This year’s grant program reflected significant changes in the way the MRF funds research and, as a result, an extraordinarily comprehensive and diverse collection of grants were funded. The melanoma research field is advancing rapidly, with four new drugs approved in the past three years and the expectation that additional drugs will be approved in the near future. Despite this, questions remain about how this cancer forms, grows, and spreads, and far too many patients continue to struggle to find effective therapies.

A year ago, the MRF Scientific Advisory Committee (SAC) and MRF Breakthrough Consortium (MRFBC) launched a conversation with the purpose of identifying the most significant unmet medical needs and high priority areas in melanoma research. The result was the creation of team awards in a Specific Topic Proposal (STP) category, which provide up to $250,000 a year for two years to a team addressing one of following critical areas:

- **Prevention**: Most prevention work is based on changing behavior around UV exposure and having regular skin checks. The focus of this area, though, is to support studies designed to identify biomarkers of risk for development and identifying potential treatments.

- **Metastases**: Melanoma cells often remain dormant in the body, sometimes for years. Understanding why melanoma can remain latent, what causes those cells to start growing and how they spread to other parts of the body is critically important.

- **Brain Metastases**: Outcomes are poorer for patients whose melanoma has spread to the brain. Research is needed to identify biomarkers for risk of metastases to the brain and also to determine rational interventions to prevent and/or treat these metastases.

- **Response to Treatment**: Treatments for cancer, including melanoma, help only some of the people who take those drugs. Identification of biomarkers that can predict who will respond to therapy as well as biomarkers that indicate that a treatment has stopped working will enable doctors to give the right patient the right drug at the right time.

- **Resistance**: Several drugs used in melanoma engage the immune system in fighting tumor cells. Immunotherapy typically offers long-term response, but even with the best approach less than half of patients respond to these drugs. Research is needed to understand why some patients do not respond, or respond only partially, and why some patients respond for a while then cease to do so.

The announcement of this new STP resulted in strong proposals from key leaders in the research community, and the MRF is funding three of those studies. Because of the generosity of many, many donors, the MRF was also able to continue funding traditional grants: Established Investigator (up to $100,000 a year for two years) Career Development (up to $50,000 a year for two years) and Medical Student ($3,000).

This is the MRF’s 17th year of funding research, and the newly awarded grants will support 22 scientists and six medical students across 17 institutions. The 2014 awards include research in BRAF mutant, mucosal, acral and wild type cutaneous melanoma as well as ocular melanoma. Funded proposals reflect progress in understanding the different molecular fingerprints of ocular versus cutaneous melanoma, and that cutaneous melanoma is not a single cancer but comprised of multiple molecular subtypes.

The MRF receives many strong proposals each year. Every application goes through a rigorous peer-reviewed process by experts in the field. After three phases of review with both qualitative and quantitative metrics, 16 applications were awarded funding (see next page for full list).
**MELANOMA RESEARCH AWARDS**

**2014 Research Award Recipients**

*The MRF has awarded funding to the following research proposals.*

**Team Awards**

**Improving diagnostic precision of melanoma using genetic information**

Julide Celebi  
Icahn School of Medicine at Mount Sinai

Eric Schadt  
Icahn School of Medicine at Mount Sinai

Ke Hao  
Icahn School of Medicine at Mount Sinai

Robert Phelps  
Icahn School of Medicine at Mount Sinai

About half of melanomas have a BRAF mutation, but so do many benign moles. This study will look at a large number of benign nevi and a large number of primary melanomas and determine what genetic differences exist. This will improve the accuracy of diagnosis.

**Identifying rational therapeutic approaches to ‘wild type’ melanoma**

Michael Davies  
The University of Texas MD Anderson Cancer Center

Alexander Lazar  
The University of Texas MD Anderson Cancer Center

Veerabhadran Baladandayuthapani  
The University of Texas MD Anderson Cancer Center

Jeffrey Sasman  
Vanderbilt-Ingram Cancer Center

Keith Flaherty  
Massachusetts General Hospital Cancer Center

Lynn Schuchter  
University of Pennsylvania Abramson Cancer Center

About 30% of people with melanoma do not have one of the more common mutations, BRAF and NRAS. Members of this team are involved in clinical trials for this “wild-type” population and will use this support to conduct extensive analysis on samples collected through these trials. The goal is to find indicators of who will respond to what treatment, and to identify potential new treatments for this group of melanoma patients.

