The mission of the Melanoma Research Alliance (MRA) is to end suffering and death due to melanoma by collaborating with all stakeholders to accelerate powerful research, advance cures for all patients, and prevent more melanomas.

Founded in 2007 with the generous support of Debra and Leon Black, MRA is the largest nonprofit funder of melanoma research. To date, MRA has awarded $123 million to 339 research programs. Thanks to the generous support of our founders, 100% of all donations to MRA go directly to research.
At the Melanoma Research Alliance, advancing transformational science is core to who we are. Since MRA’s founding in 2007, we have committed more than $123 million to melanoma research – more than any other non-profit worldwide. By funding groundbreaking research, fostering collaboration, and putting patients at the center of everything we do, we are fueling a revolution that will one day end melanoma as we know it.

And the revolution is already underway. This decade alone 13 new treatment options have earned FDA approval, including the FDA’s first approval of an innovative ‘triplet’ that combines the power of PD-L1 checkpoint therapy with BRAF/MEK inhibition. This is just the latest example of the melanoma research community leading the way for all of oncology.

But it isn’t all good news. Together, we face unprecedented times with the global COVID-19 pandemic upending our very way of life. With a staggering death count, thousands of new cases, economic fissures that are just starting to emerge, and no clear end in sight – it’s easy to feel overwhelmed.

In our community alone, 2020 has seen patient care delayed or canceled altogether, clinics ordered closed, clinical trials slowed, and access to labs restricted. While the work slowed, it hasn’t stopped, and we are all learning how to navigate our new reality.
We won’t be daunted. The same spirit of determined innovation that has transformed melanoma treatment will help researchers create new treatments and vaccines for COVID-19 that will lead us into the future.

Throughout the pandemic, we are learning critical lessons that make us faster, stronger, and even more pioneering in our approach to achieving our mission.

This report features some of our key achievements from the past year and several examples of how MRA works every day to fuel the melanoma research revolution.

We remain deeply grateful to many donors, organizations, government officials, and corporations who have joined us in our shared mission to eradicate melanoma.

Our work would not be possible without you.

MRA Responds to COVID-19

COVID-19 has created unprecedented challenges to melanoma patients, researchers, and clinicians. To address these impacts, MRA has:

- Transitioned all staff, grant reviews, and scientific meetings to virtual only through mid-2021.
- Held a listening session for FDA with patients and researchers about the impact of COVID-19 on melanoma patient care and ongoing research.
- Surveyed melanoma researchers and conducted virtual site visits to assess impact of COVID-19 and explore ways in which MRA can better support the field.
- Supported funded investigators by granting no-cost extensions, budget carryovers, and extending reporting deadlines.
- Issued $11 million in new grants during close-downs so that researchers have the support they need to hit the ground running.

Debra Black
Chair and Co-founder

Michael Kaplan
President and CEO
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MRA by the Numbers
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<td>152 institutions in 18 countries funded</td>
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The revolution is here.
MRA is powering a revolution in melanoma research. A revolution that is not only benefiting patients with melanoma but also impacting the field of oncology at large.

MRA’s investment and power as a convener have paved the way for research advancements, scientific collaborations, and breakthroughs that are improving health outcomes every day for melanoma patients.

Over the years there have been FDA treatment approvals—13 and counting—as well as improved strategies for detection, a broader array of treatment options, and increased survivorship for many patients.

There has been constant innovation, and a continual assessment of lessons learned to help inform future strategies.

The field has advanced checkpoint immune therapy, targeted kinase inhibitors, and microbiome research.

Despite immense progress and an expanded arsenal of treatments, there are still too many patients who are not yet benefiting from even the latest advancements. To address this and better understand why some melanomas resist treatment altogether — and to prevent melanoma in the first place — MRA has also been investing in research to identify biomarkers for prognosis (to help determine which early-stage patients are at high risk), innovative telemedicine models of care, and big data and artificial intelligence to help move the field ahead, no matter how high the bar.
Taking the Brakes Off

Every revolution needs trailblazers—people who restlessly and relentlessly search for paths forward. At MRA, we’re fortunate to partner with innovative trailblazers who are guiding the entire field of melanoma further, in areas such as the application of artificial intelligence in early detection of melanoma, the tumor microenvironment, and the microbiome.

One such trailblazer, in the area of bringing immunotherapies to patients, is two-time MRA-funded investigator Dr. F. Stephen Hodi, Professor of Medicine at Harvard Medical School and Director of the Center for Immuno-Oncology and at the Melanoma Center at Dana-Farber Cancer Institute.

The son of an engineer, Hodi grew up in Ashland, Massachusetts intrigued with solving puzzles and excited about biology. He was no stranger to hard work—or compassionate care—his days were filled with school, then hockey practice, and finally home to care for his elderly grandparents.

These early exposures helped lay the groundwork for Hodi’s decision to attend medical school.¹

At medical school and beyond, Hodi has taken the path less traveled—a path that often requires curiosity and unfettered persistence. At the start of his career, immunology was a much sparser field—taken less seriously than other areas of oncology. There were also just two primary diseases studied—kidney cancer and melanoma—whose tumors were believed to be immunogenic, meaning that they elicited an immune response. Moreover, the research and treatment landscape for melanoma, and particularly metastatic melanoma, was bleak.

But no good fight is easy.

Hodi found both a clinical and laboratory mentor in melanoma, and “dove right in,” he recalls.

By the early 2000s, treatment for metastatic melanoma was primarily chemotherapy and high-dose IL-2. Survival was just 6-to-18 months. Then came MRA-funded investigator and Scientific Advisory Panel Member Dr. Jim Allison’s Nobel Prize-winning work. “It changed the way of thinking in how we can manipulate the immune system by taking the brakes off,” says Hodi.

