Wisconsin Cancer Collaborative

REDUCING THE BURDEN TOGETHER

Skin Cancer Prevention During the Pandemic

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

Who We Are

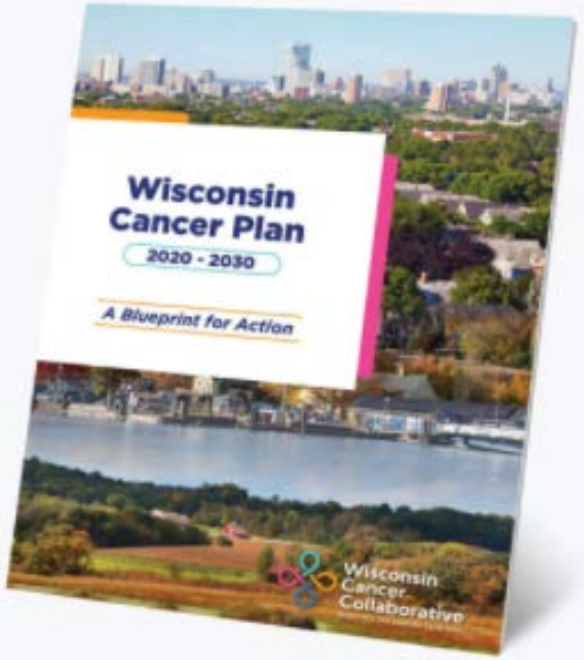
The **Wisconsin Cancer Collaborative** is a statewide coalition of **140 organizations** working together to reduce the burden of cancer **for everyone** in Wisconsin.

Join Us!

Wisconsin Cancer Collaborative

www.wicancer.org/join/

Wisconsin Cancer Plan 2020-2030



www.wicancer.org

Agenda

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

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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.

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Presentation by:
Dr. Gloria Xu

Mohs Surgery/Department of Dermatology
University of Wisconsin-Madison

Wisconsin Cancer Collaborative

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

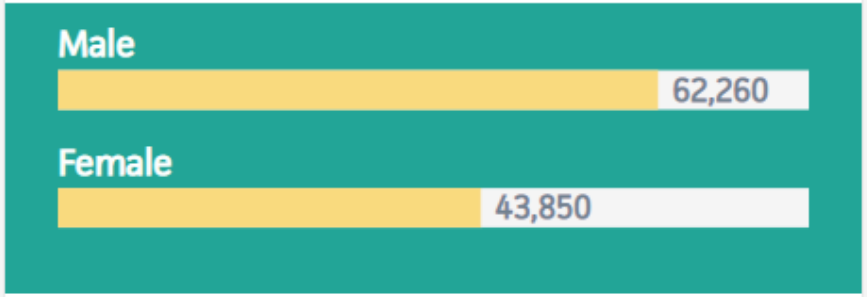
Estimated new cases, 2021	Estimated deaths, 2021	Incidence rates, 2013-2017	Death rates, 2014-2018
106,110	7,180	22.4	2.3
		Average annual rate per 100,000, age adjusted to the 2000 US standard population.	Average annual rate per 100,000, age adjusted to the 2000 US standard population. Rates for PR are for 2012-2016.

2020 ESTIMATES

TOOLS

Estimated new cases, 2021

Melanoma of the skin, by sex

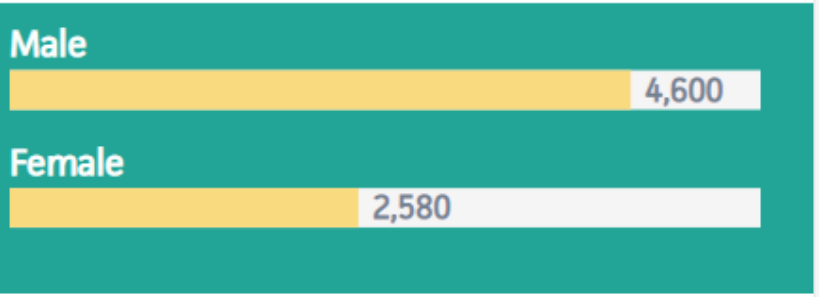


American Cancer Society, 2021

TOOLS

Estimated deaths, 2021

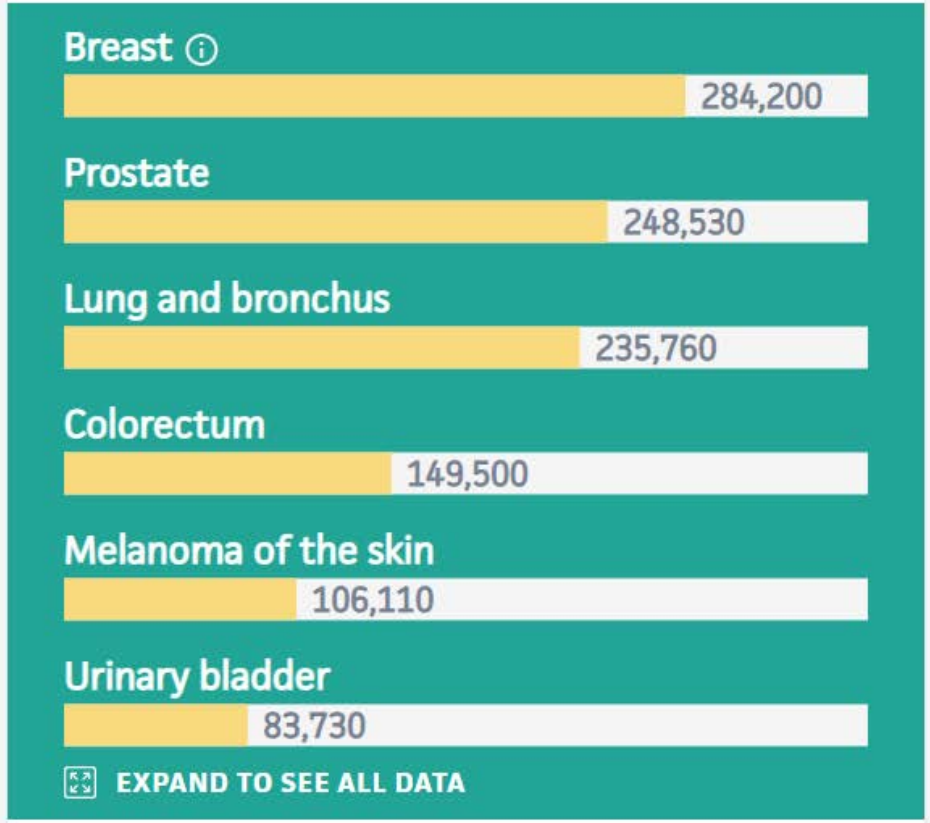
Melanoma of the skin, by sex



American Cancer Society, 2021

Estimated new cases, 2021

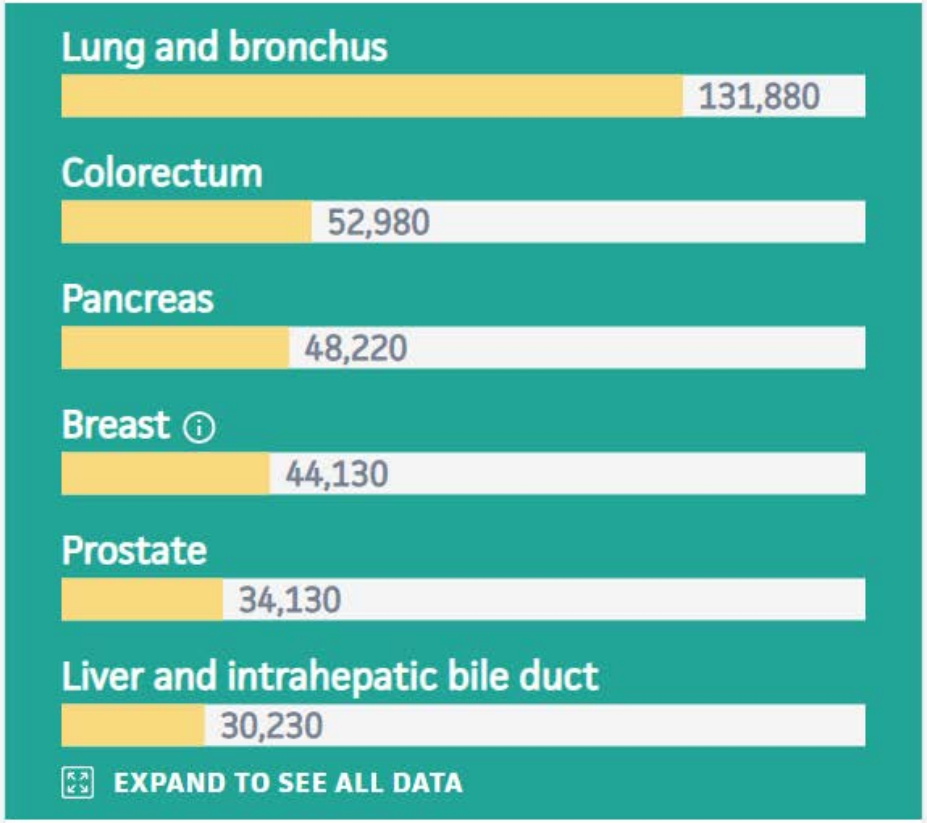
By cancer type, both sexes combined



American Cancer Society, 2021

Estimated deaths, 2021

By cancer type, both sexes combined



American Cancer Society, 2021

Estimated new cases and deaths, 2021

Melanoma of the skin, by state

State	Estimated New Cases, 2021	Estimated Deaths, 2021
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

