

Melanoma Horizons

This is a semiannual departmental newsletter from M.D. Anderson Cancer Center to referring physicians about the latest advances in melanoma cancer research in the Department of Melanoma Medical Oncology.

Issue 5

February 2008

Inside this issue:

Targeted Therapy	1, 3
DoCM Faculty Recognition	2
Employee Spotlight	2
Melanoma Conference	3
Melanoma and Skin Center	3
Clinical Trials	4-5
Melanoma Grants	6
Philanthropic Funding	6
How to Refer Patients	6
How to Help	6

Mutations Offer an Opportunity for Targeted Therapy in Melanoma – by Scott Woodman, M.D., Ph.D.



Scott E. Woodman, M.D., Ph.D. is a first year Medical Oncology Fellow at M. D. Anderson Cancer Center. He is currently working in the Department of Melanoma Medical Oncology with Drs. Patrick Hwu, Michael Davies, Kevin Kim, Alexander Lazar of Pathology, and Jonathon Trent of Sarcoma Medical Oncology to better understand the role of c-Kit mutations in melanoma.

The term ‘melanoma’ is generally used to refer to cancer that arises from melanocytes in the skin. However, melanomas derived from different skin sites – **chronically sun-damaged** areas (e.g., face) vs. **non-chronically sun-damaged** areas (e.g., arms, legs) vs. **acral** (e.g., palms or soles) – tend to behave differently. In addition, melanocytes in **mucosal** surfaces (e.g., sinuses, anus, vagina, urethra) can also develop into melanoma. Thus it is clear that ‘melanoma’ is not a singular entity.

Historically these different forms of melanoma have been treated in the same way with modest benefit. Recent exciting discoveries have been made into the molecular mechanisms that underlie these different forms of melanoma offering targets for more tailored therapy.

Normally a signal is initiated by a molecule outside the cell which binds to a cell membrane receptor resulting in transduction of that signal to the intracellular compartment. This results in a downstream cascade of intracellular signaling molecule activation with the ultimate effect of modifying cell function (e.g., maintaining cell growth, promoting cell survival). Some melanoma cells have incurred mutations in the genes of the signaling molecules that render them constitutively active. Thus the cell no longer requires an extracellular cue for the signaling pathways to be on. The result is a constant message to maintain cell growth and promote cell survival, necessary components of a cancer cell.

Two cellular signaling pathways have emerged as

important for melanoma cell function: 1) NRAS/BRAF/MAPK and 2) PI3K/AKT pathways (see figure 1). Roughly 15% of NRAS and 60% of BRAF genes are mutated in non-chronic sun-damaged melanoma, with lesser percentages noted in the other forms of melanoma. PTEN, an inhibitor of the PI3K/Akt pathway is lost in up to 30% of cutaneous melanomas, allowing for unregulated activity of this pathway. Mucosal melanomas have approximately 25% incidence of mutations in C-KIT, a cell membrane tyrosine kinase receptor upstream of the two aforementioned pathways. C-KIT mutations are not present in non-chronically sun-damaged melanomas.

Given the different frequencies of these mutations in the various forms of melanoma, it is easy to speculate that a “one therapy” approach for all melanomas is inadequate. Rather, a strategy of uncovering the mutation status of a patient’s melanoma and selecting a treatment that targets the effects of the mutation is likely to be more effective. Here at M.D. Anderson Cancer Center we are actively screening patient’s melanomas for mutations, and when appropriate using targeted therapy.

We are incorporating lessons learned from the remarkable success of tyrosine kinase inhibitors (TKI) in Gastrointestinal Stromal Tumors (GIST). Before the use of TKIs in GIST, this cancer was nearly refractory to standard chemotherapies. After the discovery of C-KIT mutations in about 85% of GIST tumors, studies were performed using TKIs that target the C-KIT molecule which showed a marked response in most GIST tumors. Collaborating with

Continued on page 3

	Mutations		
	BRAF	NRAS	C-KIT
Non-Chronic Sun-Damaged	60%	15%	0%
Chronic Sun-Damaged	5%	10%	20%
Acral	10%	10%	10%
Mucosal	<5%	5%	20%

Second Annual DoCM Faculty Recognition and Award Program

Congratulations to **Wen-Jen Hwu, M.D., Ph.D.**, Professor, on her nomination for the Gerald P. Bodey Award for Excellence in Education for the Division of Cancer Medicine's annual Faculty Recognition and Award Program in December 2007.



