

Becky Campbell: I want to close in the last ten minutes with opportunity for Q&A. So I'd love to bring back all of our panelists. We have had some Q&A going. And thank you, Dr. Shore, for doing double duty and answering some of the questions in the chat.

I'm going to kick it off with a question that we again discussed on our prep call a couple weeks ago. We got a couple of these questions in advance, and it's about supplements. We talked about vitamin D, Dr. Holick talked about vitamin D and others. What about other types of things that patients might hear about and what they should think about in terms of supplements for prostate cancer?

Dr. Oliver Sartor: Yeah. May I jump in? But I'll be quick, and I want to hear from others. You know, I worry a little bit about supplements. Especially the ones we don't understand. What you don't know can hurt you. And I'm not a fan of supplements that we don't understand very well. Prospective trials, vitamin D, proven to be effective, but not all the supplements are proven effective. In fact, as many are not. So, proceed with caution on the supplement front.

Dr. Michael Holick: I agree with you 100%, but I do recommend to my patients a multivitamin, which I think is, you know, pretty benign and worthwhile because it's actually, depending upon what your diet is, that you may be lacking. And then some of these micronutrients, you know, like manganese and the like. But I agree with you 100%. I would be very careful about buying supplements that promote concepts that really aren't proven.

Dr. Neal Shore: Yeah. I think it's such a good point. Look, people are sometimes, I don't want to use the word "desperate," but it's really, it's very anxiety-provoking.

It's truly an existential moment in one's life when you run out of treatment options or you can't get quality clinical trials near you. People go on to social media and they read about these things. And some, a lot of the stuff on social media is good, but a lot of it just isn't. It's not - there's no evidence to it. I mean we're all scientists and we want to see real evidence-based findings on supplements and other things. So what we're telling you all today are things that have been proven. And as Dr. Sartor said, you know, some of these supplements, they can be very harmful or prevent you from getting a proven effective therapy.

And that's why I think, you know, websites and not to overly promote PCF, but they are putting things on there, and they curate it regularly about the supplements and nutrition and exercise and all the approved, evidence-based therapeutics and diagnostics.

So, I hate seeing when patients, you know, get really enthusiastic about something that has really no basis for in fact, but yet it's somebody writes a blog on it who wears a white lab coat. So it's a cautionary tale.

Maybe we'll just kind of go over to some other really important questions, you know, and then, Alicia, fabulous job. And, Elisabeth, too, on the importance of precision-based treatments and how we get there. But a big thing that always comes up is, "hey, I'm on this drug now. So, how do I think about going to--it's no longer working. How do I really have that discussion?" I think from a patient caregiver standpoint, you know, "how do I approach that with my physician? And maybe if I'm not really getting the answer that I want, but what should I be doing?" I'll start with you, Alicia.

Dr. Alicia Morgans: So just--you said you're on a drug and you feel like the drug is not working, because this is a question coming from the patient, right? So did the doctor tell the patient that it's not working, or is the patient feeling like it's not working? Or are the side effects too much and the patient is not--can't--doesn't want to continue the treatment?

Dr. Neal Shore: You know, what? That's wonderful, I think let me just say all of that.

Dr. Alicia Morgans: Okay. Well you know, what? That actually makes it a little easier. If the drug is not working and the side effects are terrible, you need to talk to your doctor about switching that treatment. And regardless of whether the drug is working or not, if the side effects are making your day-to-day terrible, it's important to talk to your doctor about that.

It's possible that the doctor may have strategies to help support you while you continue on the treatment. It's possible there are alternative treatments that do the same thing that your doctor could switch you to, but either way, that communication is critical because if it's not the right treatment for you, because it's not working in your body, and it's not tolerable, that you can't deal with the side effects, that doesn't mean there's a problem with you. It means there's a problem with the drug and you as a combo, and that that needs to be changed, so I would absolutely bring that up with the doctor.

