

POWERING PROGRESS TOGETHER

ANNUAL REPORT 2024-2025



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As the largest non-profit global funder of melanoma research, MRA has dedicated over \$175 million to date in support of the fight against melanoma. Learn more at curemelanoma.org



Letter from the Chair and CEO

The Melanoma Research Alliance (MRA) was founded in 2007 with a very clear mission to end suffering and death caused by melanoma. While incredible strides have been made with seventeen new FDA-approved treatments that are saving lives, the mandate to finish the job is imperative. We understand, now more than ever, that we must capitalize on, and propel forward, the scientific advances and investments already made.

MRA's leadership prevails as the largest nonprofit, non-governmental funder of melanoma research in the world, having proudly invested more than \$175 million in over 500 melanoma research projects at 165 institutions. MRA continues to innovate to meet the evolving needs of scientists and researchers, and patients and caregivers. This year, in addition to funding \$9.3 million in new research grants, MRA expanded our RARE Melanoma Registry recruiting over 600 patients (approximately one-third each with acral, mucosal, or non-acral cutaneous melanoma). Additionally, MRA launched our innovative *Next Steps Program* to award milestone-based funding to scientists and projects in need of support for the 'next steps' to accelerate discoveries from the lab bench to the clinic.

MRA's 2024-2025 Annual Report showcases the innovation, imagination, and investments that are bringing cutting edge science from bench to bedside. Perhaps more importantly, this report highlights how the power of collaboration can't be overstated when it comes to MRA's research priority areas: treatment resistant cutaneous melanoma, rare melanomas, brain and central nervous system metastases, and prevention, risk prediction, and diagnosis.

MRA is proud to be at the center of this, convening the brightest minds at our Scientific Retreat, awarding Team Science Awards, building the RARE Registry, and launching the MRA Melanoma Biorepository and RARE Consortium. All are predicated on the fact that together, we get more done: more research, more treatments, more cures.

None of this would move forward without the dedicated patient and caregiver community, guiding us every step of the way. We wish to thank our community for lending their voices, sharing their stories, and selflessly participating in clinical research. We are also deeply grateful to our board of directors, donors, volunteers, partner organizations, government leaders, and corporate allies who share our commitment in the prevention, detection, and treatment of all melanomas. While new challenges on the research landscape have arisen, we've come too far to relinquish any momentum, and we will not. We know together we will fulfill our mission. Thank you for your continued support.

With immense gratitude,

Debra Black

Debra Black
Chair & Co-founder

Marc Hurlbert

Marc Hurlbert, PhD
Chief Executive Officer



Powering Global Progress

How MRA is Driving International Collaboration in Melanoma Research

Since our founding in 2007, the Melanoma Research Alliance (MRA) has taken a bold, global approach to driving our mission of ending suffering and death due to melanoma. We know that melanoma is not bound by borders — and neither is research. MRA's commitment to collaboration means funding the world's brightest scientists — regardless of where they work — to accelerate discoveries and drive breakthroughs from the lab to the clinic.

Through our transformative, strategic, and collaborative grant mechanisms, MRA has invested more than **\$175 million to support over 500 projects at 165 institutions across 19 countries**. This global investment is helping to identify new therapeutic targets, uncover mechanisms of treatment resistance, develop better diagnostic tools, and advance innovative treatment strategies that improve outcomes for melanoma patients worldwide.

The investigators highlighted here — representing Australia, Germany, and the UK — embody the spirit of global collaboration and innovation at the heart of MRA's mission.

Professor Richard Scolyer, AO

AUSTRALIA



Professor Richard Scolyer AO (Officer of the Order of Australia) of the Melanoma Institute Australia is one of the world's foremost melanoma pathologists and a global leader in bridging laboratory science with patient care. His research has transformed how melanoma is diagnosed and staged, helping to set international standards that assist how clinicians care for patients around the globe.

In 2020, Dr. Scolyer and a multidisciplinary team spanning Australia's leading research institutions received an **MRA Team Science Award** for their project, *Effective Therapies for Patients with High-Risk In-Transit Disease*. In-transit metastases (ITM) is a challenging form of early melanoma metastasis that affects around 10% of patients and is associated with high recurrence and mortality rates.

Supported by MRA, the team performed comprehensive multi-omic profiling of in-transit melanoma lesions from patients treated with surgery alone. By integrating whole genome sequencing, RNA sequencing, and spatial immune profiling, they were able to distinguish patients likely to experience recurrence from those cured by surgery — a major step toward predicting who might benefit from additional treatment.

In a separate cohort of patients treated with adjuvant anti-PD-1 immunotherapy, the team applied the same multi-omic approach — plus newer state-of-the-art technologies — to map the tumor microenvironment at unprecedented resolution. This revealed key mechanisms of resistance, including novel immune escape pathways and actionable drug targets, as well as the critical role of immune-tumor cell proximity in determining therapeutic response. These insights are now being applied in a prospective non-interventional clinical trial, PIP-PREDICT (NCT06536257). The study will evaluate the documentation, processes, accuracy and utility of the predictive biomarker model in clinical practice to eventually guide more personalized treatment selection for advanced melanoma patients inclusive of different subtypes.

The project's impact has been far reaching. It has trained multiple early-career investigators, supported PhD theses, led to several publications, and created infrastructure that will continue to benefit melanoma research well beyond the grant period. **"These investments create lasting infrastructure and networks that benefit the broader research community and train the next generation of leaders, an impact which continues well beyond the initial funding,"** shared Associate Professor and co-researcher, James Wilmott. "The team continues to work together, expanding our research and building new international networks with other MRA funded Team Science Award recipients to combine knowledge to impact patient care."

Tobias Bald, PhD

GERMANY



Dr. Tobias Bald, Professor of Tumor Immunobiology at the Institute of Experimental Oncology at the University Hospital Bonn, Germany, leads a pioneering research program focused on how immune cells — particularly T cells and natural killer (NK) cells — interact with the tumor microenvironment and influence the success of cancer immunotherapies. His team investigates mechanisms of resistance to today's immunotherapies, with a special emphasis on the CD226 pathway, a critical regulator of T cell activity and a key mechanism exploited by tumors to evade the immune system.

Building on these insights, Dr. Bald's lab is developing next-generation cellular therapies, including CAR-T and NK cell-based platforms, and leveraging advanced technologies such as nanobody engineering and AI-driven protein design. "Our ultimate goal is to translate fundamental discoveries into therapies that can improve outcomes for patients with solid tumors, such as melanoma, where more effective immunotherapies are still urgently needed," he explains.

Dr. Bald's work received a major boost in 2021 through the **Young Investigator Award** for his project *Loss of CD226 in T cells drives resistance to melanoma immunotherapy*, which provided critical resources and recognition at a pivotal moment in his career. "The award connected me to MRA's fantastic global network of scientists, clinicians, and patient advocates," he shared. "These interactions have been invaluable — broadening my perspective, shaping the translational focus of my research, and reinforcing the urgency of developing new therapeutic strategies that can truly make a difference for patients." The award also contributed to him receiving the prestigious Lisec Artz Award, which honors outstanding young scientists in cancer research in Germany, further highlighting the importance and impact of this line of research.

