

ALLIANCE TO CURE CAVERNOUS MALFORMATION MAGAZINE | SUMMER 2026

CCM CURE



**ONE FAMILY'S
FIGHT FUELING
AWARENESS
AND A CURE**

p.8

Letter from Leadership

We're thrilled to share with you the Summer 2026 edition of CCM Cure. Since our inaugural edition last fall, we have many new and exciting updates on research, clinical care, and our community.

This issue features our journey from heartbreak to hope with the REC-994 drug — chronicling the evolution from its ground-breaking development by Recursion Pharmaceuticals, to our shock and dismay at the trial's discontinuation, and finally to this May, when the assets were officially transferred to the Alliance for future exploration.

You will hear from 23-year-old Taylor VanZant about her experience with CCM and why awareness-raising is vital. You'll also learn what exciting research opportunities are on the horizon, how our patient navigation program has changed lives, and see what it looks like when our community comes together to shine bright.

Each day, we come closer to a cure for CCM. It's hard work, but with your support and generosity, we believe that it is possible. And we'll accomplish it together.

Connie Lee, CEO, and David Borland, Board Chair
Alliance to Cure Cavernous Malformation



ALLIANCE TO CURE CAVERNOUS MALFORMATION

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A copy of the latest financial report, registration filed by this organization, and a description of our programs and activities may be obtained by contacting us at: Alliance to Cure Cavernous Malformation, 977 Seminole Trail, PMB 367, Charlottesville, VA 22902, info@alliancetocure.org. If you are a resident of one of the following states, you may obtain financial information directly from the state agency. Angioma Alliance d/b/a Alliance to Cure Cavernous Malformation, EIN 02-0600697, complies with state charitable registration requirements.

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Cover photo courtesy David Meyer

RESEARCH ROUND-UP

Planning Continues for a First-of-Its-Kind LIFU Trial in CCM

We know our patient community is excited about the potential of low-intensity focused ultrasound (LIFU) as a non-surgical treatment for CCM, and we continue to drive the planning of a clinical trial of LIFU in CCM patients. Pending timely FDA approval of the clinical trial design soon to be submitted by our partners at the University of Virginia, we expect the trial to begin enrollment in the first half of 2027.

Low-Dose Aspirin and CCM: A Clinical Trial Takes Shape

There's a unique appeal to finding potential remedies right under our noses. For a long time, many members of the CCM and medical community felt uncertain about the use of aspirin due to very real concerns that blood thinners may increase the risk of a bleed. But research produced in recent years has helped shift that belief — and we're getting closer to even more clarity. Beginning in 2027, the University of Edinburgh in Scotland will be launching a multiyear trial, with over 300 participating patients from across the UK, to explore the effects of low-dose aspirin on CCM hemorrhage risks. Building on study findings published in *The Lancet Neurology*, we hope this trial will provide new insights into the possible uses of antithrombotics. (Zuurbier S, Hickman C, Tolias C et al. Long-term antithrombotic therapy and risk of intracranial haemorrhage from cerebral cavernous malformations: a population-based cohort study, systematic review, and meta-analysis. *The Lancet Neurology*, 2019; 18, 935-941)

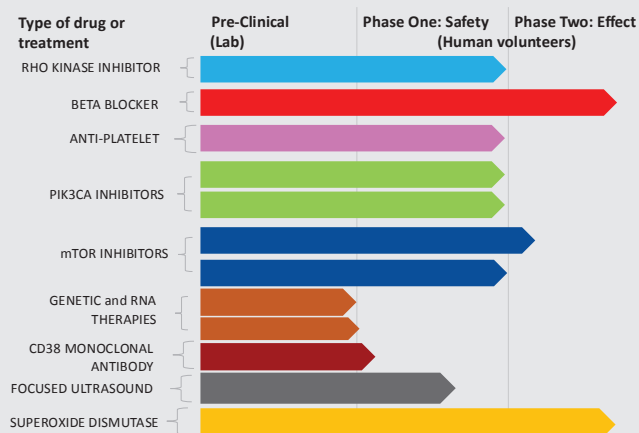
What's Happening in our CureDriver™ Lab

Our CureDriver™ Lab is continuing to develop its capacity to rapidly evaluate and advance potential CCM medicines. We are currently conducting a 10-arm study of six repurposed drugs and drug combinations in CCM mice, with results expected later this year. We have also taken steps to develop our own CCM cell lines, which will be used as the first step in screening drugs that are known to target pathways involved in CCM. Finally, a CCM mouse colony is under development at the Jackson Laboratory so that promising drugs, especially those from industry, can be quickly evaluated as candidates for clinical trials. We expect the mouse colony to be ready for industry use by the end of this year.

Where CCM Research Stands Today

The graphic below shows the range of potential CCM treatments in various phases of development. We continue to track and advance progress in these research areas.

