When it rains...
We were ready to do it up big this year and make the 5th annual Winship Win the Fight 5K the best one yet. When weather scrubbed the outdoor festivities, something uniquely Winship took place instead: a 0.5K “race” inside Emory University Hospital, run by patients on the three oncology floors. They went the distance — 13 laps around the ward — while doctors, staff, and event sponsors cheered them on.
“What do you mean it’s liver cancer? How did I get this? Where did it come from?”

—Monica Pearson, Winship patient

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5 Reasons
WHY WALLY CURRAN RUNS

It was a bleak moment in the early morning of October 3rd when Winship’s Executive Director, Wally Curran, had to call off the Winship 5K. But even without the race, fund-raising from this year’s event surpassed its goal and is enabling research that will give hope to cancer patients in the years to come. Curran is gratified that the race to cure cancer could not be sidelined by weather.

Curran proposed the 5K run/walk event in 2011 and word spread fast that this was a 5K unlike all the others. Since then, the number of participants has doubled and fund-raising totals have more than tripled.

And it all started because of Curran’s passion for running, and for curing cancer. He shares five reasons why he runs every year.

1. **Because I love it and I don’t know any better.** I started running regularly as a child and haven’t stopped since. The Winship 5K fits my interests and my own compulsive behavior.

2. **We need to walk the talk.** Cancer prevention is a vital part of Winship’s mission, and a healthy diet and an active lifestyle are critical parts of any cancer prevention routine. Hosting a fitness-oriented event is right in line with that goal.

3. **Great things come from giving back.** The money raised through the Winship 5K supports research across almost every cancer subtype. Whether you’re mainly interested in helping to find cures for myeloma, melanoma or another type of cancer, we are able to direct donations to specific areas of interest and need.

4. **Investing in our future.** Winship 5k funds are used in part to fund the research activities of young and mid-career scientists. Some of their laboratory work may be too fundamental, too novel or too outrageous to be funded by the National Cancer Institute or the American Cancer Society at this time. Winship is confident that some of this work will lead to meaningful discoveries in the near term.

5. **You’ll get a great return on your investment.** Winship is aggressively supporting the development of new cancer-related technologies. This year alone, we’ve committed over $1.5 million in pilot grant money to our “Winship Invest$” initiatives. We have a long list of projects to fund and every donation matters.
BICYCLIST WITH A MISSION

It took five months for Amy Giver to ride her bicycle, solo, from California to Atlanta. The physical trainer dedicated the ride to raising awareness about bone marrow donation and the Be The Match organization, so it was fitting that she wrapped up her ride at Winship’s Bone Marrow Transplant unit in Emory University Hospital. Also fitting because her sister, Cindy Giver, is a Winship researcher whose work focuses on blood cancer and bone marrow transplant. The sisters had a happy reunion in front of the hospital and then went up to the BMT unit for a celebration with staff and patients. Amy hopes the Be The Match events she rallied around the country make people aware of the need for more donors in the national bone marrow donor registry, which matches unrelated donors to people with life-threatening blood cancers who need a bone marrow transplant.

Sisters Cindy and Amy Giver.
Sky high exposure

Did you see the Winship ad in the October issue of Delta Sky magazine? It reached an audience of more than five million print and digital readers. The photo was taken in front of a 767 aircraft in the Delta Flight Museum in Atlanta. We brought together Winship staff with Delta employees who are also our patients.

(Top row) Kelly Boseman, Delta human resources, Anand Jillella, Winship associate director for community outreach; (second row) James Sullo, Delta ground support, Pamela Sutton, Delta customer service, Dave Huether, retired Delta pilot; (third row) Sagar Lonial, Winship chief medical officer, Jewell Hudson, Winship radiation oncology nurse, Walter Curran, Jr., Winship executive director; (bottom row) Michael Kelley, Delta pilot, Keino Friday, Winship medical assistant.
Winship’s Executive Director Walter J. Curran, Jr. fielded questions from dozens of journalists following former President Jimmy Carter’s news conference on his metastatic melanoma diagnosis. During the live televised event in August, Carter described the care and treatment he is receiving from a team of doctors at Winship.

