Hope in Action: A Patient's Guide to Cancer Immunotherapy

for Melanoma

CRI Cancer Research Institute™

From a Patient's Perspective

Jenney Bitner
Melanoma Survivor, Stage 4

My name is Jenney Bitner, and I'm a stage 4 melanoma survivor. My cancer journey started when I was 22 weeks pregnant and suddenly became very sick. I had severe headaches, was vomiting, and even started falling — but at first, it was all attributed to pregnancy.

Eventually, a scan revealed a large tumor in my brain. Everything moved quickly after that: I had brain surgery and learned I had stage 4 metastatic melanoma at 24 weeks pregnant. My son was born prematurely at 34 weeks. Just days after giving birth, I needed a second surgery when the tumor grew back. The cancer had also spread to other parts of my body, and doctors couldn't find where it started.

I began immunotherapy with ipilimumab (Yervoy®) and nivolumab (Opdivo®). I remember sitting at my first infusion and crying, thinking: *"I don't belong here. I just had a baby. I have four young kids."* But after just one dose, something started to change. Tumors began to shrink, and by my fourth treatment, I felt strong enough to drive myself to my appointments. I had some serious side effects and had to stop treatment early, but when doctors scanned me again, they found no evidence of disease. Within a year of my diagnosis, I was in remission.

I didn't think I would live to see my children grow up. Now, I get to live the life I was afraid I would miss: the everyday moments, the milestones, all of it. I know my outcome is not the same for everyone, but I share my story because I want others to know there is hope.

Starting with What You Need to Know

Hearing the words *"You have melanoma"* can feel overwhelming. You may feel scared, confused, or uncertain about what comes next. These feelings are not unexpected — and you are not alone. You don't have to become an expert overnight.

This guide from the Cancer Research Institute (CRI) is designed to help you understand a treatment option called immunotherapy, how it may fit into your melanoma treatment plan, and what questions you may want to ask your health care team along the way.

Getting a Diagnosis:
What is Melanoma?

What is melanoma?

Melanoma is a type of skin cancer that develops from melanocytes, the cells that produce pigment in your skin. While it is less common than other types of skin cancer, melanoma causes most skin cancer-related deaths because it is more likely to spread if not found early.

What are the different types of melanoma?

Most melanomas begin on the skin (cutaneous melanoma), but they can also develop in the eyes (uveal melanoma) or in mucosal tissues such as the mouth, nasal passages, or gastrointestinal tract (mucosal melanoma).

What does staging mean in melanoma?

Melanoma is staged from Stage 0 (in situ) to Stage IV (metastatic), based on factors such as tumor thickness, ulceration, and whether the cancer has spread to lymph nodes or other parts of your body.

What are lymph nodes, and what is a sentinel lymph node biopsy?

Lymph nodes are small structures throughout your body that are part of your immune system and help filter harmful substances, including cancer cells. In some cases, your health care team may recommend a sentinel lymph node biopsy, a procedure that checks whether melanoma has spread to nearby lymph nodes. The biopsy results can help guide staging and treatment decisions.

Making a Decision:
Understanding Immunotherapy

What is immunotherapy?

Immunotherapy is a type of cancer treatment that helps your immune system recognize and attack cancer cells. The most common type of immunotherapy used for melanoma is immune checkpoint inhibitors (ICIs). These treatments help "release the brakes" on immune cells so they can better respond to cancer.

Does immunotherapy work for everyone with melanoma?

Immunotherapy has helped many people with melanoma, but it does not work for everyone. Some melanomas respond well to immunotherapy, while others may not respond or may stop responding over time. Researchers are working to better understand why this happens.

What are biomarkers, and what does *BRAF*-mutation positive mean?

Testing your tumor for biomarkers or genetic mutations can provide important information to help guide treatment decisions.

Many melanomas are tested for changes (mutations) in the *BRAF* gene, which are found in about 40–50% of cases. If your tumor has a *BRAF* mutation (sometimes called "*BRAF*-mutation positive"), targeted therapy may be an option.

How do I get mutation or biomarker testing?

Biomarker testing is usually done on tumor tissue collected during a biopsy or surgery. You may want to ask your health care team whether your tumor has been tested and what the results mean for your treatment options.

When is immunotherapy most likely to be recommended?

Your health care team considers many factors, including cancer stage, overall health, and prior treatments before recommending a treatment plan.

For many people with early-stage melanoma, surgery to remove the tumor may be the only treatment needed. For people with advanced melanoma, immunotherapy is often considered as an initial treatment, with targeted therapy used later if needed.

In general, immunotherapy may be considered:

- **Before surgery (neoadjuvant therapy):** Immunotherapy may be used before surgery in select patients and is now included in treatment guidelines for certain situations.
- **After surgery (adjuvant therapy):** Immunotherapy may be used to help reduce the risk of melanoma returning in higher-risk cases.
- **Unresectable (e.g., the tumor cannot be safely removed with surgery) or metastatic melanoma:** Immunotherapy is often a standard treatment and may be used early in care

Which immunotherapy treatments are used for melanoma today?

