



**Melanoma**  
Research Alliance

ANNUAL REPORT  
2023-2024

*We Are*

**Melanoma Research**



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## Melanoma Research Alliance

As the largest non-profit global funder of melanoma research, MRA has dedicated over \$160 million to date in support of the fight against melanoma.

Learn more at [curemelanoma.org](https://curemelanoma.org)



# Letter from the Chair & CEO

Driven by our audacious goal to end suffering and death due to melanoma, the Melanoma Research Alliance has been boldly leading scientific discoveries that translate into improved patient outcomes and renewed hope since 2007. MRA has a demonstrable bias for action and advocacy:

- Empowering the world's brightest scientists whose imaginations and discoveries challenge standards of care;
- Directly investing in transformational research — over \$160 million to date;
- Inspiring patient participation in research and advocacy;
- Educating audiences through leading-edge, peer reviewed resources and authentic storytelling.

Today, through help from our global collective of supporters and partners, MRA has contributed to 17 game-changing FDA approved therapeutic approaches. This translates into expanded options and improved outcomes for melanoma patients and the entire field of oncology.

Our work is not done, however, and we remain steadfast in our effort to tackle the key priority areas necessary to inch closer to our goal:

- Dive deeper into rare melanoma subtypes to better understand unique characteristics and how to exploit vulnerabilities;
- Invest in research that explores the biology, mechanics, and ultimately treatment of brain metastasis and central nervous system metastasis;
- Overcome resistance barriers of the existing melanoma treatment arsenal;
- Harness the full power of AI to synthesize patient reported sentiment with clinical data for predictive and preventative applications;
- Enhance education and awareness communications especially in prevention, attitude, and behavior.

MRA is deeply grateful for our dedicated patient advocate and caregiver community, researcher and clinician collaborators, industry and corporate partners, government allies, and our incredibly generous donors — all of whom help accelerate discoveries and push us closer towards our goals. As we've seen in years past, through collaboration and determination, today's impossible will be tomorrow's breakthrough.

We will continue to power progress together.

Sincerely,

**DEBRA BLACK**  
Chair and Co-Founder

**MARC HURLBERT, PHD**  
Chief Executive Officer



**DEBRA BLACK**  
Chair & Co-Founder



**MARC HURLBERT, PHD**  
Chief Executive Officer

BY THE NUMBERS

# Melanoma Research in Action

\$163

million in grants

500+

funded investigators

483+

research projects supported

\$500+

million in leveraged  
and follow-on funding

30,000+

donors

28,000+

people have used MRA's clinical trial  
navigator to find personalized clinical  
trial results in their community



MRA  
supported  
research...

at 160 institutions  
and in 19 countries



225

unique therapeutic  
approaches studied

61

clinical trials supported

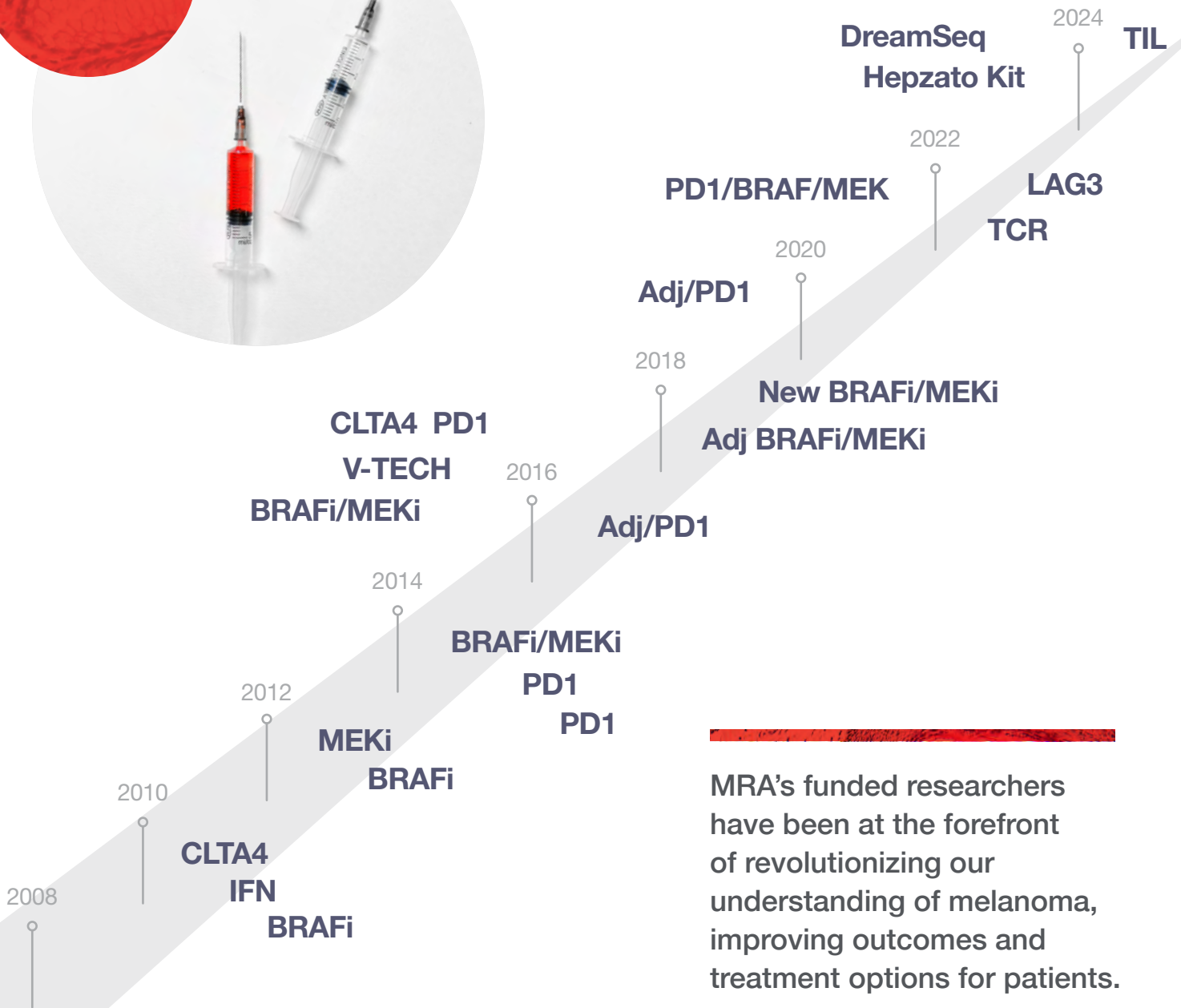
17

approved therapeutics

**100%** of all donations go directly  
to research — no admin,  
development, or other fees

# 16 Years of Treatment Breakthroughs

2008-2024



MRA's funded researchers have been at the forefront of revolutionizing our understanding of melanoma, improving outcomes and treatment options for patients.



