Summary of 16th Annual MMIG Meeting
(Merkel cell carcinoma Multi-Center Interest Group)
Friday, March 25th, 2022
Boston, MA & Zoom

Prepared by:
Marika Bierma, Alex Fu, Nikhil Harikrishnan, Ally Remington, Krista Lachance, & Paul Nghiem

Announcements

1. If you would like to view the meeting recording, please contact Krista Lachance directly (kcs27@uw.edu)

2. Please contact Paul Nghiem (pnghiem@uw.edu) or Krista Lachance (kcs27@uw.edu) if you would like to present at next year's meeting or if you have any feedback to improve future meetings

3. **The 2nd International Symposium on Merkel Cell Carcinoma** is being held from Monday, April 25th - Tuesday April 26th in Seattle and over Zoom. In-person registration has sold out but virtual registration is still available. Link to the event: https://uw.cloud-cme.com/course/courseoverview?P=0&EID=8257&IsExhibitor=fals

4. Meeting Zoom chat (abridged) is on pages 9-11

Agenda

1. **Utility of a circulating tumor DNA test for detecting clinically evident and occult Merkel cell carcinoma**
   Lisa Zaba, MD/PhD (Stanford University)

2. **Indolent MCC: Immune and Tumor Balance**
   Aubriana McEvoy, MD (Washington University)

3. **A practical approach to interpreting MCPyV oncoprotein titers in MCC**
   Lindsay Gunnell, MD (University of Washington)

4. **Real world assessment of ipi-nivo in anti-PD-(L)1 refractory Merkel cell carcinoma**
   Sophia Shalhout, PhD (Mass General Hospital)

5. **Improvement of the histopathological detection of Merkel cell carcinoma lymph node metastases- preliminary results of a multicentric cohort study**
   Anna Szumera-Ciećkiewicz, MD/PhD (Maria Sklodowska-Curie National Research Institute of Oncology) & Piotr Donizy, MD/PhD (Wroclaw Medical University)

Meeting minutes

1. Utility of a circulating tumor DNA test for detecting clinically evident and occult Merkel cell carcinoma

Lisa Zaba, MD/PhD (Stanford University)

- Surveillance is key when approaching Merkel cell carcinoma due to its rapid growth rate and relatively high recurrence rate (40%).
- Currently, there is no clinically available blood test that provides recurrence monitoring data for all patients regardless of Merkel polyomavirus (MCPyV) serologic status.
    - AMERK serology (which detects MCPyV oncoprotein antibodies) is limited since only ~50% of MCC patients produce these antibodies at the time of disease.
- ctDNA tracking can be useful for MCC patients regardless of MCPyV status and provides real time indication of disease (half-life: <2 hours)
    - Found a positive correlation between tumor size and level of ctDNA (n=24), regardless of MCPyV status.
- Among University of Washington and Stanford patients, interim analysis suggests that ctDNA can be an accurate predictor of developing MCC with a specificity of 91% (n=120). Specifically, if a patient has a negative ctDNA test, we can be fairly confident that it will remain negative 60-90 days later.
- Working on multicenter prospective study, combining data from ~180 MCC patients with 400 longitudinal time points.

2. Indolent MCC: Immune and Tumor Balance

Aubriana McEvoy, MD (Washington University)

- Retrospectively identified 13 patients with advanced MCC, no systemic therapy, and lengthy overall survival (>5 years since MCC diagnosis) from the UW MCC database.
- In patients with significant comorbidities and/or desire to avoid systemic therapy, MCC may be relatively well-controlled with surgery and/or radiation alone.
    - Hypothesis: in these indolent MCC cases, the immune system is in balance with the disease.
- Single fraction radiation therapy can be effective in indolent MCC patients, with minimal side effects, by possibly stimulating the immune system.
- Merkel cell polyomavirus oncoprotein antibody (AMERK) test is a sensitive marker of MCC disease burden in virus-positive patients.
- Further studies will be helpful to identify what characteristics predict an indolent course of disease without systemic therapy.

3. A practical approach to interpreting MCPyV oncoprotein titers in MCC

Lindsay Gunnell, MD (University of Washington)

- The AMERK serology test (which detects oncoprotein antibodies) can be a sensitive, safe, and convenient way to monitor patients in the long-term. It can sometimes precede detection of recurrence via imaging by 12-15 months.
- Seattle MCC patient cohort data suggest that ~70% of patients with rising titers develop clinically evident disease (~30% recurred within 90 days, ~30% recurred greater than 90 days – 1 year, 10% recurred greater than 1 year).