**Monitoring response to therapy with blood BRAF levels**

Ryan Sullivan  
Massachusetts General Hospital Cancer Center

Michael Atkins  
Georgetown-Lombardi Comprehensive Cancer Center

Sekwon Jang  
Georgetown-Lombardi Comprehensive Cancer Center

David Panka  
Beth Israel Deaconess Medical Center

John Iafrate  
Massachusetts General Hospital Cancer Center

This team has developed a blood test that can measure levels of mutated BRAF that drives melanoma tumors. This study will examine whether those levels reflect if a patient with BRAF mutant melanoma is responding to therapy. If so, the test will provide doctors with very early indications of whether a drug is working in a given patient, or if a drug that was working is has stopped working.

**ESTABLISHED INVESTIGATOR AWARDS**

**Targeting PSGL-1 as a novel immunotherapeutic approach to treat melanoma**

Linda Bradley  
Sanford-Burnham Medical Research Institute

Melanoma cells are able to take advantage of natural “brakes” that exist to prevent the immune system’s T-cells from attacking normal, healthy cells. Some new drugs for melanoma work by disabling these brakes, most notably CTLA-4 and PD-1. PSGL-1 is another protein that occurs on the surface of T-cells and inhibits their ability to attack tumor cells. This study will examine how this happens, and if disabling PSGL-1 might be a new therapeutic approach.

**A novel Stat3 targeted acral melanoma therapy via induction of senescence**

Rutao Cui  
Boston University, Medical Campus

Acral melanoma is a rare form of melanoma, and is associated with poorer outcomes than cutaneous melanoma. Stat3 is a compound known to affect the growth of acral melanoma cells. This research will explore the feasibility of blocking Stat3 as a means of treating acral melanoma.
ESTABLISHED INVESTIGATOR AWARDS (continued from page 2)

Fast Cycling Grx Grx11
John Sondek University of North Carolina at Chapel Hill
Mutations in G proteins are a primary driver of uveal (ocular) melanoma. One way this interaction occurs is through rapid cycling between two forms of the G protein. This generates signals that drive uncontrolled cell growth. This study will examine this hypothesis, and will look for ways to block the function of this mutation.

CAREER DEVELOPMENT AWARDS

The role of epigenomic alterations in melanoma formation and metastasis
Brian Capell University of Pennsylvania
Epigenetics is the study of what turns genes on and off, regardless of changes in the DNA. About 30% of melanomas start in a benign nevus. This study will look for epigenetic changes that might explain how benign melanocytes become melanoma.

Targeting SOX10 as a therapeutic strategy in BRAF wild-type melanoma
Cory Johannessen Broad Institute
The SOX10 gene may be an “Achilles heel” for melanoma. Inhibiting this gene in cell lines prevents the growth of melanoma cells. This study will help lay the groundwork to determine if blocking the SOX10 gene in humans will have therapeutic benefit.

Epigenomic and microRNAomic mechanisms of UV-induced melanomagenesis
Raza Zaidi Temple University
The majority of melanomas occur because of UV radiation, but how that exposure leads to cancer is unknown. This study will test the hypothesis that UV radiation causes the DNA in melanocytes to change shape and function, without mutation. These changes make the cell more likely to mutate and become cancerous.

Comprehensive genomic characterization of mucosal melanoma
Iwei Yeh University of California, San Francisco
Mucosal melanoma is rare and has significantly poorer outcomes than other melanoma types. This study will conduct genetic analysis on a large number of tissue specimens from mucosal melanoma tumors. The goal is to identify mutations that can be targeted with existing drugs or drugs that are currently in development.