Congratulations to **Nicholas Papadopoulos, M.D.**, Professor, on his nomination for the Melvin L. Samuels Awards for Excellence in Patient Care for the Division of Cancer Medicine's annual Faculty Recognition and Award Program in December 2007.



Congratulations to **Elizabeth Grimm, Ph.D.**, Professor, in Experimental Therapeutics on receiving the Emil Frei, III Award for Excellence in Translational Research for the Division of Cancer Medicine's annual Faculty Recognition and Award Program in December 2007. Dr. Grimm has a real passion for translational research and heads the Melanoma SPORE.



Staff Spotlight: Linda Duggan, Executive Asst. "Passion behind the scenes"

When I look back, I can't believe that my daughter Sarah died of a brain tumor 21 years ago. She was only a year and a half old, so little, so sweet, so much a part of my future. I hurt, I cried and I knew I would never get over it. So I didn't try to get over it, I determined to fight cancer with all my might using what little I had to give. Two weeks after Sarah died, I interviewed (very passionately) in the office of the Vice President for Research here at M. D. Anderson. I had very few skills, but I had unrelenting drive. I am pretty sure I convinced Dr. Fred Becker, his faculty and staff that I could put out hell with a water pistol, so they figured I could answer phones, run errands, and make photo copies. Over the years I have had the privilege of working for several of the best and most caring physicians in the US and possibly the world. My mom has been a breast cancer survivor for 17 years with annual visits here to the hospital, and my dad passed away from Melanoma in 1998 on the 9th floor in purple zone. He was given such outstanding medical care. I hurt, I cried and I knew I would never get over it. So I didn't try to get over it, I determined to fight cancer with all my might using what little I had to give. I have developed a few more skills, and have as much drive as I did all those year ago.

What M. D. Anderson provides its patients is something that cannot be quantified by statistics. This place considers the family unit essential in every patient's care. There is an acute awareness that the caregiver is a responsible protector and ally. Often the caregiver is awake all night, sits for hours in an emergency room after having battled insurance issues and countless red tape bureaucracies to obtain medical records, x-ray files, or financial clearance. More often than not, caregivers gather a mass of information keeping detailed records, while serving as translators,

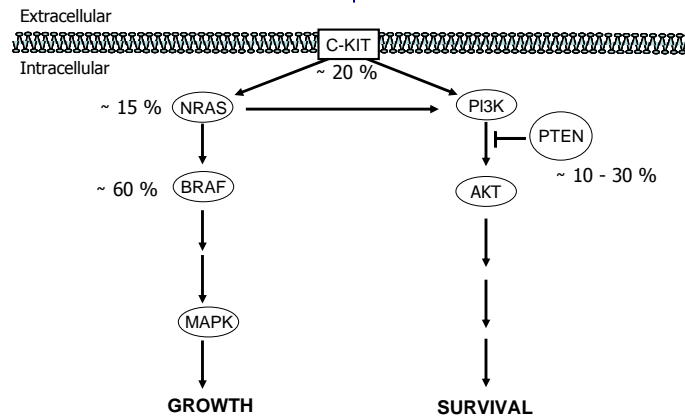
communicators and comforters. The caregiver is often afraid that he/she is not educated enough to make the required life and death decisions for persons they love the most in the world, especially when patients are rendered incapable of making their own decisions. At M. D. Anderson caregivers hear so many words of encouragement from physicians, medical care providers, and staff. Information is explained clearly, and initial visits are not hurried. Questions and fears are discussed and addressed. Caregivers are reminded to rest, and to do their best to get a good night's sleep because they are vital to their loved one's care. I like to think that in some small way I have helped physicians, staff, and other employees to practice our greatest medical intervention at this wonderful hospital, "kindness". I answer phones, make photo copies, plan meetings, plan travel, make slide presentations, and try to do my small part to make cancer history. I have a purpose, a wonderful husband and five adult children who are all very healthy, and I thank God every day that I have such a full life.