- After the first year, falling antibody titers have high negative predictive value in confirming no active disease. In these cases, scans can be safely stopped, but interval antibody testing should be continued.
- Discontinuation of antibody testing should be individualized.
    - If antibody testing remains undetectable (<74) for 4-5 years post-diagnosis, testing can likely be safely discontinued.

4. Real world assessment of ipi-nivo in anti-PD-(L)1 refractory Merkel cell carcinoma Sophia Shalhout, PhD (Mass General Hospital)

- In a retrospective study of 13 patients who received second or third line ipi-nivo after progressing on first-line immune checkpoint blockade (anti-PD-(L)-1), 77% patients had progressive disease and 23% of patients had stable disease. There were no complete or partial responses to second or third line ipi-nivo.
- These data demonstrate that Ipi-nivo often has disappointing efficacy for anti-PD-(L)-1 refractory MCC.
- New strategies for second-line treatment of MCC are needed, and referral to innovative clinical trials should be a priority for these refractory MCC patients.

5. Health disparities in Merkel cell carcinoma: an examination of racial disparities Mackenzie Martin, BA (Brownell Lab, NIAMS, NIH)

- As the proportion of minority MCC patients is increasing, it is important to consider racial disparities in the treatment of these patients.
- Hispanic MCC patients appear to have increased disease-specific survival rates compared to White MCC patients, which is a novel observation. This may be due to the Hispanic Health Paradox hypothesis, but further research on this topic is needed and this finding may be due to the limitations of the SEER cancer registry.
- Prominent MCC-specific socioeconomic determinants of health include wait times and delayed treatment of MCC in minority populations, and hospital characteristics (high volume vs. low volume facilities).
- Improving the capture of race in data registries and increasing the representation of minority populations in clinical trials are critical to addressing and eliminating racial disparities in MCC.

6. Improvement of the histopathological detection of Merkel cell carcinoma lymph node metastases- preliminary results of a multicentric cohort study Anna Szumera-Ciećkiewicz, MD/PhD (Maria Sklodowska-Curie National Research Institute of Oncology) & Piotr Donizy, MD/PhD (Wroclaw Medical University)

Anna Szumera-Ciećkiewicz [1,2], Daniela Massi [3], Andrzej Marszalek [4], Monika Dudzisz-Śledź [5], Piotr Rutkowski [5], Mai P. Hoang [6], Piotr Donizy [7,8]

[1] Department of Pathology and Laboratory Diagnostics, Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland

[2] Department of Diagnostic Hematology, Institute of Hematology and Transfusion Medicine Warsaw, Poland

[3] Section of Pathological Anatomy, Department of Health Sciences, University of Florence, Florence, Italy

[4] Department of Pathology, Poznan University Medical Sciences and Greater Poland Cancer Center, Poznan, Poland

[5] Department of Soft Tissue/Bone Sarcoma and Melanoma, Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland.

[6] Department of Pathology, Massachusetts General Hospital and Harvard Medical School, Boston, USA

[7] Department of Clinical and Experimental Pathology, Division of Clinical Pathology, Wroclaw Medical University, Wroclaw, Poland

[8] Department of Pathology and Oncological Cytology, Jan Mikulicz-Radecki University Hospital, Wroclaw, Poland

- Preliminary results based on 28 MCC metastatic lymph node samples (final database consists of 136 lymph node samples from 77 MCC patients); researchers created tumor microarrays to determine the efficacy of different histopathological stains in detecting MCC in the lymph nodes.
- A combination of IHC markers is recommended for MCC lymph node histopathologic examination.
- SATB2, synaptophysin, and INSM1 are the top three markers with the highest cumulative percentage of positive reaction while SATB2, panCK, and chromogranin are markers with the highest 100% positivity.
- Preliminary results indicate the important role of SATB2 in detecting MCC nodal metastases as it has the highest sensitivity in detecting MCC metastatic cells, even in CK20-negative cases.

Goals of the Merkel cell carcinoma Multi-center Interest Group (MMIG) - Promote communication and collaborative studies on MCC - Enhance access to patient data and specimens - Expand evidence-based care for MCC
Homepage for MMIG is available at: https://merkelcell.org/about-us/mmig/

MMIG is funded in part by donations from Merkel cell carcinoma patients. Please note that in many cases, these summaries reflect unpublished data and are provided to help MMIG members manage their patients and give an overview of what is being done at different centers for care and research.