T cells are “soldiers,” helping the immune system fight viruses and abnormal cells like cancer. “Brakes,” otherwise known as the protein CTLA-4, turn T cells off once they have successfully killed off an attacking pathogen. Allison’s breakthrough work discovered how to “release these breaks” to overcome the immune system’s reluctance to attack tumors.²

The drug Allison designed was ipilimumab (Yervoy®), which blocks the CTLA-4 checkpoint.

Hodi went on to run one of the first clinical trials with ipilimumab, then known as MDX-010, and later led the phase III registration trial. This pivotal trial demonstrated a survival advantage and led to the FDA approval of ipilimumab—the first checkpoint inhibitor approved globally. With “the breaks off,” hundreds of millions of T cells are released to attack cancer tumors, and once turned on, the cells stay that way—working even after treatment has stopped.

“It took a whole group of clinical investigators and concepts to come together to bring that first proof of principle to fruition,” says Hodi, “but that opened up the door for other investigators and industry to get interested in the field.” This includes research on other immune system “breaks,” such as PD-1 and PD-L1.

Since Hodi began that first trial of ipilimumab in 2004, there is now an entire class of checkpoint inhibitors. These breakthroughs in melanoma have also had an impact on patients with other cancers in a really short period. “The

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² Dr. Jim Allison at MRA’s 2019 Scientific Retreat.
first proof of principle came out of melanoma, but the biology showed that it was generalizable to other cancers. Now you have impact in lung cancer, kidney cancer, Hodgkin’s disease, neck cancer, liver cancer, and breast cancer among others. We now understand immunology better in patients and tumor immunology because of this,” explains Hodi.

The melanoma treatment landscape has since expanded to include:

- Anti-CTLA-4 checkpoint immunotherapy
- PD-1 checkpoint immunotherapy
- Combination immunotherapy
- Targeted combination BRAF/MEK kinase inhibitors
- Triplet combination therapy, combining PD-L1 checkpoint immunotherapy with BRAF/MEK inhibition

“For melanoma now, with combination, approximately 50% of patients can do well long-term. We’re still collecting data, but it’s a tremendous feat compared to where we were just a few years ago. Patients can live with their cancer and can even have complete responses,” says Hodi.

Indeed, significant progress has been made but Hodi emphasizes that there is still work to do. “It’s not helping everyone, and we’re trying to understand why and trying to figure out novel, newer pathways, newer targets, newer understanding of the tumor and tumor environment. A big part is understanding not just the tumor cell but the cells that surround it and how they interact with one another. Understanding how those interactions occur will, hopefully, help develop better and newer treatments in the future.”

This will include the study of nearby tumor cells, such as

- *macrophages*—specialized cells that support the detection of harmful organisms, support production of antibodies, and the activation of other cells, and
- *NKs (natural killers)*—cells that help contain viral infections while the immune system response takes effect.

Hodi, in particular, is interested in learning how these cells may be manipulated in future therapies.

“I think we’ve made great advances,” he says. “In some areas, things may have plateaued a bit, but I remain hopeful in the current world we’re living in of big data, of artificial intelligence, foundational knowledge, that though the hurdles may be a bit higher, we can still make tremendous impacts in the future by bringing things together and continuing to work as a community.”

As the largest non-profit funder of melanoma research worldwide, MRA is committed to searching out and supporting current and future melanoma research trailblazers such as Dr. Hodi. Learn more about MRA’s pioneering research awards at CureMelanoma.org/Grants.
The revolution is here.
Community is an essential ingredient to a successful revolution and is particularly critical when fighting advanced melanoma. Surgery is the backbone of melanoma treatment and is curative for the vast majority of patients with localized melanoma. However, even if surgery successfully removes all detectible traces of tumor tissue, some patients will still experience a melanoma relapse.

That’s because, in some patients, residual cancer cells remain even though they can’t be found by blood draws, scans, or other tests. These microscopic melanoma cells lurk, hidden in the body, and wait. It is like going to war with an invisible enemy who is playing hide and seek. Harder still, doctors and researchers don’t know which patients this enemy may be hiding in until it comes back.

This is why knowledge sharing among allies is paramount. Revolutions can’t be won without strong partnerships. This is why in its quest to end suffering and death due to melanoma, MRA has been steadfast in its commitment to bring all stakeholders to the table to ask tough questions and to share lessons learned broadly.
“There’s the dangerous tendency, not just in the melanoma field but in the cancer field broadly, for ‘camps’ to form among researchers. Camps quickly become divisive and in my view are an intolerable state in the field,” warns Dr. Keith T. Flaherty, Director for Targeted Therapy and Clinical Research at Massachusetts General Hospital and a Professor of Medicine at Harvard Medical School.

Flaherty says this is why the convening work that MRA does is so critical. “You do not want people trying to divide up cancer biology into distinct domains and losing focus on the reality that there is effectively cross talk between every aspect, every molecular aspect and feature of cancer with every other,” says Flaherty. “They work in concert to create the problem and then similarly on the therapeutic side we have to unravel the problem by maintaining that same mindset.”

What the field is seeing now is that the same therapies that are having an impact in advanced melanoma are having a comparable impact in eradicating microscopic deposits of residual disease. Flaherty points to neoadjuvant therapy with BRAF inhibitors and immune checkpoint therapy and to MRA for helping shift the focus towards this promising approach.

Neoadjuvant therapy is a presurgical approach. Patients with clinically detectable stage III melanoma, for example, may seek neoadjuvant therapy because their melanoma has signs that indicate a higher risk of recurrence, such as lymph node involvement or melanoma lesions deeper than 4mm. Early results from clinical trials indicate that this approach decreases the risk of recurrence of melanoma in patients. To help explore this groundbreaking area, the MRA co-hosted a public workshop with the Food and Drug Administration (FDA) on November 6, 2019. The workshop focused on identifying, discussing, and addressing key issues, challenges, and opportunities in pursuit of neoadjuvant therapies for patients with surgically resectable melanoma.

