I’m too small to cure, are you too big to care?
A few key metrics

2 million euros raised over one year – and more than 8 million over the first five years

11 new research projects financed for 1,740,000 euros

1,650 runners participating in RUN TO KICK and 11,000 donors who supported KickCancer

More than 160 mentions in the press

13 people contributing to KickCancer’s success as employees, freelancers or volunteers

2 kicking ambassadors: Angèle and Niels Destadsbader

10,000 éclairs sold to give cancer a taste of its own medicine

4 contributions to European public consultations

Dear KickCancer friends,

This 2022 annual report is our fifth annual report, a round birthday for KickCancer.

And by a serendipitous coincidence, we managed to break two records: you donated us more than 2 million euros over the whole year and the 2022 edition of RUN TO KICK broke the record of 1,650 runners raising one million euros all together.

We saw in these achievements the warmth and support that you give us to truly kick children’s cancer out of the way!

2022 was also finally a return to “normal”. But we only had a brief moment to sigh in relief before we woke up to the invasion of Ukraine and the war that ensued.
In principle, that kind of event does not impact KickCancer’s work: we focus on policy to accelerate innovation, fund research, empower patients...

Yet, reality made it impossible for us to just stand watching the events unfold: hospitals were being bombed and the supply of anti-cancer drugs or painkillers was running short. Ukrainian children with cancer were going to suffer and die because they would no longer get safe access to care.

First, thanks to our connection with Childhood Cancer International – Europe, we participated in the European coordination of the transfer of these patients to safer countries. Second, thanks to the set-up of the Belgian network of paediatric cancer organisations, childrencancer.be, we coordinated the arrival of Ukrainian refugees in Belgium with those organisations that closely work with the Belgian paediatric oncology units. KickCancer acted as point of contact between Europe and Belgium. Thanks to our coordination, Belgium welcomed a first wave of Ukrainian children with cancer in May 2022 and more arrived later.

2022 also marked the 5th edition of RUN TO KICK — our annual family charity race.

Angèle and Niels Destadsbader blessed us with their presence, the weather was wonderful — and you helped us raise more than one million euros. The tension was high until the very last moment, but you did it for us!

This enabled us to significantly increase our contribution to FIGHT KIDS CANCER. Simultaneously, our founding partners Imagine for Margo (France) and Fondatioun Kriibskrank Kanner (Luxembourg) achieved sky-high fundraisings too... and with the help of FIAGOP (Italy) and a brand-new organisation, CRIS Cancer Foundation (Spain), we invested jointly 5,75 million euros in 7 new research projects. For the first time, after the first round of funding, three additional projects could be funded by individual partners — which led to a “FKC première”: all of our fundable projects (aka the projects that meet our selection criteria of excellence) could be funded for a total amount of 7,25 million euros.

We organised our first Patients’ Conference about the reimbursement of drugs in paediatric oncology, during which we advocated sustainable and structural solutions to ensure fair and equitable access to the best drugs for all patients and to reduce the administrative workload for doctors and social workers in hospitals. We are now in discussion with the INAMI/ RIZIV for this.

In 2022 and 2023, KickCancer’s growing team of expert patients (meanwhile, they are 30!) worked on a major
project for KickCancer: a tool to empower newly diagnosed patients and their parents. We named it “My Companion – Support Kit”.

The name is eloquent as our goal is to offer a guide to newly diagnosed patients. “My Companion” is a physical object that patients and their parents can take along to the hospital to store and sort all the papers (administrative or medical information) they receive. “My Companion” also provides patients with life-saving information on how to get organised, what to expect from the discussions with the doctors, how to get help from their friends and family — all these crucial practical things that you only master after a few weeks into the treatment — while it would have been useful to know them immediately!

“My Companion – Support Kit” will be distributed in all the Belgian paediatric oncology units as from October 2023.

Finally, the 2023 European agenda remains quite ambitious… the Pharmaceutical Legislation will be revised as a whole, including many dimensions that we have been pleading for since the very start of KickCancer (and other patients before us).

We will need to make sure that the Commission’s proposed text, which is ambitious and meets many of our expectations, does not get turned around under the pressure of other stakeholders.

Once again, I would like to conclude with words of gratitude: thank you for being by our side and for considering that children and young people with cancer need your support. Stay around in 2023 and beyond!

Delphine Heenen
Kicker-in-Chief and Managing Director
We want to cure every child with cancer.

Find new treatments, improve existing ones, and kick children’s cancer to send it far, far away forever and may it never come back!

Paediatric cancer is the 1st cause of death by disease for children above 1 year of age

All paediatric cancers are rare, but some are very rare and receive very little scientific attention even if some of them have a very poor cure rate (below 50%). The situation will only improve if we finance more research on those high-risk cancers.

6 000 deaths in Europe / year

2/3 survivors suffer from long-term effects

Nowadays, anti-cancer treatments are heavy and leave survivors with severe long-term side effects. Survivors represent about half a million people in Europe today. We must make sure that those long-term effects are either prevented or properly identified and treated or prevented.

Cognitive dysfunction (blindness, hearing loss)
Knee or hip replacement (major joints)
Amputation (foot, leg, hand...)
Organ removal (kidneys)
Coronary or artery disease
Cardiac failure
Secondary cancers
Post-traumatic stress disorders

Every child’s cancer is a rare disease

There are about 16 main types of paediatric cancers (leukaemia, brain and spinal cord tumours, neuroblastoma, lymphoma, rhabdomyosarcoma, osteosarcoma...). Each of these is divided into several subgroups. In total, it adds up to about 60 different paediatric malignancies and each of them requires a specific scientific attention.

35 000 new cases in Europe / year

Innovation is lagging for children, and survival rate is stagnating

Interestingly, this happened while significant progress occurred in adult oncology. And why not for children?

150 new drugs for adults vs. 9 only for children since 2007

Our mission

Only 1 in 10 children who runs out of treatment options has access to an innovative clinical trial

When standard treatments no longer work, it is common practice to offer a patient who is running out of therapeutic options the opportunity to participate in a clinical trial — even if the efficacy of the treatment is not demonstrated yet. In paediatrics, this option is only an exception. We need more funds for academic research and a more favourable regulatory context so that new drugs can be discovered in paediatric oncology and that more clinical trials open for the benefit of children with cancer.

Prevention and early detection are not valuable strategies for children today

We do not know the causes of childhood cancer. As a result, we have no tool to prevent children from getting cancer. Only a small portion of children who have been diagnosed with cancer (5 to 8%) have a known genetic predisposition to develop cancers. To those children, we need to offer regular check-ups to allow an early-stage detection of any new upcoming cancer. For all the other children, we must finance research on the causes of paediatric cancer.

Adolescents and Young Adults (AYAs) need proper care facilities

Being a “big child” in a paediatric ward or a “young buddy” in a cancer centre: this is how adolescents and young adults feel when they are diagnosed with cancer: they feel like they do not belong to where they are.

