When I became MRF Chair in 2002, it was clear that the Melanoma Research Foundation was “growing up” rapidly and the need for a national organization to confront the treatment, social, scientific and political issues of melanoma was immense. To address these issues, the MRF Board convened its first strategic planning meeting in Denver where we reaffirmed our three-part mission of RESEARCH, EDUCATION and ADVOCACY and prioritized steps we would take over the next three years. I am proud to report that we have had major successes since then, and possibly the most significant has been our success in advancing research in order to find new, effective treatments and ultimately a cure.

Just a few years ago, melanoma research was “dead in the water.” The situation looked bleak: No program to attract young researchers, no ongoing meetings of basic scientists to share and collaborate, no programs to keep all researchers and clinicians focused on melanoma, little interest at the National Cancer Institute, no program to bring melanoma organizations across the US together to expand research efforts. With the organization of MRF’s Scientific Advisory Committee and the focused energy of MRF, we have now helped to fund two international congresses of 400 scientists through the Society for Melanoma Research (SMR) in Philadelphia in 2003 and Phoenix in 2004, we have increased our funding for research every year (with $450,000 in grants committed in 2005), we have encouraged more and more young scientists to enter the field of melanoma research, we have reached out to scientists and clinicians through the American Academy of Dermatology and the American Society for Clinical Oncology, we partnered with the Society for Melanoma Research in developing a roadmap for melanoma research, we have announced the $100,000 Diana Ashby Memorial Research Grant for senior scientists, we convened the second medical-scientific workshop, with the third scheduled for the Fall of 2005, and we have represented the melanoma community at four NIH-sponsored meetings.

All in all, melanoma is no longer the “step child” in the field of cancer. We have, and will continue to work hard to put melanoma on the map as a cancer to receive more scientific attention and funding. And we will represent the melanoma community as a community that must be listened to and considered especially as decisions on program and scientific funding are made.

Yes, because of your involvement and support, MRF has grown up as a voice for melanoma research. And we are committed to keep that growth and development going.

As a follow up to strategic planning in 2002, the MRF Board held its second strategic planning meeting this past March to see what we have accomplished and where we need to go. As an assessment, we have, for example, strengthened our position and presence in the scientific community, we have a national education program that is annually growing in significance, we assumed management leadership of the Melanoma Patient Information Page, we have expanded the reach and effectiveness of our quarterly newsletter, we have looked seriously at who we are, what we have done and where we must go. It was clear to the MRF Board, as we looked ahead, that the time was right to hire an Executive Director and to charge that person with getting us to the next level and beyond. We needed this professional resource if we were to expand research, expand education and expand the melanoma community's voice in Washington DC - - and all across the US. We must compete aggressively, and cannot do so without a national office and professional staff.

Continued on page 4
MRF CO-SPONSORS INVESTIGATOR MEETING

In early March, the Melanoma Research Foundation together with the Herbert J. Siegel Cancer Fund for Pharmacogenomics, Chiron Corporation, Agencourt Bioscience Corporation, and Agilent Technologies co-sponsored a melanoma investigator meeting at the Banbury Center at Cold Spring Harbor Laboratory (Long Island, New York). The meeting, A CRITICAL REVIEW OF MELANOMA - GENOMIC APPROACHES WITH THERAPEUTIC PROMISE, was organized by Dorothea Becker, Ph.D., University of Pittsburgh, organizer of the 2003 MRF Medical Scientific Workshop and a past member of MRF's Scientific Advisory Committee, and Martin McMahon, Ph.D., University of California San Francisco.

The three-day conference brought together a group of twenty-five investigators from the United States and Europe comprised of scientists, clinicians, and pathologists from the melanoma research community, including two MRF grant recipients, and researchers from outside the melanoma field.

The focus of the meeting was to present and discuss state-of-the-art genomic, proteomic, and light-based imaging approaches that: (1) continue to lead to the identification of new genes that play an important role in the development of metastatic melanoma and its preceding stages; (2) characterize these genes as possible biomarkers for melanoma; (3) block the function of genes in melanoma; and (4) lead to new biologic therapies for melanoma. The meeting demonstrated that the concerted effort, put in place a few years ago, to introduce powerful new molecular technologies to the study of melanoma and its precursor lesions, has come to bear its fruits. The meeting also laid the platform for new and important collaborations between members of the melanoma research community and researchers from scientific disciplines not related to skin cancer who want to apply their expertise to the study of melanoma.