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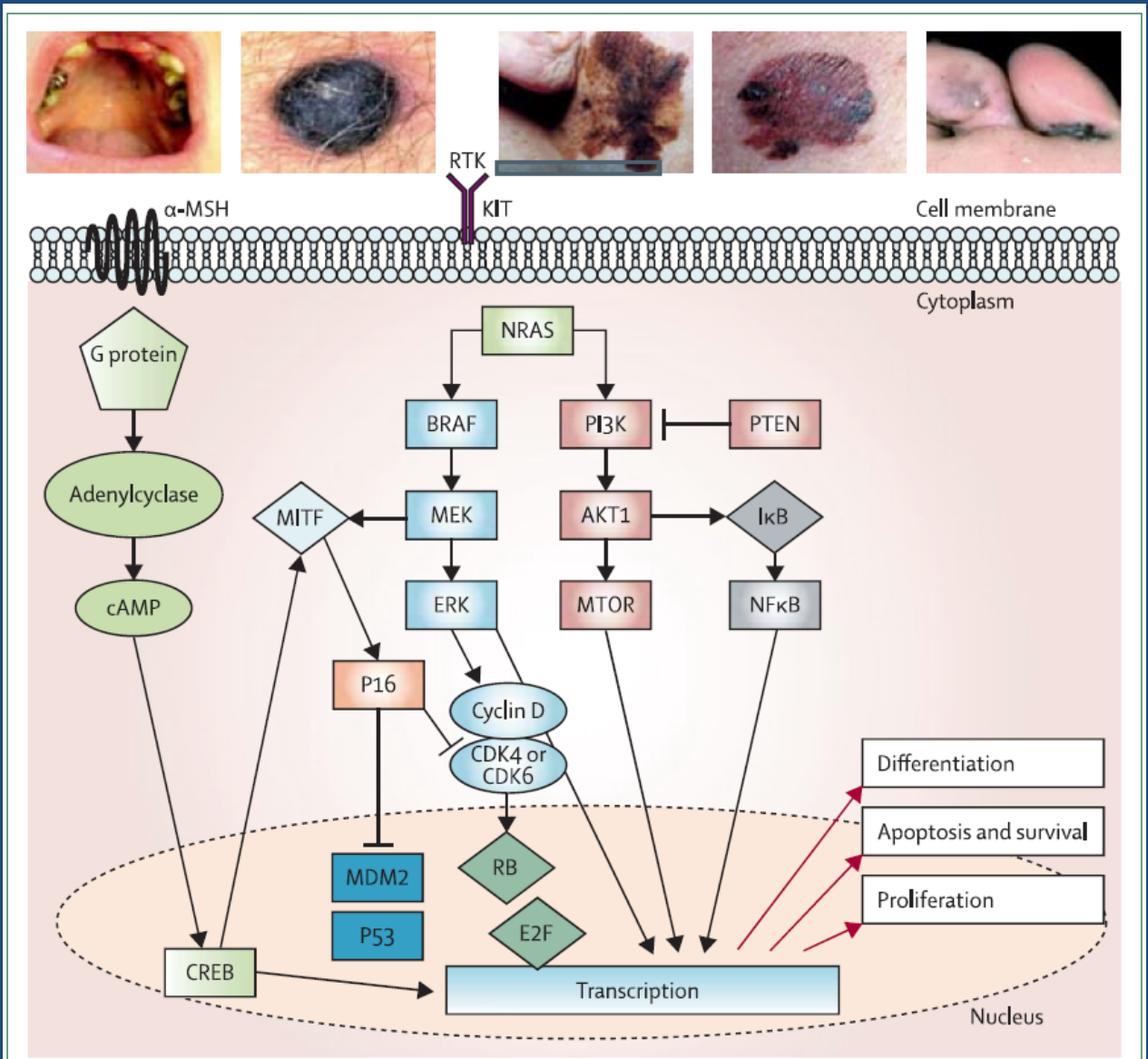
Melanoma Pathophysiology



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[a]

- Male sex[1]

- Age >60 years

- Phenotypic predisposition
  - Atypical mole/dysplastic nevus pattern[2]
  - Increased mole count (particularly large nevi)[3]
  - Sun-phenotype/tendency to sunburn[3]
  - Red hair-blue eyes/Fitzpatrick skin type I/pheomelanin predominant phenotype[3]

- Personal medical history/comorbidities
  - Multiple and/or blistering sunburns[3,4]
  - Precancer/cancers,[5,6] especially:
    - Actinic keratosis/non-melanoma (keratinocyte) skin cancer (eg, basal cell and squamous cell carcinomas)[3]
    - Childhood cancer[7]
  - Immunosuppression/immune perturbation related to:
    - Solid organ transplantation[3,8,9]
    - Hematopoietic cell transplantation (HCT)[9]
    - Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)[10]
  - Rare genodermatoses
    - Xeroderma pigmentosum[11]

- 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).[3,12-14]
  - Family history of cutaneous melanoma (especially if multiple), pancreatic, renal and/or breast cancer, astrocytoma, uveal melanoma, and/or mesothelioma.[3,15]

- Environmental factors
  - Tanning bed use[3,16,17]
  - Residence in sunnier climate/latitude nearer to equator[18]
  - Intermittent, intense sun exposure (for truncal/extremity melanomas, often observed with associated increased nevus count)[3]
  - Chronic sun exposure (for head/neck/arm melanomas, often associated with lower nevus count)

[a]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

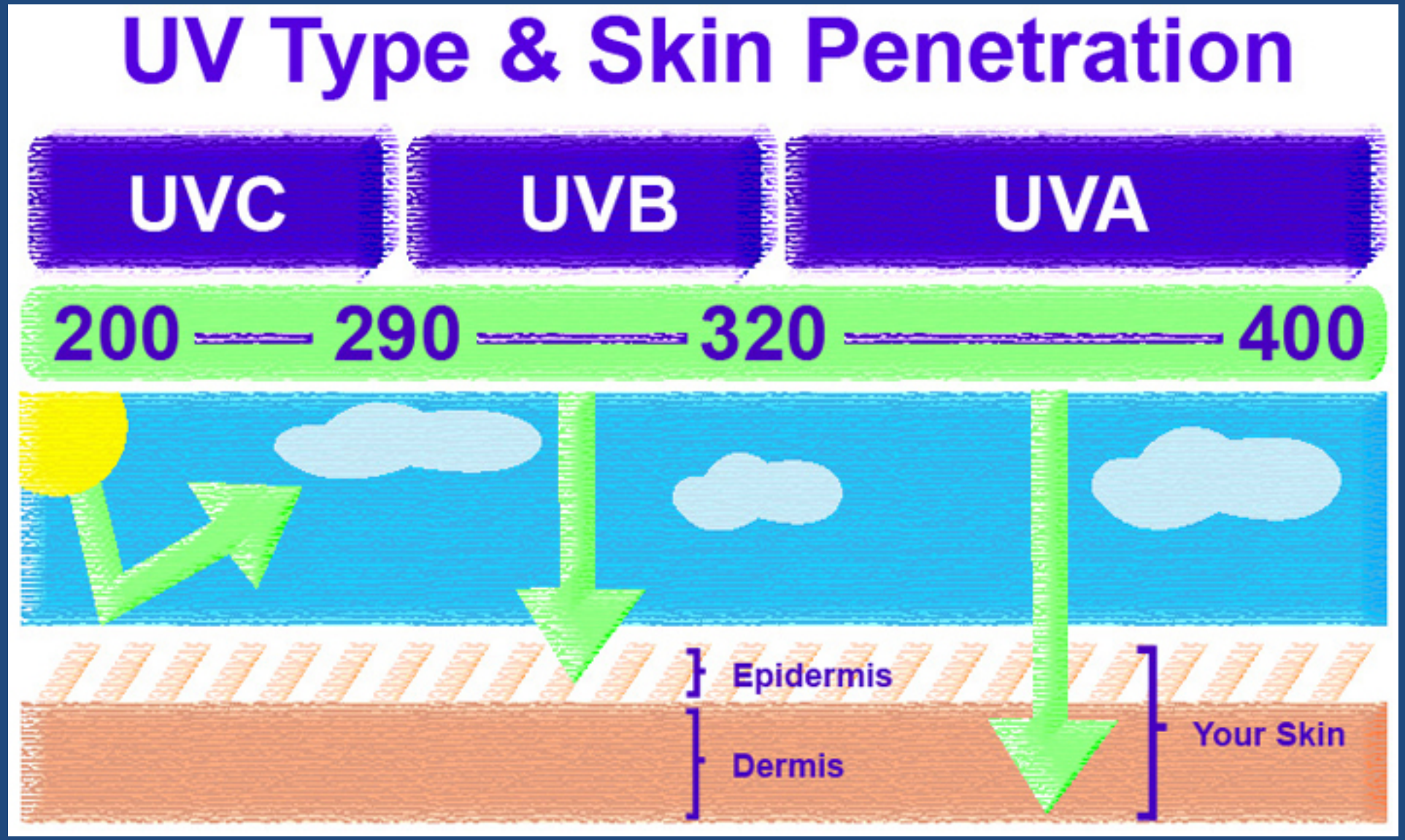
Top of Page

TANNING

- Ultraviolet (UV) radiation is a proven human carcinogen.[17]
- 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.[18]
- 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.[19]
- 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.[20,34]
- 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.[21]
- 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.[22]
- More people develop skin cancer because of tanning than develop lung cancer because of smoking.[22]
- 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.[22]
- Those who have ever tanned indoors have a 69 percent risk of developing basal cell carcinoma before age 40.[23]
- 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.[24]
- People who first use a tanning bed before age 35 increase their risk for melanoma by 75 percent.[25]

SKIN CANCER FOUNDATION

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



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 _ 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!!

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

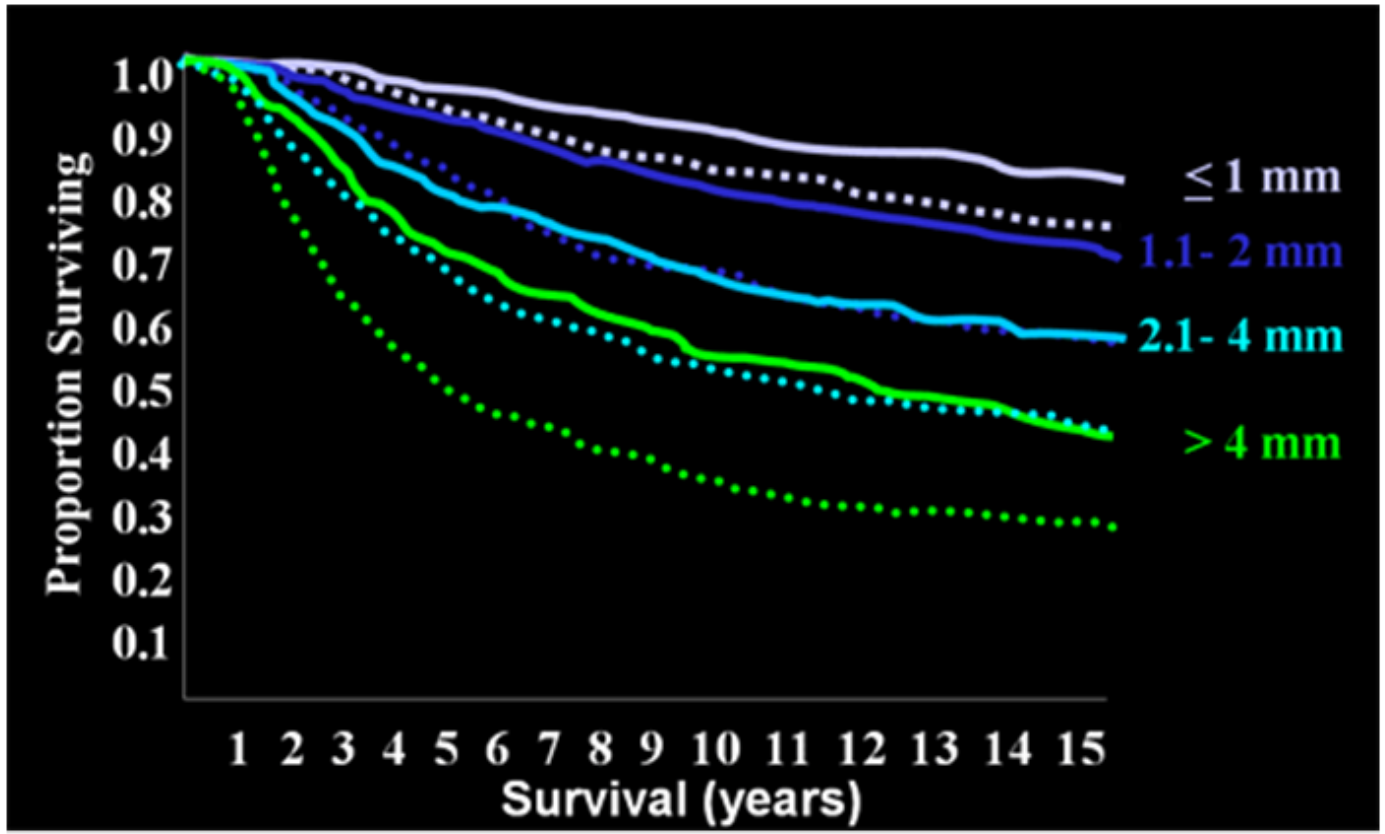
- The Institute of Medicine (now known as the National Academy of Medicine) concluded that the evidence for associating vitamin D status with health benefits other than bone health was inconsistent, inconclusive as to causality and insufficient to inform nutritional requirement.[13-14]
- Based on currently 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

