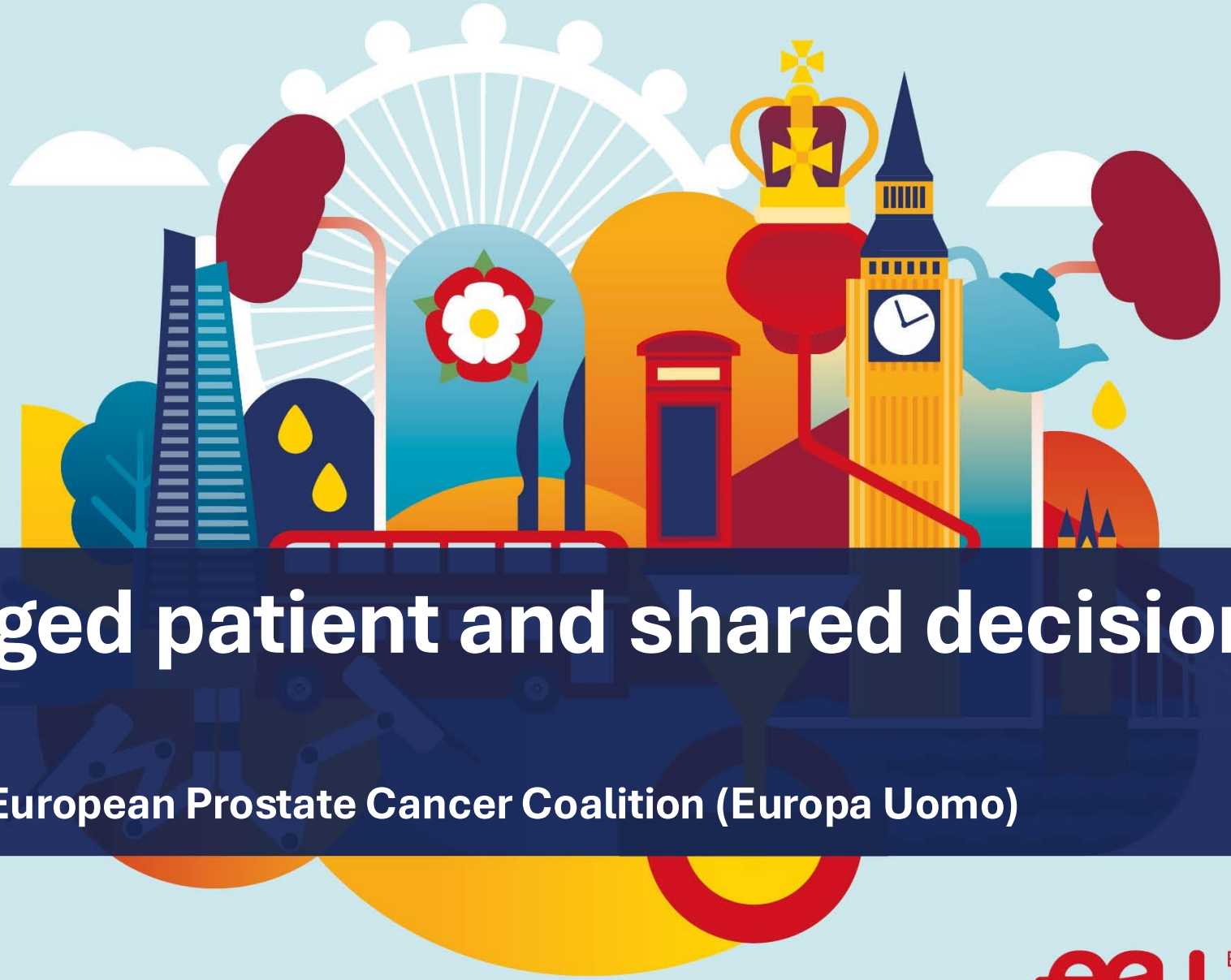
EAU26
LONDON, GB
13-16 March 2026

Cutting-edge Science at
Europe's largest Urology Congress



The underprivileged patient and shared decision making

Dr. Erik Briers MS, PhD **Chair European Prostate Cancer Coalition (Europa Uomo)**

www.eau26.org

European Association of Urology

Conflict of interest

I have nothing to declare

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This is a personal perspective with input from others

260314 09:00-09:30

What do patients want?

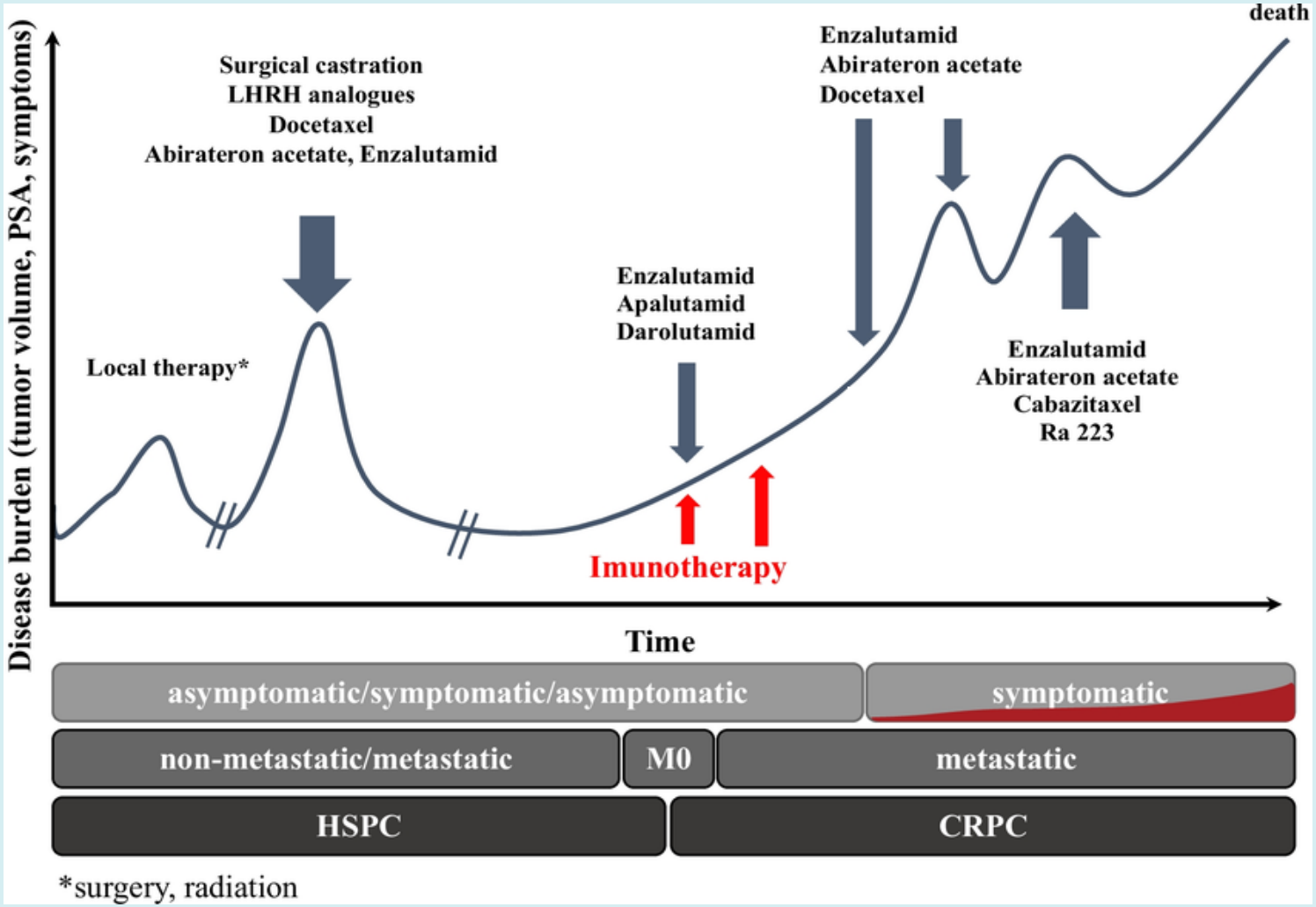
A cure for their (serious) disease, cancer?

If a cure is not possible, control over the progression of their disease with good quality of life, soft control (good benefit/risk ratio) or even hard control (not so good benefit/risk ratio).

Patients know that they cannot have: "the "old" life back…"

And, also, quality in the end of life!

The underprivileged patient and shared decision making



Dr. Erik Briers MS, PhD

European Prostate Cancer Coalition

The Underprivileged Patient, Shared Decision Making, and the CLEAR-PC Project

Prof. Blanca Lumbreras, 14 March 2026, EAU Congress

Why Focus on Underprivileged Patients?

Underprivileged patients face **barriers** that limit their ability to participate in healthcare decisions:

Lower Health Literacy

Difficulty understanding medical information and navigating health systems.

Limited Access

Restricted access to reliable health information sources.

Language & Cultural Barriers

Communication gaps that hinder understanding and trust.

Limited Digital Skills

Reduced ability to access online health resources and digital tools.

These barriers lead to persistent **inequalities** in cancer screening, diagnosis, and treatment.

