

- March New Beginnings
- Mindful March
- Webinar Delia Sworm
- AGM 2024 Final Reminder
- TIL Treatment
- Melanoma World Society
- Buddies report
- Melanoma Focus Patient Conf.
- And more.....

### March

The evenings are getting lighter, flowers are in bloom and nature is awakening from its winter slumber. New beginnings and good times are ahead.



#### New Beginnings at RSCH

#### Build starts on Royal Surrey's new Cancer and Surgical Innovation Centre

Work started during February on Royal Surrey's brand new Cancer and Surgical Innovation Centre, bringing state-of-the-art facilities to Royal Surrey and increasing the Trust's surgical capacity.

The £41.5m development, which it is expected will be completed at the end of 2025, will house six new operating theatres and help to build on Royal Surrey's world-class services in robotic and non-robotic surgery.

The new Centre will enable an additional 7,000 patients to receive surgery every year, helping Royal Surrey respond to increasing demand for cancer surgery and bring down waiting lists for all elective (planned) surgical procedures.

The building will be situated at the back of Royal Surrey County Hospital, accessed by car from Egerton road. The new two storey building will serve as the main entrance for surgical patients coming to the hospital with the exception of paediatric patients and day surgery, which will remain as a separate unit in its current location. It will link to the main hospital and its existing operating theatres.

A total of 60 per cent of all surgeries performed at Royal Surrey are cancer related surgeries and the Trust supports a large catchment area across the South East of England and beyond of up to three million people - just under five per cent of the UK's population. Royal Surrey is the fourth, nearing the third, largest cancer centre in the country.

Chief Executive of NHS Foundation Trust, Louise Stead said:

"We are very excited to have started work on our new Cancer and Surgical Innovation Centre which will become one of Europe's leading surgical centres."

"As a regional cancer centre and large district general hospital providing a wide range of services, we need to keep adapting to serve our growing population and keep up with the ever changing technology on offer."

"This whole project is going to transform our services and ensure we are supporting thousands more people on the road to recovery and improving their experience of care."



# Mindful March

Let's pause, breathe and notice, so we can respond more mindfully.

#### MONDAY **TUESDAY** WEDNESDAY **THURSDAY FRIDAY** SATURDAY SUNDAY Mindful March 2024 Set an intention to live Notice three things you find outside world Bring to mind people you care about and send love to them Notice how Take a full breath in and out before you reply to others mindfully. Get outside and If you find you speak to Appreciate the yourself rushing, notice how the yourself and make an effort taste, texture weather feels choose to use to slow down and smell of on your face kind words your food Stay fully present while drinking your cup of tea Pause to watch the sky or clouds for a few minutes today Listen deeply Find ways Get really to someone and to enjoy any absorbed with Notice. Repeat really hear what chores or tasks an interesting or they are saying that you do creative activity <sup>20</sup> Focus on Notice Listen to a piece of music without doing anything else Have a Appreciate your a feeling of loving-kindness what makes something that 'no plans' day hands and all you and others is going well, and notice how the things they even if today happy today that feels enable you to do feels difficult dayofhappiness.net Choose a different route today and see what you notice Notice when Choose to Mentally scan the joy in the simple things of life spend less time vou're tired and your body and take a break as looking at notice what it soon as possible is feeling screens today



**Happier** · **Kinder** · **Together** 



To view copy & paste the link below to your browser

https://youtu.be/4\_vJkLpJbJA





Our thanks go to Delia for presenting at

the Webinar on 21st February. We now all know what it takes to become an Advanced Clinical Practitioner—Skin Cancers and we take our hats off to her for the immense amount of work she is putting

in to attain this title.

We look forward to hearing about her Master's thesis later in the year.

### **STOP-PRESS**

We have just heard that "St. Luke's Cancer Centre" is changing its name to the "Royal Surrey Cancer Centre" for strategy, branding and marketing purposes.

For similar reasons the following linked hospitals cancer centres will be known as:

- Royal Surrey Cancer Centre at East Surrey
- Royal Surrey Cancer Centre at Ashford and St Peter's
- Royal Surrey Cancer Centre at Frimley





### **Final Notification**

St Luke's Cancer Centre Melanoma Support Group

# MELANOMORE ANNUAL GENERAL MEETING (AGM) Tuesday 12th March 2024 starting at 6 pm via Zoom

We have sent out the papers and a zoom invite for the AGM meeting. This will allow you to vote by email if you are unable to attend the meeting.

All applications to join the committee are most welcomed.

