



**Wisconsin  
Cancer  
Collaborative**  
REDUCING THE BURDEN TOGETHER



# Skin Cancer Prevention During the Pandemic

*Thursday, May 13th, 10:00-11:00*

# Who We Are

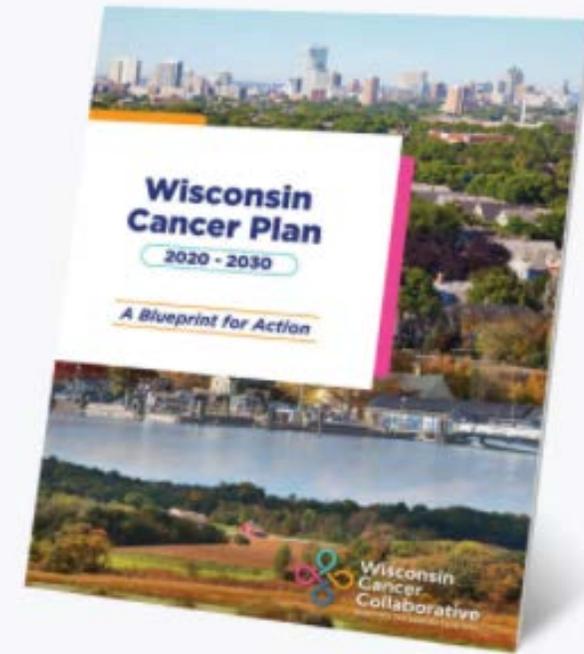
The **Wisconsin Cancer Collaborative** is a statewide coalition of **140 organizations** working together to reduce the burden of cancer **for everyone** in Wisconsin.

**Join Us!**



[www.wicancer.org/join/](http://www.wicancer.org/join/)

## Wisconsin Cancer Plan 2020-2030



[www.wicancer.org](http://www.wicancer.org)

# Agenda

- **Welcome**
- **Intro**
- **Presentations by Dr. Xu, Dr. Albertini, and Sheri Scott**
- **Questions**



# *Skin Cancer and the Wisconsin Cancer Plan*

## Chapter 2: Risk Reduction

- **Priority 5: Decrease exposure to ultraviolet radiation.**
  - Strategy A: Increase opportunities for sun protection in outdoor settings
  - Strategy B: Increase awareness about skin cancer prevention.
  - Strategy C: Decrease indoor tanning use.





# ***Presentation by: Dr. Gloria Xu***

*Mohs Surgery/Department of Dermatology  
University of Wisconsin-Madison*

# Melanoma Burden and Risk Factors

Y. Gloria Xu, MD, PhD

Mohs Surgery/Department of Dermatology

Univ of Wisconsin-Madison

May 13, 2021



- I don't have any conflict of interest

# Objectives

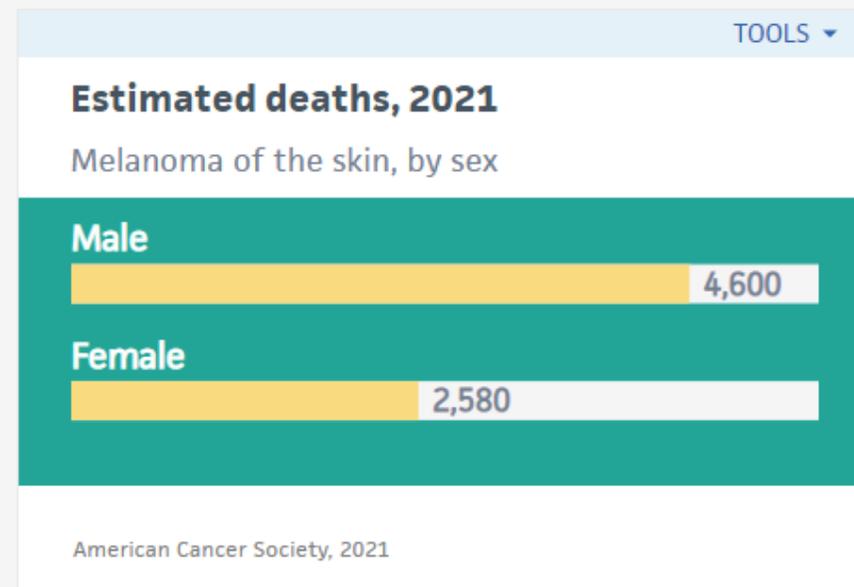
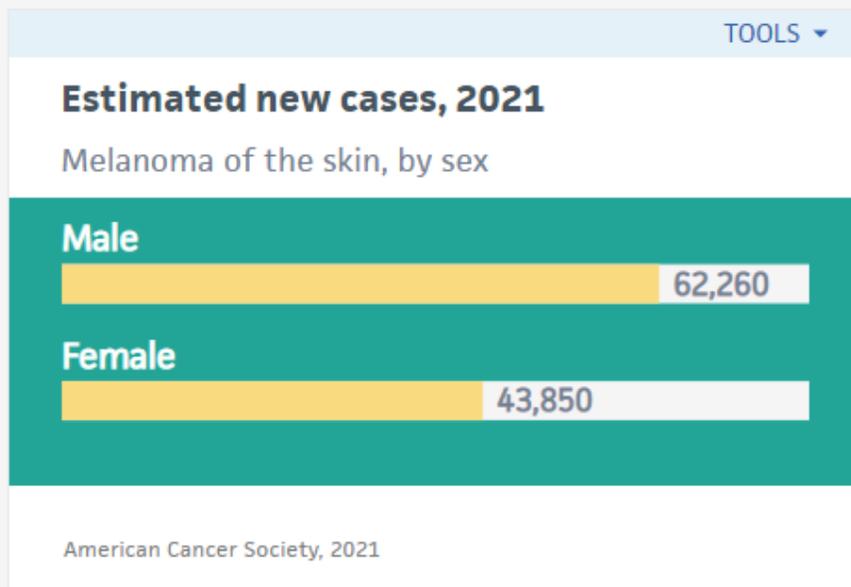
- **Recognize** melanoma burden and risk factors mainly UV rays
- **Recognize** correct use of sunscreens and other means for sun protection
- **Identify** skin lesions that are concerning for melanoma

# Melanoma of the skin

## AT A GLANCE



## 2020 ESTIMATES



## Estimated new cases, 2021

By cancer type, both sexes combined

### Breast ⓘ



### Prostate



### Lung and bronchus



### Colorectum



### Melanoma of the skin



### Urinary bladder



 EXPAND TO SEE ALL DATA

American Cancer Society, 2021

## Estimated deaths, 2021

By cancer type, both sexes combined

### Lung and bronchus



### Colorectum



### Pancreas



### Breast ⓘ



### Prostate



### Liver and intrahepatic bile duct



 EXPAND TO SEE ALL DATA

American Cancer Society, 2021

## Estimated new cases and deaths, 2021

Melanoma of the skin, by state

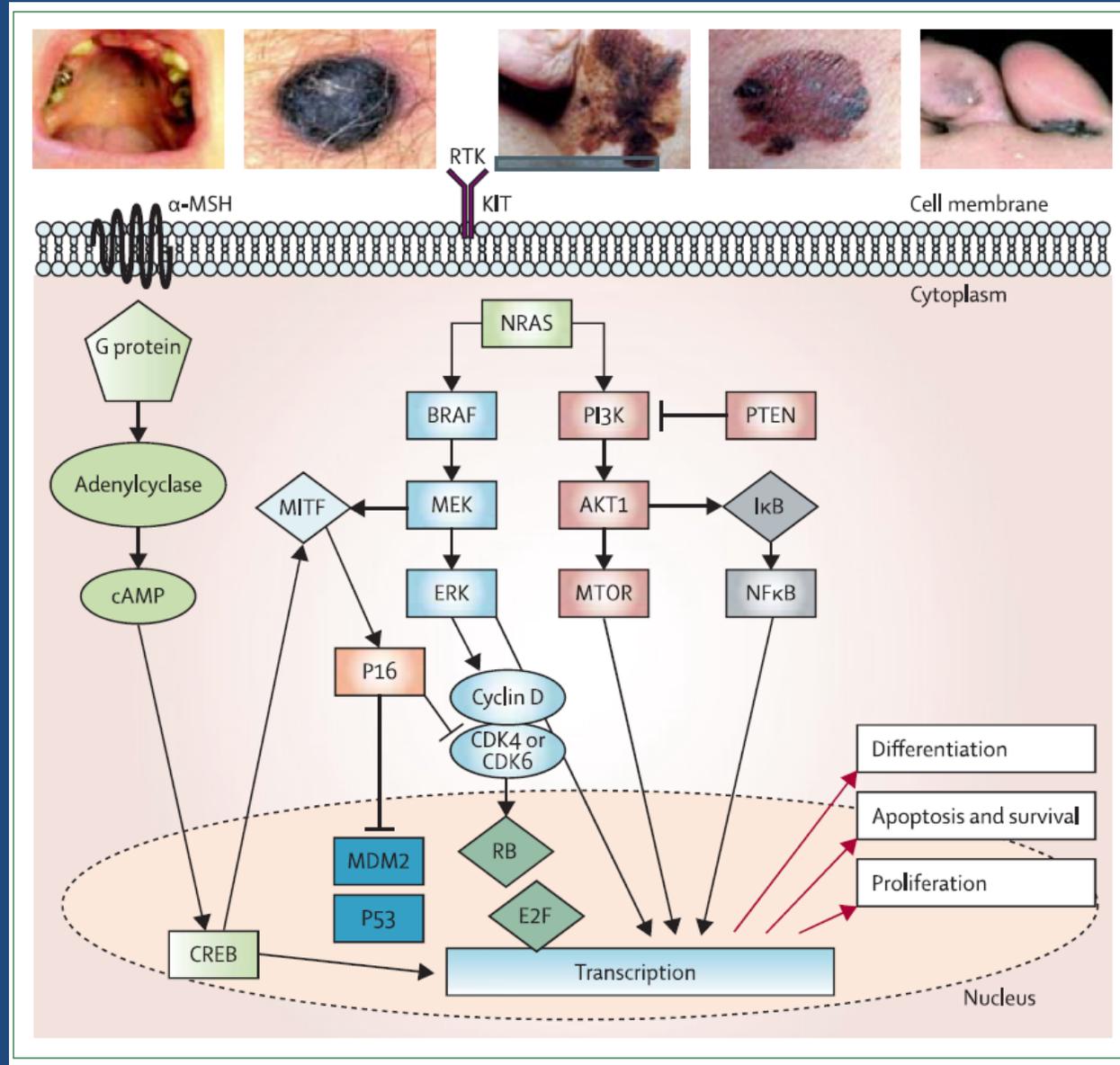
State <sup>↑</sup> <sub>↓</sub>	Estimated New Cases, 2021 <sup>↑</sup> <sub>↓</sub>	Estimated Deaths, 2021 <sup>↑</sup> <sub>↓</sub>
California	11,450	660
Florida	9,680	530
Ohio	4,610	330
Texas	4,600	460
New York	4,290	340
North Carolina	4,250	210
Illinois	4,030	240
Georgia	3,800	190
Pennsylvania	3,690	330
Michigan	3,440	250
Arizona	2,900	190
Washington	2,730	170
New Jersey	2,570	180
Virginia	2,530	160
Massachusetts	2,530	160
Wisconsin	2,410	150
Indiana	2,310	170
Colorado	2,240	140
South Carolina	1,970	120
Maryland	1,870	90
Minnesota	1,850	120