Mutations Offer an Opportunity for Targeted Therapy in Melanoma... *continued*

Jonathon Trent, M.D., Ph.D. from the Department of Sarcoma and **Alexander Lazar, M.D., Ph.D.** from the Department of Pathology we are sequencing the tumor DNA from patients with chronic sun-damaged, acral, and mucosal melanomas for evidence of CKIT mutations. The results of this effort have already had encouraging outcomes in the clinic. Clinical studies enriched with patients having CKIT mutations that test the efficacy of CKIT inhibitors will help to verify these results.

Under the leadership of **Patrick Hwu, M.D.**, the translational science work of **Michael Davies, M.D., Ph.D.**, and the clinical trial design of **Kevin Kim, M.D.**, the Melanoma Medical Oncology Department is poised to integrate our molecular understanding of melanoma with treatment. It is the ambition of the Department to perform a complete genomic and proteomic analysis on each patient's tumor in order to determine its molecular profile. Coupling this information with the increasing number of FDA-approved targeted therapies available offers great hope that we will be able to have a dramatic effect on the course of disease in our patients.



Advances in Melanoma Conference

On October 20, 2007 Melanoma Medical Oncology hosted a CME conference at the Hilton Americas hotel to feature emerging therapeutic strategies, including the current status of adjuvant and neoadjuvant treatment for early-stage disease and updates on systemic therapy of advanced disease. In addition, the clinical utility of biologic therapies, including monoclonal antibodies and vaccines, and the role of newer targeted agents in the clinical management of advanced malignant melanoma were discussed.

Our strong multidisciplinary approach to patient care which involves surgeons, medical oncologists, radiologists, pathologists, and laboratory scientists is something that instills confidence in our referring physicians and patients.

A special thank you to the following Faculty members, **Drs. Janice Cormier, Keith Flaherty, Jeffrey Gershenwald, Patrick Hwu, Sharon Hymes, Kevin Kim, Anthony Lucci, Merrick Ross, and Jeffrey Weinberg** for making this event a great success.

New Melanoma and Skin Center

The Melanoma and Skin Center opened July 31 for appointments in its new location (R9.2200; Main Building, Floor 9).

While the center temporarily was located on Floor 6 during construction, it expanded its original location into the area formerly occupied by the Gynecologic Oncology Center and Medical Records, nearly doubling its space.

The new area includes 25 exam rooms, 3 light treatment rooms, 2 procedure/treatment rooms.

The renovation includes refreshed finishes, new and recently refurbished furnishings, and expansion of the Art Program to create an uplifting and attractive setting for employees, patients, and visitors.

The new waiting area integrates natural light with a variety of seating options, and recognizes the generous contributions of the El Paso Corp. by officially renaming the center the Ben Love/El Paso Corporation Melanoma and Skin Center in memory of Love. Patients can access their new reception area from the C elevators.



Pictured (Left to Right): Jason Connelly, Jan Love Simmons, John Mendelsohn, M.D., Doug Foshee (El Paso), Jeff Love, Margaret Love, Patrick Hwu, M.D., Jeffrey E. Lee, M.D.

Current Clinical Advances in Melanoma Oncology

Major advances in the treatment of melanoma will only occur if we continue to aggressively pursue novel clinical trials. Due to recent discoveries in the basic science of immunology and cancer biology we have wonderful opportunities to make a major impact with these trials.

Below is a list of current, approved Melanoma Oncology clinical trials as of 1/24/08, to refer a patient please see page 6.

Adjuvant:

1. [Leuprolide + Peptide vaccine \(2004-0502\)](#) Phase II

Principal Investigator: Dr. Patrick Hwu
Research Nurse: Priscilla Miller, R.N.

This study tests if sex hormone blockade will result in enhanced thymic activity in melanoma patients that will lead to improved anti-tumor T-cell responses following antigen-specific immunization. Patients will be randomized to receive different combinations of gp100, MAGE-3, and Leuprolide vaccine. Patients must be HLA-A2+, and have no history of immunization with gp100 or MAGE-3 vaccines.

