| | | | | |
|---|---|---|---|---|
| 12:15 – 1:15 PM | 1 hr | NETWORKING LUNCH | | *Encouraged opportunity to meet and network with speakers and fellow participants* |
| 1:15 – 2:00 PM | 45 min | Mike Graglia, SynGAP Research Fund, Inc. | Early Research Funding: Parent Experience | *Mike Graglia, Founder of the SynGAP Research Fund will share his personal experiences in building a disease foundation from scratch and funding strategies.* |
| 2:00 – 2:30 PM | 30 min | Charlene Son Rigby, Global Genes | Navigating Foundation Dynamics | *Charlene Son Rigby, CEO of Global Genes will discuss the nuances of navigating the complexities around building and managing relationships as a patient foundation.* |
| 2:30 – 3:30 PM | 1 hr | Tom Kassberg, Ultragenyx<br>Beryl Cummings, Third Rock Ventures<br>Neil Kumar, BridgeBio | Panel Discussion: Late-stage Funding – Partnerships and VCs | *Tom Kassberg, CBO of Ultragenyx, Beryl Cummings, Senior Associate at Third Rock Ventures and Neil Kumar, CEO of BridgeBio will lead a panel discussion on partnering and funding.* |
| 3:30 – 3:45PM | 15 min | BREAK | | |
| 3:45 – 4:15 PM | 30 min | Casey McPherson, To Cure a Rose Foundation | Why a parent makes the perfect founder | *Parent Journey* |
| 4:15 – 4:45 PM | 30 min | Julia Vitarello, Mila's Miracle Foundation | From Mila to Millions | *Parent Journey* |


syngap.fund/ultra

# SynGAP Research Fund

Collaboration. Transparency. Urgency.

# Mike - Tony's Dad & SRF's Founder

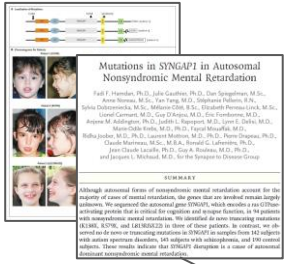
Left my career a few years ago to lead SRF. In addition to working with the team of SynGAP families and partners, I serve on Executive Board of COMBINEDBrain, AES Epilepsy Research Benchmarks Stewards Committee and work closely with Innovation and Value Initiative Methods Summit & Personalized Medicine Coalition and FasterCures LeadersLink.

Professional background in global development, healthcare strategy, finance and planning at top-tier institutions.

Educational background in Mathematics (BS), International Economics (MA) and Finance (MBA).

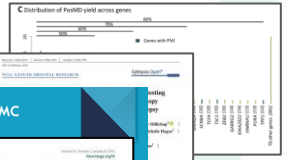
If content is King,
then context is God.