## Estimated new cases and deaths, 2021

Melanoma of the skin, by state

State <sup>↑</sup> <sub>↓</sub>	Estimated New Cases, 2021 <sup>↑</sup> <sub>↓</sub>	Estimated Deaths, 2021 <sup>↑</sup> <sub>↓</sub>
California	11,450	660
Florida	9,680	530
Ohio	4,610	330
Texas	4,600	460
New York	4,290	340
North Carolina	4,250	210
Illinois	4,030	240
Georgia	3,800	190
Pennsylvania	3,690	330
Michigan	3,440	250
Arizona	2,900	190
Washington	2,730	170
New Jersey	2,570	180
Virginia	2,530	160
Massachusetts	2,530	160
Wisconsin	2,410	150
Indiana	2,310	170
Colorado	2,240	140
South Carolina	1,970	120
Maryland	1,870	90
Minnesota	1,850	120

# Melanoma Pathophysiology



Lancet  
2014;  
383:816-27

# Different Types of Primary Cutaneous Melanoma

- Superficial spreading melanoma 60-70%
- Nodular melanoma 15-30%
- Lentigo maligna melanoma 5-15%
- Acral lentiginous melanoma 5-15%



**RISK FACTORS FOR DEVELOPMENT OF SINGLE OR MULTIPLE PRIMARY MELANOMAS<sup>a</sup>**

- **Male sex<sup>1</sup>**
- **Age >60 years**
- **Phenotypic predisposition**
  - ▶ Atypical mole/dysplastic nevus pattern<sup>2</sup>
  - ▶ Increased mole count (particularly large nevi)<sup>3</sup>
  - ▶ Sun-phenotype/tendency to sunburn<sup>3</sup>
  - ▶ Red hair-blue eyes/Fitzpatrick skin type I/pheomelanin predominant phenotype<sup>3</sup>
- **Personal medical history/comorbidities**
  - ▶ Multiple and/or blistering sunburns<sup>3,4</sup>
  - ▶ Precancer/cancers,<sup>5,6</sup> especially:
    - ◊ Actinic keratosis/non-melanoma (keratinocyte) skin cancer (eg, basal cell and squamous cell carcinomas)<sup>3</sup>
    - ◊ Childhood cancer<sup>7</sup>
  - ▶ Immunosuppression/immune perturbation related to:
    - ◊ Solid organ transplantation<sup>3,8,9</sup>
    - ◊ Hematopoietic cell transplantation (HCT)<sup>9</sup>
    - ◊ Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)<sup>10</sup>
  - ▶ Rare genodermatoses
    - ◊ Xeroderma pigmentosum<sup>11</sup>
- **Genetic predisposition**
  - ▶ Presence of germline mutations or polymorphisms predisposing to melanoma (eg, *CDKN2a*, *CDK4*, *MC1R*, *BRCA2*, *BAP1* [especially for uveal melanoma], *TERT*, *MITF*, *PTEN*, and potential other genes).<sup>3,12-14</sup>
  - ▶ Family history of cutaneous melanoma (especially if multiple), pancreatic, renal and/or breast cancer, astrocytoma, uveal melanoma, and/or mesothelioma.<sup>3,15</sup>
- **Environmental factors**
  - ▶ Tanning bed use<sup>3,16,17</sup>
  - ▶ Residence in sunnier climate/latitude nearer to equator<sup>18</sup>
  - ▶ Intermittent, intense sun exposure (for truncal/extremity melanomas, often observed with associated increased nevus count)<sup>3</sup>
  - ▶ Chronic sun exposure (for head/neck/arm melanomas, often associated with lower nevus count)

<sup>a</sup>Risk factors for development of single or multiple primary melanomas, including subsequent primaries after index diagnosis. This list does not include risk factors for melanoma recurrence or progression, as those are covered elsewhere in the algorithm.

**Note:** For more information regarding the categories and definitions used for the NCCN Evidence Blocks™, see page [EB-1](#).

All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

**References**



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[References](#)

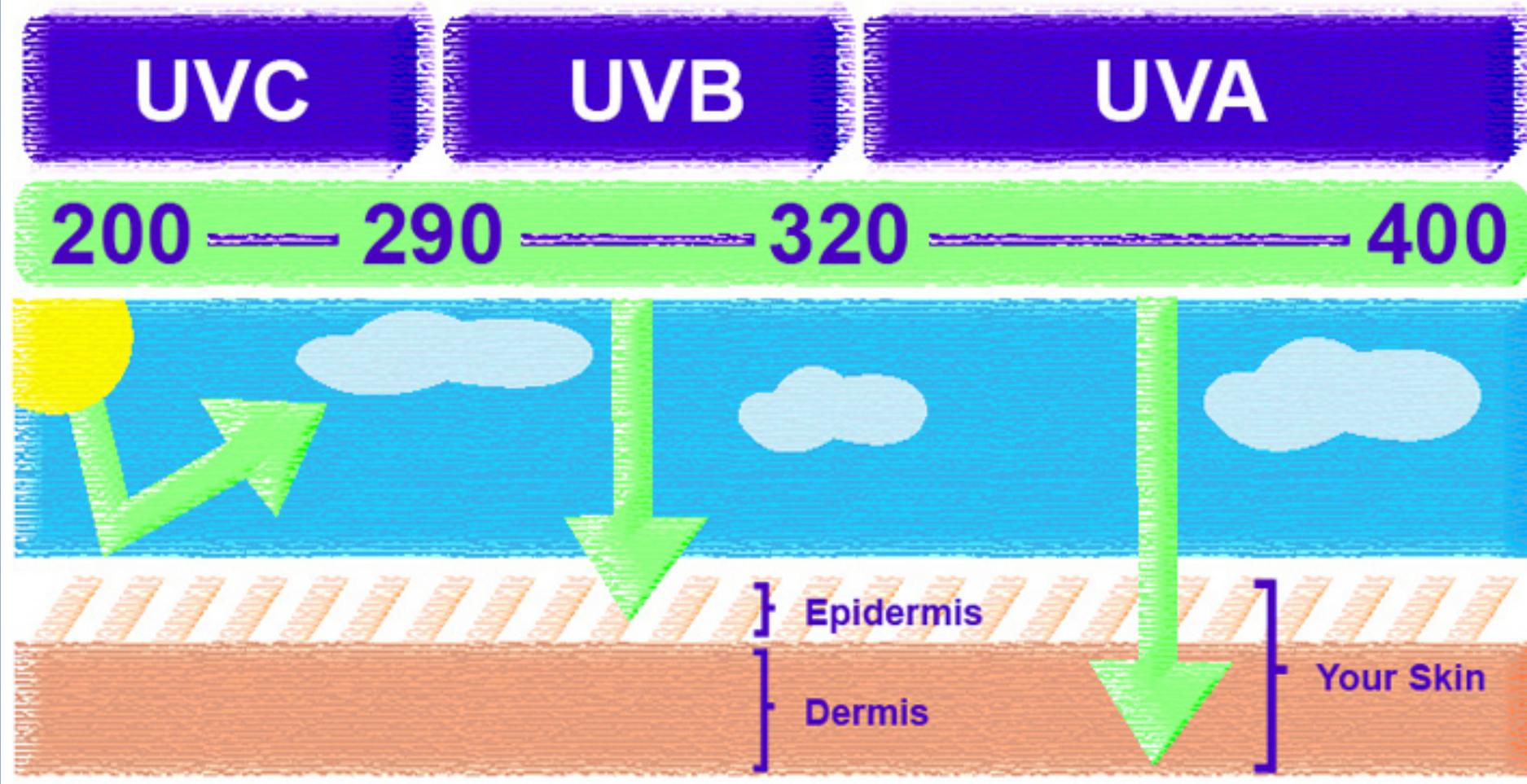
**TANNING**

- Ultraviolet (UV) radiation is a proven human carcinogen.<sup>17</sup>
- The International Agency for Research on Cancer, an affiliate of the World Health Organization, includes ultraviolet (UV) tanning devices in its Group 1, a list of agents that are cancer-causing to humans. Group 1 also includes agents such as plutonium, cigarettes and solar UV radiation.<sup>18</sup>
- As of September 2, 2014, ultraviolet (UV) tanning devices were reclassified by the FDA from Class I (low risk), to Class II (moderate risk) devices.<sup>19</sup>
- Twelve states plus the District of Columbia prohibit people younger than 18 from using indoor tanning devices: California, Delaware, Hawaii, Illinois, Louisiana, Massachusetts, Minnesota, Nevada, New Hampshire, North Carolina, Texas and Vermont. Oregon and Washington prohibit those under 18 from using indoor tanning devices, unless a prescription is provided.<sup>20,34</sup>
- Brazil and Australia have banned indoor tanning altogether. Austria, Belgium, Finland, France, Germany, Iceland, Italy, Norway, Portugal, Spain and the United Kingdom have banned indoor tanning for people younger than age 18.<sup>21</sup>
- More than 419,000 cases of skin cancer in the U.S. each year are linked to indoor tanning, including about 245,000 basal cell carcinomas, 168,000 squamous cell carcinomas, and 6,200 melanomas.<sup>22</sup>
- More people develop skin cancer because of tanning than develop lung cancer because of smoking.<sup>22</sup>
- Those who have ever tanned indoors have a 67 percent increased risk of developing squamous cell carcinoma and a 29 percent increased risk of developing basal cell carcinoma.<sup>22</sup>
- Those who have ever tanned indoors have a 69 percent risk of developing basal cell carcinoma before age 40.<sup>23</sup>
- Individuals who have used tanning beds 10 or more times in their lives have a 34 percent increased risk of developing melanoma compared to those who have never used tanning beds.<sup>24</sup>
- People who first use a tanning bed before age 35 increase their risk for melanoma by 75 percent.<sup>25</sup>



<http://www.skincancer.org/skin-cancer-information/skin-cancer-facts#indoor>

# UV Type & Skin Penetration



<http://www.rawelementsusa.com/understanding-sun-protection/uv-radiation/>

# UV Rays -Photo Carcinogen

- UVB
  - Burning, immediate
  - Blocked by window glasses
  - High energy wave that can cause direct cellular DNA damage
- UVA
  - Tanning, delayed
  - Penetrate window glasses
  - Lower energy wave that leads to longer term cellular DNA damage

**Responsible causes of skin cancers, aging of the skin and eyes, immunosuppression and other damages.**

# Make a Guess

- Over   % of UV rays reaching earth are UVA

# Answers

- Over **90%** of UV rays reaching earth are UVA

# True or False

- I only need to wear sunscreen in summer time
- I do not need to wear sunscreen in cloudy days

# Make a Guess

- Over \_% of UV rays penetrate clouds
- UV exposure increases from the reflection, which one reflects the most of UV rays?
  - Sand?
  - Water?
  - Snow?

# Answers

- Over **80%** of UV rays penetrate clouds
- UV exposure increases from the reflection
  - Sand **25%**
  - Water **50%**
  - Snow **80%**

# The Risk of Indoor Tanning

- Up to 10 times more UVA radiation than that of the sun

# The Risk of Indoor Tanning

- Up to **15 times** more UVA radiation than that of the sun!!