Since receiving the MRA Young Investigator Award, Dr. Bald has presented his findings at major international conferences, including the European Association of Dermato-Oncology (EADO) Congress, Arbeitsgemeinschaft Dermatologische Forschung (Working Group for Dermatological Research) and MRA's Annual Scientific Retreat. His team is currently in the process of preparing publications to share the lab's latest discoveries and has secured additional national and international funding to further advance their research.

"These investments in early career researchers bring fresh perspectives into the field, accelerate the translation of discoveries into clinical applications, and ensure a continuous pipeline of innovation," said Dr. Bald. "For melanoma research in particular, this support is critical to sustaining progress and ultimately delivering better outcomes for patients." By combining fundamental immunology with a focus on translational research, his team is working to bring the next generation of immunotherapies closer to patients who need them most.

Samra Turajlic, MD, PhD

UNITED KINGDOM



Dr. Samra Turajlic, Group Leader of the Cancer Dynamics Laboratory at the Francis Crick Institute and Director of the Cancer Research UK (CRUK) Manchester Institute, is a global leader in applying evolutionary biology to cancer medicine.

Dr. Turajlic's pioneering multidisciplinary team — comprising cancer geneticists, computational biologists, mathematicians, clinician scientists, pathologists, and radiologists — uses whole-genome and single-cell sequencing, spatial technologies, and modeling to trace tumor evolution. By uncovering how genetic and environmental factors drive metastasis and influence treatment resistance, her lab aims to predict tumor behavior and tailor treatments before resistance occurs.

In 2020, Dr. Turajlic received the **MRA Team Science Award**, supported by the Rosetrees Trust, for her project *Investigating Melanoma Metastases*. The award enabled her team to establish and expand the landmark PEACE (Posthumous Evaluation of Advanced Cancer Environment) study — creating the most comprehensive dataset of metastatic melanoma evolution assembled to date. Through this effort, the team has profiled more than 570 tumor samples from immune checkpoint inhibitor (ICI)-treated patients with cutaneous, acral, and mucosal melanoma, and over 450 tumor samples from patients with uveal melanoma, including some treated with the novel therapy tebentafusp.

This unprecedented dataset revealed that metastatic melanoma can arise through multiple evolutionary pathways, polyclonal seeding patterns (how cancer cells seed new metastases), and long periods of tumor dormancy, particularly in brain metastases. These findings, published in *Cancer Discovery* (Spain et al., 2023), reshaped understanding of how melanoma spreads and highlighted potential windows for therapeutic intervention. The team continues to build on this work through the UK-wide MANIFEST initiative — an ambitious multi-omic platform for biomarker discovery in cancer immunotherapy (Lim et al., 2025).

"The MRA Team Science Award represented more than funding — it validated our belief that evolutionary principles could transform how we study and treat melanoma," Dr Turajlic shared. "Perhaps, most importantly, this award provided the resources and confidence to pursue ambitious, high-risk research questions that have since defined our lab's trajectory."

Dr. Turajlic's findings have been featured at major international scientific meetings and continue to influence how scientists think about tumor evolution and therapeutic resistance. Her team's collaborative, patient-centered approach embodies the spirit of MRA's mission — bridging discovery and clinical impact through global collaboration.



Advancing Early Melanoma Detection

"The kind of work I do is a slow, plotting, persistent, absolutely committed endeavor to catch every melanoma before it can kill somebody."

DR. SANCY LEACHMAN



FOR MELANOMA, TIMING IS EVERYTHING. When caught early, this aggressive skin cancer is highly treatable; yet for too many, their diagnosis comes too late. Barriers like "dermatology deserts" in rural communities, workforce shortages, and gaps in public awareness put early detection — and lives — at risk. At the heart of the movement to change this is Dr. Sancy Leachman, Vice Chair of Faculty Engagement and Professor in the Department of Dermatology at the University of Utah, whose mission blends innovation, education, and partnership to close these gaps and reshape the landscape of early detection and prevention.

MRA, the world's largest non-profit funder of melanoma research, has been a driving force in this progress. Its support for pioneering leaders like Dr. Leachman has transformed the research landscape, delivering real solutions to people who might otherwise be left behind.

Confronting Derm Deserts and the Rural Divide

Vast swaths of rural America — so-called "derm deserts" — have limited or no access to dermatologists. Wait times stretch for months, and travel distances can be daunting, leading some to forgo care altogether. Workforce shortages compound the problem, with too few experts available to meet growing demand.

"People in rural areas are at a disadvantage," Dr. Leachman notes. "You can't just say 'go see a dermatologist' and expect everyone to have that option." These realities underscore

Machine learning and AI are no longer distant dreams, but active collaborators in the fight against melanoma.



the need for scalable solutions, educational outreach, and technological innovation to even the playing field.

The War on Melanoma: A Blueprint for Change

As one of the nation's foremost experts on prevention and early detection, Dr. Leachman leads the *War on Melanoma*, a groundbreaking public health initiative guided by the fundamental belief that "if you catch melanoma early, you save lives."

Unlike traditional medical models, Dr. Leachman's approach extends far beyond clinics and hospitals. She knows doctors alone can't win this war. That's why her team trains not only physicians but educates everyone from hairstylists to massage therapists — anyone who routinely works with people's skin — on what melanoma looks like and how to guide clients toward medical evaluations. The program also provides community members with easy-to-understand resources and practical tools to recognize warning signs early. By teaching individuals how to spot suspicious moles and conduct skin self-exams, the program arms people with knowledge to protect themselves.

Recognizing that technology can inspire individuals, the program has also used tools like digital imaging apps and artificial intelligence to make skin monitoring

more accessible and effective. Dr. Leachman wants to leverage technology to turn every smartphone into a tool for prevention. Apps like MoleMapper™ empower people to photograph, track, and compare moles over time, making it easier to notice changes that might otherwise go unchecked. "AI and digital imaging are really important because they put the power in the hands of the people," says Dr. Leachman. These innovations can transform how and where melanoma is caught, especially for those far from specialty care.

At the intersection of medicine and technology, Dr. Leachman is charting new territory. Machine learning and AI are no longer distant dreams, but active collaborators in the fight against melanoma. With tools that analyze thousands of skin images in seconds, AI helps identify lesions that warrant closer inspection — especially useful in places where dermatologists are scarce.

"AI gives us the ability to triage and prioritize who most needs an expert's attention and who can safely wait," Dr. Leachman observes. By putting world-class diagnostics within reach — even virtually — AI and video consultations with dermatologists shrink the distance between patients and lifesaving expertise, regardless of where they live. As these digital tools are integrated into programs like the War on Melanoma, an initiative launched in Oregon, they are

Dr. Leachman's team educates everyone from hairstylists and nail technicians to massage therapists on what melanoma looks like and how to guide clients toward medical evaluations.



"Every single aspect of what [MRA does] is all directed towards the vision of getting better treatment and prevention out to the people that deserve to have better."

DR. SANCY LEACHMAN

reshaping what early detection can look like, accelerating diagnosis, and paving the way toward prevention on a scale never before possible.