NATIONAL CANCER INSTITUTE MEETS WITH SOCIETY FOR MELANOMA RESEARCH AND MRF REPS; MELANOMA “ROADMAP” DISCUSSED

Seven members from the National Cancer Institute (NCI) and representatives from the Society for Melanoma Research and MRF participated in a meeting in Washington DC in early April to discuss ways to bring research into the etiology and progression of melanoma into stronger focus at NCI. Dr. Meenhard Herlyn, President of the Society for Melanoma Research (SMR) and former Chair of MRF's Scientific Advisory Committee, presented the “Melanoma Roadmap” to Dr. Karen Antman, NCI's Deputy Director. Discussion ensued as to how best to promulgate the roadmap and integrate its goals into the priorities at the NCI. It was stressed that although the incidence of melanoma is not as high as lung, prostate, breast, or colorectal cancer, it is nevertheless important. Melanoma develops at a younger age than those cancers and is responsible for more “years of life lost” when it does strike. There are approximately 440,000 individuals alive in the US who have been diagnosed with melanoma. These individuals are vital members of the advocate community and their needs are important as they are at risk for second primary melanoma.

A number of important issues were developed. A major problem is the lack of young investigators, not only within the field of melanoma research, but at all levels of NIH funding. This is a concern because new ideas and new efforts are critical to research at any level and for any organ site. Ways to encourage new investigators and develop the critical mass of research necessary for progress in melanoma were discussed. Models from other cancers were suggested. In the area of pancreas cancer, for example, advocates have developed a method to work with NCI to fund new investigators who may have missed funding by a few points, that is those who had grants in the 16-22 percentile. It was suggested that the Melanoma Research Foundation might focus some of its research funding in a similar way, in collaboration with the NCI. (It was highlighted that MRF's research grant program was created to attract new investigators to melanoma. This year seven young investigator awards will be given.)

A second major issue discussed was the need to open participation at various group or program meetings, all funded by NIH, to all relevant groups. This would encourage cross-fertilization that is necessary to move science forward.

A set of priorities from the roadmap which are unique to melanoma is now being developed by the SMR for presentation to NCI as opportunities for possible collaboration.
THANK YOU!

MRF volunteers around the United States continue to receive our appreciation for everything they are doing to raise funds, raise friends and promote awareness and prevention on behalf of melanoma research, education and advocacy. Some events in April.

JUDY SETAR’S MEMORIAL 5K WALK/RUN
Family and friends of Judy Setar joined her daughter, Monica Donohue, on April 2 at Chicago’s Lakefront Park and raised over $4,000 for melanoma research in a 5K walk and run. About 50 people, including several “riders” in single and double strollers, participated. As Monica stated in her thank you, “taking a walk on a beautiful day was one of her favorite things to do, so we thought it the most appropriate way to honor her.”

2ND ANNUAL LEONARD E. WARREN MEMORIAL RUN FROM THE SUN
This year’s event on April 6 in downtown Jackson, Mississippi had 324 registered. In addition to providing free skin cancer screenings and raising money, melanoma awareness was at the forefront during the day, including a number of radio and TV spots by Marshall Ramsey on skin cancer. We thank Baptist Health Systems, Blue Cross/Blue Shield of Mississippi, Entergy, Fleet Feet Sports, The Mississippi Braves, Structural Steel, The Neshoba Democrat and Citizens Bank. We are also in debt to Keith Warren and his family (including his Mom). The event is a true labor of love.

8TH ANNUAL RAYZ AWARENESS 5K AND 1 MILE FUN RUN
The Bill Walter III Melanoma Research Fund held its 8th Annual Rayz Awareness 5 K and 1 Mile Fun Run on April 30 in Ormond Beach, Florida. Over 500 runners participated. The Bill Walter III Fund co-sponsors a research grant with MRF and is also a primary sponsor of MRF’s Medical-Scientific Workshops.

MILES FOR MELANOMA: DERMATOLOGY INTEREST GROUP AT VANDERBILT UNIVERSITY
Congratulations to Alex Eshagian, President of the Vanderbilt University School of Medicine Dermatology Interest Group, on organizing a team of runners to participate in the Country Music Marathon and Half Marathon in Nashville on April 30. Over $3,000 was raised. The Group is so positive about raising funds and money for MRF that they have already recruited other medical schools for Miles for Melanoma.