# HOW TO SELECT A SUNSCREEN

Choosing the right sunscreen can help reduce the risk of skin cancer and early skin aging caused by the sun.

## SUNSCREEN IS AN IMPORTANT TOOL

in the fight against skin cancer, including melanoma, the deadliest form of skin cancer.

1 in 5

Americans will be diagnosed with skin cancer in their lifetime.



The American Academy of Dermatology recommends consumers choose a sunscreen which states on the label:

SPF 30 OR HIGHER

BROAD SPECTRUM

Means a sunscreen protects the skin from ultraviolet A (UVA) and ultraviolet B (UVB) rays, both of which can cause cancer.

WATER RESISTANT

For up to 40 or 80 minutes. Sunscreen can no longer claim to be waterproof or sweatproof.



ONE OUNCE OF SUNSCREEN, enough to fill a shot glass, is considered the amount needed to cover the exposed areas of the body.



To learn more visit [SpotSkinCancer.org](http://SpotSkinCancer.org)

<http://www.aad.org/dermatology-a-to-z/health-and-beauty/general-skin-care/sun-protection/sunscreen-labels/how-to-select-a-sunscreen>

# True or False?

- Sunscreen SPF 30 is twice as good as SPF 15
- Sunscreen SPF 100 can filter sun rays 100%

# Answers

- Sunscreen SPF 30 is twice as good as SPF 15
  - False
  - Reasons:
    - SPF 30:  $30 - 1/30 = 96.7\%$
    - SPF 15:  $15 - 1/15 = 93.3\%$
- Sunscreen SPF 100 can filter sun rays 100%
  - False
  - Reasons:
    - SPF 100:  $100 - 1/100 = 99\%$

# Sunscreen FAQs by AAD

- Excellent and detailed guidelines

<https://www.aad.org/media/stats/prevention-and-care/sunscreen-faqs>

# Other Means of Sun Protection

- Seek shade
- UV protective clothing: wearing long sleeves, pants, a wide-brimmed hat, and sunglasses.
- Avoid mid day sun between 10 Am – 2 pm
- Cautious about getting overheated and drinking plenty of fluids.

# Vitamin D

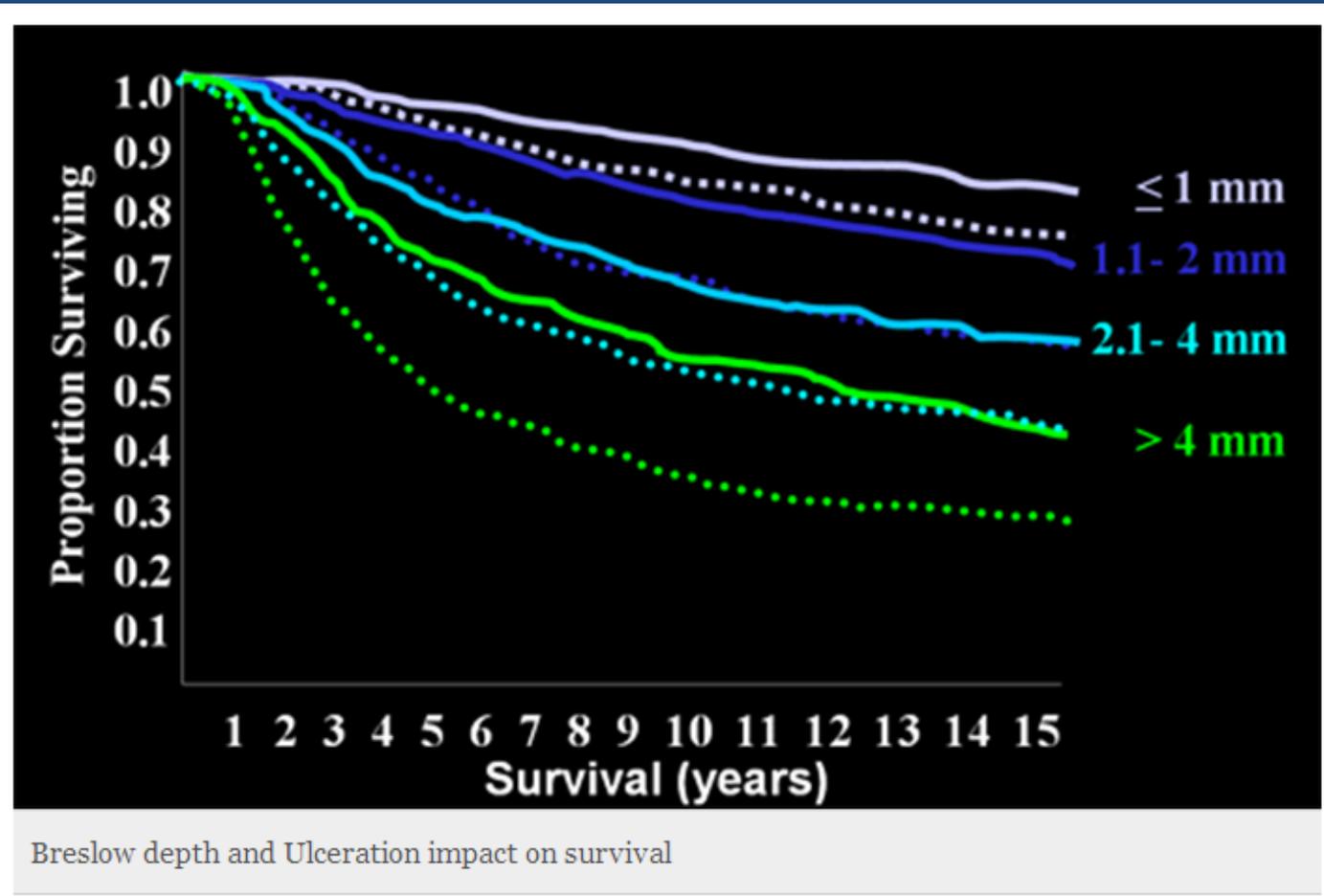
- The Institute of Medicine (now known as the National Academy of Medicine) concluded that the evidence for associating vitamin D status with health benefits other than bone health was inconsistent, inconclusive as to causality and insufficient to inform nutritional requirement.<sup>13-14</sup>
- Based on currently available scientific evidence that supports a key role of calcium and vitamin D in skeletal health, the NAM's Recommended Dietary Allowance\* for vitamin D is:
  - 400 International Units for infants/children 0-1 years
  - 600 IU for children, teenagers and adults 1-70 years
  - 800 IU for adults 71+ years
- Because the amount of vitamin D a person receives from the sun is inconsistent and increases the risk of skin cancer, the NAM's RDA was developed based on a person receiving minimal or no sun exposure.

*\* The RDA is the intake that covers the needs of 97.5 percent of the healthy, normal population.*

<https://www.aad.org/media/stats-vitamin-d>

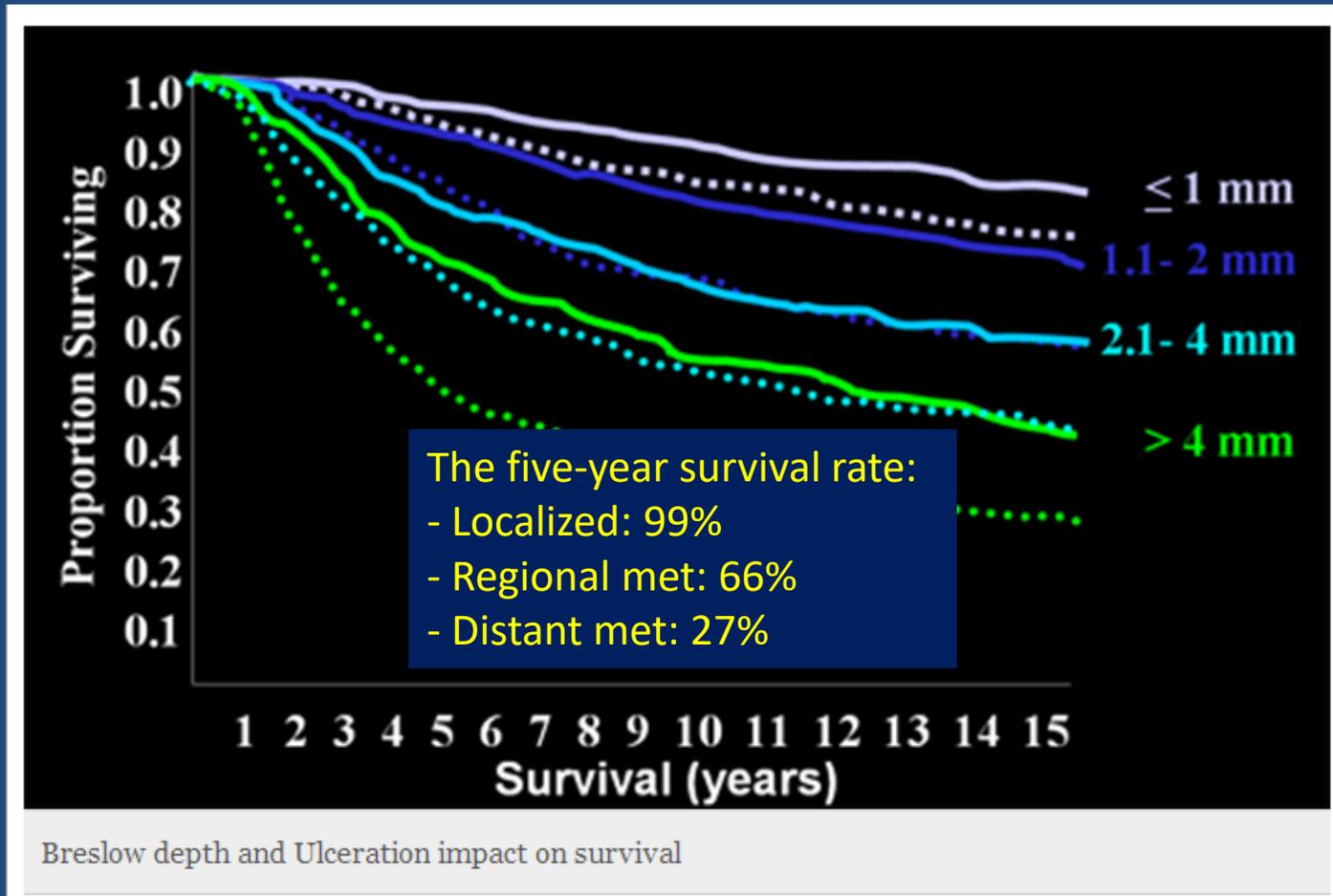
# Early Diagnosis of Melanoma

# Early diagnosis of Melanoma Matters



[Prognostic Factors Analysis of 17,600 Melanoma Patients: Validation of the American Joint Committee on Cancer Melanoma Staging System. Balch \*et al.\* Journal of Clinical Oncology, Vol 19, Issue 16 \(August\), 2001: 3622-3634](#)

# Early diagnosis of Melanoma Matters



[Prognostic Factors Analysis of 17,600 Melanoma Patients: Validation of the American Joint Committee on Cancer Melanoma Staging System. Balch \*et al.\* Journal of Clinical Oncology, Vol 19, Issue 16 \(August\), 2001: 3622-3634](#)

We'd Like to Avoid...



# What to Look for: ABCDEs of Melanoma



## A = Asymmetry

One half is unlike the other half.



## B = Border

An irregular, scalloped or poorly defined border.



