

# The Lymphatic Malformation Institute

## *Final Research Report*

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### FACE PAGE

**Grant title:**

**Principal Investigator:**

**Funding Amount:**

**Funding Period:**

**Date of report:**

**Publication:** Yes\* No \* *Please attach PDF files of any published manuscripts*

**Conference presentation:** Yes\* No \* *Please list conference presentations*

**Lay Abstract of research findings (500 word max)**

### RESEARCH REPORT (2 pages max)

#### OVERALL ACHIEVEMENTS

- **Key results:**
- **Obstacles or unexpected findings:**
- **Describe the impact of your finding on our understanding of CLA disease mechanisms and/or the care of patients with CLAs/**

***Briefly describe how your findings will be used to apply for additional funding and/or generate new lines of investigation.***