Why Prostate Cancer Decisions Are Complex

Prostate cancer (PCa) care involves complex decisions at **several stages**:

- **Screening**
- **Diagnosis** and biopsies decisions
- **Treatment options**: surgery, radiotherapy, active surveillance
- **Palliative care**

Decisions must be **individualized,** and patients need **clear, accessible information** to participate effectively
Shared Decision Making (SDM)

Shared Decision Making (SDM)

SDM is a **collaborative process** where patients and clinicians work together to make healthcare choices, guided by the best available **evidence** and the **patient's values** and preferences.

Collaborate

- Patients and doctors act as **partners** in decision-making.

Understand

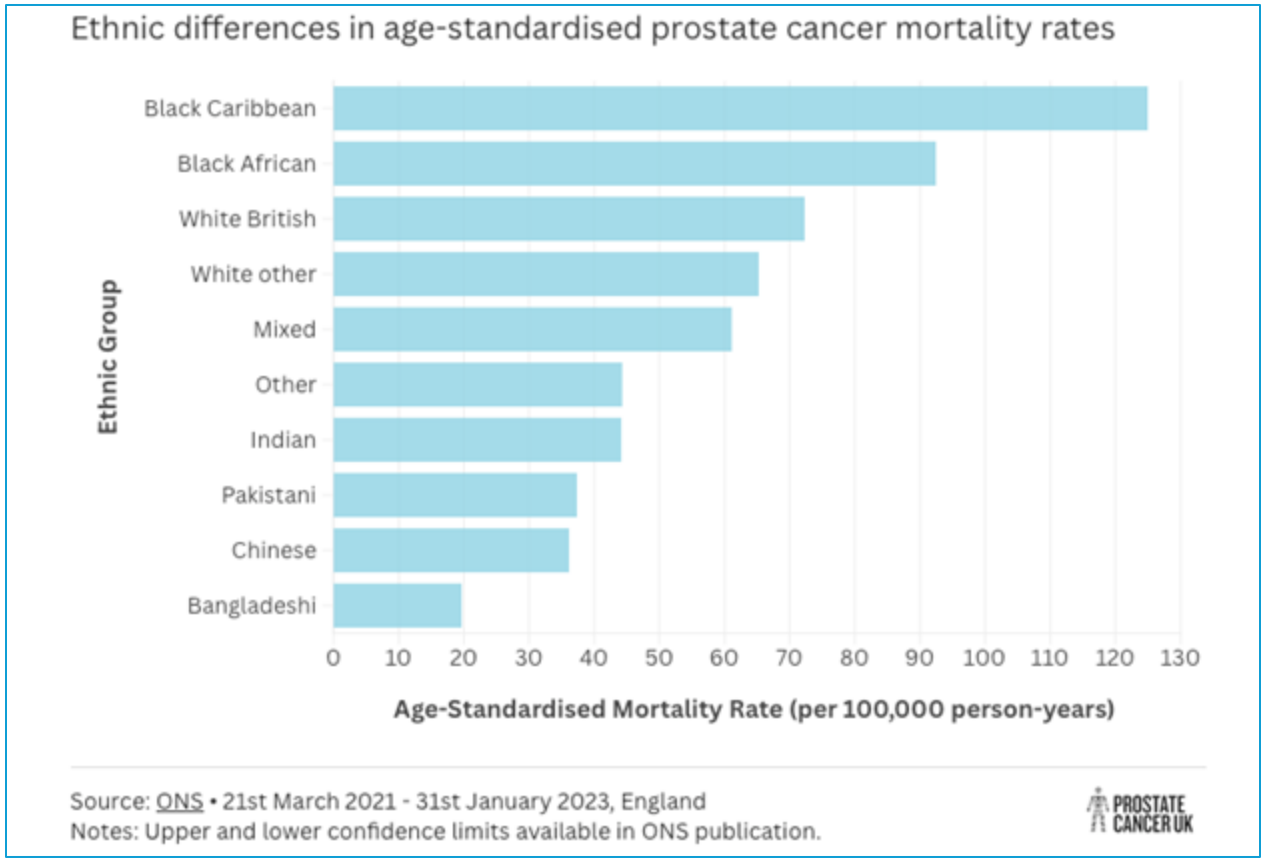
- Patients **understand** the risks, benefits, and alternatives.

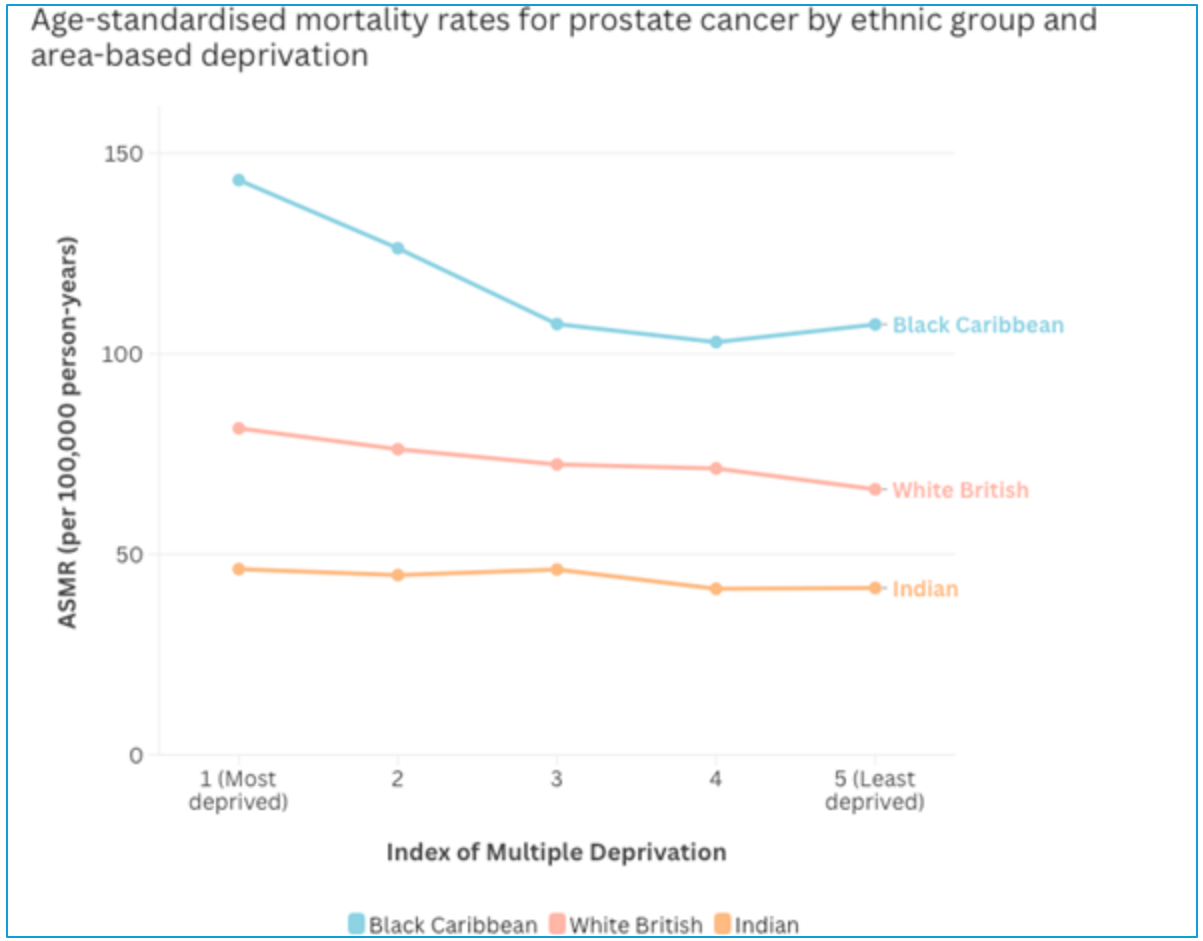
Decide

- Informed choices are **aligned** with individual values.

Challenge: SDM is particularly difficult when patients have **low health literacy.**

The Evidence: Inequalities and Cancer Outcomes





Gardner U., Randolph A., Anabaraonye N., Washington C., Deville C., **Health Disparities and Inequities in Prostate Cancer Along the Continuum of Care**, *Seminars in Radiation Oncology (2025)*

Key Findings	
Underrepresentation in genomic databases	• Black, Hispanic, and Native American patients
Clinical trial disparities	• Disproportionately low participation of racial and ethnic minorities
Disparities in screening utilization	• Black men
Inequities in utilization of advanced imaging and biopsies	• Blac men, older patients, individuals in rural regions, with lower income or public insurance
Underutilization of active surveillance in vulnerable populations	• Black men and individuals with lower SES
Limited access to advanced therapeutics	• Black and Hispanic men, rural residents, and those with lower SES

Key Recommendations in Prostate Cancer Guidelines

- Current **EAU** and **international guidelines** emphasise **SDM** as a **central component of PCa care (**screening, treatment selection, and palliative care).