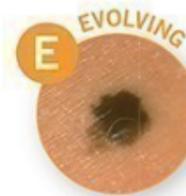
## C = Color

Is varied from one area to another; has shades of tan, brown or black, or is sometimes white, red, or blue.



## D = Diameter

Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but they can be smaller.



e.g.



## E = Evolving

A mole or skin lesion that looks different from the rest or is changing in size, shape or color.

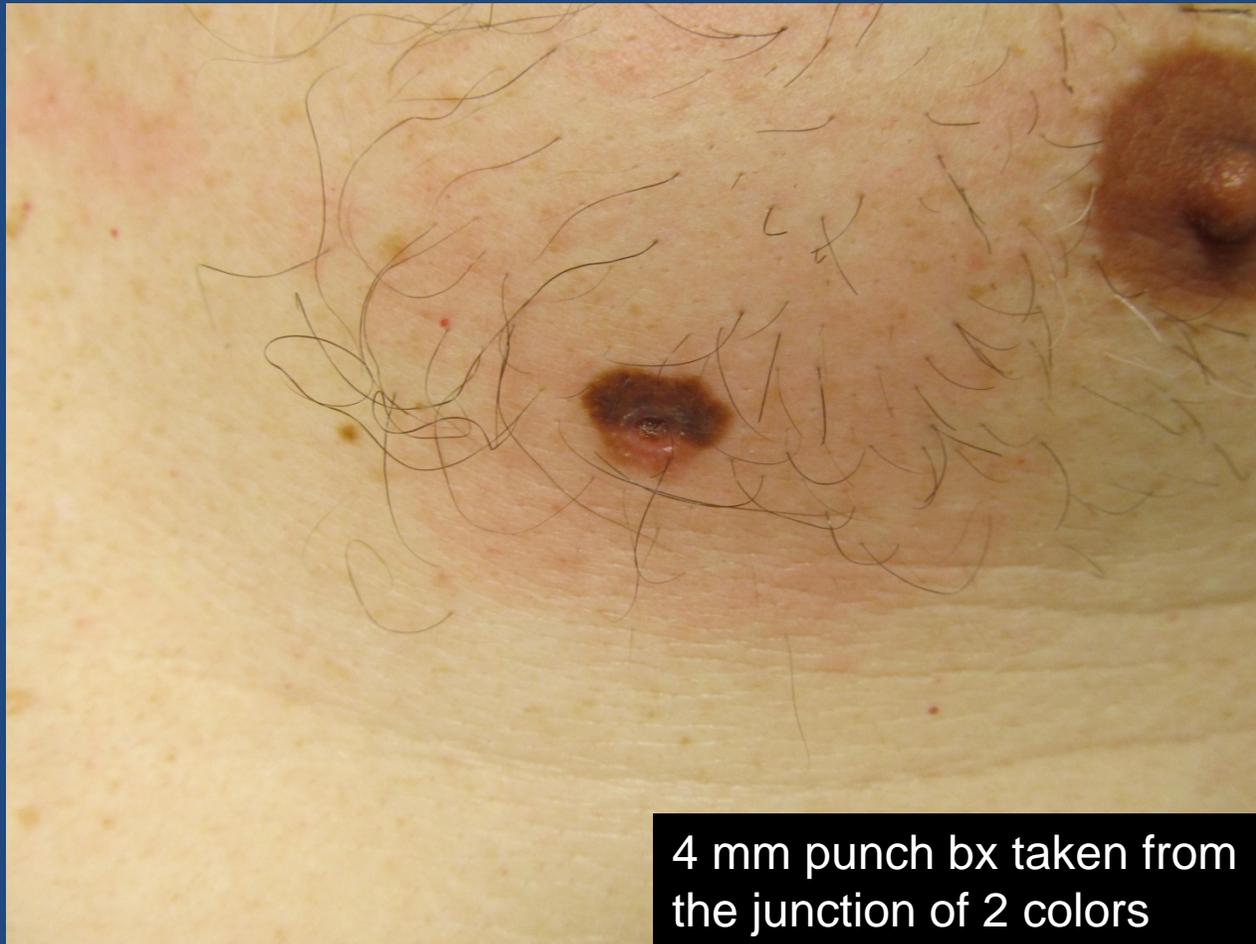
# Irregular Pigmented Patch on Back

## Bx: Melanoma in situ



Scouting biopsy with  
saucerization technique

# Bx: Melanoma In Situ



4 mm punch bx taken from  
the junction of 2 colors

**Bx: Superficial Spreading Melanoma  
Breslow 0.58 mm**

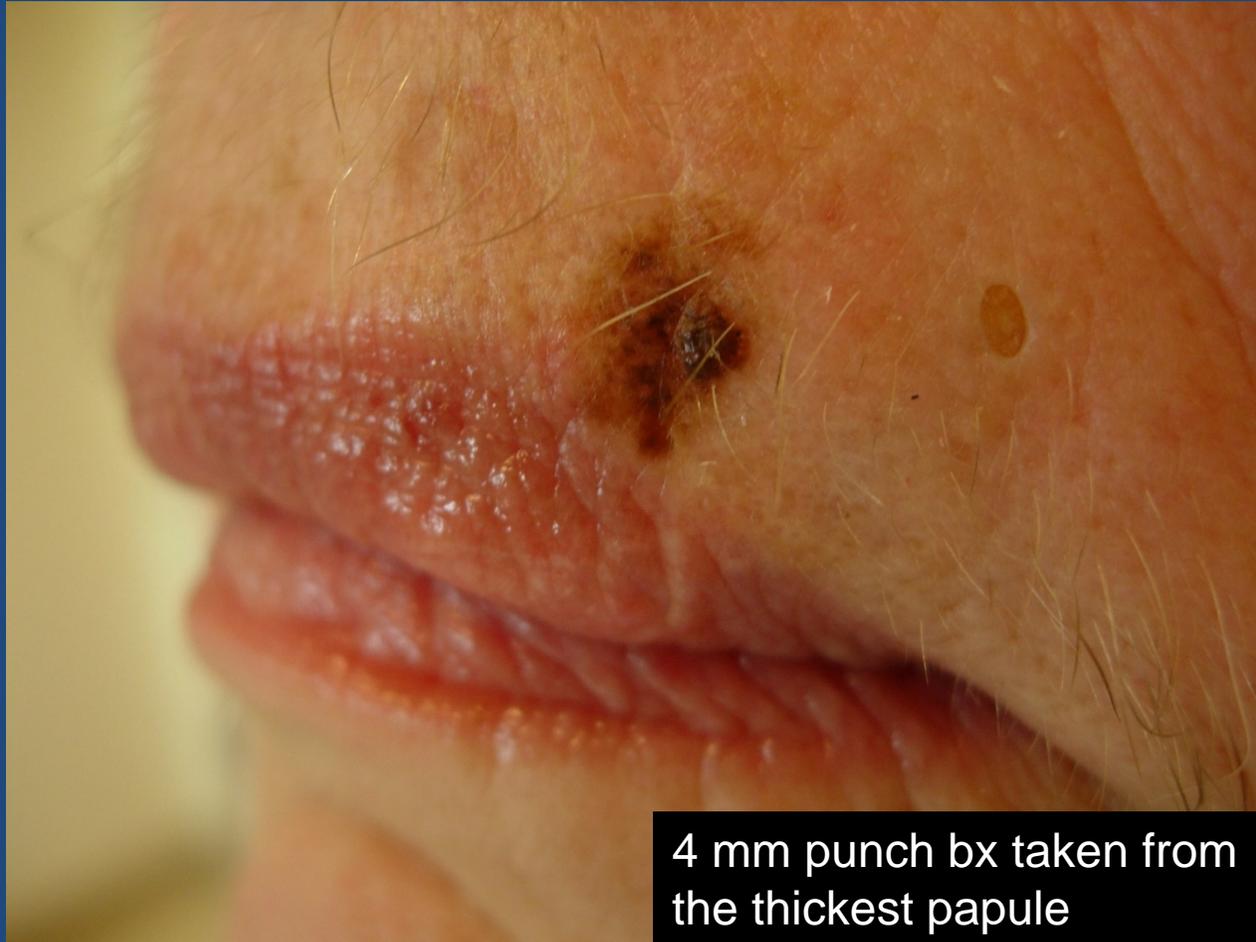


Excisional bx with narrow margins

# Excisional bx with Narrow Margins



**Bx: Superficial Spreading Melanoma  
Breslow 0.57 mm**



4 mm punch bx taken from  
the thickest papule

# Can You Tell?

L upper anterior thigh



L upper extensor arm



Which one is hemangioma  
Which one is melanoma

# Bx: Hemangioma



**Bx: Melanoma Breslow 1.10 mm**



# Can You Tell?

R lateral neck



R concha



Which one is melanoma in situ  
Which one is pigmented seborrheic keratosis

## Pigmented Thin Plaque x 20 y, Getting Darker



**Bx: Melanocytic Nevus, Compound Type**

# Bx: Pigmented BCC



Bx warranted to rule out melanoma

# History of Melanoma



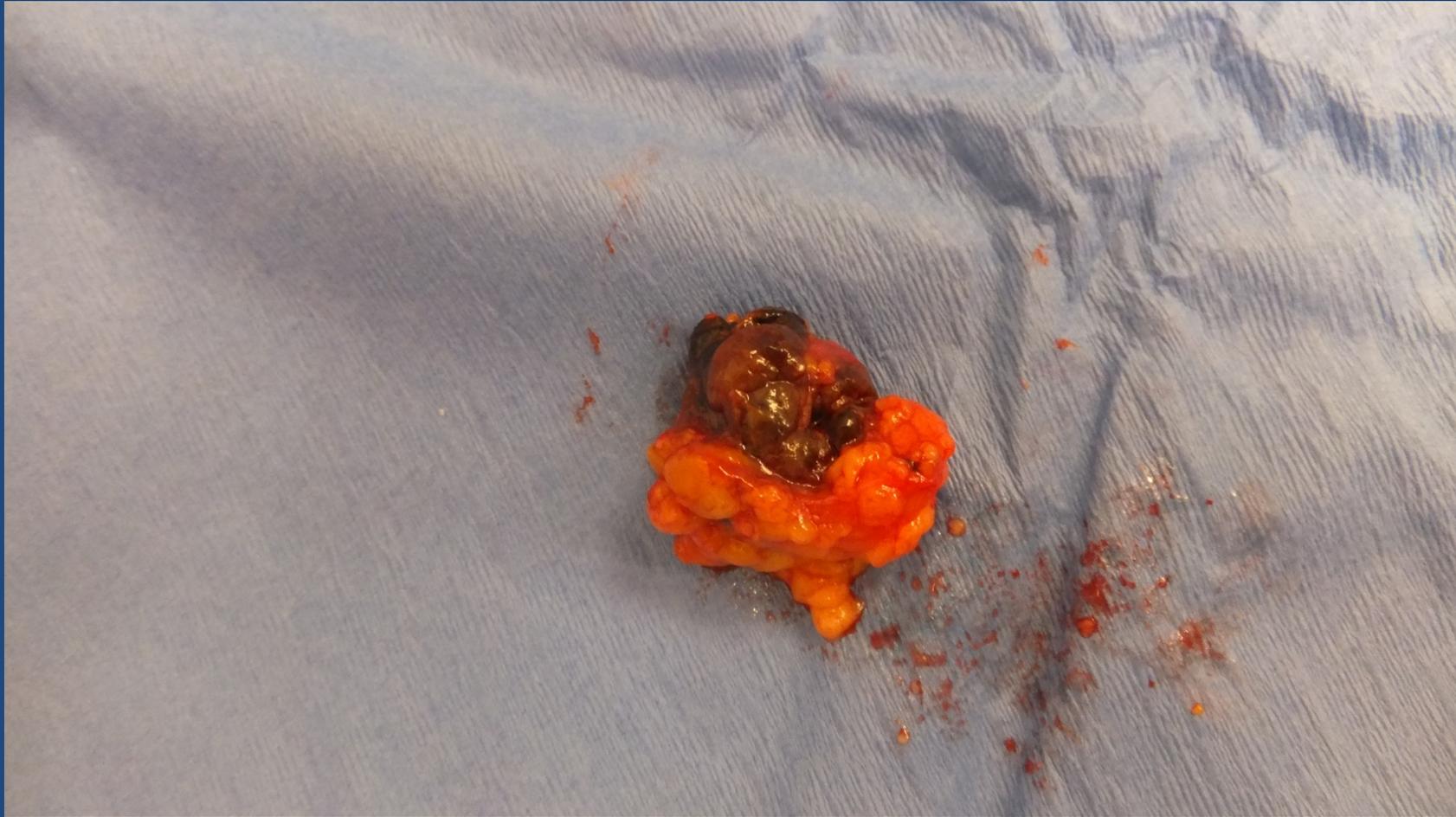
# Lump Underneath the Skin?