In attendance at the 2022 MMIG Meeting (N=148 total attendees)
Asterisk* = in-person attendee
we apologize if we missed your name or affiliation

*Ahmed, Mona	Dana-Farber Cancer Institute, Boston, US
Akaike, Tomoko	University of Washington, Seattle, US
Alexander, Nora	Washington University in St. Louis, St. Louis, US
*Ananthapadmanabhan, Varsha	Dana-Farber Cancer Institute, Boston, US
Asioli, Sofia	University of Bologna, Bologna, Italy
Barker, Christopher	Memorial Sloan Kettering Westchester West Harrison, New York
Becker, Jurgen C	German Cancer Center Consortium, Essen, Germany
Berry, Liz	Oregon Health & Science University, Portland, US
Bhakuni, Rashmi	University of Washington, Seattle, US
Bhatia, Shailender	University of Washington, Seattle, US
Bierma, Marika	University of Washington, Seattle, US
Bishnoi, Anuradha	India
Blom, Astrid	Ambroise Pare Hospital, Boulogne, France
Bollin, Kathryn	Scripps MD Anderson, San Diego, US

Brodey, Philip	San Francisco, US
Brownell, Isaac	National Institutes of Health, Bethesda, US
Butler, Marcus	Ontario Institute for Cancer Research, Toronto, Canada
Cahill, Kelsey	University of Washington, Seattle, US
Chandra, Sunandana	Northwestern University, Chicago, US
Cherny, Shira	University of Washington, Seattle, US
Choi, Jaehyuk	Northwestern University, Chicago, US
Cornelius, Lynn	Washington University in St. Louis, St. Louis, US
Daud, Adil	University of California, San Francisco, US
*DeCaprio, James	Dana-Farber Cancer Institute, Boston, US
DeSimone, Mia	Harvard University, Boston, US
Devlin, Phillip	Dana-Farber Cancer Institute, Boston, US
Dlugosz, Andrzej A	University of Michigan, Ann Arbor, US
Donizy, Piotr	Wroclaw Medical University, Poland
Doolittle-Amieva, Coley	University of Washington, Seattle, US
Dudzisz Sledz, Monika	Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland
Duprat, Joao	A C Camargo Cancer Center, Sao Paulo, Brazil
Emran, Askari	Mashhad University of Medical Sciences, Mashhad, Iran
Fecher, Leslie	University of Michigan, Ann Arbor, US
*Finberg, Ariel	University of Virginia, Charlottesville, US
Fischer, Nicole	University Medical Center, Hamburg Eppendorf, Germany
Fonseca, Allene	University of Washington, Seattle, US
Friedlander, Phillip	Mount Sinai Hospital, New York, US
Frost, Thomas	
Fu, Alex	University of Washington, Seattle, US
Gao, Ling	Long Beach VA / University of California, Irvine, US
Garman, Khalid	National Institutes of Health, Bethesda, US
Gastman, Brian	Cleveland Clinic, Cleveland, US
*Guitiera, Pascale	Sydney Melanoma Diagnostic Centre, Australia
*Gunnell, Lindsay	University of Washington, Seattle, US
*Harms, Kelly	University of Michigan, Ann Arbor, MI
Harms, Paul	University of Michigan, Ann Arbor, MI
Harwood, Catherine	University of London, London, UK
Hausen, Axel zur	Maastricht University, Maastricht, Netherlands
Herrera-Martinez, Miguel	University of Tennessee, Memphis, US
Hill, Natasha	National Institutes of Health, Bethesda, US
Hippe, Dan	Fred Hutchinson Cancer Research Center, Seattle, US
Horanyi, Mihaly	University of Colorado, Boulder, US