The *War on Melanoma* initiative is a statewide public health effort and has yielded promising results. Surveys conducted before and after its melanoma literacy campaign revealed marked improvements in public confidence in conducting skin checks. Training of licensed skin-care professionals who perform cosmetic treatments at places such as spas and salons showed a 35% increase in the number of professionals who reported feeling very comfortable suggesting their client see a doctor for a suspicious lesion. As even one blistering sunburn prior to adulthood is estimated to double lifetime melanoma risk, Dr. Leachman's team also tested the ability of the *War on Melanoma*'s multimedia high-school curriculum to improve knowledge, attitudes, and confidence toward melanoma primary prevention and early detection behaviors. Notably, there was a 37.1, 32.1, and 21.6 percentage point increase respectively in confidence in students conducting self-skin checks, encouraging loved ones to get skin exams, and knowing when to seek provider skin evaluation pre-test versus post-test. Dr. Leachman envisions this model as a blueprint that can be expanded nationally and

internationally, emphasizing how education and innovation go hand-in-hand in reducing melanoma mortality.

Dr. Leachman's vision goes beyond detection to include personalizing care. By using genetic testing and risk stratification, she works to identify those most likely to develop melanoma — and to provide targeted prevention messages and surveillance. Through research, she's helping build better ways to uncover risk and intervene earlier.

MRA's Lasting Impact: Fueling the Fight

None of this progress would be possible without committed organizations like the MRA championing innovation with flexible, swift funding. "MRA is really focused on getting treatments out to patients as fast as possible, and everything they do is really about that — whether it's putting together a business collaboration, or a collaboration between a team of scientists that never would have worked together otherwise, or bringing together people from different disciplines at an amazing one-of-a-kind meeting alongside patients," says Dr. Leachman. "Every single aspect of what they do is all directed towards the vision of getting better treatment and prevention out to the people that deserve to have better."

With a history of supporting prevention, diagnostics, and care, MRA's role as a convener and catalyst is also global. Its investments — spanning **165 institutions in 19 countries** — push advancements across continents, ensuring best practices, new technologies, and life-saving breakthroughs are shared far and wide. The MRA has invested over \$175 million to date, supporting breakthroughs in melanoma prevention, diagnosis, risk stratification, and treatment.

The journey toward ending melanoma's deadly toll is far from over, but with people like Dr. Sancy Leachman on the front lines, hope is stronger than ever. Her work shows that by harnessing the power of community, technology, and research, we can bridge gaps caused by geography and resources. By empowering people everywhere to detect, diagnose, and prevent melanoma, we're building a future in which no one's fate depends on where they live or whether they can find a dermatologist nearby. 🌐

By harnessing the power of community, technology, and research, we can bridge gaps caused by geography and resources.



The Evolution of Melanoma Care and Beyond

“More than ever, a patient’s journey is multidisciplinary.”

DR. CHARLES KAUFMAN



MELANOMA CARE HAS EXPERIENCED REMARKABLE CHANGES in recent years, propelled by teamwork across specialties, breakthrough science, and a dedication to advancing patient outcomes. The old, predictable order of treatment — where patients would first see a surgeon, and only later a medical oncologist for systemic therapy — has become a flexible, patient-centered model shaped by the coordinated expertise of dermatologists, surgeons, medical oncologists, and radiation specialists.

“More than ever, a patient’s journey is multidisciplinary,” says Dr. Charles Kaufman, Associate Professor at Washington University School of Medicine, Division of Oncology. “When it’s working right, we all communicate — dermatology, surgery, medical oncology, radiation oncology — to make a plan.” This collaborative mindset ensures that each patient’s treatment plan is tailored, informed by broad expertise, and capable of adapting to changes in the field.

Dr. Charlotte Ariyan, Physician-Scientist and Co-leader of the Melanoma Disease Management Team at Memorial Sloan Kettering Cancer Center says that today, neoadjuvant therapies — treatments given before surgery — are playing an increasingly important role. “Now patients often start with medical oncology for systemic therapies and then have surgery, instead of the other way around,” she adds. “These approaches can shrink tumors, allow for less extensive surgical procedures, and may improve patient outcomes.”

“These multi-institution projects allow clinicians and researchers to ask new questions and work towards answers that might be out of reach in traditional, single-institution studies.”

DR. CHARLOTTE ARIYAN



The Patient Journey: More Than a Sequence

For patients, the treatment journey often begins in the dermatologist’s office with a suspicious mole. But what unfolds next is a testament to how far melanoma care has come. Patients benefit not only from better therapies, but also from more open communication and shared decision-making between providers.

Teams now integrate new findings rapidly, adapting strategies as research emerges. Medical oncologists and surgeons meet regularly to discuss patient cases, ensuring timing and treatment selections are truly individualized. This shift to a more dynamic and team-based approach also means that dermatologists remain involved long after diagnosis, monitoring and supporting patients through the entire treatment process, often helping manage side effects of new therapies. The role of dermatologists as ongoing caregivers highlights how important it is to address the full spectrum of patient needs, including monitoring for potential recurrence or new melanomas.

This collaborative spirit is especially vital as complex cases are becoming more common. Neoadjuvant therapies, less invasive surgical techniques, and new immunotherapies have shifted many of the conversations and decisions to the team setting. “With melanoma, the knowledge and

experience of all disciplines is important to getting the best outcome for the patient,” notes Dr. Kaufman.

Driving Research and Innovation

Researchers like Dr. Ariyan and Dr. Kaufman are central to this revolution in care. Their work, fueled by MRA, shapes not only the standard of practice but also the direction of future research.

Dr. Ariyan’s projects focus on unique and challenging aspects of melanoma treatment — including rare subtypes such as acral melanoma (skin cancer that develops on non-sun-exposed areas of the body such as the palms, soles, and under the nails) or unusual patterns of recurrence. Dr. Ariyan explains that research on acral melanoma is important because it is an understudied form of melanoma, and not as responsive to our current therapies, despite having some of the same tumor genomics as cutaneous melanoma. With MRA support, she has helped establish consortia that collect and study rare melanoma patient samples from across the country. “These multi-institution projects allow clinicians and researchers to ask new questions and work towards answers that might be out of reach in traditional, single-institution studies,” she says.

For example, Dr. Ariyan and colleagues at Duke University are studying in-transit melanoma — a form of recurrence



"The MRA has the capacity to fund practice-changing ideas ... to rapidly pivot to what's important and what the next questions are."

DR. CHARLOTTE ARIYAN



"The ability of MRA to bridge basic science, clinical research, and pharmaceutical partnerships across many institutions is what continues to push the entire field forward."

DR. CHARLES KAUFMAN



Pictured: Participants at the 2025 MRA Scientific Retreat

that occurs in about 5-10% of patients with primary cutaneous melanoma where the cancer spreads through lymphatic vessels from the primary tumor to nodules on the skin or in the soft tissue, but before it reaches the nearest lymph node basin. This pattern of metastasis was historically difficult to study due to its rarity but now, with MRA's help, they have built one of the largest clinical datasets of in-transit melanoma patients, providing a foundation for new insights and potential therapies. "This gives us a powerful clinical set, with matched tissue to answer questions for us, and for the greater melanoma community," says Dr. Ariyan. She adds the team hopes to use that to look at patients who are resistant to current therapies, whether after immune therapy or targeted therapy, and what's going on so they can find a way to reverse that resistance as well.