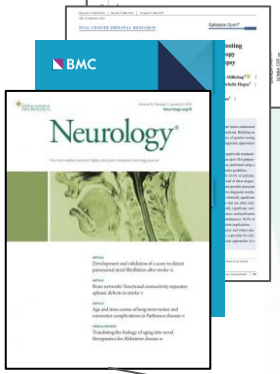
# SYNGAP1 Timeline

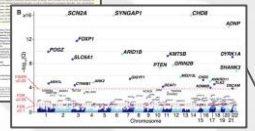


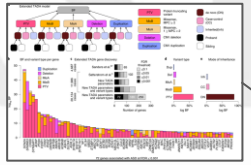


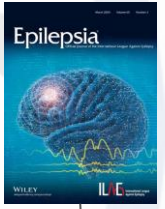








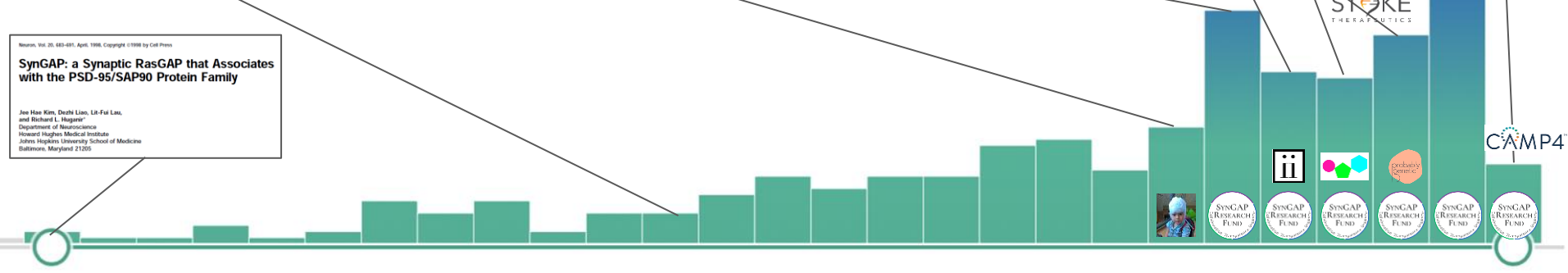










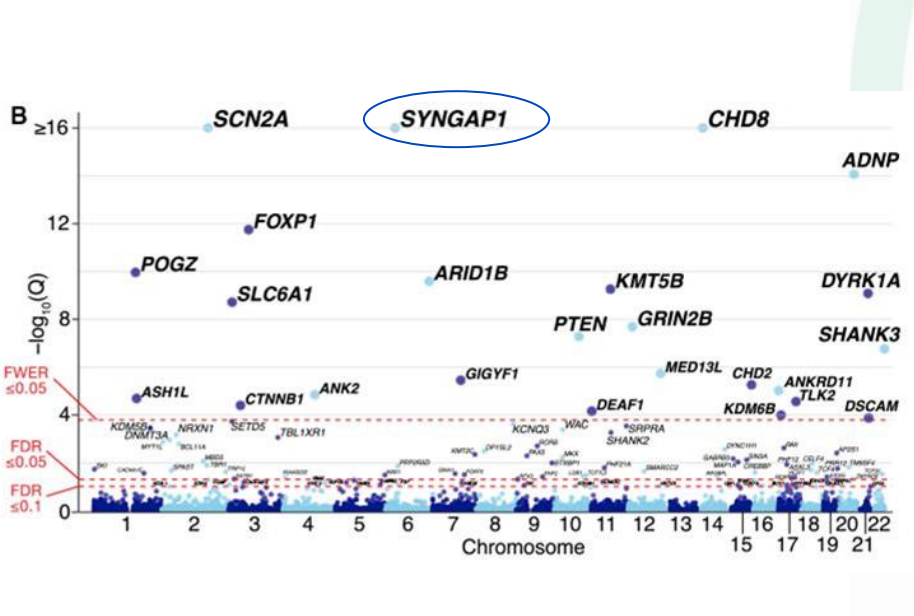


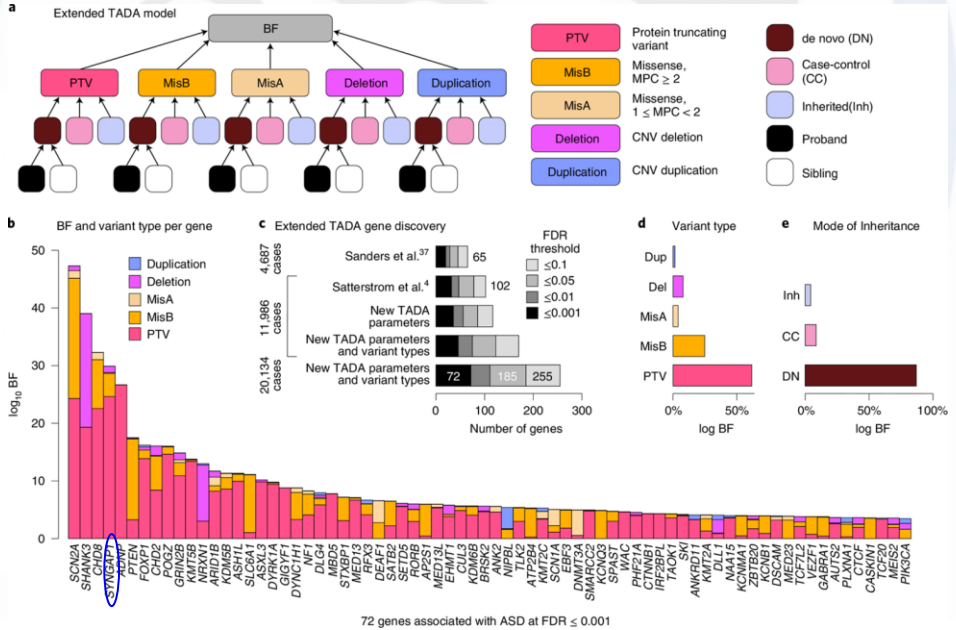

1998

**273** PubMed.gov results for SYNGAP1 from 1998 to **14 March 2024**

2024

# SYNGAP1 highly associated with Autism




**Satterstrom** et al. Large-Scale Exome Sequencing Study Implicates Both Developmental and Functional Changes in the Neurobiology of Autism. *Cell*. **2020** Feb 6;180(3):568-584.e23.

**Fu** JM, Satterstrom FK, Peng M, et al. Rare coding variation provides insight into the genetic architecture and phenotypic context of autism. *Nat Genet*. **2022**;54(9):1320-1331.

**SynGAP Research Fund (SRF)** @cur... · 5h

How many people have SYNGAP1?

1Q24 = 🌍1,400

Syngap.Fund/Census

# The #SyngapCensus

🇺🇸401
🇬🇧125
🇩🇪114
🇨🇳99
🇫🇷95
🇳🇱50
🇮🇹48
🇪🇸47
🇨🇦40
🇦🇺38
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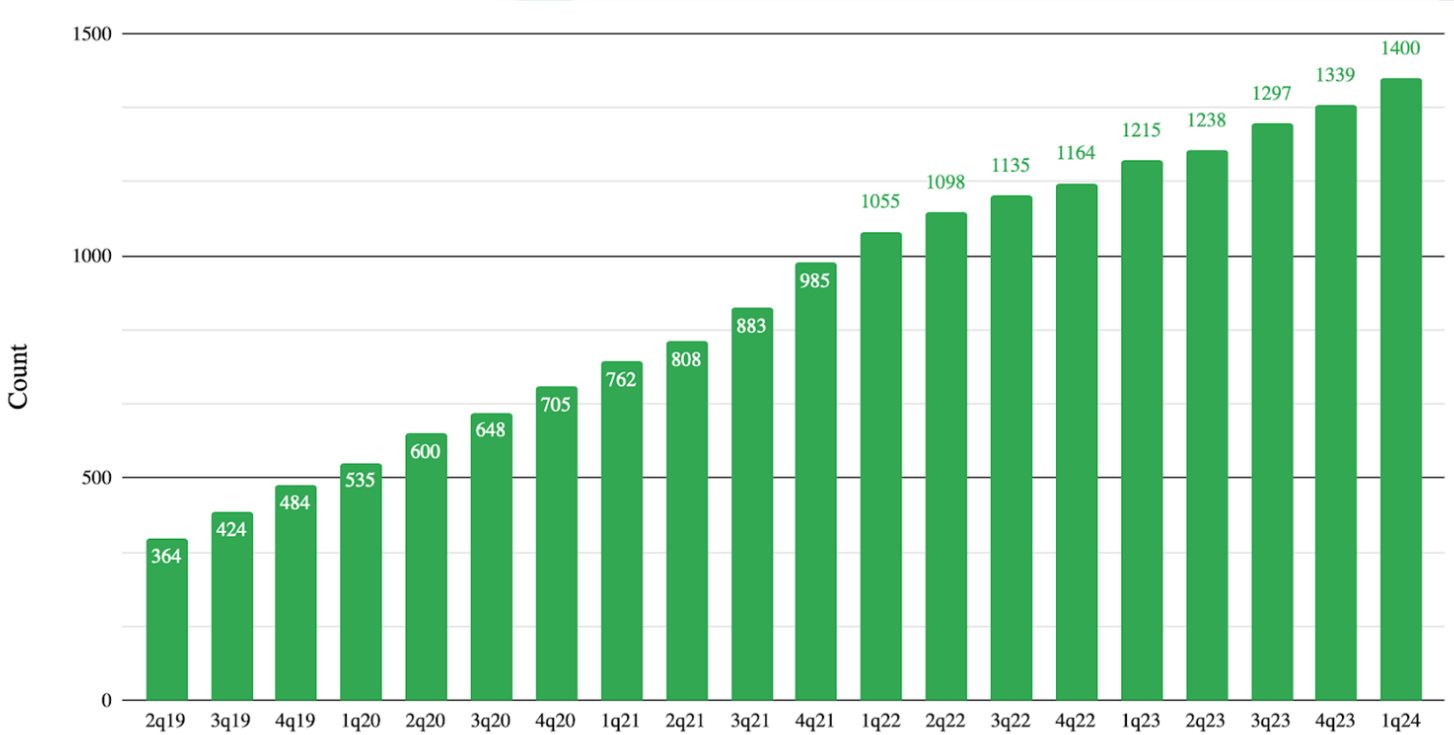
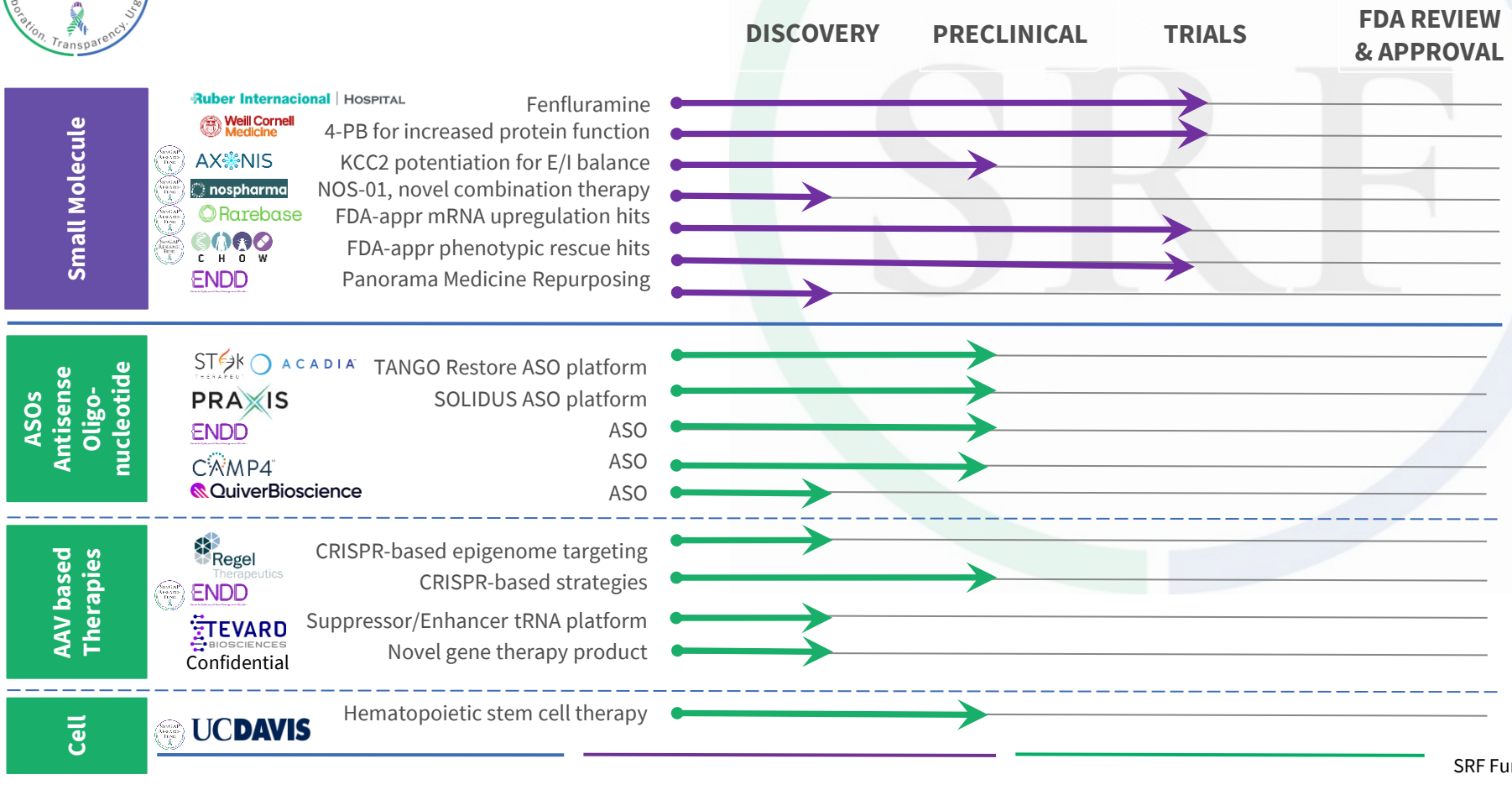


