost to epilepsy at the age of two. "Our daughter was only here for a short time, but we feel that by organizing Fishing for a CURE in her memory, her short life was not in vain," Dawn Daniels said. One hundred and forty-six fishermen launched their boats in Braidwood Lake in two-person teams. Teams competed for the largest catch of the day, which weighed in at 6.52 pounds.



Maurice Loeffel and daughter, Maggie

Teeing off for a CURE

On June 14th, the Loeffel Epilepsy Foundation held its annual benefit to fund epilepsy research. The foundation was founded on behalf of Maurice Loeffel's daughter, Maggie, who suffers from epilepsy. Tim Loeffel, Foundation Vice-President and uncle to Maggie said, "We like the grassroots efforts of mothers coming together and taking things into their own hands." After a day of golfing, 150 guests sat down to dinner and capped off the night with an auction and raffle. Prizes included a trip to Hawaii and tickets to the Super Bowl.



Susan and Jim Schneider at ThunderHawk

Drive for CURE

On August 29th, over 150 golfers gathered at ThunderHawk Gold Club in Beach Park, IL to take part in the third consecutive Drive for CURE 18-hole golf tournament. Attendees enjoyed golf competitions, lunch, dinner, raffles, and silent and live auctions. The proceeds funded the Julie's Hope Award, named in honor of Susan and Jim Schneider's daughter, Julie.

Friends Golf in Memory of Leo Magrini

On October 12th, golfers and non-golfers alike enjoyed a shotgun round of golf, cocktails, and dinner to honor the memory of Leo Magrini, Jr. Leo died at age 37 after being diagnosed with a brain tumor. Epileptic seizures were a particularly devastating problem during his life. Leo's sister Ellen said, "CURE is an organization that brings attention to how current seizure medications and treatments can diminish the quality of life for someone who suffers from epilepsy." Family and friends come together every other year to celebrate his life and raise money for epilepsy research.



Leo's fraternity brothers celebrate his memory