CCM Clinical Trial Pipeline



Meeting CCM Patients Where They Are

Ensuring the best possible care for CCM patients is a priority for the Alliance. Better care starts with better informed medical professionals and access to the most relevant and up-to-date information. Within the last year, we've significantly ramped up our efforts to connect patients and providers with the resources they need through our CCM Centers and Patient Navigation programs. **Today, 11,000 more physicians who currently work or have worked with CCM patients know about the Alliance to Cure** and have access to the information they need to offer quality care. As a result, **our patient navigation requests have doubled.** This means our outreach is working! Providers are more knowledgeable about CCM, and more patients are receiving referrals for specialized, informed CCM care to Centers of Excellence. Connect with our Patient Navigator by emailing help@alliancetocure.org.

Listening to Our Community to Strengthen CCM Care

Since reporting on our first CCM Center Patient Experience Survey last fall, we completed a second round in January 2026. The findings continue to show high satisfaction — nearly 90% of respondents said they would recommend their Center to others, and about 80% described the care as better than most other healthcare experiences. The surveys also surface barriers to access, including cost, distance, and insurance coverage. Along with other data sources, they inform efforts like expanding the CCM Center network into underserved regions and connecting our community with our Patient Navigation program, which helps people find support and resources. For a full list of our 22 CCM Centers, visit alliancetocure.org/ccmcenters.

Welcoming New Leadership and Expertise to Our Scientific Advisory Board

Alliance to Cure's Scientific Advisory Board represents CCM experts who provide guidance on our research activities. In 2025, we recognized Dr. Doug Marchuk (Duke) with the CCM Legacy Award for his research and leadership of our Scientific Advisory Board. Dr. Marchuk is now chair emeritus, and we are honored to announce that Dr. Brent Derry (University of Toronto) is board chair. Dr. Helen Kim (UCSF) is vice-chair.



We are also honored to welcome two new members to our Scientific Advisory Board:

Peetra Magnusson is an Associate Professor and Director of the Rudbeck Laboratory at Uppsala



University in Sweden and has been a member of our CCM scientific community for many years. Her lab's research focuses on immunothrombosis in CCM, including identifying drug targets.

Richard Price is a Professor of Engineering & Applied Science and Co-Director of the Focused Ultrasound Cancer



Immunotherapy Center at the University of Virginia. His lab has been instrumental in conducting the preclinical research indicating focused ultrasound may be helpful in CCM.

JOIN THE CCM PATIENT REGISTRY

Researchers regularly turn to our CCM Patient Registry to better understand CCM — studying how specific medications affect patients, informing treatment development, and supporting the development of new diagnostic tools. If you or a loved one has CCM, join more than 1,300 volunteers already enrolled at ccmregistry.org and help drive a cure.

A Door Reopens

REC-994 and the Alliance

By Connie Lee

Founder and CEO,

Alliance to Cure Cavernous Malformation

In early May last year, Chris Gibson, Recursion Pharmaceuticals' then CEO, called me with difficult news. Recursion had decided to discontinue their clinical trial of REC-994 — the first drug ever developed specifically to treat cavernous malformation.

The timing made it harder. Just three months earlier, Recursion had shared encouraging results. The trial had met its primary endpoint: REC-994 was safe and well-tolerated. But what had really lifted our community was something beyond safety. In the first 12 months of the trial, participants taking the highest dose of the daily medicine demonstrated a trend toward reduction in total CCM lesion volume and improved functional outcomes, compared to the lower-dose and placebo groups. Patients with brainstem lesions — which are often inoperable and can cause devastating strokes — were among those reporting encouraging trends. For a community that had waited years for any sign of progress, these early results felt like a door opening.

Then it closed.

The spring of 2025 was a difficult time for most biotech companies, and Recursion was not insulated from the general

environment. Hard decisions needed to be made. Recursion announced at their quarterly earnings call on May 5, 2025, that the company had decided to end REC-994 development after observing that the promising efficacy trends from the first 12 months of the trial had not been sustained. REC-994, along with two other clinical programs at Recursion, were discontinued.

I don't need to tell you how it felt. Our community was devastated. Sixty-two of our members had participated in up to three years of clinic visits, regular MRIs, and daily medication and diaries. They had given their best, and their dedication to finding answers was heroic. The news was especially difficult for those who felt they'd benefitted from REC-994 because they no longer had access. Their future felt particularly uncertain.

More than a decade of work worth honoring

Even in those difficult days, I kept returning to something I didn't want to lose sight of: what had been accomplished over the 14 years of our work with Chris Gibson and the Recursion team.



I first met Chris in 2011, when he was a graduate student attending our 7th International CCM Science Meeting to present findings from his work “CCM2 Regulates Superoxide and Nitric Oxide in the Endothelium” which would lay the groundwork for using REC-994, a redox-cycling nitroxide compound and free-radical scavenger, to treat CCM.

Two years later, he presented findings from research that would change the trajectory of CCM science — work using AI to identify compounds, including the one that would become REC-994, that showed promise in restoring diseased CCM cells to look more like healthy cells.

His approach was unlike anything the field had seen. Rather than following a hypothesis about how CCM worked, he partnered with Anne Carpenter, an AI expert and cell biologist at the Broad

Institute in Boston who developed the technologies CellProfiler and Cell Painting. Using Anne's technology, Chris screened more than 2,100 existing compounds against human cells engineered to display CCM-like defects. He let the technology find what human vision couldn't. The machine compared treated and untreated CCM-mutated cells to identify which drugs did the best job of restoring the cells to a healthy appearance.