EAU-EANM-ESTRO-ESUR-ISUP-SIOG Guidelines on Prostate Cancer—2024 Update. Part I: Screening, Diagnosis, and Local Treatment with Curative Intent

U.S. Preventive Services TASK FORCE

American Urological Association

- However, these guidelines rarely address **how to implement SDM** effectively for patients facing literacy, language, or socioeconomic **barriers**.

The CLEAR-PC Project

Cancer Literacy Education and Awareness Resources for Prostate Care

1

Educate

Improve health literacy across the prostate cancer care pathway

2

Empower

Enable shared decision making for all patients

3

Equalise

Reduce disparities in screening, treatment, and health outcomes

The CLEAR-PC Project: Consortium

The consortium is composed of **17 partners from 6 countries** (Spain, Portugal, Cyprus, Croatia, the Netherlands, Belgium):

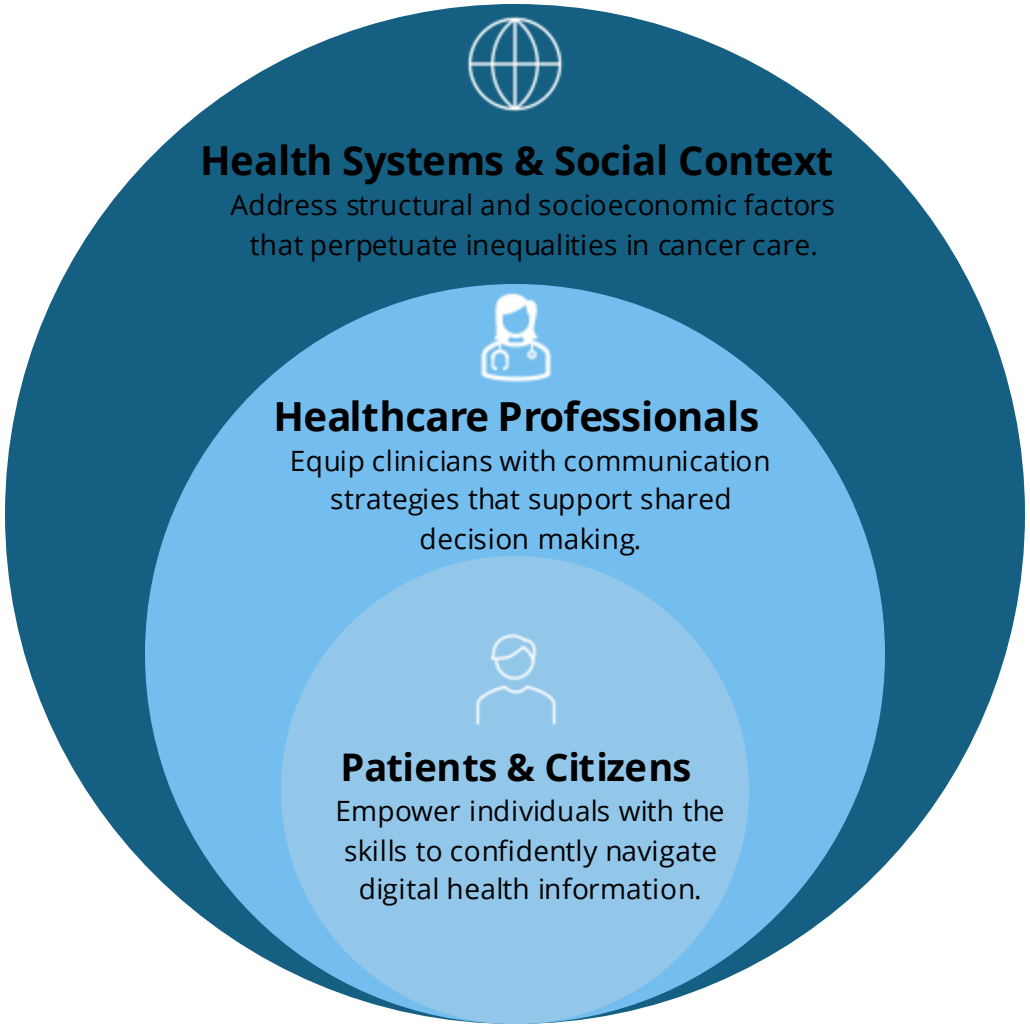
- 4 Academic entities
- 3 Hospitals
- 5 Public institutions
- 1 Professional association
- 1 Private institution
- 1 Scientific society
- 1 Non-profit organisation
- 1 Patient advocacy group

The CLEAR-PC Project: Main Objective

- The CLEAR-PC project focuses on **designing and developing a comprehensive strategy to improve (digital) health literacy in PCa** early diagnosis, screening, treatment decision-making, and palliative care.

- CLEAR-PC focuses specifically on improving **digital health literacy** as a prerequisite for **SDM**.

The CLEAR-PC Project: Approach



Inclusion of Underprivileged Populations

- **Immigrants & Refugees:** Face language and cultural barriers that hinder access to care.
- **Low Socioeconomic Status:** Limited financial resources and reduced access to digital tools.
- **Socially Disadvantaged Groups:** Marginalised communities experiencing barriers.
- **Older Adults:** Often have limited formal education and lower confidence in using digital technologies.

Image by Freepik

The CLEAR-PC Project: Structure

PHASE 1

Identification of needs:

- Mapping (d)HL: **population surveys, focus groups**, and semi-structured interviews **(WP 4)**
- Search and analysis of available health **(WP 5)** and educational resources **(WP 6)**

PHASE 2

Design and development of the CLEAR-PC strategy (WP 7):

- Delphi procedure
- Development of prototypes
- **Workshops**

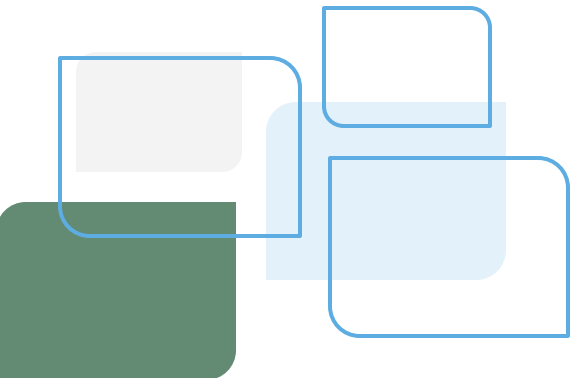
PHASE 3

Pilot of the CLEAR-PC strategy in clinical practice (WP 8):

- **Pilot clinical trial studies**
- **Interviews**

The CLEAR-PC Project: Key Outcomes

Individual & Information	Healthcare Professionals & Organisations	Social Context
Decision aids	Clinician training	Awareness campaigns
Knowledge questionnaires	Clinical Decision Support System	Caregiver resources
Educational videos	Risk communication tools	Social support networks
Symptom trackers	Cultural competency guidelines	Policy briefs
Fact sheets	Organisational HL assessments	Advocacy partnerships



The CLEAR-PC Project: Expected Impact

1. **Improved Health Literacy**

Patients gain the skills to find, evaluate, and use health information.

2. **Greater Patient Participation**

Informed patients engage more actively in treatment decisions.

3. **Better Clinician-Patient Communication**

Dialogue is built on mutual understanding and trust.

5. **Reduced Health Inequalities**

Vulnerable populations receive more equitable prostate cancer care.

6. **Stronger Shared Decision Making**

SDM becomes embedded in routine clinical practice.

Take-Home Message

Underprivileged patients face significant barriers that **limit their participation** in healthcare decisions.

The CLEAR-PC project addresses these challenges by:

- **Including** vulnerable populations in the process
- **Improving** health literacy at all levels
- **Supporting** shared decision making

Join us!

Collaborate with CLEAR-PC to empower patients

THANK YOU

- www.clearpc.eu
- Instagram: clearpc_project
- LinkedIn: CLEAR-PC Project
- @clearpc-project.bsky.social