# Immunotherapy Landscape

## How Melanoma Research is Leading the Way

“In the early days we were a fringe group in a small side room at conferences, but now cancer immunotherapy is center stage and has become a standard of care,” says Dr. Suzanne L. Topalian, Bloomberg-Kimmel Professor of Cancer Immunotherapy, Professor of Surgery and Oncology, Director of the Melanoma/Skin Cancer Program, and Associate Director of the Bloomberg-Kimmel Institute for Cancer Immunotherapy at Johns Hopkins University School of Medicine. Dr. Topalian serves as the chair of the MRA’s Scientific Advisory Panel and is a member of MRA’s Board of Directors.

*Immunotherapy* is treatment that stimulates a person’s immune system to detect and attack cancer cells. Topalian refers to it as the fourth pillar of oncology. “After surgery, radiation therapy, and chemotherapy, which are the

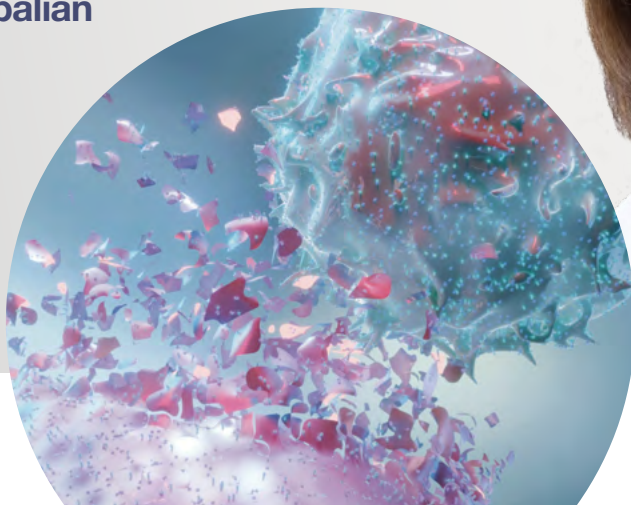
traditional pillars of oncology, there’s now immunotherapy,” she says. She credits melanoma research with being at the forefront of leading developments in this field and the MRA for being an early investor in this work.

Dr. Topalian says immunotherapy falls into two broad categories: active and passive.

*Active immunotherapy* requires the patient’s immune system to be engaged to do something. This includes cytokines, meaning treatment composed of substances secreted by immune cells that act on other cells. For example, interleukin-2 activates the immune cells and prompts them to recognize and destroy cancer cells. Other examples include immune checkpoint inhibitors, such as anti-CTLA-4 and anti-PD-1, which are large proteins (antibodies) that bind to immune cells and turn them on to fight cancer cells.

“... Immunotherapy is now center stage and has become the standard of care.”

Dr. Suzanne L. Topalian



“What’s exciting to me is that the cure lies within us. We just need a little extra assistance sometimes to get there.”

Dr. Michael A. Postow



And, of course, there are vaccines, including mRNA vaccines that instruct cells to produce tumor-associated protein antigens, triggering an immune response that spreads throughout the body.

*Passive immunotherapy* suggests everything is provided in the drug or treatment, so the patient’s immune system doesn’t need to do much at all. An example would be adoptive cell therapy. Cell therapy, including tumor infiltrating lymphocytes (TIL) approved by the FDA in February 2024 to treat advanced melanoma, involves infusing cells activated in the laboratory back into patients to mediate tumor regression.

“It’s incredible what we’re able to do today,” says Postow. “We are now capable of molecularly engineering drugs and cells to make them more effective. Technology has advanced so rapidly along with our knowledge of underlying biology that it makes it possible to do things today that we couldn’t even dream of previously.”

Indeed, there is a lot of research taking place in the field of immunotherapy. There are different combinations of immunotherapies being explored and approaches to improve their effectiveness. Determining whether shorter courses of different combinations can be administered that are effective and have the potential to reduce side effects and

toxicities associated with certain immune therapies is an area of active research. Molecular studies using state of the art technologies are areas of active investigation to help ascertain why certain tumors are more responsive to different types of immune therapies and how to stimulate less responsive tumors.

For example, Dr. Topalian is working to discover biomarkers to identify which patients are most likely to respond well to treatment. This includes manipulating immune checkpoints, such as PD-1 in cancer therapy, and discovering biomarkers predicting clinical outcomes.

Dr. Postow is also assessing immunotherapy and patient response to treatment but specifically in the neoadjuvant therapy setting. *Neoadjuvant therapy* is treatment before surgical resection of high-risk melanoma. “One thing that the MRA is helping us figure out is, ‘How much immune therapy is needed prior to surgically removing high-risk melanoma?’ So we’re running a study testing one-dose of nivolumab combined with ipilimumab (two different immune checkpoint inhibitors) prior to surgery instead of the two doses that are usually given.” Dr. Postow’s study is the first to assess one dose of this combination as neoadjuvant treatment and is seeking to define the efficacy and safety of this approach.



Dr. Postow's project is supported by an MRA Established Investigator Academic Industry Partnership Award. Dr. Postow, leading the work, is partnering with a company to develop an emerging technology that enables visualization of certain immune cells, called CD8 T cells, which are important soldiers that seek and kill the tumor. Since prior research suggests that good responses to neoadjuvant nivolumab + ipilimumab are dependent upon the quantity of CD8 T cells, the degree of CD8 cells visible by imaging is expected to be related to outcomes at the time of surgery. Through this imaging technology known as a CD8 PET Tracer, Postow and his team will be able to view the CD8 cells before surgery and during treatment and correlate the response — or resistance — to a single dose of immunotherapy treatment. This will ultimately enable the clinical team to adjust treatment if necessary or use only one dose of treatment if it's been successful and spare patients from receiving a second dose of neoadjuvant therapy which could cause additional toxicity.

## The Work Isn't Over Yet

"Before MRA, if a patient with melanoma had stage 4 disease, about 5% of them were expected to survive for 3 years," says Topalian. "Today, that same group of patients can expect a 50% survival of 5 years or beyond. So that's where research brought us since MRA was founded."

But Topalian underscores that not all melanoma patients are benefiting from the latest immunotherapy options. In fact, 50% of patients are not benefiting or are having disease relapses. It's this group that Topalian and Postow are working so hard to help, and who will benefit most from what their research seeks to answer, such as:

- How can we predict who is likely to respond to treatment?
- What are the potential causes of treatment failure?
- How do we adjust treatment options to become more effective?
- How do we mitigate the side effects of treatment?

