

Becky Campbell: So this is a really exciting opportunity to hear from two real legends in the field about how clinical trials can help patients, what you should consider and what the future looks like in the next, you know, three, ten years. And so I'll welcome back Dr, Shore and Dr. Sartor

Dr. Neal Shore: Thanks very much, Becky. Let's get right into it. So, Oliver, you know, you're an avid clinical trialist educator, everyone on this panel is. What do you hope to--help the audience understand, really what is a clinical trial? And let me just throw this kind of commentary out there. It drives me crazy when I hear it. And I talk to patients and they go, "oh, wait a minute, doctor, not me. Don't even tell me about it. I don't want to be a guinea pig." Help us understand that.

Dr. Oliver Sartor: Got it. Well, thank you. What is the clinical trial, first of all? And then why? You're not a guinea pig, number two. So a clinical trial is really a prescribed method of treating a patient, and we weigh it out in advance, because what we want to do is to be able to really understand what the effects of that treatment might be, typically in a prescribed population with very prescribed endpoints.

This is the way we make advances in medicine. And just for a moment, Neal, let me back up, just for a brief moment. Every time we have an FDA approval, there's been a clinical trial that has supported that particular level of evidence to reach the FDA for them to be able to say we have an approval, which then, in turn, allows the insurance companies to pay for the therapy. Without clinical trials, we make no advances in medicine. We have no FDA approvals, we have no new insurance regulations.

So are clinical trials are absolutely critical? Without a doubt. Now let's address the guinea pig question, because that's a good one.

One of the key, critical elements is there needs to be, in a clinical trial, the concept that everyone is going to receive a standard of care or an experimental therapy. We know in a randomized trial if there's an opportunity to take on a new therapy, but we really need to show in a randomized trial that a new therapy is superior to an older therapy, in order for the FDA to say "hey, an advance occurred." Part of the ethics of doing clinical trials is to ensure that everyone on the trial is treated appropriately. And quite frankly, one of the things that I think is advantageous about participation in clinical trials is that the individual will have a team, not only their physician team, but also an investigative team from the clinical trials office, to be able to help with that care.

Monitoring is typically done very, very tightly. Taken together, clinical trials are good medicine. Clinical trials are essential for us to make advances. And I encourage participation in clinical trials whenever it's appropriate for that individual patient.

Dr. Neal Shore: That's a great response. I mean, we do, you know, you said it so well, I mean, we do clinical trials because we want to change clinical care, we want to improve it. And we all want to ultimately, provide the "C-word," the "cure" word to cancer diagnoses.

So Oliver, I know you've been so instrumental in so many pivotal, game-changing trials, the protocols that go to landscape and guidelines changes. So what can the audience look forward to in the next, you know, three years and maybe even ten years from now? What are you optimistic about in terms of clinical trials and targets?

Dr. Oliver Sartor: Wow. That's a big question. You know, I'm going to look at my crystal ball and I'll see what I can see, of course it may be a little cloudy. So I can't see everything that will occur. First of all, we're seeing more precision at multiple levels, Neal. We're individualizing therapy in a more robust way so that the patient A and the patient B, the patient C may not get the same therapy, like we've given, for instance, with chemotherapy for many years.

Maybe we can have an extension of our precision medicine like the PARP inhibitors, like the pembrolizumab, like the PSMA-Lutetium.

Let's select the patients and then treat them in a very particular way. So personalization of care is proceeding on many fronts. Now I happen to believe that the radiopharmaceuticals might provide a next avenue of growth. We've seen it already, the Pluvicto mentioned earlier. But there are a whole series of new clinical trials. And this was mentioned also a little bit earlier, potentially moving the Pluvicto earlier.

But it's not just Pluvicto now. That's one particular product to one particular target for PSMA. We're looking at new isotopes, things like lead-212, things like Actinium-225.

We're looking at new targets, things like DLL-3, potentially for neuroendocrine tumors. We're looking at combinations of therapies in a way we've never looked at before. Perhaps a radiopharmaceutical with a hormone, maybe with a PARP inhibitor, maybe with an immunotherapy. Putting things together in combination.

I'm very highly confident we're going to be looking at more combinations in the future, more personalization in the future. Newer isotopes in the future. And together, what I'm hopeful of, is that we're going to have real progress for the patients, just like the ones on this call.

Dr. Neal Shore: Yeah, absolutely. And I am too. I think the work that's being done by all the faculty here and many of the patients and the family members who are listening, who participated in clinical trials, this, to me, is why it's hard to ever think about stopping the practice of research and medicine.

We've made such great advances, and we couldn't do it. I mean, I'm so pleased to be part of this program today, as I know all the faculty are, the Prostate Cancer Foundation has helped enormously with getting this funding out to the brightest new, young, next generation of investigators and researchers.

And this is how we improve care. And it's true clearly from what we're talking about today in prostate cancer. But in all other forms of cancer and infectious disease. And I think it's really wonderful. So I hope the

audience, understands this incredible importance and that this is how we improve what we all want to see, which is to ultimately cure all forms of cancer.

Dr. Oliver Sartor: Thank you. I see Becky on, but I'm going to give a shout out to PCF. You know, Prostate Cancer Foundation is the largest philanthropic organization devoted to prostate cancer research and instrumental in a number of our advances and laying the foundation for the future and helping to train the next level of investigators. Young now, but going to be experienced later. So a real shout out to PCF for all they've done to advance the field.