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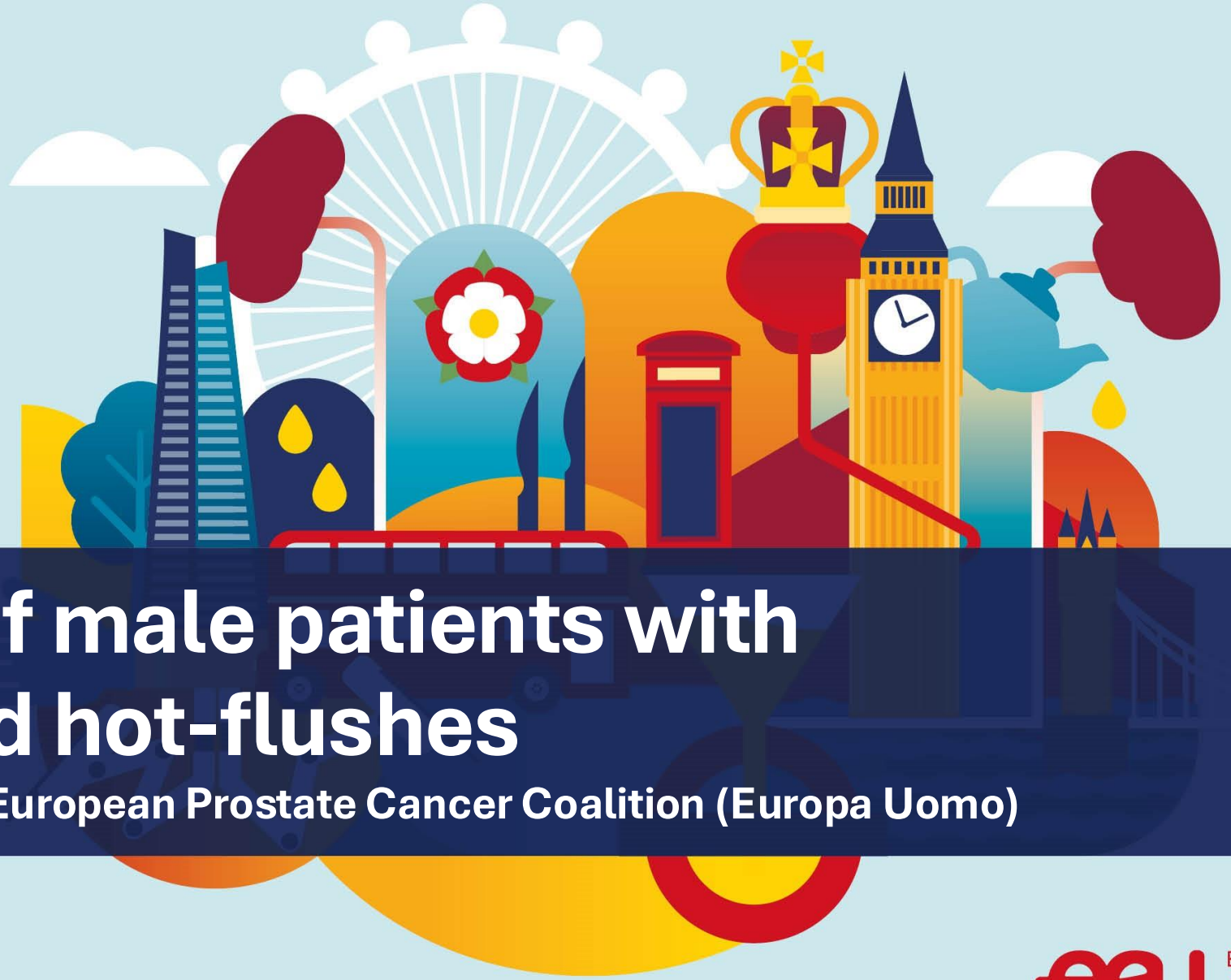

Discrimination of male patients with incontinence and hot-flushes

Dr. Erik Briers MS, PhD **Chair European Prostate Cancer Coalition (Europa Uomo)**

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Discrimination of male patients with incontinence and hot-flushes

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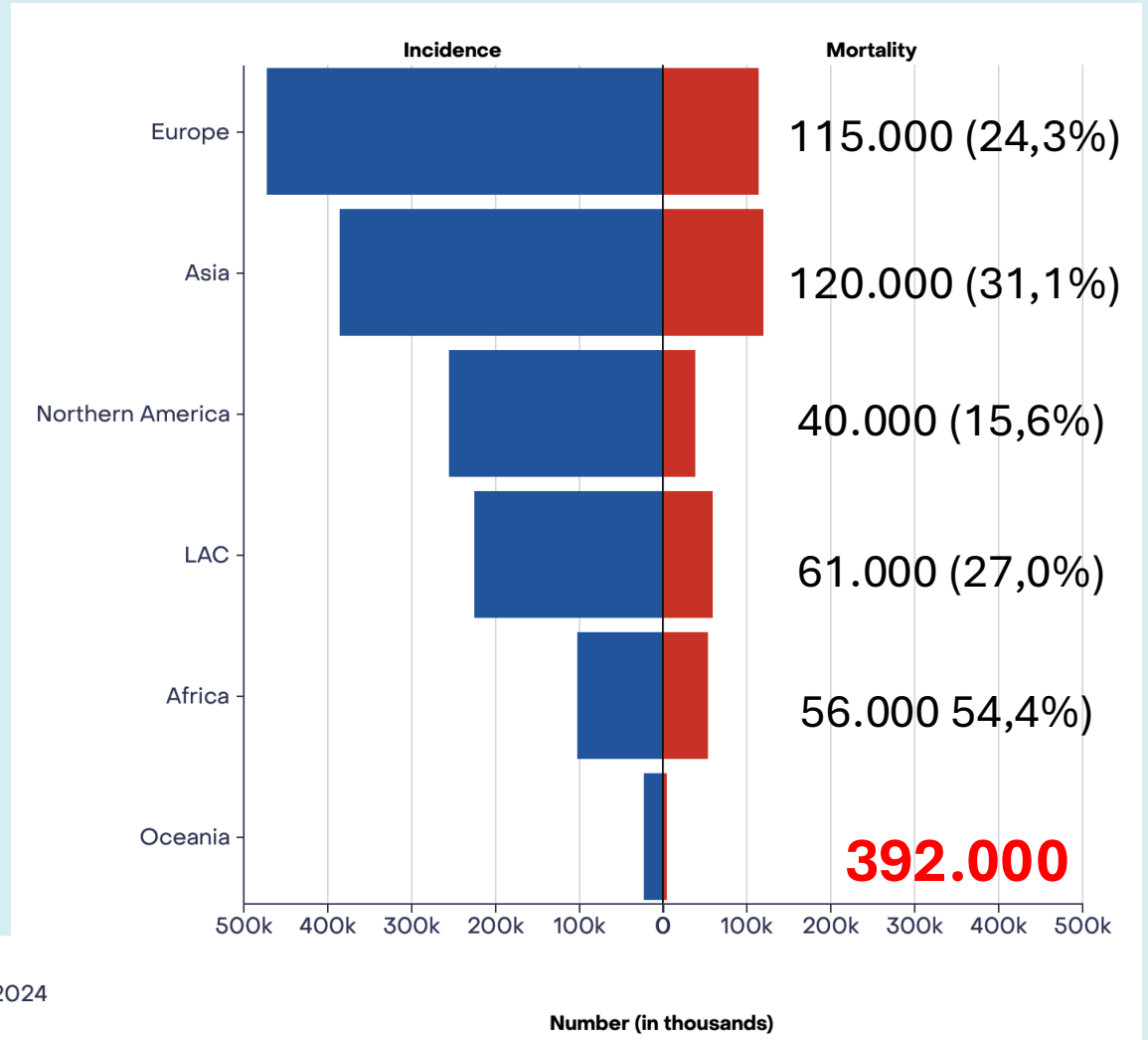
260314 16:30-17:00

Discrimination of male patients with incontinence and hot-flushes



Cancer TODAY | IARC – https://gco.iarc.who.int
Data version: Globocan 2022 (version 1.1) – 08.02.2024

Prostate Cancer

Diagnoses (blue)

PC mortality (red)

