Randy Lomax - the passionate melanoma advocate and champion of the Melanoma Research Foundation

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If you go to a melanoma meeting and search the crowd, Randy Lomax' towering 6 ft 6 figure easily sticks out. Or you hear his booming voice as he chats with his friends from the research community. He knows them all and considers them all his friends. You may even spot Mary-Jo, his wife, because she likes to accompany him when he cruises from West to East to North and South, all to help the cause. Randy is a tireless advocate for progress in melanoma, one day walking the halls of congress knocking on any door that opens a sliver, the next day strategizing with the 'melanoma docs' on the newest treatments, or talking to patients frightened by the diagnosis of melanoma.

In 2000, Randy was diagnosed with Stage III melanoma. The news was a real shocker, waking him up from his usual routine of teaching, golfing and skiing. He had thought that he had it all figured out - how to divide the year into teaching college students while still having fun on the side. However, the diagnosis of melanoma is life changing, particularly if the disease gets treated for the first time when it has already spread to the lymph nodes. At the University of California San Francisco, close to De Anza College where he taught students how to manage life as a licensed marriage and family therapist specializing in drug and alcohol addiction, Randy was treated with high-dose interferon. Despite having high tolerance for pain when, for example, he cracked a collarbone during adventurousskiing, high-dose interferon is a miserable experience and Randy did not finish the course. Instead, he went to Lynn Spitler at the Northern California Melanoma Center in San Francisco. Dr. Spitler is an oncologist and entrepreneur, who treated him with GM-CSF to stimulate his immune response. GM-CSF can also have a stimulating effect on the tumor cells, but Randy was lucky and has been tumor-free ever since.

Wanting to know more about the disease and his treatment options, Randy attended a patient education symposium sponsored by the Melanoma Research Foundation (MRF), where he met Casey Culbertson, the President of MRF at the time. The MRF was the largest advocate organization for this disease, a true grass root organizationrun by volunteers who were committed to helping research, education, and awareness.

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and advocacy. Randy joined the Board of MRF in 2003 and soon became its President, when Casey, also a melanoma survivor, stepped down due to the demands of his clinical duties as a pediatric cardiologist. Randy has been President of MRF ever since. While continuing to volunteer his time, his energy was transformative for MRF. The MRF, with Randy's help, is credited with bringing basic and clinical researchers together and providing a public forum for the representation of the research community in the public and to the National Cancer Institute.

The MRF was founded in 1996 by Diana Ashby, a melanoma patient, who only months later succumbed to the disease. The Board was an all-volunteer organization with an ambitious agenda that is summarized in the mission statement: *To support medical research for finding effective treatments and eventually a cure for melanoma; to educate patients and physicians about the prevention, diagnosis and treatment of melanoma; to act as an advocate for the melanoma community and to raise the awareness of this disease and the need for a cure.* The MRF continues to be the grassroots organization of its early days while at the same time having a highly trained professional staff with Dr. Tim Turnham as its Executive Director. Each year the MRF provides over $1 million in research grants for junior ($50,000/year for two years) and senior ($100,000/year for two years) investigators. There is also a new grant mechanism for five medical students and dedicated funding for ocular melanoma.

A key element in the deep-rooted commitment of MRF to the patient community is the MPIP, the Melanoma Patient Information Page, which started as a mom-and-pop internet site and now has hundreds of active users in its chat room and open forum, users who also serve as a source of information on melanoma. Every month or so, patient education sessions are held throughout the country, where local experts report about the newest treatments. Contributions to MRF come in many forms and often in small donations. Tim Turnham, along with his staff, organizes the many ‘walkathons' and golf tournaments that are held throughout the country.

I joined the Scientific Advisory Committee (SAC) of the MRF in 2001 and its Board in 2002 after convincing the Board members that the SAC should be represented and have a voice there. The Board members had a genuine desire to listen to the concerns of the scientists and support research progress. Randy listened, encouraged and translated when the discussion became too technical. Around this time the Society for Melanoma Research (SMR) took its first steps and Randy and the Board gave it much-needed backing. When Vernon Sondak and Menashe Bar-Eli organized the second SMR Congress in Phoenix in 2005, the hotel wanted a check for $50,000 just for the commitment. SMR had no official members yet and not a dime in the bank. The MRF and Randy underwrote the Congress, which was a huge success both scientifically and financially. When we needed a forum to develop a ‘Roadmap for Melanoma Research', starting with a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of the field, the MRF SAC got strong backing from the Board. Indeed, the NCI listened to our ideas as the basic science and clinical investigators began speaking as one united voice. Randy's ubiquitous presence on the many conference calls provided the patients' voice. His vision was that progress comes through research, including basic research, and not just through the next clinical trial.
In late 2000, after many discussions among oncologists about the difficulty of organizing clinical trials for combinations of drugs from two different companies, Randy and Keith Flaherty teamed up to start the MRF Breakthrough Consortium (MRFBC). The idea was that MRF would organize clinical trials involving drug combinations, acting as an honest broker between universities and companies. This was new territory for MRF and there was much discussion about the high level of risk this presented for a small foundation that could be easily wiped out by any potential litigation. MRFBC became Randy’s passion and he convinced the Board that the risks could be managed if the Consortium became its own legal entity. Keith had no trouble getting support from his oncology peers who welcomed the intellectual flexibility and speed in organizing new trials outside of the NCI cooperative groups, medical centers and industry. Randy and Keith worked tirelessly to bring the companies on board. Five subcommittees were initiated to organize trials and provide infrastructure support: Targeted Therapy, Immunotherapy, Angiogenesis, Translational Research (standardizing specimen collection procedures across academic centers, creation of virtual specimen repository for MRFBC trials and embedding new technologies across protocols), and Preclinics. Alison Martin became the driving force as Medical Director of the MRFBC. Mike Atkins, now at Georgetown, organized the first clinical trial (vemurafenib +/- bevacizumab) and Lynn Schuchter the second (vemurafenib + pan-PI3kinase inhibitor PX-866). Admittedly, this was 'easy' because both drugs are from the same company or one of the drugs is approved, but other planned trials involve different companies and the standing master agreements between MRFBC and academic centers are being created. Challenges lie in the million and one details but Alison and Randy have circumnavigated all of these roadblocks. The MRFBC is evolving into a force for new, science-driven clinical trials. The goal is that each trial has a strong scientific rationale and is based on solid preclinical data while detailed therapy response and outcome prediction will come from extensive biomarker studies, which will provide the foundation for future trials. The MRFBC quickly grew from 10 original members to 13, and each institution has to agree on active participation for the science-driven protocols. Members include Harvard Medical School, Yale University, New York University, Memorial Sloan Kettering Cancer Center University of Pennsylvania/Wistar Institute, University of Pittsburgh, Georgetown University, Vanderbilt University, Moffitt Cancer Center, MD Anderson Cancer Center, University of California San Francisco, University of California in Los Angeles, and University of Washington.

The MRFBC is here to stay and the future looks bright as the melanoma field is racing towards the first trials that will result in true cures. Much has been accomplished, yet more needs to be done. Randy continues asking questions, rethinking strategies, working the phones, putting out fires, encouraging, prodding, bringing together. His training as a therapist comes in handy at times. Last year he retired from teaching but there is still little time to spend at his retreat on Lake Tahoe, just some skiing weekends in winter and golf in summer. Curing melanoma is his passion and there is much to do.