Our Chair, Aga Kehinde will be in her 2nd year of tenure.

The positions of Treasurer & Committee Member (Neil Harrison), Committee Member & Events (Pam Walls), and Committee Member & Buddy Lead (Chris Caswell) have now completed their three year tenures and all will be applying for reselection.

Committee Member and Secretary, Sarah Pleass is now into her 2nd year of tenure.

Derrick Waterson was also voted on to the Committee last year

Gina Freeman and Doug Hollis also assist with fund raising and website support.

Additionally, two further Committee Members vacancies are required to be filled and this is your chance to be formally voted onto the Committee.

group@melanomore.net



### News From The World of Melanoma

### OHSU offers new treatment for deadly skin cancer

OHSU Knight Cancer Institute only provider in the region to offer TIL therapy for late-stage melanoma; holds promise for other types of cancer

By Chris Lydgate March 05, 2024 Portland, Oregon

The Oregon Health & Science University (OHSU) Knight Cancer Institute is now offering a new treatment for people with late-stage melanoma, a deadly type of skin cancer that kills roughly 8,000 Americans every year.

The new treatment, known as tumour-infiltrating lymphocytes therapy, or TIL therapy, harnesses the power of the human immune system to seek out and destroy cancer cells.

In February 2024, the Food and Drug Administration approved TIL therapy for people with late-stage melanoma that continues advancing after other treatments have failed.

TIL therapy, which is also known as lifileucel, or Amtagvi, is a type of so-called "living medicine" derived from a patient's own blood cells. OHSU is the only hospital in the Pacific Northwest authorised to offer it.

In the future, researchers think TIL therapy may also hold promise for other types of cancer, such as colorectal cancer and non-small-cell lung cancer.

"This is an important breakthrough," says immunotherapy expert **Richard Maziarz**, **M.D.**, professor of medicine in the OHSU School of Medicine and medical director of the cell therapy program at OHSU. "It's a major deal for people with melanoma, and the future, it's likely to prove to be a big deal for people with other types of cancer".



Richard Maziarz, M.D. (OHSU)

#### A lethal cancer

Melanoma is a lethal type of skin cancer that strikes about 100,000 Americans every year. It's easy to treat so long as it's detected soon enough, says **Sancy Leachman**, **M.D.**, **Ph.D.**, professor of dermatology in the OHSU School of Medicine and director of the melanoma program at OHSU.

"Most of the time, we catch it early and cut it out," she says.

Unfortunately, if it's not caught early, melanoma can quickly metastasize, or spread to other parts of the body.



Sancy Leachman, M.D., Ph.D., (OHSU)

"Melanoma is one of the most aggressive tumours on the planet," Leachman says. "Once it spreads, it's very difficult to treat."

In recent years, newer treatments such as checkpoint inhibitors and targeted therapy have helped some people with metastatic melanoma. But many others still die from the disease.

"If you develop metastatic melanoma, you have less than a 50-50 chance of being alive in five years, no matter what treatment you get," Leachman says. "That's what's so exciting about TIL therapy. Now we can change those odds."



### News From The World of Melanoma

Cont'd from previous page

#### **Immune warriors**

TIL therapy is a living medicine derived from a patient's own cells. It relies on lymphocytes, which are white blood cells often described as the soldiers of the immune system. These cells roam the body, in and out of the bloodstream, hunting for infectious pathogens, cancer cells and anything they don't recognize as belonging. When they find a tumour, the lymphocytes gear up for action. They latch on to the surface of the tumour cell, activate, penetrate a tumour nodule and attack the cancer cells within. These tumour-infiltrating lymphocytes (TILs), as they are now known, are highly effective at recognizing and destroying cancer cells.

"The ones that get through are real warriors," Maziarz says. "They are specifically targeted to kill that cancer."

However, tumours can fight back. They can issue biochemical signals that confuse the TILs and starve them of nutrients. The TILs run out of energy and go inert, which lets the tumours grow and spread.

TIL therapy is a way to recharge the immune system. Surgeons remove a small piece of a patient's tumour that contains exhausted TILs. They chill the sample to keep the cells alive and send it off to a lab where the TILs are isolated, cultured, reinvigorated and cloned. After several weeks, doctors infuse the patient with billions of living, rejuvenated TILs.

"When these cells see the cancer, they bind to it and begin to kill immediately," Maziarz says.