One of those compounds was tempol — an antioxidant that was explored originally for its cell-protective effects in radiation therapy. In Chris' hands at his newly formed company, Recursion Pharmaceuticals, tempol was formulated to become REC-994. You can watch Chris share the compelling REC-994 and Recursion origin story in his 2023 CCM Scientific Meeting keynote on our YouTube channel.

What followed was over a decade of shared planning, advocating, and executing. Recursion secured Orphan Drug Designation from the FDA for REC-994 in symptomatic CCM and later, Investigational New Drug approval, which allowed a clinical trial to start. We organized multiple meetings with the FDA to help the agency understand the needs and challenges of our community. Together, we identified 16 potential clinical trial sites, and the Alliance took the role of educating site personnel.

Once the trial kicked off in Spring 2022, we led the recruitment effort and mobilized our patient community. Our members filled the 62 spots across 16 trial sites, driving the completion of the first stage of the trial six months ahead of schedule.

We proved something important for every future CCM trial: that a clinical

PLEASE GIVE DURING THIS WINDOW OF OPPORTUNITY

A generous donor will give \$25,000 to support our REC-994 work if we raise a matching \$25,000 for the program by September 30, 2026. Will you help us write the next chapter for REC-994?

WAYS TO GIVE

- 1) By credit card: Scan the QR code or visit angioma.networkforgood.com/projects/302652-rec-994-campaign
- 2) By check, DAF, QCD: include **REC-994** in the memo section
- 3) By stock, transfer, or other questions: email dwinchester@alliancetocure.org



Trent, one of the 62 REC-994 trial participants

study for this rare disease could attract enough patients to be a genuinely

feasible endeavor for industry sponsors. Our community showed up and delivered.

An offer

Not long after Chris shared the news of the trial's end, we heard from Recursion again.

This time, the conversation felt like an opening rather than a closing. Would the Alliance like to take over the REC-994 program?

I took some time before answering, because the question deserved it.

To understand the weight of what was being offered — and the deliberation that preceded our answer — it helps to understand where we have come from. We started in 2002 as a support group. Over the years, we grew that community to reach people in every corner of the world. We convened scientists at our annual International CCM Scientific Meeting, beginning in 2005, because we knew that collaboration between competing institutions was the only way to accelerate progress. In 2006, we established the CCM Biobank and Patient Registry when researchers told us they needed samples and natural history data. We launched our CCM Center network in 2017 when families told us their doctors had never heard of CCM. We educated the FDA, advised on clinical trial design, built a mouse colony, began testing repurposed drugs in our CureDriver™ Lab, and spearheaded an upcoming focused ultrasound clinical trial.

But we have never been involved in direct drug development.

The upside is clear. Inheriting the REC-994 assets would allow us to pursue the questions the trial left unanswered. Why was there a trend toward reduction in total CCM lesion volume and potential improved functional

outcomes in the 400 mg arm of the trial? Could differences in participants' genetic profiles or other factors have contributed to some doing better than others? And if we tested REC-994 in combination with other compounds in our CureDriver™ Lab, would something different emerge?

These questions matter beyond satisfying scientific curiosity. If we can show that REC-994 appears to benefit a specific, defined subset of CCM patients — or that a different formulation or a drug combination approach shows promise — we can make a compelling case that the drug deserves another look in a future clinical trial. We do not have the resources to restart a clinical trial, but we can make it easier and less cost prohibitive for a pharmaceutical company to do so.

I conferred with our Board of Directors, and we accepted Recursion's generous offer.

What we are doing now

On May 1, 2026, we signed an agreement with Recursion giving us a license to the clinical trial data, among other things. We will have ownership of biosamples from blood draws, the leftover REC-994 drug substance, and the regulatory permissions that allow the drug in its current form to be used to treat symptomatic CCM.

We have established a new non-profit subsidiary, CavMal Therapeutics, to hold these assets. We are working with leading experts to re-analyze the data and may be bringing AI back into the effort. We are testing REC-994 in combination with other drugs in our CureDriver™ Lab program.