**Treatment Paths for Adjuvant Versus Neo-Adjuvant Therapy**

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**MRA’s Neoadjuvant Therapy Funding**

Beyond the MRA-FDA co-sponsored meetings, MRA is helping advance neoadjuvant research through two large Team Science Awards:

- **Overcoming upfront resistance to neoadjuvant CTLA-4 plus PD-1 blockade**
  - MRA Team Science Award with Young Investigator supported by Amanda and Jonathan Elian
  - Christian Blank, MD, PhD, Netherlands Cancer Institute

- **Predictors of response to neoadjuvant therapy in melanoma**
  - RTFCCR-MRA Team Science Award
  - Rodabe Amaria, MD, University of Texas MD Anderson Cancer Center

“One of MRA’s key roles is bringing all the stakeholders together and it’s really part of our mission to collaborate with everyone to advance the field of melanoma,” says Dr. Marc Hurlbert, Chief Science Officer at MRA. “Having a topic that was important to melanoma science and the regulatory agency was critical. The fact that we had this joint area that we wanted to work on and then to hold this public workshop where we could have broader dialogue was great,” he adds.

The planning for and involvement in the meeting involved a vast—and multidisciplinary—group: the FDA, MRA, volunteer advisors, and MRA’s Scientific Advisory Panel. It tapped experts
from other cancer types including those who study breast and lung cancer specifically. The public workshop brought together pioneers in neoadjuvant therapy as well as clinicians and physicians new to this therapeutic approach. Attendees included oncologists, surgeons, patients, epidemiologists, biotech, pharmaceutical companies, caregivers, and advocates. In addition to the FDA, members from the National Cancer Institute (NCI) and National Institutes of Health (NIH) were also present.

The FDA-MRA workshop coalesced into three thought-provoking discussion panels with an opportunity for discussion amongst speakers and audience members alike. The workshop sessions were recorded and are now available online. Next up is a peer-reviewed journal article. “Now the goal is to get this information out to thousands of clinicians and clinical trialists all over the world,” says Hurlbert.

Flaherty adds,

“The FDA will never tell the cancer field how to operate differently. Drug companies will never tell the cancer field how to operate differently in terms of how we think about the conduct of clinical trials, who we should be targeting in those clinical trials. Yes, we academics pose those questions or make those statements, but we can’t make them individually. That’s not effective. We need to be able to come together. There’ll be inherent disagreements in those areas, so we need to work through those and find the areas of common ground or consensus. That’s exactly what the MRA has done. They’re helping us to understand what the barriers to its adoption in clinical trials are and, ultimately, in clinical practice.”

The more we can understand this, the more we can help patients. And the more we help patients, the more we can drive this revolution forward.

“To bring together the stakeholders and essentially create a blank slate in terms of agenda and who’s trying to accomplish what, for what purpose, that is what a group like MRA can uniquely do and they are the ones who’ve uniquely done it.”

– Dr. Keith T. Flaherty
The revolution is here.
After 14 years working in a Las Vegas hospital, and an additional five at NIH, Robert “Bob” Hill knew the importance of putting patients first—a philosophy he applied to his melanoma journey. After being diagnosed with Stage 3 melanoma, Bob chose to enroll in a clinical trial at Georgetown University, comparing the effectiveness of treating melanoma with pembrolizumab before or after surgery, what doctors call neo-adjuvant and adjuvant therapy, respectively.

It all started in January 2019 when Bob showed his primary care doctor a mole on his arm. He’d noticed it about a year before but had become increasingly concerned as it seemed to be slowly growing. His doctor referred him to Dr. Henshaw, a surgeon, who ordered further testing.

Eventually, Bob’s growing mole was diagnosed as Stage 3 melanoma. He quickly found himself, with his daughter by his side, in the office of medical oncologist Dr. Suthee Rapisuwon.

For Bob, he was in the right place at the right time.

“Dr. Rapisuwon presented me with the concept of a clinical trial where they would give me infusions of a drug before surgery,” recalls Bob. “While
nothing is guaranteed, Dr. Rapisuwon was very hopeful that this might be the best option for me.”

After carefully considering all options, Bob and his daughter agreed. Bob enrolled in the trial and received his first infusion of pembrolizumab on June 27, 2019.

As part of the trial, he would receive a total of three infusions – each three weeks apart – before surgery. Then, after he’d healed from the surgery, he’d continue receiving pembrolizumab for an additional 15 cycles.

Researchers would then compare how Bob and other patients who were on the ‘neoadjuvant’ arm of the trial compared to a group of patients who would receive the same drug for 18 cycles but only after surgery.

“I’m lucky, my daughter has a PhD in microbiology and had even run clinical trials before, so I benefited from her experience and knew that clinical trials are often the best choice for patients,” says Bob. “I also was glad that in some way, this is bigger than me – and that findings from this study would help other people in the future. That hit home for me.”

After three rounds of pembrolizumab infusions, Bob could tell that the immunotherapy was working. “I could feel the tumors on my arm just shrink away,” says Bob. 

Navigating Clinical Trials

At MRA, we know that many patients don’t have the benefit of a family member already well versed in clinical trials when they are making their own treatment decisions. That’s why we’ve built a series of resources to help patients understand what clinical trials are and how they may be right for them.

Learn more: CureMelanoma.org/ClinicalTrials
Dermatologists can play a critical role in prevention and early detection and can help to fill research gaps that also remain in the fight against melanoma.