Several immunotherapy options are available for melanoma. The most common are ICIs, which may be used alone or in combination, often as first-line options. Common examples include:

Pembrolizumab (Keytruda®)	Nivolumab (Opdivo®)	Ipilimumab (Yervoy®)	Nivolumab + ipilimumab	Nivolumab + relatlimab (Opdualag™)
A PD-1 inhibitor for melanoma, including advanced disease	A PD-1 inhibitor for melanoma, alone or in combination	A CTLA-4 inhibitor for melanoma, often in combination with nivolumab	A combination for advanced melanoma that targets PD-1 and CTLA-4	A combination for advanced melanoma that targets PD-1 and LAG-3

Other immunotherapy approaches used to treat people with melanoma are tumor-infiltrating lymphocyte (TIL) therapy and oncolytic virus therapy:

Lifileucel (Amtagvi™)	Talimogene laherparepvec, T-VEC (Imlygic®)
A type of cell therapy that uses your own immune cells to target cancer, typically after prior treatments	A treatment injected directly into tumors that helps destroy cancer cells and stimulate an immune response

What to Expect:
Starting Treatment

How is immunotherapy given?

Most immunotherapies for melanoma are given through an IV (intravenous) infusion in an outpatient clinic, hospital, or cancer center. Treatment schedules can vary depending on the medication and plan but are often given every 2 to 6 weeks. Your health care team will walk you through what to expect during treatment visits.

What side effects should I expect?

Immunotherapy can cause side effects as the immune system becomes more active. Common side effects include fatigue, rash or itching, and diarrhea. Less commonly, side effects can affect organs such as the colon, liver, lungs, or hormone-producing glands. It's important to report new or worsening skin changes or other symptoms to your health care team.

How will I know if treatment is working?

Your health care team will monitor how you are doing through regular follow-up visits. This may include imaging scans (such as CT, MRI, or PET scans), skin checks, and blood tests. Your care team will review scan results alongside lab findings and how you are feeling overall to determine whether treatment is helping.

Looking and Living Forward:
Post-Treatment Support

What ongoing care will I need?

After treatment, ongoing follow-up care is important to monitor for recurrence and manage any long-term side effects. This care may include regular skin exams, imaging tests, routine checkups, and conversations about your physical and emotional well-being.

Because people who have had melanoma may be at higher risk of developing another melanoma, regular skin exams and awareness of changes in your skin remain an important part of long-term care. Protecting your skin from UV exposure can also help reduce the risk.

What if immunotherapy doesn't work or the melanoma comes back?

Not everyone responds to immunotherapy, and it can be difficult if treatment does not work as hoped. If treatment is not effective or the melanoma returns, your health care team may recommend a different immunotherapy approach, a targeted therapy, combination treatments, or a clinical trial.

How do I find clinical trials that may be right for me?

Clinical trials are carefully monitored research studies that test new treatments. They may offer access to promising therapies that are not yet approved by U.S. Food and Drug Administration (FDA). You can talk with your health care team about clinical trials or use tools like CRI's Clinical Trial Finder to explore options that may be a good fit.

Where can I find support from others with melanoma?

Connecting with others who have had melanoma can help you feel more supported. You can explore personal stories from patients and survivors treated with immunotherapy on CRI's website.

Organizations such as AIM at Melanoma, Melanoma Research Alliance, and Melanoma Research Foundation also offer additional educational resources, support communities, and patient and caregiver programs.

What Comes Next

Melanoma treatment has changed significantly in recent years, and immunotherapy has become an important option for many people, especially those with advanced melanoma.

No matter where you are in your journey — newly diagnosed, in treatment, or considering next steps — your questions matter. Keep asking. Bring support when you can. And let your health care team know how you're feeling, both physically and emotionally.

Appendix

10 Questions to Ask Your Doctor About Melanoma and Immunotherapy

Being diagnosed with melanoma can feel overwhelming, and understanding your treatment options can make a meaningful difference. Asking questions can help you take an active role in your care, make informed decisions, and feel more prepared for conversations with your health care team.

Here are 10 questions you may want to ask your health care team:

1. What type of melanoma do I have, and what stage is it?
2. Has the melanoma spread, and if so, where?
3. Is immunotherapy a recommended option for me right now?
4. Which immunotherapy treatment(s) may be appropriate for me?
5. Should my tumor be tested for mutations such as the *BRAF* gene?
6. What side effects should I watch for, and when should I contact you?
7. How will we monitor whether treatment is working?
8. How often will I need scans or follow-up visits?
9. Are there clinical trials that I should consider now or in the future?
10. What support resources are available for me and my family?

Acknowledgements

We extend our sincere gratitude to the CRI ImmunoAdvocates, a group of patients treated with immunotherapy, who generously shared their experiences, insights, and time to help shape this guide. By telling your stories and offering your perspectives, you've helped ensure that people newly diagnosed with cancer feel seen, supported, and empowered as they begin their immunotherapy journey.