Curran in the Media Spotlight

For the second year in a row, Winship Cancer Institute is one of the top 25 best cancer programs in the nation according to 2015 rankings by U.S. News & World Report. The annual list ranks cancer care at Emory University Hospital through Winship the 22nd best in the country, a two-point jump from 2014. Winship is ranked number one in Georgia for cancer care and among the top three centers in the Southeast. It is the only cancer program in the state to be named in the top 50 in the country in the magazine’s annual survey of the nation’s best hospitals.

New Winship Leadership Appointments

Timothy L. Lash, professor of epidemiology in the Rollins School of Public Health, is the new leader for the Winship Cancer Prevention and Control (CPC) Research Program. Andrew H. Miller will continue to serve as co-leader of the program. Lash, who joined Emory University two years ago, received the 2015 Emory 1% Award recognizing faculty whose competitive research grant application is in the first percentile. His research focuses on molecular biomarkers that predict cancer recurrence. He also is interested in age-related disparities in the quality of cancer care.

Stephen M. Szabo is the new director of Community Oncology. The Winship program combines the best aspects of community and academic oncology by providing seamless patient care within one medical system. The community oncology program at Emory Saint Joseph’s and Emory Johns Creek Hospitals treats patients with a variety of cancers with a team of medical oncologists, radiation oncologists, and an array of surgical specialists. The oncology program offers infusion services, radiation oncology, Gamma Knife, and interventional radiology services.

Douglas Graham was named the new director of the Aflac Cancer and Blood Disorders Center of Children’s Healthcare of Atlanta. He succeeds William G. Woods who led the center for 15 years. Woods will remain on faculty as director emeritus. Graham is a member of Winship’s Senior Leadership Council. He is a National Institutes of Health-funded investigator with an active laboratory focusing on developing novel therapeutics for pediatric cancer. He previously served as the co-program leader of the Hematologic Malignancy Program at the University of Colorado.
FIVE YEARS RUNNING
Anyone who’s participated in any of the Winship Win the Fight 5K events knows that cancer survivors embody the spirit of the event. Some have run the race even when they needed a helping hand to cross the finish line, even when they weren’t sure what the next stop would be in their cancer journey.

Wally Curran envisioned the race as a way to celebrate the progress that has been made against cancer and to raise money to support the research that keeps the momentum going. From year one, the Winship 5K has carved its niche in Atlanta as an event that unifies patients, their families and friends, doctors, nurses, researchers, staff, and the community.

“The Winship 5K brings together two of my guiding principles in life — have fun and give back!”

Bari Ross
ROSS REMISSIONARIES TEAM
“Winship was there for us and we want to be there for others.”

Anna and Steve Pinder
CANCER CRUSHERS TEAM
“I’m grateful for the support that the 5K gives to critical cancer research that might not have other funding sources.”

Suresh Ramalingam
WINSHIP LUNG CANCER DOCTOR/RESEARCHER
WINNER’S CIRCLE TEAM

“The people out here today are not exercising. These people are out for a cause.”

Tom Reynolds
PEACH STATE
FREIGHTLINER TEAM
Family is important to Pete and Pauline Giannakopoulos and their four grown daughters. Golfo, Patty, Anna, and Kathie have stayed close to their parents in order to share family joys and sorrows. “We are the typical big fat Greek family,” says Golfo, the second daughter. “Except we roast the lamb in the backyard, not the front yard.”

What the family might also share, though, is a genetic mutation that puts some of them at risk for a certain type of cancer.

Their lives changed in November 2014, when Kathie, the only sister to move away from Atlanta (to North Carolina), was diagnosed with medullary thyroid cancer (MTC).
Just a few months after having her thyroid removed, genetic testing revealed Kathie carries a mutation in the RET gene associated with a diagnosis of multiple endocrine neoplasia Type 2A (MEN2A), a hereditary condition that greatly increases the risk for getting medullary thyroid cancer. Kathie urged her siblings to get tested, and “I even called [Winship Cancer Institute’s] Genetic Counseling center myself,” she says. Speaking with Christine Stanislaw, director of the program, Kathie provided information for the first branch of her medical family tree.