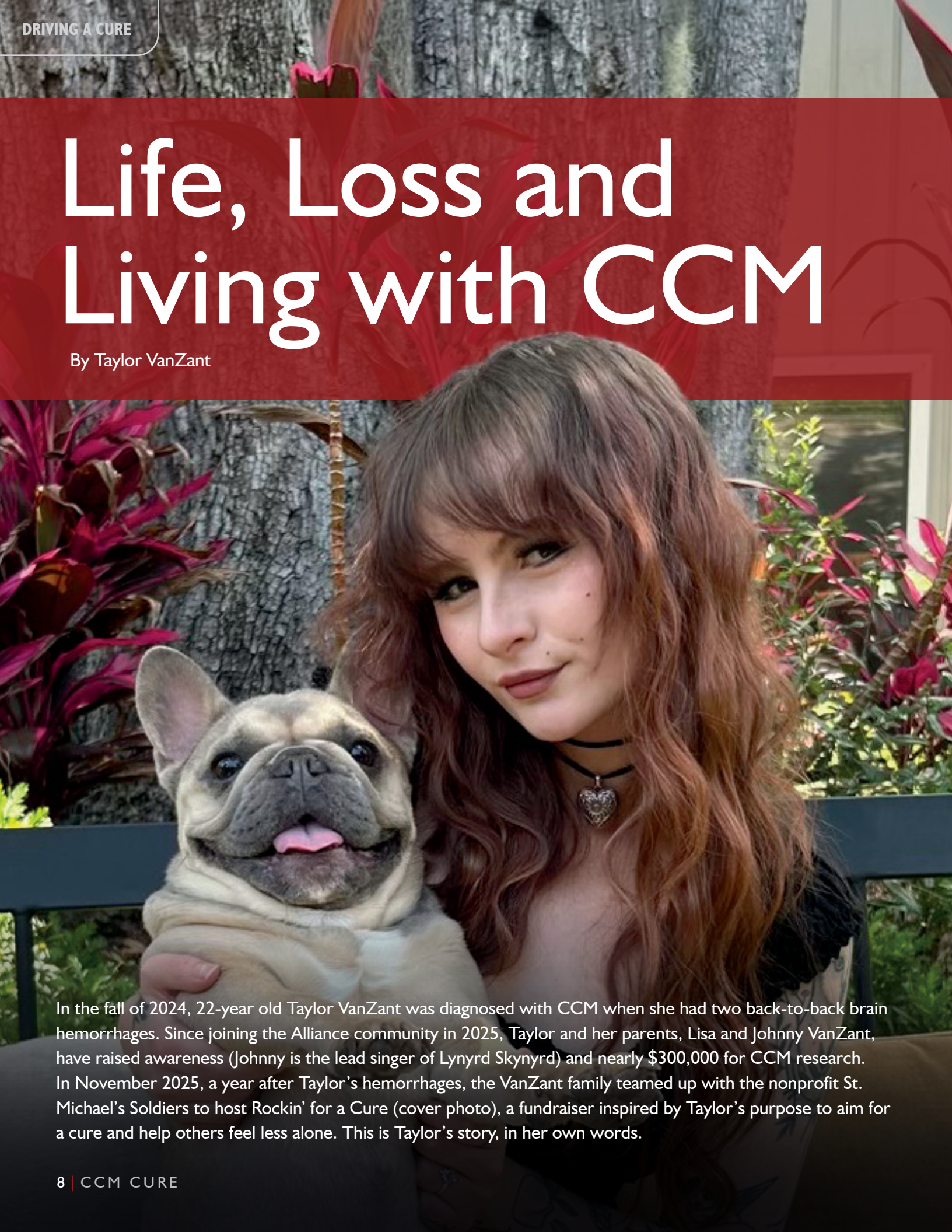
If our work is successful and we understand what needs to change for a trial to have a greater chance of success, we can partner with a pharmaceutical company, even Recursion, to bring the drug back to clinical trials. At the least, this allows us the opportunity to create new partnerships and methods of analysis that could benefit other CCM trials going forward.

The work ahead is significant, and the timeline isn't measured in weeks. But when I think about what this community has already achieved, I'm confident that great good will come of it. No other drug has shown this level of promise in our patients with so few side effects. Now, we have an opportunity to understand why.

Every day, our community members demonstrate tremendous strength as we face the challenges of CCM. This courage is a testament — we don't shy away from doing hard things. Always, together, we are driving towards a cure. ●

Life, Loss and Living with CCM

By Taylor VanZant

A photograph of Taylor VanZant, a young woman with long, wavy brown hair and bangs, wearing a black choker with a heart pendant. She is holding a light-colored French Bulldog puppy. The background shows a tree trunk and some red-leafed plants.

In the fall of 2024, 22-year old Taylor VanZant was diagnosed with CCM when she had two back-to-back brain hemorrhages. Since joining the Alliance community in 2025, Taylor and her parents, Lisa and Johnny VanZant, have raised awareness (Johnny is the lead singer of Lynyrd Skynyrd) and nearly \$300,000 for CCM research. In November 2025, a year after Taylor's hemorrhages, the VanZant family teamed up with the nonprofit St. Michael's Soldiers to host Rockin' for a Cure (cover photo), a fundraiser inspired by Taylor's purpose to aim for a cure and help others feel less alone. This is Taylor's story, in her own words.

My life before my diagnosis was not without hardship.

During the start of my first year of high school, my eldest sister, Lindsay, was diagnosed with a rare form of cancer called lymphoblastic leukemia. It rocked the foundation of my entire family. She was the best of all of us — always charitable and kind, but would tell you the truth in a heartbeat, even if it was harsh. She was the strongest sister, and we were more than confident she would beat it against all odds. So when she went into remission, we were beyond ecstatic. Then things took a turn following a bone marrow transplant. We lost her, the glue that held us all together — the one who would plan all of the family gatherings. I was fifteen at the time and struggled to come to terms with the fact that she would never see me grow up.

Following her death, I became very numb to cope with the loss. People often say that time heals all wounds, but some scars are so deep that they leave a hole in your heart that can never be filled. I started developing horrible health anxiety. Every ache, pain, or labored breath I thought was cancer. I always felt like something was wrong, but could never quite figure out what.