Throughout the Spring and Summer, MRF volunteers and melanoma organizations will have sponsored events and activities from ocean to ocean and border to border. Further information and photos will be included in upcoming newsletters. We thank everyone organizing a community event and friends who donated to their success.

April 22 Tucson, Arizona 4th Annual Wings of Hope Golf Tournament & Dinner – Julie Smith and her committee of dedicated volunteers
April 25 Los Angeles, California – Second Annual Hank n’ Smack – Kerry Daveline Celebrity Golf Tournament – Kevin West, his staff and Committee
April 29 Lemont, Illinois – 5th Annual Melanoma Walk in Memory of Beverly Nickleski Maske
May 7 Ashland, New Hampshire – 4th Annual Miko Memorial Bike Ride in Memory of Paul T. Mikalauskas – Joan Mikalauskas
May 14 Dallas, Texas – The Schlip Miles for Melanoma Walk – Jean Schlipmann and her dedicated committee
May 14 Port Orchard, Washington – 4th Annual Randy G. Johnson Memorial Golf Tournament – Coreen Johnson and her committee
May 14 Rock Island, Illinois – 3rd Annual Doin’ It for Deb Walk – Carol Ehler and her dedicated committee
May 21 Northville, Michigan – 2005 Linda A. Transou Melanoma March – Linda Transou and her family and friends
May 21 Gibbon, Nebraska – Wings of Hope Celebration in memory of Jon Warrington – Jim and Candi Warrington and their family and friends

Continued on page 7
WHO's Alert on Sunbeds

WORLD HEALTH ORGANIZATION RECOMMENDS THAT NO PERSON UNDER 18 SHOULD USE A SUNBED; WARNS THAT SUNBED-LOVING EUROPEANS FACE CANCER “EPIDEMIC”

On March 17 the World Health Organization (WHO) warned young Europeans that their taste for getting a tan even before they hit the beach could result in an “epidemic” of skin cancer within a decade. From its Geneva offices, WHO said that no person under 18 years of age should use a sunbed and that “it is known that young people who get burnt from exposure to UV will have a greater risk of developing melanoma later in life, and recent studies demonstrate the direct link between the use of sunbeds and cancer.”

“We recommend that you don’t use sunbeds,” Michael Repacholi, coordinator of WHO’s radiation and health program, said. “If you want to, there are a set of rules that we have identified that you should adhere to,” he said, adding people ought to be supervised and use goggles to protect their eyes.

Recent studies have shown a direct link between ultraviolet radiation emitted by sunbeds and sunlamps and skin cancers, prompting the WHO to call for stricter controls on their use. Regular sunbed use may cause disfigurement from removal of skin cancers and early death if the cancer is malignant melanoma, the UN agency said, adding it would also add substantial costs to national health systems.

Promoted by an unregulated, multibillion dollar industry, tanning devices in commercial studios are popular among Caucasians, especially in western Europe and increasingly eastern Europe. Young females, many fair-skinned, often turn to “all-over-tan,” clam-shaped sunbeds ahead of a beach holiday. “They think they are going to be protecting themselves by getting a tan before they go so they don’t get sunburned when they get there. This is basically a myth, it doesn’t provide adequate protection at all,” Repacholi said.

One in three cancers worldwide is skin-related, mostly due to over-exposure to natural radiation from the sun, according to the WHO. There are 132,000 cases of malignant melanoma worldwide each year and an estimated 66,000 deaths from melanoma and other skin cancers. The annual incidence rate for melanoma, the most dangerous form of skin cancer, is estimated to have more than tripled in Norway and Sweden since 1960, and doubled in the United States since 1975, the WHO said.

Sunbeds can emit levels of ultraviolet radiation many times stronger than the mid-day summer sun, the WHO said. France and Sweden are among the few countries to regulate their use.

While this WHO newsrelease focused on Europe, there is a growing base of concern in the United States as well as a growing cry for tanning salon/sunbed regulation.

"NEW DIRECTIONS AND A RENEWED COMMITMENT" - FROM PAGE 1

Vision in the past has led to many successes. Vision right now for MRF on behalf of the melanoma community must include professional support to “get the job done.”

At the end of 2005, I will step down as MRF’s Chair but will continue as a Board member. As long as melanoma continues to kill patients in their prime of life, I will work hard to accomplish our ultimate goal: To find new, effective treatments for this disease and to fulfill the promise of finding the cure.