The treatment is demanding: Patients undergo surgery, chemotherapy and immunosuppression. Treatment and recovery can take 10 weeks from start to finish. But results from experimental trials have been encouraging: The C-144-01 study followed 153 patients with late-stage melanoma who had all tried other treatments without success. After undergoing TIL therapy, 41% remained stable or saw modest improvement, and 31% saw dramatic improvement — in some cases, their tumours disappeared altogether.

"If it works, the tumours cells can be completely eliminated," Leachman says. "It's brilliant."

### **Future potential**

Researchers have been trying to harness the power of TILs since the 1980s, when a team at the National Cancer Institute published promising early results.

Surgical oncologist **John Vetto, M.D.,** professor of surgery and dermatology in the OHSU School of Medicine, was part of that team, and has worked on many studies over the years to see how TILs could be used to treat melanoma and other types of cancer.

"It is very exciting for me personally to see TIL make the long road from bench to patient bedside and to have had a small part in that history," Vetto says. "It has been especially gratifying to see the science refined, the process streamlined, and the potential clinical benefit become a reality for those afflicted with advanced melanoma."



John Vetto, M.D. (OHSU)

Maziarz, who was on a video call with colleagues, actually cheered when he heard the news that the FDA had granted approval. "As a trained molecular immunologist, I've been waiting for this moment for almost 40 years," he says.

# **NEWSLETTER** Buddies



### News From The World of Melanoma

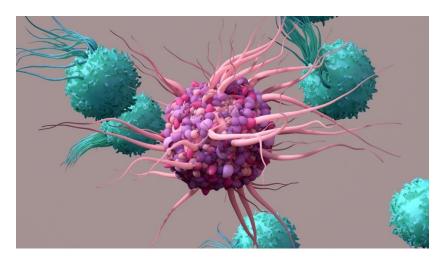
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lovance Biotherapeutics, which manufactures Amtagvi, has teamed up with OHSU and a handful of hospitals nationwide with the knowledge and expertise to offer the therapy to patients.

In the meantime, Maziarz, Leachman and Vetto look forward to a time when the treatment may be offered to people with other types of cancer.

"This treatment is in rapid evolution," Leachman says. "What that means is that it will get better and better. More targeted. Less toxic. This is a whole new type of therapy that we didn't have before."

OHSU expects to begin offering TIL therapy to patients with metastatic melanoma in March 2024.



Dendritic cell activates T cells which in turn trigger immune responses. Amtagvi is the first FDA-approved T cell therapy for a solid tumor indication.

GETTY



### News From The World of Melanoma



https://www.melanomaworldsociety.org/

The Melanoma World Society (MWS) is the successor organization to the WHO Melanoma Group. The latter established the World Congress of Melanoma in the years 1985–2005 and has conducted trials and other projects with melanoma patients. The WHO melanoma group was disbanded in 2005, as WHO no longer financially supported such expert groups. MWS was initiated at the 8th World Congress of Melanoma 2013 in Hamburg, founded in June 2014 in Munich, and registered in January 2016.

The following missions will guide the activities of MWS:

#### **Improvement of Medical Education**

MWS will host the World Congress of Melanoma (WCM) every four years, following the tradition since 1985. The World Congress of Melanoma is the largest congress in this field, combining scientific and clinical topics and bringing together scientists and clinicians. The next World Congress of Melanoma is planned for 2021 in Rome. MWS also organized educational meetings in South America and South Africa, regions in which few training courses on melanoma take place. Future meetings are in planning.

#### Improvement of Guideline Development

MWS intends to unify diagnostic and therapeutic strategies in melanoma / skin cancer worldwide. MWS will establish a MELANOMA / SKIN CANCER KNOWLEDGE DATABASE (MKD), which contains all relevant articles for evidence based medicine in melanoma / skin cancer, and additionally evidence tables for these articles. The MKD will be accessible for all national guideline-development groups. MWS will organize international expert meetings in order to develop recommendations for diagnosis and treatment of melanoma in the rapidly changing landscape.

#### Improvement of Patient's Access to New Treatments

MWS intends to provide melanoma patients worldwide access to new and more efficacious treatments. MWS will address governments in order to achieve a more rapid reimbursement of new treatments. MWS will address pharmaceutical companies in order to achieve access to new treatment modalities in countries, where the high cost medications are not affordable.