To address this, MRA launched the Dermatology Fellowship Award pilot program in 2019. The pilot funded nine fellows from the seven institutions represented by MRA's Dermatology Council. In 2020, the program was expanded to include all institutions in the United States with an established pigmented lesion clinic/program.

The research grants focus on one of two areas:
1) prevention or
2) detection, diagnosis, staging, and early intervention treatments.

Through this work, MRA is helping to bring forth a new cohort of dermatology researchers to pick up their torches and blaze new trails. This funding—a rarity for young researchers at this stage of their careers—creates a pipeline of promising scientists specialized in melanoma and supports not only the next generation of researchers but also promises to improve detection and prevention outcomes in melanoma.

“The new MRA Dermatology Fellows Program will provide critical support for young scientists and dermatologists to explore new avenues of investigation, providing financial backing not generally available at this point in their careers.”

Denise Kellen, MRA Board Member, Melanoma Survivor, & Generous Funder of Melanoma Dermatology Fellows with her Husband Michael
Prevention + NextGen Melanoma Fighters

MRA launched the first-ever Dermatology Fellows program to train the next generation of researchers explore prevention research and early treatment.

Download the Report

2019 Dermatology Fellows

From Left:

Shirin Bajaj, New York University School of Medicine
Development of an enhanced telemedicine-based melanoma diagnostic platform

Maria Graciela Cascio, Joan & Sanford I. Weill Medical College of Cornell University
Dependence of metastasizing melanoma cells on different NAD kinase isoforms

Sixue Liu, University of California, Los Angeles
Metastatic origin and adjuvant therapeutic efficacy of stage III melanoma

Enrica Quattrocchi, Mayo Clinic
Melanoma staging by artificial intelligence

Ofer Reiter Agar, Memorial Sloan Kettering Cancer Center
Differentiating change over time in melanoma as compared to benign nevi

Aditi Sahu, Memorial Sloan Kettering Cancer Center
Exploring differential PARP1 expression for non-invasive melanoma diagnosis

Qi Sun, New York University School of Medicine
Transcriptional profiling and marker identification of early stage melanoma

Matthew Vesely, Yale University
Determining the immune inhibitory landscape in melanoma

Carl Winge, Stanford University School of Medicine
Rac-1-interacting proteins as diagnostic biomarkers for melanoma

As this report was being finalized, MRA awarded funding for 13 Dermatology Fellows in year two of the program.
Today, due to critical advances in melanoma research, patients have more treatment options than ever before. In fact, 13 new therapeutic approaches have earned FDA approval in the last decade.

This drumbeat of progress continues to accelerate; today more than 600 melanoma clinical trials are actively recruiting patients! This is unheard of progress in oncology and serves as a testament to the tenacity and perseverance of researchers, clinicians, and patients alike.

From a patient’s perspective, this progress is awe-inspiring; but it can also be overwhelming to make sense of as you fight for your life.

On the flip side, researchers can’t do it alone. They need active and informed patients who are ready to partner with them to tackle remaining questions and unmet needs with melanoma.

In recognition of this, MRA works to leverage its deep scientific and clinical reach to provide resources for patients and their loved ones — helping them to not only navigate both approved and emerging treatments but also to contribute to the next iteration or treatment breakthrough.
Patient Resources

The MRA website is a library of resources for patients wherever they are on their journey. Broken down by topics from: Just Diagnosed, Melanoma Treatment, Clinical Trials, Patient Resources (including a glossary), and more — patients are armed with information and prepared for battle.

CureMelanoma.org

Finding the Right Information

When you or someone you love is facing melanoma, you want information that is accurate and current to help inform your decision making. MRA has patient-friendly resources on melanoma staging (including Breslow Depth and Clark Level), tools for patients who have been recently diagnosed, current and emerging treatment options, and more that is easily accessible to patients.

In 2019 more than 350,000 people accessed online resources from MRA.

CureMelanoma.org

Building Community

Finding a group – or a person – that has firsthand knowledge of what it’s like to be diagnosed with and treated for melanoma can be very helpful. That’s why MRA partnered with Inspire to create the Melanoma > Exchange. The vibrant online community is led by patients and caregivers with firsthand understanding of melanoma and clinical trials, and experts from the MRA staff. Whether specific to melanoma or cancer broadly, tapping into a supportive community can help you throughout your melanoma journey.

Since launch, over 3,400 people have become active members of the Melanoma > Exchange.

Demystifying Clinical Trials

Patients are looking for trials, and trials are looking for patients (over 600 melanoma clinical trials are currently enrolling patients), but with strict eligibility requirements, it can be difficult to find a match. That’s why in late 2017 MRA launched its Clinical Trial Navigator in partnership with Antidote.

By answering a few simple questions, patients get a curated list of clinical trials that may be a good match for them and their melanoma. They can print the list and use it as a basis of a conversation with their doctor OR contact study contacts directly.

Since launch, over 10,000 people have used the tool.

CureMelanoma.org/Community

CureMelanoma.org/ClinicalTrials
Together on the Front Lines

Lara Porzak, a three-time melanoma survivor, and photographer worked with MRA on “Facing Melanoma Together: Portraits of Patients, Loved Ones, & Researchers Together on the Front Lines.” The series, taken in black and white, across five cities in the United States, celebrates the power of research and the roles we all play in advancing this work together.

CureMelanoma.org/Together

“We’ve made some real progress, and that’s great, but we aren’t there yet. My kids now have a history of this, too, and I’m also doing this for them.

Discoveries don’t happen by accident; we have to be willing to invest in them.” — Amanda Eilian
“Research means continuous improvement.

As a survivor, it is uplifting to know there is a community of professionals dedicating their time and energy to provide people like me with better outcomes. They mean so much to me. People who are caring, civic minded, and dedicated to the mission of a brighter future. Not only for melanoma patients, but cancer patients everywhere.”