Years passed, and things started to improve. My depression was not as severe or debilitating, and I began to live my life fully, knowing that's what my sister would have wanted. I even met someone to share life with. My life finally felt like it was on the right track. Everything was falling into place perfectly.

"Everything is going suspiciously well," I kept thinking to myself.

I don't like being a pessimist or having



Taylor and her eldest sister, Lindsay.

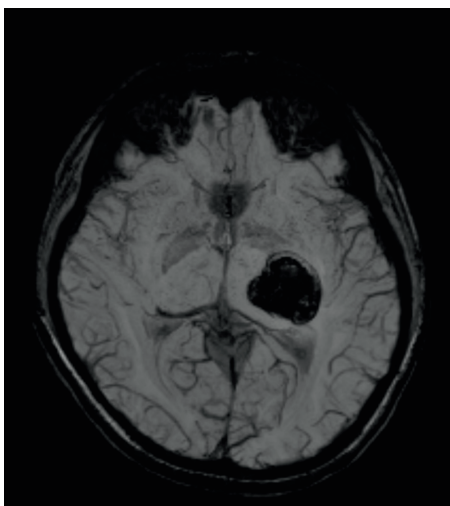
a negative outlook on life. But a forever sense of impending doom is a trauma response I've developed due to the things I've witnessed and been through. It helps me stay realistic and prepares me for what's to come.

When I awoke in the early morning hours of September 24th, 2024, my right side was completely numb from head to toe. I thought my body had just "fallen asleep," and I shook about wildly in an attempt to "wake it up." However, this was a nightmare I couldn't wake up from. I rushed to the emergency room in a panic. Being a young and healthy-looking woman has always been an invalidating experience when seeking medical care. They told me it could just be a bad migraine, and as much as I wanted to believe that, I knew something was horribly wrong.

After two MRIs — the second with contrast, tears steadily streaming down my cheeks the entire time — I was told they had found a mass on my brain. I immediately asked: "Like the C word?" The "C word" is how we have referred to cancer in my household since the passing of my sister. They told me, "Most likely yes." In the following moments, I saw my sister's life flash before my eyes. I knew what was to come if that was the case, as we had been through this before.

Both of my parents were out of town at the time, and I quickly realized I had to call them. How was I going to tell my father that he could potentially lose another child to cancer? I could hear the lump in his throat form when I told him. They both hopped on a flight straight away.

The following day, after more scans and another MRI, I was told I had a



"If the blood had gone a few centimeters further inward, I would have been paralyzed on the right side of my body."

different kind of "C word": a cerebral cavernous malformation. The entire room — filled with my family and friends — took a collective sigh of relief. Then we realized: what was this, and what did it mean? I had never heard of this disease, even after all my late-night Google searches. We found out I had a brain hemorrhage and that surgery wasn't a good option. The mass is large and deep in my brain, pushing on my corticospinal tract, which controls voluntary movements. If the blood had gone a few centimeters further inward, I would have been paralyzed on the right side of my body.

The only information I was given was to go home and "live my life." That was easy for them to say, of course.

The headaches felt like knives going into my skull, and the nerve pain was unbearable at times — as if I was stepping on a bed of hot coals. Every sensation was uncomfortable and new. It felt like I had just been reborn in a body that no longer felt or worked the same. The sensation of a blanket

rubbing my leg felt like sandpaper, and the warm stream of water from the showerhead felt like tiny needle pricks against my skin.

Despite all of these symptoms, I felt as though I had been given a second chance. I woke up with a newfound sense of gratitude I had never before experienced. I thanked God every day for the ability to walk, talk, breathe, and see. I vowed to go out and create new experiences and have the most fulfilling life.

In early October, I had my second bleed. I realized the severity of my situation and that some things are just not in our control.

The following months were some of the worst moments of my life. Every night, I was terrified to go to sleep and would wake up in a full-blown panic. I was scared to move too quickly and get my heart rate up. I was frightened of every bump in the car, thinking a sudden jolt could cause another bleed. I thought that maybe, just maybe, if I lay in bed

and stayed motionless, I could prevent anything else bad from happening.

After some time, I realized this was no way to live — because it wasn't living at all. I was only existing, consumed by existential dread.

I felt like I had regressed into a child again. I was living with my parents, and they were helping feed me, bathe me, and console me to sleep at night. My life had taken one gigantic leap backwards in a matter of a few months. I was no longer interested in making plans because the future seemed too uncertain even to consider.

The relationship I was in at the time had turned very toxic, especially following my diagnosis. The constant anxiety and stress, along with CCM, was too much for anyone to bear. Eventually, once I was well enough, I had to end that relationship for my own mental and physical health. I was overcome with grief, dealing with so many losses and life changes during such a short period of time.



Taylor with Johnny and musicians Curt Towne (left) and Rickey Medlocke (right) after speaking on a local Jacksonville radio station about CCM and the Rockin' for a Cure auction in November 2025.



Taylor with Alliance to Cure CEO Connie Lee, Taylor's parents, Johnny and Lisa, and event host Jim Signorile (St. Michael's Soldiers) at Rockin' for a Cure on November 5, 2025 in Jacksonville, FL. (Photo credit David Meyer)

Now on my own, I was able to focus on myself fully and decide how to move forward. I became more involved with the Alliance to Cure Cavernous Malformation by attending support groups and connecting with others who have CCM. I met so many wonderful individuals in this community. It is an understatement to say that I couldn't have made it through navigating this diagnosis without them.