The sisters were all screened for symptoms of thyroid cancer, including neck nodules and high calcitonin hormone levels. Then, in mid-August of this year, Golfo, Patty, Anna, and their parents arrived together as a family to meet with Stanislaw for their genetic counseling session. Together they learned what genetic testing entails and what it could reveal. The outcome was important not only to them, but also to 17 first cousins on their father’s side and four first cousins on their mother’s side. Depending on the results, the cousins and their children might need to be tested too.

Actress Angelina Jolie’s very public revelations about testing positive for a BRCA1 gene mutation that increased her risk for breast and ovarian cancers may have led to the belief that hereditary cancers are prevalent, but the reality is that only about five to ten percent of all cancers are believed to be linked to an inherited genetic change. So far, about 50 hereditary cancer syndromes have been identified, according to the National Cancer Institute, that can increase the risk of breast, ovarian, thyroid, pancreatic, colon, and other cancers.

Individuals who come to Winship and meet with Stanislaw and the two genetic counselors on her team learn about the risks, benefits, and limitations of genetic testing in each person’s specific situation.

“Genetics can potentially help determine the cancer risk level for an individual,” Stanislaw explains, “but unfortunately it doesn’t give you the ‘when, where, how and if’ answers. No genetic test can say with 100 percent certainty if a person will develop cancer.”

Counselors explain how a genetic mutation gets passed down, what testing is available for which cancers, possible prognoses, and treatment options. “In an ideal world, we want to be able to test
someone with cancer first, to see if the cause is of genetic origin,” says Stanislaw. “Then a determination can be made about whether other family members might benefit from genetic testing.”

**DNA dilemma**

That’s why Josh Ream met with Stanislaw. He’s a 36-year-old cancer survivor who had undergone colon cancer surgery just months earlier. Ream, a diabetic, was suffering from increased gastrointestinal symptoms. Reading about a 35-year-old former Dallas Cowboys player who died of colon cancer prompted Ream to get a colonoscopy, even though it’s not usually recommended for men and women until age 50.

The colonoscopy found Ream’s cancer and the surgery successfully removed it, so he’s not meeting with Stanislaw to determine his own cancer risk. “It’s truly not about me,” he says. Ream wants to know if his 18-month-old son is at increased risk.

After reviewing his personal and family history, including the fact that his mother survived colon cancer at age 54 and breast cancer ten years later, Stanislaw thought it worthwhile to investigate whether Ream has Lynch syndrome, known to greatly increase the chance of getting cancers in the digestive tract. Stanislaw recommended testing Ream’s DNA for the five known genetic mutations linked to Lynch syndrome.

The tests showed he does not carry those mutations and were negative for 27 other cancer susceptibility genes. This significantly decreases but does not eliminate the possibility of a hereditary cancer risk in the family.

**Narrowing the target**

During their meeting, Pete, Pauline, and their daughters provided more information and the results of the sisters’ recent screenings to fill in the medical family tree. Patty reported that her screening did not reveal anything of concern. Golfo’s screening led to a diagnosis of thyroid cancer and a thyroidectomy in late August. The youngest sister, Anna, does not have cancer, but nodules were found and her calcitonin hormone level was elevated.

Stanislaw says the family met the criteria for genetic testing. Even the parents, who are in their 80s and never had any thyroid problems, were tested to determine which side of the family may have the mutation and in turn how many other family members in the United States and in Greece should be tested.

Kathie’s mutation in the RET gene is called p.G553C. It’s one of several known mutations in the RET gene that causes a diagnosis of MEN2A. This mutation is what the other sisters’ and parents’ DNA tests zeroed in on.

The sisters worried—about their children, not about themselves—because if they have the same mutation, there’s a 50 percent chance their children have it too, increasing the risk of getting medullary thyroid cancer by at least 60 percent.

A few weeks after their blood samples went out for analysis, the family received results that revealed which side of the family carries the genetic mutation. They have requested that specific information remain private until they have notified all family members who could be affected, a big job but one that the sisters feel more confident tackling now, armed with knowledge.