2022

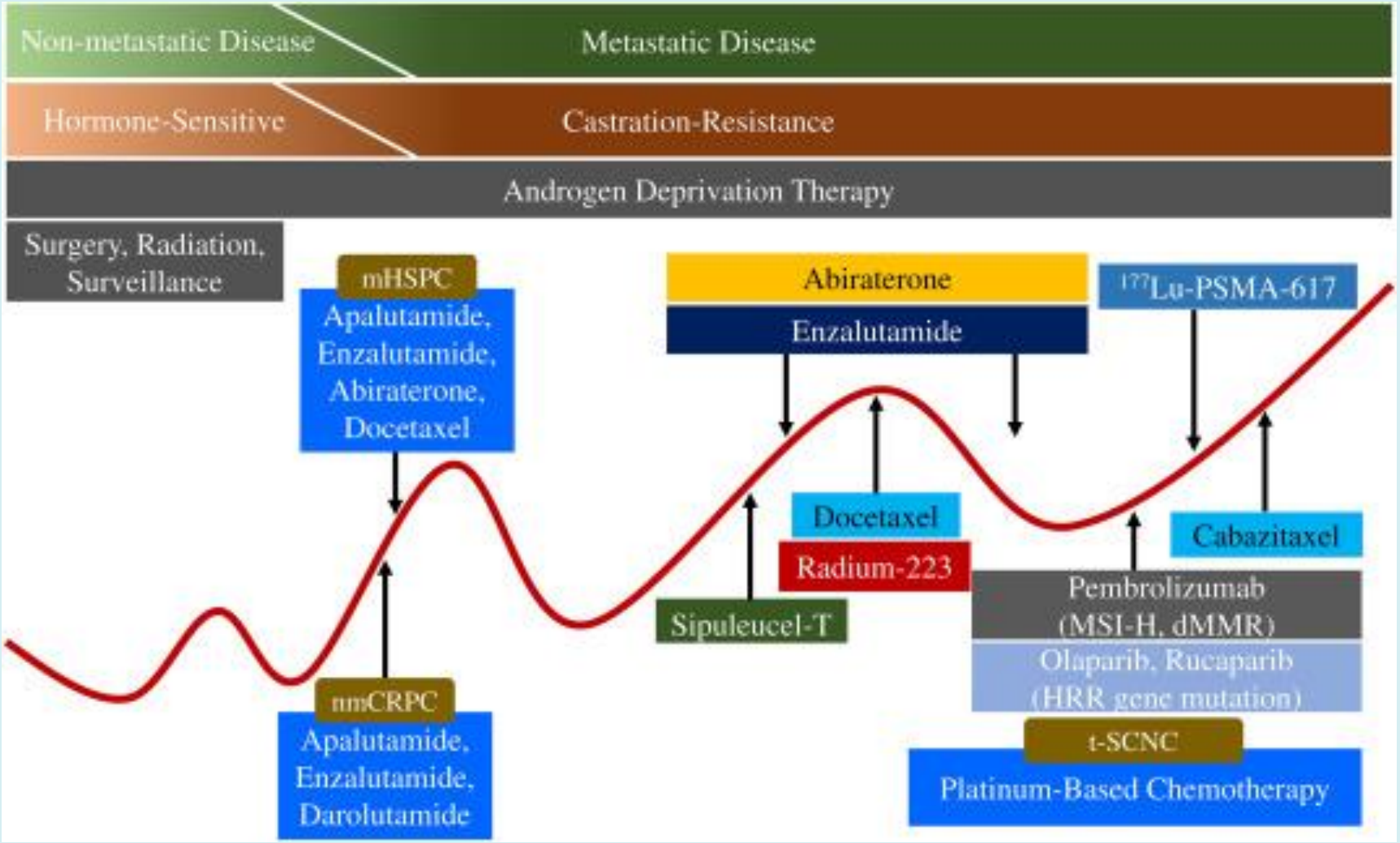
EU 27 330.000

EU 27 77.000 (23,3%)

>2.000.000 men living with prostate cancer in EU 27

Dr. Erik Briers MS, PhD

Discrimination of male patients with incontinence and hot-flushes



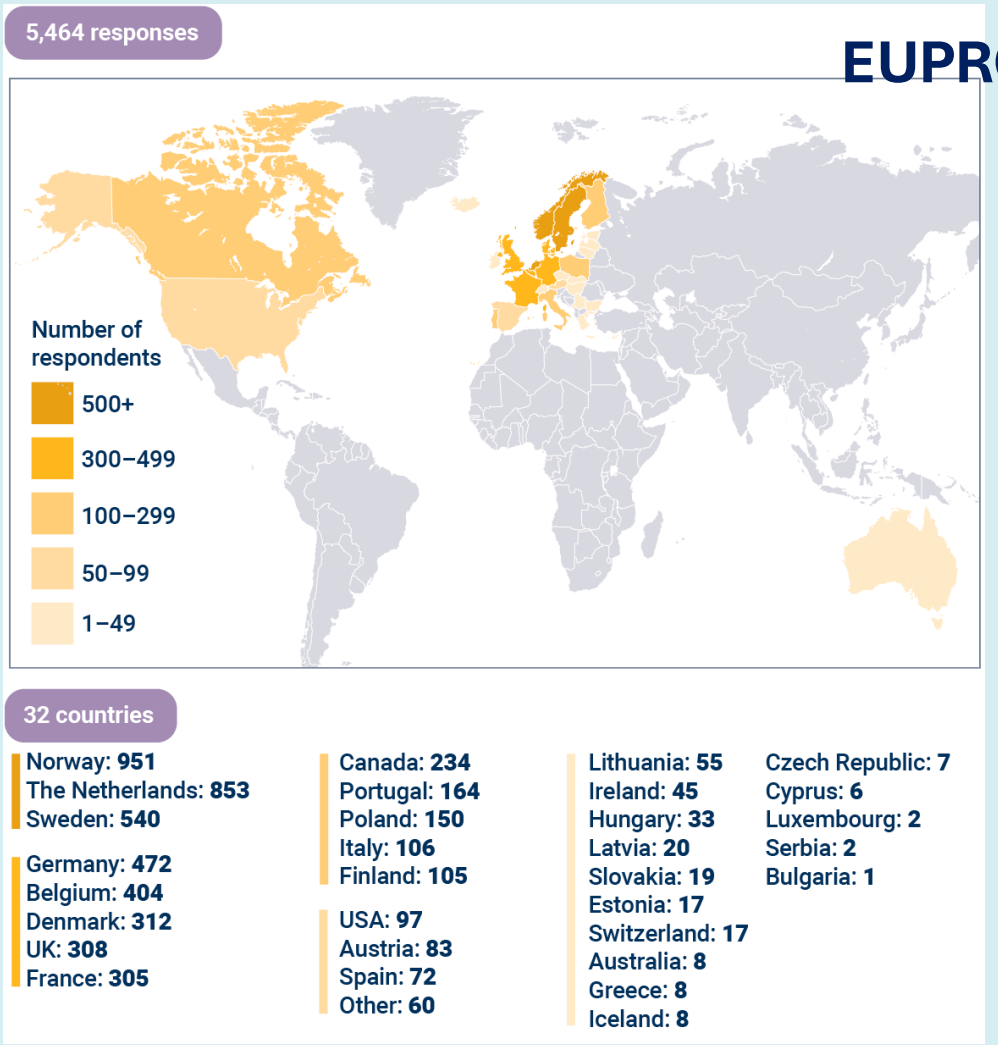
Dr. Erik Briers MS, PhD

Things we know:

Treating prostate cancer has a major influence on quality of life. For any treatment modality the side-effects are major.