MEDICAL STUDENT AWARDS

Pilot trial to evaluate the effect of vitamin D on melanocyte biomarkers
Eric Anderson University of North Carolina at Chapel Hill

The role of BAP1 mutations in establishing a pro-metastatic immune microenvironment in uveal melanoma
Matthew Field University of Miami Miller School of Medicine

Genetic characterization of congenital melanocytic nevi and malignant melanoma
Erik Geiger Yale University School of Medicine

Non-viral engineering of T-cells with enhanced tumoricidal potential activity for melanoma immunotargeting
Rebecca Jonas Thomas Jefferson University

Age and sex differences in localized cutaneous melanoma survival and progression: A Mayo Clinic population-based retrospective cohort study on melanoma
Jeannette Olazagasti Lourido Mayo Clinic

Methylated DNA shed in serum from metastatic melanoma as a biomarker following surgery
Nathaniel Slater University of North Carolina at Chapel Hill
MRF volunteers and staff have been active in the public policy arena for years, but rarely has the melanoma community seen so much progress in such a short period of time. Since the last issue of MRF Matters, several major actions have taken place, including:

**Surgeon General's Call to Action to Prevent Skin Cancer**

Calls to Action are based on extensive scientific research and are designed to stimulate new initiatives and collaboration around issues of significant health risk to the American public. The Surgeon General's 100-page Call to Action to Prevent Skin Cancer compiles findings on the incidence and causes of skin cancer, then offers specific recommendations on how non-profits, corporations and government agencies at every level can work together to impact this growing health issue.

The MRF is already actively involved with a number of these goals and is working with volunteers and the CDC on ways to implement these efforts further.

**FDA Reclassification of Tanning Beds**

After years of study, the FDA is changing the way it regulates UV lamps used in tanning beds from a Class I medical device to a much more stringent Class II medical device. Manufacturers of UV lamps will be required to meet new controls and criteria, and all tanning devices must carry a warning that they should not be used by people under the age of 18.

Tanning salons routinely misrepresent the health risks of tanning, rarely calibrate the power of their lamps, and fail to control the level of UV exposure received by their customers. The FDA will now ensure that consumers are better informed of the risks and potentially life-threatening damage that indoor tanning causes.

**Department of Defense Funding**

Since 2010, Congress has set aside funds to be used by the Department of Defense (DoD) in studying melanoma. These funds have been part of a larger pool of money used to fund grants related to several cancer types. In July, the Senate Appropriations Committee included $50 million for the DoD's Peer Reviewed Cancer Research Program, doubling the level of funding from fiscal year 2014. This announcement illustrates the Committee's dedication to ensuring U.S. service members and citizens have access to innovative treatment options against melanoma, the deadliest form of skin cancer. Nine cancers, including melanoma, are eligible to compete for this funding. The Senate Appropriations Committee report noted the special burden melanoma places on members of the military.

**Access to New Sunscreens**

Also in July, the House of Representatives approved the Sunscreen Innovation Act. This Act addresses a situation at the FDA that has resulted in no new active ingredients for sunscreens being approved in the United States since the 1990's. Some of these ingredients have been used in Europe and other countries for 20 years, and have been waiting for FDA review for 12 years with no action. In the U.S., only two ingredients that block UVA are approved by the FDA. The Act should allow more sunscreen options.

**State Level Restrictions of Indoor Tanning**

Nebraska and Delaware have now joined the more than 40 other states that have indoor tanning regulations restricting minors from using these dangerous devices. The focus now is on action in the remaining states, and on tightening up enforcement of existing regulations.

Each of these “wins” was achieved through the efforts of MRF advocates and many others in the melanoma space, and a special thanks goes out to everyone who visited or wrote elected officials as part of this process.

To learn more about bringing your voice to the fight against melanoma, email Mary Antonucci, Director of Advocacy & Volunteer Services, at volunteer@melanoma.org.