#### Improvement of Clinical Research in Melanoma

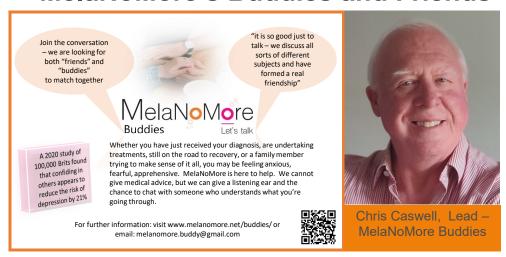
MWS will coordinate clinical research activities in melanoma internationally. MWS will perform international clinical trials in indications, which are not being investigated by the pharmaceutical industry. MWS will support international expert meetings in order to coordinate clinical research. A special focus will be placed on patient-directed outcome research. The focus here will be on the individual benefit for the patient.



A New **Benchmark** in the Future of **Melanoma Treatment Strategies** 



### MelaNoMore's Buddies and Friends

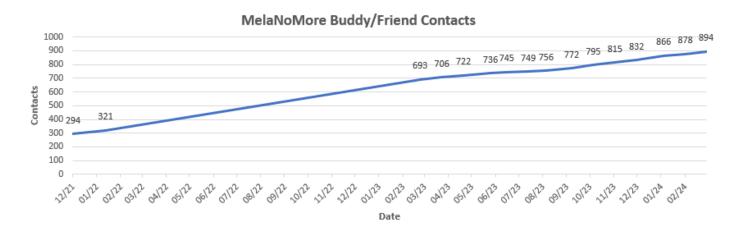


The MelaNoMore Buddies system continues to offer support via the Buddy / Friend one to one pairing. A Buddy, who perhaps has had more experience of the melanoma path and process, is paired with a Friend, who is possibly newer and in need of support and a listening ear.

This pairing offers support to share information, to discuss worries and concerns on a one to one basis, without the constrains of appointment time slots. This support pairing is away from the standard clinical appointments, on a more frequent basis, probably weekly or more.

Contacts are mostly by longer phone calls and interspersed with shorter ad hoc text or WhatsApp messages.

In over three years Buddies have been in contact with 29 Friends to give support, shared 854 phone calls, texts, WhatsApps or emails. There have also been a total of 40 face to face meetings, including MelaNoMore group gatherings at the Loseley Park in April '22, the Summer BBQs in August '22 and '23 the Christmas celebrations in December '22 and '23. This gives a total of 878 support contacts since inception in October '20.



If you wish to join this support group, as either a Buddy or a Friend, please send an email to <a href="mailto:group@melanomore.net">group@melanomore.net</a>



This page is for your contributions to the Newsletter. There are no limits on content.

#### Melanoma Patient Conference March 2024

The Melanoma patient Conference is a national event provided by the charity Melanoma Focus. The annual conference was founded by Imogen Cheese whose own melanoma experience made her determined to establish support for others in a way that she never had.

The 2024 conference was held at a hotel in the West Midlands. We were motivated to attend in person after watching videos of impressive informative presentations from the previous year's conference. About 200 participants came from all over the UK – from the Channel Islands and Cornwall to the north of Scotland, including some partners or carers, to listen to senior clinicians and researchers specialising in melanoma.

A lot was packed in to the 1½ days over which the event was held. Prior to the main agenda, there were optional sessions on financial advice, support for carers and ways in which patients can be involved in clinical trials. The evening provided drinks, dinner, meeting others with fascinating stories (and for us, meeting in person with Chris Caswell, our amazingly supportive 'Buddy' who had also signed up for the conference) and a talk about 'MyMelanoma' – an on-line study/survey researching the most important current questions about melanoma and its treatment.

The following day was packed with professional presentations on clinical research and treatment, side-effects, scar and lymphoedema management, and patient centred priorities. Huge interest was also generated by a talk on gut microbiome, the micro-organisms that live in us all that are essential for life and health, including their role in understanding cancer and other diseases.

Personal stories, both those presented as part of the conference agenda, and the many discussed during coffee and meal breaks, were fascinating, frequently poignant, and always uplifting in terms of people's resilience and determination.

We came away from the conference with a sense of excitement, community

Sue & Phil Walker (MelaNoMore Members)

We hope you enjoy this Newsletter. Please let us know or if you have, any suggestions for improvement or any articles you wish to publish. You can contact us on:







#### **MelaNoMore Vacancies**

We continue to have vacancies on the Committee and are also in need of volunteers to assist the Committee with tasks or roles such as:

\*Website designer

\*Deputy Newsletter Editor

\*Membership Secretary

\*Linked Site leads

\*Committee members

If you are interested in helping out with any of these roles or wish to join the Committee, then drop a line to

### group@melanomore.net

Include your phone number and we will ring you back to discuss with you.