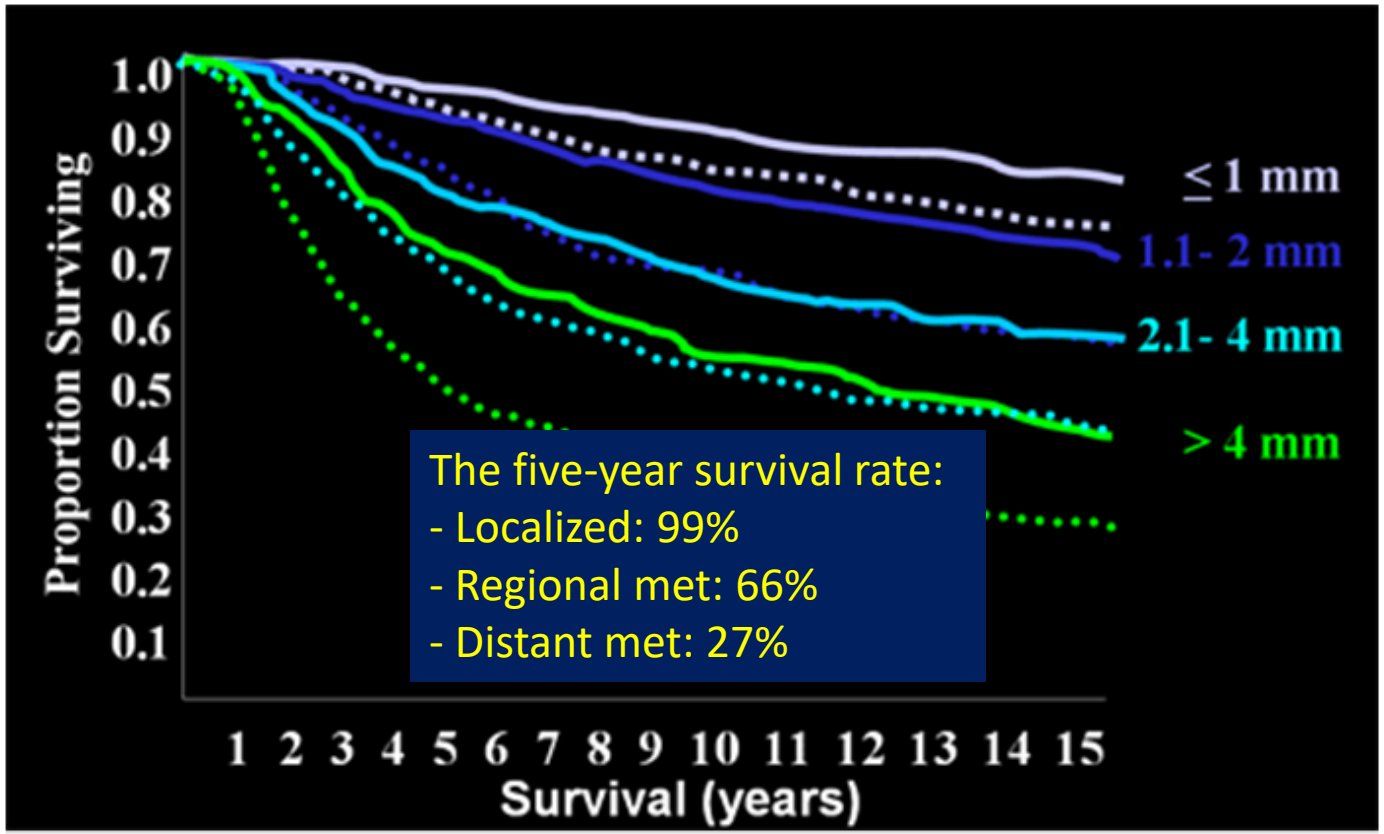
Early diagnosis of Melanoma Matters



Breslow depth and Ulceration impact on survival

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



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We’d Like to Avoid…

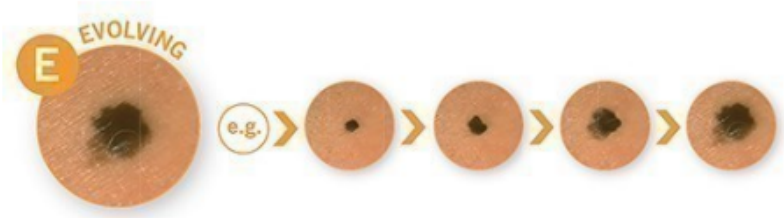
What to Look for:
ABCDEs of Melanoma

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.

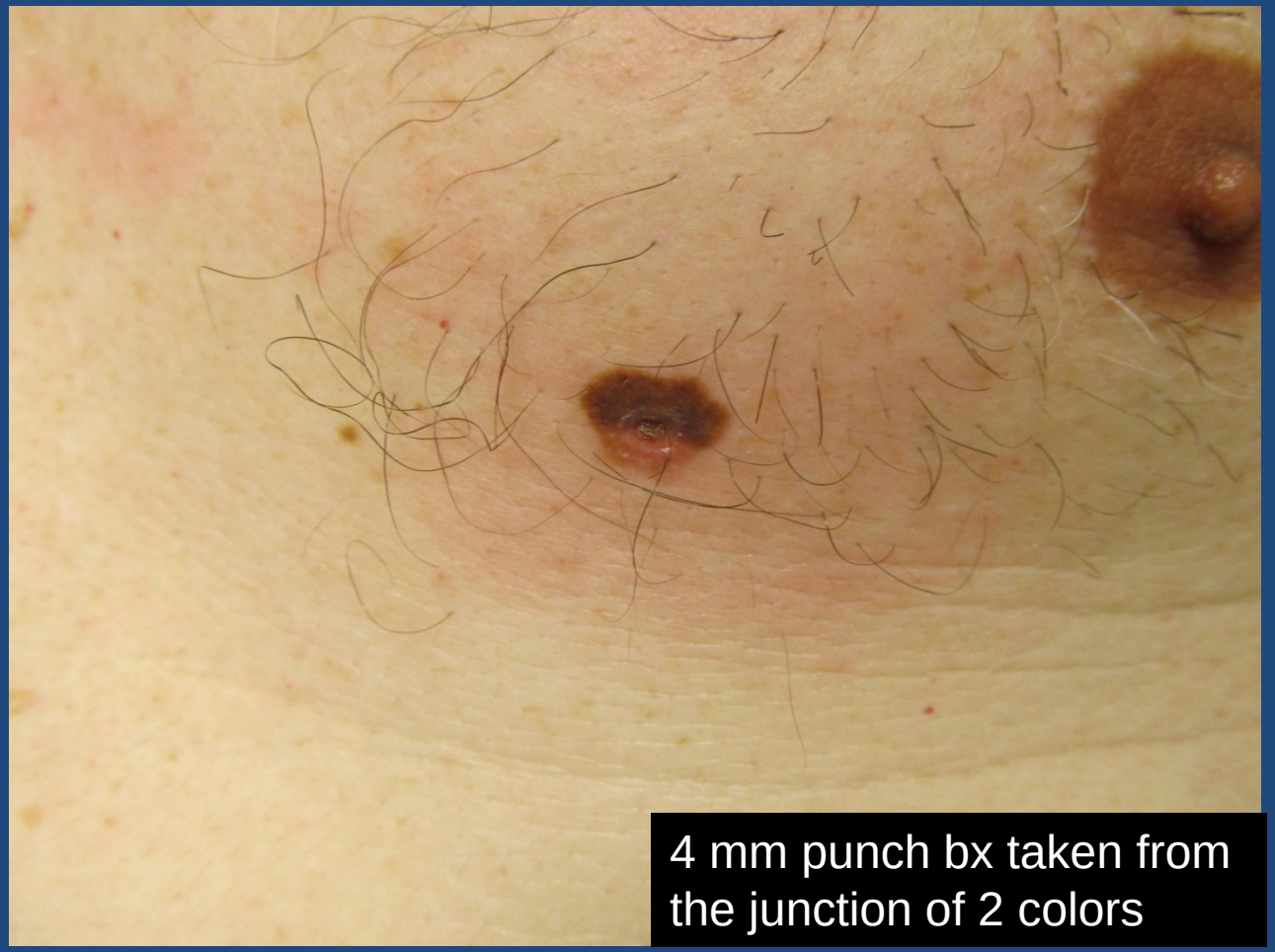
D = Diameter
Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but they can be smaller.