Thank You Very Much  
Any Questions?

My Email:

[yxu@dermatology.wisc.edu](mailto:yxu@dermatology.wisc.edu)



# ***Presentation by: Dr. Mark Albertini***

University of Wisconsin Carbone Cancer Center

# Treatment Advances for Melanoma Patients

Mark R. Albertini, M.D.

University of Wisconsin Carbone Cancer Center

Wisconsin Cancer Collaborative Melanoma Webinar

May 13, 2021



William S. Middleton Veterans Memorial  
Hospital



**Carbone Cancer Center**  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH



**School of Medicine  
and Public Health**  
UNIVERSITY OF WISCONSIN-MADISON

# Disclosure Information

## Research Collaborations:

Bristol-Myers Squibb

Apeiron Biologics

Merck Sharpe & Dohme

Array BioPharma

Conflict of Interest: None

Non-FDA indications will not be discussed apart from clinical trials

# Learning Objectives

1. To identify practice-changing insights for treating patients with metastatic melanoma.
2. To appreciate the potential of immune system interventions to improve survival for patients with metastatic melanoma.

# Melanoma Facts

- Early melanoma is curable
- Melanoma that spreads to distant sites (metastatic melanoma) is serious and can result in death
- New treatments give hope and are improving outcome for many patients with metastatic melanoma

# Lecture Outline

- The Dark Ages
- The Age of Enlightenment
- My Vision for a Better Tomorrow

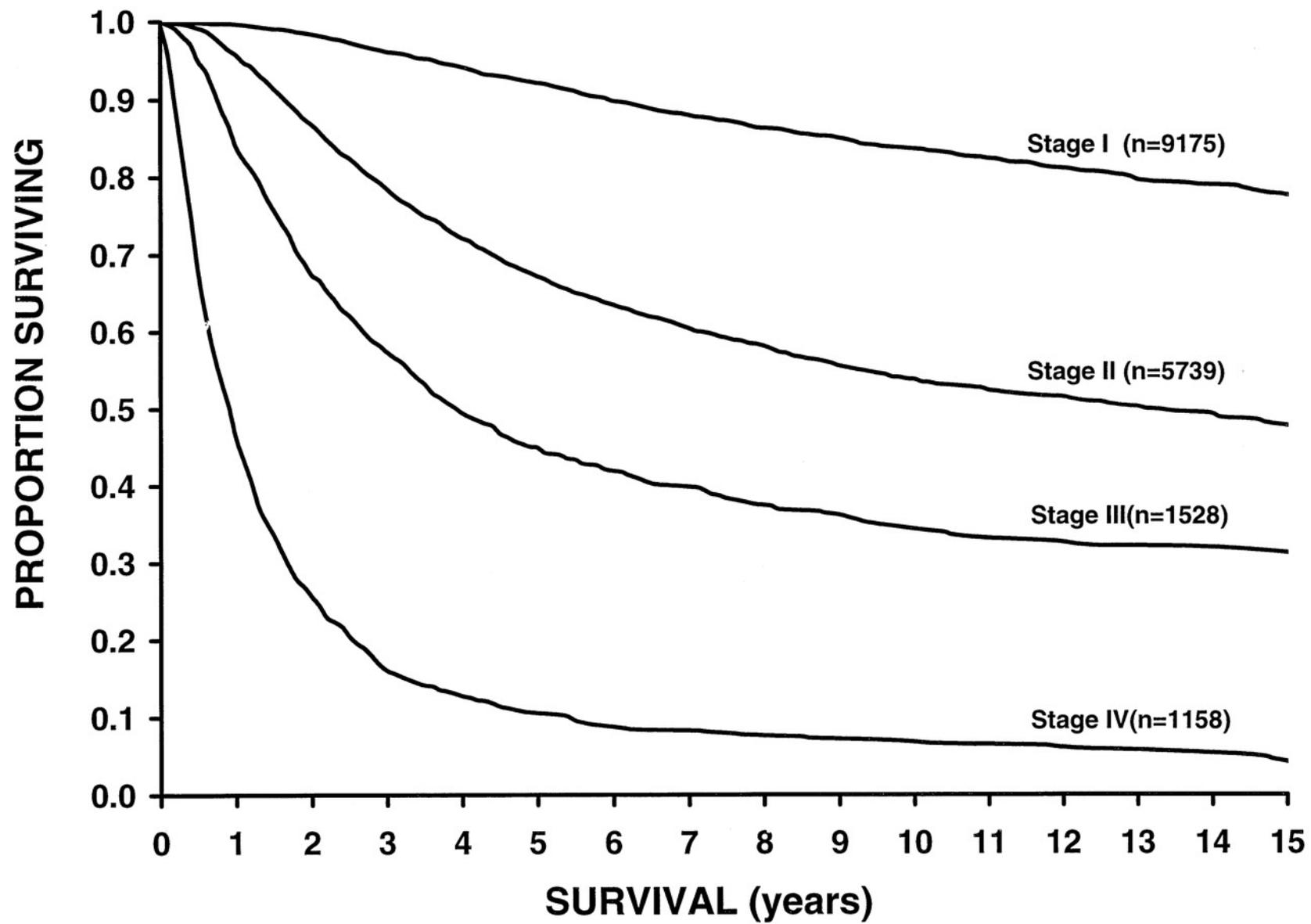
# The Dark Ages

## Very Poor Outcomes During the Dark Ages for Metastatic Melanoma Patients

“Metastatic melanoma is a bad disease.”

- Median age: ~ 50
- Median Survival: 6-10 months
- 5 -year survival: < 5%

*Few effective standard therapies before 2011*

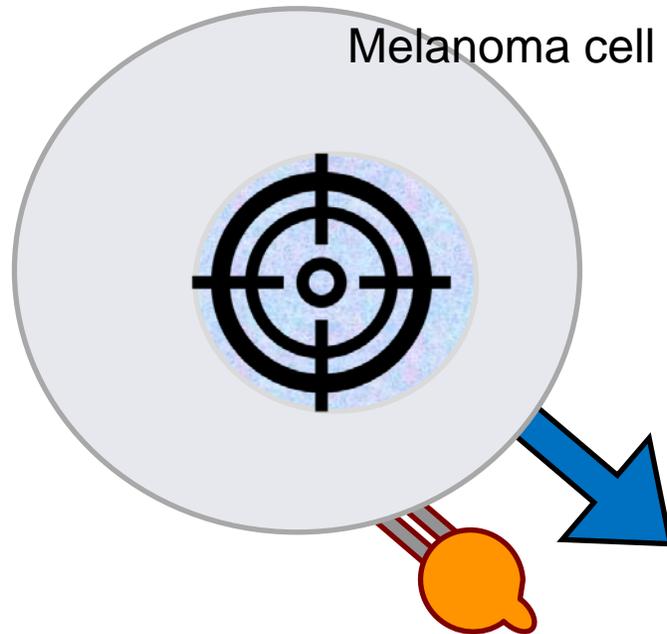


# The Age of Enlightenment



Laboratory Insights  
Improved Outcomes  
for Patients with  
Metastatic  
Melanoma