Hsu, Charles	University of Arizona Cancer Center, Tucson, US
Huang, Victor	University of California, Davis, US
Iyer, Jayasri	The Everett Clinic, Bothell, US
Jani, Saumya	University of Washington, Seattle, US
Jing, Lichen	University of Washington, Seattle, US
Junker, Niels	Herlev Hospital, Copenhagen, Denmark
*Katzenste, Howard	EMD Serono
Kelly, Ciara	Memorial Sloan Kettering Cancer Center, New York, US
Koelle, David	University of Washington, Seattle, US
Ku, Nora	Rain Therapeutics, Newark, California, US
Kudchadkar, Ragini	Emory University, Atlanta, US
Kulikauskas, Rima	University of Washington, Seattle, US
Lachance, Krista	University of Washington, Seattle, US
Lee, Katie	
Lee, Junghyun	University of Washington, Seattle, US
Lewis, Karl	University of Colorado, Denver, US
Liao, Yi-Hua	National Taiwan University Hospital, Taipei, Taiwan
Lin, Anna	
Lobo, Matheus	A C Camargo Cancer Center, Sao Paulo, Brazil
Maller, Ori	Adicet Bio
Margolin, Kim	St. John's Cancer Institute, Santa Monica, US
Martin, Mackenzie	National Institutes of Health, Bethesda, US
Martinez, Abigail	Albany Medical College, Albany, US
Masuccim, Giuseppe	Karolinska University Hospital, Stockholm, Sweden
*McEvoy, Aubriana	University of Washington in St. Louis, US
Mechling, Beth	Kartos Therapeutics
Mehmi, Inder	The Angeles Clinic and Research Institute, Los Angeles, US
Mehmi, Inderjit	Cedars Sinai Marina Del Rey, Marina Del Rey, US
Miao, Lingling	National Institutes of Health, Bethesda, US
Miller, David	Massachusetts General Hospital, Boston, US
Minutilli, Ettore	Catholic University of the Sacred Heart, Milan, Italy
*Mohsin, Noreen	National Institutes of Health, Bethesda, US
Morningstar, Carina D	University of Washington, Seattle, US
Morris, Valerie	EMD Serono
*Moshiri, Ata	University of Washington, Seattle, US
Moshiri, Yassi	University of Washington, Seattle, US
Nakamura, Motoki	Nagoya City University, Nagoya, Japan
*Nghiem, Paul	University of Washington, Seattle, US
Olino, Kelly	Yale University, New Haven, US

*Park, Song	University of Washington, Seattle, US
Park, Soo	University of California, San Diego, US
Parvathaneni, Upendra	University of Washington, Seattle, US
Patil, Supriya	Fred Hutchinson Cancer Research Center, Seattle, US
Pfohler, Claudia	Saarland University Medical School, Homburg, Germany
Rabinowits, Guilherme	Miami Cancer Center, Miami, US
Rady, Peter	McGovern Medical School, Houston, US
Reddy, Sunil	Stanford Medical Center, Palo Alto, US
Reed, Danielle	
Renwick, Neil	Queen's University, Ontario, Canada
Remington, Allison	University of Washington, Seattle, US
Reinstein, Zachary	Northwestern University, Chicago, US
Rodriguez, Haroldo	University of Washington, Seattle, US
*Rodrigues, Joana	Dana-Farber Cancer Institute, Boston, US
*Rodriguez, Juan	EMD Serono
Rutkowski, Piotr	Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland
Saiag, Philippe	Ambroise Pare Hospital, Boulogne, France
Samlowski, Wolfram	Comprehensive Cancer Centers of Nevada, Las Vegas, US
Schmerling, Rafael	Beneficencia Portuguesa de Sao Paulo, Sao Paulo, Brazil
*Schnabel, Julia	Dana-Farber Cancer Institute, Boston, US
Schrama, David	University of Wurzburg, Wurzburg, Germany
Shalhout, Sophia	Massachusetts General Hospital, Boston, US
Sharon, Elad	National Institutes of Health, Bethesda, US
Silk, Annie	Dana-Farber Cancer Institute, Boston, US
Silva, Ines	University of Sydney, Sydney, Australia
*So, Naomi	Stanford University, Palo Alto, US
Sober, Arthur	Massachusetts General Hospital, Boston, US
Sondak, Vernon	Moffitt Cancer Center, Tampa, US
Su, Zhen	Marengo Therapeutics
Szumera-Ciećkiewicz, Anna	Maria Skłodowska-Curie Institute of Oncology, Warsaw, Poland
Tal, Abdel Kader	Perrysburg, US
Tetzlaff, Michael	University of California, San Francisco, US
*Thakuria, Manisha	Brigham and Women's Hospital, Boston, US
Thirumaran, Ranjit	Pfizer, Seattle, US
Topalian, Suzanne	Johns Hopkins University, Baltimore, US
Tothill, Richard	University of Melbourne, Australia
Tran, Thuy	Yale New Haven Hospital, New Haven, US
Tsai, Kenneth	Moffitt Cancer Center, Tampa, US