E = 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

Bx: Melanoma In Situ



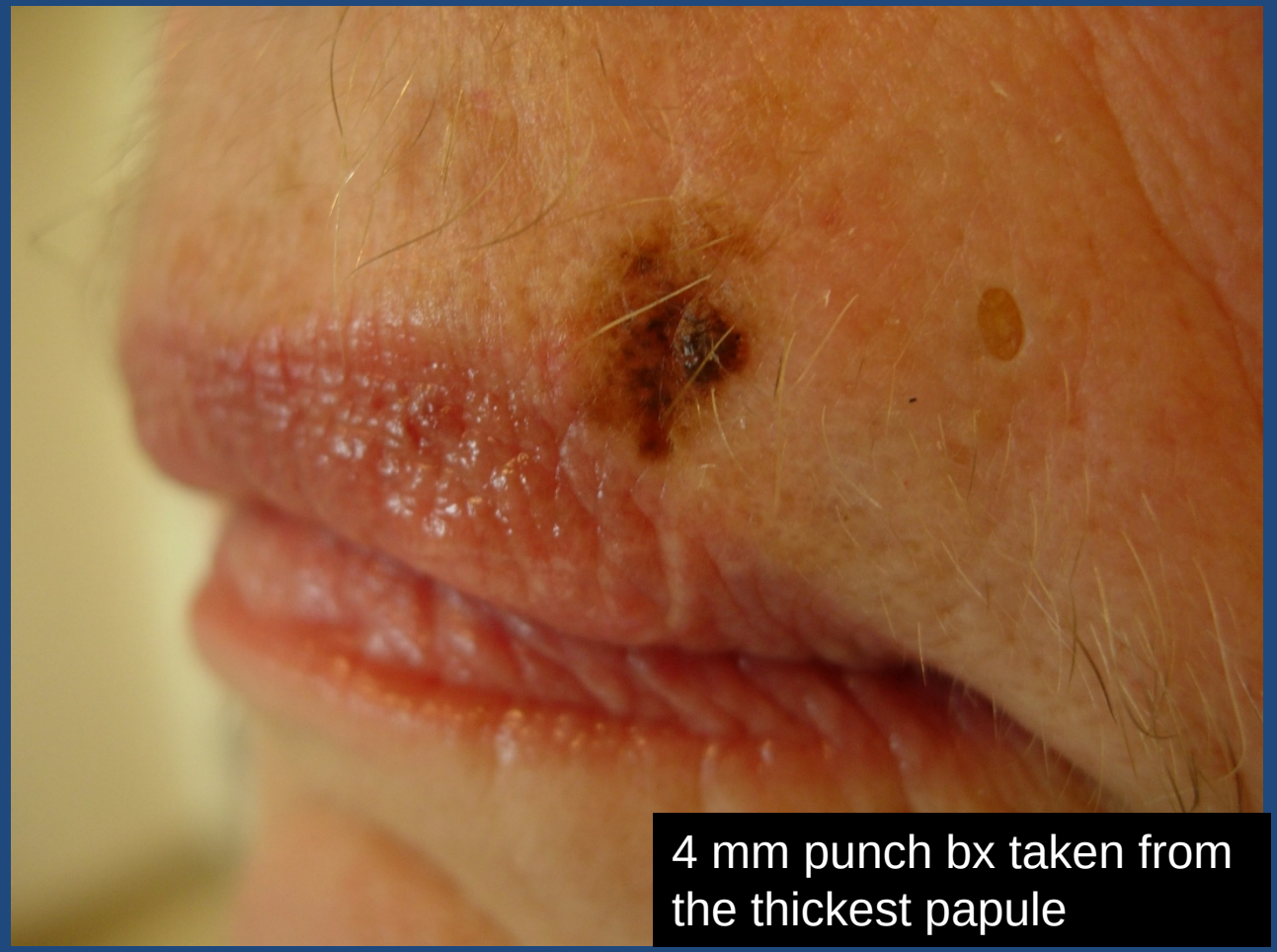
4 mm punch bx taken from the junction of 2 colors

Bx: Superficial Spreading Melanoma
Breslow 0.58 mm

Excisional bx with narrow margins

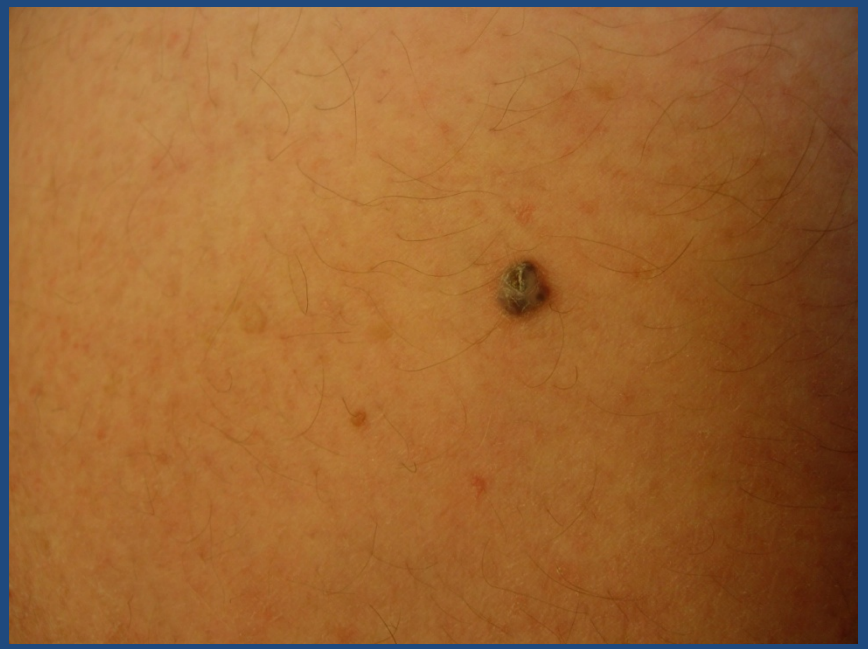
Excisional bx with Narrow Margins

Bx: Superficial Spreading Melanoma
Breslow 0.57 mm



Can You Tell?