SYNGAP RESEARCH FUND
Collaboration. Transparency. Urgency.

# SYNGAP1 THERAPEUTIC PIPELINE | 2024




SRF Funded

## **Overview**: SRF in numbers

| | | | | |
|---|---|---|---|---|
| 5.5 | $5M+ | 20 | 201 | 4 |
| Years Old | Committed to grants | Families serve(d) on BOD | Patients profiled on site | Geographies USGBEUCO |
| 218 | 25 | 75+ | 1,400 | 2 |
| Verified in SRF-ciitizen | Institutions supported | Webinars available | Patients counted | ICD codes 10 & 11 |

# Current Grants - Committed

| | Project | Institution | SRF Funding | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|---|---|---|
| Models | Animal Models | Hopkins | $250,000 | | | | | | |
| | Accelerate Current Research | Baylor | $130,000 | | | | | | |
| | Patient Derived Organoids | USC | $306,500 | | | | | | |
| | Patient Derived Cell Lines | Rarebase & CB | $63,750 | | | | | | |
| | Animal Models | UBC | $20,000 | | | | | | |
| | Two mouse models | Jackson Labs | $42,700 | | | | | | |
| Small Molecules / Drug Repurposing | Accelerate Current Research | Scripps | $205,000 | | | | | | |
| | Function Drug Discovery | Rarebase | $577,500 | | | | | | |
| | Confidential - Pre-clinical work | McGill | $120,000 | | | | | | |
| | E/I Imbalance small molecules | Harvard | $140,000 | | | | | | |
| | 4PB Academic Trial* | Cornell | $270,000 | | | | | | |
| | Fly Screen | Utah | $65,500 | | | | | | |
| | Myelin Plasticity | Stanford | $130,000 | | | | | | |
| Gene Therapies | ASO Development | Hopkins | $250,000 | | | | | | |
| | Epigenetic Tx Opportunities | UPenn | $165,000 | | | | | | |
| | Novel Delivery: Exosome | UNL | $99,909 | | | | | | |
| | Hematopoietic stem cells | UC Davis | $130,000 | | | | | | |
| | Targetable defects in missense | Turku | $180,000 | | | | | | |
| | tRNA Tx POC | Hopkins | $130,000 | | | | | | |
| | AAV POC in Rats | Edinburgh | $180,000 | | | | | | |
| | Missense portal & structure | Turku | $100,000 | | | | | | |
| Patient Data | Ciitizen / Rare Patient Network | Invitae | $80,000 | | | | | | |
| | Develop NHS with Ciitizen | BCH | $237,000 | | | | | | |
| | Launch PRO Platform | RareX | $0 | | | | | | |
| | SYNGAP1 in older patients | Toronto | $156,500 | | | | | | |
| Biomarkers / Endpoints | DSC EEG Study | BCH | $77,000 | | | | | | |
| | Validated Scales: NET | John Carroll | $15,000 | | | | | | |
| | Validated Scales: ORCA | CB/Duke | $0 | | | | | | |
| | Undiagnosed Screening Tool | Probably Genetic | $15,600 | | | | | | |
| | Scales: NET phase 2 | John Carroll | $100,500 | | | | | | |