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**Did You Know?**

*Up to 90% of melanomas are caused by UV radiation (the sun or tanning beds).*

**Do your part to prevent melanoma by following the easy tips on the MRF’s website.**

Visit melanoma.org/understand-melanoma/preventing-melanoma.
I am fortunate enough to not have melanoma. However, my dear friend and fun golf buddy, Terry Patters, was not as lucky. Terry and I belonged to the Ladies of the Vineyard Golf Club in Livermore, California. Many of us ladies, including Terry, enjoyed playing in a golf league once a week. Terry also enjoyed golfing with her husband, family and friends. Of course, as all golfers know, sunscreen is essential as the exposure to the sun while playing 18 holes of golf is relentless.

Terry’s diagnosis of melanoma was complicated by the fact that her melanoma started deep in the bottom layer of her skin’s epidermis before it manifested itself as pain in her neck. By the time Terry was diagnosed with melanoma, it was too late to alter its course. We lost Terry much too quickly and the pain Terry endured was heart breaking.

In honor of Terry, her family and I have joined forces to raise funds for melanoma research by hosting the Terry Patters Memorial Golf Tournament in her memory. Prior to Terry leaving us, I did not know the Patters family except for in passing. We have worked together for the past four years raising funds for the Melanoma Research Foundation and the experience has been satisfying in so many ways.

I believe the best part of working on the event is the close relationship I have developed with Terry’s husband, children, grandchildren, sister and so many of her other relatives. Secondly, the satisfaction we all get out of raising funds in Terry’s honor is beyond words.

Prior to working on this event, I had no fundraising experience. Considering my/our lack of experience, sending over $82,000 to the MRF over the past three years is an accomplishment we are proud of. I have been very lucky to work with the Patters, specifically, Terry’s husband, Dave, who has a tremendous network of supporters in his line of business. Dave has been instrumental in getting hole sponsors and golfers to join in the event each year.

This year, we were proud to add a “Wine Tour” to our event for those non-golfers. This was a great way to raise additional funds and provide another venue for our participants.

As a final note, I have been fortunate enough to work with wonderful people, learned a great deal about fundraising and melanoma. You do not need to have melanoma to support research and raise awareness. The best way to help is to always ensure those you are with are wearing their SUNSCREEN!
MRF EDUCATION UPDATE

Pediatric Melanoma Summit

A recent study published in the journal *Pediatrics* found that pediatric melanoma is increasing at an average of 2% each year. As a result, the MRF is expanding its efforts in patient education and support by hosting a two day event specifically dedicated to pediatric melanoma patients and their families. This is the first time a summit of this kind has been convened for the pediatric melanoma community!

The Inaugural Pediatric Melanoma Summit will take place at the Great Wolf Lodge in Dallas, TX on Saturday, September 13 and Sunday, September 14, 2014. The Summit will begin on Friday evening with a Meet & Greet and group dinner.

With this Summit, pediatric melanoma patients and their families will receive much-needed educational, support and networking services. Social workers, child life specialists and pediatric melanoma oncologists will be on hand to provide information to both the patients and to their families.

An agenda and registration information can be found on the MRF’s event calendar. For additional details, please contact Shelby Moneer, the MRF’s Director of Education, at education@melanoma.org.

MRF BOARDS OF DIRECTORS PROFILE

Ze’ev Ronai

Ze’ev Ronai, a leading researcher in the field of melanoma, has been involved with the MRF for over a decade and joined the MRF’s Board of Directors as Co-Chair of the Scientific Advisory Committee at the end of 2013. Ze’ev is currently working to establish innovative programs that combine clinical and basic research to address unmet needs in melanoma. Ze’ev’s dedication to the MRF is motivated by his deep commitment to solve critical questions in melanoma, combined with his appreciation of the MRF’s mission and the opportunity to work with melanoma patients and survivors. In Ze’ev’s own words, “It is the energy of those that drive the MRF that reminds me of the cause and the urgency to advance current medicines.”

Early in his career, Ze’ev developed a sensitive assay to detect mutation in tissues that appear normal – research that was a precursor for today’s personalized medicine. Currently, his lab focuses on understanding how the wires that command cell behavior, known as signaling pathways, are re-wired in tumors such as melanoma. This work establishes the importance of pathways other than BRAF/MAPK that should be attended to as part of treating melanoma. Recently, Ze’ev’s lab has initiated campaigns to develop small molecules to target these wires with the aim of developing a new line of therapeutic modalities for melanoma.