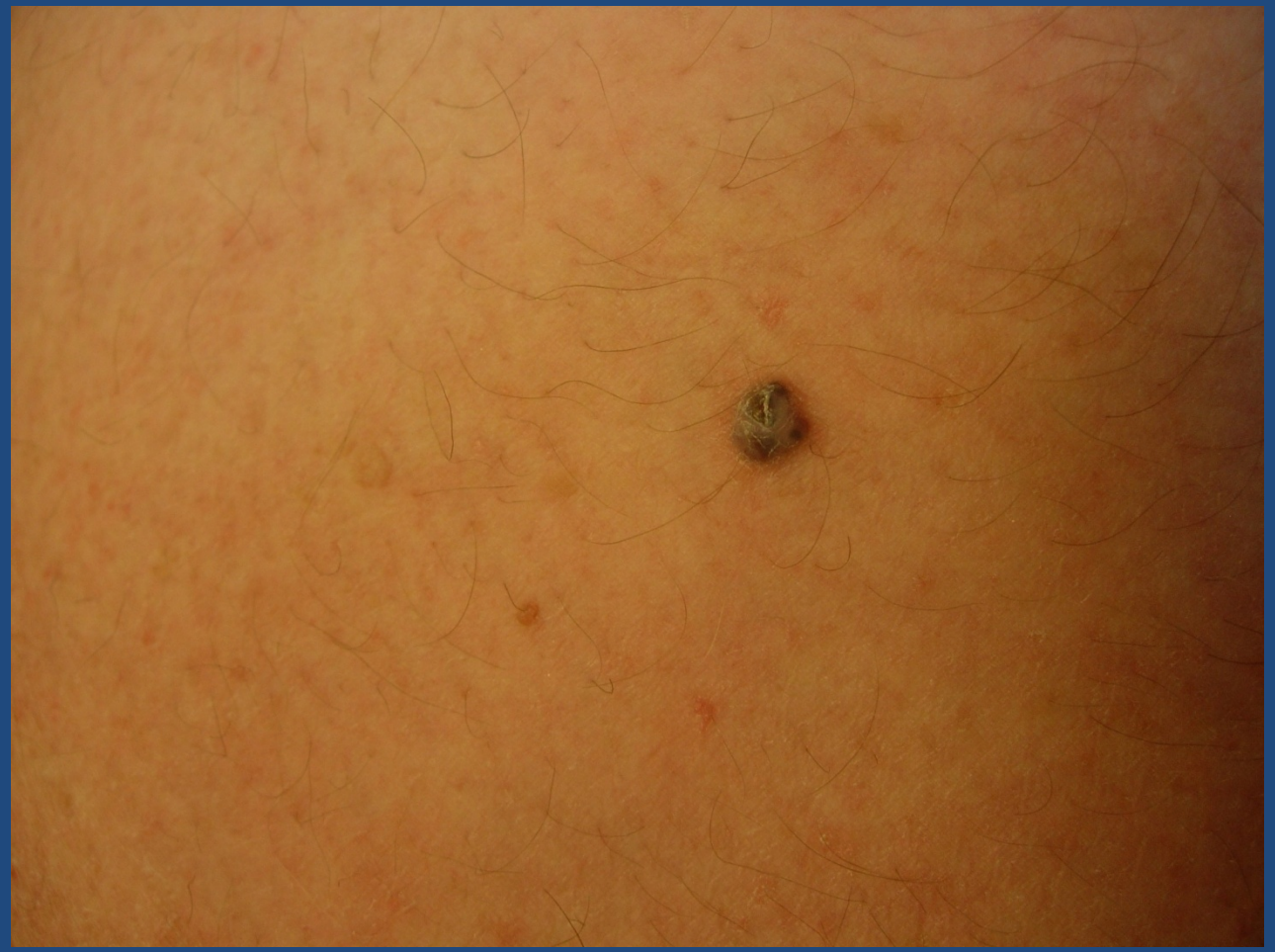
L upper anterior thigh



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

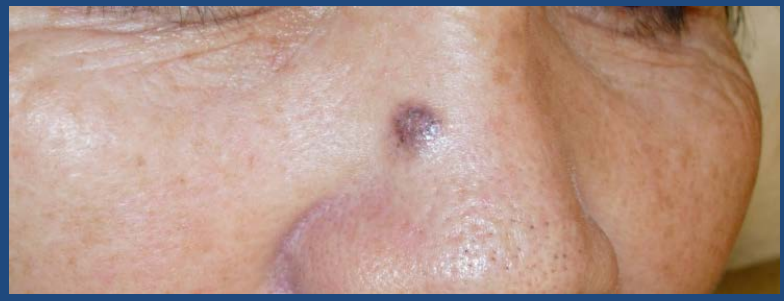
R concha

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

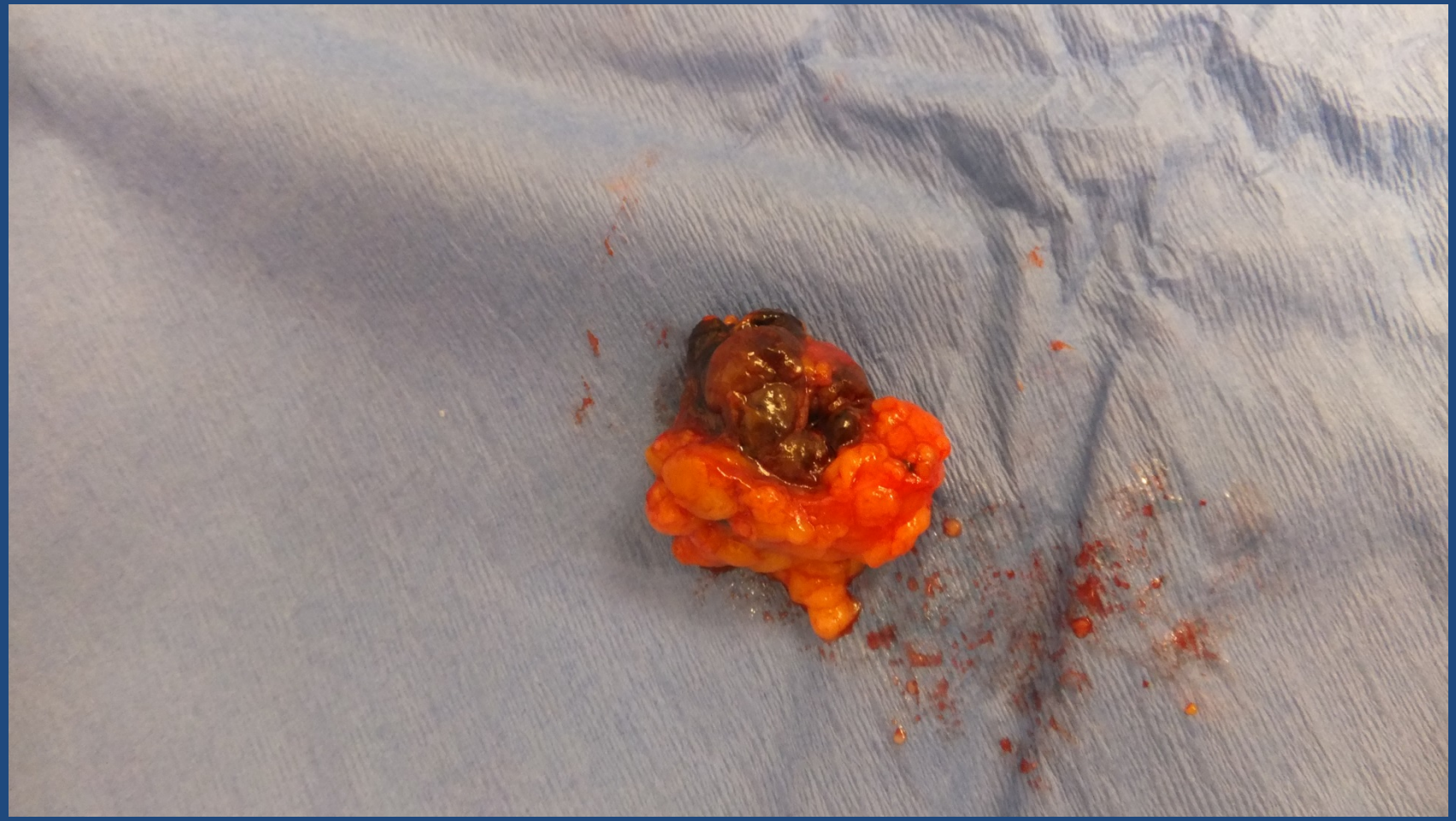
Bx: Pigmented BCC



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

Presentation by:
Dr. Mark Albertini

University of Wisconsin Carbone Cancer Center

Wisconsin Cancer Collaborative

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

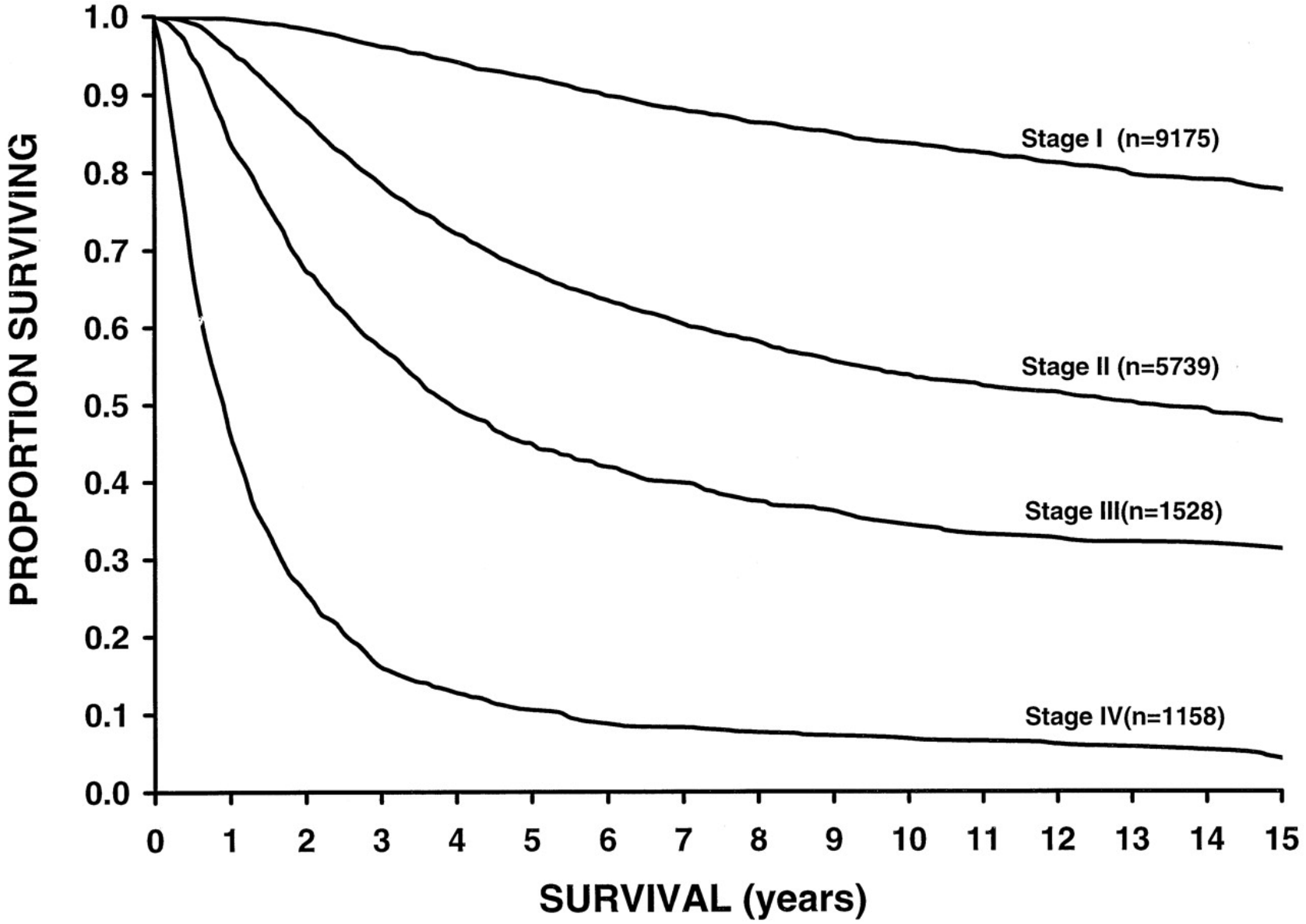
- The Dark Ages
- The Age of Enlightenment
- My Vision for a Better Tomorrow

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

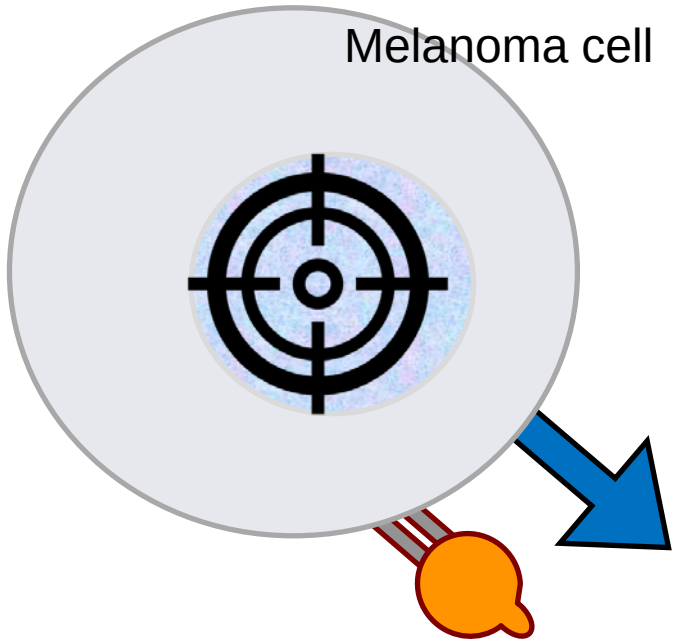


Balch et al. J Clin Oncol, 19(16):3635-3648, 2001

The Age of Enlightenment

Laboratory Insights Improved Outcomes for Patients with Metastatic Melanoma

Laboratory Insight #1



Some melanomas contain targets for therapy

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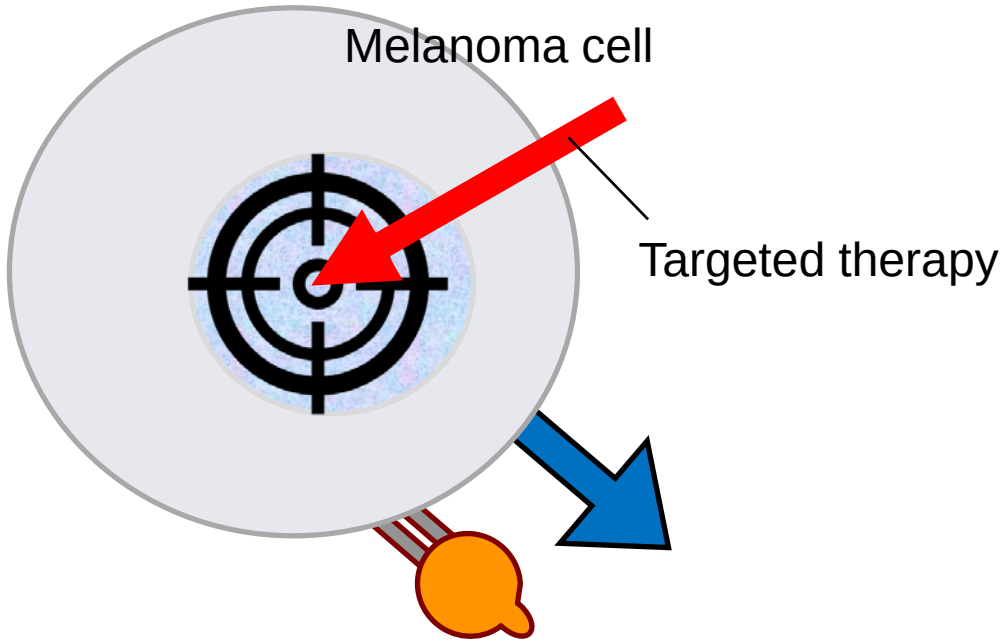