I started living my life again as normally as possible. I've been able to visit amusement parks, ride some rides, and enjoy haunted houses. I've met new people, tried new things, seen new places, and found my spark for life again. I even traveled to Canada, which was a massive win for me. I plan

to continue doing things that make me happy and spend time with those I love and who love me.

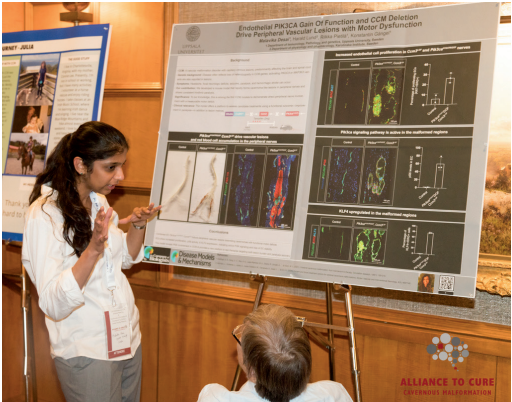
As of now, my future, while still unknown, isn't as far out of my reach. A cure is on the horizon, and I've found a sense of purpose in aiming for one. My family and I hosted Rockin' for a Cure in November 2025 to raise funds for the Alliance to Cure. I shared my story and met other people with CCM in person. It was a healing and much-needed experience for me. This is why

I've decided to share my story now, in hopes that it will raise awareness, shed light on this disease, or help someone feel less alone.

While my life is not what it used to be, and I continue to grieve past versions of myself, I am thankful for the lessons I've learned. I've grown so much, in so many ways, over the last couple of years. If the newly diagnosed Taylor could see where I'm at now, she would be really proud of herself — and that makes me incredibly happy. ●

Scan the QR code or visit <https://angioma.networkforgood.com/projects/257522-taylor-vanzant-s-ccm-story> to support Taylor's fundraising campaign





The 2025 **Patient Conference** offered a unique space for patients, clinicians, and researchers to come together, learn from one another, and share practical ways to CCM enhance care. Sessions addressed pressing aspects of everyday life for individuals with CCM, such as improving the communication and relationship between patients and providers, coping with the stress of a chronic condition, and more. Patients not only met practitioners and researchers from around the world but also had the opportunity to share their stories and experiences through interactive posters.



Along with the Alliance staff, patients took an outing to the Atlanta Aquarium. This moment of connection outside of the conference helped patients create stronger bonds with one another and the Alliance team as we drive a cure together.



This **International CCM Science Meeting** marked the 21st year that the Alliance has convened CCM scientists from around the world to foster collaboration, share pre-published data on emerging opportunities and patient priorities — such as gene therapy and other potential treatments — and nurture new generations of CCM researchers. In 2025, nearly 80 scientists from more than 30 different institutions attended the conference, learned from the work of others in the field, and met with patients.

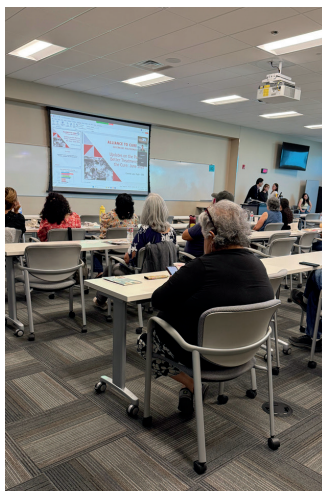
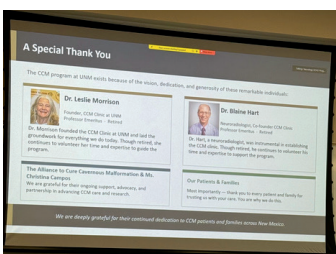


This past year, the Alliance hosted the first annual **CCM Center of Excellence and Clinical Center Faculty Meeting**. Clinicians and providers from CCM Centers came together with the distinct goal of exploring ways to enhance patient care and outcomes. As a result of this gathering, attending clinicians formed a working group dedicated to standardizing patient data collection and knowledge exchange to improve trend identification, diagnosis, and treatment.



The Scientific, Patient, and Clinical Care Meetings were held concurrently from November 6-8, 2025 in Atlanta, Georgia.

We were proud to partner with the University of New Mexico to host the **New Mexico Patient, Family, and Provider Conference** in early June. The conference brought together community members, advocates, researchers, healthcare professionals, and families for a day of education, collaboration, and conversation focused on advancing awareness and support for cavernous malformation.



In May, we attended the second annual **Stanford Center of Excellence Patient Picnic**. Patients and families came together to connect, share experiences, and enjoy being in community with others who understand the CCM experience. We're thankful to the Stanford clinical care team and the volunteers who coordinated this gathering.



We're incredibly grateful to our community members for their continued commitment to supporting the Alliance and raising funds to help advance research, expand patient support resources, and bring hope to individuals and families living with this rare condition.