It is not “just” a question of recognition: being treated in age-appropriate facilities has a direct impact on the quality of care, the patient’s ability to trust their treatment and even access to adapted or innovative treatments. We must help AYAs improve the quality of care and access to research too.

+/- 60 000 new AYA cases in Europe/year
1. Activities report

GLOSSARY

CAR-T cells
Treatment that boosts the natural ability of the patient’s immune cells (the T cells) to fight cancer. In this treatment, immune cells are taken from the tumour. Those that are most active against cancer are either selected or genetically modified in the lab to better attack the cancer cells, grown in large batches, and reinjected into the patient’s body.

T-cell transfer therapy may also be called adaptive cell therapy, adoptive immunotherapy*, or immune cell therapy.

Diffuse intrinsic pontic gliomas (or DIPG)
A type of brain tumour for which there is currently no cure. Research on these brain tumours is direly needed.

Epigenetics
Epigenetics is the science which explains gene coding: it allows us to understand why cells with the same genetic code have different functions inside someone’s body. Think about a very long book from which some words would be highlighted in different colours to create several alternative plots.

Ewing’s sarcoma
Ewing’s sarcoma is a malignant bone tumour that occurs mostly in young patients (80% of the patients are under 20 years old).

Genetic mutation
Alteration of the genetic material (the genome) of the cell, more or less permanent, which can be transmitted to future cells during cell reproduction.

High debit sequencing
Technologies that sequence DNA and RNA in a rapid and cost-effective way.

High-grade glioma (HGG)
HGG is one of the most common malignant childhood tumours of the central nervous system (brain tumour).

Genomic technologies
The highly sensitive genomic technologies allow us to monitor the response of leukaemia* to therapy: the sensitivity of these technologies to detect MRD (“measurable” or “minimal” residual disease), opens the way to a personalised adjustment of the treatment.

In practice, a child with an excellent response to therapy (translated by very low to negative MRD), requires less toxic chemotherapy to achieve remission. Conversely, a child with a weak response to initial therapy (translated by a high MRD), will require an intensive chemotherapy and possibly the addition of a bone marrow transplant.

Immune checkpoint inhibition
Our immune system can detect the difference between “foreign” cells and “normal” cells. This capability enables the white blood cells to attack foreign cells while sparing the normal ones. In order to start an immune response, certain checkpoints located on the white blood cells must be activated but cancer cells, which are produced by our own body, are able to prevent the activation of those checkpoints. This is why the white blood cells do not attack the cancer cells.

Checkpoint inhibitors can inhibit a specific checkpoint. When the activation of that checkpoint is inhibited, the white blood cells can attack the cancer cells and cause their death.

Immunotherapy
Immunotherapy is a type of cancer treatment that helps your immune system fight cancer. The immune system helps the body fight infections and other diseases. It is made up of white blood cells and organs and tissues of the lymph system.

There are several types of immunotherapies, including immune checkpoint inhibitors* and CAR-T cells*.

Late phase clinical trial
Clinical trial where standard treatment (or the treatment currently recognised as the best for this indication) is compared with a tweaked treatment. Typically, these clinical trials are proposed to patients upon diagnosis.
Leukaemia (ALL and AML)
Leukaemia is a broad term for cancers of the blood cells. The type of leukaemia depends on the type of blood cell that becomes cancer and whether it grows quickly or slowly. The paediatric forms of leukaemia include the acute lymphoblastic leukaemia (ALL), the most common and curable one, and the acute myeloid leukaemia (AML), the least common and least curable one.

Liquid biopsy
The purpose of the “liquid biopsy” technique is to collect cancer cells in the blood as opposed to a sample taken by surgery.

Lymphoma
Cancer of the lymphatic system (which plays a key role in our immune system). The two main types are Hodgkin lymphoma and Non-Hodgkin lymphoma (NHL).

Medulloblastoma
Medulloblastoma is a high-risk brain cancer in children. It is the most common brain cancer (20% of brain and spinal cord tumours).

Metronomic chemotherapies
Treatment in which low doses of chemotherapy are administered continuously or frequently, on a regular schedule (for example, daily or weekly), usually over a long period of time. Metronomic chemotherapy has less severe side effects than standard chemotherapy, can improve life expectancy, and ensures a better quality of life during treatment.

Neuroblastoma
Neuroblastoma is a tumour that mainly occurs in young children and derives from nerve cells located in the abdomen or next to the spine.

Despite the current intensive treatments, the chances of survival for children with neuroblastoma that has come back (in relapse) remain unacceptably low, with less than 20% of children achieving a long-term cure while the treatment causes severe long-term side effects for survivors.

Osteosarcoma
A cancer of the bone that usually affects the large bones of the arm or leg. Osteosarcoma mainly affects adolescents and young adults.

Platform trial
A “platform trial” is a clinical trial with a single master protocol in which multiple treatments are evaluated simultaneously. Adaptive platform designs offer flexible features such as dropping treatments for futility (lack of efficiency), declaring one or more treatments superior, or adding new treatments to be tested during the course of a trial.

Rhabdoid tumour
Rare and fast-growing paediatric cancer that usually forms in the kidney or central nervous system (the brain and spinal cord) but can also form in soft tissues in other areas of the body.

GLOSSARY

Leukaemia (ALL and AML)

Osteosarcoma

Platform trial

Rhabdoid tumour
1.1. Research Projects

KickCancer finances 22 research projects in the hope of improving treatments for children with cancer (in addition to the 4 late-phase research projects financed through the BSPHO, see hereunder).

1.1.1. NEW RESEARCH PROJECTS

The projects described in this section have been selected by independent experts as part of the FIGHT KIDS CANCER European call for projects. The funded amount indicated per project is the total cost of this project, which is supported jointly by Imagine for Margo (France), the Foundation Krijnsk Kanker (Luxembourg), CRIS Cancer Foundation (Spain), FIAGOP (Italy) and KickCancer.

Unleashing the power of immunotherapy for kids with neuroblastoma in relapse

To this day, only one new type of drug has been developed specifically for patients with neuroblastoma and it is critical to identify new, more efficient and less toxic treatments. The BEACON 2 trial will test two new promising anti-cancer medicines that will be combined with chemotherapy. The first drug will specifically target the blood vessels that help tumours grow. This could lead to the death of the tumour cells.

The second drug is an immunotherapy drug (check-point inhibitor) that should recognise the cancer cells as strangers in a patient’s body to kill them.

As the BEACON 2 trial aims at recruiting 160 patients, it will confirm which of these two treatments is superior in a large group of patients. This is an essential step to change practice, so that the treatment can be given by doctors widely across Europe after the trial. It will also develop new combinations of drugs that improve the efficacy of immunotherapy, curing more children with fewer side effects.