Tsuruta, Daisuke	Osaka City University, Japan
Turaka, Aruna	Maui Memorial Medical Center, Wailuku, US
Ugurel, Selma	University of Essen, Essen, Germany
Uyei, Anne	Kartos Therapeutics
Venkatesh, Kaushik	National Institutes of Health, Bethesda, US
Verhaegen, Monique	University of Michigan, Ann Arbor, US
Vezeridi, Michael	Brown University, Providence, US
Vilasi, Serena	Georgetown Lombardi Comprehensive Cancer Center, Washington DC, US
Villabona, Lisa	Karolinska University Hospital, Stockholm, Sweden
Wang, Richard	UT Southwestern, Dallas, US
Wong, Tak-Wah (Ken)	National Cheng Kung University Hospital, Tainan, Taiwan
Wong, Michael	MD Anderson Cancer Center, Houston, US
Wu, Cheng-Lin	National Cheng Kung University Hospital, Tainan, Taiwan
Xu, Wen	University of Queensland, Brisbane, Australia
Yang, Wendy	Uniformed Services University of the Health Sciences, Bethesda, US
Yu, Siegrid	University of California, San Francisco, US
*Zaba, Lisa	Stanford Medical Center, Palo Alto, US
Zawacki, Lauren	University of Washington, Seattle, US
*Zeithouni, Nathalie	Phoenix, AZ

Selected Zoom chat conversations from 2022 MMIG Meeting

1. Indolent MCC: Immune and Tumor Balance (Aubriana McEvoy)

Single Fraction Radiation

01:08:59 sunil reddy: sorry what dose was used?
01:09:30 Song Park: 8Gy, once most cases, but I'll check with Aubri (case 1)
01:10:34 Mehmi, Inderjit, M.D.'s iPhone: I would argue that SFXRT is the systemic disease therapy due to its immune activation.
01:11:59 Christopher Barker: i have treated 52 Merkel cell tumors with 8 Gy/1 fraction. They often respond, but all of them recur by 15 months after treatment.
01:15:32 Christopher Barker: when i say they recurred, i mean the irradiated tumor started growing again.
01:16:09 David Miller: Wow. Ok. 52/52. That's an impressive experience. Thanks
01:16:46 Christopher Barker: one of these days... "journal of negative results"
01:17:40 David Miller: I think there are many reviewers in this audience that would accept that paper. Thanks Chris.
01:22:45 Shailender Bhatia: @Chris: What is the median time to progression in these irradiated lesions? If more than a few months, it may not be a bad outcome for just one dose of RT used for palliation. Also, SFRT is not intended to be curative and mostly an adjunct to systemic therapy for debulking etc - so it is not necessarily a negative result, from a medical oncologist perspective, as long as we get a response in the RT fields. I agree that this should be published and will be a great addition to the literature
01:29:38 Christopher Barker: thanks all. i appreciate the interest and agree that as a palliative treatment, 8 Gy/1 fraction is very reasonable and i use it for that reason. my main concern is that if a durable tumor response is what is desired, this may not be the right idea. happy to discuss further at the meeting in a few months.

MCPyV status in indolent cases

01:12:46 wendy yang: Are the indolent MCC cases always the virus positive MCCs?
01:14:11 Lindsay Gunnell: @Wendy — no, not all indolent cases were virus positive
01:14:51 Kim Margolin: Seems its gotta be about the T cell response either to MCPyV or to high mutated tumors and it may not be that hard to test now that all these sequences are so well known

2. A practical approach to interpreting MCPyV oncoprotein titers in MCC (Lindsay Gunnell)

01:30:06 Mihaly Horanyi: Does immunotherapy interfere with AMERK test results?
01:30:08 Aruna Turaka: is this data consistent across other centers, AMERK ?
01:31:15 Emran Askari: Does antibody "doubling time" have a value for decision making (maybe in indeterminate patients)?
01:35:08 Song Park: 5min break :) Return 6:05PM
01:36:15 Kim Margolin: have any Natera sequences been done in MCPyV- cases that became clinically or serologically (based on AMERK) aggressive to look for new clonal mutations accompanying the transition to more aggressive phenotype?
01:36:36 Kim Margolin: Sorry meant MCPyV+ cases
01:43:55 Lindsay Gunnell: @Kim Margolin — we haven't done that. Currently the company that does our ctDNA will not allow us to perform more than 1 test for mutations on the tumor. An interesting idea though!
01:45:50 Kim Margolin: ahh ok thanks