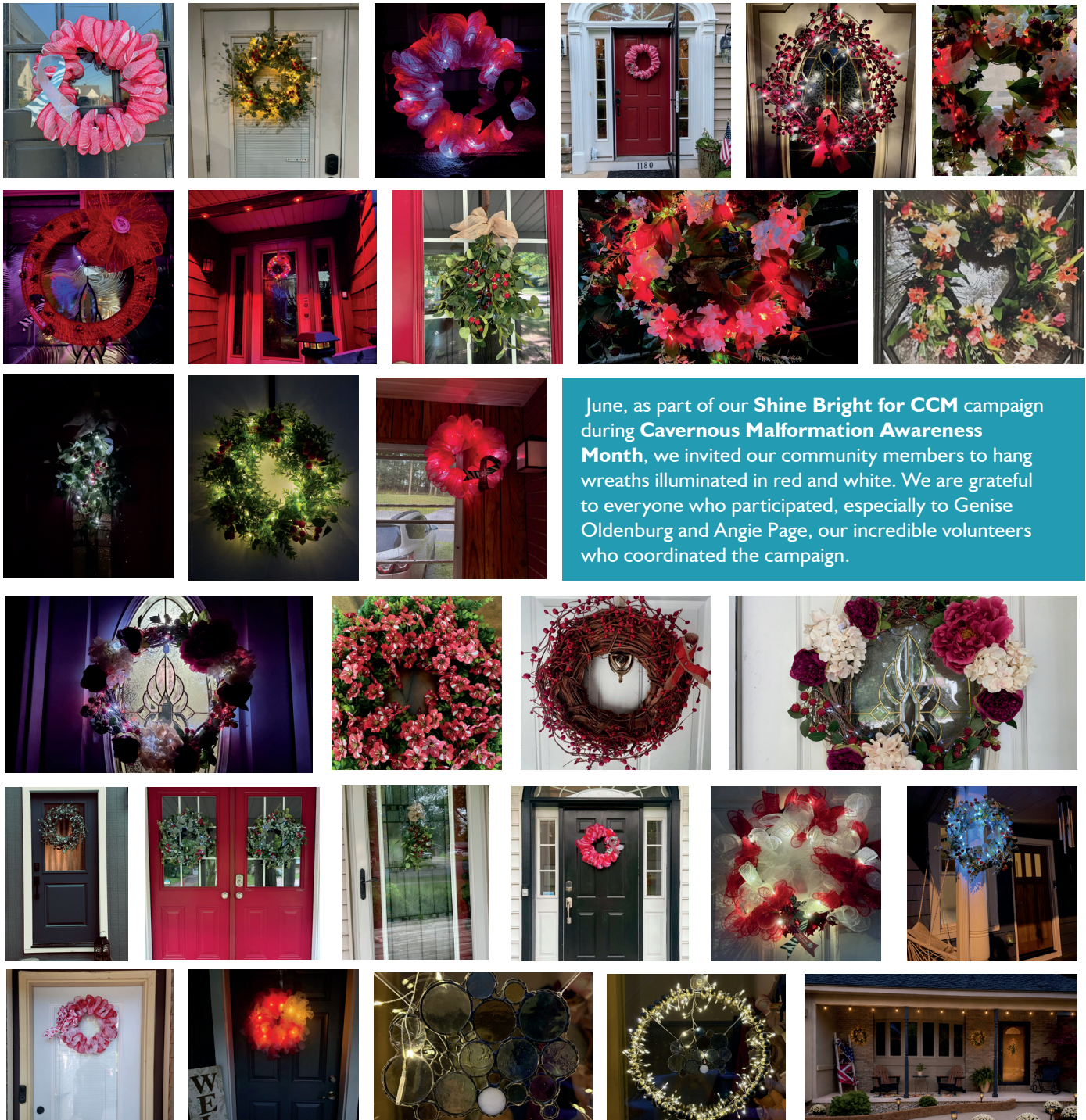


Thank you, Evan Compton! The Swinging for a Cure tournament raised nearly \$8,000, and featured a moving surprise reunion between Evan and Dr. Jeffrey Steinberg from UCSD, who five years ago performed Evan's brain surgery to remove his CCM lesion.



Thank you, Weaver Family! The Chip-In for a Cure golf scramble raised more than \$10,000 that will go toward our CureDriver™ Lab and other programs that drive a cure and better treatments.