Postow's dream is that "One day I could sit down with my patients and say here's what we know about you. Here's exactly how we're going to boost your immune system to take care of your cancer and put you into long-term remission. I could tell patients exactly what's going on and what's working or not working. And if something isn't working, I know right away and can change what we're doing. We're not there yet but that's where we'd like to be one day."

With the help of MRA funding and continued advancements in research, dreams like Postow's may not be too far in the future. After all, it wasn't that long ago that immunotherapy was relegated to the experimental side of oncology and now it's become center stage. 🕒





## In Honor of Dr. Jeffrey S. Weber 1952-2024

This year, the melanoma community lost a true pioneer in the field of cancer immunotherapy and an extraordinary leader in melanoma research. Dr. Jeffrey Weber's contributions have forever changed the landscape of melanoma treatment, bringing groundbreaking advances from the lab into clinical practice and offering hope to countless patients.

Dr. Weber's distinguished career was marked by decades of dedication to harnessing the power of the immune system to fight cancer. He was a visionary who played an instrumental role in the development of checkpoint inhibitors, TIL therapy, and other immunotherapy treatments that have revolutionized the way we approach melanoma and other cancers. His leadership at NYU Langone's Perlmutter Cancer Center, and previously at H. Lee Moffitt Cancer Center and USC's Norris Comprehensive Cancer Center, demonstrated his commitment to pushing the boundaries of scientific discovery and clinical excellence. Regardless of the scientific research he was leading, his uncompromising, patient-first focus and commitment to supporting the next generation of researchers may be the qualities for which he is most remembered.

Dr. Weber enriched MRA's scientific expertise through his distinguished service on MRA's Grant Review Committee and Medical Advisory Panel. He fostered collaborative partnerships between basic scientists, clinicians, and translational researchers and will continue to inspire the next generation of cancer researchers.

After winning the 2016 Giants of Cancer Care® award in Melanoma, Dr. Weber said,

**“Without clinical trials, there will be no cures. Someday we will be curing a large proportion of people with melanoma ... It may be in my lifetime, or it may not; what's important is that it will be cured, as long as good people continue to be involved in clinical trials.”**

The Melanoma Research Alliance is dedicated to ensuring Dr. Weber's passion and legacy live on and live strong through the innovative research that we continue to support.



# A New Dawn for Melanoma Treatment

## The Promise of Neoadjuvant Therapy

Melanoma has been a formidable adversary for medical researchers and clinicians. However, a groundbreaking approach known as *neoadjuvant therapy* is offering hope for a more promising future. This innovative treatment regimen involves administering therapy before surgery, aiming to shrink the tumor and enhance the immune system's ability to fight cancer cells.

Dr. Sapna Patel, a renowned expert in melanoma and neoadjuvant therapy and Endowed Chair in Cancer Research, Professor of Medicine and Ophthalmology and Director of the Cutaneous Oncology Program at the University of Colorado, sheds light on this approach. "Neoadjuvant therapy is like a preemptive strike against the cancer," she explains. "By treating the tumor before surgery, we can assess its response to therapy and potentially tailor the treatment plan accordingly."

One of the most significant advantages of neoadjuvant therapy is its ability to provide valuable information about the tumor's behavior. "By observing how the tumor responds to treatment before surgery, we can gain insights into its aggressiveness and potential vulnerabilities," Patel notes. This knowledge can help clinicians make more informed decisions about the most effective postoperative treatment.

For example, neoadjuvant therapy shows how effective treatment is and how much treatment was needed to shrink the tumor. If treatment wasn't as effective, then the clinical team can quickly assess and try alternate treatment options.

While neoadjuvant therapy holds great promise, it's not without its challenges. One potential drawback is the risk of the tumor spreading during the treatment period. However, Patel emphasizes, "In many cases, the potential advantages of neoadjuvant therapy, such as improved outcomes and reduced surgery, far surpass the

risks," she says. The thinking is that using immunotherapy when cancer is still present (in the neoadjuvant setting), can train the immune system to better identify cancer cells. As such, when the tumor is removed, the stimulated and primed immune system can hunt down any microscopic cancer remnants that may still remain and be prepared in the instance that the melanoma returns.

Another area of ongoing research is the optimal timing and duration of neoadjuvant therapy. Clinicians are exploring the most effective treatment regimens and determining how long to administer therapy before surgery. "The goal is to strike the right balance between maximizing the benefits of neoadjuvant therapy and minimizing risks," Patel explains.

The work that MRA is funding is helping researchers like Patel better answer these questions. It's also helping Patel and her group to develop biomarkers that determine if patients have developed memory T-cells that can specifically recognize melanoma. *Memory T-cells* are types of immune cells that remain long after an exposure to cancer antigens and are able to respond quickly when exposed to the same antigen if the cancer comes back, having the potential to kill the new tumor.

The field of neoadjuvant therapy for melanoma is rapidly evolving, with researchers making significant strides in understanding its mechanisms and optimizing its application. It is being compared to approved adjuvant therapy, treatment after surgical removal of cancer. Patel led a recent study, the SWOG S1801 phase II trial demonstrating that neoadjuvant immunotherapy followed with adjuvant immunotherapy after surgery had a superior event-free survival compared to just treating with adjuvant immunotherapy alone post-operatively. Another large, randomized study known as NADINA phase III trial using neoadjuvant combination immunotherapy followed by surgery and adjuvant therapy administered based on the

response to neoadjuvant treatment, resulted in longer event-free survival than surgery followed only by adjuvant immunotherapy. Both studies were shared at large international forums and have garnered significant attention, further highlighting the important role that melanoma research is playing in the cancer field and advancing neoadjuvant therapy potentially as the new standard of care.

“As these two studies mature over the next few years, we will hopefully shed some light on the role of what you need to do at the surgical level and post-operatively if you’ve received neoadjuvant immunotherapy,” says Patel. “For example, “Can we minimize the surgery? If you’re having such a strong response to neoadjuvant therapy, do you need the big surgery or can you have a more minimal surgery?”

Can you omit the surgery? Maybe people can have complete eradication of their tumor with neoadjuvant therapy alone. And if you’re really able to drop adjuvant therapy or minimize it, will there be shorter durations of treatment overall?”