Discrimination of male patients with incontinence and hot-flushes

EUPROMS 1&2 Study – patient reported outcomes



EUPROMS 1.0
3,000 responses

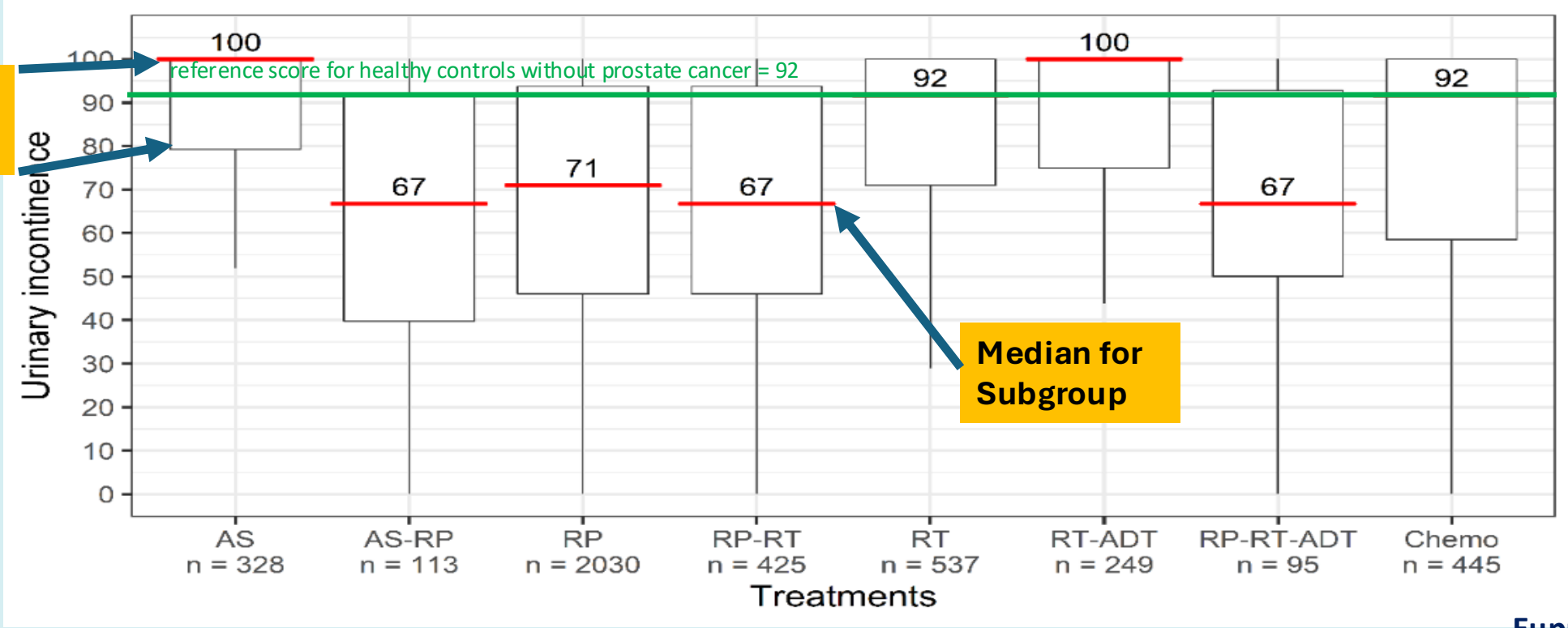
EUPROMS 2.0
3,571 responses

“Unique” responses combined
5,464 responses

Discrimination of male patients with incontinence and hot-flushes

EPIC 26 incontinence score

Spead of scores



Median for healthy controls

Median for Subgroup

Higher score is better; Difference of 6 to 9 points is clinically relevant

Euproms 1.0 and 2.0 combined

RP reduction of more than 20 points vs reference with a big spread

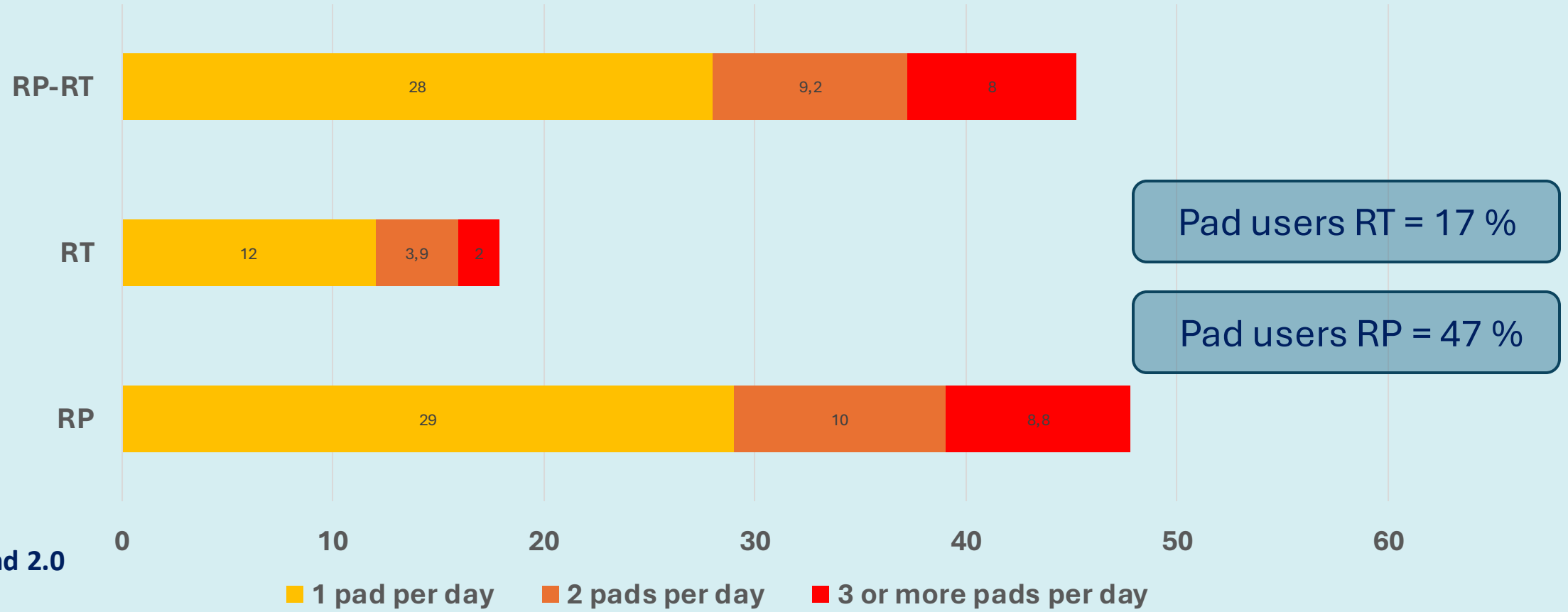
Dr. Erik Briers MS, PhD

Discrimination of male patients with incontinence and hot-flushes

How many pads or adult diapers per day did you usually use to control leakage during the last 4 weeks?

Pads/day

EPIC 26 incontinence score



Pad users RT = 17 %

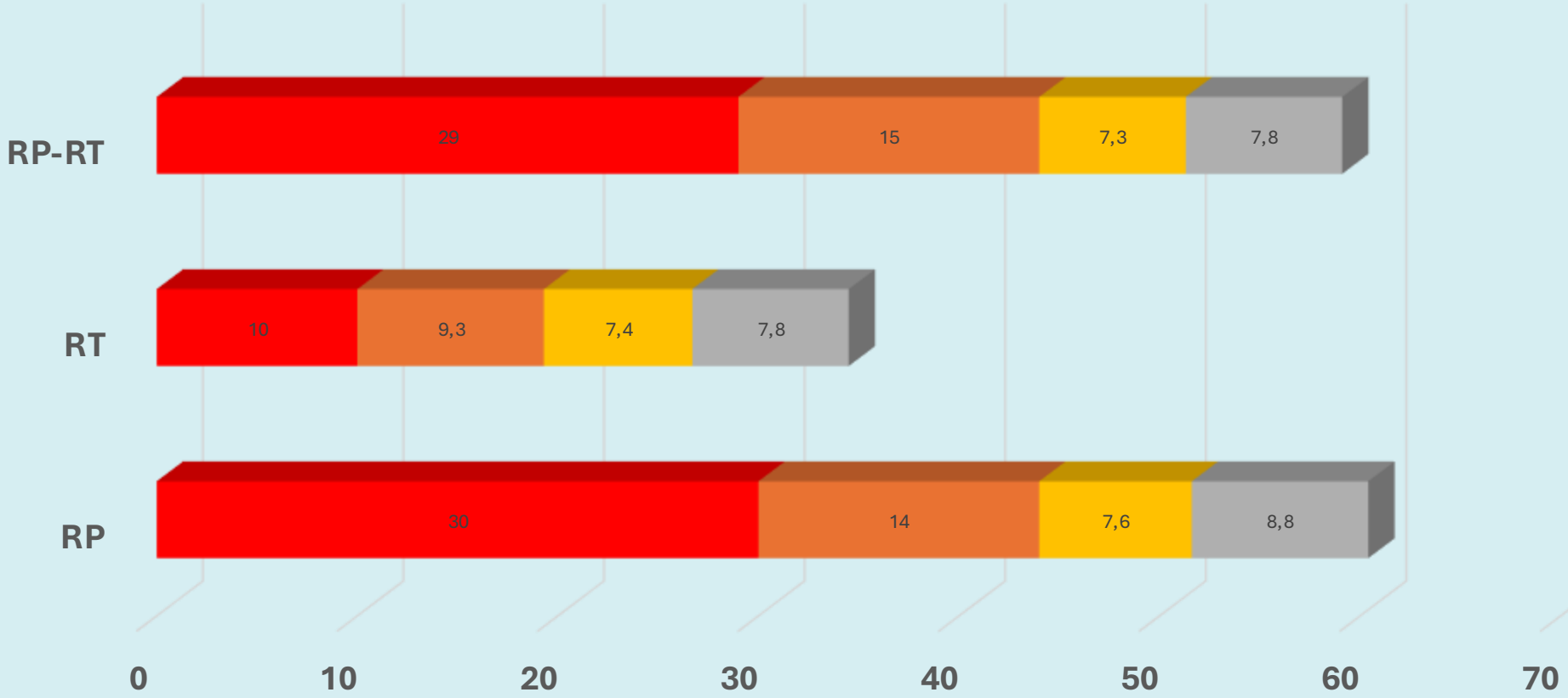
Pad users RP = 47 %

Euproms 1.0 and 2.0 combined

Dr. Erik Briers MS, PhD

Discrimination of male patients with incontinence and hot-flushes

Over the past 4 weeks, how often have you leaked urine?