Personalised yet NOT NICE treatment for leukaemia and lymphoma cancer cells

Leukaemia and lymphoma are the most common haematological malignancies in children and constitute almost half of all paediatric cancer cases. High-risk patients, who do not respond to standard therapy or suffer from relapse (when the disease comes back), only have a 27% survival rate.

The HEM-ISART has been developed for those children, who will receive a treatment corresponding to the specific genetic alteration(s) present in their tumour. It aims at recruiting sixty patients in total.

Research in cancer genetics have facilitated the development of drugs that specifically target mutations found in cancer cells and the mutated proteins produced by those cancer cells.

Targeted drugs could revert the activity of altered proteins, stop cancer growth or induce tumour cell death. As a result, such drugs could increase the chances of survival for children with relapsed leukaemia or lymphoma.

The HEM-ISART trial aims at testing four new therapies, each one matching a specific genetic alteration present in the tumour of the patients.

Financed: €15 million
Duration: 3 years
Countries: The Netherlands, Belgium, Germany, Israel
Diseases: Leukaemia and lymphoma
Status: Opening in progress

A special registry to keep track of wonders and failures to build a better future

Today, when a child with cancer runs out of standard treatment options, they will seek treatment in the framework of a clinical trial in the hope to cure or at least to extend their life.

In the framework of a clinical trial, all the data about the effect of the tested drug are recorded with the specific intent to determine whether the tested drug is effective, and its toxicity is acceptable. Unfortunately, today, there are not enough relevant clinical trials for most of the children for which the current treatments are not effective.

Often, as a result, those children with cancer will be treated with a novel drug off-label, in the framework of a compassionate use or medical need programme. In such a case, the clinical data of the patients are lost, when in fact we would need to detect unnecessary toxicity or remarkable efficacy.

This is exactly what the SACHA international registry will do: collect real-life data about innovative therapies administered outside clinical trials to children, adolescents, and young adults with paediatric malignancies. These real-life data will help to: 1) recommend the halt of the prescription of the drugs that show to be ineffective or have an unacceptable toxicity, 2) support the development of paediatric clinical trials when a drug seems efficient.

SACHA International plans to include 500 patients per year over three years in several European countries, as well as Australia and New Zealand.

Financed: €846 000
Duration: 3 years
Countries: France, Italy, Spain, United Kingdom, the Netherlands, Belgium, Austria, Denmark (Australia and New Zealand not funded by KickCancer)
Diseases: All cancer types
Status: Opening in progress

Naughty immature neuroblastoma cancer cells in check thanks to a new drug

It was recently demonstrated that neuroblastoma cells in the relapsed patients responding to treatment and those in the patients not responding to treatments were different. In the patients not responding to treatments, it was discovered that the cells causing the relapses resemble immature cells type.

A drug that could kill those immature neuroblastoma cells would probably help those patients. One was previously discovered but unfortunately, it was not suitable for patients. This project aims to test a new generation of that class of drug on a mouse to see if it can inhibit relapses.

In parallel, the project will aim at enabling us to detect the presence of immature tumour cells in human neuroblastoma tumours.

This project will as a result deliver all information required to decide whether to test this new drug in the framework of a clinical trial.

Financed: €400 000
Duration: 2 years
Countries: The Netherlands, Germany
Disease: Neuroblastoma
Status: Opening in progress

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1.1. Research Projects

Tiny patients with leukaemia but big shot to help them achieve a cure

Acute lymphoblastic leukaemia or ALL is the most common type of blood cancer. Today, about 90% of the children with ALL will survive. Unfortunately, this is not true for infants, i.e., children under 1 year of age.

This project pursues two objectives. First of all, it aims at understanding the mechanisms which make infant ALL so aggressive. It has already been demonstrated that most of the babies diagnosed with ALL carry a leukaemia-specific mutation in the MLL gene. Understanding the MLL gene is thus the key to better treatments.

Second, it will attempt to identify new treatment options by targeting these mechanisms and providing evidence to show that these newly identified treatments could be efficient.

The findings of this project will be discussed with the clinical trial groups that set up clinical studies in ALL.

Status: Opening in progress
Disease: Acute lymphoblastic leukaemia
Countries: The Netherlands, United Kingdom, Italy, Spain
Duration: 2 years
Financed: €492 000

24/7 monitoring tools to track myeloid leukaemia cells and target its cells with acute precision!

Today, only 60% of the patients with AML achieve remission despite very toxic therapies causing severe long-term effects for survivors.

In the field of ALL, treatments were improved thanks to the development of highly sensitive genomic technologies to monitor the response of leukaemia to therapy.

In paediatric AML, one of the big challenges is the lack of similar highly sensitive methodologies.

This project proposes a novel genomic based methodology to identify response to therapy and to characterise the leukaemic cells that remain resistant to therapy. This could also lead to identification of novel drugs that may beat this resistance.

The development of the monitoring tools proposed by this project will hopefully lead to a precise adjustment of therapy for each child with AML and, consequently, to improve their chances to cure.

Status: Opening in progress
Disease: Acute myeloid leukaemia
Duration: 2 years
Country: Israel
Financed: €500 000

Cloning or twinning: new methods to eradicate neuroblastoma!

An international team of computer scientists, biologists, and clinicians will collaborate to build computer models of patients (Digital Twins), which will allow the design of personalised therapies that are more efficient and less toxic than the current therapies.

The team will start by building “Digitwins” of mouse models with neuroblastoma by using advanced computational methods to combine these molecular data and constructing the Digital Twin models.

Every neuroblastoma mouse will have a corresponding DigiTwin computer model, which can be used to try out different treatments virtually on the computer so that the best possible individual treatment can be identified. These treatments then will be tested in the mice for comparison purposes.

Once the accuracy of the DigiTwin models in mice is ascertained, it will be translated to humans. The accuracy of these human DigiTwin models will be evaluated against the treatment outcomes of these patients.

The final objective of DigiTwins project is to pave the way for future clinical studies, where DigiTwins can provide better and more personalised treatments for neuroblastoma patients.

Status: Opening in progress
Disease: Neuroblastoma
Countries: Ireland, United Kingdom
Duration: 2 years
Financed: €500 000

11.2. ONGOING PROJECTS

FIGHT KIDS CANCER projects

Cloning or twinning: new methods to eradicate neuroblastoma!

A global clinical trial to get rid of lymphoma

Despite intensive treatments, young patients with non-Hodgkin's B-cell lymphoma (LNHB) who relapse or do not respond to treatments (refractory disease) are below 30%.

Many new treatments have been developed for this type of lymphomas in adults. It is now necessary to identify those that will be most effective in young patients and this, despite the hurdle of the small patients’ population that can be recruited for clinical trials.

This is the objective of the “Glo-BNHL” clinical trial, a worldwide study which aims at evaluating — alone or in combination with existing therapies — the toxicity and efficacy of the most promising new treatments for children to increase the cure rate in these patients.