When he can, Ze’ev takes time out of his hectic schedule to enjoy nature, photography and flying small planes.

MRF EVENT UPDATE

8th Annual Miles for Melanoma 5k Run/Walk in Chicago

The 8th Annual Miles for Melanoma Chicago presented by Water Tower Financial Partners was a HUGE success! This was the biggest year ever for this event with nearly 650 participants who raised over $69,000 – and still counting! Not even the downpour could dampen the spirit of the dedicated participants. As noted by the race director, seeing the people show their commitment and have a great time despite the less than ideal weather conditions was incredibly inspiring.

The top fundraiser was Carrie Williams, who raised over $3,200 as part of team “Truckin’ it for Tom”, which raised over $8,000 altogether. “Team BTC”, (with 85 members), was the largest of a staggering 39 teams. Thanks to everyone who participated, donated and helped make a difference in the fight against melanoma.

For more information about Miles for Melanoma 5k run/walks, visit www.melanoma.org/get-involved/miles-for-melanoma.
MESSAGE FROM THE EXECUTIVE DIRECTOR

The MRF’s Grant Program

In early August, MRF Board members alerted researchers to tell them that their proposals will be funded. The response, as you can imagine, was gratifying. One researcher said, “Thank you for believing in me!” Another said, “You just saved my research career!”

Funding from the NIH has not kept pace with rising healthcare and research costs, resulting in less cancer research funding than ever before. A consequence is that critical breakthroughs and discoveries might not happen or could be delayed. With 11,000 people in the world dying of cancer every day, the impact of slowing down research is enormous.

Contrary to the trend with NIH, the MRF has significantly increased research funding. Additionally, the scope of investigation represented in our grants covers a wider range of topics than at any other time in the MRF's history.

A year ago, the MRF asked the melanoma research community to identify the most critical unanswered questions related to finding better treatments and cures. The result was a special program of funding providing up to $250,000 a year for two years to a team of doctors and scientists who have the ability to help advance one of those areas of unmet needs. Though we anticipated funding two of these grants, the proposals were so strong we were compelled to fund three.

This robust and far-reaching research funding is only possible because of your help. Whether you were able to write a check for a six-figure donation, or organized a bike ride for six of your friends—thank you. The researcher whose career was launched, or saved, through this year’s grant program is indebted to each of you, as is each patient who will benefit from the insights gained through these research programs. I know that they are deeply grateful, as am I.

Tim Turnham, Executive Director

MRF SCIENCE UPDATE

New MRFBC Trials: Targeted Therapies for Wild-Type Melanoma

Developing therapies for patients who do not test positive for the BRAFV600 or NRAS mutations is a critical unmet need. This “wild-type melanoma” includes about 30% of cutaneous melanomas and a higher rate of non-cutaneous melanomas. Additionally, genomic sequencing studies have revealed some BRAF mutations are rare types that may make these melanomas less susceptible to BRAF inhibitors. Data generated by The Cancer Genome Atlas, an initiative of the National Institutes of Health (NIH) and National Human Genome Research Institute (NHGRI), as well as other laboratories, suggest some of these melanomas may respond to MEK inhibitors or the combination of a MEK inhibitor plus CDK4/6 targeted therapies. Under the umbrella of the MRF’s Breakthrough Consortium (MRFBC), Dr. Michael Davies at the University of Texas M.D. Anderson Cancer Center led the effort to design two trials to test these therapies in wild-type melanoma. The Phase I combination trial, NCT02065063, is now open to enrollment of patients who have solid tumors, including melanoma. The Phase II trial of the MEK inhibitor alone will be launched in the near future and will be open to patients with non-V600 BRAF mutations or BRAF fusions.