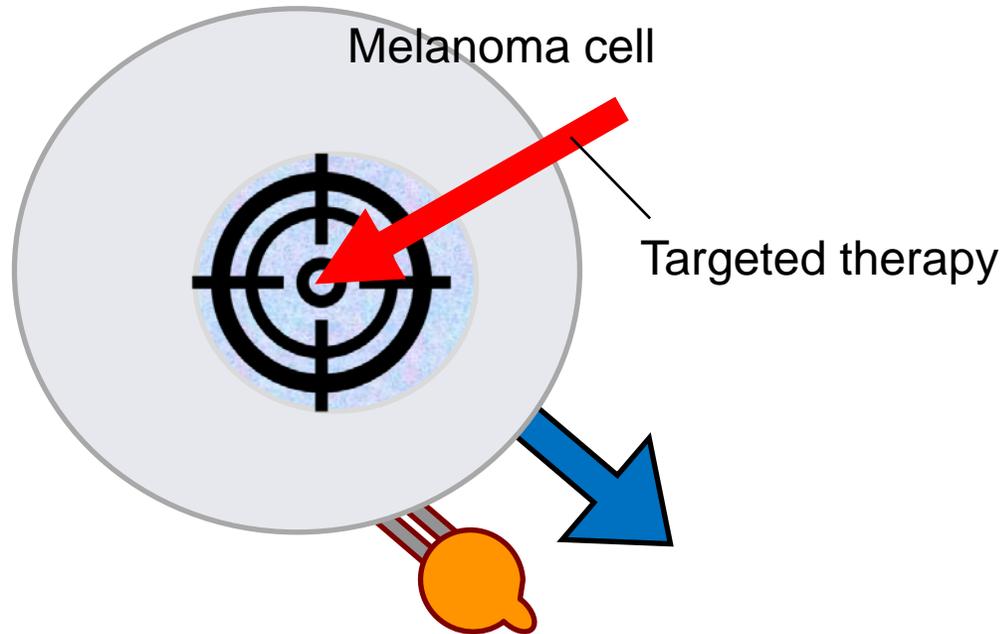
# Laboratory Insight #1



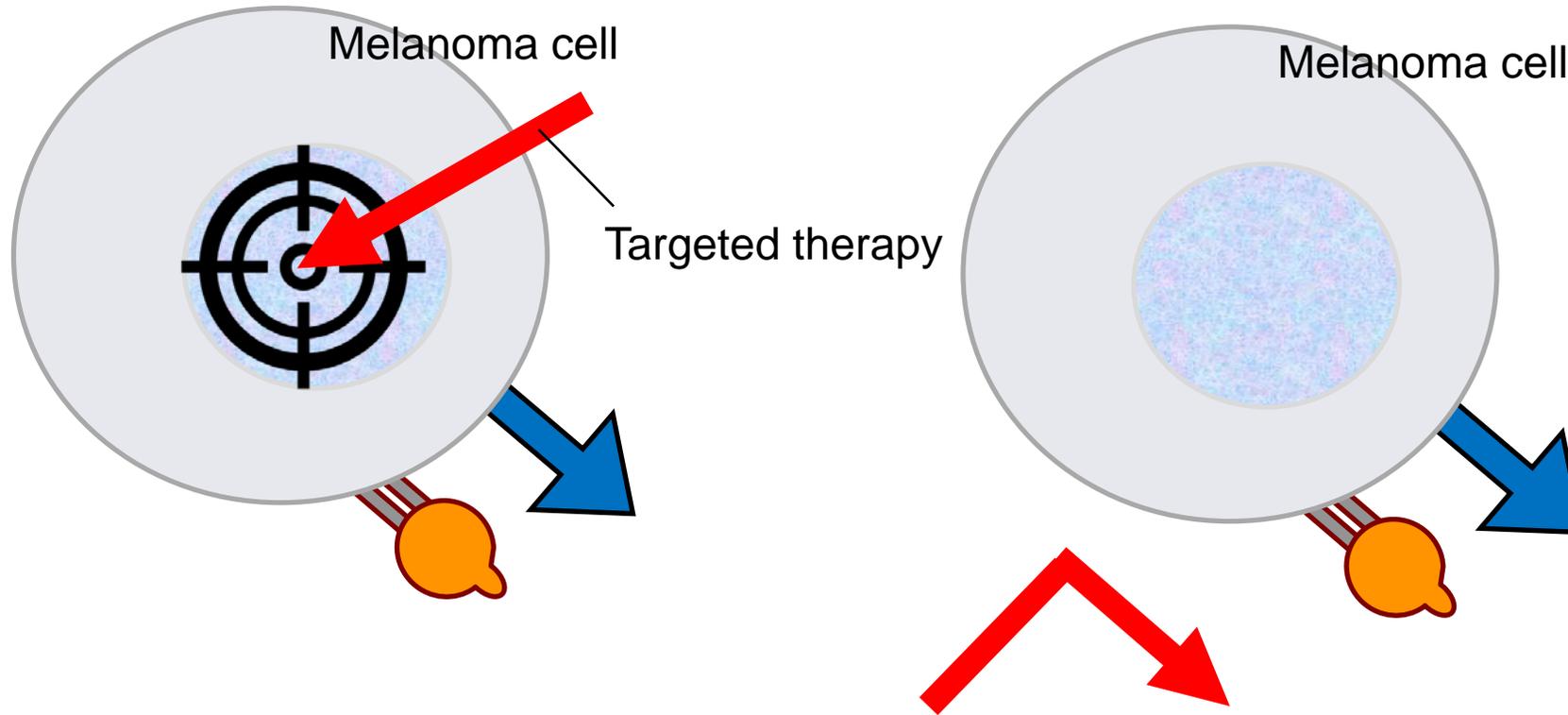
Some melanomas  
contain targets for  
therapy



Targeted therapies  
can attack what  
makes the  
melanoma cell grow



Challenge: Targeted therapies can only work if the melanoma cell has the target



# FDA-Approved Targeted Therapies for Advanced BRAF Mutant Melanoma

## A. BRAF Kinase Inhibitor

- Vemurafenib
- Dabrafenib

## B. MEK-Inhibitor

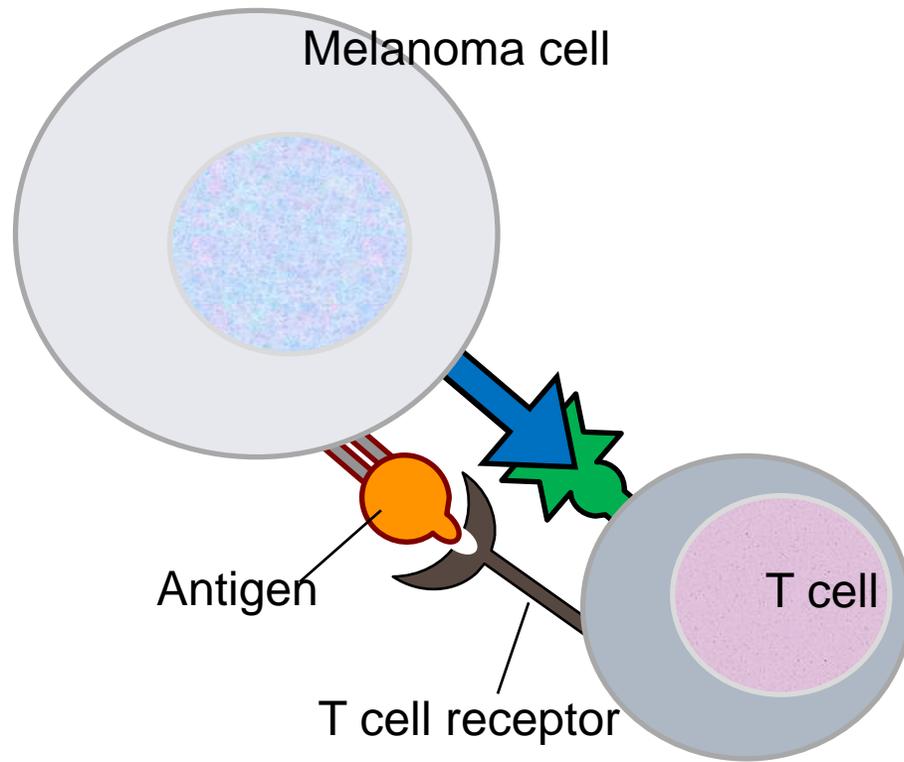
- Trametinib

## C. BRAF Kinase + MEK-Inhibitor

- Dabrafenib + Trametinib
- Vemurafenib + Cobimetinib
- Encorafenib + Binimetinib

# Unfortunately, Most Melanomas Develop BRAF Inhibitor Resistance

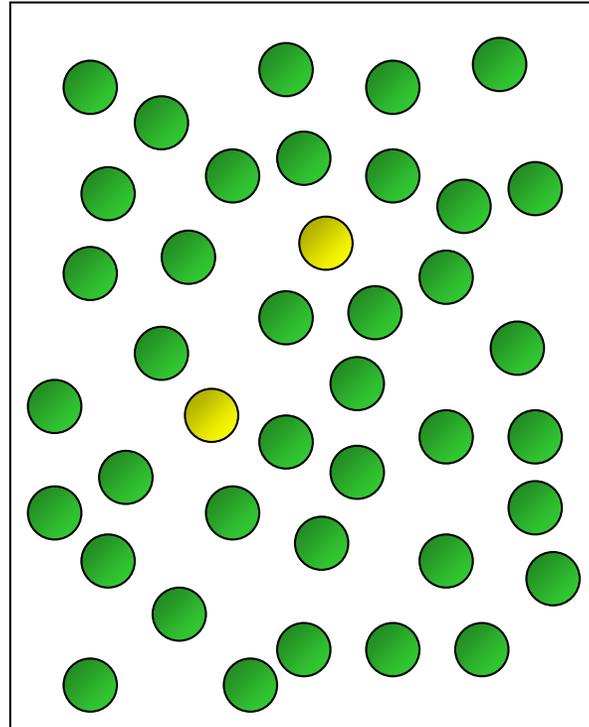
## Laboratory Insight #2



Immune cells (T cells)  
can "recognize"  
melanoma as foreign



# Immunotherapies can use the patient's own defenses to go after the melanoma



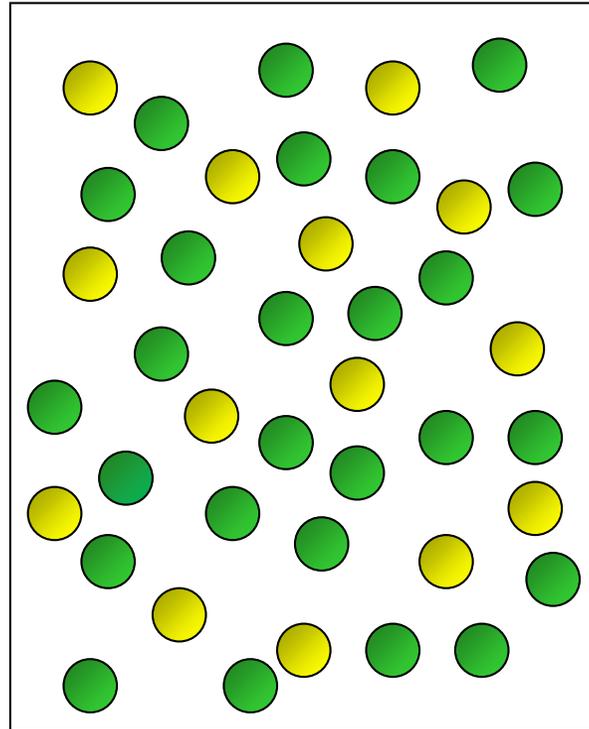
-  T cells in the body
-  Melanoma-reactive T cells in the body

Challenge:

Need strategies to get more melanoma-reactive T cells



Effective results can occur when there are more melanoma reactive T cells



-  T cells in the body
-  Melanoma-reactive T cells in the body

Solution:

Release the “breaks”  
on melanoma-reactive  
T cells to let them  
multiply (“Immune  
Checkpoint Blockade”)



Laboratory Insight #3: Disable the “breaks” of T cells so our immune system can go after the melanoma



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Effective melanoma treatment occurs when the “car without breaks” (Activated T cells) stays on the road and gets past the finish line





Side effects occur  
when the “car  
without breaks”  
(Activated T cells)  
hits something or  
runs off the road