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**Winship Genetic Counseling Program**

**WHAT YOU CAN LEARN:**

Genetic testing looks for changes in genes that could increase the risk for disease. This type of testing usually involves collecting a sample of blood or saliva. Individuals can have genetic testing to determine if they have an increased risk of cancer and could have passed this risk on to their family members.

Winship’s genetic counselors can help you determine if you meet the criteria for testing and also answer questions you might have about family dynamics, the medical management of at-risk family members, confidentiality, insurability, and family planning.

For more information: [winshipcancer.emory.edu/genetic-counseling](http://winshipcancer.emory.edu/genetic-counseling)
Former WSB-TV anchor Monica Kaufman Pearson is used to delivering bad news to a television audience but receiving it is another story. Pearson was diagnosed with liver cancer in January 2015. Her Emory internist, Rio Dickens, suspected something was wrong following a routine physical exam. It was Winship surgical oncologist David Kooby who confirmed the diagnosis. Pearson recalls saying to him, “What do you mean it’s liver cancer? How did I get this? Where did it come from?”
SECOND TIME AROUND

This wasn’t the first time that Pearson, now 68, faced a cancer diagnosis. Eighteen years ago, Winship surgeon Grant Carlson treated her for ductal carcinoma in situ (DCIS) which is considered a pre-invasive type of breast cancer. She recovered and jumped back into her busy career as a journalist. Ironically, her research skills proved to be too good when it came to her latest medical situation. “Everything that I read about liver cancer pretty much said I was going to die. Dr. Kooby answered all of my questions and told me that ‘you can’t believe everything you read on the Internet, here’s where you are.’”

“In Monica’s case, she had a fairly unusual situation in that she had a primary liver cancer and she did not have one of the hallmarks that other liver patients have, which is cirrhosis or underlying liver disease,” explains Kooby. Risk factors for liver cancer include heavy alcohol use, substantial morbid obesity and smoking. Pearson didn’t fit any of those categories.

“I don’t know why I got liver cancer, but I was in the right place at the right time with the right physicians to get me healthy again. That’s why I come to Emory.”

David Kooby operated on Monica Pearson in January 2015 to remove a cancerous tumor from her liver.
John Pearson, Sr. was by his wife's side for every step of her cancer journey.
INTO THE OR

Kooby says it is unlikely Pearson’s two cancer diagnoses are related. Because she was relatively healthy at the time of diagnosis, he thought she could tolerate aggressive treatment. Kooby quickly consulted with a multidisciplinary team of Winship gastrointestinal specialists and everyone agreed that the next step would be surgery. Kooby performed a right hepatectomy, removing close to 60 percent of Pearson’s liver. “Even though the tumor was large, it came out nicely, and under the microscope it looked like a lot of the tumor cells were dead.” In other words, the tumor had “burned out” and the cancerous cells had not spread to surrounding lymph nodes or other sites. Pearson was lucky.

No one knows that more than her husband, John Pearson, Sr.: “My wife is the ultimate researcher and she truly interrogated him (Kooby) about the process. He was very calm and wasn’t sugar-coating anything.”

The surgery took longer than expected because the tumor was close to a major blood supply and what Kooby calls the “command center” of the liver that keeps the organ alive. “We put her through a very big operation, which she tolerated beautifully and the prognosis is quite good,” Kooby says.

SIX-MONTH CHECK UP

Pearson returns to Winship every six months to meet with Kooby for an MRI scan and to check her blood work. Her liver is regenerating and performing well, but Pearson admits recovery hasn’t been easy. “I was really tired after the surgery so I had to learn to stop doing so much and sleep. I’m really watching what I eat and more importantly, I’m not having stress in my life.”

Pearson retired in 2012 after 37 years on the anchor desk. She never intended to slow down, but facing cancer a second time around has changed her outlook. “I think what this cancer diagnosis did for me was it made me realize that I really am in the last third of my life and it made me want to do the things I love instead of the things I like.”