Targeted therapies can attack what makes the melanoma cell grow

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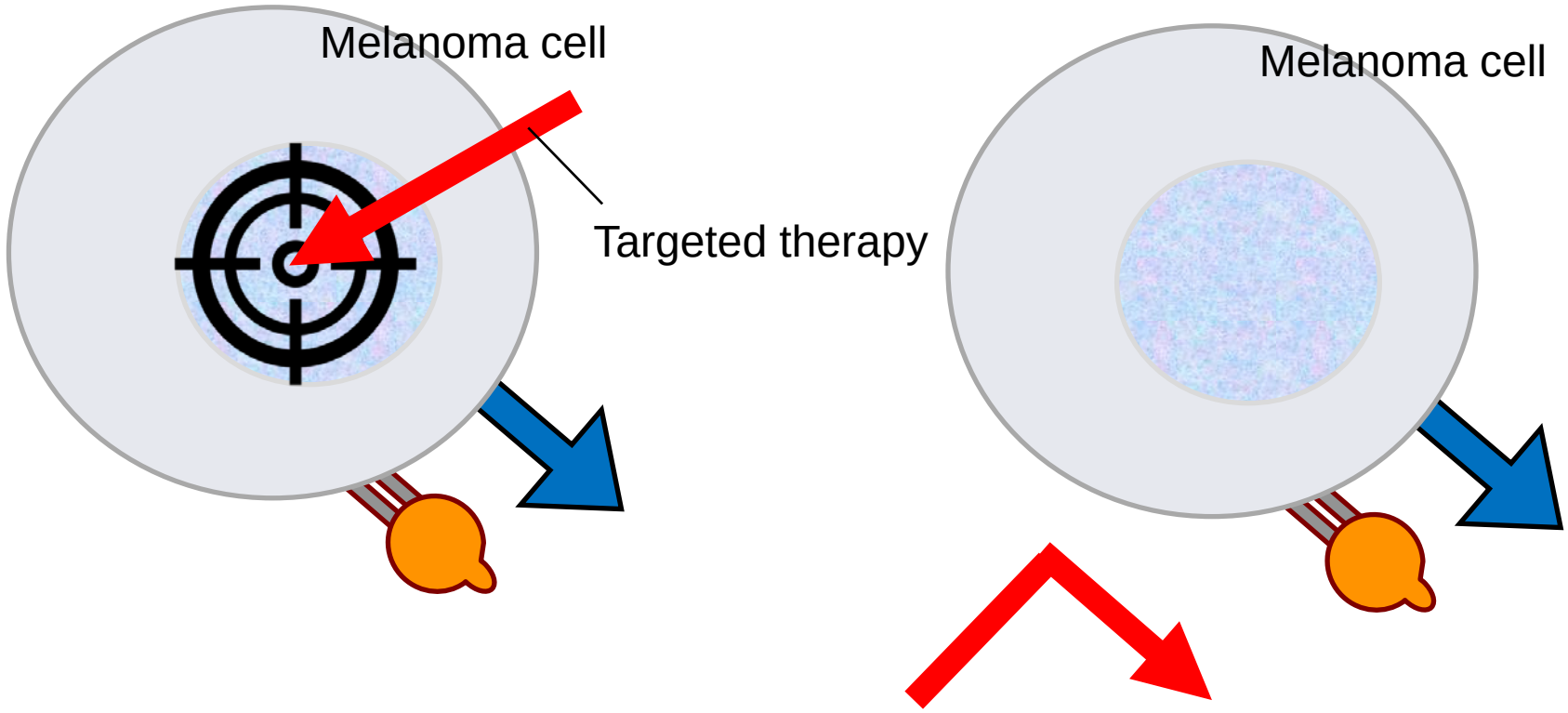
Challenge: Targeted therapies can only work if the melanoma cell has the target



FDA-Approved Targeted Therapies for Advanced BRAF Mutant Melanoma

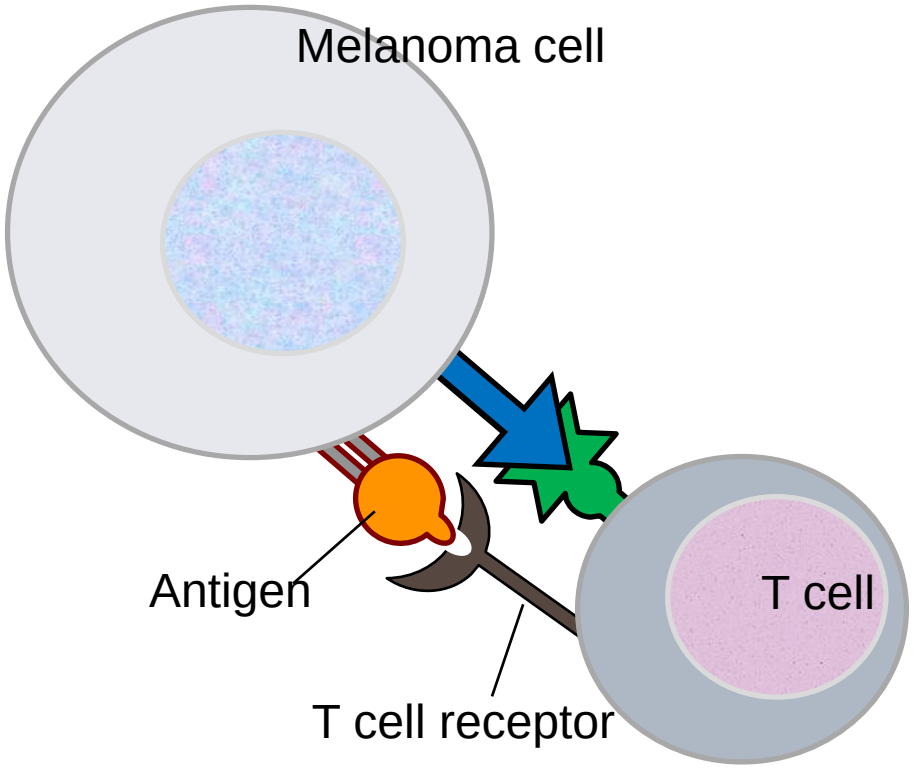
A. BRAF Kinase Inhibitor
- Vemurafenib
- Dabrafenib

B. MEK-Inhibitor
- Trametinib

C. BRAF Kinase + MEK-Inhibitor
- Dabrafenib + Trametinib
- Vemurafenib + Cobimetinib
- Encorafenib + Binimetinib

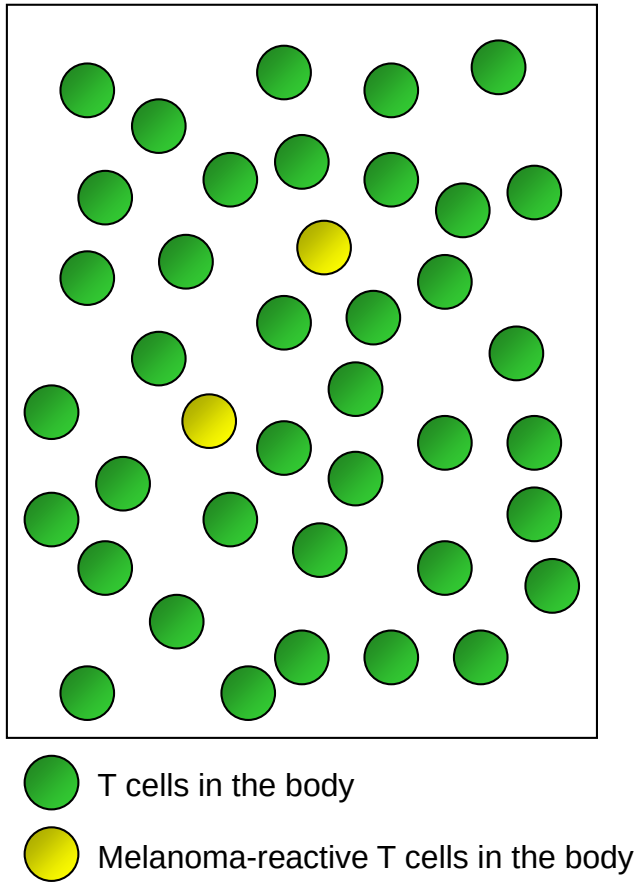
Unfortunately, Most Melanomas Develop BRAF Inhibitor Resistance

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



Challenge:

Need strategies to get more melanoma-reactive T cells

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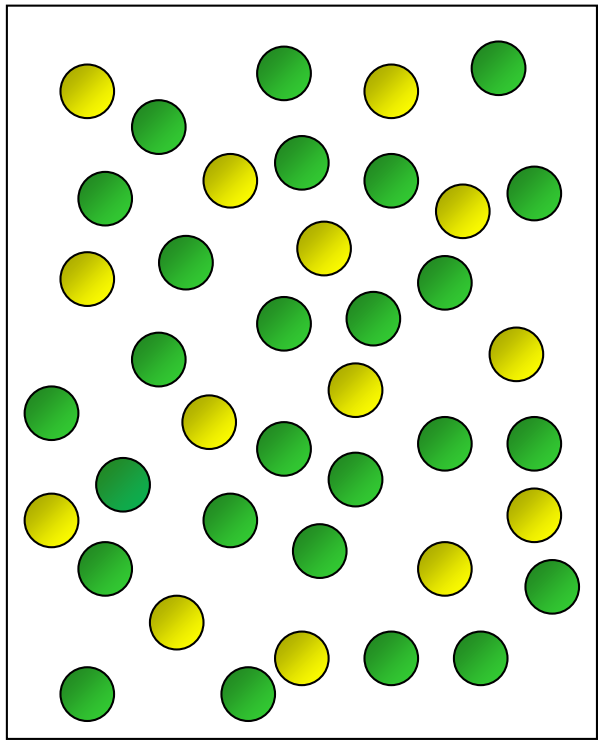
Effective results can occur when there are more melanoma reactive T cells



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”)

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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

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

Albertini *Journal for ImmunoTherapy of Cancer* (2018) 6:80
https://doi.org/10.1186/s40425-018-0397-8

Journal for ImmunoTherapy of Cancer

COMMENTARY Open Access

The age of enlightenment in melanoma immunotherapy

Mark R. Albertini[1,2,3,4]