Meanwhile, Dr. Kaufman takes a "bench to bedside" approach, delving into the biological diversity within melanoma tumors to better understand why some respond to treatment while others do not. "We've known for a long time that even within a single melanoma tumor, the cells within it vary a lot in what genes they turn on and off," he points out. This phenomenon — known as tumor heterogeneity — is a major reason why some cancer cells survive treatment and come back stronger.

Supported by a MRA Young Investigator Award, Dr. Kaufman explored how tumor cells' gene expression changes over time. "When you're starting out, it's hard to have a lot of preliminary data to get people convinced to support you," he reflects. "MRA is an amazing supporter of young investigators with promising ideas. Following these seeds of ideas is what ultimately leads to medical breakthroughs." By identifying pathways that drive resistance, his work may open doors to using existing FDA-approved drugs in new ways for melanoma patients.

Fostering a Community of Science

Both experts agree that MRA's impact goes far beyond grants — it's about building a true community. "The MRA has the capacity to fund practice-changing ideas," says Dr. Ariyan. "They also have the capacity to rapidly pivot to what's important and what the next questions are." MRA's annual Scientific Retreat and gatherings bring researchers, clinicians, and advocates together to exchange ideas and spark collaboration. "I get [the MRA Retreat] on my calendar a year in advance," says Dr. Kaufman. "Not only do you see the research that's being funded, but you also see the community that it has grown."

MRA's flexibility has allowed it to address rare forms of melanoma and rapidly evolving questions — needs that may not always fit the funding priorities of other organizations. "Bigger foundations are not as interested in rare cohorts. The MRA is uniquely fundamental in allowing us to ask really important questions, even if it's a niche area of melanoma," Dr. Ariyan emphasizes.

Perhaps the biggest change in cutaneous melanoma care is the sense of community — among specialists, with patients, and through advocacy organizations. Readers of this report are part of this progress — funders, patients, families, advocates, clinicians, and researchers — and the shared mission is clear: to build on breakthroughs, harmonize research around the most challenging questions, and ensure the most advanced care reaches every patient who needs it. Dr. Ariyan notes, "The MRA is a godsend for research, for interactions, and for allowing us to expand beyond what we would normally think is in our lane."

Moving Forward Together

New therapies mean patients live longer, but more treatments for patients with drug resistance and rare subtypes are still needed. Thanks to the integration of

innovation and teamwork, patients with melanoma have more options than ever before — but more work is still needed to ensure every person benefits from recent advances.

Dr. Kaufman advocates for the continued backing of foundational science: "Basic science work — what we call the most fundamental building blocks of biology — sometimes takes a while to get from there to a treatment. The MRA has always been willing to support that kind of work because the return on investment might not be seen for a longer period but can end up being very important." He points to key milestones — like the development of immunotherapy — rooted in years of basic research, supported initially by MRA.

Dr. Ariyan adds, "The ability of MRA to bridge basic science, clinical research, and pharmaceutical partnerships across many institutions is what continues to push the entire field forward."

As long as this spirit of collaboration and curiosity thrives, the future for patients with melanoma — and their families — promises continued progress, innovation, and hope. 🌱



The power of next-generation TIL therapy lies not just in its ability to improve patient outcomes but also in making these therapies more accessible and inclusive.

Unlocking New Frontiers in Melanoma Treatment with Next-Generation Cellular Therapies

“Our goal is to make TIL therapy even safer, smarter, and more effective for patients.”

DR. RODA AMARIA



MELANOMA HAS LONG BEEN AT THE FOREFRONT of innovation in cancer treatment, paving the way for breakthroughs in immunotherapy and targeted therapies. However, despite remarkable progress achieved in recent years, challenges remain. For many patients, existing therapies are not enough. Next-generation cellular therapies—which focus on improving the patient’s own immune response against cancer—are now emerging as powerful tools to close this gap. These cutting-edge approaches offer new hope for patients with advanced or treatment-resistant melanoma, redefining what’s possible in the fight against this aggressive cancer.

Helping drive advancements in this field are Dr. Roda Amaria, Director of Clinical Research for the Melanoma Medical Oncology Group at MD Anderson Cancer Center, and Dr. Cristina Puig Saus, Assistant Professor in the Department of Microbiology, Immunology, and Molecular Genetics (MIMG) and the Department of Surgery - Division of Surgical Oncology at the University of California, Los Angeles (UCLA). The two researchers are leading the charge in cellular therapy development. Their work, alongside the MRA’s relentless support for new therapies, exemplifies the collective effort that is driving progress and saving lives.

Revolutionizing Melanoma Care with TIL Therapy

Few therapies embody the promise of next-generation cellular innovation more than tumor-infiltrating lymphocyte (TIL) therapy, which takes T-cells (white blood cells responsible

for recognizing and destroying cancerous cells) directly from a patient’s tumor, amplifies their cancer-fighting potential in the lab, and reintroduces them to the body to attack the melanoma. Many cancer cell therapies are directed at a specific cancer target or targets. In contrast, autologous TIL cell therapy is designed to deploy billions of personalized, patient-specific TIL cells to recognize and attack cancer cells.

Dr. Roda Amaria is at the forefront of this field. “Our goal is to make TIL therapy safer, smarter, and more effective for patients,” Dr. Amaria explains. Recently, the FDA approval of Iovance Biotherapeutics’ lifileucel, a TIL therapy product branded as Amtagvi, marked a historic milestone. Based on a Phase II study showing that 31.4% of treated patients benefited significantly, Amtagvi now offers a viable treatment option for many patients who previously had no other therapeutic avenues.

While this development is groundbreaking, Dr. Amaria sees room for improvement. “There are hurdles we need to overcome,” she says. Traditional TIL therapy requires surgery to harvest tumor samples, seven days of non-myeloablative chemotherapy to prepare the body, and a short course of interleukin-2 (IL-2), which has some challenges. New research, including work presented at the American Society of Clinical Oncology (ASCO) Annual Meeting by Obsidian Therapeutics and research on next-generation TIL therapy by Iovance, could reshape the landscape of TIL therapy. Employing genetic modifications, Dr. Amaria and her collaborators are exploring how TIL cells can be primed to function more effectively with

fewer side effects. For example, Obsidian’s OBX-115 cells are equipped with an “on-off” switch activated by a simple pill. This allows clinicians to regulate treatment, delivering exceptional potency while mitigating toxicity. “It’s a potential game-changer for safety and efficacy,” says Dr. Amaria.

Iovance is also conducting a first-in-human trial at ten U.S. clinical trial sites of IOV-4001, a next generation TIL with PD-1 inactivation technology which has the potential to significantly improve the already impressive TIL clinical profile.

The power of next-generation TIL therapy lies not just in its ability to improve patient outcomes but also in making these therapies more accessible and inclusive. By incorporating advancements like genetic engineering and less invasive biopsy methods, researchers are working to bring hope to a broader pool of melanoma patients, even those with advanced age or coexisting conditions.

CAR-T Therapy’s Patient-Centered Revolution

While TIL therapy builds upon naturally occurring immune responses, chimeric antigen receptor (CAR)-T therapy takes a different route. In this approach, custom-designed immune cells target melanoma with a precision akin to a laser-guided missile. It’s a truly personalized form of medicine, and at the forefront of this research is Dr. Cristina Puig Saus.