MRF began as a grassroots organization of dedicated and determined volunteers. The work they began must continue and must grow as a national force for the melanoma community. I am convinced that it will be accomplished through a partnership of volunteers and professional staff in a cause we are all committed to.

Casey Culbertson, MD
Chair

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MEET US IN ST. LOUIS!

The Melanoma Research Foundation will hold an educational program for patients, family members and healthcare providers in St. Louis on Saturday, June 11. The program will be coordinated by Clay M. Anderson, MD, Associate Professor of Clinical Medicine, Director of Clinical Services and the Charles and Veta G. Claborn Faculty Chair in Cancer Research at the Ellis Fischel Cancer Center at the University of Missouri Health Care.

Cooperating with MRF in organizing the symposium is the Melanoma Hope Network.

The program will take place at the St. Louis Marriott West (660 Maryville Centre Drive). Directions to the hotel can be secured by calling 314-878-2747.

Registration will start at 10:00 AM, with the program beginning at 10:30. Following questions and answers, we will have a buffet lunch and a presentation on surgical treatment.

THE PROGRAM . . .

• Scott W. Fosko, MD, St. Louis University, Professor and Chairman, Department of Dermatology
  “Managing Primary Melanoma: Challenges and Advances”

• Clay M. Anderson, MD, Ellis Fischel Cancer Center at the University of Missouri Health Care
  “Where Should I Go for Treatment? What Should I Look for in a Melanoma Doctor / Center?”

• Thomas P. Quinn, PhD, Professor of Biochemistry & Radiology, Radiopharmaceutical Sciences Institute, University of Missouri - Columbia
  “Development of Novel Melanoma Radioimaging & Radiotherapy Agents”

Buffet Lunch

• Eddy C. Hsueh, MD, St. Louis University, Associate Professor of Surgery, Surgical Oncology
  “What’s New in Surgical Treatment of Regional and Distant Metastases”

Patients, family members and healthcare providers may register for this educational symposium by calling MRF at 800-MRF-1290 or by going to www.melanoma.org to register via the internet. Pre-registration is required. A $15 donation is suggested, but not required. Deadline for registration is Wednesday, June 8, 2005.
"Beat the Beast" Fundraiser

“BEAT THE BEAST” PROGRAM - - INVOLVE YOUR COMMUNITY IN RAISING FUNDS FOR MELANOMA RESEARCH, EDUCATION AND ADVOCACY

You’ve seen cut-outs of shamrocks, sneakers, you name it, hanging on the walls in grocery stores, restaurants and lounges, offices, beauty parlors and retail stores all with someone’s name printed on it. It is a fundraiser for the charity - - for $1 or more you write your name or message on the cut-out and it is hung up with others. But it is also a way to raise awareness of the disease/organization. Well, MRF now has its own cut-out . . .

You can join us in recruiting local stores, restaurants, shops, etc. to sell our “umbrellas” for $1 and to hang them prominently. We have a kit available for you to use in selling the idea to owners of local establishments and stores, as well as to your company. It’s an easy way for you to join us in raising awareness and in raising money. To get your kit, email wrmarsch@earthlink.net. We can send the kit by email or by regular mail.

ANNOUNCEMENT TO RESEARCHERS

DIANA ASHBY MEMORIAL RESEARCH AWARD

The Diana Ashby Memorial Research Award is given to established melanoma researchers, or senior researchers working in closely related fields who wish to move into melanoma research. Up to $100,000 per year, for two years, may be provided. Emphasis will be placed on projects that explore innovative approaches to understanding melanoma and its treatment. Both basic and clinical research projects will be considered. Researchers normally must be either permanent residents or citizens of the United States, and hold a PhD or MD degree. Applicants must have held a title equivalent to Associate Professor or higher for no fewer than 5 years, and should have established a nationally-known research program.

JUNIOR RESEARCH AWARD

Junior awards will be given to investigators who are beginning a research career emphasizing melanoma-related projects and have not yet established strong federal funding. Up to $50,000 per year, for two years, may be provided. Emphasis will be placed on projects that explore innovative approaches to understanding melanoma and its treatment. Both basic and clinical research projects will be considered. Researchers having a title equivalent to assistant professor, or at least four years of postdoctoral experience, are eligible to apply for junior awards. Junior applicants should have evidence indicating strong departmental or institutional support and commitment, and be within 10 years of receiving their advanced degree. Junior applicants should not have ever received major (e.g., R01) grant support, nor should they hold tenured positions.