** Grant approved, agreement with lawyers, not yet announced*

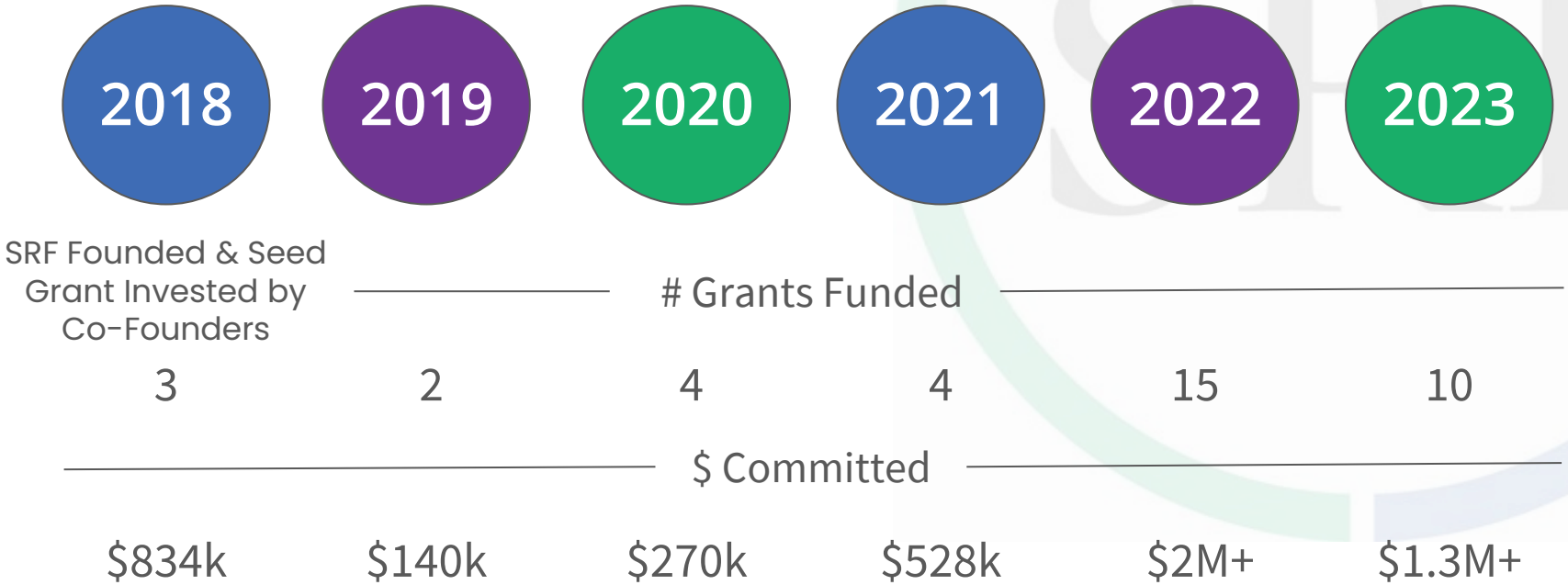
**$4,237,459**

*Through first half 2023, $772k committed in 2nd grant cycle 2023 (total now >$5M)

# It gets complicated fast - I have ~20 grants in flight today.

| Year | Institution | Prof/Focus | Commitment | = Remaining + |
|---|---|---|---|---|
| 2018 | Hopkins | Huganir | $500,000 | Fully Funded |
| 2018 | Scripps | Rumbaugh | $205,500 | Fully Funded |
| 2018 | Baylor | Holder | $130,000 | Fully Funded |
| 2019 | UCSF | Lowenstein | $10,000 | Fully Funded |
| 2019 | Penn | Heller | $130,000 | Fully Funded |
| 2020 | Ciitizen | Brimble | $40,000 | Fully Funded |
| 2020 | USC | Coba / Quadrato | $46,500 | Fully Funded |
| 2020 | JCU | Frazier | $14,200 | Fully Funded |
| 2020 | USC | Coba | $130,000 | Fully Funded |
| 2021 | Harvard | DSC | $70,191 | Fully Funded |
| 2021 | Harvard | Poduri | $238,133 | $65,133 |
| 2021 | Rarebase | IPSC | $63,750 | Fully Funded |
| 2021 | Combined Brain | IPSC | $1,286 | Fully Funded |
| 2021 | Rarebase | Function, round 1 | $150,000 | Fully Funded |
| 2022 | Canada Models | UBC & Montreal | $19,672 | Fully Funded |
| 2022 | Nebraska | Zempleni | $99,909 | Fully Funded |
| 2022 | Probably Genetic | Lukas Lange | $15,600 | Fully Funded |
| 2022 | UC Davis | Joe Anderson | $148,000 | $20,000 |
| 2022 | Fundacion NICE | Aledo | $1,250 | Fully Funded |
| 2022 | Penn | MDBR | $65,000 | Fully Funded |
| 2022 | Jackson Labs | TBD | $42,700 | $15,647 |
| 2022 | Turku | Courtney | $187,299 | $0 |
| 2022 | McGill | Bowie | $115,000 | $58,388 |
| 2022 | Rarebase | FM 38, 40, 41, 45 | $570,000 | $213,750 |
| 2022 | Hopkins | Coller | $130,000 | $65,000 |
| 2022 | Edinburgh | Cobb/Kind | $183,545 | $183,545 |
| 2022 | USC | Quadrato | $130,000 | $41,043 |
| 2022 | Harvard/BCH/Axor | Xin/Kadam | $140,000 | Fully Funded |
| 2023 | Cornell | Cunnane (Med Stu) | $5,000 | Fully Funded |
| 2023 | Utah | Chow | $65,377 | Fully Funded |
| 2024 | AES/CHOP | McKee | $10,000 | Fully Funded |
| 2023 | Stanford | Knowles | $130,000 | $65,000 |
| 2023 | JCU | Frazier | $105,000 | $13,609 |
| 2023 | Turku | Postilla | $100,000 | $50,000 |
| 2023 | Toronto | Andrade | $156,380 | $78,190 |
| 2023 | Ottawa | Lacoste | $25,000 | $15,000 |
| 2023 | Cornell | Grinspan | $100,000 | $100,000 |
| 2023 | NYU | Devinsky | $50,000 | $50,000 |
| 2023 | Florey | Waters | $7,000 | $7,000 |
| 2023 | Jax | Simon | $186,700 | $186,700 |
| 2023 | Nebraska | Zempleni | $196,672 | $196,672 |
| 2024 | UCSF | Willsey | $130,000 | $130,000 |
| 2024 | U. Ottawa | Lacoste | $128,888 | $128,888 |
| 2024 | Edinburgh (UK) | Donlin-Asp | $130,000 | $130,000 |
| 2024 | Jax | Simon | $186,700 | $186,700 |
| | | | **$5,290,252** | **$2,000,265** |

# Financials


2018
2019
2020
2021
2022
2023
SRF Founded & Seed Grant Invested by Co-Founders
# Grants Funded
3
2
4
4
15
10
$ Committed
$834k
$140k
$270k
$528k
$2M+
$1.3M+