— Brandon Barniea

“Research really is amazing.

The progress that has been made is so encouraging and it takes us all that much closer to a cure.”

— Christine Eddy
For patients for whom treatments and outcomes have been less certain and less successful, for researchers with big ideas that provide promise but need piloting, for cross-industry and cross-discipline projects that could change the landscape as we know it, MRA is here championing for you each step of the way. Together, we are fueling a revolution.

MRA’s Charge
2020 MRA Research Awards

A complete listing of all MRA grant awards, along with abstracts, can be accessed online at CureMelanoma.org/Grants
Team Science Award

MRA Team Science Awards are the centerpiece of the MRA research funding portfolio. This program fulfills one of MRA’s primary goals: to foster a collaborative research process. Multidisciplinary teams consist of Principal Investigators with complementary expertise who may be from the same institution, inter-institutional, and/or international institutions. Team science projects promote transformational melanoma research advances with the potential for rapid clinical translation.

Predictors of Response to Neoadjuvant Therapy in Melanoma
Aims to inform mechanisms of treatment response and resistance to BRAF targeted therapy and identify risk factors of central nervous system metastasis formation.

RTFCCR-MRA Team Science Award
Rodabe Amaria, MD, University of Texas MD Anderson Cancer Center

Genomic Instability in Acral Melanoma as A Therapeutic Vulnerability
Will analyze human acral melanoma samples and cell lines to identify defective DNA repair pathways to develop targeted therapies for acral melanomas.

The Black Family-MRA Team Science Award in Acral Melanoma
Boris Bastian, MD, PhD, The University of California, San Francisco

Overcoming Upfront Resistance to Neoadjuvant CTLA-4 Plus PD-1 Blockade
Aims to identify baseline biomarkers to identify patients who are in need of alternative or escalated neoadjuvant treatment schemes and identifying new treatment combinations for those patients.

MRA Team Science Award with Young Investigator Supported by Amanda and Jonathan Eilian
Christian Blank, MD, PhD, Netherlands Cancer Institute

Evolution of Metabolic and Immune Dysfunction in In-Transit Melanoma
Comparing how tumor cell metabolism and immune function change as the individual tumors move away from the original site.

The Black Family-MRA Team Science Award in In-Transit Melanoma
Greg Delgoffe, PhD, University of Pittsburgh

Germline Biomarkers of Melanoma Immunotherapy: An International Consortium
Will perform genetic analysis testing on a large pool of metastatic melanoma patients treated with immunotherapy for the identification of inherited markers that predict immunotherapy success and toxicity.

Leveraged Finance Fights Melanoma-MRA Team Science Award
Tomas Kirchhoff, PhD, New York University

AI-Augmented Melanoma Triage and Diagnosis: A Prospective Multi-Site Study
Seeks to improve melanoma diagnostic capability while increasing vital access to care, using an algorithm as a teledermatology triage tool for rapid lesion evaluation.

L’Oréal Dermatological Beauty Brands-MRA Team Science Award
Robert Novoa, MD, Stanford University

IL13Ra2 Chimeric Antigen Receptor (CAR) T Cells for Metastatic Melanoma
Proposing a clinical trial using CAR T cells that can recognize and kill melanoma cells that express a protein called IL13Ra, in patients with advanced melanoma that is not responsive to existing treatments.

The Black Family-MRA Team Science Award, with Young Investigator Generously Supported by The Sokoloff Family
Antoni Ribas, MD, PhD, The University of California, Los Angeles

Effective Therapies for Patients with High Risk In-Transit Disease
Uses genetic and immune based tests to identify melanoma patients with in-transit metastases who require additional drug and surgical treatments to enable clinicians to select the treatment most likely to cure each patient’s disease.

MRA Team Science Award, with Generous Support from The Helman Family
Richard Scolyer, MD, Melanoma Institute Australia

Next-Generation Computational Biomarker Development For PD-(L)1 Efficacy
Uses machine learning to better understand the spatial organization of multiple immune factors in melanoma to allow for improved patient selection for anti-PD-1 as well as the rational combination of anti-PD-1 with other therapeutic agents.

BJ’s Wholesale Club-MRA Team Science Award
Janis Taube, MD, Johns Hopkins University
Investigating Melanoma Metastases
Understanding how and when primary melanomas change to give rise to different metastases, and how metastatic tumors escape from the immune system and become resistant to drug therapy.

MRA Team Science Award, Generously Supported by Rosetrees Trust
Samra Turajlic, PhD, The Francis Crick Institute

The Effects of Age on Tumor Dormancy
Understanding the normal changes in both the immune system and other normal cells that occur during aging that awaken dormant tumors and how to target those processes for therapeutics.

MRA Team Science Award, Collaboratively Funded by Johns Hopkins University and Icahn School of Medicine at Mount Sinai
Ashani Weeraratna, PhD, Johns Hopkins University

Targeting Persister Cell States That Drive Drug Resistance and Metastasis
Developing a better molecular understanding of recurrent cancer cells that grow and spread to new locations, to develop new and effective therapies to target them.

Anna-Maria and Stephen Kellen Foundation – MRA Team Science Award
Richard White, MD, PhD, Memorial Sloan Kettering Cancer Center

Histone Variant Regulation of The Melanoma Microenvironment
Characterizing how loss of the histone molecule, macroH2A, in melanoma cells renders them invisible to immune cell killing, and how macroH2A contributes to the proper training of immune cells to mount an effective response against tumor cells.