More information may be secured at www.melanoma.org
**Pediatric Melanoma**

"RISE OF MELANOMA IN KIDS ALARMING DOCTORS"

**ASSOCIATED PRESS, 4/28/05**

Lindsay Tanner, medical writer for the Associated Press, released a story to newspapers across the US on April 28 noting the rise of melanoma in children. The following highlights Ms. Tanner’s release. MRF and MPIP are conducting a survey on pediatric melanoma. The questionnaire appears on Page 7. We encourage all of our readers to distribute the questionnaire to their physicians and to bring it to the attention of those who may have experienced melanoma as children or teenagers.

Doctors used to think that it took years for the deadliest skin cancer to develop - that is, until melanoma started appearing in teenagers and children. She sited a young 10 year old from the Chicago area who noticed a dark bump on his upper left arm, thinking, during a Boy Scout camping trip, that it might even be a tick. “I pushed it but it didn’t move, but it bled,” he said.

It wasn’t until a few months later, during a visit to his pediatrician, that he casually asked his dad if he should mention the odd mole. That led to a referral to a specialist and alarming test results that caught even his doctors by surprise.

Melanoma was until recently almost unheard of in children, and it was a diagnosis that his family wasn’t prepared for. Pediatric melanoma is still uncommon in children, affecting seven per million, or about 500, according to 2002 statistics from the National Cancer Institute. But that number has risen from three per million in 1982. Recent studies also report increases in England, Sweden and Australia.

The newsrelease stated that Dr. Charles Balch of the American Society of Clinical Oncology, who has specialized in melanoma for 30 years, saw his first pediatric case five years ago. Since then, Johns Hopkins Hospital, where he works, has treated about 20 youngsters, the youngest just 8.

Some pediatricians who see unusual moles in children “would ordinarily dismiss this as nothing because melanoma is not supposed to happen in this age group,” Balch said. “We all should be aware that this can occur and biopsy suspicious or changing moles in children.”

Balch said reasons for the increase are uncertain. Some doctors think it might be from depletion of the ozone layer, which protects the Earth from some of the sun’s damaging ultraviolet radiation. Others attribute it to excessive sun exposure and blistering sunburns in early childhood, though some experts had thought it took much longer for skin damage from repeated sun exposure to develop into cancer.

Melanoma prevalence has risen in adults, too – more than doubling in the past 30 years, according to the NCI. And the American Cancer Society estimates that this year about 60,000 US adults will be diagnosed with melanoma and that 7,700 will die from it.

Research from Italian doctors published in the March edition of PEDIATRICS found that melanoma lesions in children sometimes look different from those in adults and may be misdiagnosed. In adults, melanoma often looks like a black or very dark brown mole, or one with irregular borders. But half the Italian children studied had lighter-colored lesions, and most had well-defined borders. Also unlike adults, most children with melanoma have no family history of the disease, and they may lack other risk factors including moles present since birth, Balch said.

In the case of the young boy from Chicago, the mole was tiny but much darker than his other freckles, and it bled – another warning sign.

**COMMUNITY EVENTS - FROM PAGE 3**

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<td>Run for Cover – Char Kurant, Lisa Klafter and a dedicated committee</td>
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<td>May 21</td>
<td>Walla Walla, Washington</td>
<td>Third Annual Art’s Ride – Karen Fuller, Family &amp; Friends</td>
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<td>May 22</td>
<td>Loudonville, New York</td>
<td>Thomas W. Barner Memorial Fund Barbecue – Annmarie Perekhinsky</td>
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<td>Indianapolis, Indiana</td>
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<td>Denver, Colorado</td>
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<td>August 6</td>
<td>Norwich, Connecticut</td>
<td>4th Annual Cruise to Benefit Melanoma Research in Memory of Kathy Domijan – Jack Domijan and his dedicated committee</td>
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<td>August 7</td>
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<td>September 19</td>
<td>Grove City, Ohio</td>
<td>2nd Annual Anderson’s Army Golf Tournament – Ryan Anderson and the family and friends of Brian Anderson</td>
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*If you are planning a fundraising event or awareness activity, MRF wants to know so we can include it on our website - - www.melanoma.org - - and also to promote it in our newsletter. Let us know at marsch@melanoma.org.*
MRF Board Approves 2nd Strategic Plan
The MRF Board met in San Diego in early March to review the results of its first 3-year strategic plan, which we developed in 2002, and to look ahead to the next 3 years. In support of the Board’s discussions on the status of MRF and its need to continue on a strong path of growth and development, this year’s retreat yielded six strategic initiatives to assist MRF in becoming stronger and more organized as it moves from a $1.1M organization in 2005 to $4M by 2008. The initiatives that were identified:

• Develop a Human Capital Strategy – Hire an executive director and create a succession process for Board leadership
• Concentrate on More Strategic Partnering – Reach out to other melanoma organizations to establish cooperative endeavors and maintain ongoing communications and cooperation with the National Cancer Institute
• Expand Our Base of Support via a Grass-Roots Effort – Increase the number of MRF members and expand the number of local community events and activities
• Leverage the Scientific Advisory Committee (SAC) – Develop new strategies and programs to support and expand the efforts of SAC
• Continue to Plan, Promote and Execute Symposia – Strengthen MRF’s educational activities, especially the annual symposia for patients, family members and healthcare providers
• Actively and Strategically Recruit Board Members – Based on an assessment of leadership needs on the board, continue to identify and involve new members of the Board to advance MRF’s strategies and plans

More information will be reported through the newsletter as specific programs are developed and undertaken.

Marshall Ramsey Continues with Melanoma Awareness Cartoons
Thanks again, Marshall, for the great melanoma awareness cartoons you are donating to MRF through our newsletter. We have the first two cartoons and developed small posters (5½ x 8½), with an awareness/prevention message on the reverse side, for distribution at community events, medical meetings, symposia, etc. As so many people have told us, they are great to give out or pin up in offices, medical offices and clinics, in schools, retail stores, etc. With Marshall and MRF’s prior approval, the cartoons can also be reproduced in local newspapers or company or institutional publications or newsletters. (Just call MRF and request reprint permission.) If you would like to help in distributing these awareness/prevention cartoons, please contact MRF at 800-MRF-1290 or send a note to MRF, 24 Old Georgetown Road, Princeton, NJ 08540.

Drs. Lynn Schuchter and Howard Kaufman Join Scientific Advisory Committee
Dr. Menashe BarEli, chair of MRF’s Scientific Advisory Committee, has announced the appointment of Dr. Lynn Schuchter, University of Pennsylvania, and Dr. Howard Kaufman, Columbia Presbyterian, to the SAC. Welcome to Dr. Schuchter and Dr. Kaufman.

Melanoma Advocates Become “Celebrities” on The Today Show
Congratulations and thanks to Carole Kelly and a team of advocates for gaining the attention of NBC’s Today Show on Saturday and then on Melanoma Monday. Al Roker interviewed Carole. They gained attention by wearing bright yellow shirts and with a banner reading, “Cure Melanoma.” Next stop, Hollywood!

Dr. David Fisher New Chair-elect of Society for Melanoma Research
Congratulations to Dr. David Fisher, a member of MRF’s SAC, for his election as Chair-elect of the Society for Melanoma Research. Dr. Fisher is also the chair of MRF’s 2005 Medical-Scientific Workshop.

Summer is Coming - - Time to Order your SPF-50 MRF T-shirt
Go to www.melanoma.org, click on the merchandise button and order your t-shirt now. You can get them in white or gray, with long or short sleeves. Get one in time for summer.

Orange County (California) Symposium Kicks Off Melanoma Awareness Month
Organized in cooperation with the Chao Family Comprehensive Cancer Center at the University of California, Irvine Medical Center, MRF held its first 2005 educational symposium in Orange County, California on May 7. Over 110 people attended the program including patients, family members, doctors and healthcare professionals. CMEs were available through UCI. Coordinating the day-long program was Dr. Frank Meyskens from UCI Medical Center. Speakers included Dr. Boris Bastian (University of California, San Francisco), Dr. Donald Morton (John Wayne Cancer Institute), Dr. Jeffrey Weber (University of Southern California, Keck School of Medicine), Dr. Kim Margolin (City of Hope), Dr. Antoni Ribas (UCLA) and Dr. John Fruehauf (UCI).