# Build community and leverage giving: 1:2:6

| | | 2018 | 2019 | 2020 | 2021 | 2022 | Total | Notes |
|---|---|---|---|---|---|---|---|---|
| 990 Revenue (line 12) | A | $20,000 | $382,888 | $590,087 | $1,357,074 | $2,144,228 | $4,494,277 | |
| 990 Expense (line 18) | B | 0 | $52,910 | $225,407 | $874,679 | $1,192,705 | $2,345,701 | |
| Net | A - B | $20,000 | $329,978 | $364,680 | $482,395 | $951,523 | $2,148,576 | |
| | | | | | | | | |
| Direct Payments | F = C+D+E | $361,833 | $0 | $0 | $250,000 | $0 | $611,833 | Donors direct |
| | | | | | | | | |
| Total SRF Raised | G = A+F | $381,833 | $382,888 | $590,087 | $1,607,074 | $2,144,228 | $5,106,110 | |
| Total SRF Spent | H = B+F | $361,833 | $52,910 | $225,407 | $1,124,679 | $1,192,705 | $2,957,534 | |
| Spend | H/G | *94.8%* | *13.8%* | *38.2%* | *70.0%* | *55.6%* | *57.9%* | |
| | | | | | | | | |
| Founders Gifts to SRF | I | $20,000 | $51,701 | $51,758 | $209,317 | $175,000 | $507,776 | |
| Founders Gifts via other | J | 0 | $0 | $0 | $0 | $0 | 0 | Need to find t |
| Founders Direct giving | C | $111,833 | $0 | $0 | $0 | $0 | $111,833 | |
| Total Founder Spend | K = I + J + C | $131,833 | $51,701 | $51,758 | $209,317 | $175,000 | $619,610 | ***62.*** |
| % SRF Revenue | K/G | *34.53%* | *13.50%* | *8.77%* | *13.02%* | *8.16%* | ***12.13%*** | |
| | | | | | | | | |
| Founders Soft Credits | L | 0 | $255,000 | $84,500 | $51,079 | $233,006 | $623,585 | Conservative |
| Founder Direct Donors | M = D+E | $250,000 | 0 | 0 | $250,000 | 195000 | $695,000 | |
| Total Founder Impact | N = K + L + M | $381,833 | $306,701 | $136,258 | $510,396 | $603,006 | $1,938,195 | |
| % SRF Revenue | N/G | *100.00%* | *80.10%* | *23.09%* | *31.76%* | *28.12%* | ***37.96%*** | |

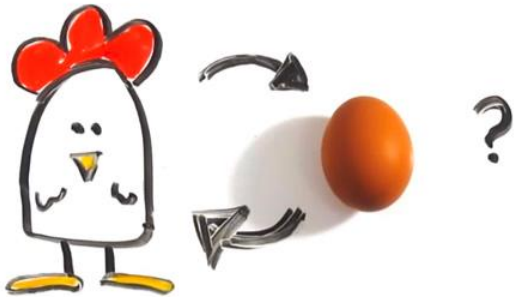
# 2023 Event Recap

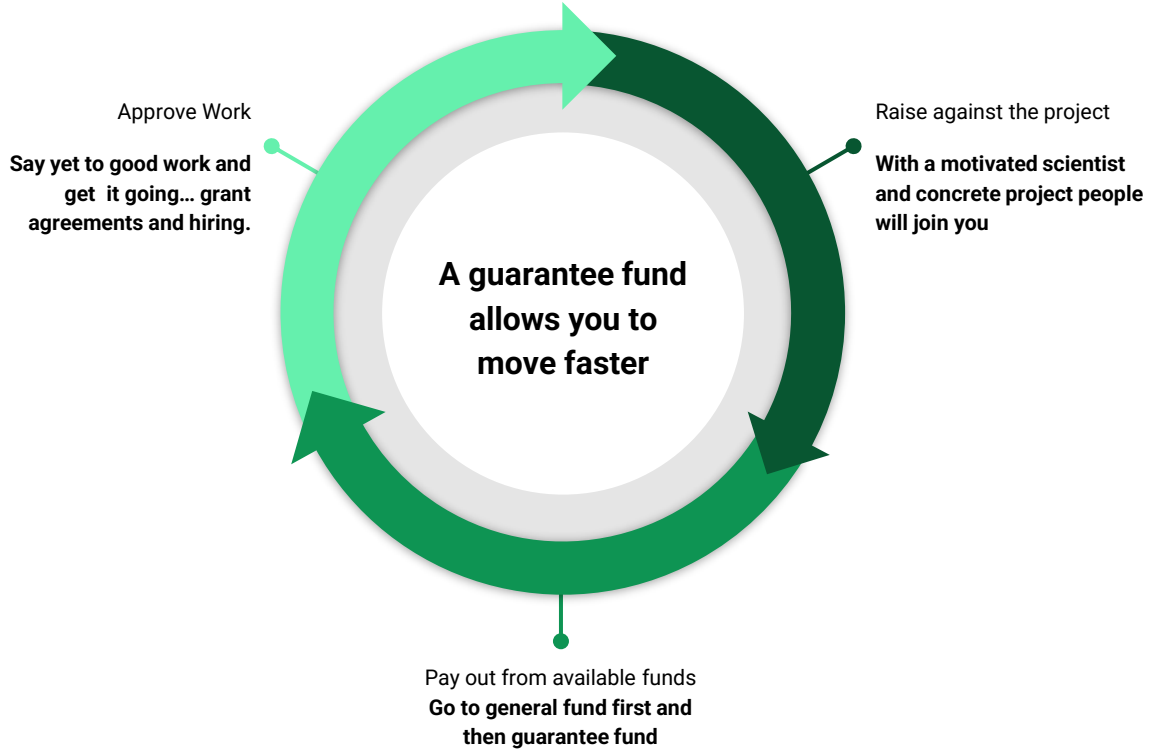
- Million Dollar Bike Ride | *$31k raised + $30k match*
- Sprint4Syngap | *$252k raised*
  - Tavillas carry this event *($166k raised)*
- 3rd Annual Cannonball for a Cure | *$130k raised*
- 3rd Annual SRF Gala (Caren Leib | *$80k raised*
- 2nd Annual Scramble for Syngap | *$25k raised*
- 2nd Syngap Soiree | *$300k+ raised*
- 1st Annual Syngap Paddleslap | *$20k raised*




# A guarantee fund can allow you to move faster

We can’t raise funds till we have a project and we can’t start a project till we have funds…





# What I think is important after working on this for 5+ years

Three Essential Concepts - These are ideas that you have to embrace if you are seriously going to do some fundraising

Four Major Learnings - Realizations I've had along the way and want you to know.

Ten helpful tips - These are things I've learned, generally by doing the opposite first.  I have iterated relentlessly and made so many mistakes.

Schedule A (Form 990) 2022 SynGAP Research Fund Incorporated 83-1200789 Page **2**