EPIC 26 incontinence score

RT = 33 %

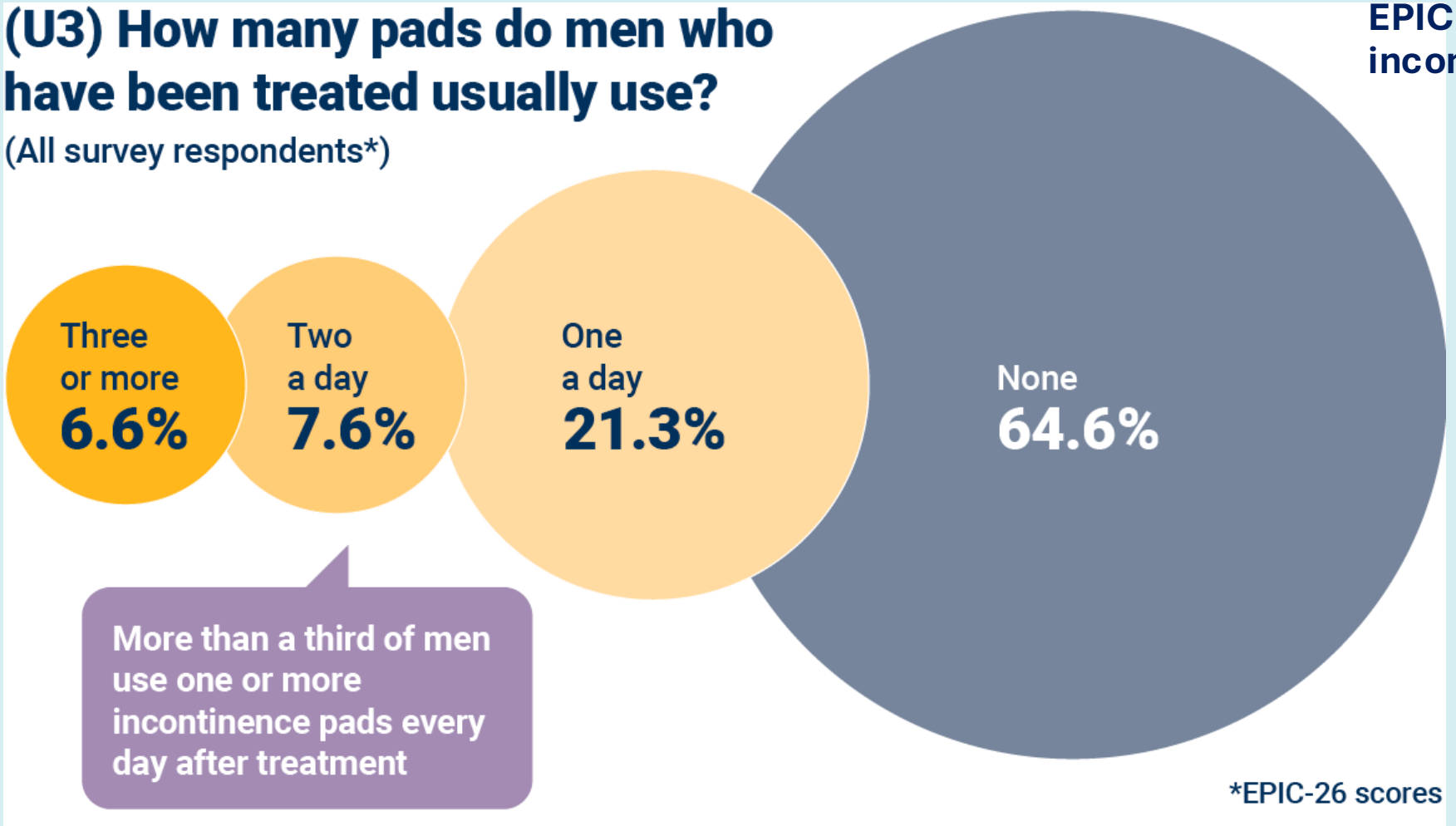
RP = 59 %

Euproms 1.0 and 2.0 combined

Dr. Erik Briers MS, PhD

Discrimination of male patients with incontinence and hot-flushes

EPIC 26 incontinence score



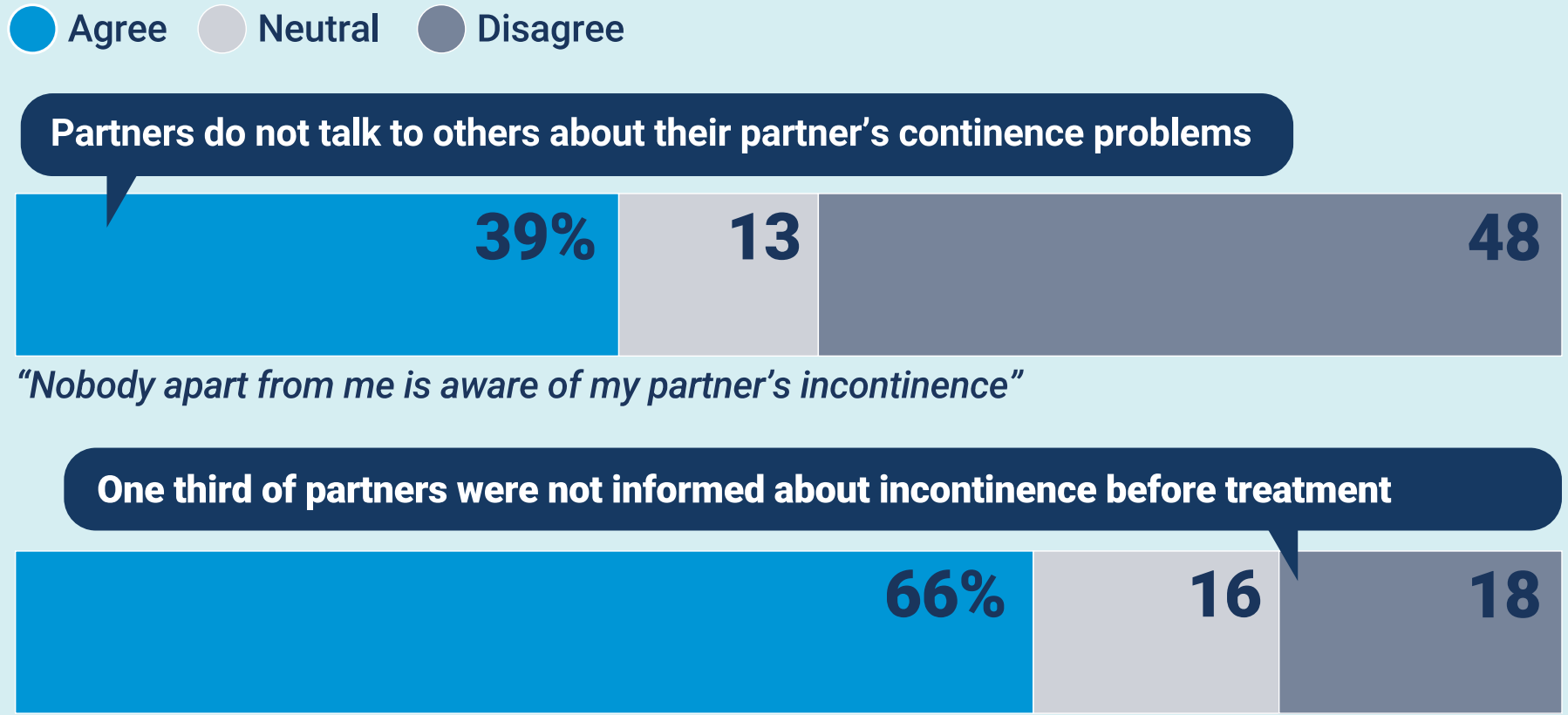
Euproms 1.0 and 2.0 combined

Dr. Erik Briers MS, PhD

Discrimination of male patients with incontinence and hot-flushes

(10) Incontinence is still taboo

EU-ProPER Study – partner reported outcomes

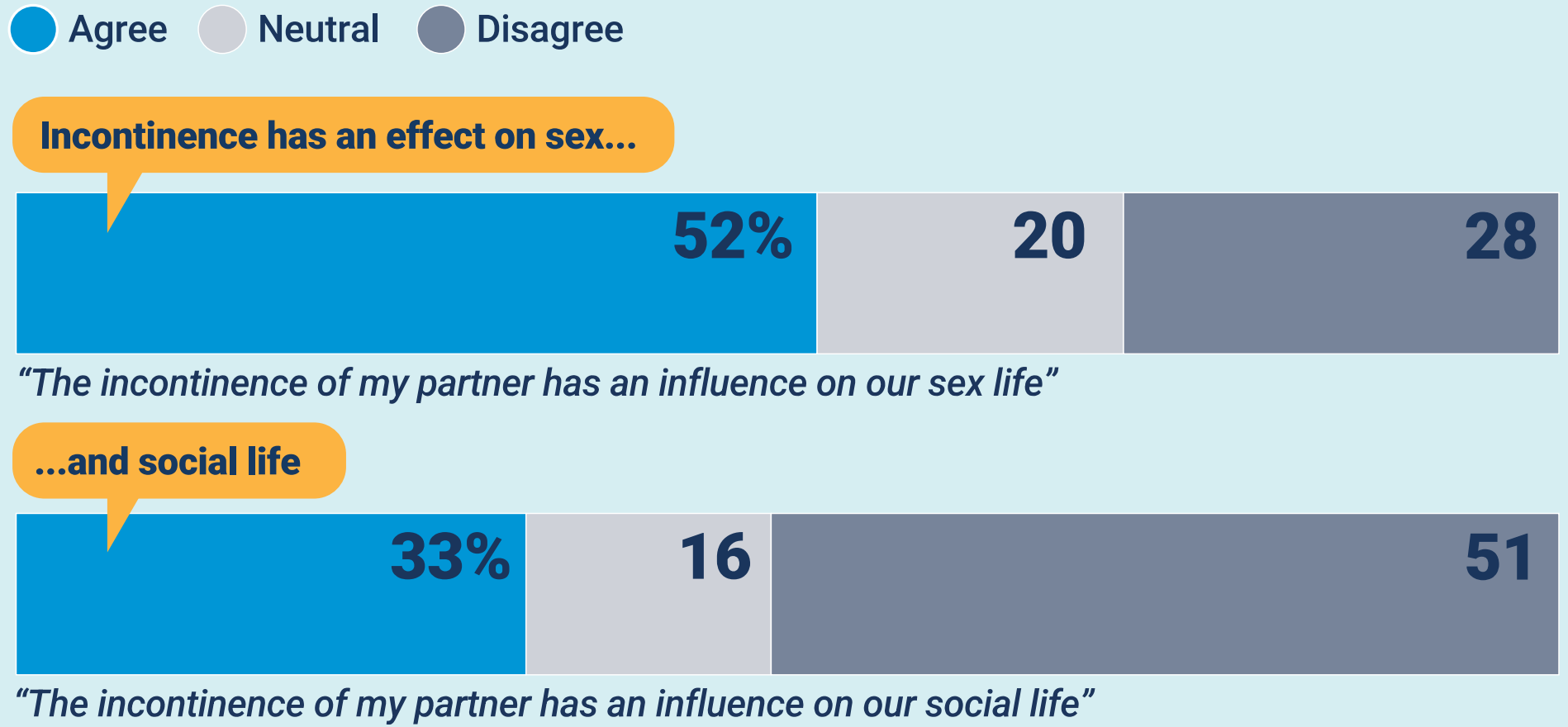


EU-ProPER
Europa Uomo Prostate Partners' Experience Research

Discrimination of male patients with incontinence and hot-flushes

(11) Incontinence is life-changing

EU-ProPER Study – partner reported outcomes



EU-ProPER
Europa Uomo Prostate Partners' Experience Research

Dr. Erik Briers MS, PhD

European Prostate Cancer Coalition

European Association of Urology

Discrimination of male patients with incontinence and hot-flushes

Examples of inequalities with consequences in health

1% of breast cancer cases are in men, and there are differences between female and male types, extrapolation is not always valid.