Both trials will study tumor and blood specimens to determine whether biomarkers can be identified that predict response or resistance early. Multicenter trials are essential to recruit sufficient numbers of patients with rare mutations. Collaborating MRFBC members include Drs. Jeffrey Sosman and Douglas Johnson at Vanderbilt University, Keith Flaherty at Massachusetts General Hospital and Lynn Schuchter at the University of Pennsylvania. Funding for these trials has been received from multiple partners, including the MRF.

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MELANOMA RESEARCH FOUNDATION

BREAKTHROUGH CONSORTIUM

Accelerating Research for a Cure
**Upcoming Events**

**SEPTEMBER**

- **September 12-14**  
  Grapevine, TX  
  Inaugural Pediatric Melanoma Summit

- **September 13**  
  Cleveland, OH  
  Miles for Melanoma Cleveland 5k

- **September 13**  
  New Manchester, WV  
  Rick’s Run for Melanoma

- **September 20**  
  Gahanna, OH  
  Miles for Melanoma Central Ohio 5k

- **September 21**  
  Morristown, NJ  
  Miles for Melanoma New Jersey 5k

- **September 27**  
  Apex, NC  
  Miles for Melanoma Raleigh 5k

- **September 27**  
  Lake Lure, NC  
  Drive for the Cure Golf Tournament

**OCTOBER**

- **October 4**  
  Nashville, TN  
  Music City Miles for Melanoma 5k

- **October 12**  
  Lakewood, CA  
  3rd Annual John Buska Classic

- **October 28**  
  Philadelphia, PA  
  2nd Annual Wings of Hope for Melanoma Philadelphia Gala

- **October 30**  
  New York, NY  
  13th Annual Wings of Hope for Melanoma New York Gala

**NOVEMBER**

- **November 8**  
  Atlanta, GA  
  Miles for Melanoma Atlanta 5k

- **November 8**  
  Potomac Falls, VA  
  Wings of Hope for Melanoma DC Gala

- **November 10**  
  Burbank, CA  
  3rd Annual Celebrity Golf Classic with Kevin Nealon
The band "Rock Candy" plays at the 2nd Annual Melanoma Awareness Benefit in Red Lion, PA.

As part of the MRF’s #GetNaked awareness campaign, ads with important early detection messages and information about the upcoming Wings of Hope for Melanoma Philadelphia gala were placed on buses in downtown Philadelphia.

Participants Johnathan, Pat, and Marlene at the Melanoma Awareness Lisa Beachy Memorial Golf Scramble in Columbus, OH.

Dr. Shawn Allen and Dr. Diane Kallgren were among a team of four doctors, supported by MRF volunteers like Jaden Allen and Leslie Fiorelli, who performed skin screenings on 94 people at the IRONMAN Boulder expo.
The CURE OM team at Miles for Melanoma Chicago raised $3,975 for the MRF’s ocular melanoma initiative.

An IRONMAN athlete crossed the finish line as MRF staff member Jena Dickman held the MRF-branded finish line banner. The MRF works to raise awareness of melanoma prevention among endurance athletes.

MRF Board of Directors member and Stage IV melanoma survivor Cheryl Stratos is interviewed about melanoma and sun safety by News Channel 8 in Washington, D.C.
MRF staff member Jena Dickman posed with Miss Colorado, Stacey Cook, at the Miles for Melanoma 5k in Denver, CO.

Volunteers like Mandi, Savannah and Patrick Kelly helped make the 2014 Miles for Melanoma Chicago one of the MRF’s largest 5k fundraisers.

8 1/2 month old Mason Volpe enjoys the summer months in protective clothing. After Mason’s grandfather Doug was diagnosed with Stage III melanoma, his family has made it a top priority to enjoy the outdoors while being sun safe at all times!

MRF staff member Jena Dickman posed with Miss Colorado, Stacey Cook, at the Miles for Melanoma 5k in Denver, CO.
Our Mission Statement

To support medical RESEARCH for finding effective treatments and eventually a cure for melanoma.

To EDUCATE patients and physicians about the prevention, diagnosis and treatment of melanoma.

To act as an ADVOCATE for the melanoma community to raise awareness of this disease and the need for a cure.

The MRF is the largest independent organization devoted to melanoma.