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

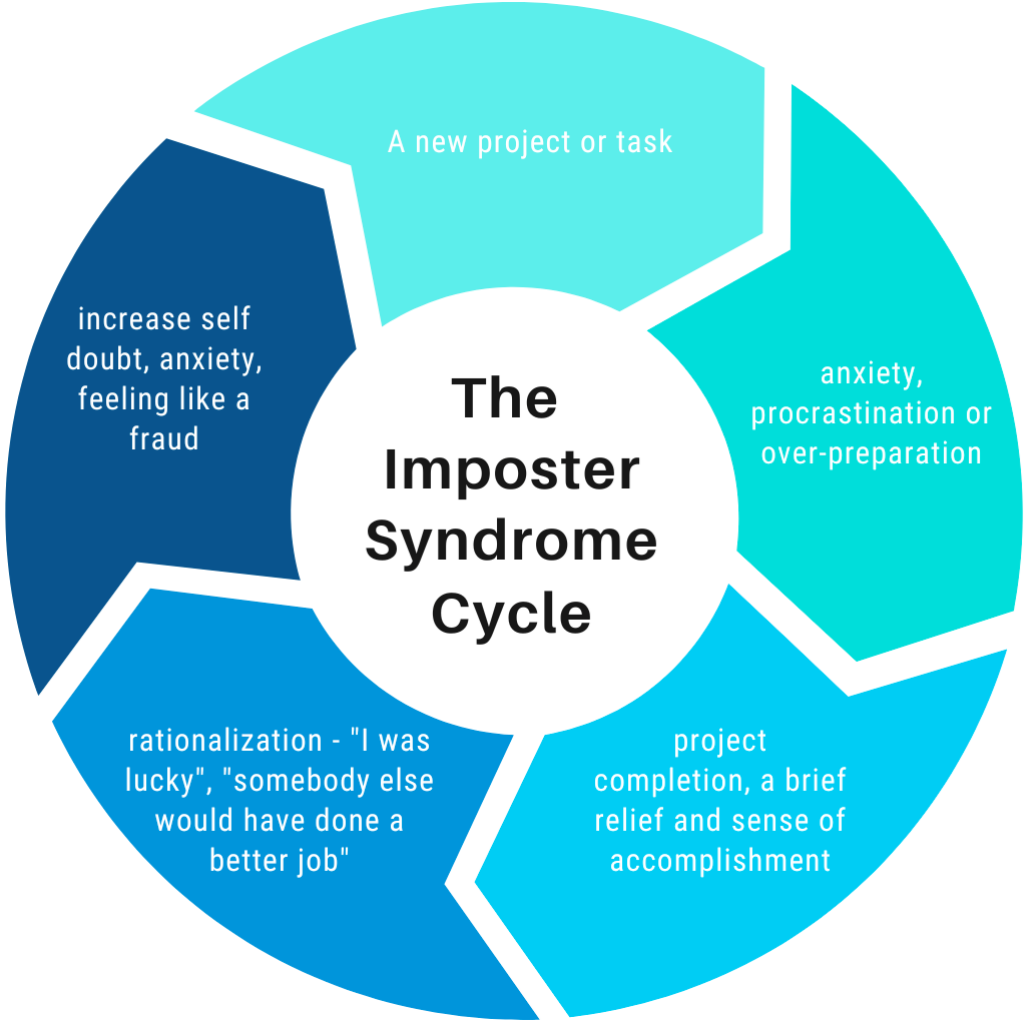
**Section A. Public Support**

| **Calendar year (or fiscal year beginning in)** | **(a)** 2018 | **(b)** 2019 | **(c)** 2020 | **(d)** 2021 | **(e)** 2022 | **(f)** Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 20,000. | 382,888. | 590,087. | 1,364,391. | 2,144,228. | 4,501,594. |

# You are exactly where you need to be.

Don’t waste time doubting yourself, your loved ones can’t afford it.

Jump in and own what you are doing, it’s incredibly hard and important.  You can’t afford self-sabotage.

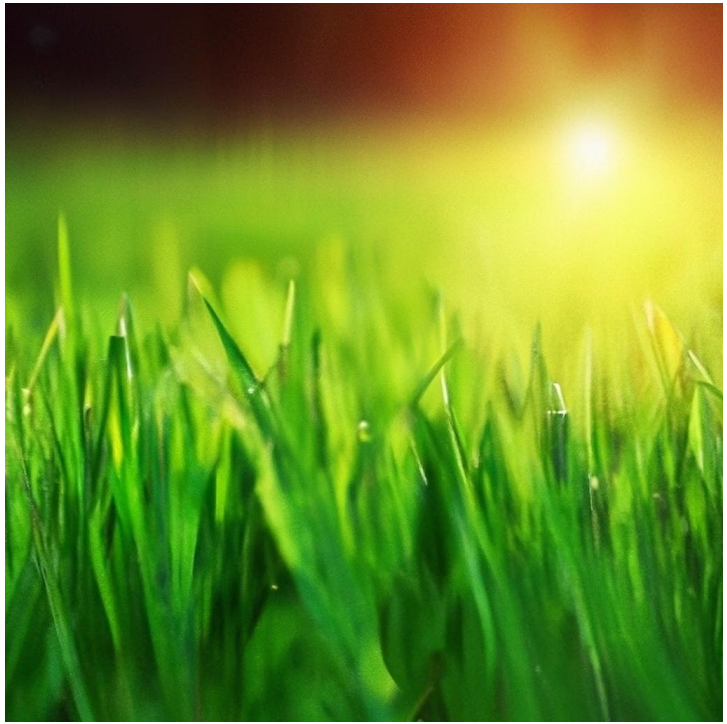


# The universe is naturally abundant

You have to have this mindset if you are fundraising.

Do not talk yourself out of believing you will find the money.

If you don’t believe it, who will?



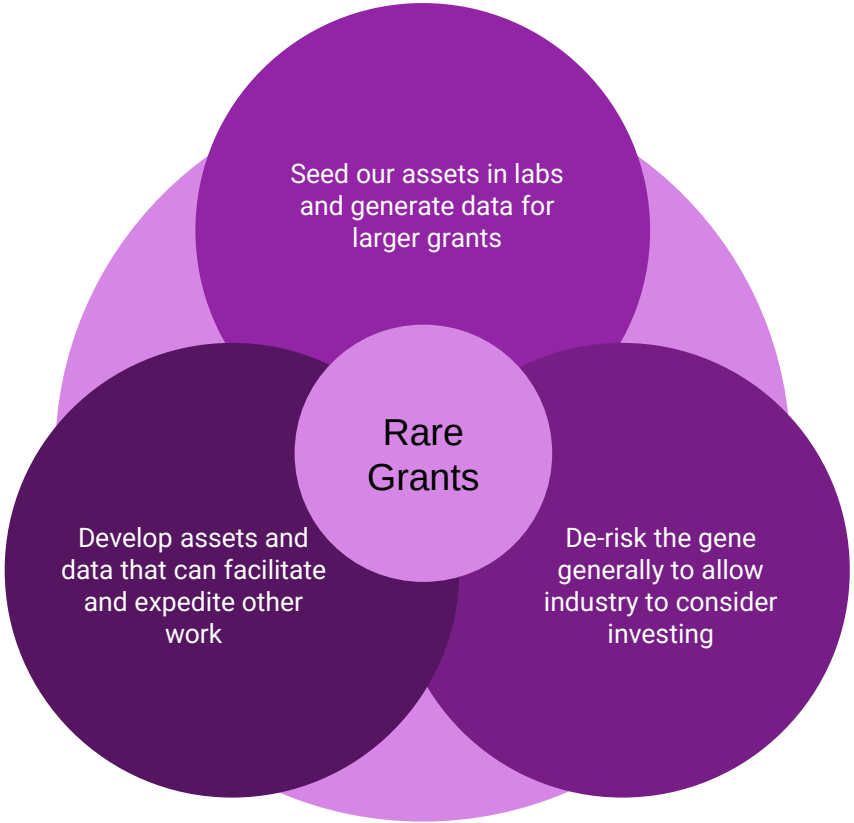
# Our capital is rare - Seed, Risk tolerant & Catalytic

What do you say when they ask “Why should I give you money?”

Our deep commitment to disease X means we will take risks nobody else will, this isn’t an opportunity, it’s an obligation.

It can be catalytic to other capital — otherwise we are kidding ourselves — we are also scaffolding or de-risking the target.

1. Getting researchers data for larger grants and seeing out assets in their labs.
2. Scaffolding the target - Developing assets like iPSCs or models.
3. De-risking the target - Developing clinical trial endpoints, natural history, etc.