BECOME AN MRF MEMBER TODAY!
As anyone diagnosed with melanoma quickly becomes aware, the lymphatic system is an important conduit for the spread of melanoma cells. It represents the most common first site of metastasis in people diagnosed with melanoma. Advances over the last decade or so in the surgical staging of regional lymph nodes, most importantly the technique of lymphatic mapping and sentinel lymph node biopsy, have significantly enhanced our ability to identify early metastatic spread to lymph nodes and, therefore, small deposits of tumor as well. The identification of microscopic disease in lymph nodes is not only important for discussions regarding prognosis, but also significantly impacts the clinician’s recommendation for further surgery and/or other treatments. While this surgical strategy has enhanced our clinical decision-making ability, little is known regarding the molecular mechanisms of how and why melanoma spreads to the lymph nodes in the first place. A better understanding is therefore imperative as the lymphatics are fundamental not only as a network for the spread of melanoma, but also as drainage pathways for lymphatic fluid from most regions of the body.

Over the past several years, growth factors (a type of protein) have been identified that may enhance the growth of lymphatic endothelial cells, those cells which line the lymphatic vessels and which enhance lymphatic metastasis. Among the growth factors, two in particular – VEGF-C and VEGF-D – have been shown to bind to receptors (specialized proteins on the surface of these endothelial cells), and may stimulate processes that contribute to the metastatic cascade.

Through the generous funding of the Melanoma Research Foundation, my laboratory has focused its efforts to better understand fundamental biological and molecular mechanisms that drive the clinically important process of lymphatic metastasis. As such, through this funding, we have been able to develop a novel method to isolate human lymphatic endothelial cells from tiny segments of lymphatic vessels removed from patients undergoing melanoma surgery. With funding from the MRF, we have been able to characterize several of the molecular signals that help confirm the identity of these specialized lymphatic endothelial cells that line the lymphatic vessels, known as lymphatic endothelial cells. Never before have such endothelial cells been identified, isolated, characterized, and established in culture in an anatomic fashion such as used for these studies. Through additional work in the laboratory, we have begun to understand the molecular processes that may be activated in lymphatic endothelial cells when stimulated by proteins released by melanoma cells. These important developments – an approach to the isolation, establishment in culture, and molecular characterization of human lymphatic endothelial cells – also serve as an important framework for future studies.

In a parallel set of experiments, we have been investigating whether these growth factors may have prognostic utility or be useful targets for anti-tumor therapy in patients with melanoma.

As both a clinician and investigator in the melanoma field, I not only have the privilege and opportunity to care for patients afflicted with melanoma on a daily basis, but have a unique vantage point from which to begin to translate the clinical problems that we face everyday into basic research questions. Through this linkage, I endeavor to find treatment solutions for this potentially life threatening disease. I am confident that the Melanoma Research Foundation will show continued interest and ongoing support for projects like mine, so future investigators will also be given an opportunity to creatively explore promising new ideas in the fight against melanoma, particularly in the current era of declining government-based funding.
Pediatric Questionnaire

MRF / MPIP Pediatric Melanoma Study Questionnaire

The Melanoma Research Foundation and the Melanoma Patient Information Page invite you to participate in a nationwide Pediatric Melanoma Study. If you would like your child to be included in this survey (or if you were less than 18 years of age at the time of your diagnosis), please complete and return this questionnaire to Dr. Casey Culbertson.

Study Patient # _______ (to be completed by survey)

Fill in the square that correctly answers for your child ❑ or for you as a patient ❑.

DEMOGRAPHICS
❑ Male ❑ Female
❑ Caucasian ❑ African – American ❑ Asian ❑ Hispanic ❑ Other ethnicity

LOCATION (Select your area by State)
❑ West (CA / NV / OR / WA / AK / HI)
❑ Mountain (ID / MT / WY / UT / CO / AZ / NM)
❑ Midwest (ND/ SD / NE / KS / MN / IA / MO / WI / IL / MI / IN / KY / OH)
❑ South (TX / OK / AR / LA / MS / TN / AL / GA / NC / SC / FL)
❑ East (ME / VT / NH / MA / RI / CT / NJ / DE / PA / WV / VA / WASH DC)

FAMILY HISTORY
❑ History of melanoma in family
❑ History of multiple moles
❑ History of sunburns

INITIAL DIAGNOSIS
_____ Yrs _____ months: Age at diagnosis of melanoma (years and months)

Stage of melanoma at diagnosis: ❑ I ❑ II ❑ III ❑ IV

Depth of primary (if known) _______ mm

❑ Known Melanoma Primary Lesion ❑ No known melanoma primary lesion found

Primary Site (if found): ❑ Face ❑ Scalp ❑ Neck ❑ Chest ❑ Back
❑ Arms / Hands ❑ Legs / Feet ❑ Other site