Dr. Puig Saus envisions CAR-T therapy as the future for patients whose tumors are resistant to other treatments. “Our CAR-T therapy is specifically tailored to melanoma biology,”

"Thanks to MRA, we're able to connect with experts in different fields, fostering ideas we couldn't achieve alone."

DR. CRISTINA PUIG SAUS



she explains. By creating synthetic receptors that recognize proteins uniquely overexpressed by melanoma cells, her lab has developed a therapy that is finely tuned to destroy cancer without harming healthy tissues.

One of the most exciting prospects of CAR-T therapy is its adaptability. Unlike conventional treatments that target one biological pathway, CAR-T therapy can evolve alongside emerging tumor challenges. For example, Dr. Puig Saus' work also aims to expand CAR-T therapy to rare and aggressive melanoma subtypes, such as uveal, mucosal, and acral melanomas, which are often less responsive to traditional therapies.

However, translating CAR-T therapy to the clinic is far from simple. Dr. Puig Saus highlights funding as the greatest barrier to scaling this therapy. Despite securing FDA support for clinical trials, financial resources to move the therapy from research to treatment remain limited. "We have the science," she says, "but without funding, it stops there."

CAR-T therapy's potential to transform melanoma care is immense, provided the necessary investment and collaboration are in place to carry it forward. MRA continues to fund research projects focused on developing and advancing therapies for patients with melanoma, including CAR-T.

The Role of MRA in Accelerating Innovation

Central to all this progress is MRA, which plays a pivotal role as both a funder and community builder. By investing time and support in groundbreaking projects, MRA helps

accelerate therapies from the lab to the clinic. Their support ensures that innovative ideas — like genetically enhanced TIL or CAR-T cells — have the runway to mature into life-saving treatments.

MRA's impact extends beyond research funding. One of its most essential contributions is building a collaborative ecosystem where researchers, clinicians, and advocates work together toward shared goals. "Collaboration is everything," says Dr. Puig Saus. "Thanks to MRA, we're able to connect with experts in different fields, fostering ideas we couldn't achieve alone."

Equally important to MRA is the patient voice. MRA's annual Scientific Retreat and initiatives like the RARE Registry enable patients to share their stories and participate as stakeholders in the quest to improve melanoma outcomes. "It's inspiring to see the passion of the melanoma community," says Dr. Amaria.

The fight against melanoma demands relentless perseverance, scientific ingenuity, and united action. Researchers like Dr. Amaria and Dr. Puig Saus exemplify what's possible when innovation and collaboration come together. From genetically enhanced TIL therapy offering life-saving possibilities to CAR-T therapy redefining personalized care, next-generation cellular therapies are reshaping the melanoma treatment landscape.

MRA's unwavering support and the collective effort of the research and melanoma communities continue to push boundaries. While challenges remain, these innovative approaches promise a future where no patient faces the devastating impact of melanoma without options — or hope. 

SPARKING PATIENT MOVEMENTS

T O G E T H E R



When Hope Meets Action for Uveal Melanoma

Kelly Ashton and Charlotte Clement's uveal melanoma journey sparked a movement that is reshaping how the melanoma community tackles rare disease research and support.

SOMETIMES, THE MOST TRANSFORMATIVE CHANGE comes from those most deeply affected. For Kelly Ashton and Charlotte Clement, their personal journeys with uveal melanoma — a rare eye cancer — sparked a movement that is reshaping how the melanoma community tackles rare disease research and support.

Kelly's journey began in September 2021. A diagnosis of uveal melanoma stunned her: "I had never heard of having melanoma in the eye or eye cancer," she recalls. For years, a freckle (nevus) on her eyeball was brushed aside until, suddenly, it wasn't harmless. Genomic testing confirmed she had the most aggressive type, Class 2 PRAME-positive uveal melanoma, with a 50% risk of metastasis (spreading to other parts of the body). For three years, Kelly underwent regular MRIs and CT scans, knowing that roughly 90% of uveal melanomas metastasize to the liver. The constant monitoring couldn't prevent the news she dreaded: in September 2024, her cancer had spread.

But Kelly refused to let hopelessness win. Determined to seek better treatments, she connected with the MRA, discovering a community focused on accelerating progress for patients like her. **"MRA is truly the leading nonprofit funding research and clinical trials to find a cure for melanoma and metastatic melanoma,"** she says.

Meanwhile, Charlotte Clement had watched her own father, decorated American Thoroughbred horse trainer Christophe Clement, battle metastatic uveal melanoma. The experience led her to leave her consulting career, dedicating herself full-time to find hope and better treatments for others. Sadly, Charlotte's



"Everyone at the MRA really deeply cares and they are passionate about the mission."

CHARLOTTE CLEMENT

father passed away in 2025, but she is choosing to honor his legacy through advocacy.

How Two Voices Sparked a Movement

A chance introduction between Kelly and Charlotte would change everything — both for themselves and the broader uveal melanoma community. Both being Harvard MBAs who are strategic thinkers, they each also brought unique strengths: Kelly as a research-driven patient and fundraiser, and Charlotte as a relentless connector. Their partnership, grounded in personal experience and a desire to help others, soon evolved into a dynamic team at the center of a new patient-powered initiative, bringing business principles and structure to the scientific community. To formalize their impact, the Uveal Melanoma Task Force was launched at MRA's 2025 retreat — a group including patients, caregivers, scientists, clinicians, and advocates all working to accelerate research and collaboration in this overlooked field.

Together, they have mobilized support that few thought possible for such a rare cancer. "This task force has given

hope and re-energized everyone around the idea that this is curable," Charlotte explains. "Everyone at the MRA really deeply cares and they are passionate about the mission."

Kelly's optimism has become a rallying cry: "I always think that information is power. Knowing and sharing what we learn gives me hope." The task force's approach isn't about waiting for answers — it's about pushing for faster and better ones.

Turning Hope into Action

The power of this task force came to life at their very first major fundraiser: the Palm Beach Salon. In a single night and with fewer than 70 attendees, they raised \$2.2 million — an amount that was matched, thanks to support from Debra and Leon Black, MRA co-founders. The result: over \$4.4 million earmarked for uveal melanoma research.

But this was just the start. The Uveal Melanoma Task Force quickly set an ambitious fundraising goal: \$50 million for research over four years. Already, nearly \$5 million has been raised, a testament not just to the team's organizational skills but to the urgency of their cause. The funds support everything from new drugs to clinical trials. "We're working on a presentation book to send to foundations and philanthropists," Kelly says, describing how their efforts span grassroots campaigns to targeted outreach.

Their innovative energy goes beyond traditional philanthropy. Hearing about a lab needing resources to develop a promising new molecule, the group launched a dedicated fundraiser — raising almost a third of the required funds within 48 hours. This hands-on, direct approach sets a new standard for patient-driven progress.

How MRA Multiplies the Impact

"None of this would be possible without meaningful partnerships," Kelly says. "The Melanoma Research Alliance has been more than a funder—they have been a champion, connector, and inspiration."

Through the MRA, the task force has gained critical guidance, infrastructure, and a launchpad for their advocacy. Regulatory know-how, logistical support, and strategic advice have allowed the group to overcome obstacles that often stall rare disease research.

"MRA Means Hope."