These days, she concentrates on spending time with her family and on her charity work. In March, she will serve as emcee of the annual Friends of Winship fashion show. Fans who have read about her cancer journey contact her via email and social media for advice on how to deal with their own diagnoses. She takes the time to reply to everyone and she shares similar advice. “I always say let your attitude be one of gratitude, because you have this for a reason. Maybe it’s to make you slow down, maybe it’s to get you in touch with your faith. It makes you sit down and ask what’s really important and to examine where you are in your life. Breast cancer did that for me, but having liver cancer did it in a bigger way.”

LIVER CANCER IN THE U.S. – 2015 STATISTICS

35,660 new cases will be diagnosed in the U.S.

25,510* men will be diagnosed

*this represents 3% of all new cancer cases diagnosed among men

10,150 women will be diagnosed

24,550 deaths in the U.S.

660 deaths in Georgia

From 2007 to 2011, the U.S. death rate for liver cancer increased by 2.5% per year.

RISK FACTORS for liver cancer are obesity, diabetes, alcoholic liver disease, chronic infection with hepatitis B virus (HBV) and/or hepatitis C virus (HCV), and tobacco smoking.

COMMON SYMPTOMS, which do not usually appear until the cancer is advanced, include abdominal pain and/or swelling, weight loss, weakness, loss of appetite, jaundice (a yellowish discoloration of the skin and eyes), and fever.

Source: American Cancer Society
From Vietnam to Desert Storm to Afghanistan, Winship physicians, nurses, and other staff have honorably served our country. We salute our colleagues and thank them for their commitment, courage, and compassion.

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OUR MILITARY HEROES

Photo essay by Jack Kearse

To see a full list of Winship veterans go to winshipcancer.emory.edu/magazine
Winship’s radiation oncology department is full of medical heroes, but three doctors stand out for their service to our country. **Arif Ali** is a Major in the Georgia Air National Guard with 14 years of service; **Jonathan Beitler** is a Colonel in the Connecticut National Guard with 32 years of service; and **Trevor Lim** is a Lieutenant Colonel in the Air Force Reserves with 17 years of service.
The word courage has special meaning for newly retired military officers **Michael Zwick** (left) and **Cletus Arciero** (right). Zwick, director of the Emory Integrated Genomics Core, served in the Navy for 25 years and retired as a Commander and Surface Warfare Officer. Arciero, a Winship surgeon specializing in breast cancer and melanoma, served in the Army for 25 years and retired as a Colonel and Chief of General Surgery at the Eisenhower Army Medical Center at Fort Gordon, Georgia.
Commitment is second nature for **Deatra Perkins, Lisa Anderson, and Andrew West**. They’ve served oncology patients and their country for years. Perkins, a Winship oncology nurse in the Clifton campus infusion center, served in the Army and then became a commissioned officer in the Navy Nurse Corps; Anderson, an oncology nurse at Emory Saint Joseph’s Hospital, retired from the Navy after 12 years; West, senior director for ACTSI (Atlanta Clinical & Translational Science Institute) is an active duty Gunnery Sergeant in the Marines.
Milton Reaves earned a Purple Heart while serving as an Army Specialist in Vietnam. He credits Winship’s Wayne Harris with helping him to win his latest battle against prostate cancer. The two are pictured with Hematology and Oncology Section Chief Maria Ribeiro at the Atlanta VA Medical Center, where Winship doctors see about 875 veterans every year.
Charles Moore never expected to be a hero to the medically underserved. His specialty is complex head and neck surgery for meningiomas, neuroblastomas, and other brain tumors at the front of the skull and reconstructive surgery to repair trauma to facial bones and tissue. But as a young Emory medical professor and surgeon, he met patients at Grady Memorial Hospital unlike any he saw while training at Harvard and the University of Michigan. Patients with enormous, bulbous tumors on their tongues and necks. Why hadn’t they come earlier, when he could have saved them? He looked at their zip codes and found neighborhoods plagued by poverty, unemployment, lack of healthy food, and transportation. Somebody has to do something, he said. So, after long clinical days at Grady and Emory, he packed tongue depressors, gloves, and disposable dental mirrors in the back of his car and began offering free head and neck screenings. For many who lined up, he was their only source of medical attention.