This programme will create a unique global platform for early clinical trials for relapsed and refractory LNHB in at least 30 centres in a dozen countries in Europe, North America, Australia, and New Zealand with the possibility of further expansion. Participants will be divided into 3 treatment arms, each proposing a different new agent.

In 2022 the groundwork for this clinical trial has been laid. The regulatory approval for the United Kingdom was obtained in March 2023 while other countries will follow suit.

Financed: €1 181 000
Duration: 3 years
Countries: United Kingdom, France, Italy, Germany, the Netherlands, USA, Canada, Australia, New Zealand
Disease: Lymphoma
Status: Started in January 2022
1.1. Research Projects

A clinical trial to break new ground in sarcoma treatment

The standard treatment for Ewing’s sarcoma includes chemotherapy and local treatment with radiotherapy or surgery when possible. Despite this heavy treatment, the chances of survival for these young patients, when their disease is metastatic at diagnosis, amount to 30% only and half of the relapses occur already while in treatment.

Therefore, the "INTER-EWING-1" clinical trial will to study whether adding a new agent called "regorafenib" improves the effectiveness of the standard chemotherapy. The clinical trial will be proposed to patients immediately upon diagnosis.

Regorafenib is a drug from the class of enzyme inhibitors; enzymes play a role in many cellular functions, such as cell growth or division. By inhibiting this enzyme, we are hoping to block the growth of cancer cells and thus improve the treatment for young patients.

The opening of study was delayed due to the complex statistical design making the administrative approval more difficult to obtain. The first patient recruitment is planned for April 2023. The 11 centres also plan to open in April-May 2023.

Financed: €784 000
Duration: 3 years
Countries: France, United Kingdom, Italy, Spain, the Netherlands
Disease: Sarcoma
Status: Started in January 2022

A winning combo to exterminate medulloblastoma

Today, treatments cause significant long-term side effects, and the rate of incurable relapse remains very high.

The translational research project “CARBEMED” aims at identifying a highly innovative treatment strategy that would combine two immunotherapy techniques:

- A new drug from the class of "checkpoint inhibitors", a technique that prevents cancer cells from going unnoticed (like normal healthy cells) by white blood cells;
- A CAR-T cell therapy treatment that reinforces the natural ability of the immune system to fight cancer.

Many other childhood and adult cancers present mechanisms of action that are similar to medulloblastoma. If successful, this combination could therefore benefit these patients as well.

Experimental work only started in October 2022. Four medulloblastoma mouse models are now being investigated and awaiting results.

Financed: €499 000
Duration: 3 years
Country: United Kingdom
Disease: Medulloblastoma
Status: Started in April 2022
## 1.1. Research Projects

### Overcoming treatment resistance in neuroblastoma

The survival rate of children with high-risk neuroblastoma whose tumour has an alteration in the «ALK» are very low. In these children the first-line treatment now includes, in addition to chemotherapy and local treatment, targeted therapy. This targeted therapy has the effect of preventing cell division and inhibiting the growth of cancer cells. However, in 12 to 15% of these patients this first-line treatment does not work.

The translational research project «COMBALK» aims at improving our understanding of the role of the ALK protein and other factors in the development of neuroblastoma in children and at identifying the mechanisms of resistance to this ALK inhibitor. It will then aim at identifying possible new treatments and combinations to overcome those resistances.

The project could only start later in 2022. The first progress report, with initial results, will be submitted in December 2023.

**Financed:** €500 000  
**Duration:** 2 years  
**Countries:** United Kingdom, France  
**Disease:** Neuroblastoma  
**Status:** Started in January 2022

### Improving our understanding of the mechanisms of resistance in neuroblastoma

Despite intensive treatment, more than one in two patients relapse after frontline treatment and the chances of survival for these patients are below 10%.

The international collaborative project «BEACON-BIO» aims at (1) studying the impact of genetic and epigenetic factors in relapse and resistance and (2) identifying new combinations of molecules in the hope that they will be more efficient.

To this end, this project will attempt to allocate patients into risk groups defined on the basis of their molecular specificities (or biomarkers) and treatment resistance.

These combinations will then be evaluated in the upcoming European platform trial in relapsed and refractory neuroblastoma, which the European collaborative research groups are currently setting up.

The project started later than expected in 2022. Throughout that first year, sample material was collected and the analysis began in February 2023. The first scientific report will be submitted in December 2023.

**Financed:** €500 000  
**Duration:** 2 years  
**Countries:** Spain, France, United Kingdom  
**Disease:** Neuroblastoma  
**Status:** Started in January 2022

### A very innovative clinical trial for brain tumours

Standard treatment for high-grade glioma (HGG) consists of surgery when possible and radiotherapy in all cases. Chemotherapy or other drugs in clinical trials may be added during and/or after radiotherapy depending on HGG subtype. In most cases, despite this heavy cocktail, the cancer comes back — in some subtypes, 100% children relapse.

This is why this study, called “AsiDNA Children”, is trying a new drug: AsiDNA in association with radiotherapy in children and adolescents with recurrent HGG that have previously been treated with radiotherapy. AsiDNA is a new kind of drug that could be effective to treat HGG because its mechanism of action increases the vulnerability of tumour cells to radiotherapy without attacking other healthy parts of the body.

The hypothesis of the “AsiDNA Children” study is that, in children and adolescents with recurrent previously irradiated HGG, this drug in association with radiotherapy will prolong survival and improve patients’ quality of life.

The first patients were included in the trial in May 2022. 8 out of 10 patients benefitted from this new drug. Difficulties in the production of the drug led to the decision to complete the inclusion (last 2 patients) in France only.

**Financed:** €585 000  
**Duration:** 2 years  
**Countries:** France, Italy, the Netherlands, Germany  
**Disease:** High grade glioma  
**Status:** Started in May 2021

### Cutting edge technology to crack an aggressive brain tumour

The high-grade neuroepithelial tumour with a BCOR-alteration (CNS HGNET-BCOR) has distinct molecular characteristics, is highly aggressive and has a poor clinical prognosis. To date we do not know the biological processes that drive this tumour type and no effective treatments exist.

The collaborative project POBCORN aims at in-depth investigation of CNS HGNET-BCOR biology with cutting-edge molecular technologies. The tumour samples will be studied with different techniques, including genetic sequencing, epigenetic and transcriptomic (how proteins are created) analysis.

POBCORN has two objectives:  
- identify which events lead to tumour growth as well as potential therapeutic targets;  
- test in a pre-clinical setting several identified drugs which show potential promises to improve the treatment for those children with a poor prognosis.

It also aims at providing first translational guidance on how to treat CNS HGNET-BCOR patients in future clinical trials. The BCOR alteration is also found in other tumours such as glioblastoma, medulloblastoma... Those findings could also benefit those latter patients.

The project started in May 2021 and is expected to be completed in April 2024.

The project gathered a cohort of more than 200 patients and secured their genetic materials. The genetic sequencing as well as epigenetic and transcriptomic analysis are currently ongoing.