This hope is well-founded. MRA's longstanding investment in melanoma research has helped deliver multiple FDA-approved therapies for various forms of melanoma. This willingness to "power progress together" ensures that even the rarest subtypes—like uveal melanoma—aren't left behind.

Breaking Through Barriers

One of the greatest hurdles in uveal melanoma has been visibility and collaboration. For decades, it was a field with little funding and little attention. Fewer patients meant fewer trials, a smaller research community, and far fewer treatment options. Kelly and Charlotte's task force is breaking this cycle—by making noise, raising dollars, and most crucially, creating connection.

Kelly adds that the task force has encouraged physicians and researchers to share their trials and thoughts more openly, fostering collaboration with fellow oncologists. "There's so much brilliance out there," she adds. "We're seeing more physicians and researchers reaching out directly to patients, opening lines of communication and transparency that never existed before."

Charlotte's knack for mobilizing support brought together grassroots efforts and high-level strategy. "We found patients by searching, cold-emailing, and creating a network. Then we brought everyone together through the MRA," she recalls. By tapping into donor networks and leveraging personal connections, they're giving scientists the resources and urgency they need.

The Ripple Effect: Hope Beyond Numbers

The task force's achievements go far deeper than fundraising totals. Their approach has shifted patient advocacy from support to strategy. "I left my job to figure this out, and I dedicated myself full-time to the cause," Charlotte says.

The task force, which meets once a week, has inspired not only hope but scientific interest in this rare disease—drawing in new researchers and innovative collaborators from around the world. The efforts have even begun to impact clinical research directly. By raising funds for targeted preclinical work and supporting new trials, the



"MRA means hope."

KELLY ASHTON

group is helping to develop the next generation of therapies—giving families practical reasons to believe in a future with better outcomes.

Looking Ahead Together

As Kelly and Charlotte continue their intertwined journeys—one, a patient striving for more tomorrows; the other, a daughter honoring her father's memory by igniting hope — they represent the very best of what is possible when passion, strategy, and partnership unite.

Their collaboration with MRA shows that real change is driven by people willing to dream bigger and act faster. When advocates, organizations, and donors join forces, barriers can be broken, awareness can be broadened, and cures can come into view.

The Uveal Melanoma Task Force is proving that, even for rare diseases, progress is possible. Together, Kelly Ashton and Charlotte Clement embody the new face of patient-driven impact—showing that with unity and determination, every voice can carry, every dollar counts, and together, we truly are powering progress for all touched by melanoma. 

2024 MRA Awards

A searchable database of all MRA grants is available:
CureMelanoma.org/research/grants

MRA Grant Awards

Young Investigator Awardees

The MRA Young Investigator Awards empower the next generation of early career researchers. In addition to funding bold new ideas, MRA's Young Investigator Award program is also a training ground for researchers through the interaction with a senior melanoma investigator serving as a mentor as they prepare for the future of their science careers.

Identifying and targeting immunotherapy tolerance mechanisms in melanoma

The Danny Fund — MRA Young Investigator Award
Claudia Capparelli, PhD, Thomas Jefferson University

Harnessing nutrition to enhance melanoma-specific T cells

Anna-Maria & Stephen Kellen Foundation — MRA Young Investigator Award
Nicholas Collins, PhD, Weill Medical College of Cornell University

Targeting VISTA on neutrophils to manage immunotherapy adverse events

Leveraged Finance Fights Melanoma (LFFM) — MRA Young Investigator Award
Daniel Hirschhorn, PhD, Weill Medical College of Cornell University

Modeling primary GNAQ/BAP1-driven uveal melanoma in zebrafish

The Black Family — MRA Young Investigator Award
Colin Kenny, PhD, The University of Iowa

Rewiring exhausted T cell-derived chemokines to improve anti-tumor immunity

MRA Young Investigator Award in Memory of Chad Johnson
Kelly Kersten, PhD, Sanford Burnham Prebys Medical Discovery Institute

Epigenetic regulation of IL-7 to enhance cell therapies for melanoma

MRA Young Investigator Award
Goran Micevic, MD, PhD, Yale University

New specific therapeutic approaches to target NF1-null melanoma

The Black Family — MRA Young Investigator Award
Sandra Misale, PhD, Johns Hopkins University School of Medicine

Deciphering T cell determinants of resistance to neoadjuvant immunotherapy

MRA Young Investigator Award in Memory of Jeff Weber
Giacomo Oliveira, PhD, Dana-Farber Cancer Institute



L to R: Alexander Shoushtari, MD — MSKCC, Kevin Oneill — A Cure In Sight, J. Silvio Gutkind, PhD — UC San Diego, Melody Burchett and Megan Bekkedahl — A Cure In Sight

Neoadjuvant research platform to personalize therapy for melanoma patients

MIA — MRA Young Investigator Award
Ines Silva, MD, PhD, Melanoma Institute Australia

Innovative metalloimmunotherapy for advanced melanoma and metastasis

Leveraged Finance Fights Melanoma (LFFM) Michael Milken — MRA Young Investigator Award
Kevin Sun, PhD, Icahn School of Medicine at Mount Sinai

Nanoparticle reprogramming of antigen presentation for acral melanoma

The Black Family — MRA Young Investigator Award
Joel Sunshine, MD, PhD, Johns Hopkins University School of Medicine

Pilot Awardees

The MRA Pilot Awards provide early support for conceptually novel, exploratory, high risk and high impact projects with the potential to change the face of melanoma research and treatments.

Upregulating phospho-ERK as a new therapeutic approach

Leveraged Finance Fights Melanoma (LFFM) — MRA Pilot Award
Drew Adams, PhD, Case Western Reserve University - School of Medicine

Characterizing dormant uveal melanoma cells from clinical biopsies

The Black Family — MRA Pilot Award
Rizwan Haq, MD, PhD, Dana-Farber Cancer Institute



Roxana Mirica — Apex Partners

Development of a drug repurposing pipeline for rare melanoma

Derrick Queen — MRA Pilot Award
John Lamar, PhD, Albany Medical College

Point-of-care high-frequency quantitative ultrasound assessment of melanoma

L'Oreal Dermatological Beauty Division — MRA Pilot Award
Jonathan Mamou, PhD, Weill Medical College of Cornell University

Galectin-targeted immunotherapy: transforming melanoma treatment

MRA Pilot Award
Laia Querol Cano, PhD, Radboud University Medical Center

Enabling precision drug delivery by targeting cancer metabolism

The Teicher Family Grant in Memory of Phillip Teicher — MRA Pilot Award
Xiaoyang Wu, PhD, The University of Chicago

Established Investigator Awards

MRA Established Investigator Awards support senior investigators with an established record of scientific productivity and accomplishment and who are past the initial five years of their first academic faculty appointment.