Neoadjuvant:

1. [Temozolomide alone or with Pegylated interferon-alpha 2b \(2005-0143\)](#) Phase II

Principal Investigator: Dr. Wen-Jen Hwu and Dr. Merrick Ross
Research Nurse: Minette Garcia, R.N.

Temozolomide is a drug that is designed to work by stopping cancer cells from making new DNA. Pegylated Interferon Alpha-2b is a protein made by the human immune system that helps to fight viral infections regulate cell function. Patient may not have had any prior systemic chemotherapy.

Chemo-naïve patients (i.e. no previous chemotherapy):

1. [Palonosetron with Biochemotherapy \(2005-0506\)](#) Phase I/II

Principal Investigator: Dr. Agop Y. Bedikian
Research Nurse: Sandy Mahoney, R.N.

Evaluation of two different schedules of palonosetron for the prevention of nausea and vomiting in patients with metastatic melanoma receiving concurrent biochemotherapy. Patients must have non-resectable stage III or stage IV metastatic melanoma with measurable disease, and agree to be treated with biochemotherapy.

2. [Biochemotherapy with Temozolomide \(DM03-0218\)](#) Phase II

Principal Investigator: Dr. Nicholas Papadopoulos
Research Nurse: Suzanne Cain, R.N.

Concurrent biochemotherapy with cisplatin, velban, IL-2, interferon alfa, temozolomide, and thalidomide. Temozolomide has been shown to induce regression of brain metastases. Thalidomide may enhance the anti-tumor activity & decrease the toxicity of the biochemotherapy via a number of mechanisms.

3. [Taxol-Carbo +/- Avastin \(2006-1054\)](#) Phase II

Principal Investigator: Dr. Kevin Kim
Research Nurse: Sandy Mahoney, R.N.

This study is designed to estimate the clinical benefit of the addition of bevacizumab to carboplatin + paclitaxel and to characterize the safety profile of bevacizumab when added to carboplatin + paclitaxel as first-line treatment of metastatic melanoma.

4. [DTIC +/- Genasense \(2007-0361\)](#) Phase III

Principal Investigator: Dr. Agop Bedikian
Research Nurse: Karen Woodard, R.N.

This study is designed to administer Dacarbazine, plus or minus a Bcl-2 antisense therapy. Antisense therapy involves the administration of synthetic oligonucleotides that are complementary to specific mRNA transcripts, and then RNase H cleaves the bcl-2 mRNA strand, rendering the message nontranslatable.

Chemo-naïve patients OR patients who have had previous chemotherapy:

1. [BAY43-9006 \(Sorafenib\) + CCI-779 \(Temsirolimus\) \(2005-0215\)](#) Phase I/II

Principal Investigator: Dr. Kevin Kim
Research Nurse: Karen Woodard, R.N.

BAY43-9006 is an inhibitor of C-Raf, B-Raf, VEGFR and PDGFR, and CCI-779 is an inhibitor of mTOR. Whether inhibiting two of the commonly activated signal pathways in melanoma leads to better clinical outcome will be studied. Patients must have easily biopsiable tumor (skin, SQ, superficial lymph nodes) to enroll.

2. [T-cells +/- dendritic cells \(2004-0069\)](#) Phase II

Principal Investigator: Dr. Patrick Hwu
Research Nurse: Priscilla Miller, R.N.

In this study, T-cells capable of recognizing and killing melanoma will be isolated from tumor biopsies and expanded in the laboratory. The T-cells will then be reinfused into the patients with or without dendritic cells, which are immune cells capable of potentially activating T-cells. This study is for patients with a good performance status, with measurable metastatic melanoma, and a site that can be easily biopsied.

3. [INGN 241 \(Ad-mda7\) \(2003-0590\)](#) Phase II

Principal Investigator: Dr. Kevin Kim
Research Nurse: Ingrid Hernandez, R.N.

INGN 241 is an adenoviral vector carrying the mda-7 cDNA which is a tumor suppressor with cytokine properties. When administered as an intratumoral injection into melanoma in transit lesions, it is expected to induce apoptosis in regional uninjected lesions and initiate systemic immune activation. This study is for patients with melanoma in transit disease with at least three regional lesions.

4. [Temozar + Thalidomide + CCNU \(2004-0595\)](#) Phase II

Principal Investigator: Dr. Nicholas Papadopoulos
Research Nurse: Suzanne Cain, R.N.