Several research findings were already published.

**Financed:** €500 000  
**Duration:** 3 years  
**Countries:** Austria, Germany  
**Diseases:** Brain tumours  
**Status:** Started in May 2021
1.1. Research Projects

**Beating relapses and resistance to treatment in blood cancer (AML)**

Many children with acute myeloid leukaemia’s (AML) relapse (35-45%) and the overall survival chances remain low (60-75%).

**Genetic abnormalities** carried by AML cells are responsible for the relapse and the occurrence of the mechanisms of resistance to treatment. We now know that the cells from the microenvironment of the bone marrow play a role in “maintaining” AML cells and in mechanisms of resistance to treatment.

This project “ALARMS” focuses on AML cells at relapse and the understanding of their interactions with the bone marrow microenvironment.

The project will deliver on multiple approaches, which will lead to:
- A genomic characterisation at first diagnosis and relapse of AML and bone marrow cells.
- A better identification of the patients most at risk of relapse.
- The identification of new targeted molecules to treat children with AML.
- A study of the evolution of drug sensitivity between initial diagnosis and relapse with the ultimate goal to improve the patients’ outcome through a personalisation of the therapeutic strategies.

For administrative reasons, the investigator requested to set the official start date in March 2023. However, sample collection and drug testing already started in June 2022.

**Epigenetics for rhabdoid tumours**

Survival rate for the patients with a rhabdoid tumour is under 50% and those surviving will have to go on with their life with oftentimes severe long-term side effects caused by their treatment.

These tumours are characterised by the loss of one unique gene, called SMARCB1. Since there is no other gene defect, SMARCB1 constitutes the only direct targetable gene in this disease. Because of its highly epigenetic character, one major field of research for further therapeutic development concerns drugs that do target epigenetic actors.

The “EpIR” project will focus on the role of one epigenetic drug in rhabdoid tumours, inhibiting the epigenetic protein “EZH2”, which inhibition has shown some preliminary effects in the clinics.

The project has two aims: improve our understanding of (i) the resistance mechanisms by analysing them at the cell level, how human tumours evolve when engrafted in mice and (ii) the resistance’s impact on the immune environment.

The project started in April 2021 and is expected to be completed in December 2023.

**Financed:** €500 000
**Duration:** 3 years
**Countries:** France, Germany
**Disease:** Rhabdoid tumour
**Status:** Started in April 2021

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**Osteosarcoma**

Osteosarcoma is a very challenging paediatric tumour to treat in paediatric oncology. Over the last 30 years, there have been no improvements in treatment despite a dismal survival rate in those children who develop metastasis.

**Immunotherapy** has led to spectacular results in blood cancer, both for paediatric and adult patients who had no other treatment options.

However, to this day, it has not been possible to replicate this success in patients with solid tumours like osteosarcoma. This is mainly due to the barrier posed by the hostile microenvironment surrounding the tumour. This barrier prevents the migration of white blood cells and diminishes their capacity to fight a tumour.

The “IMAGINE” project aims at overcoming this barrier in paediatric osteosarcoma using an innovative, inexpensive, non-invasive and easy to implement approach.

Patient’s own re-engineered white blood cells will be loaded with magnetic nanoparticles that can be guided to the tumour through a magnetic field.

This approach not only will increase the concentration of white blood cells at the tumour site but will minimise toxicities on healthy tissues. If the IMAGINE project’s results are conclusive, the next step will consist in the opening of an early phase clinical trial to test this technology in order to increase the survival rates and quality of life of young patients with osteosarcoma.

The project started in May 2021 and is expected to be completed in March 2024.

**Financed:** €500 000
**Duration:** 3 years
**Countries:** Spain, France, Norway
**Disease:** Osteosarcoma
**Status:** Started in May 2021

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**Wings to empower immunotherapy**

**Osteosarcoma** is a very challenging paediatric tumour to treat in paediatric oncology. Over the last 30 years, there have been no improvements in treatment despite a dismal survival rate in those children who develop metastasis.

**Immunotherapy** has led to spectacular results in blood cancer, both for paediatric and adult patients who had no other treatment options.

However, to this day, it has not been possible to replicate this success in patients with solid tumours like osteosarcoma. This is mainly due to the barrier posed by the hostile microenvironment surrounding the tumour. This barrier prevents the migration of white blood cells and diminishes their capacity to fight a tumour.

The “IMAGINE” project aims at overcoming this barrier in paediatric osteosarcoma using an innovative, inexpensive, non-invasive and easy to implement approach.

Patient’s own re-engineered white blood cells will be loaded with magnetic nanoparticles that can be guided to the tumour through a magnetic field.

This approach not only will increase the concentration of white blood cells at the tumour site but will minimise toxicities on healthy tissues. If the IMAGINE project’s results are conclusive, the next step will consist in the opening of an early phase clinical trial to test this technology in order to increase the survival rates and quality of life of young patients with osteosarcoma.

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**Duration:** 3 years
**Countries:** Spain, France, Norway
**Disease:** Osteosarcoma
**Status:** Started in May 2021
1.1. Research Projects

Long-term follow-up of patients

Today, in Belgium, 87% of children with cancer are alive five years after their initial diagnosis. However, up to 90% of them are exposed to increased comorbidities risk and premature mortality (up to 90% patients).

Besides, in Belgium, there is neither an organised specific long-term follow-up plan adapted to their medical history nor a specific reimbursement for such follow-up consultations.

The Long-Term Follow-Up project aims at setting up a single national standardised database with all clinical information available for Belgian patients: type of treatment received, relapse, secondary cancers, acute toxicity, 5-years survival.

As a result, the aim of the project is to:

• Improve our understanding of long-term side effects caused by the treatments received by young patients
• Provide each patient with a summary of the treatment received and a tailor-made follow-up plan to empower them to prevent and reduce those long-term side effects
• Enable the Belgian paediatric oncology units to contribute to the European research effort by enriching European databases
• Compare the survival and long-term toxicity figures affecting the Belgian patients with that of patients from other European countries
• Advocate with the Minister of Health the set-up of a specific financing for the “long-term follow-up” consultations.

Financed: €325,000
Duration: 4 years
Country: Belgium
Diseases: All types of cancer
Status: Ongoing since 2021

E-SMART: an innovative pan-European clinical trial

E-SMART is a platform clinical study that allows to test several novel drugs in development for adults simultaneously and promising for paediatric cancer.

This clinical trial is open to all patients in therapeutic failure, whatever their cancer, type and gives them access to innovative and targeted therapies.

This study initially opened in France in 2016 and has now been extended to the Netherlands, United Kingdom, Spain, Italy and very recently Denmark. Since its opening, 14 treatment arms have been opened, which allowed to test 19 drugs in total (single agent or combination), including seven for the first time in children. The trial offers seven recruiting therapeutic arms. Three new treatment arms are currently in preparation for 2023. As of December 2022, 221 patients had been enrolled in this study through 19 hospitals.