As Patel notes, “The future of melanoma treatment is promising, and neoadjuvant therapy is playing a pivotal role in shaping that future.” By providing valuable insights into tumor behavior and offering the potential for improved outcomes, this innovative approach is paving the way for a more effective and personalized treatment paradigm. As researchers continue to explore the possibilities of neoadjuvant therapy, patients with melanoma have more options available to them than ever before. 🌐



**“The future of melanoma treatment is promising, and neoadjuvant therapy is playing a pivotal role in shaping that future.”**

**Dr. Sapna Patel**



# A Gut Feeling

## Research on the Microbiome and Melanoma

Dr. Jennifer McQuade's journey into oncology was far from traditional. Inspired by her mother's battle with cancer, McQuade pursued a career in medicine, but her path took a unique turn when she delved into the world of Chinese and Eastern medicine. This unconventional approach, combined with her deep understanding of Western medicine, has shaped her unique perspective on cancer treatment and made her a pioneer in the field of integrated medicine, combining Western medical practices with Eastern healing techniques.

Today, McQuade is an associate professor and physician scientist of Melanoma Medical Oncology at MD Anderson Cancer Center. Her research focuses on the microbiome, the vast community of microorganisms that inhabit our bodies. This often-overlooked aspect of health is gaining increasing attention for its potential impact on various diseases, including melanoma. McQuade's work, supported by an American Society for Clinical Oncology (ASCO) Career Development Award as well as her work as a Young Investigator on a Melanoma Research Alliance Team Science Award, has revealed intriguing connections between the microbiome and melanoma outcomes, offering hope for new therapeutic strategies.

"The microbiome is like a hidden organ within us, influencing our overall health," McQuade explains. "My research has shown that specific microbial signatures can predict how well patients respond to immunotherapy for melanoma."

McQuade's interest in the microbiome stemmed from her observations that patients with obesity often had better outcomes with melanoma treatment, which appeared to be related to fiber consumption. She began exploring the role of diet and lifestyle factors in influencing the microbiome and, in turn, cancer progression.

Through rigorous studies, she discovered that certain types of bacteria in the gut are associated with a better

response to immunotherapy, a powerful treatment for melanoma. These bacteria, known as fiber-digesting bacteria, are more prevalent in individuals who consume a high-fiber diet. "Our research has demonstrated that by modifying the microbiome through dietary interventions, we can potentially improve treatment outcomes for melanoma patients," McQuade says. "This opens up exciting possibilities for personalized medicine and targeted therapies."

McQuade's current research involves managing the amount of fiber and food consumed over the course of the study and assessing its impact on treatment response. MRA has played a crucial role in supporting this work. The MRA's funding has enabled McQuade to conduct large-scale studies and delve deeper into the complex relationship between the microbiome and melanoma.

"The MRA's commitment to funding innovative research has been instrumental in advancing our understanding of melanoma and exploring new therapeutic avenues," McQuade says. "Their support has allowed us to make significant strides in this field and really opened up a completely new area of investigation."

In January of 2024, McQuade, MRA staff and colleagues published a perspective article "*Melanoma and microbiota: Current understanding and future directions*" summarizing the field's current knowledge on how the gut microbiota affects melanoma response to immunotherapy, and how this knowledge can be used to improve patient outcomes, in the journal *Cancer Cell*.


The article is based on a March 2023 workshop jointly convened by the Melanoma Research Alliance and the Seerave Foundation following MRA's Annual Scientific Retreat. The workshop brought together experts in microbiology, immunology, computational biology, and oncology to explore the current state of the field, identify

unanswered questions, and to explore how to move the field forward.

The review concludes that the gut microbiota is a promising target to improve the efficacy and safety of immunotherapy for patients with melanoma, and that more research is needed to unravel the complex relationship between patient, microbiota, and immunotherapy response and to translate these findings into clinical practice.

As McQuade's research continues to unfold, the implications for melanoma treatment are profound. By understanding the microbiome's role in cancer, researchers

may be able to develop targeted therapies that enhance the effectiveness of existing treatments and improve outcomes for patients.

McQuade's work highlights the importance of integrated medicine, which combines conventional and complementary therapies to address the whole person. "By incorporating lifestyle factors and complementary therapies into our treatment plans, we can empower patients to take an active role in their own care," McQuade says. "The microbiome is just one piece of the puzzle, but it offers a promising avenue for improving outcomes and enhancing the overall quality of life for melanoma patients." 

**“[MRA’s] support has allowed us to make significant strides in this field and opened up a completely new area of investigation.”**

**Dr. Jennifer McQuade**





# RARE Melanomas

## A New Frontier in Melanoma Research

For Boris Bastian, MD, PhD, curiosity and an unwillingness to accept the status quo led to discoveries that have changed the melanoma field as we know it. Early in his career, Bastian, who is now the Gerson and Barbara Bakar Distinguished Professor in Cancer Research and Professor of Dermatology and Pathology at the University of California, San Francisco (UCSF), compared patterns of genomic alterations to clinical features and discovered a case that was very different from the others. “There were very striking genomic differences,” he says. The case turned out to be acral melanoma, a rare melanoma sub-type diagnosed in approximately 2,000-3,000 people in the U.S. each year.

At the time, the dermatology and oncology fields classified melanoma as a single disease. “Early on I realized that this notion that melanoma is one disease was not correct. Pathologists who tried to come up with classification distinguishing different melanoma types, based on where on the body they arose, how much sun the skin got, and how they

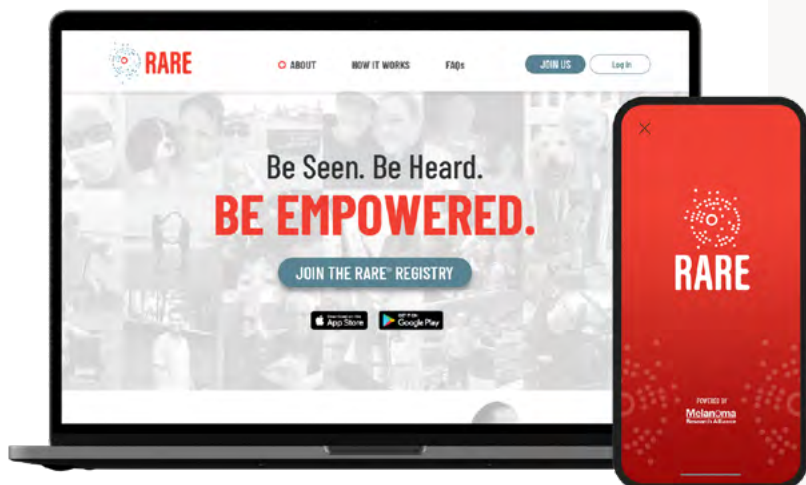
## Shedding Light on Rare Melanomas

### *The MRA RARE Registry Makes Strides*

The RARE Registry is enabling MRA to make significant strides in understanding melanoma, specifically the two rare melanoma subtypes, acral and mucosal melanoma. While most melanomas develop on sun-exposed skin, roughly 5,000 people are diagnosed with acral or mucosal melanoma annually. Due to their location as well as a lack of awareness among the general public, dermatologists and other clinicians, these rare subtypes are often detected later, leading to poorer prognoses. Additionally, treatment options for these melanomas are more limited compared to cutaneous melanoma (the most common type of melanoma). The RARE Registry seeks to bridge this gap in knowledge and address the challenges faced by patients with acral and mucosal melanomas.