01:47:33 Ragini Kudchadkar: My experience with ipi/nivo in refractory Mcc has been the same - I have yet to see a response.
01:48:00 Kim Margolin: Will be interesting to see lag plus nivo
01:48:11 David Miller: It's a very challenging cohort and a disappointing result for sure
01:57:13 Christopher Barker: what is the response to ipi/nivo after failure of antiPD1 in melanoma?
01:57:31 Ragini Kudchadkar: Great discussion and talks. Have to hop off early…great to see everyone even if virtually.
01:58:00 Ciara Kelly: May I missed this, apologies if so, what dose and schedule for ipi/nivo was been used. I have had a CR to Ipi/nivo (in the setting of progression on anti-PD1 and chemo exposure too), another case I have seen a good PR following PD on prior pembro.
01:58:46 KO's iPhone: Have CR as well at Yale.
01:59:28 sunil reddy: Chris in Melanoma without proper studies its 10-20% in second line melanoma
02:07:08 Kim Margolin: SUnil and Chris you will see the "proper studies" results at upcoming AACR from Ari Vanderwalde for melanoma in SWOG ;-)
02:09:26 Sophia Shalhout: Hello, it was 3mg/kg ipi 1mg/kg nivo in majority of cases (10/13) and the reverse in 3/10 patients (1mg/kg ipi + 3mg/kg nivo)
02:16:30 David Miller: Ciara, thanks for sharing your experience. I'm glad that you had a positive experience with ipi/nivo. That's important. Also pleased to hear that there was a CR at Yale. Clearly we need larger cohorts studied in a prospective fashion before we can have more confidence generalizing such results. Until we have those data, we hope that retrospective RWD studies can provide us with at least some information to guide us with these challenging cases.
02:20:11 iPhone de Ines Pires da Silva: Agree. We need a larger international multicentre cohort.
02:21:46 Sophia Shalhout: agreed
02:26:27 Paul William Harms: Cleveland Clinic has published data suggesting that larger nodal metastases rather than single cells are more significant for outcome
02:27:46 Piotr Rutkowski: so definitely we need larger cohort and cut off value from clinical point of view
02:28:40 Paul William Harms: UM has SATB2

3. Ukraine relief

02:30:28 Charles Hsu: FYI this was sent by Toni Ribas from a colleague
02:31:15 Charles Hsu: Hi Tony,
Keiran mentioned to me about your conversation at the MRA meeting. I just wanted to say thank you so much for your concern and support for Ukraine. I have a lot of family there and it has been incredibly stressful. Thankfully some have been able to flee, but majority stayed like my grandfather who is 97 (and a WWII veteran!).

Keiran mentioned that you were interested in the efforts me and some Ukrainian MD/PhD colleagues here in Tampa are working on. We have established a pipeline for shipping surgical instruments, surgical implants and imaging equipment (C-arm) directly to hospitals in Ukraine, because these items are urgently needed but not typically provided by most aid organizations. One of the people in our group owns a logistics company who is delivering these items directly to the hospitals we indicate. Many in the group also have worked as doctors in Ukraine for years so we have direct contacts in hospitals there, and we are providing the exact instruments they are urgently requesting to t

02:31:32 Charles Hsu: We work directly with several US-based companies including Alpha Biomedical who have been matching our every purchase with an equivalent donation of instruments, doubling our impact. Anyone interested in contributing to these efforts could purchase a gift certificate directly from Alpha using the link below and in the “recipient” section just put Ukraine and my email: ifedoren@mail.USF.edu

https://www.alphabmedsales.com/giftcertificates.php?_ga=2.178014373.1648773344.1647396152-1233478433.1647396152

We sent a couple of large sets of instruments and a C-arm instrument last week to Kyiv and will send another shipment this week. Please share with anyone who might be interested in helping these efforts.

Thank you and best regards,
Inna
02:32:13

Charles Hsu: Hi to all, maybe some of you will have received this same email from another group email, as I am trying to disseminate the information from our colleague and Ukrainian Dr. Inna Smalley. Inna and her husband, our other colleague Dr. Keiran Smalley, have been organizing donations of surgical equipment to Ukraine. Inna provides a web link below and instructions to direct the donation to her efforts by adding “Ukraine” and her email “ifedoren@mail.USF.edu” in the “Recipient” section. Even if we all contribute $100 it will be a significant raise to get the equipment to the hospitals in Ukraine that Inna is working with. Thanks for considering, Toni

https://www.alphabmedsales.com/giftcertificates.php?_ga=2.178014373.1648773344.1647396152-1233478433.1647396152