Temozolomide, Lomustine and Thalidomide will be combined as a therapeutic agent. Temozolomide has shown activity against CNS metastases, and Thalidomide is an antiangiogenic agent. Lomustine, an oral nitrosore, has activity against disseminated melanoma. This study is for patients with brain metastases.

5. [CRO11-vcMME \(2006-0378\)](#) Phase I

Principal Investigator: Dr. Patrick Hwu
Research Nurse: Deborah Sanders, R.N.

CRO11-vcMME potently inhibits the growth of a variety of melanoma cell lines in vitro by binding to cell surface Glycoprotein NMB. Patients must have unresectable stage III or stage IV melanoma

6. [TKI-258 \(2005-0838\)](#) Phase I

Principal Investigator: Dr. Kevin Kim
Research Nurse: Laura Bales, R.N.

Chir-258 is a small molecule receptor tyrosine kinase inhibitor with potent activity against receptors for VEGF, PDGF, and FGF. Inhibition of these growth factors has been found to inhibit melanoma growth in animal models.

7. [CHIR-265 \(2005-0949\)](#) Phase I/II

Principal Investigator: Dr. Kevin Kim
Research Nurse: Cora Cheung, R.N.

RAF265 is a novel small molecule with potent inhibitory activity against mutant B-Raf kinase, VEGFR-2 and also to a lesser degree, PDGF-alpha, and c-kit.

8. [PLX06-02 \(2007-0088\)](#) Phase I

Principal Investigator: Dr. Kevin Kim
Research Nurse: Deborah Sanders, R.N.

This study will Provide an assessment of the safety, tolerability, pharmacokinetics, and pharmacodynamics activity of ascending doses of PLX4032. This is the first assessment of PLX4032 in patients with solid tumors.

Current Clinical Advances in Melanoma Oncology – *continued*

9. [Marquibo Choroidal Melanoma \(2006-0910\)](#) Phase II

Principal Investigator: Dr. Agop Y. Bedikian

Research Nurse: Laura Bales, R.N.

Vincristine Sulfate, the active ingredient in Marquibo, blocks mitosis by arresting cells in metaphase, and also it may interfere in amino acid metabolism. Patients must have measurable disease and can have one prior systemic chemotherapy.

10. [BMS CIND Ipilimumab \(2007-0730\)](#) CIND

Principal Investigator: Dr. Patrick Hwu,

Research Nurse: Ingrid Hernandez, R.N., DRPH

Ipilimumab is a human IgG1 anti-CTLA-4 monoclonal antibody that is in development for the treatment of subjects with unresectable Stage III or Stage IV melanoma.

Patients with metastatic choroidal melanoma:

1. [BMS CIND Ipilimumab \(2007-0730\)](#) CIND

Principal Investigator: Dr. Patrick Hwu,

Research Nurse: Ingrid Hernandez, R.N., DRPH

Ipilimumab is a human IgG1 anti-CTLA-4 monoclonal antibody that is in development for the treatment of subjects with unresectable Stage III or Stage IV melanoma.

2. [BAY43-9006 \(Sorafenib\) + CCI-779 \(Temozolomide\)](#) (2005-0215) Phase I/II

Principal Investigator: Dr. Kevin Kim

Research Nurse: Karen Woodard, R.N.

BAY43-9006 is an inhibitor of C-Raf, B-Raf, VEGFR and PDGFR, and CCI-779 is an inhibitor of mTOR. Whether inhibiting two of the commonly activated signal pathways in melanoma leads to better clinical outcome will be studied. Patients must have easily biopsiable tumor (skin, SQ, superficial lymph nodes) to enroll.

3. [INGN 241 \(Ad-mda7\)](#) (2003-0590) Phase II

Principal Investigator: Dr. Kevin Kim

Research Nurse: Ingrid Hernandez, R.N.

INGN 241 is an adenoviral vector carrying the mda-7 cDNA which is a tumor suppressor with cytokine properties. When administered as an intratumoral injection into melanoma in transit lesions, it is expected to induce apoptosis in regional uninjected lesions and initiate systemic immune activation. This study is for patients with melanoma in transit disease with at least three regional lesions.

