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## Encouraging Results in Early Melanoma Research

Clinical trials of several radical new treatments for melanoma have provided promising results, delegates have heard at the Australasian College of Dermatologists' Annual Scientific Meeting in Sydney.

Director of the Sydney Melanoma Unit, Professor John Thompson, said while surgery is still the mainstay of successful melanoma treatment for stage I and II disease, and played an important role for stage III, adjuvant therapies were providing encouraging clues towards the future.

"Two therapies in particular have provided promising results, and are worthy of further study – the "Provectus clinical trial" with Rose Bengal and a vaccine treatment," says Professor Thompson.

"We have undertaken a study employing Rose Bengal – a thick red oily dye – for 20 Stage III & IV patients for an initial clinical trial.

"The substance has been safely used for over fifty years in diagnostic (liver function) tests and ophthalmologic tests for the retina, and is non toxic in normal tissue.

"We injected the dye directly into the tumours on the patients' lower limbs, face and neck.

"We don't fully understand the process that has then occurred, but it is thought that the Rose Bengal causes the tumour cells to essentially 'self destruct'."

A single small dose of the dye (between 2.5 and 13 ml) was injected directly into 114 lesions. After a week, the dye had begun to cause necrosis of the tumours, killing the cells.

By week four, the tumours had become fully necrotic and fallen out. For most patients, by the 18 – 24 week stage, the tumour was gone, and replaced by skin that had completely healed over into a small scar.

"The trials are promising, but by no means complete," says Professor Thompson.

"The Provectus clinical trial was encouraging, providing us with a high complete response rate.

"But we have a way to go to ensure all compliance issues are met. The next stage will be to conduct a second trial in which tumours that have not responded completely are re-injected with Rose Bengal".

The second therapy reviewed was the administration of a melanoma vaccine for Stage IV patients with a poor prognosis.

Patients with Stage IV disease typically have a survival rate of between 9-19% at five years; surgery rarely provides a 'cure'.

In a recent matched pair analysis study, researchers matched 250 patients based on gender, age, tumour site and size. Half of the group received a DNCB modified vaccine, made from the patients' own tumours cells.

The vaccine was administered fortnightly for the first period, then monthly for six months, followed by bimonthly.

The tumour size and progression were monitored, and the results were analysed by the NH&MRC Clinical Trials Centre.

The outcome was regarded as a "statistically significant" benefit for those who received the vaccine.

"There was a significant improvement in the five year survival rate; the rate was 40% for the recipients of the vaccine, whereas for the control group, the survival rate was 22%."

"There remains substantial work to be done before the vaccine will form part of accepted clinical therapy, however the results have provided us with renewed enthusiasm for a randomized clinical trial to be conducted," says Professor Thompson.

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