Financed: €413,500
Duration: 4 years
Countries: France, the Netherlands, United Kingdom, Spain, Italy, Denmark
Diseases: All paediatric cancers
Status: Ongoing since 2020
1.1. Research Projects

A clinical trial for refractory relapsing solid tumours

This innovative clinical trial will test the combination of three classical metronomic chemotherapies with a “PD-1 checkpoint inhibitor” or Nivolumab®. This trial allows children to benefit from immunotherapy.

The clinical trial is taking place in six French hospitals and in three in Belgium (Ghent, Leuven and Brussels / Saint-Luc). It is open to patients with a solid tumour who do not respond to standard treatments or who are in relapse.

The trial is split in two phases: a first one where the toxicity of the proposed combined drugs is analysed and a second one where the efficacy of each combination is compared.

In 2020, a total of 18 patients in 3 treatment arms were recruited for the first phase.

Now, a total of 102 patients will have to be recruited for the second phase to complete the trial. As the pandemic caused some delay in the completion of the programme steps, the inclusion of all patients in the second phase is planned from March 2021 to January 2024.

In 2020, 16 patients, split between 3 treatment arms, were recruited for the first phase. It lead to the conclusion that the association of Nivolumab with the three classical metronomic chemotherapies (arm C) is safe (toxicity).

The second phase (opening of arm C and analysis of efficacy of the addition of Nivolumab) started in March 2021. To date 34 patients have been randomised into the study, including 4 patients in Belgium. 86 patients must still be recruited by to complete the trial. Should this objective not be achieved, the investigators will run a futility analysis in October 2023.

Financed: €150 000
Duration: 6 years
Countries: France, Belgium
Disease: Solid tumours
Status: Ongoing since 2018

Improving our understanding of the resistance mechanisms of high risks cancers

In the event of inefficacy of so-called “first-line” standard treatment, the orientation towards new therapeutic approaches and the understanding of the resistance mechanisms must be based on an in-depth analysis of the biological characteristics of the tumour and the analysis of the interactions between the tumour and the patient.

This project aims at allowing a full molecular analysis of the tumour upon diagnosis for the children and adolescents with a high-risk cancer, thanks to advanced technologies, including high-debit sequencing. By analysing blood samples (including the circulating DNA of the tumour cells) during the treatment and follow-up, researchers can then keep track of the modifications of those molecular profiles. The collected molecular information is compared with the clinical results of patients (response or lack of response to treatment) to refine our understanding of the response to treatment.

This project will allow for a better understanding of the avoidance and resistance mechanisms to the standard treatments. In conjunction with other ongoing projects, the results of this analysis will enable doctors to swiftly redirect patients towards the best therapeutic strategies.

End 2022, 512 patients have been included in the protocol. 16 additional patients are registered for suspected cancer (pre-inclusion stage). For all these patients, biological samples are being collected according to protocol, and molecular and immunological analyses of the patients and the structuring of the latter analysis are underway. The target number of patients to benefit from this program is 800.

Financed: €200 000
Duration: 8 years
Country: France
Diseases: All high-risk cancers
Status: Ongoing since 2017

1.2. Advocacy

KickCancer’s second line of action to improve treatments available for children with cancer is to connect all the players in the field (doctors, researchers, regulatory authorities, pharmaceutical industry, and other philanthropic organisations active in the field of cancer). Understanding and listening to the players’ constraints is crucial to create a more favourable regulatory and cultural environment for a swifter access to innovation for children with cancer. KickCancer’s goal is to make the system more efficient.

FIGHT KIDS CANCER

Advocacy is not limited to political actions. We can also improve research and treatments for children with cancer by influencing how research is conducted and financed. Each type of paediatric cancer is rare, some of them are extremely rare.

Research must be conducted at an international level to be effective and to deliver as fast as possible. This is why KickCancer was so keen to initiate a European programme: FIGHT KIDS CANCER.

FIGHT KIDS CANCER is a joint initiative founded by KickCancer with Imagine for Margo (France) and the Kriibskrank Kanner Foundation (Luxembourg).

It aims at promoting the most innovative treatments through collaboration and funding research against childhood cancer at the European level. The FIGHT KIDS CANCER programme includes annual calls for projects and the supervision of the funded projects.

For its third call for projects (2022), FIGHT KIDS CANCER was joined by two new organisations: the CRIS Cancer Foundation from Spain and KiKa from the Netherlands.

Thanks to their participation, all the projects deemed fundable by independent international experts could be funded, for a total of 7,25 million euros.

For the first time, we also had a first wave of seven projects funded proportionally by the FKC funders, which is what we have always been doing so far, for a total amount of 5,76 million euros, of which KickCancer contributed 1 million euros. After this first “closing,” another three projects from the reserve list were “rescued” and funded on a solo basis by Imagine for Margo (1 project) and KiKa (2 projects) for a total of 1,5 million euros.

You will find above the projects co-funded by KickCancer.
1.2. Advocacy

Collaboration with the Belgian Society for Paediatric Haemato-Oncology

In Belgium, most young patients are treated in the framework of a clinical trial. These are in most instances late-phase clinical trials.

The protocols for these late-stage clinical trials are designed in the framework of SIOPE’s (Société Internationale d’OncoLOGie Pédiatrique Europe or the European Society for Paediatric Haemato-Oncology) disease-specific collaborative groups where specialists of one disease meet and jointly define the best treatment strategies for this disease. The clinical trials’ protocols are defined at the European level, but the financing of the projects often has to be sought by each participating country or site.

In Belgium, the Belgian Society for Paediatric Haematology, Oncology (BSPHO) also coordinates and initiates the participation of the Belgian centres in international academic clinical trials.

Since 2020, KickCancer has been proudly supporting the BSPHO’s effort to bring these crucial clinical trials in Belgium by financing the work of its coordination cell on an annual basis (for 2022, €123,000). This ensures access to the best care for young patients treated in Belgium and a sustained participation of our oncology centres to the European research effort.

Since the collaboration agreement signed in 2021, KickCancer also started funding the Belgian part of the pan-European late-phase clinical trials.

In 2022, we have concluded the funding agreements discussed in 2021 to support research in the following disease areas: high-risk neuroblastomas, Langerhans cell histiocytosis and rhabdomyosarcomas. KickCancer also prolonged by one additional year the funding of the long-term follow-up registry of Belgian survivors. This total commitment amounts to €740,000 over three years.

European Institutions

European regulatory activity in 2022 was the logical continuation of that of 2021, a whirlwind of initiatives, which reinforced the milestones set in 2021. The team of kickers working on European affairs has changed since last year. It is now composed of Delphine, as Head of the European Affairs Pillar of Childhood Cancer International – Europe (CCI-E), and Marine who assists her in European Regulatory Affairs.