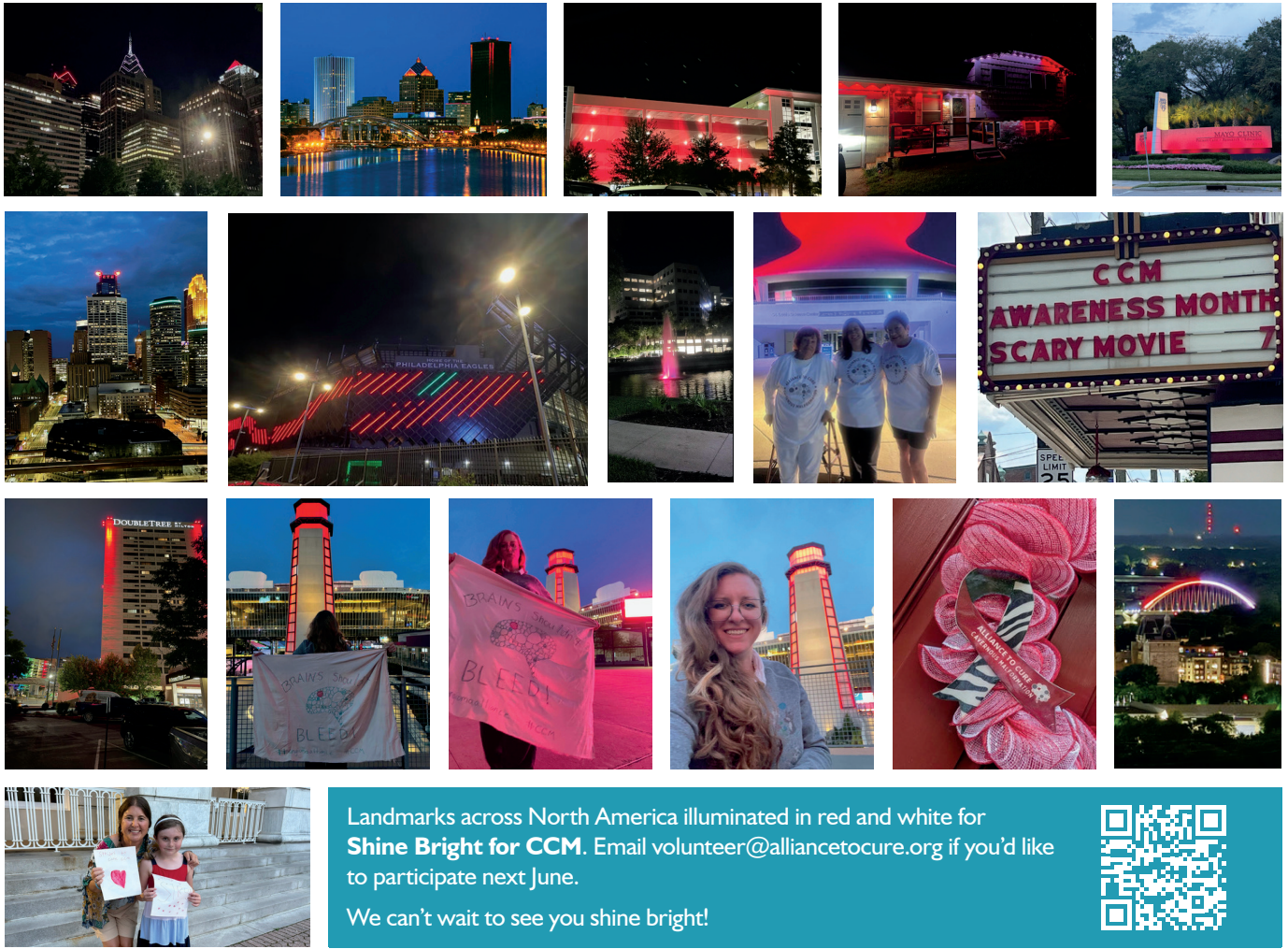
June, as part of our **Shine Bright for CCM** campaign during **Cavernous Malformation Awareness Month**, we invited our community members to hang wreaths illuminated in red and white. We are grateful to everyone who participated, especially to Genise Oldenburg and Angie Page, our incredible volunteers who coordinated the campaign.

Thank you to everyone who lit up a wreath!

Caitlyn from Pennsylvania
Genise from Michigan
Cara from Pennsylvania
Plummer Family from Texas
Metta Family from New Jersey
Kane from Florida
Carmen from New Jersey
Larry and Linda from Michigan
Nelly from Montana

Shannon from Maryland
Julie from Montana
Amanda from Pennsylvania
Darla from Pennsylvania
Erin from Pennsylvania
Carla from Pennsylvania
Connie from Virginia
Justinne and Tenley from Michigan
Jillian from Michigan

Coleman Family from Michigan
Nicole from Michigan
Amy from Minnesota
Angelique from Colorado
Angie from California
Val from Michigan
Angela from New York



Landmarks across North America illuminated in red and white for **Shine Bright for CCM**. Email volunteer@alliancetocure.org if you'd like to participate next June.

We can't wait to see you shine bright!



Thank You to our Sponsors!



Where the world comes for answers



OUR MISSION is to drive a cure and improve lives for all affected by cavernous malformation.

OUR VISION is a permanent cure for cavernous malformation – available, accessible, and affordable for all.

WAYS TO GIVE



By check, mail to this address:

Alliance to Cure Cavernous Malformation
977 Seminole Trail Box 367
Charlottesville VA 22901



Through a donor advised fund (DAF)

Our EIN: 02-0600697
Our legal name: Angioma Alliance d/b/a
Alliance to Cure Cavernous Malformation
The address associated with our account:
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977 Seminole Trail PMB 367
Charlottesville VA 22901



Stock

Our brokerage firm: Fidelity
Our account number: Z40135019
DTC number: 0226
Our account title: Alliance to Cure Cavernous Malformation
The address associated with our account:
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Please email dwinchester@alliancetocure.org when donating stock



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