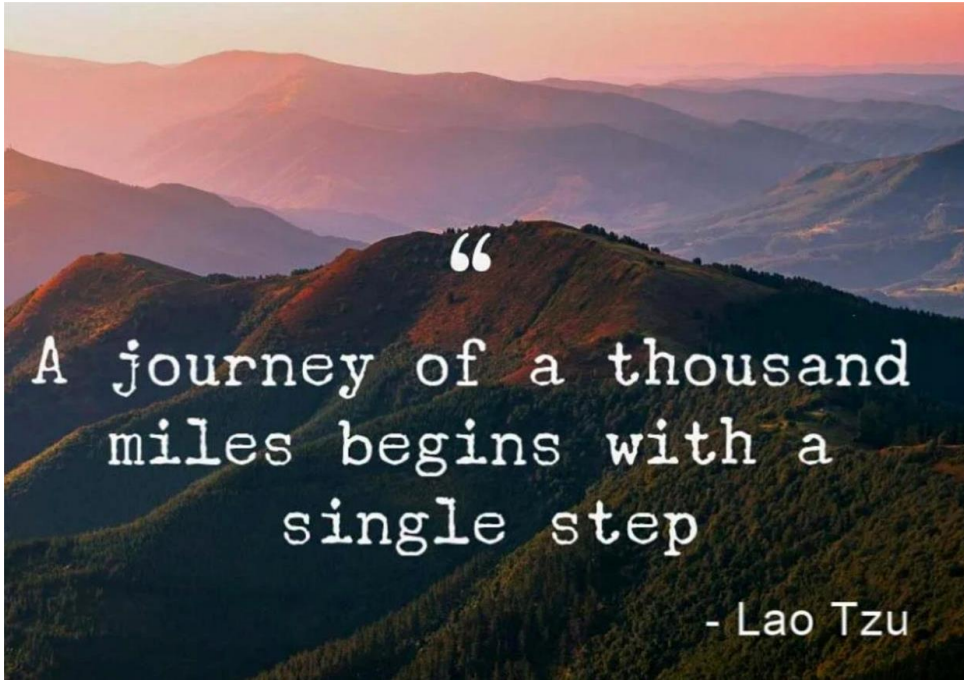
# e.g. Your work increases your scores on tables like this.

| Disease Name | US / EU Prevalence | Target Gene | Gene Size | Inher. | | Onset | Tx Mech. | Nat. Hist. | PC Mod. | Clin. Dev. | Pat. Org. | SZ | ID | MD | Clin. Need | Mkt. Opp. | Disease Summary |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Internal Development Candidates - Genetic Neurodevelopmental Disorders & Epileptic Syndromes** | | | | | | | | | | | | | | | | | |
| SCN2A-Related Disorders | 62,133 | SCN2A | 6,018 | AD | | <12 m | 4 | 5 | 4 | 4 | 5 | 4 | 5 | 3 | 5 | 5 | Moderate-severe ID, autism; refractory epilepsy |
| SCN8A-Related Disorders | 57,275 | SCN8A | 5,943 | AD | | <6 m | 3 | 5 | 4 | 3 | 4 | 3 | 5 | 4 | 4 | 5 | Severe ID, refractory epilepsy with regression |
| Dravet Syndrome | 56,031 | SCN1A | 5,997 | AD | | <12 m | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 3 | Severe-profound ID, DD & intractable epilepsy |
| CHD2 Encephalopathy | 53,183 | CHD2 | 5,487 | AD | | <2 y | 5 | 5 | 4 | 4 | 1 | 5 | 4 | 2 | 4 | 5 | Moderate-severe ID with refractory epilepsy |
| Phelan-McDermid Syndrome | 51,321 | SHANK3 | 5,193 | AD | | <2 y | 5 | 5 | 4 | 4 | 5 | 4 | 5 | 4 | 5 | 5 | Moderate-severe ID, DD autism; seizures in 40% |
| SYNGAP1 Encephalopathy | 47,491 | SYNGAP1 | 4,032 | AD | | <2 y | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | Severe ID with up to ~200 seizures per day |
| GRIN2B-Related Disorder | 45,960 | GRIN2B | 4,455 | AD | | <4 y | 4 | 4 | 1 | 3 | 5 | 4 | 5 | 4 | 4 | 4 | Moderate-severe ID; 50% epilepsy, >25% autism |
| KIF1A Neurological Disorder | 40,559 | KIF1A | 5,073 | AD | | <2 y | 4 | 4 | 3 | 4 | 5 | 3 | 4 | 4 | 5 | 5 | Severe ID, epilepsy; regression |
| Rett Syndrome | 38,879 | MECP2 | 1,461 | XL | | <18 m | 4 | 5 | 5 | 4 | 5 | 4 | 5 | 5 | 5 | 4 | Neurodegeneration with ID, autism & early death |
| Smith-Magenis Syndrome | 31,103 | RAI1 | 5,721 | AD | | <6 m | 5 | 4 | 5 | 4 | 5 | 2 | 5 | 3 | 4 | 5 | Moderate ID, DD with autism; no epilepsy |
| DNM1 Encephalopathy | 29,408 | DNM1 | 2,595 | AD | | ~6 m | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | Profound ID, DD with intractable epilepsy |
| STXBP1 Encephalopathy | 28,108 | STXBP1 | 1,785 | AD | | <6 m | 5 | 5 | 4 | 5 | 5 | 5 | 5 | 4 | 5 | 5 | Profound ID, DD with resistant epilepsy & autism |
| KCNQ2 Encephalopathy | 25,467 | KCNQ2 | 2,619 | AD | | <1 m | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | Severe ID, DD and neonatal onset epilepsy |
| SLC6A1-Related Disorder | 20,603 | SLC6A1 | 1,800 | AD | | <4 y | 5 | 4 | 2 | 4 | 5 | 4 | 4 | 3 | 4 | 5 | Moderate ID, epilepsy with regression |
| CDKL5 Deficiency Disorder | 16,868 | CDKL5 | 2,883 | XL | | <3 m | 4 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | Devastating DD, ID & epilepsy |
| GABRB3 Associated Epilepsy | 16,633 | GABRB3 | 5,783 | AD | | <12 m | 4 | 5 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 5 | Moderate ID, resistant epilepsy; ~25% autism |
| SETD5 Syndrome | 12,366 | SETD5 | 4,329 | AD | | <2 y | 5 | 4 | 5 | 3 | 2 | 1 | 4 | 2 | 4 | 5 | Moderate ID & DD; ~25% autism |
| PRRT2 Dyskinesia & Epilepsy | 11,664 | PRRT2 | 1,023 | AD | | <1 y | 4 | 4 | 4 | 3 | 1 | 4 | 3 | 4 | 3 | 4 | Infantile epilepsy, dyskinesia; some ID |
| CACNA1A-Related Disorders | 7,776 | CACNA1A | 7,527 | AD | | <10 y | 4 | 3 | 3 | 4 | 5 | 4 | 2 | 4 | 3 | 4 | Highly variable spectrum |
| GLUT1 Deficiency Syndrome | 7,422 | SLC2A1 | 1,479 | AD | | <1 y | 5 | 5 | 5 | 4 | 5 | 5 | 4 | 5 | 4 | 4 | Moderate ID, DD, epilepsy & motor disorder |