The RARE Registry aims to:

- **Gather critical data:** Through surveys, patients share their diagnosis journey, treatment history, lifestyle factors, and quality of life experiences.
- **Empower patients:** The registry provides real-time, de-identified insights gleaned from participants, fostering a sense of community and engagement in research.
- **Inform research:** Researchers gain invaluable insights into the unique biology and challenges of rare melanomas, paving the way for more effective treatments and better management of the diseases.
- **Improve outcomes:** By understanding these aggressive subtypes, researchers can develop different therapies and improve patient prognoses.



**“The RARE registry is a game-changer... By understanding the unique characteristics of these diseases, we can develop more targeted and effective therapies.”**

**Dr. Vito Rebecca**



looked clinically and microscopically were closer to the truth than this unifying concept,” Bastian explains.

Through his research, Bastian has been able to definitively show the genomic differences between the more common cutaneous melanoma (believed to be caused by exposure to ultraviolet, or UV, rays) and the three rare sub-types of melanoma (acral, mucosal and uveal melanomas). Fast forward and these early insights are now well accepted within the field and Bastian is finishing up his involvement in the classification of melanoma in the World Health Organization’s (WHO) new edition of the Classification of Cutaneous, Mucosal, and Uveal Melanoma Book.

Despite finding unique characteristics of rare melanomas, much of how they work — and how to treat them — remains unknown. To address this, MRA has invested almost \$20M in funding rare melanoma research, including two Team Science Awards led by Bastian. MRA also launched the RARE Registry, a direct-to-patient registry specifically focused on acral and mucosal melanomas, which form in areas of the body not typically exposed to sunlight (e.g., palms, soles, under fingernails/toenails, mucosal linings of different tissues).

### **Addressing Racial Disparities in Melanoma Outcomes**

Studies have shown that individuals of color, particularly those with acral melanoma, often experience poorer prognoses compared to their non-Hispanic White counterparts. “Racial disparities in melanoma outcomes are a significant concern,” says Vito Rebecca, PhD. Rebecca is an internationally known translational molecular biologist

with a specialization in acral melanoma, an MRA Young Investigator Award recipient, a recent awardee of two grants from the Department of Defense Melanoma Research Program, as well as an Assistant Professor at Johns Hopkins Bloomberg School of Public Health. “By focusing on rare melanomas,” he says, “we can gain a better understanding of the underlying biological factors that contribute to these disparities and develop more equitable and precise treatment approaches.”

Rebecca’s research is actively contributing to what we know about rare melanoma subtypes. In February 2024, for example, Rebecca published the first paper ever to document how acral melanoma cells resist targeted therapy. “We feel it’s a massive accomplishment, but it’s also a very sad state of the field when this is the first paper to document a resistance mechanism and it’s 2024,” says Rebecca.

Like Bastian, Rebecca serves as a Scientific Advisor for the RARE Registry. He says, “The RARE Registry is a game-changer. It allows us to gather crucial data from patients with rare melanomas, which is essential for advancing research and improving treatment options. By understanding the unique characteristics of these diseases, we can develop more targeted and effective therapies.” And by unraveling the complexities of rare melanomas, the Registry will also help to address racial disparities in melanoma outcomes as we know it.

### **Early Success and Future Direction**

As of October 2024, the RARE Registry has enrolled over 340 participants, exceeding expectations and becoming the

“Getting the word out about the existence and unique features of these diseases is crucial.”

**Dr. Boris Bastian**



world’s largest registry for acral and mucosal melanoma. This includes 172 with mucosal melanoma, 95 with acral melanoma, and 73 with cutaneous melanoma (added in 2024 for broader data collection and comparisons to the more common type of melanoma).

Bastian and Rebecca emphasize the importance of the RARE Registry, which includes:


- **Improved Disease Classification:** By studying the unique features of rare melanomas, researchers can refine disease classification, leading to more targeted treatments.
- **Enhanced Awareness:** The registry raises awareness about the existence and distinct characteristics of rare melanomas, ensuring they are not overlooked.
- **Fueling Research:** The data collected will be a valuable resource for researchers to develop better diagnostic tools, treatment strategies, and ultimately, a cure for all types of melanoma.

Parallel efforts are ongoing to establish a biorepository collecting tumor and normal tissue samples from rare

melanoma patients. This critical step will allow researchers to study more tissue samples and gain deeper insights into these rare cancers. This is particularly important because the rarity of these melanomas has traditionally interfered with securing enough samples for any given research study.

The MRA is actively recruiting patients to participate in the RARE Registry. Every participant plays a crucial role in advancing research for these understudied melanoma subtypes.

“Getting the word out about the existence and unique features of these rare melanoma subtypes is crucial,” says Bastian. “These efforts are so critical because they create a forum for people to get together and counteract these factors that otherwise impede progress.”

The Registry is a beacon of hope for patients with acral and mucosal melanomas and researchers dedicated to finding a cure for these devastating diseases. By empowering patients and fostering collaboration, the Registry is paving the way for a brighter future in melanoma research to study these rare subtypes. 

**LEARN MORE ABOUT THE RARE REGISTRY:**

[RareMelanoma.org](https://RareMelanoma.org)



We Are

**BUILDING PARTNERSHIPS**



## Wall Street Takes a Stand Against Melanoma

### LFFM Raises Record-Breaking \$4 Million

The fight against melanoma, the deadliest form of skin cancer, received a major boost from the financial community this year. The annual **Leveraged Finance Fights Melanoma (LFFM)** event smashed fundraising records, pulling in an incredible \$4 million. This outpouring of support from over 1,200 leaders in leveraged finance and private equity, representing more than 100 firms, will directly benefit life-saving melanoma research.

Held at New York City's Museum of Modern Art, the event was a sell-out with a long waiting list, reflecting the growing commitment of LFFM. Founded in 2011 by melanoma survivors Jeffrey Rowbottom and Brendan Dillon, the event has become a powerful force in the fight against cancer.

