Melanoma Cancer Is No Longer an Automatic Death Sentence

Skin cancer has reached epidemic proportions in the U.S., and is now the most common form of cancer. More people have been diagnosed with skin cancer than all other cancers combined, and five times as many people are diagnosed with it today than in the 1970s, federal health statistics show.

Nearly 3.5 million cases of skin cancer are treated each year, and more than 70,000 of those cases are melanoma—the more dangerous, life-threatening form of the disease.

Now for some good news: The Food and Drug Administration last month approved a new immunotherapy drug from Merck & Co. Inc. that has proven to be very effective in patients with advanced melanoma, as well as some with lung cancer or head and neck cancer.

Kenneth Beer, M.D., a Palm Beach dermatologist and associate clinical professor at the University of Miami, tells *Newsmax Health* the FDA's approval of the new drug—MK3475, also known as pembrolizumab—is a game-changer that could mean melanoma is no longer a death sentence for many sufferers.

"I think this drug and others like it will change the landscape and help patients with this horrible disease," he says. "These newer treatments help the immune system find and kill the cancer cells … This is a novel and rational way to treat cancer. My sense is that this will lead not only to treatments for melanoma but also lung cancers."

MK3475 is one in an emerging class of medications that work by blocking a protein called PD-1—short for "programmed death receptor"—which is used by cancer cells to evade the body's immune system.

An early-stage trial involving 411 patients with melanoma that had spread to other parts of the body found that 69 percent were alive after a year of treatment. At 18 months, researchers estimated survival was 62 percent, with some patients surviving more than two years. The findings were presented at the American Society of Clinical Oncology meeting in Chicago.

Patients with metastatic melanoma often have high levels of the protein in their tumors, which allows cancer cells to essentially hide from the immune system. But drugs like MK3475 block this ability, making tumors vulnerable to the body's immune system.

More than half the patients in the melanoma trial were previously been treated with ipilimumab, sold by Bristol-Myers Squibb Co. under the brand name Yervoy. It is part of a class of drugs known as CTLA-4 blockers that work by boosting a different part of the immune system.

Overall, 34 percent of patients had tumor shrinkage after treatment with Merck's drug, including 40 percent not treated with ipilimumab, and 28 percent whose cancer worsened despite ipilimumab.

The study's lead researcher Antoni Ribas, professor of hematology-oncology at the University of California-Los Angeles, called MK3475 the safest drug he has ever used in treating advanced melanoma cases. The researchers also found the drug also helped shrink the tumors of patients with advanced non-small cell lung cancer.

Merck is now studying whether MK3475 is effective against more than 30 other types of cancer, as a stand-alone treatment and in combination with other drugs. Similar drugs are also under development by Roche AG, AstraZeneca Plc. and Bristol-Myers.

In January, another drug combination treatment from GlaxoSmithKline for melanoma received approval from U.S.

regulators. The FDA greenlighted the combined use of Tafinlar, also known as dabrafenib, and Mekinist, or trametinib, for patients with the disease with a specific genetic profile.

Dr. Beer explained that the new therapies are novel in that they boost the body's natural defenses against cancer, unlike conventional chemotherapy drugs that destroy tumors—and sometimes healthy tissues, as well—with toxic chemicals.

"The only chance for long-term remission or cure for advanced cancers is to have the body go after them and wipe them out," he notes. "The newer treatments … help the [immune system's] T-cells find and fight cancer. Instead of broadly killing off everything the way that traditional chemo does, these are targeted or smart treatments."

He expects the FDA will now allow Merck to expand its trials to evaluate the safety and effectiveness of the drug in larger groups of patients.

"I think that they should expand their compassionate use and enable more patients at the end of life to decide whether they want to try something," he says.

He adds that other promising cancer-fighting immunotherapy drugs are also in the pipeline. But until such life-saving treatments become more widely available, the standard advice for preventing skin cancer remains the best defense against the disease.

In an interview on *Newsmax TV's* new weekly *Meet the Doctors* program, Dr. Beer explains that skin cancer rates are rising, in part, because of the growing popularity of indoor tanning. Many people believe is a safer alternative to sun-tanning, but tanning beds can actually produce 10 to 15 times as much cancer-causing ultraviolet (UV) radiation as the midday sun.

Another reason: More Americans are taking advantage of cheap air fares to sunny destinations, as well as affordable cruise

vacations and resort deals, than ever before. As a result, many people are spending more time in the sun, even in winter months. We're also engaging in more outdoor and leisure activities than previous generations—and that trend is likely to continue with the rising number of baby boomers nearing or entering retirement age.

Experts say it's important to keep in mind:

- There is no such thing as a "safe tan" or a "base tan." In fact, tanned skin is actually a sign of DNA damage from UV rays. Skin cells respond to UV rays by producing more pigment.
- Sunburn and cancer aren't the only risks. UV light can also damage your eyes, cause premature skin aging, wrinkling, age spots, and changes in skin texture.
- Tanning is not the safest way to get vitamin D, an essential nutrient which is important for bone health. A better option: Take supplements or eat foods loaded with vitamin D, such as fatty fish, milk and some cereals.
- Sunscreen is key to keeping safe in the sun, but may not be enough. You're better off putting on a hat, T-shirt, or seeking shade on sunny days.
- If you have fair skin, a lot of moles or a family history of melanoma you may be at increased risk and should take extra steps to protect yourself.
- You should see a board-certified dermatologist regularly to check your skin for any signs of cancer.

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