In 2022, we contributed, among other things, to the following three public consultations and one roadmap, to convey the perspective of cancer patients, parents and survivors:

- The consultation on the European Care Strategy allowed us to express our views about the situation of care receivers and the people caring for them, professionally or informally. Indeed, a child’s cancer has serious repercussions on the families’ daily life and financial security. Measures should be put in place to support parents, such as financial compensation and an extraordinary leave during the whole treatment’s duration, with safeguards to guarantee their return to work.
- The consultation on the “Access to financial products for persons with a history of cancer in EU Member States” allowed us to raise awareness on the discrimination experienced by cancer survivors in accessing financial services and products (e.g., insurances, mortgage etc.) due to their cancer history. Therefore, the Right to be Forgotten for cancer survivors should be embedded in the relevant EU legislation and enforceable in all EU Member States.
- The consultation on Horizon Europe and H2020 covered the final evaluation of Horizon 2020 (2014-2020), the interim evaluation of Horizon Europe (2021-2027) and the design of the second Strategic Plan for Horizon Europe for 2025-2027. This transnational funding programme funds a portfolio of projects on cancer research and innovation.
- The Roadmap Survey on the European Cancer Inequalities Registry (ECIR) gave us the opportunity to advocate the inclusion of paediatric cancer specific data or a dedicated section in the Registry. The ECIR provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States and regions.

Building on what had been achieved in 2021 regarding the revision of the Regulations on Medicines for children and rare diseases, we continued to advocate, throughout the year 2022, for a revision that puts the unmet medical needs of young cancer patients at the centre of a European strategy for medicine development.

For 2023, we anticipate a very busy year examining the final proposal for the revision of the European Pharmaceutical legislation and advocacy work with the Members of the European Parliament but also with the people in charge of defining the political agenda of the European parties: it is indeed anticipated that the revision will be voted by the “next” European Parliament, after June 2024.

The Patients’ Voice

In 2021 KickCancer truly became a patient’s organisation by aligning a new stream to its strategy to defeat childhood cancer: the creation of a Patients’ Committee.

This Committee structurally empowers the voice of young patients and their parents and thereby contributes to improving the quality of care and advocacy for paediatric cancer patients in Belgium and in Europe.

The Committee is conceived in three layers:

- Informed patients who wish to be specifically informed about our advocacy activities and subscribed to our “patients-specific” newsletters.
- Engaged patients who accept to participate in our activities by taking surveys or by contributing to focus groups discussions. The purpose is to create a group of patients that will faithfully represent the patients’ population to mirror their needs and, ultimately, to improve research or the regulatory environment.
- Expert patients who ambition to participate more actively. Our expert patients were selected after a recruitment phase, and they completed a specific training conceived in collaboration with the PEC (Patient Expert Centre). The training allows them to elevate their patient’s experience to an expert level. They can also contribute to more patient-centric research and to an improved regulatory environment. Finally, they can offer professional peer-to-peer support to newly diagnosed patients and their families.

In 2022, our Patient Committee was joined by 13 new certified “expert Patients”. They joined the certified patient experts of 2021 and have since been involved in several internal and external projects.

KICKCANCER 29 ANNUAL REPORT 2022
1.2. Advocacy

Ukraine

When the war broke in Ukraine, it became crystal clear that a swift transfer of the young patients with cancer to safer places had to be organised.

This humanitarian action was jointly led by a Ukrainian NGO Tabletochki, an international organisation, St. Jude Global, and Childhood Cancer International – Europe (CCI-E), of which KickCancer is an active member.

The patients could be gathered in Ukraine thanks to Tabletochki and were weekly transferred through the Ukrainian border in Poland in a transit hospital coordinated by St. Jude Global — while CCI-E organised the transfer to European countries where they could count on the support of its member organisations that are accustomed to working within paediatric oncology units.

In Belgium, KickCancer is the only organisation member of CCI-E but we do not work on the patients’ bedside within hospitals.

Yet, we thought it was imperative that Belgium takes its share in the welcoming of the Ukrainian children with cancer. As a result, KickCancer bore the four following responsibilities:

• We coordinated the discussions with the Belgian public authorities to organise the first repatriation flight.
• We set up a network of 4 Belgian organisations that are well introduced within the Belgian paediatric oncology units.
• We launched a fundraising campaign to cover expenses that are not supported by the Belgian state (such as the home-hospital transportation costs or commercial flights costs for family members for instance). Those funds could be raised with the assistance of the King Baudouin Foundation, which set up a dedicated fund.
• We made sure to share the best practices identified by CCI-E with the Belgian associations to speed up our learning curve.

Thanks for the collaboration set up by KickCancer with Tuki (UZ Leuven and UZ Antwerpen), Kinderkankerfonds (UZ Gent), Sun Child (Cliniques Universitaires Saint-Luc and Hôpital Universitaire des Enfants Reine Fabiola) as well as AEC (Hôpital de la Citadelle and Cliniques CHC Montlégia in Liège), Belgium welcomed a first wave of 7 patients accompanied by 12 family members in May 2022. Later, a dozen additional patients were guided and welcome by these 4 organisations.

KickCancer’s annual patients conference

On June 26th, 2022, KickCancer organised its first annual patients conference to present and tackle the issue of (non-)reimbursement of drugs in paediatric oncology in Belgium.

All stakeholders were invited: patients, doctors, Belgian authorities, and representatives from the pharmaceutical industry.

The aim of the conference was to induce a discussion and seed a solution for drugs which are “standard of care” for certain types of paediatric cancers, but which are not reimbursed in Belgium.

Throughout and since the conference, KickCancer has been pleading for a structural approach that would solve several issues at once: financial stress for the families, countless hours spent by doctors and hospital social workers to find a by-pass to avoid the payment of these drugs. It is crucial that Belgian children with cancer access all the necessary medicines that constitute the recognised treatment for their disease.

What happened since the conference?

As we publish this annual report, KickCancer is discussing with the cabinet of the Health Minister, Mr. Frank Vandenbroucke and the INAMI / RIZIV to set up a system that would:

• Put several essential drugs on the list of reimbursed medicines in Belgium (even if they are off-label)
• Define an agreement between the hospital with a paediatric oncology unit and the INAMI / RIZIV that will allow oncologists to prescribe drugs to children with cancer even when they are off-label; an annual evaluation process would be organised to monitor the costs and possibly adapt the list of drugs that would become structurally reimbursed.

Every year from now on, a patient conference will be organised on a different topic. The 2023 edition focused on improving care and research for adolescents and young adults with cancer (AYA).
1.3. Events

**ECLAIR DAY**

Once a year, gluttony is a good deed: eat a good dessert and give childhood cancer a taste of its own medicine.

The third edition of Eclair Day took place on November 26th, 2022. Each participating baker offered its signature eclair at a different price than its regular eclairs. This amount was entirely donated to the KickCancer Foundation to finance research on children’s cancer.