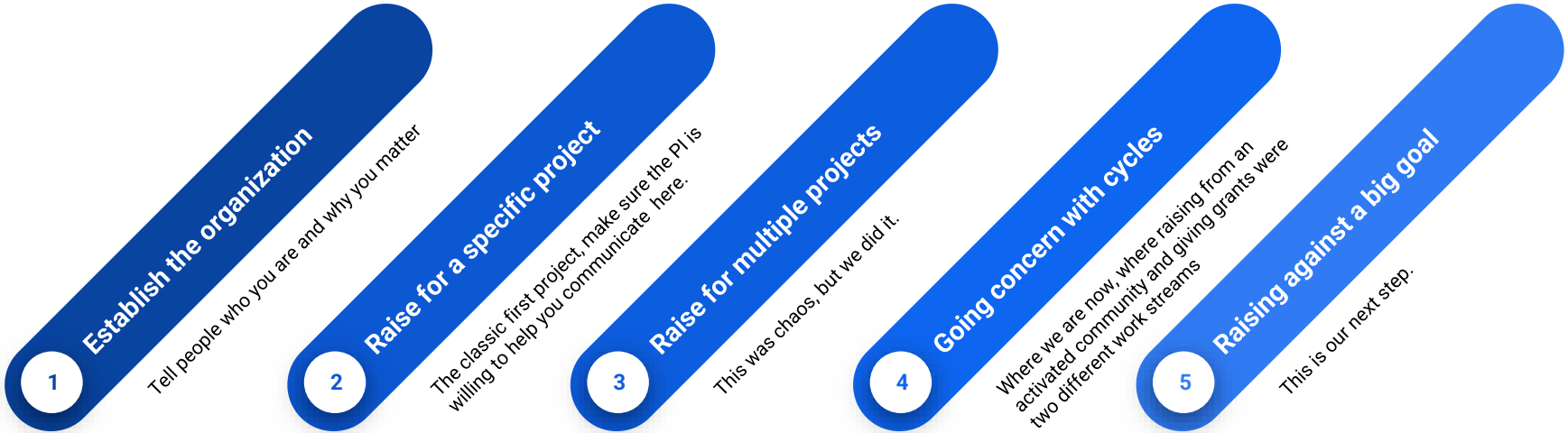
Language & culture matters: “*We can fill an unmet need together*” vs “*I need to raise $100k*”.

The sooner you go to the community with a project and urge them to support it, the sooner this gets real.

In addition to fundraising you are activating a community.



# How you fundraise will change as you grow,



# It’s darkest before the dawn

A stalled fundraiser feels like a public failure, it’s not.

These gaps are when people who can fill gaps step forward.

CISION PR Newswire — Send a Release

## SynGAP Research Fund Announces Grant to Heller Lab of Neuroepigenetics

SynGAP Research Fund — Collaboration. Transparency. Urgency.

NEWS PROVIDED BY
SynGAP Research Fund →
19 Nov, 2020, 09:21 ET

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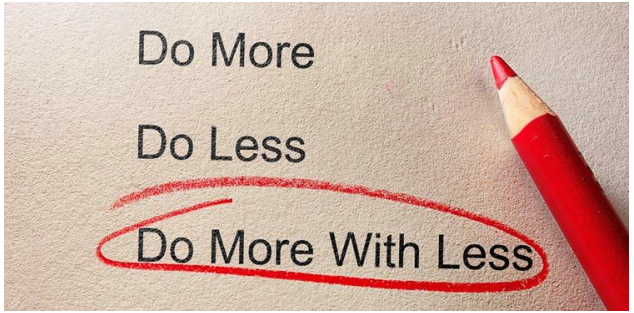
PALO ALTO, Calif., Nov. 19, 2020 /PRNewswire/ -- The SynGAP Research Fund (SRF) announces a new research grant award to the Heller Laboratory of Neuroepigenetics in the Perelman School of Medicine at the University of Pennsylvania. The lab will receive $130,000 over two years towards funding a postdoctoral fellow who will focus on epigenetic regulation of SynGAP1.

# Donors don’t love overhead, be ready to discuss.

**Option 1: Good news we don’t spend much on overhead!**

You are just starting and working on a shoestring, so go ahead and own that.

Put a time limit on it.




**Option 2: Refocus the conversation on capacity building.**

We need a dedicated organization for this disease and organizations need funding to grow.

Help with your Ws: Wealth, Wisdom or Work.

# 10 Tips

1. Hire someone, this is a ton of work - Virtual assistant or parent.
2. Plumbing matters, don’t ignore it - Scalable tech to move & track money.
3. Communicate relentlessly - Podcast/Videos, Social, Newsletter.
4. Call people to thank and to ask - You learn what matters in calls.
5. Throw and annual event ASAP - Events trigger donations, get it going.
6. Don’t pay overheads to large institutions - They get it, put policy on your site.
7. Press Releases matter, use them.  - Eureka Alerts is reasonable.
8. Newly diagnosed families panic, give them something to do. - Page for kiddo.
9. Don’t skip the audit - These are useful, credibility building and not that bad.
10. Liquidate stocks upon receipt - You are not in the stock business.

# SRF has three SYNGAP1 podcasts for patient finding & support


**SynGAP10 weekly 10 minute updates on SYN**

Syngap Research Fund, 501(c)(3)

★ 5 (70) · NON-PROFIT · UPDATED WEEKLY

Episodes

SATURDAY · VIDEO

**113. Fondo sets the bar for LatAm Engage 2nd Soiree was a hit, grants are rolling in!**

Super Heroine: Vicky Arteaga Fondo Syngap is tirele
https://www.syngapresearchfund.org/professionals/20


Episodes

AUGUST 29

**Mike Graglia, SRF Managing Dir. & SYNGAI difficult. Tony's experience shows that it's**

Show Notes Going back to school is difficult for most and other rare diseases, it is especially hard! Mike Grag

**SYNGAP1 Stories**

Syngap Research Fund, 501(c)(3)

PARENTING · UPDATED BIWEEKLY


**Café SYNGAP1**

Syngap Research Fund, 501(c)(3)

PARENTING · UPDATED BIWEEKLY

Bienvenidos al nuevo podcast de SRF en Español: Café Syngap1 pretender ser un espacio para encontrar apoyo, consejos y esperanza en una comunidad de Padres, Hermanos, Investigadores, Científicos, Terapeuta MORE

▶ Latest Episode

Episodes

AUGUST 20

**Episodio 01: Valeria Torcetta y su hija Charo- La Primera Paciente Diagnosticada con SynGAP1 en America Latina** 53 min

Episodio #01 Bienvenidos a nuestro nuevo podcast, Café SynGAP1! En nuestro primer episodio, nos acompaña Valeria Torcetta, una invitada especial quien nos habla sobre Charo, su hija con Syngap1, y primera pa...




**Cure GABA-A in 5 | Episode 9**

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*Thank you.*

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