Moore’s actions lit a fire. Residents, medical students, and fellow doctors donated time. A nonprofit organization provided a mobile unit. Governmental and philanthropic support grew that van into a clinic dedicated to helping challenged neighborhoods and the families living there get back on the road to independence. Then, in 2014, with more support from donors, the HEALing Community Center moved into its own 16,000-square-foot building on Martin Luther King, Jr. Drive in Southwest Atlanta. With a small core staff and dozens of physician volunteers from Emory, Morehouse School of Medicine, and Piedmont Hospital, HEAL now offers screenings, health education, and a wide range of medical, dental, and mental health services to more than 6,000 Atlantans annually. Fees slide between no cost to $20. A partnership with Emory’s Urban Health Initiative (of which Moore is co-director) provides transportation, community gardens, and other needed programs. Without the center, many patients would have ended up in emergency rooms. Others don’t know where they would have gone.

Moore teaches his own students what he didn’t learn in medical school: sickness and health take place in patients’ environments. With little money and no insurance, people choose food over medicine. Without transportation, they call an ambulance, or they just don’t go.

But, Moore says, if you help people surmount those barriers, they will come.
Sometimes the biggest breakthroughs in our understanding of cancer can come from very basic research. Basic biomedical research addresses fundamental questions of biology that help us understand how normal cells and organisms function. At first glance, this research may seem unrelated to cancer, but understanding the fundamental mechanisms of how cells grow, divide, survive, migrate, and avoid the immune system are critical to developing new and innovative therapies for cancer treatments.

Advances in our understanding of the basis of cancer have come from a wide variety of sources, often from very basic research such as how DNA is copied or mutated or repaired. While this research may seem a long way from the development of new drugs, it sometimes opens up entirely new ways of treating diseases, or points to new ways of repurposing drugs that have already been developed. For example, scientists who study how bacteria fight off viruses have identified a new method (called CRISPR) that makes it possible to edit any genome, including that of a cancer cell. This raises the possibility of one day targeting genes that were previously considered undruggable.

Detailed studies of the genomes of many tumors have revealed an entire class of proteins that help control other genes (called chromatin modifiers) and are frequently mutated in many cancers. The connection of these genes to cancer was previously underappreciated, but now the basic research on how they switch genes on and off is very important for developing new drugs to target them.

Thus, it is important to remember that the next new groundbreaking cancer therapy might come from the biologist studying how cells communicate with each other in worms, or the chemist trying out a new type of reaction, or the geneticist who identifies a new way in which DNA is modified. Tomorrow’s cures depend on today’s discoveries, and today’s discoveries depend on basic research.
To learn more about the Winship Win the Fight 5K, visit winship5k.emory.edu

You think you’ve taken care of every detail — the banners, balloons, tents, bibs, t-shirts, sound system — and then Mother Nature hits you with thunder, lightning, and buckets of rain.

In this issue, we turn away from the muddy fields to focus on what your support means to the people who need it most.
Focus on Philanthropy

Gifts to Winship support cancer research happening right here in Georgia. That research is being translated from lab bench to bedside, benefiting tens of thousands of patients every year. Here’s how we did in fiscal year 2015.

Total donors 7,930  Total gifts 11,172

BLADDER  ENDOMETRIAL  LYMHPOMA
BMT  EYE  MELANOMA
BRAIN TUMOR  HEAD AND NECK  MYELOMA
BREAST  KIDNEY  OVARIAN
CERVICAL  LEUKEMIA  PANCREATIC
CLINICAL TRIALS  LIVER  PROSTATE
COLORECTAL  LUNG  SARCOMA

Donors can contribute to nearly two dozen cancer research funds at Winship. For more information, go to: winshipcancer.emory.edu/support

Total dollars raised $12,814,264
SYBLE AND CHARLES SHEETS of Danielsville, Georgia, lost two family members to cancer, and they had their own share of health concerns. When it came time to discuss estate plans, they decided to give as much as they could to Winship Cancer Institute. Their bequest supports the Winship Director’s Fund, which fuels the areas of greatest promise in the fight against cancer.

Have you planned your legacy?
emory.edu/emorygiftplanning 404.727.8875