BREAKTHROUGH OF THE YEAR 2013



# CANCER

## IMMUNOTHERAPY

20 DECEMBER 2013 VOL 342 SCIENCE [www.sciencemag.org](http://www.sciencemag.org)

# FDA-Approved Immune Checkpoint Inhibitors for Advanced Melanoma

## A. Anti-CTLA-4 Monoclonal Antibody

- Ipilimumab

## B. Anti-PD-1 Monoclonal Antibody

- Pembrolizumab
- Nivolumab

## C. Anti-CTLA-4 + anti-PD-1 Monoclonal Antibody

- Ipilimumab + Nivolumab

**COMMENTARY**

**Open Access**

# The age of enlightenment in melanoma immunotherapy



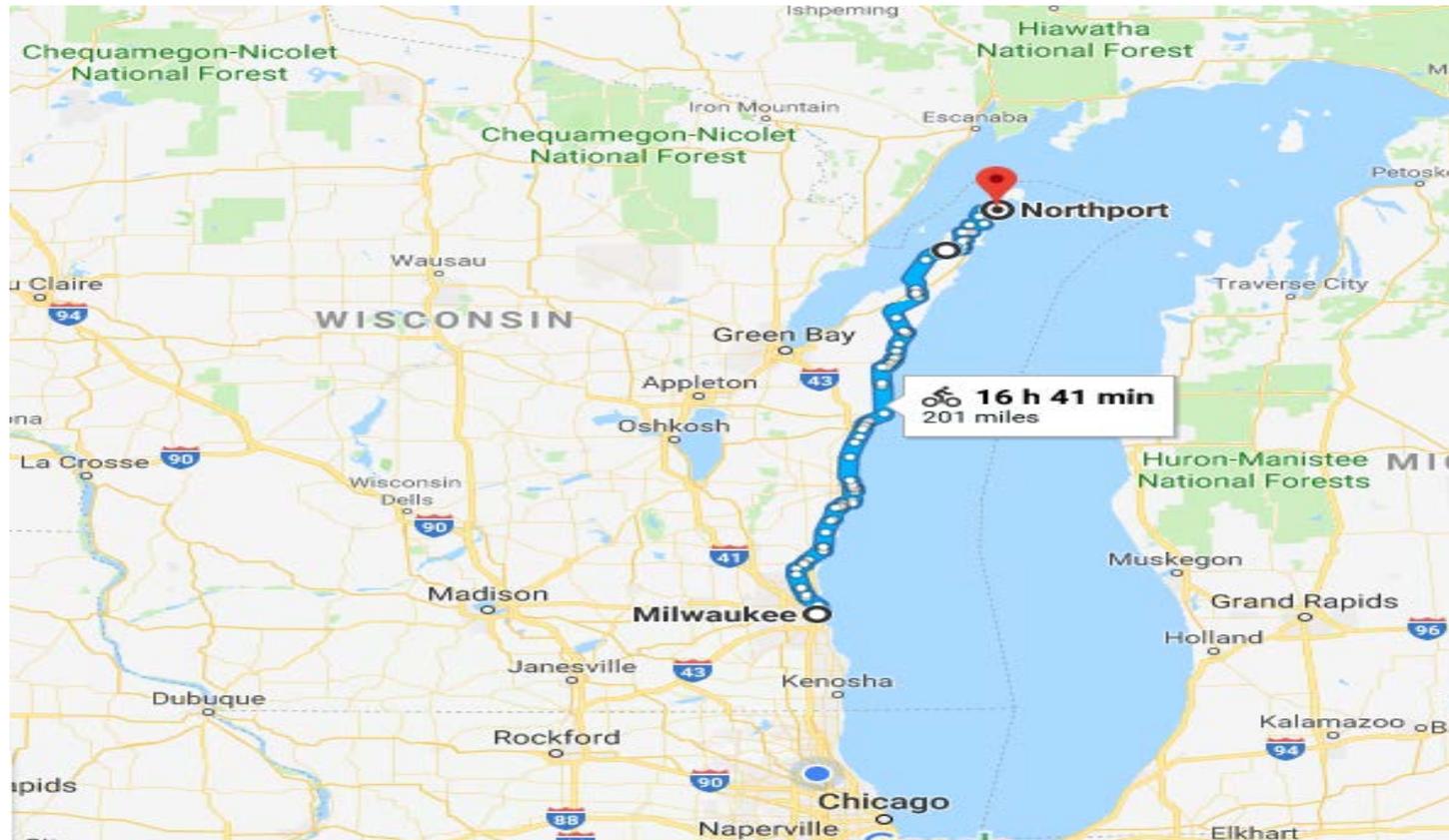
Mark R. Albertini<sup>1,2,3,4</sup> 



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# My Vision for a Better Tomorrow

Road Map: Transformative insights in the lab will continue to guide progress in the melanoma clinic



# Strategies at the UWCCC to Improve Melanoma Immunotherapy

- Work with colleagues in the UW School of Veterinary Medicine to help pet dogs with melanoma and also obtain insights to help people with melanoma
- Investigate new strategies to activate anti-melanoma T cells in metastatic melanoma patients

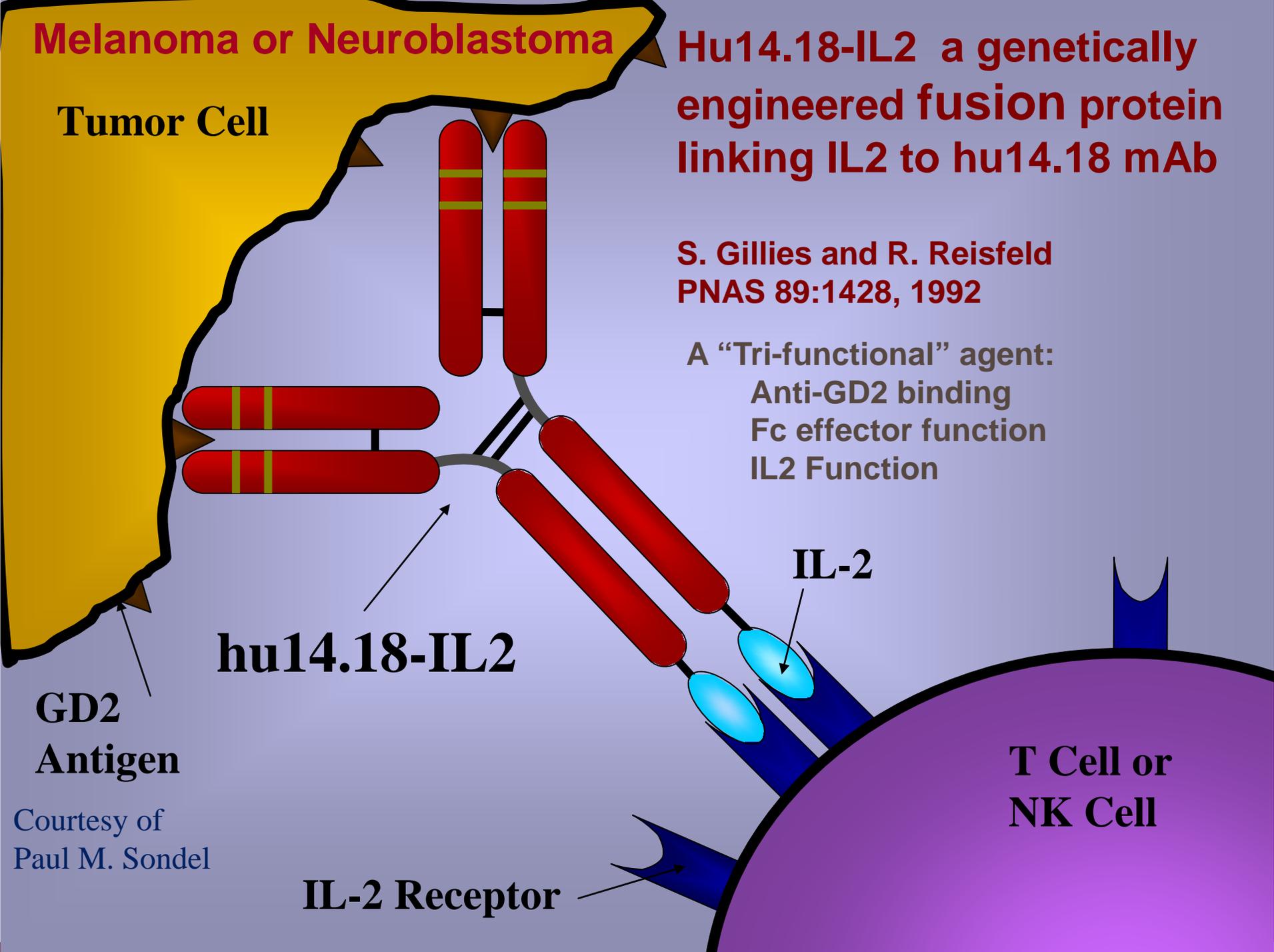
# Melanoma or Neuroblastoma

Tumor Cell

Hu14.18-IL2 a genetically engineered fusion protein linking IL2 to hu14.18 mAb

S. Gillies and R. Reisfeld  
PNAS 89:1428, 1992

A "Tri-functional" agent:  
Anti-GD2 binding  
Fc effector function  
IL2 Function



GD2  
Antigen

hu14.18-IL2

IL-2

T Cell or  
NK Cell

Courtesy of  
Paul M. Sondel

IL-2 Receptor

# Melanoma is the most common oral cancer in pet dogs

- Average survival of pet dogs with melanoma is less than 6 months if the melanoma has spread
- We are investigating new treatments to improve outcomes for pet dogs with melanoma

# UWCCC Clinical Trial: Intratumoral Immunocytokine+Radiotherapy+Ipilimumab+Nivolumab for Advanced Melanoma

**Protocol chair: Mark R Albertini, M.D.**

**Radiation Oncology Co-Chair: Zachary Morris, M.D., Ph.D.**

**Laboratory Co-Chair: Jacquelyn Hank, Ph.D.**

**Pathology Co-Chair: Erik Ranheim, M.D., Ph.D.**

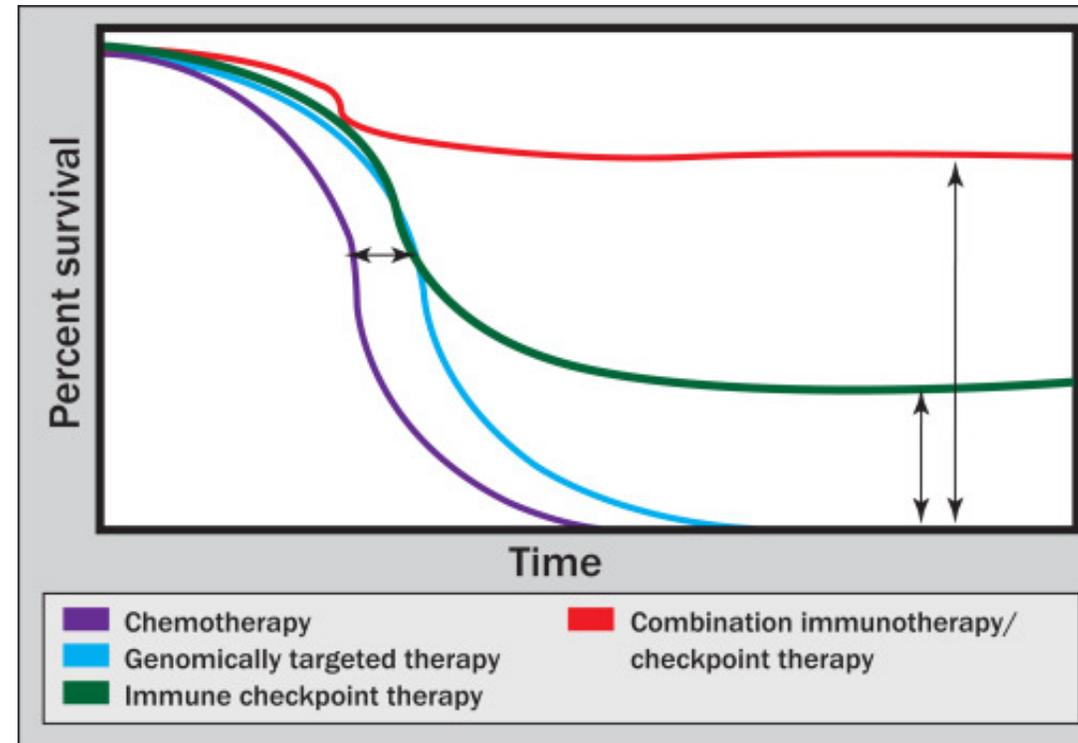
**NCI Grant (R35 CA197078-01) PI: Paul M. Sondel, M.D., Ph.D.**

The initial patient intratumoral immunocytokine injection was given 2-17-2020.