Hess Foundation – MRA Pilot Award
Emily Bernstein, PhD, Icahn School of Medicine at Mount Sinai

Targeting Immune Inhibitory Gene Transcription to Reverse T Cell Exhaustion
Investigating the potential of the molecule VISTA, a potent inhibitor of T cells, as a novel therapeutic target to promote patient responses to melanoma.

MRA Pilot Award
Linda Bradley, PhD, Sanford Burnham Prebys Medical Discovery Institute

Tandem Cytokine Delivery with Non-Replicating Herpes Viral Vectors
Aims to make a virus that produces IL-12 and blocks negative feedback mechanisms in melanoma cells, to allow for regression of local lesions and clearance of lesions throughout the body.

MRA Pilot Award
Stephanie Dougan, PhD, Dana-Farber Cancer Institute

Pilot Awards
MRA Pilot Awards test potentially transformative ideas that do not have extensive preliminary data but articulate a clear hypothesis and translational goals. Resources for such “high-risk, high-reward” projects are important to establish proof-of-concept, which may then leverage additional funding through more traditional avenues.

Sensitizing Melanoma to Immunotherapy with Novel DNA Hypermethylating Drugs
Investigates the possibility of using an inhibitor of the molecule TDG to make non-responsive melanomas respond to immunotherapy.

MRA Pilot Award
Alfonso Bellacosa, MD, PhD, The Research Institute of Fox Chase Cancer Center
Uncovering Nodes of Convergence of Targeted and Immune Therapy in Melanoma
Identify signaling nodes in which targeted and immune therapy approaches converge to both maximally suppress oncogenic signaling in the tumor and enhance anti-tumor immune response.
Hess Foundation – MRA Pilot Award
Poulakos Poulikakos, PhD, Icahn School of Medicine at Mount Sinai

Young Investigator Awards
MRA Young Investigator Awards aim to attract early career scientists with novel ideas into melanoma research, thereby recruiting and supporting the next generation of melanoma researchers. Young Investigators are scientists within four years of their first academic faculty appointment. A mentorship commitment from a senior investigator is required.

Loss of CD226 In T Cells Drives Resistance to Melanoma Immunotherapy
Aims to understand CD226 signaling and function in immune cells to improve melanoma immunotherapy.
Bristol-Myers Squibb – MRA Young Investigator Award
Tobias Bald, PhD, University of Bonn

Identification of Druggable Transcriptional Drivers in Melanoma
Will develop chemical tools to target two key drivers responsible for melanoma growth and identify new mechanisms to inhibit melanoma growth.
MRA Young Investigator Award, Collaboratively Funded by Massachusetts General Hospital
Liron Bar-Peled, PhD, Massachusetts General Hospital

Understanding Immunotherapy-Tolerant Melanoma Persister Cells
Will characterize immunotherapy-tolerant persister cells, identify their therapeutically targetable vulnerabilities, and evaluate the findings in preclinical models.
Bristol-Myers Squibb – MRA Young Investigator Award
Matthew Hangauer, PhD, University of California San Diego

Activating dsRNA Sensing in Melanoma to Overcome Immunotherapy Resistance
Aims to define the mechanism by which targeting the ADAR1 molecule overcomes resistance to immunotherapy and to identify the patients that will benefit from this new approach.
Bristol-Myers Squibb – MRA Young Investigator Award
Jeffrey Ishizuka, MD, PhD, Yale University

Targeting Interactions Between Melanoma Metabolism and Radiation Therapy
Aims to understand the fundamental response of melanoma metabolism to radiation therapy, and will combine drug therapy and radiation therapy with the goal of improving radiation response.
MRA Young Investigator Award, Collaboratively Funded by Emory University
Aparna Kesarwala, MD, PhD, Emory University

Examining the Role of Blebs in Melanoma Metastasis
Aims to understand the molecular mechanisms used in melanoma cells undergoing fast amoeboid migration, with the goal to provide new therapeutics for metastatic melanoma.
MRA Young Investigator Award in Memory of Leon Sapsuzian, Jr.
Jeremy Logue, PhD, Albany Medical College

Microenvironmental Regulators of Melanoma Brain Metastases
Will investigate the contribution of microenvironmental regulators to melanoma brain metastasis progression and response to immunocheckpoint inhibitors.
The Jo Carole and Ronald S. Lauder - MRA Young Investigator Award
Berta Lopez Sanchez-Laorden, PhD, Universidad Miguel Hernandez de Elche
Targeting 1-Carbon Metabolism in Melanoma Brain Metastases:
Identifying the metabolic adaptations that cancer cells need to survive and proliferate in the brain, and develop therapeutics to target these metabolic vulnerabilities.

_Tara Miller Melanoma Foundation – MRA Young Investigator Award_
_Michael Pacold, MD, PhD, New York University_

Ablative Radiotherapy as Consolidation for Oligoprogressive Melanoma
Aims to understand the variability between multiple sites of melanoma in individual people and the extent to which radiation targeted to one area of cancer can affect other areas of cancer in the body that are not being targeted with radiation.

_ASTRO-MRA Young Investigator Award in Radiation Oncology_
_Reid Thompson, MD, PhD, Oregon Health & Science University_

The Impact of Tumor Progression Trajectory on Immunotherapy Treatment
Aims to build a better prediction model for melanoma immunotherapy and to improve treatment regimens.

_Michael and Jacqueline Ferro Family Foundation - MRA Young Investigator Award_
_Lixing Yang, PhD, The University of Chicago_

**Dermatology Fellow Awards**

MRA Dermatology Fellowship Awards are designed to drive greater interest in the prevention, detection, diagnosis and early intervention of melanoma among dermatologists by investing in post-docs and medical residents focused on dermatology.