Primarily Lesion Diagnosed or suspected by: ❑ Pediatrician / Family Doctor ❑ Parents

Was the lesion initially ignored? ❑ Yes ❑ No

If YES: by whom: ❑ Doctor ❑ Parents

TREATMENT
Surgical:
❑ Lesion Excision ❑ Lymph node Removal ❑ Other surgery

Biological:
❑ Interferon ❑ IL- II ❑ Vaccine

Chemotherapy:
❑ Yes ❑ No

Other:
❑ Radiation ❑ No treatment after surgery

CURRENT STATUS
❑ Currently NED after surgery / treatment

Has had progression of disease since diagnosis: ❑ Yes ❑ No

If Progression – what Stage currently: ❑ I ❑ II ❑ III ❑ IV

CURRENT STATUS:
❑ Alive ❑ Died

If died, age at death: _____ Yrs _____ Months (years / months)

Please return the completed questionnaire to:
Casey Culbertson MD
Pediatric Melanoma Questionnaire
Department of Pediatric Cardiology
Children's Hospital & Research Center at Oakland
747 52nd Street • Oakland, California 94609

***Thank you from the MRF and the MPIP for participating in this important project!! ***
2005 Membership

BECOME A 2005 MRF MEMBER

On behalf of the Melanoma Research Foundation’s Board of Directors, you are invited to become a 2005 Member.

Why become an MRF member? We are often asked, when approaching corporations and pharmaceuticals for support, “How many members do you have?” It is a strong selling point for us, and an attractive reason for the business community to partner with us. In other words, your membership helps us to raise more and more corporate support and to establish MRF as a critical voice for the melanoma community.

In 2004, the first year of MRF’s Membership Program, donors and friends accepted our invitation to become “founding” members. A list of founding members was printed in our Fall 2004 newsletter. Today, we are asking all 2004 charter members to renew their membership in 2005 and are inviting all friends of MRF to accept our invitation to join us in advancing our mission of melanoma research, education and advocacy.

Membership benefits an MRF membership card, acknowledgment in the Winter newsletter, a copy of Dr. Howard Kaufman’s new book, THE MELANOMA BOOK, include an SPF-50 MRF or Miles for Melanoma t-shirt, a hummingbird pin, the appreciation of the melanoma community, and the positive feeling of knowing you are contributing to our growth and development as a national organization. (Benefits are listed below by membership category.)

To become a 2005 Member, please complete the coupon below and return it in the enclosed envelope. Your membership gift may be made in memory of a loved one or friend.

Membership Levels:

• Research Member – $500 or more
  - Listing in the Winter 2005 newsletter as a Research Member
  - A copy of Dr. Howard Kaufman’s new book, THE MELANOMA BOOK
  - An SPF-50 MRF t-shirt (you will receive an order form for size and color)
  - Hummingbird pin (if you received a pin in 2004, consider giving it to a friend)

• Educator Member - $250 to $499
  - Listing in the Winter 2005 newsletter as an Educator Member
  - A copy of Dr. Howard Kaufman’s new book, THE MELANOMA BOOK
  - Hummingbird pin (if you received a pin in 2004, consider giving it to a friend)

• Advocate Member - $100 to $249
  - Listing in the Winter 2005 newsletter as an Advocate Member
  - A Miles for Melanoma t-shirt
  - Hummingbird pin (if you received a pin in 2004, consider giving it to a friend)

• Member - $25-99
  - Listing in the Winter 2005 newsletter as a Member
  - Hummingbird pin (if you received a pin in 2004, consider giving it to a friend)

Remember, no matter what membership level you chose, you are contributing to MRF’s efforts to raise funds and friends on behalf of the melanoma community.

Yes, I/We want to join MRF as a 2005 member. Please accept my membership donation of $_______. After completing the information below, use the enclosed envelope to send your membership to MRF.

☐ Research Member ☐ Educator Member ☐ Advocate Member ☐ Member

☐ Check this box if you were a 2004 founding member. ☐ Check this box if you do NOT want to be listed in the Winter 2005 newsletter

Name _______________________________________________________________________________
Address _______________________________________________________________________________
_______________________________________________________________________________
Accept this membership donation in memory or honor of: _______________________________________
For a credit card donation: ☐ Amex ☐ MasterCard ☐ Visa Amount: $__________________________
Card Number: _____________________________________ Exp. Date: ____________________________
Name on the Card: _______________________________________________________________________
Signature: ______________________________________________________________________________