And to your point, if you don't feel like your doctor is hearing you, you know, sometimes you need to say it twice, and any doctor may need to hear it twice, so give them a second chance. But if they're really not hearing you and you aren't connecting in that way, it's okay to seek a second opinion or perhaps a third. I would counsel people to just be cautious, if you start getting to your third and your fourth and your fifth doctor, it may be that if they're saying the same thing, it may be the truth, and you need to try to see if you can hear what they're trying to say. But if you and your doctor are not the right match, too, it's also okay to change doctors and no doctor takes it personally if you need to change.

Because, you know, not everybody is the perfect match in the world, so it's okay.

Dr. Neal Shore: Yeah, that's really well said. But I mean, additional knowledge, second opinions. Great. A physician, I think, who dissuades you, it's definitely time to find another physician, but you can go to an

excess with it too and becomes inefficient. A couple of really, really great questions here.

One, let me ask you, Oliver, to talk about CAR-T and clinical trials, if you have any experience with that.

And then, Elisabeth, what about, you know, people are—just, they don't want to pursue additional treatments and they're getting sort of to the end of their rope.

But yet we as clinicians, we say, “well, wait a minute. You could still, we think you could still do this treatment,” but sometimes and maybe Dr. Holick, you can weigh in on that too with Dr. Heath. “Yeah. I just don't want to do it anymore. I'm tired.” But Oliver, first, please.

Dr. Oliver Sartor: Yeah. So, Neal, the CAR-T cells are really tailored specific medication that have been proven effective in various hematologic malignancies, in particular things like multiple myeloma, some of the leukemia, some of the lymphomas.

But as of yet, their proof in the solid tumors has been lacking. We continue to look at clinical trials. I think they're a good idea, but at the same time, currently experimental in the prostate cancer space.

Dr. Neal Shore: Okay. Thank you.

Dr. Elisabeth Heath: Yeah, Neal, I think your point really, and this is something we all focus in on, is what are our goals of care? And I think those goals of care change throughout the journey. Maybe you start off thinking one thing, time passes, how you're dealing with the cancer, with the treatment, with everything around you changes, goals of care need to be revisited more than once.

And this is where enhancing your multidisciplinary team is so critical, because a lot of us have access to other experts that are supportive, or palliative care, you know, those dealing with mental health.

However you can strengthen these discussions, it might be beyond just this one-on-one. It might be a team of folks that really focus in on this topic. But I think ultimately it's up to the patient. It's not about us, it's about the patient.

Dr. Michael Holick: And I agree, I mean, I think it's critically important, as Alicia pointed out, that you have to have a good conversation and comfortableness with your physician. If you don't, it's very reasonable to find another physician who, you know, is concerned not only about your health, but your mental health, your overall quality of life. I mean, all of those things make a difference.

Just the fact that you're treating a disease. And of course, that's the goal of the doctor to try to do their best. But it's not everything. And quality of life, I think is a very important component. And good communication with your physician is critical.

Dr. Neal Shore: Yeah. Thank you. You know, last question is, you know, we have to do better. Let me make that statement. Getting back to our mHSPC patients, 50% of patients in the United States are still getting monotherapy ADT, despite the exorbitant amount of evidence that doublet and triplet is the way to go. And so one of the questions that was asked is, can we challenge a patient with docetaxel if they've received it when they were in the sensitive and then the resistant? Maybe the larger question is how many of our patients who have succumbed to castration-resistant prostate cancer are getting life-prolonging therapies?

Oliver, let me ask you this, because I know you and I wrote a paper with Dan George on this and we looked at U.S. and Canada and the percentages are still somewhat appalling.

Dr. Oliver Sartor: Yeah. You know, it's very difficult to be engaged in the scientific research and the clinical trials to have a proven effective therapy, and yet, it not reach the patients who need it most. But the truth is that many of the patients in the United States are not being exposed to multiple therapies, which in turn might be able to provide benefit.

It's a little bit hard to be overly judgmental because we're not in those patients' shoes or those physicians' shoes, but I simply say intensification of therapy up front when you have metastatic disease is proven, and we should be doing it. And the opportunity to receive multiple therapies in the castrate-resistant setting, I believe, is really critical for the very best of outcomes.

If you feel as though communication with your physician is imperfect, please feel the need, quite frankly, the need to pick up the phone and get a second opinion because your life is on the line and second opinions can make a difference.