"I believe our industry understands the significant impact our support of cutting-edge research can have," said Jeff Rowbottom, MRA Board member and LFFM co-founder. "Events like LFFM give everyone impacted by cancer — patients, survivors, and loved ones alike — hope that researchers will have the resources they need to continue to accelerate lifesaving research."

### Funding Innovation, Saving Lives

LFFM's partnership with MRA has yielded remarkable results. Over the past 10 years, LFFM has raised over **\$27 million**, funding 21 grants for cutting-edge melanoma research. This research has led to breakthroughs in new treatments, clinical trials, and improved detection and diagnosis technologies.

The impact goes beyond melanoma. Advances supported by MRA have revolutionized cancer treatment as a whole. "The melanoma community is leading the way for oncology as a beacon of innovation and scientific excellence," the event noted. Since LFFM's inception, 16 new melanoma treatments have been FDA-approved, with benefits extending to over 30 other cancers. The result? A significant decline in melanoma deaths compared to other cancers.



Jeff Rowbottom – MRA Board of Directors & General Atlantic Credit

### A Personal Connection

The impact of LFFM is more than statistics. MRA Board member Ian Schuman, diagnosed with Stage 4 melanoma in 2018, is a testament to the event's power. Thanks to connections with MRA-funded researchers, Ian received successful treatment. His experience led him to become deeply involved in melanoma research and MRA, calling LFFM the "Ultimate Power Networking with Purpose Event." Today, Ian is a co-chair of the event, highlighting the personal connection many have to the fight against melanoma.

While incredible progress has been made, with late-stage melanoma survival increasing from 5% to 50%, there's still work to do. Nearly half of advanced-stage melanoma patients still don't benefit from the latest treatments. Events like LFFM are crucial to ensure continued research and advancement. With Wall Street's continued support, the fight against melanoma can reach even greater heights. ○

“Events like LFFM give everyone impacted by cancer — patients, survivors, and loved ones alike — hope that researchers will have the resources they need to continue to accelerate lifesaving research.”

**Jeff Rowbottom, Co-Founder LFFM**



L to R: Jeff Rowbottom, Michael Milken, Ian Schuman – MRA Board of Directors



Debra Black – MRA Board Chair and Co-founder and Steve Brody – MRA Leadership Council



**LEARN MORE ABOUT LFFM**

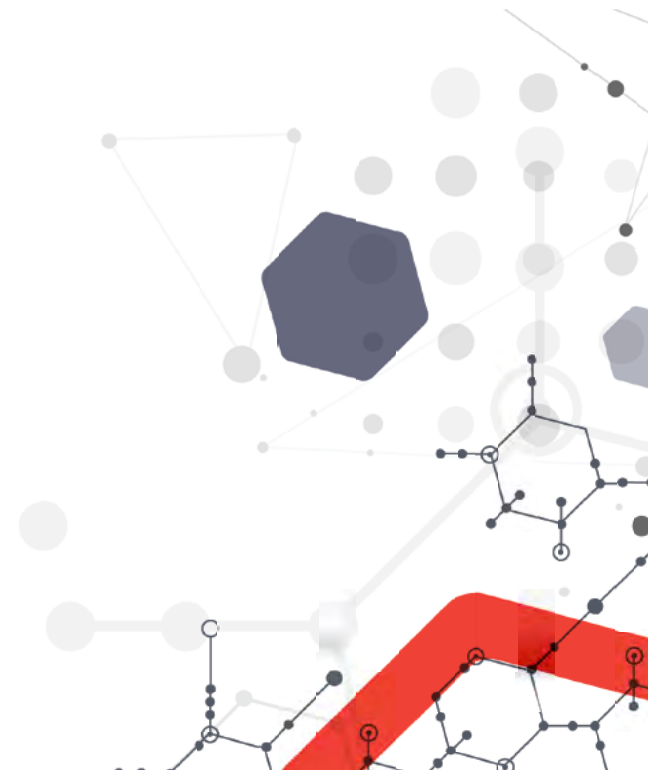
[curemelanoma.org/get-involved-2/events/leveraged-finance-fights-melanoma](https://curemelanoma.org/get-involved-2/events/leveraged-finance-fights-melanoma)

**DONATE TODAY: [give.CureMelanoma.org](https://give.CureMelanoma.org)**



# 2024 MRA Awards

A searchable database of all MRA grants is available at  
[CureMelanoma.org/Grants](https://CureMelanoma.org/Grants)



## MRA GRANT AWARDS

### Young Investigator Awardees

The MRA Young Investigator Awards empower the next generation of early career researchers. In addition to funding bold new ideas, MRA's Young Investigator Award program is also a training ground for researchers through the interaction with a senior melanoma investigator serving as a mentor as they prepare for the future of their science careers.

#### **Delineating T-cell migratory patterns in immunotherapy-treated melanoma**

*Ressler-Sokoloff – MRA Young Investigator Award*

Katie Campbell, PhD, The Regents of the University of California, Los Angeles

#### **The role of aging in immune-regulated reactivation from metastatic melanoma**

*Merck – MRA Young Investigator Award*

Mitchell Fane, PhD, The Research Institute of Fox Chase Cancer Center

#### **Elucidating metabolic modulators to enhance Treg-TME melanoma immunotherapy**

*Jill & Jay Bernstein – MRA Young Investigator Award*

Ariella Glasner, PhD, Technion Israel Institute of Technology

#### **Overcoming resistance to immune checkpoint blockade therapy with PSGL-1**

*Bristol Myers Squibb – MRA Young Investigator Award*

Jennifer Hope, PhD, Drexel University

#### **Spatial vascular patterns and immune exclusion mechanisms in melanoma**

*Wayne Stinchcomb Big Orange Foundation – MRA Young Investigator Award*

Minah Kim, PhD, Columbia University Irving Medical Center

#### **Targeting suppressive macrophages to overcome resistance to immunotherapy**

*The Pelletier Family Foundation – MRA Young Investigator Award*

Brian Miller, MD, PhD, The University of North Carolina at Chapel Hill

#### **Harnessing tissue-resident lymphocytes as a melanoma biomarker**

*LFFM Michael Milken Young Investigator Award*

Joshua Moreau, PhD, Oregon Health & Science University – OHSU



L to R: Nico Starink – MRA, Heman Bekele – TIME's 2024 Kid of the Year, and Vito Rebecca, PhD – Johns Hopkins Medicine

#### **Tumor-reactive T cells to treat melanoma leptomeningeal disease**

*Leveraged Finance Fights Melanoma (LFFM) – MRA Young Investigator Award*

Yolanda Pina, MD, H. Lee Moffitt Cancer Center & Research Institute, Inc

#### **Harnessing the tumor immune microenvironment of brain metastases**

*ASTRO – MRA Young Investigator Award in Radiation Oncology*

Lisa Sudmeier, MD, PhD, Emory University

#### **Targeting BRAF mutated melanoma with CD4+ T cells**

*Kline Hill – MRA Young Investigator Award*

Joshua Veatch, MD, PhD, Fred Hutchinson Cancer Center

### Pilot Awardees

The MRA Pilot Awards provide early support for conceptually novel, exploratory, high risk, and high impact projects with the potential to change the face of melanoma research and treatments.