Epigenetic control of melanoma inflammatory CAFs

Merryl and James Tisch in honor of Debra Black — MRA Established Investigator Award
Emily Bernstein, PhD, Icahn School of Medicine at Mount Sinai

Interrupting melanoma leptomeningeal metastasis

Leveraged Finance Fights Melanoma (LFFM) — MRA Established Investigator Award
Adrienne Boire, MD, PhD, Memorial Sloan Kettering Cancer Center

Clinical utility of mitochondrial genetics in ICI efficacy prediction

MRA Established Investigator Award
Tomas Kirchhoff, PhD, New York University Grossman School of Medicine

Targeting SIRT5 in uveal melanoma

The Black Family — MRA Established Investigator Award
David Lombard, MD, PhD, Miller School of Medicine of the University of Miami

Epigenetic editing to improve melanoma TIL therapy

Leveraged Finance Fights Melanoma (LFFM) — MRA Established Investigator Award
Kunal Rai, PhD, The University of Texas MD Anderson Cancer Center

mIF biomarker assay to predict response to anti-PD-1 mono vs. combo therapy

MRA Established Investigator Award
Janis Taube, MD, Johns Hopkins University School of Medicine

The aging brain microenvironment promotes brain metastases

Brandon Barniea — MRA Established Investigator Award
Ashani Weeraratna, PhD, Johns Hopkins University JHURA

Chris Carr — RARE Registry and Sara DiNapoli, PhD — MRA



The axes of acral melanoma - anatomic position and driver oncogenes

Leveraged Finance Fights Melanoma (LFFM) London — MRA Established Investigator Award
Richard White, MD, PhD, Ludwig Institute for Cancer Research, Oxford

Treating melanoma brain metastasis using bispecific CAR Gamma Delta T cells

MRA Established Investigator Award
Xiaowei Xu, MD, PhD, University of Pennsylvania, Perelman School of Medicine

Targeting myeloid cells of the tumor microenvironment

MRA Established Investigator Award
Jennifer Yunyan Zhang, PhD, Duke University School of Medicine

Established Investigator — Academic Industry Partnership Awards

MRA partners with Industry to seek and fund proposals in scientific areas of interest that align with both MRA and industry priorities. Partnerships can be established across MRA's grant award mechanisms.

PREMIER project in melanoma

MRA Established Investigator — Academic Industry Partnership Award in honor of Norm and Sunny Brownstein — Brownstein Hyatt Farber Schreck
Sapna Patel, MD, University of Colorado Denver, AMC and DC

Special Opportunity Team Science Awards

The MRA Team Science Awards utilize a multidisciplinary team science approach to foster collaborative research projects with the potential of rapid advancement to the clinic. This award also requires the inclusion of a Young Investigator to participate on the research team and interact with a melanoma mentor.

Early spread and immune responses in pediatric Spitz tumors

St. Baldrick's Foundation — MRA Team Science Award
Boris Bastian, MD, PhD, The Regents of the University of California, San Francisco

Stress-induced immune dysregulation as a driver of immunotherapy resistance

Amanda and Jonathan Eilian — MRA Team Science Award
Christian Blank, MD, PhD, Stichting Het Nederlands Kanker Instituut Antoni van Leeuwenhoek ziekenhuis (The Netherlands Cancer Institute — NKI)

Merck's Global Patient Day - L to R: Dana Deighton - MRA, Ellen Friend, Rohit Lal, PhD, & Linda Fennell, PhD - Merck, and Kike Ayodeji - MRA. Photo: Peter Chollick Photography, courtesy of Merck Creative Studios.



Tributes & Memorials

IN 2024, GIFTS WERE MADE TO HONOR THE FOLLOWING INDIVIDUALS.

Memorial Gifts

Sally Allen	Leo Donovan	Robin Herbert	G. Gregory Miller	Howard James Schlegel
Susan Andersen	William E. Driscoll	Craig Hodge	Garth Miller	Michael Scholl
Jim Antonetti	Donald “Scott” Duncan	Timothy Huff	Jack Miller	Scott Schuch
Frederick Arnold	Paul Pete Duren	Christian Hummel	Mark Mobley	Marilyn Senior
Ronald Atkinson	Patricia Edmundson	Richard (Rick) Jacobs	Matthew Molloy	Steven Senior
David Avera	Rhonda Enke	Susan Kingsley Jaskot	James Graham Moodie	June Sewell
Cheryl Bartels	Mercedes Torres Espinoza	Julie T. Johnson	John Moon	Arka Shanks
Rob Bateman	James D. Evans	Danielle Judkins	Linda Morrison	Ann Elizabeth Smith
Kathryn Bayer	Jim Evans	Kinsey Kampfer	Krissi Munn	Barbara Smith
Joanne Bechtold	Danny Federici	Dr. Robert Kavish	Dick Nair	Ron Smith
Dr. Matthew John Bicocca	Thomas Fitzgibbon	Robin Kilgore	Jennifer Nevarez	Belle Sokoloff
Jim Bieloski	Bernadette Flaherty	Aidan King	David O’Neill	Patrick K. Stanton
Mollie Biggane	Will Flewelling	Mark Klaich	Paul Ostrowski	Bill Stember
Alan Blackburn	Igor Fomin	Robert J. Klumpp	Andrew Payne	Megan Stinnett
Rick Boden	Daniel Forte	Daniel Konarski	Deborah Pearlman	Thomas Stone
Jim Braun	Marcy Fowler	James Kraemer	Gary Phelps	Chuck Stover
Colleen Brever	Lyle Fuller and Jay Zerbel	Lisa Lais	Richard Phillips Family	Kathleen Strazzulla
Shelby Keating Brown	Leland Gamble	James Laverty	James Porter	Maria Tassou
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Tammy Conner	Mike Goodman	Pamela Mayer	Donald Rogers	Michael Vitenzon
Robert Corwin	Lynne Greenberg	Andrea Mazar	Bridget Hartigan Routh	Barbara Watson
William Courtney	Thomas Guiley	John McGrath	Thomas Saling	Grace Wenzel
Jeanne Danis	Patricia Hadden	Barbara McKinley	Katherine Sandler	Nancy West
Sheila Davies	Magan Hall	Gail McKnight	Donna Sarac	Andrew White
Sylvia G. Davies	Maria Casale Hanulik	Julie Melzak	Mark C. Schaible	Vernon Williamson
Larry Day	Carla Hepp	Chase Miller	Eric Schell	Sandra Wilson

Tribute Gifts

Tracy Windrum	George Lewis
Rosemary Winslow	Sharon Lewis
David Witty	Ryan Mason
Richard Zaccaro	Suzanne McGettigan
	Michael McGuiggan
	Jessie Minton
Shannon Albino	MRA Staff
Brandon Barniea	Noelle Nolton
Kenneth Belkin	Susan O’Flaherty
Michelle Binder	Fran Peters
Debra and Leon Black	Derrick Queen
Debra Ressler Black	Darla Quillman
Tyler Blevins	Mary Jo Rogers
Karen Bradbury	Nina Rorke
Trena Brown	Steve Rudy
Karen Butzen	Ben Schmidt
Maggie Clements	Ian Schuman
Mark Clements	Robert Silva
Bill Evans	Scott Solomon
William Featherstone	Linda Speigle-Wann
Lee Grinberg and Jennifer	Kelly Stratton
Corwin	John Sullivan III
Cindy Haines	Roy Sullivan
Janell Hamman	Chris Walker
Charles Hays	YMI InSchool
Megan Houst	
Marc Hurlbert	
Erin Kelly	
Daniel J Levine	

Finances

Financial presentation based on MRA's 2024 externally audited financials.
Full audit and IRS 990 are available online at CureMelanoma.org/Financials