**Shirin Bajaj, New York University School of Medicine**
_Development of an enhanced telemedicine-based melanoma diagnostic platform_

**Marcia Graciela Cascio, Joan & Sanford I. Weill Medical College of Cornell University**
_Dependence of metastasizing melanoma cells on different NAD kinase isoforms_

**Sixue Liu, University of California, Los Angeles**
_Metastatic origin and adjuvant therapeutic efficacy of stage III melanoma_

**Erica Quattrocchi, Mayo Clinic**
_Melanoma staging by artificial intelligence_

**Ofer Reiter Agar, Memorial Sloan Kettering Cancer Center**
_Differentiating change over time in melanoma as compared to benign nevi_

**Aditi Sahu, Memorial Sloan Kettering Cancer Center**
_Exploring differential PARP1 expression for non-invasive melanoma diagnosis_

**Qi Sun, New York University School of Medicine**
_Transcriptional profiling and marker identification of early stage melanoma_

**Matthew Vesely, Yale University**
_Determining the immune inhibitory landscape in melanoma_

**Carl Winge, Stanford University School of Medicine**
_Rac-1-Interacting Proteins as Diagnostic Biomarkers for melanoma_
Recognition Lists
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Professor, Cancer Center Amsterdam - Cancer Biology and Immunology, Imaging and Biomarkers, Treatment and Quality of Life
Vrije Universiteit, Amsterdam

David Fisher, MD, PhD
Chief, Dermatology Service
Director, Melanoma Program, MGH Cancer Center
Director, Cutaneous Biology Research Center
Massachusetts General Hospital

Keith Flaherty, MD
Professor, Medicine
Harvard Medical School
Director, Henri and Belinda Termeer Center for Targeted Therapies, Cancer Center
Director, Clinical Research, Cancer Center
Massachusetts General Hospital

Thomas Gajewski, MD, PhD
AbbVie Foundation Professor of Cancer Immunotherapy, of Pathology
Professor of Ben May Department of Cancer Research
Professor of Medicine
University of Chicago

Jeffrey Gershenwald, MD
Professor, Department of Surgical Oncology
The University of Texas MD Anderson Cancer Center

J. William Harbour, MD
Professor, Ophthalmology
Mark J. Daily Chair in Ophthalmology Professor,
Biochemistry and Molecular Biology
Vice Chairman, Translational Research
Director, Ocular Oncology
Eye Cancer Site Disease Group Leader
Sylvester Comprehensive Cancer Center Associate Director, Basic Research
Bascom Palmer Eye Institute, University of Miami

Thomas Hornyak, MD, PhD
Chief, Dermatology, VA Maryland Health Care System
Associate Professor, Dermatology and Biochemistry and Molecular Biology
University of Maryland School of Medicine
Associate Chief of Staff, Research & Development
VA Maryland Health Care System

Roger Lo, MD, PhD
Director, Melanoma Clinic in Dermatology
Director, Dermatology STAR Residency Program
Professor, Medicine
Associate Chief and Professor, Dermatology Professor, Molecular & Medical Pharmacology
University of California, Los Angeles, David Geffen School of Medicine

David Lombard, MD, PhD
Associate Professor, Pathology
Research Associate Professor, Institute of Gerontology
Associate Director, Cancer Biology Doctoral Program
University of Michigan

Michal Lotem, MD
Head, Center for Melanoma and Cancer Immunotherapy
Hadassah Hebrew University Medical Center

Glenn Merlino, PhD
Senior Investigator, Laboratory of Cancer Biology and Genetics
Head, Cancer Modeling Section
CCRF Scientific Director for Basic Research
National Cancer Institute

Drew Pardoll, MD, PhD
Professor of Oncology, Medicine, Otolaryngology, Pathology
Martin D. Abeloff Professor of Cancer Research
Director, Bloomberg-Kimmel Institute for Cancer Immunotherapy
Co-Director, Cancer Immunology and Hematopoiesis Program
The Johns Hopkins University School of Medicine

Antoni Ribas MD, PhD
Professor, Medicine
Professor, Surgery
Professor, Molecular and Medical Pharmacology
Director, Tumor Immunology Program, Jonsson Comprehensive Cancer Center
Chair, Melanoma Committee, SWOG
University of California, Los Angeles

Jonathan Simons, MD
CEO and President
David H. Koch Chair
Prostate Cancer Foundation

Craig Slingluff, MD
Joseph Helms Farrow Professor, Surgery
Vice Chair, Research, Department of Surgery
Director, UVA Cancer Center Human Immune Therapy Center
Co-Chair, Melanoma Committee of ECOG
The University of Virginia

Marisol Soengas, PhD
Leader, Melanoma Group
Professor
Spanish National Cancer Research Center

Jennifer Wango, MD, MMSc
The Melanoma > Exchange, available at 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.

Community Leaders

Tracy Callahan
T.J. Sharpe
Jamie Troil Goldfarb
Cheryl Adams

Thanks to melanoma research, I have been given the double blessing of time and opportunity; I use both to help the next patient walking this journey.” 
—T.J. Sharpe, Community Leader

“Hands down, I’m alive today because of clinical trials” 
—Janae Troil Goldfarb, Community Leader

“Every week I’m contacted by another parent going through this. My advice: never settle.” 
—Cheryl Troil, Community Leader
In 2019, gifts were made in tribute to the following individuals:

**Memorial Gifts**
- Lanette Andrews
- Bertice “Bert” Baker
- Brian Baldwin
- Sharon Bateman
- Marianne Baudler
- Rick Becker
- Thomas Brown
- Frank Browne
- Rusty Cline
- Marjorie Conaster
- Gary Daum, MD
- Barbara Davis
- Dick Elden
- Luke Nicholas Gallagher
- Gregory Michael Gerling
- Geoff Gibson
- Ronald Gilbert
- Deane Goldmann
- Anna Gordanier
- Gilbert Lee Gordon, MD
- Louise Gunn
- Thomas Lamar Hancock
- John Hartley
- Lynn Heath
- Judith Ann Howard
- Gordon Hudson
- Laurie Jane Kelchner
- Jackie King
- Robert J. Klumpp
- Lisa Lais
- Ken Lewin
- Brian Lewis
- Madeline Lewis
- Eric Lindroth
- Michael MacAdams
- Paul Michaelson, MD
- Matthew Duncan Moore
- David Russell Mynning
- Elmer Nelson
- Ronald Osborne
- Donald Parr, Sr.
- Michael Peoples
- James Roberts-Metzler
- James “Jamie” Robertson
- Michelle Rutson
- Lillian Ryan
- Carl Skibell
- David Sohm
- Belle Davis Sokoloff
- Donald Stewart
- Ray Stromski
- Yanina Svirsky
- Kristin Wood Taccogna
- Phillip Teicher
- Richard Thole
- Mary and John Titus
- Madeline Tully
- Anne Fay Walke
- Terry Whiddon
- Thomas Eugene White, Jr.
- William H. “Billy” Woolbright, Jr.

**Tribute Gifts**
- Kimberly Smith Albertson
- Charlotte Ariyan, MD, PhD
- Brandon Barniea
- Kristina Baum
- Debra Black
- Leon and Debra Black
- April Burke
- Frank Courtney
- Phil Devlin
- Marjorie Edelstein
- Jamie Troil Goldfarb
- Lauren Goodwyn
- Lee Grinberg
- Meyer “Skip” Grinberg
- Jimmy Hexter
- Marc Hurlbert
- Michael J. Kaplan
- Meghan S. Liel, MD
- Linda Lord
- Michael Moskal
- Kevin Patrick O’Brien
- Derrick Queen
- Kimberly Rosen
- Jeff Rowbottom
- Lori and David Schlanger
- Lynn Schuchter, MD
- Igal Sharret
- Stephanie Teicher
- Gina and Stephen Thelen
- Linda Tishler

**Jeff Weagel**
**Grace Wenzel**
**Renee Wohlenhaus**
2019 Financials
# Statement of Financial Position

## Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$12,481,416</td>
<td>$13,299,317</td>
</tr>
<tr>
<td>Investments</td>
<td>$10,857,778</td>
<td>$10,187,383</td>
</tr>
<tr>
<td>Contributions Receivable (Net)</td>
<td>$19,744,931</td>
<td>$13,734,662</td>
</tr>
<tr>
<td>Prepaid Expenses and Other Assets</td>
<td>$108,594</td>
<td>$51,403</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$43,192,719</td>
<td>$37,272,765</td>
</tr>
</tbody>
</table>

## Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$139,414</td>
<td>$65,314</td>
</tr>
<tr>
<td>Grants Payable (Net)</td>
<td>$12,248,645</td>
<td>$17,294,177</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>$285,000</td>
<td>$280,000</td>
</tr>
<tr>
<td>Due to Affiliate</td>
<td>$137,174</td>
<td>$109,159</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$12,810,233</td>
<td>$17,748,650</td>
</tr>
</tbody>
</table>

## Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$17,045,668</td>
<td>$5,789,453</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>$13,336,818</td>
<td>$13,734,662</td>
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<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>$30,382,486</td>
<td>$19,524,115</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$43,192,719</td>
<td>$37,272,765</td>
</tr>
</tbody>
</table>
## Statement of Activities

### Revenue & Expense Statement

#### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions (Collectible Net)</td>
<td>$2,562,352</td>
<td>$2,895,365</td>
</tr>
<tr>
<td>Special Events (Net)</td>
<td>$18,753,320</td>
<td>$2,038,435</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>$490,000</td>
<td>$514,710</td>
</tr>
<tr>
<td>Interest/Investment</td>
<td>$820,089</td>
<td>$114,094</td>
</tr>
<tr>
<td>In Kind Contributions</td>
<td>$399,679</td>
<td>$0</td>
</tr>
<tr>
<td>Other Income</td>
<td>$32,061</td>
<td>—</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$23,057,501</td>
<td>$5,562,604</td>
</tr>
</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2019</th>
<th>Total 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Grants</td>
<td>$9,265,006</td>
<td>$13,525,762</td>
</tr>
<tr>
<td>Personnel Costs</td>
<td>$1,592,119</td>
<td>$1,588,653</td>
</tr>
<tr>
<td>Travel &amp; Entertainment</td>
<td>$384,245</td>
<td>$350,487</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$364,228</td>
<td>$354,131</td>
</tr>
<tr>
<td>Meetings &amp; Conferences</td>
<td>$253,609</td>
<td>$277,208</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>$171,928</td>
<td>$163,814</td>
</tr>
<tr>
<td>Occupancy</td>
<td>$167,995</td>
<td>$144,917</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$12,199,130</td>
<td>$16,404,972</td>
</tr>
<tr>
<td><strong>NET INCOME/(LOSS)</strong></td>
<td>$10,858,371</td>
<td>($10,842,368)</td>
</tr>
</tbody>
</table>

### MRA Functional Expenses

- **Research Grants** $9,265,006 (75.9%)
- **Scientific Program** $1,527,079 (12.5%)
- **Fundraising** $489,448 (4.0%)
- **Patient Engagement** $396,424 (3.2%)
- **Management & Admin** $521,173 (4.3%)

Financial presentation based on MRA’s 2019 externally audited financials. Full audit and IRS 990 are available online at [curemelanoma.org/about-mra/financials](http://curemelanoma.org/about-mra/financials/)
As the largest non-profit funder of melanoma research, MRA has dedicated $123 million to date for life saving research in the fight against melanoma.