**School of Medicine  
and Public Health**  
UNIVERSITY OF WISCONSIN-MADISON

# Treating Melanoma: Present and Vision for the Future



Atkins, Semi. Oncology 2015

# Acknowledgments (1)

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Erik Ranheim, M.D., PhD

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Robert Jeraj, PhD

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Irene Ong, PhD

Jens Eickhoff, PhD

Michael Newton, PhD

KyungMann Kim, PhD

## UWCCC Clinical Research Team

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Erin Clements

Molly Monson

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Sharon Weber, M.D.

Jennifer Racz, M.D.

Mary Beth Henry, N.P.

Emily Reinstad, N.P.

Kimberly McDowell, M.D., PhD

## UWCCC Melanoma Clinic

George Reizner, M.D; Gloria Xu, M.D.,  
PhD

Jennifer Pleva, APNP

Anne Wolvin, R.N.

Clinical Research Unit Nurses

# Acknowledgments (2)

VA Merit Grant: BX003916 (Albertini)

NIH Grant: R35 CA197078-01 (Sondel)

NIH Grant: U01 CA-17-045 (Morris and Weichert)

UWCCC Imaging and Radiation Sciences Program Pilot Award  
(Albertini)

Gifts to the UWCCC

- Ann's Hope Foundation
- Steve Leuthold Family Foundation
- Tim Eagle Memorial
- Additional philanthropic support for melanoma research at the UWCCC

While meaningful progress is being made, much more work still needs to be accomplished for our patients with metastatic melanoma.



# ***Presentation by: Sheri Scott***

*Greater Richland Area Cancer Elimination  
(GRACE)*

HERE COMES THE SUN! 

*Greater Richland Area Cancer  
Elimination Community (GRACE)*

*Collaboration for Sun Safety*



## WALK WITH GRACE [WALKWITHGRACE.COM/](http://WALKWITHGRACE.COM/)

- An annual event that has raised over \$200,000 almost year since it began in 2004
- Almost \$4 MILLION TOTAL raised since inception
- 36% has gone to support research at:
  - UW Carbone Center in Madison and
  - Gunderson Health System in LaCrosse.

## **Vision Statement**

To maintain a viable organization to aid the greater Richland Area in the following ways:

- ▶ Provide services to cancer patients to help fight and cope with the disease.
- ▶ Provide funding for research to someday eliminate cancer totally.
- ▶ Provide funding to the medical community for diagnosis, treatment, and services.
- ▶ **Provide funding to better educate our area about preventative cancer decisions.**

***GREATER RICHLAND AREA CANCER  
ELIMINATION COMMUNITY (GRACE)***

PREVENTION??

UMM, HOW DO WE DO THAT?



## SCREENING FOR SKIN CANCER

From 2012- 2019, 313 folks were screening by a volunteer physician from Gunderson Health Care.

85 had precancerous conditions.



# COLLABORATION WITH AQUATIC CENTER



# FINAL THOUGHTS

- Meeting Community Need:
  - Additional 8 table sunbrellas will be purchased for the aquatic center
- Look for opportunity and educate on *environmental changes* –
  - Umbrellas don't require action on the part of patrons, except for choosing shade.
- Challenge finding educational materials in Spanish
  - Equity requires extra work and resources



**Stay safe in  
the sun!**

**\*Find the shade**

**\*Cover up**

**\*Use sunscreen**

***Help prevent skin cancer!***

Sunscreen &  
Sunbrellas  
donated by



# *Questions? Comments?*

*Please take our poll! Will pop up on your screens shortly.*

# Sun Safety Social Media Toolkit

Use our Sun Safety Social Media Toolkit to educate your social media followers on safe sun practices.



### Myth or Fact?

Myths about skin cancer can lead to dangerous habits. Protect yourself from the sun by learning myth from fact.

## The Correct Way to Use Sunscreen

Sunscreen can save your life! Follow these steps to protect yourself from the sun and lower your risk of skin cancer.

- Use sunscreen with an **SPF of 30 or higher**. Choose sunscreen that is **water resistant** and that protects you from **both UVA and UVB** rays.
- Apply sunscreen **15 minutes before going outside**. This gives your skin time to absorb the sunscreen and protect you.
- Apply about **1 ounce** of sunscreen to cover your entire body. **Cover any bare skin**, such as your **neck, ears, and the tops of your feet**. Use **lip balm** with an SPF of at least 15 to protect your lips.
- Reapply** your sunscreen every **2 hours**, or right after swimming or sweating. Make sure the sunscreen you're using hasn't expired.

**#PracticeSafeSun**  
This Summer  
Wisconsin Cancer Collaborative | www.wicancer.org

## 6 Tips to Reduce Skin Cancer

Skin cancer affects all age groups and is **one of the most common cancers in young adults**. These 6 tips can reduce your risk.

- Don't need sunscreen.** UV rays can damage your skin and always wearing sunscreen outdoors for me. tan. Any change in the color of your skin is a sign of damage. Exposure to UV radiation can lead to skin cancer and other problems.
- Don't need to worry about skin cancer.** Skin cancer affects all age groups and is one of the most common cancers in young adults. Make sure to check your skin for spots, sores, or moles.
- It's a big deal.** Skin cancer kills two people every hour. It can affect your quality of life, increase your risk of other cancers, and require long-term monitoring.
- Don't get enough vitamin D.** Vitamin D is important for healthy bones and a strong immune system. A dermatologist recommends getting 15-20 minutes of sun exposure daily to maintain vitamin D levels. If you're concerned about your risk of skin cancer, talk to your doctor.
- Some skin cancers are curable if detected early.** Early detection and treatment can lead to a cure. Make smart choices about sun protection.

**#PracticeSafeSun**  
This Summer  
Wisconsin Cancer Collaborative | www.wicancer.org

## Sun Safety for Kids

Quick tips to keep your children safe from harmful rays of the sun.

- Children ages **6 months and older** can safely wear sunscreen. Protect younger infants from the sun by keeping them in the shade and/or covering their skin with clothes and hats.
- Use a broad spectrum sunscreen with an SPF of **at least 30 or higher** every day.
- Apply sunscreen to any exposed skin, including ears, neck, and the tops of their feet. **Reapply** sunscreen every **2 hours**, or more frequently if they're swimming or sweating.
- Encourage your kids to play in the shade, especially between the peak sun hours of **10 am to 4 pm**.
- Discourage teens from using tanning beds, and teach them the risks of indoor tanning. Encourage them to choose **safer alternatives** like self-tanner lotion.

### Why it Matters

One bad sunburn during childhood can **double the risk of melanoma**. Five or more bad sunburns between ages 15 and 20 can increase melanoma risk by **80%**.

Help your children learn sun safety. **Encourage your kids to love their skin from an early age!**

**#PracticeSafeSun**  
This Summer  
Wisconsin Cancer Collaborative | www.wicancer.org

<https://wicancer.org/resource/sun-safety-social-media-toolkit/>

# Melanoma Infographic

Use our Melanoma infographic to illustrate skin cancer prevention and detection strategies in easy-to-understand ways.

Download and share with partners, community members, and decision makers.



[https://wicancer.org/wp-content/uploads/2019/12/WICCC\\_melanoma\\_info\\_FINAL2\\_updated.pdf](https://wicancer.org/wp-content/uploads/2019/12/WICCC_melanoma_info_FINAL2_updated.pdf)

An infographic titled "Melanoma: The Most Dangerous Form of Skin Cancer". It features several key statistics and messages: "Melanoma cases in Wisconsin are on the RISE." with a bar chart showing an increase from 1995 to 2010 (1 person = 100 cases); "Melanoma affects all age groups and is one of the MOST common cancers in young adults." with an illustration of a group of people; "Melanoma is CURABLE if detected and treated EARLY." with a doctor silhouette; "TANNING BED use before age 35 increases your risk for melanoma by 75%" with a tanning bed illustration; and a bottom section with three action items: "Decrease the use of tanning beds", "Encourage proper use of sunscreen", and "Promote recommended skin cancer screening". The infographic concludes with the Wisconsin Cancer Collaborative logo and the slogan "Together...Reducing the burden of CANCER in Wisconsin" with the website wicancer.org.

**Melanoma:**  
The **Most** Dangerous Form of Skin Cancer

**Melanoma cases in Wisconsin are on the RISE.**

1995 [5 icons]  
2010 [15 icons]  
1 person = 100 cases

**Melanoma** affects all age groups and is **one** of the **MOST** common cancers in **young adults**.

**Melanoma is CURABLE** if detected and treated **EARLY**.

**TANNING BED** use before age 35 **increases** your risk for melanoma by **75%**

**WE** can decrease skin cancer in Wisconsin.

- Decrease the use of tanning beds
- Encourage proper use of sunscreen
- Promote recommended skin cancer screening

Wisconsin Cancer Collaborative Together...Reducing the burden of **CANCER** in Wisconsin  
wicancer.org

# CDC's Melanoma Dashboard

CDC's Melanoma Dashboard provides a wide range of state and local data to help communities better meet their unique melanoma prevention needs.

Has interactive maps showing state-level data on melanoma and ultraviolet radiation.

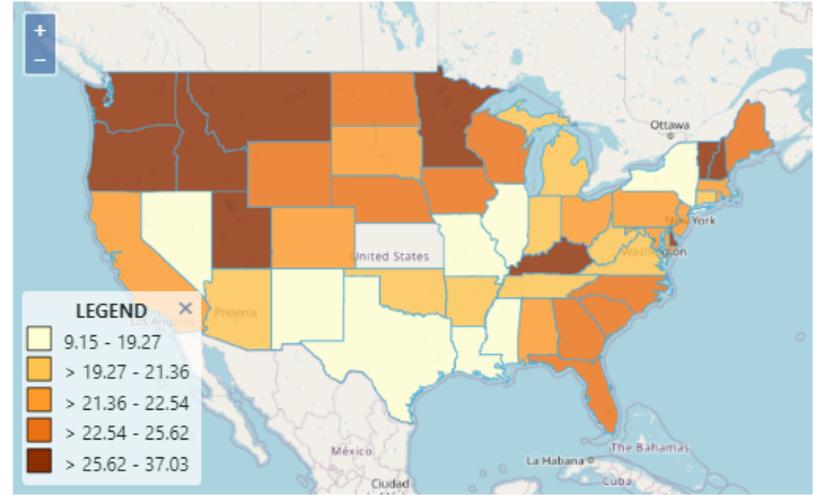


## Melanoma Dashboard

Melanoma causes the most deaths among all types of skin cancer, and incidence rates have increased over time. CDC's Melanoma Dashboard provides a wide range of relevant state and local data to help communities better meet their unique melanoma prevention needs. Use the maps below to view state-level data on melanoma and ultraviolet radiation. Use the search bar to explore additional data by state.

Search for location here  
Select State

Available Layers  
Age-adjusted melanoma incidence rate over a 10-ye...



Melanoma incidence data not available for the state of Kansas.  
State Cancer Registries may provide data not available on this website.

In 2017\* in the United States, **85,686** people were diagnosed with melanoma, and **8,056** people died of melanoma.

Over **two-thirds** of melanomas are diagnosed among adults aged 55 years and older.

\*2017 is the most recent year for which incidence data are available. Cancer mortality data for 2018 are available and can be accessed at CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS).

<https://ephtracking.cdc.gov/Applications/melanomadashboard>

# *June Networking Webinar*

**Topic TBD so stay  
tuned for updates!**



***Thank you!***

**Thank you for joining!**  
**Stay well!**