Disclaimer

This information is intended for educational purposes only and is not a substitute for professional medical advice, diagnosis, or treatment. Always talk with your health care team about questions or decisions related to your care.

Glossary

Adjuvant therapies
Adjuvant therapies are additional cancer treatments given after your primary treatment, such as surgery, to lower the risk of recurrence. Immunotherapies are often used as adjuvant therapies.

Biomarkers
Biomarkers are proteins or genes that provide a more detailed understanding of a tumor, its prognosis, and the potential response to treatment.

Biopsy
A biopsy is a procedure in which a small sample of tissue is removed from your body and examined, usually under a microscope, to check for disease, including cancer.

Clinical trials
Clinical trials are an important part of medical research that form the basis for the approval of all new treatments. The primary goals of clinical trials are to figure out whether a treatment works and if it is safe.

CT scan
A CT scan is a type of imaging test that uses X-rays to create detailed pictures of the inside of your body. It may be used to help find tumors, see where they are located, and check whether cancer has spread.

Genetic mutations
Genetic mutations are changes in your DNA sequence. Some genetic mutations are associated with some types of cancer, and some genetic mutations may indicate a better chance of response to a specific immunotherapy treatment.

Immune checkpoint inhibitors (ICIs)
Immune checkpoint inhibitors are a type of immunotherapy used to "release the brakes" on your immune system, allowing your body to respond more aggressively to cancer.

Immune system
The immune system is a highly evolved network of organs, cells, and molecules that helps defend your body against threats such as bacteria, viruses, and cancer.

Immune-related side effects (irAEs)
Immune-related side effects are reactions that happen when your immune system becomes overactive and starts affecting healthy parts of the body. These side effects can impact organs like your skin, liver, lungs, or intestines and often need prompt treatment.

Immunotherapy
Immunotherapy is a form of cancer treatment that uses the power of your body's own immune system to prevent, control, and eliminate cancer. Immunotherapy can be used for many types of cancer, alone or in combination with other treatment types.

Lymph nodes
Lymph nodes are small, bean-shaped structures located throughout your body that are part of your immune system. They help filter harmful substances and can trap cancer cells, which is why they are often checked to see if cancer has spread.

Melanocytes
Melanocytes are a type of skin cell that make a brown pigment called melanin. When exposed to the sun, melanin causes your skin to darken (as in a suntan). It also helps protect the deeper layers of your skin from some of the harmful effects of the sun.

Metastatic disease
Metastatic disease refers to cancer that has spread through your blood or lymph system to form new tumors in other parts of your body distinct from the original site.

Oncolytic virus therapy
Oncolytic virus therapy is a type of immunotherapy that uses a modified virus that can both cause tumor cells to self destruct and activate a greater immune response.

Recurrence
Recurrence is a term used to describe the return or progression of cancer following treatment.

Staging
Staging is used to determine the extent (or "stage") of cancer. It is based on whether a tumor is local to its area of origin or has spread to the lymph nodes or other parts of your body as well as how deeply it has invaded surrounding tissues.

Targeted therapy
Targeted therapy is a type of cancer treatment that blocks specific genes, proteins, or signals that help cancer cells grow and survive. It acts directly on cancer cells and is often used when tumors have certain genetic mutations, such as *BRAF*.

Tumor
A tumor is an abnormal lump or mass of tissue. Tumors can be benign (non-cancerous) or malignant (cancerous).

Tumor-infiltrating lymphocytes (TILs)
Tumor-infiltrating lymphocytes, or TILs, are a type of white blood cell found in tumors. TILs can be removed from a tumor, enhanced, and then reinfused back into your body where they attack and destroy tumor cells.

About CRI

The Cancer Research Institute (CRI) is a nonprofit organization dedicated to advancing the field of cancer immunotherapy through rigorous scientific research and global collaboration. Since 1953, CRI has been instrumental in uncovering the fundamental biology of the immune system and its application to cancer treatment, laying the groundwork for breakthroughs such as checkpoint blockade, cancer vaccines, and engineered cell therapies.

CRI's mission is to create a world immune to cancer by driving scientific discovery, accelerating collaboration, and turning breakthroughs into life-saving treatments. Our work bridges the gap between discovery and patient impact, ensuring that scientific innovation translates into real-world treatments.

To date, CRI has committed over $560 million to research impacting more than 30 cancer types. Our funding strategy is built on the framework of People × Biology × Data: supporting world-class scientists, deepening understanding of tumor–immune system interactions, and harnessing data to guide discovery and translation. By uniting these elements, CRI catalyzes innovation through our global research ecosystem to drive the next generation of discoveries forward.

Cancer Research Institute
29 Broadway, Floor 4
New York, NY 10006-3111
800-992-2623 | 212-688-7515

info@cancerresearch.org

Learn more at **cancerresearch.org**