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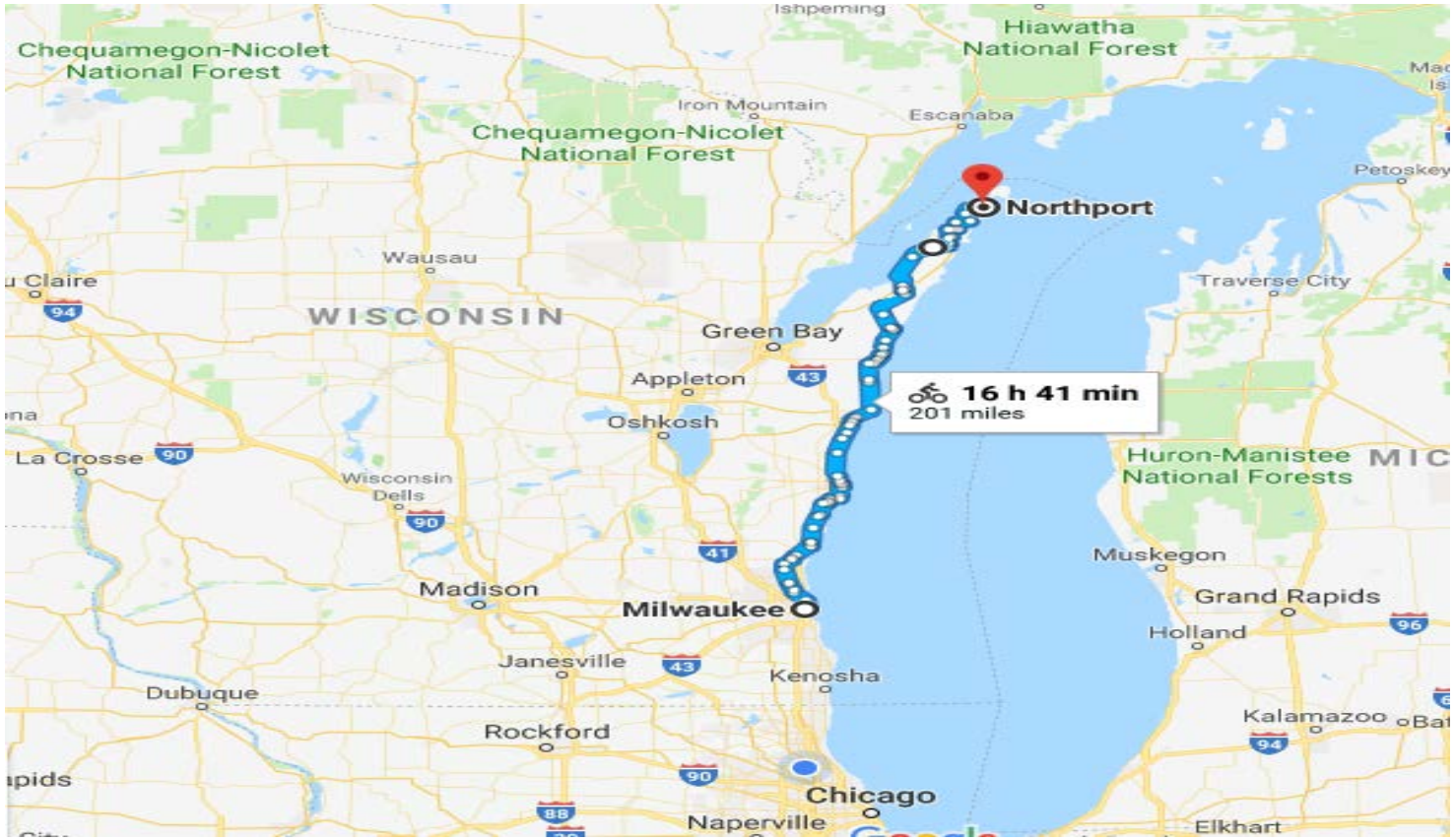
My Vision for a Better Tomorrow

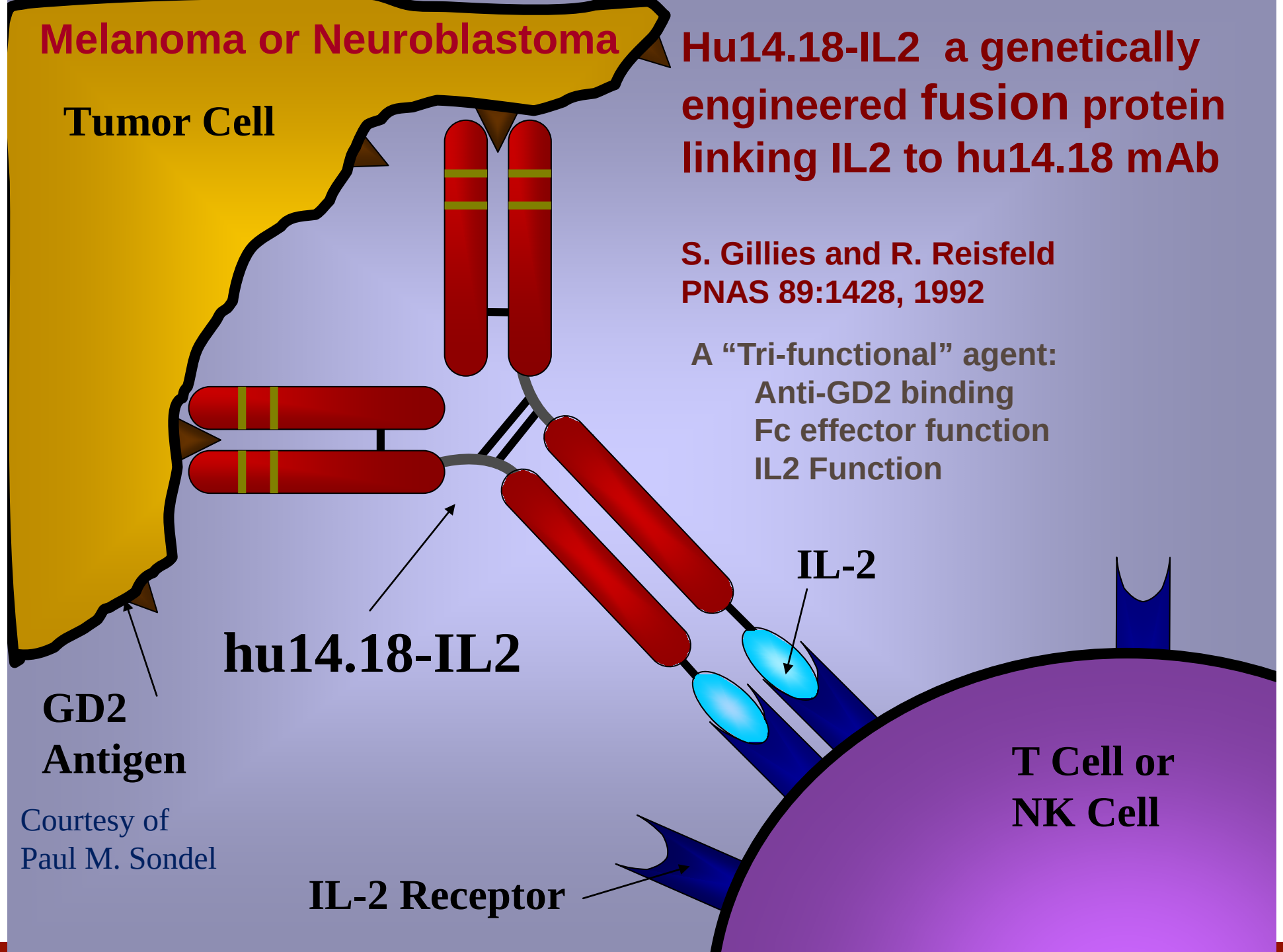
Road Map: Transformative insights in the lab will continue to guide progress in the melanoma clinic



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
IL-2
hu14.18-IL2
GD2
Antigen
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.

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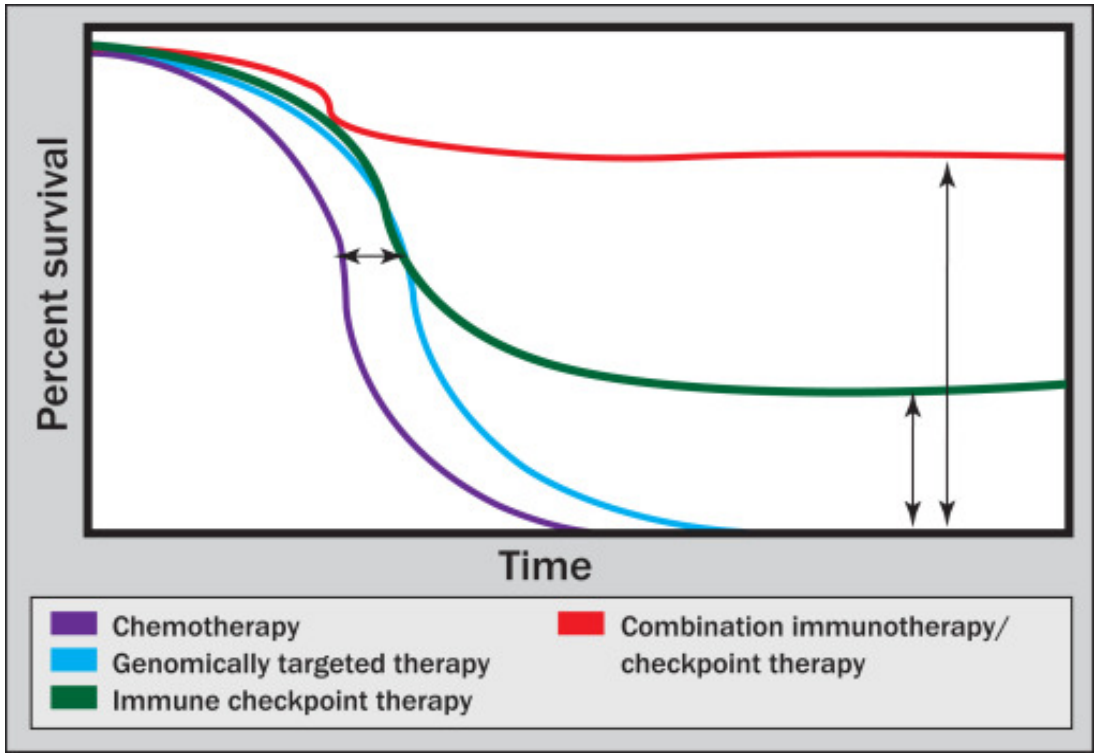
Treating Melanoma: Present and Vision for the Future



Atkins, Semi. Oncology 2015

Acknowledgments (1)

Albertini Lab

Cindy Zuleger, PhD

Noah Kaitz

Oyewale Shiyanbola, MBBS, PhD

UWCCC Collaborators

Paul Sondel, M.D., PhD

Jacquelyn Hank, PhD

Zachary Morris, M.D., PhD

Erik Ranheim, M.D., PhD

David Vail, D.V.M.