This popular action can claim a quite prestigious godfather since the start: Pierre Marcolini himself.

This third edition was a sweeping success, and it simply is impossible to resist the temptation to organise a fourth edition. Pencil this date in your agenda: Saturday March 16th, 2024 will mark the fourth edition of Eclair Day!

**RUN TO KICK**

KickCancer’s fifth edition of RUN TO KICK, our family charity race, took place on September 25th, 2022. We proudly gathered more than 1650 runners who raised together the fantastic amount of 1 002 780 euros (on D-Day).

It was a genuine highlight of the past year, in which we felt togetherness and solidarity. Icing on the cake was the weather, the sun was shining as were all the runners, friends, colleagues, and families.

Our godfather Niels Destadsbader gave the official starting shot to the participants who ran or walked by the Atomium. Among them: our godmother Angèle and top sporters Élodie Ouédraogo, Olivia, Kevin and Jacques Borlée. We were honoured with their fantastic contribution and enthusiastic presence!

Year after year RUN TO KICK grows while keeping this very special exclusive inclusivity: this super warm atmosphere. The joy of being together was palpable and so was the emotion... We were very happy to see that the clear winner of the race was solidarity with families with a child with cancer.

In 2022, we have reached the record amount of 1 040 000 euros (end of October). Thanks to our sponsors who finance RUN TO KICK’s organisation costs, among which Delhaize and the National Lottery are the largest, we were able to invest 100% of this amount in innovative FIGHT KIDS CANCER research projects.

In 2023 we are aiming again for the million (you can do it again!). We will welcome you to our cool and happy event in the Laeken Park.

Register now on runtokick.be for the charity race of the year on September 24th, 2023. It will be fun, moving and above all full of joy. And you will contribute to financing the best innovative research projects in Europe.
It is fun and packed with driven and nice people.

HET familie-event dat je niet mag missen, omdat elk kind met kanker de beste behandeling verdient.

Une expérience extraordinaire!

There is a very familiar and cool atmosphere at RUN TO KICK. It is a great opportunity to share time with your family and friends, and to support this wonderful good cause.

Super!! Et très touchant. Vraiment une très belle expérience.
1.4. Raising awareness

Media

KickCancer benefited from massive media attention on our key activities organised throughout the year: International Childhood Cancer Day (February), the first edition of our Patients Conference on an important subject matter (reimbursement of essential cancer treatments for children) (June), the announcement of Niels Destadsbader and Angele’s participation in RUN TO KICK (July) and as well as that of top athletes (the Borlée family and Elodie Ouédraogo) joining them (September).

Eclair Day, with Pierre Marcolini’s involvement, also fostered wonderful media attention (November).

In 2022 we continued to work with a professional Public Relation agency, Talking Birds to ensure our media presence while conveying the right messages about paediatric cancers.

Awareness

Curing more children with cancer and making sure that long-term side effects caused by the current treatments be reduced requires that we understand and acknowledge that there is a problem and that we must do better.

This is the reason why KickCancer invests in awareness so that everyone understands the specificities of paediatric cancer and the solutions that KickCancer proposes to put in place.

You can also contribute to increase paediatric cancer’s visibility by registering for RUN TO KICK. While you solicit donations from your friends and family, you contribute to spreading our important message: children with cancer need our support!

The National Lottery

Since 2019, the National Lottery has been a loyal partner of KickCancer. We were able to carry out numerous projects thanks to the support of the National Lottery and its players: awareness campaigns on the topic of childhood cancer and support for our actions such as the organisation of the Eclair Day or RUN TO KICK. This paved the way for a strengthening of this partnership to continue this collaboration in 2023. One thing is for sure: the National Lottery is much more than just games.

Thank you for being part of our family, kickers!
In this section, for the sake of legibility, we have combined KickCancer’s revenues generated through the “Fund of the Friends of the KickCancer Foundation” within the King Baudouin Foundation (donations with tax deductibility only), and those generated through the KickCancer Foundation itself (donations without tax deductibility, sponsoring and registrations or sales).

All spendings are funnelled through the KickCancer Foundation.

**Sources of funds**

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**Usage of funds**

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<td>Advocacy</td>
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3. KickCancer Team

3.1. The board

**Founders & Family representatives**

1. Delphine Heenen  
Managing Director and Founder
2. Gilles Dal  
Director and Founder
3. Jean-Charles van den Branden  
Director and Founder
4. Marc Dal  
Director and Founder
5. Céline Ghins  
Director
6. Hélène d’Udekem d’Acoz  
Director

**Professional directors**

7. Deborah Janssens  
Lawyer partner at Freshfields Bruckhaus Deringer
8. Christophe De Vusser  
Director at Bain & Company
9. Frédéric Rouvez  
Founder and Managing Director of Exki
10. Jo Van Biesbroeck  
Director at Telenet SFI (Lux) and Matexi
11. An Winters  
Consultant at Russell Reynolds Associates
3.2. Permanent team

Het vaste team bestaat uit negen personen, Delphine en acht andere kickers met superkrachten:

1. Annelies Boddez
   Kicker-in-Communication

2. Fiona Debève
   Junior Kicker-in-Efficiency

3. Nathalie De Clercq
   Kicker-in-Marketing

4. Alice Gerbaux
   Kicker-in-Empowerment

5. Marine Gouders
   Junior Kicker-in-Advocacy

6. Valentine Janssen
   Kicker-in-Operations

7. Eric Peeters
   Kicker-in-Administration

8. Caroline Stals
   Kicker-in-Engagement

To make a donation

Fondation King Baudouin — KickCancer Fund
BE10 0000 0000 0404
Communication: 016/1960/00070
All donations from €40 or more are tax derivable in Belgium.

The Foundation accepts dual legacies and can help you put them in place. More than 80% of your donations will directly fund research or will go to our activities to defend children with cancer; less than 20% will be used for our communication, fundraising and administration.

Contact us: info@kickcancer.org
www.kickcancer.org

Recurring Donations

It is possible to support KickCancer in the long run. All you have to do is make a recurring donation through your online banking platform or app.

KickCancer loves long-term supporters: they offer us the comfort of a long-term perspective. We can count on their support without spending a minute on fundraising or a dime on marketing — it is the safest way to make sure that we focus on our core mission: cure every child with cancer.

You will be entitled to a tax certificate provided the total amount you donate over the course of this tax year amounts to €40 or more.

Here are our banking coordinates for recurring donations:
Beneficiary: King Baudouin Foundation
Bank account: BE10 0000 0000 0404
BIC: BPOTBEB1
Communication: 016/1960/00070

Help us to kick and make a difference for kids with cancer by making a donation and amplifying our voice on social media.
CURE. DON’T CRY.

KickCancer Public Interest Foundation
24 rue de l’Aurore – 1000 Brussels

Contact
info@kickcancer.org
www.kickcancer.org