#### **A hyperactive heterodimeric histone methyl transferase in melanoma**

*MRA Pilot Award*

Bassem Al-Sady, PhD, The Regents of the University of California, San Francisco

### **Targeting YAP1-TEAD in acral melanoma**

*The Black Family – MRA Pilot Award*

Andrew Aplin, PhD, Thomas Jefferson University

### **Recombinant modified vaccinia virus Ankara for acral melanoma immunotherapy**

*The Black Family – MRA Pilot Award*

Liang Deng, MD, PhD, Memorial Sloan Kettering Cancer Center (MSK)

### **Harnessing pDC-derived exosomes for enhanced melanoma immunotherapy**

*unWINE'd at Del Webb Riverlights – MRA Pilot Award*

Aimin Jiang, PhD, Henry Ford Health System

### **CARkinases: A path towards the next generation of T cell therapies**

*Ressler-Sokoloff – MRA Uveal Melanoma Pilot Award*

Cristina Puig Saus, PhD, The Regents of the University of California, Los Angeles

### **“Piloting” cellular therapy in uveal melanoma with Lifileucel**

*ACIS – MRA Pilot Award in Uveal Melanoma*

Alexander Shoushtari, MD, Sloan-Kettering Institute for Cancer Research

### **Immunotherapeutic cytokine/antibody fusion protein to treat acral melanoma**

*The Black Family – MRA Pilot Award*

Jamie Spangler, PhD, Johns Hopkins University School of Medicine

### **A molecular driver of exceptional response to immune checkpoint treatments**

*Leveraged Finance Fights Melanoma (LFFM) – MRA Pilot Award*

Hans Widlund, PhD, Brigham and Women's Hospital, Inc.

## **Team Science Award**

The MRA Team Science Awards utilize a multidisciplinary team science approach to foster collaborative research projects with the potential of rapid advancement to the clinic. This award also requires the inclusion of a Young Investigator to participate on the research team and interact with a melanoma mentor.

### **Molecular alterations and therapeutics for high-risk uveal melanoma**

*MRA Team Science Award*

Anne Bowcock, PhD, Icahn School of Medicine at Mount Sinai

### **Characterize antigen-presenting astrocytes to inhibit melanoma brain metastasis**

*The Jane and Daniel Och Family Foundation –*

*MRA Team Science Award*

Neta Erez, PhD, Tel Aviv University

### **Enabling AI for early detection of melanoma in smartphone images**

*Anna-Maria & Stephen Kellen Foundation –*

*MRA Team Science Award*

Allan Halpern, MD, Memorial Sloan Kettering Cancer Center (MSK)

### **Interrogating the role of CD27-CD8+ T cells in immunotherapy responses**

*MRA Team Science Award*

Frank Hodi, MD, Dana-Farber Cancer Institute

### **Dissecting neural-like cell states in melanoma brain metastasis**

*Tara Miller Melanoma Foundation – MRA Team Science Award*

Benjamin Izar, MD, PhD, Columbia University Irving Medical Center

### **Studying acral & mucosal melanoma's cellular networks & immune resistance**

*MRA Team Science Award generously supported by*

*the Black Family*

Matthew Krummel, PhD, The Regents of the University of California, San Francisco



Marc Hurlbert, PhD – MRA and Collin Costello, MD – Mayo Clinic

## Organoid modeling of melanoma checkpoint inhibitor response and resistance

*Leveraged Finance Fights Melanoma (LFFM) – MRA Team Science Award*

Calvin Kuo, MD, PhD, The Board of Trustees of the Leland Stanford Junior University

## A molecular glue to degrade tumor-surface PD-L1 and improve therapies

*Ressler-Sokoloff – MRA Team Science Award*

Roger Lo, MD, PhD, The Regents of the University of California, Los Angeles

## Optimizing the immune mediated-destruction of NRAS mutant melanoma

*Mary Jo and Brian Rogers – MRA Team Science Award*

Keiran Smalley, PhD, H. Lee Moffitt Cancer Center & Research Institute, Inc

## Targeting CTLA-4 to optimize the management of melanoma brain metastasis

*Leveraged Finance Fights Melanoma (LFFM) – MRA Team Science Award*

Ryan Sullivan, MD, Massachusetts General Hospital (Mass General)

## Dermatology Career Development Award

The MRA Dermatology Career Development Award supports early career scientists interested in the prevention, detection, diagnosis, and early intervention of melanoma.

## The role of the microbiome and treatment response in rare melanoma subtypes

*L'Oreal Dermatological Beauty Division – MRA Dermatology Career Development Award*

Florentia Dimitriou, MD, PhD, University of Texas M.D. Anderson Cancer Center

## Deep learning pathology image analysis of neoadjuvant treated melanoma

*Anna-Maria & Stephen Kellen Foundation – MRA Dermatology Career Development Award*

Nigel Maher, PhD, Melanoma Institute Australia



Patrick Hwu, MD – Moffitt Cancer Center and Meenhard Herlyn, DVM – The Wistar Institute

(L to R): Neal Rosen, MD, PhD, Charlotte Ariyan, MD, PhD, Danielle Bello, MD, & Veronica Rotemberg, MD, PhD – Memorial Sloan Kettering Cancer Center





# Tributes & Memorials

In 2023, gifts were made to honor the following individuals.

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# Finances

Financial presentation based on MRA's 2023 externally audited financials.