4. [Marquibo Choroidal Melanoma \(2006-0910\)](#) Phase II

Principal Investigator: Dr. Agop Y. Bedikian

Research Nurse: Laura Bales, R.N.

Vincristine Sulfate, the active ingredient in Marquibo, blocks mitosis by arresting cells in metaphase, and also it may interfere in amino acid metabolism. Patients must have measurable disease and can have one prior systemic chemotherapy.

5. [TKI-258 \(2005-0838\)](#) Phase I

Principal Investigator: Dr. Kevin Kim

Research Nurse: Laura Bales, R.N.

TKI-258 is a small molecule receptor tyrosine kinase inhibitor with potent activity against receptors for VEGF, PDGF, and FGF. Inhibition of these growth factors has been found to inhibit melanoma growth in animal models.

6. [CHIR-265 \(2005-0949\)](#) Phase I/II

Principal Investigator: Dr. Kevin Kim

Research Nurse: Cora Cheung, R.N.

RAF265 is a novel small molecule with potent inhibitory activity against mutant B-Raf kinase, VEGFR-2 and also to a lesser degree, PDGF-alpha, and c-kit.

7. [CRO11-vcMME \(2006-0378\)](#) Phase I

Principal Investigator: Dr. Patrick Hwu

Research Nurse: Deborah Sanders, R.N.

CRO11-vcMME potentially inhibits the growth of a variety of melanoma cell lines in vitro by binding to cell surface Glycoprotein NMB. Patients must have unresectable stage III or stage IV melanoma.

8. [PLX06-02 \(2007-0088\)](#) Phase I

Principal Investigator: Dr. Kevin Kim

Research Nurse: Deborah Sanders, R.N.

This study will provide an assessment of the safety, tolerability, pharmacokinetics, and pharmacodynamics activity of ascending doses of PLX4032. This is the first assessment of PLX4032 in patients with solid tumors.

9. [Taxoprexin \(2005-0357\)](#) Phase II

Principal Investigator: Dr. Agop Y. Bedikian

Research Nurse: Shelly Glass, R.N.

DHA-paclitaxel is related to the taxane family of microtubule-stabilizing agents with the ability to expose melanoma cells to high concentration of paclitaxel for a prolonged period due to unique pharmacokinetics. This study is for patients with metastatic uveal melanoma.

Brain Metastases Protocols:

1. [Temodar + Thalidomide + CCNU \(2004-0595\)](#) Phase II

Principal Investigator: Dr. Nicholas Papadopoulos

Research Nurse: Suzanne Cain, R.N.

Temozolomide, Lomustine and Thalidomide will be combined as a therapeutic agent. Temozolomide has shown activity against CNS metastases, and Thalidomide is an antiangiogenic agent. Lomustine, an oral nitrosore, has activity against disseminated melanoma. This study is for patients with brain metastases.

2. [BMS CIND Ipilimumab \(2007-0730\)](#) CIND

Principal Investigator: Dr. Patrick Hwu,

Research Nurse: Ingrid Hernandez, R.N., DRPH

Ipilimumab is a human IgG1 anti-CTLA-4 monoclonal antibody that is in development for the treatment of subjects with unresectable Stage III or Stage IV melanoma.

Laboratory Protocols:

1. [Biomarkers of high dose IL-2 responsiveness \(LAB06-0762\)](#)

Principal Investigator: Dr. Laszlo Radvanyi

Research Nurse: Deborah Sanders, R.N.

Interleukin-2 (IL-2) therapy has been used extensively over the past fifteen years to effectively treat patients with advanced metastatic melanoma and renal cell carcinoma. This study will aide to map out a complete picture of what IL-2 is doing in the PBMC and tumor site in melanoma patients. Patients must receive high dose IL-2 in order to qualify for this study.

2. [Blood & Tumor Sample Collection for Long Term Storage \(2005-0466\)](#)

Principal Investigator: Dr. Kevin Kim

Research Nurse: Edwina Green

This study will collect blood and tumor samples from patients with suspected or confirmed melanoma and place these samples in long-term storage for future biological and/or surrogate marker studies.



