

# International Melanoma Tissue Bank in the Works

BY ELIZABETH WHITTINGTON

A new organization unveiled in mid-February aims to strike back at melanoma by developing the first-ever international melanoma tissue bank, as well as offering education and support to patients and their families via a comprehensive website.

Tumor tissue banks (see “[Precious Tumor](#)” in *CURE* Summer 2007), facilities that collect and store tissue samples and blood from patients, allow researchers to examine the tissues. Studying gene activity and specific proteins is the most common use of banked tissues, allowing researchers to understand how normal cell growth develops into cancer and how different types of cancer can best be treated. Usually large numbers of samples must be collected to provide researchers enough to analyze for these types of studies—quantities that the field of melanoma lacks—and what Aim at Melanoma hopes to provide.

[Aim at Melanoma](#), which developed from two organizations—the Charlie Guild Melanoma Foundation and the James A. Schlipmann Melanoma Cancer Foundation (The Schlip)—has been in the works for about two years and unveiled its website earlier this year.

Valerie Guild, the president of the new organization, founded the Charlie Guild Melanoma Foundation after her daughter, Charlie, died of the disease at age 26. Like Jim Schlipmann’s wife and caregiver, Guild wanted to create a foundation to help other patients and caregivers facing a similar diagnosis. The product of the collaboration, Aim at Melanoma, offers a message board, advocacy information, research news, guides on prevention and early detection, resources, a clinical trial matching service, and an on-call oncology nurse to answer questions.

But one long-term goal is the international melanoma tissue bank. Although small local melanoma tissue banks exist around the world, this consortium will be the first international effort, which includes various institutions from several different countries and the U.S. Army, which will help collect tissue samples.

John M. Kirkwood, MD, director of the Melanoma and Skin Cancer Program at the University of Pittsburgh Cancer Institute, developed his own website several years ago to provide patients information on the disease. He began working with Guild to develop enhanced content and illustrations for [AimAtMelanoma.org](#) more than a year ago and now serves on the organization’s board of directors and medical advisory board. Kirkwood has also been a driving force in the tissue bank consortium.

Kirkwood, who has spent nearly four decades in the field of melanoma research,

reflects few drugs have been approved for melanoma and hopes the tissue bank will help create opportunities to accelerate the development of new treatments. “The gap has been that we don’t have tumor tissue to explain when and why we have shown benefit or why [the patient’s tumor] has been refractory to the treatment,” he says. “I can tell you with great authority that it’s a very recent concept—that tissues need to be gotten to better understand the benefits and the barriers of therapy.”

Kirkwood hopes the tissue bank will not only provide cancerous tissue taken before and after treatment, but also precancerous lesions and moles. “I think the effort to gain tissue that reflects the whole spectrum of the disease will tell us more than anything else we can do in the near term for this disease,” he says.

While tissue banks for other common cancers exist, melanoma presents difficult challenges. One of the barriers in creating a tissue bank that included these primary lesions, says Guild, is that it’s dermatologists who collect these tissues at the first signs of cancer, not a surgeon in an operating room. Collecting “fresh frozen” tissue is an extremely arduous task, not something that can readily be done in an office.

Another reason a consortium was needed is the large number of dermatologists in the United States. With more than 10,000 dermatologists in the country and 120,000 melanoma patients (including in situ cancers) diagnosed each year, the average dermatologist may see about 12 cases of melanoma over the year, says Guild. “So, it’s very difficult to get the numbers we’re looking for.”

By potentially partnering with institutions, such as the University of Pittsburgh Cancer Institute, Huntsman Cancer Institute in Salt Lake City, and the U.S. Army, which diagnose large numbers of melanoma cases annually, collecting large numbers of tissues and preserving the specimens appropriately could be achieved.

“Under our plan, we would be providing a dedicated person at each institution, and the Army hospitals involved, who would be working with the dermatologists at that institution,” Guild says. That person would be called upon by the dermatologist to acquire each patient’s consent and to preserve the tissue samples.

But even before the tissue bank is officially established, Kirkwood and Guild have hopes that effective melanoma treatments will be available in the near future. “There are many major pharmaceutical companies, as well as smaller ones, that have drugs in the pipeline—and we remain hopeful,” Guild says.