Full audit and IRS 990 are available online at [CureMelanoma.org/Financials](https://CureMelanoma.org/Financials)

## Statement of Financial Position

<b>ASSETS</b>	<b>TOTAL 2023</b>	<b>TOTAL 2022</b>
Cash and Cash Equivalents	\$10,055,472	\$10,912,733
Investments	\$11,779,185	\$10,877,034
Contributions Receivable (Net)	\$2,538,036	\$5,454,387
Prepaid Expenses and Other Assets	\$165,962	\$89,192
<b>TOTAL ASSETS</b>	<b>\$24,538,655</b>	<b>\$27,333,346</b>

<b>LIABILITIES</b>	<b>TOTAL 2023</b>	<b>TOTAL 2022</b>
Accounts Payable	\$184,366	\$133,430
Grants Payable (Net)	\$10,848,720	\$13,069,601
Deferred Revenue	\$497,500	\$277,500
<b>TOTAL LIABILITIES</b>	<b>\$11,530,586</b>	<b>\$13,480,531</b>

<b>NET ASSETS</b>	<b>TOTAL 2023</b>	<b>TOTAL 2022</b>
Unrestricted	\$10,470,033	\$12,027,815
Temporarily Restricted	\$2,538,036	\$1,825,000
<b>TOTAL NET ASSETS</b>	<b>\$13,008,069</b>	<b>\$13,852,815</b>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>\$24,538,655</b>	<b>\$27,333,346</b>

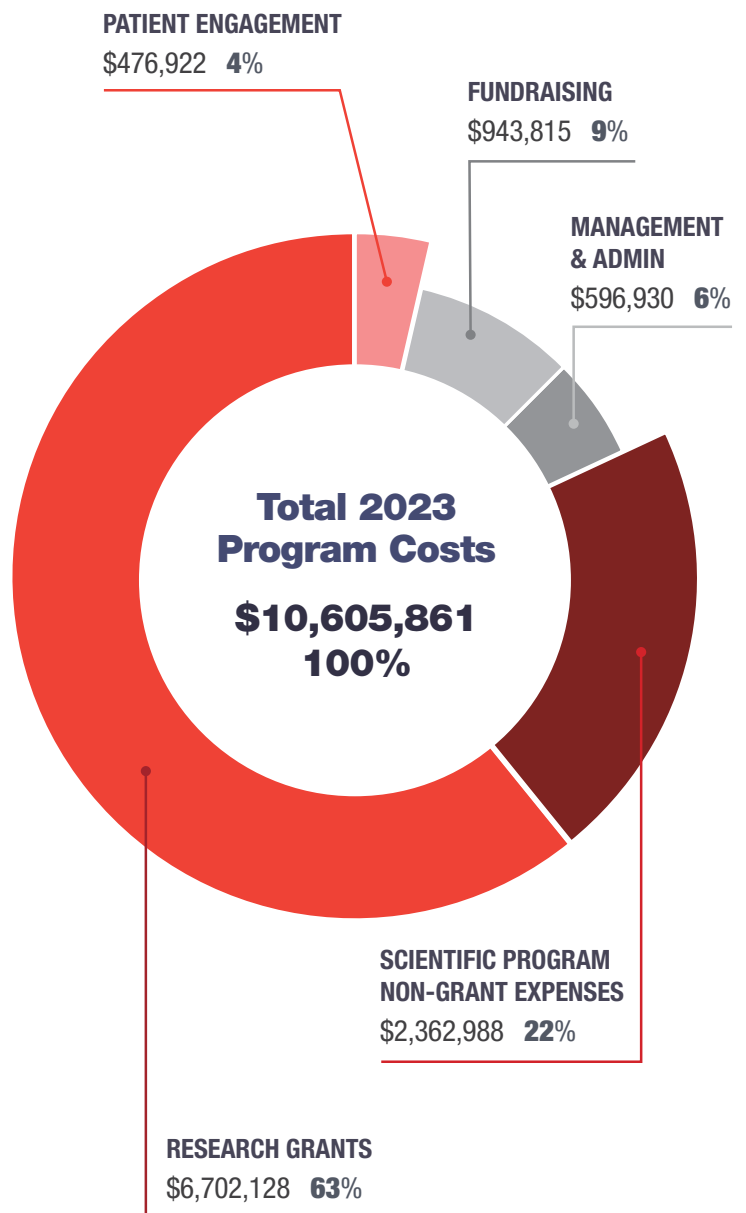
**100%** of all donations go directly to research — no admin, development, or other fees

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## Statement of Activities

REVENUE	TOTAL 2023	TOTAL 2022
Contributions (Collectible Net)	\$4,920,205	\$7,877,755
Special Events (Net)	\$2,806,338	\$2,651,407
Sponsorship	\$651,705	\$744,500
Interest/Investment	\$1,334,327	\$(653,695)
In Kind Contributions	\$210,864	\$105,762
Write-Off	\$(170,150)	\$(37,600)
Other Income (Loss)	\$7,826	\$(2,720)
<b>TOTAL REVENUES</b>	<b>\$9,761,115</b>	<b>\$10,685,409</b>

EXPENSES	TOTAL 2023	TOTAL 2022
Research Grants	\$6,702,128	\$12,272,878
Personnel Costs	\$1,963,354	\$2,065,037
Travel & Entertainment	\$503,582	\$399,336
Other Expenses	\$562,391	\$518,951
Meetings & Conferences	\$415,778	\$251,723
Professional Fees	\$356,784	\$332,379
Occupancy	\$101,844	\$115,677
<b>TOTAL EXPENSES</b>	<b>\$10,605,861</b>	<b>\$15,955,981</b>
<b>NET INCOME/(LOSS)</b>	<b>(\$844,746)</b>	<b>(\$5,270,572)</b>



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A heartfelt thank you to all of our 2023 donors. Your generosity makes our work possible: [give.curemelanoma.org](http://give.curemelanoma.org)



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The Melanoma > Exchange, available at [CureMelanoma.org/Community](https://CureMelanoma.org/Community) is a vibrant online community led by patients and caregivers with firsthand understanding of melanoma and clinical trials and experts from the MRA staff.

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Director, Parker Institute for Cancer Immunotherapy  
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Deputy Director, David H. Koch Center for Applied Research of Genitourinary Cancers  
The University of Texas, MD Anderson Cancer Center

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Professor, Dermatology and Pathology  
Gerson and Barbara Bass Bakar Distinguished Professor, Cancer Research  
University of California, San Francisco

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Saint John's Cancer Institute, Saint John's Health Center  
Professor, Dept of Medicine, Division of Oncology  
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Director, Tumor Immunology Program, Jonsson Comprehensive Cancer Center  
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### Suzanne Topalian, MD

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**Sancy Leachman, MD, PhD**

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Professor, Medicine  
Associate Chief and Professor, Dermatology  
Professor, Molecular & Medical Pharmacology  
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The Melanoma Research Alliance Leadership Council is a proud community of individuals committed to melanoma research, patient engagement, and advocacy. The Leadership Council advances MRA's mission in a number of ways including serving as MRA ambassadors, lending access to their networks, sharing their unique expertise, and encouraging others to join in and support MRA.

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