Ilene Kurzman, PhD

Michelle Turek, D.V.M.

Robert Jeraj, PhD

Steve Cho, M.D.

Irene Ong, PhD

Jens Eickhoff, PhD

Michael Newton, PhD

KyungMann Kim, PhD

UWCCC Clinical Research Team

Renae Quale

Tamara Koehn

Erin Clements

Molly Monson

Robert Hegeman, M.D.

Toby Campbell, M.D.

Heather Neuman, M.D.

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)

Wisconsin Cancer Collaborative

HERE COMES THE SUN!

Greater Richland Area Cancer Elimination Community (GRACE)

Collaboration for Sun Safety

WALK WITH GRACE
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

G.R.A.C.E. Inc.
Greater Richland Area Cancer Elimination

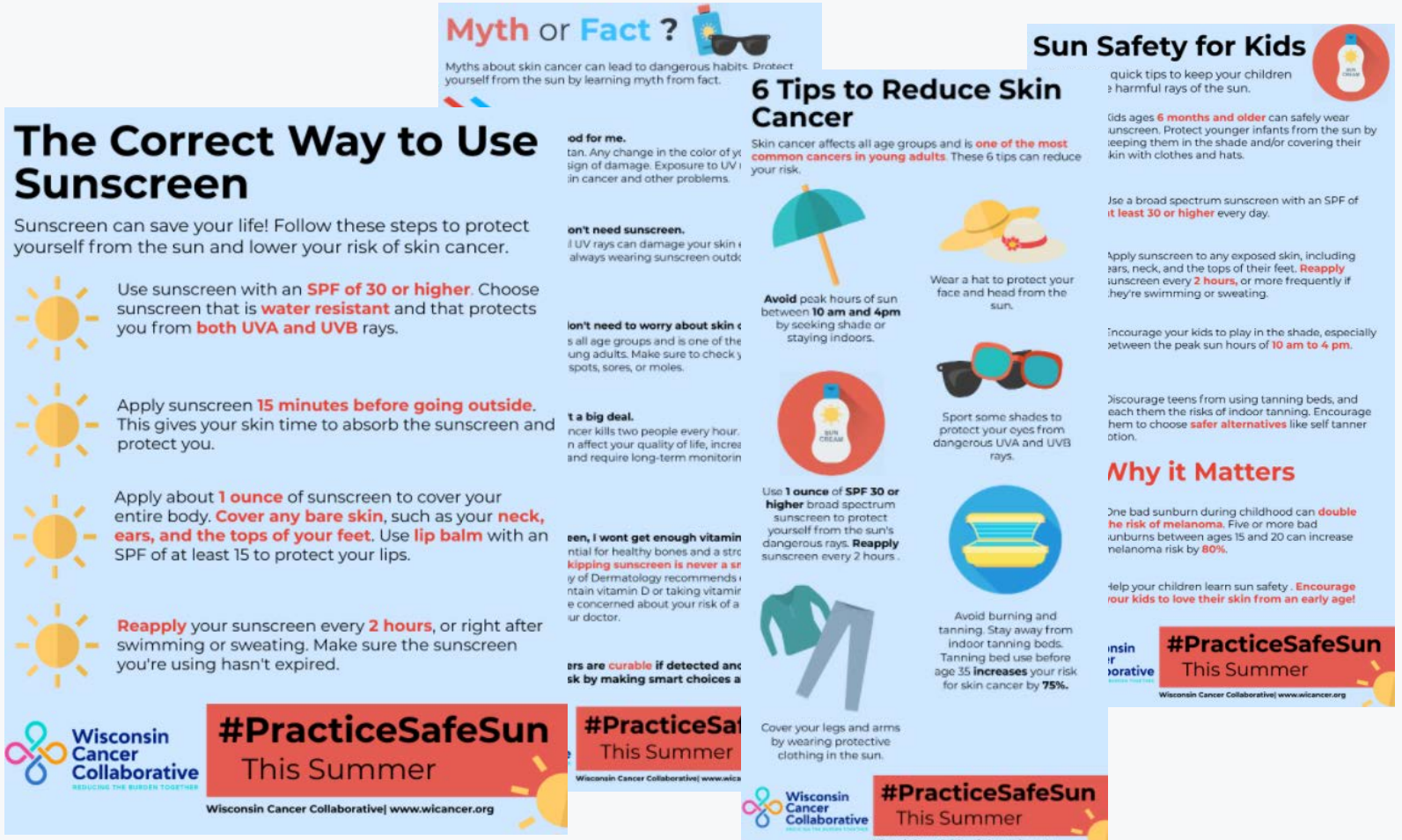
Questions? Comments?

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

Wisconsin Cancer Collaborative

Sun Safety Social Media Toolkit

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

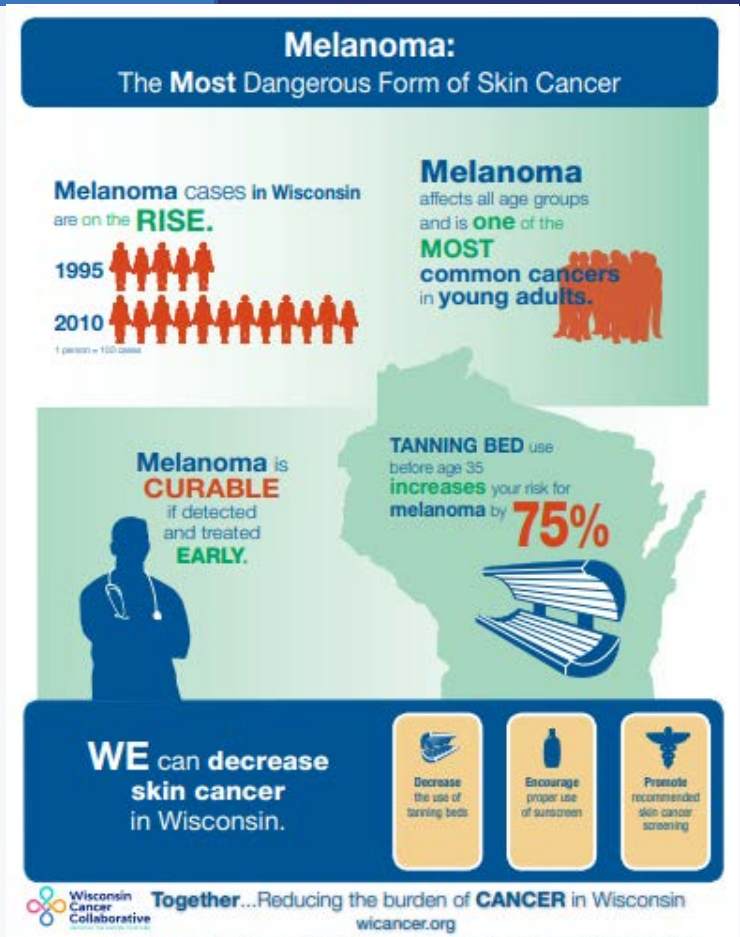


https://wicancer.org/resource/sun-safety-social-media-toolkit/

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.



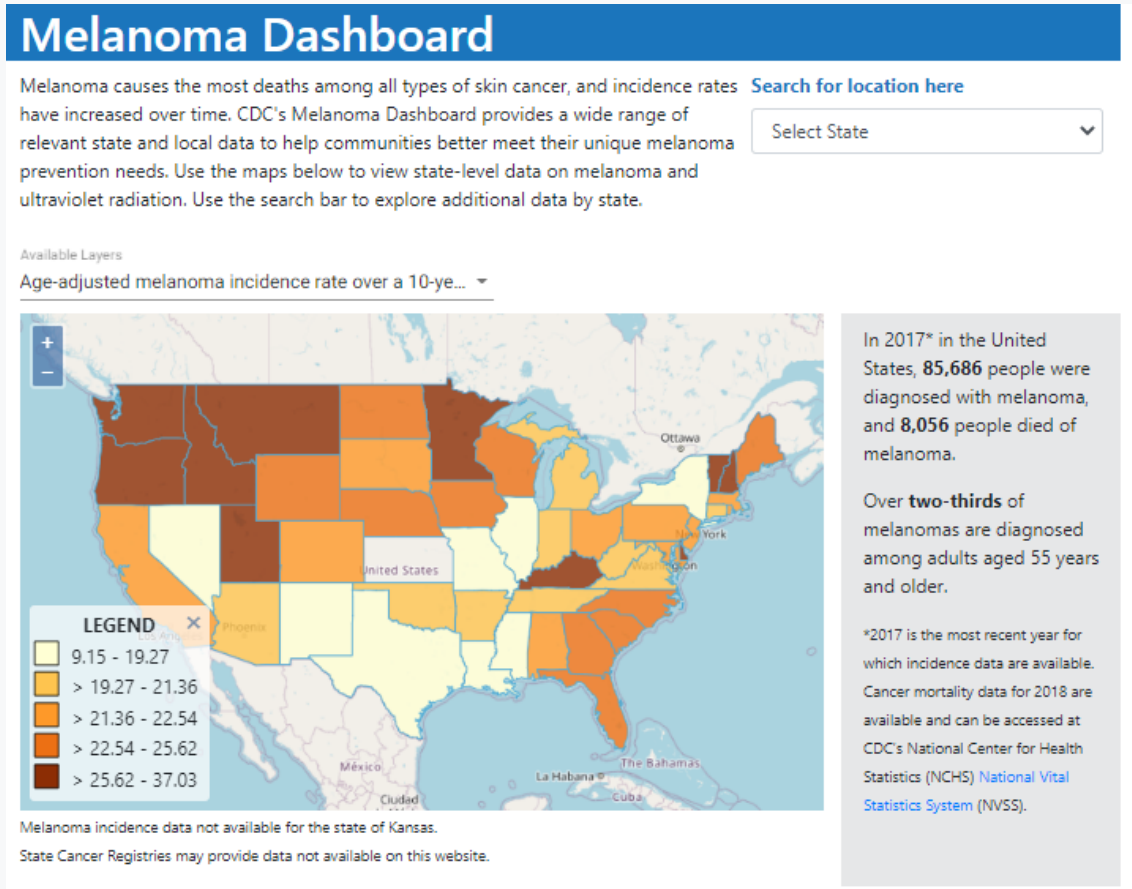
Wisconsin Cancer Collaborative

https://wicancer.org/wp-content/uploads/2019/12/WICCC_melanoma_info_FINAL2_updated.pdf

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.



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

Wisconsin Cancer Collaborative

June Networking Webinar

Topic TBD so stay tuned for updates!

10:00-11:00

Wisconsin Cancer Collaborative

Thank you!

Thank you for joining!

Stay well!

Wisconsin Cancer Collaborative