ABCD's of Melanoma Diagnosis

Asymmetry



Border



Color Variation



Diameter



Melanoma Grants Awarded

In 2003 it was determined that the Department of Melanoma Medical Oncology should forge new alliances for collaborative efforts that combined the strengths of clinical and basic science investigators. It was agreed that a strong multi-disciplinary approach to patient care must involve surgeons, medical oncologists, radiologists, pathologists and laboratory scientists in a cohesive effort to redirect understanding of the human body's immune response to melanoma tumors. We are pleased to say that we have proven that this team approach holds great promise for best methods for discovery of and improvement on novel therapies. The one focused mission of this melanoma research alliance is to bring basic research concepts from the laboratory to our patients, while taking what we learn from our patients back to the lab for further investigation.

Despite national government cutbacks for research, we have continued to maintain a steady growth in our grant funding. Since the inception of our team oriented approach, we have been awarded five *National Institute of Health* grants totaling over \$4.53 million over a five year period to support our research initiatives. We are confident that this is due to the strong collaborative groundwork our excellent clinicians and scientists have put into place.

Most recently Melanoma Medical Oncology was awarded funds from the *Multidisciplinary Research Program* here at M.D. Anderson Cancer Center. This grant was awarded to fund preliminary research which has led to the resubmission of a \$12 million (5 years) Program Grant with the National Institutes of Health.

Also this year, five Melanoma research grants were awarded in the Melanoma Center for Targeted Therapy (CTT) - Disease Specific Grant Program. This institutional grant program was newly established to fund disease specific research projects on novel, molecularly targeted therapies. We congratulate **Dr. Chen Dong** (Immunology), **Dr. Michael Davies** (Melanoma Medical Oncology), **Dr. Dan Jones** (Hematopathology), **Dr. Parul Hazarika** (Dermatology Research) and **Dr. Feng-Wang Johanning** (Veterinary Science) for being the recipients of the Melanoma grants from the CTT.

In addition our department has been awarded research grants from both the *Adelson Research Foundation* and the *Melanoma Research Foundation* as well as a collaborative grant with the departments of Immunology and Lymphoma from the *Keck Foundation* totaling over \$1.3 million (2 years).

Philanthropic gifts from private donors and foundations also help support the advancement of translational research. The Melanoma Medical Oncology Department would like to acknowledge and thank donors for their generous contributions to cancer-related research projects.

Melanoma Philanthropic Funding

*Dr. Miriam and Sheldon G. Adelson Medical Research Foundation
Carl C. Anderson Sr. and Marie Jo Anderson Charitable Foundation
Margaret T. Biddle Foundation
Modestus Bauer Foundation
Mr. John P. Courtney
Estate of Allie Crockett Conway, Jr.
John S. Dunn Research Foundation
El Paso Corporation*

*Kelly Golat Melanoma Research Scholarship Fund Inc.
Mr. and Mrs. Rodney L. Hale
Kerstin Loeff
Gillson Longenbaugh Foundation
Mr. and Mrs. Rudolph K. Olson
The Reny Company
George and Bonnie Taubel
Mr. and Mrs. Jack V. Robertson*

... and many more who generously committed funds totaling \$1,483,718 in FY07.

How to Refer Patients

Melanoma Patient Referral Office

Call 713-563-9716 or visit website:
<https://www2.mdanderson.org/sapp/contact/preferral.cfm>

Other Patient Referrals:

Call the M.D. Anderson Information Line
1-800-392-1611 OR 713-792-3245

If you need additional information or if you have any feedback regarding our newsletter, you can email us at: melanoma@mdanderson.org

If you are a patient or physician and wish to set or track a patient appointment you may register for on-line access at: <https://my.mdanderson.org>

You Can Make a Difference – How to Help

Gifts from individuals provide a significant portion of the funding needed to get new research off the ground. The Melanoma Oncology and Research Team is dedicated in helping our patients get the best treatment possible. Your contribution will help with our new research studies in the laboratory and the clinic, including studies of cancer vaccines, T-cell therapy, and new agents.

To make a donation by phone please call 713-792-3450 or 1-800-525-5841 and specify Melanoma Vaccines for your gift.

To make an online donation, you may visit our secure website page at www.mdanderson.org/melresearch