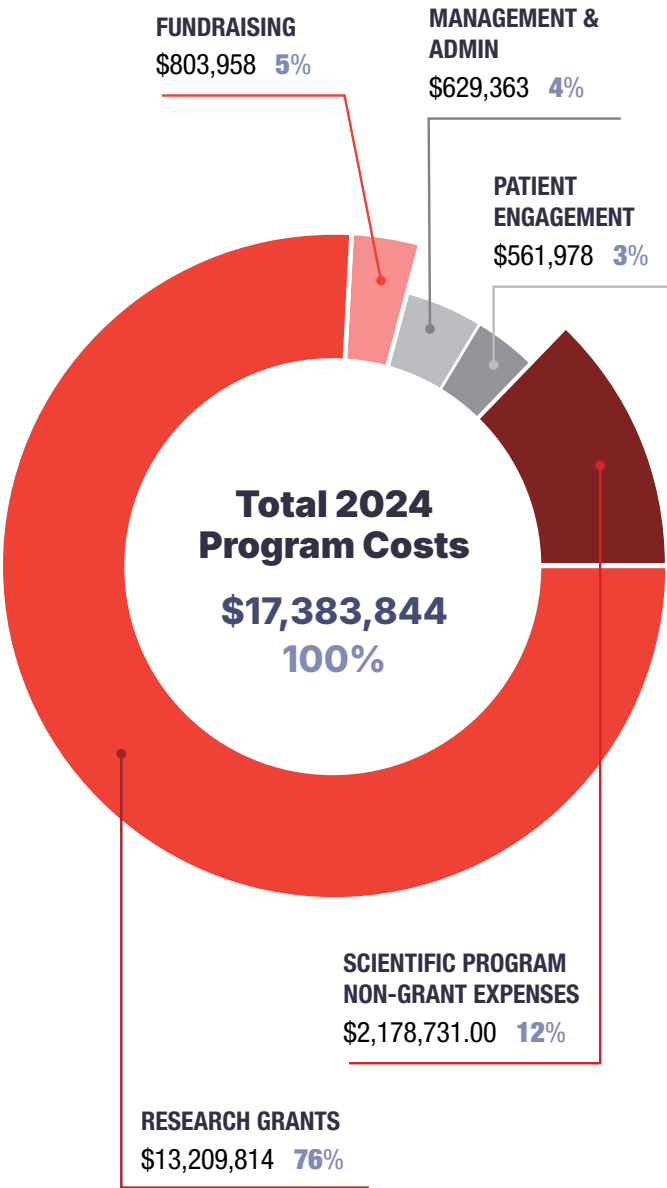
MRA Salon Series: Palm Beach 2025

Statement of Financial Position

ASSETS	TOTAL 2024	TOTAL 2023
Cash and Cash Equivalents	\$10,318,419	\$10,055,472
Investments	\$12,173,429	\$11,779,185
Contributions Receivable (Net)	\$2,317,764	\$2,538,036
Prepaid Expenses & Other Assets	\$383,197	\$165,962
TOTAL ASSETS	\$25,192,749	\$24,538,655
LIABILITIES	TOTAL 2024	TOTAL 2023
Accounts Payable	\$250,042	\$184,366
Grants Payable (Net)	\$12,726,845	\$10,848,720
Deferred Revenue	\$442,019	\$497,500
TOTAL LIABILITIES	\$13,418,906	\$11,530,586
NET ASSETS	TOTAL 2024	TOTAL 2023
Unrestricted	\$9,456,079	\$10,470,033
Temporarily Restricted	\$2,317,764	\$2,538,036
TOTAL NET ASSETS	\$11,773,843	\$13,008,069
TOTAL LIABILITIES & NET ASSETS	\$25,192,749	\$24,538,655

Statement of Activities

REVENUE	TOTAL 2024	TOTAL 2023
Contributions (Collectible Net)	\$11,051,580	\$4,920,205
Special Events (Net)	\$3,678,561	\$2,806,338
Sponsorship	\$787,500	\$651,705
Interest/Investment	\$772,519	\$1,334,327
In Kind Contributions	\$112,666	\$210,864
Write-Off	\$(343,032)	\$(170,150)
Other Income (Loss)	\$89,824	\$7,826
TOTAL REVENUES	\$16,149,618	\$9,761,115
EXPENSES	TOTAL 2024	TOTAL 2023
Research Grants	\$13,209,814	\$6,702,128
Personnel Costs	\$1,954,058	\$1,963,354
Travel & Entertainment	\$449,212	\$503,582
Other Expenses	\$494,704	\$562,391
Meetings & Conferences	\$449,619	\$415,778
Professional Fees	\$677,578	\$356,784
Occupancy	\$148,859	\$101,844
TOTAL EXPENSES	\$17,383,844	\$10,605,861
NET INCOME/(LOSS)	\$(1,234,226)	\$(844,746)



100%

of all donations go directly to research — no admin, development, or other fees

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Donor Recognition

A heartfelt thank you to all our 2024 donors. Our work wouldn't be possible without your generous support.

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Dawn Stringer with Texas Proclamation Acknowledging Melanoma Awareness Month

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The Carlyle Group
The Chesapeake Charitable Foundation
A Cure in Sight
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Melanoma Advocate Leah Koskinen's children at West Bloomfield, MI Fire Department

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2025 Wayne Stinchcomb Big Orange Melanoma Foundation Bull Roast





Rare Cancer Day on Capitol Hill. L to R: Taran Gujal — Fred Hutch, Jim Palma — Target Cancer Foundation, Luca Poth — Target Cancer Foundation, Kristin Palma — Target Cancer Foundation, Gillian Parrish — Parrish Public Relations, Dana Deighton — MRA, Katie Ortman Doble — Patient Advocate, Chris Ortman — Ortman Strategies

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Richard and Sandra Trobman
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Trevor and Teri Watt
Erika Weinberg and Matt Nord
John Zito

\$5,000-\$9,999

America's Charities
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Jim Braun Memorial Golf Outing
Brigade Capital Management
Beat Cabiallavetta
Alex Chi
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Exact Sciences Laboratories LLC
Michael and Sarah Fenstermacher
Foundation Medicine, Inc.
Gem Star Foundation
Giles Enterprises, Inc.
J. Littleton and Jenni Glover
Stratton and Rhonda Heath
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Jeffrey Mayer and E. Witter
Suzy, Nancy and Carol Minkoff Charitable
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Samantha Hall
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Rebecca Hampe
David and Sheryl Hartshorne
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Melanoma > Exchange is a free online melanoma treatment and research focused discussion group and support community. Through the Melanoma > Exchange, anyone can find support, ask questions, and build community. Group members share personal experiences and insight, the latest treatment news, and more in this supportive setting. The community is led by patients and caregivers who have been personally affected by melanoma.

PICTURED BELOW, LEFT TO RIGHT:

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Join the conversation:
inspire.com/groups/melanoma-exchange

Dr. Margaret Elizabeth Strow

MAY 22, 1955 — SEPTEMBER 23, 2025

Dr. Strow was a compassionate physician and advocate, positively touching the lives of all who crossed her path. She paired her expertise and knowledge as a dermatologist with her generous and warm spirit to help countless families navigate their own melanoma journey.

A beloved friend to the MRA and Community Leader for the Melanoma > Exchange online discussion group, the loss of Dr. Strow will be felt by many.



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