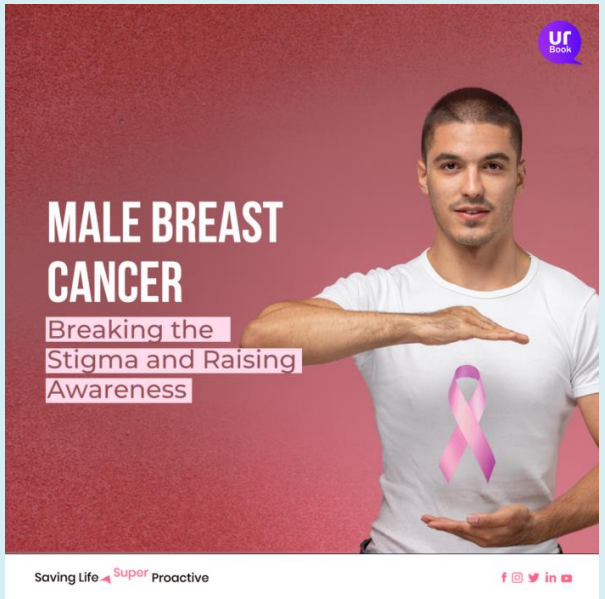
Issues

1- Awareness and diagnosis – misdiagnosis leading to more advanced stage

2- Treatment guidelines – no specific guidelines for male breast cancer

3- Access to treatment – breast cancer treatments only tested on women

4- Side effects management – side effects may be gender determined



EUROPEAN UROLOGY xxx (xxxx) xxx

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journal homepage: www.europeanurology.com

European Association of Urology

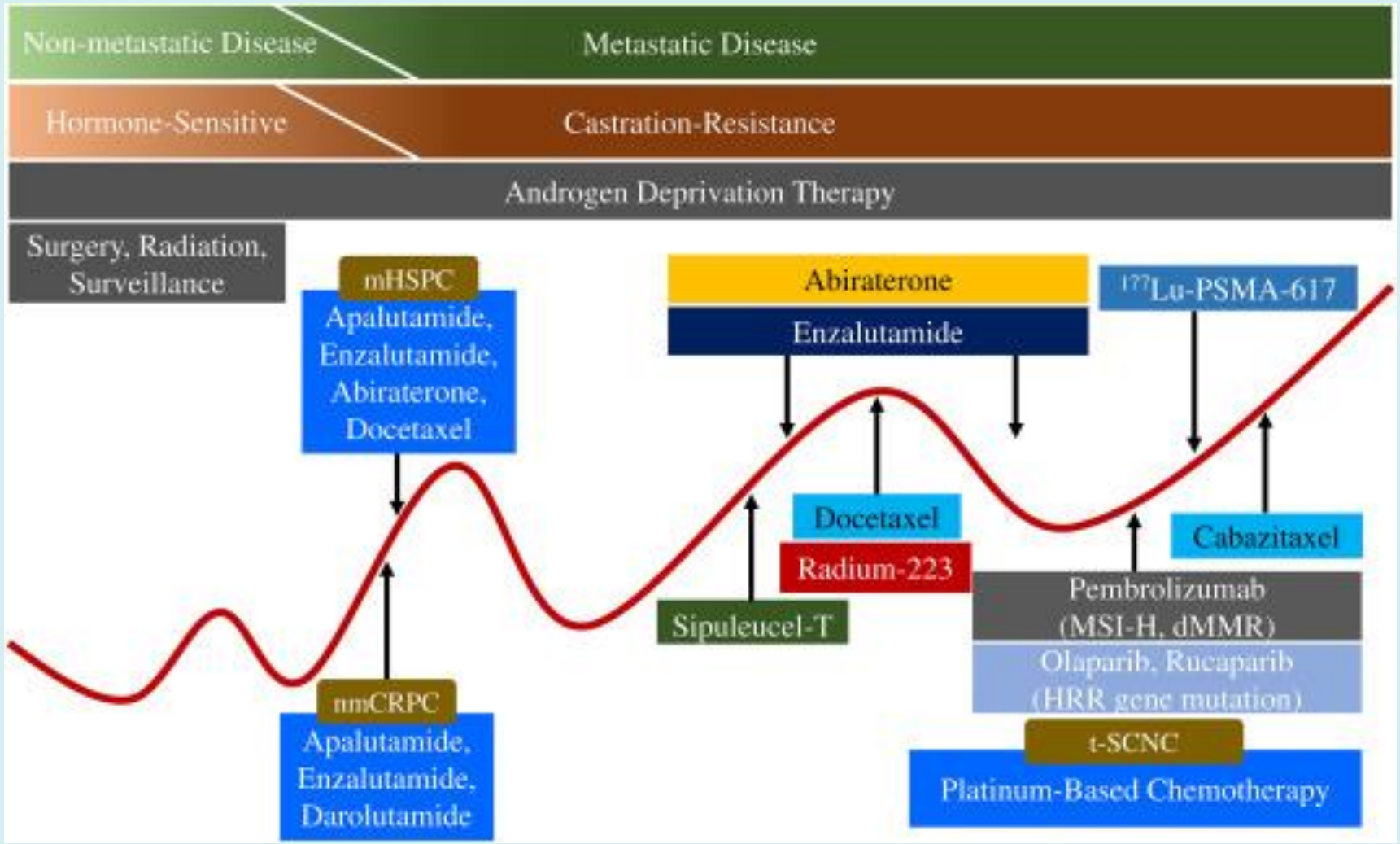
Editorial

Beyond Menopause: Ending the Inequality—Why Men with Prostate Cancer Still Lack Therapies for Hot Flushes

Martino Pedrani [a,*], *Silke Gillessen* [a], *Erik Briers* [b], *Pierre Blanchard* [c], *Anthony M. Joshua* [d,e], *Bertrand Tombal* [f]

[a] *Istituto Oncologico della Svizzera Italiana, Ente Ospedaliero Cantonale, Bellinzona, Switzerland;* [b] *Europa Uomo European Prostate Cancer Coalition, Antwerp, Belgium;* [c] *Oncostat U1018 Inserm, Department of Radiation Oncology, Université Paris-Saclay, Gustave-Roussy, Villejuif, France;* [d] *Kinghorn Cancer Centre, St. Vincent's Hospital, Sydney, Australia;* [e] *School of Clinical Medicine, University of New South Wales, Sydney, Australia;* [f] *Institut de Recherche Clinique, Cliniques Universitaires Saint Luc, Brussels, Belgium*

Discrimination of male patients with incontinence and hot-flushes



Dr. Erik Briers MS, PhD

Discrimination of male patients with incontinence and hot-flushes

Up to 80% of men on ADT experience hot flushes.

Triggering factors:

Spicy food, alcohol, caffeine, stress, smoking, hot rooms and hot weather

Managing hot flushes:

Adapted clothing, bottle of cold water, cool house, cotton pyjamas, cool shower, stay away from triggering factors

Herbal remedies (?)

Real evidence proven medication is not available for MEN, it is availably for post menopausal women.

From NHS Guy's and Thomas' Health information

Discrimination of male patients with incontinence and hot-flushes

There is potentially a good not yet evidence-based solution to lessen the burden of hot flushes in men.
“VEOZA” (fezolinetant)

Veoza is indicated for the treatment of moderate to severe vasomotor symptoms (VMS) (hot flashes) associated with menopause.

In men on ADT the “mechanism” of hot flashes is the same.

There is evodence in menopause but not in men, there are more women with menopause then men under ADT…

EMA 2023

Discrimination of male patients with incontinence and hot-flushes

We need a specific trial in men
Biology in women and men overlaps if we "talk" about hot flushes, but physiology is not the same, so evidence should come from a trial on men.

Monitoring side effects and safety are needed.

Using data from the trials on women and extrapolating on men on ADT:
A phase III trial on 100 men could do the trick
Optimal trial would require: 54 weeks of double blind, randomized, placebo controled cross-over design followed by an open-label NK3 inhibitor extension…

Martino Pedrani, Istituto Oncologico della Svizzera Italiana, Ente Ospedaliero Cantonale, Bellinzona, Switzerland in *UroToday*

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Patient reported outcomes after chemotherapy and prostate cancer

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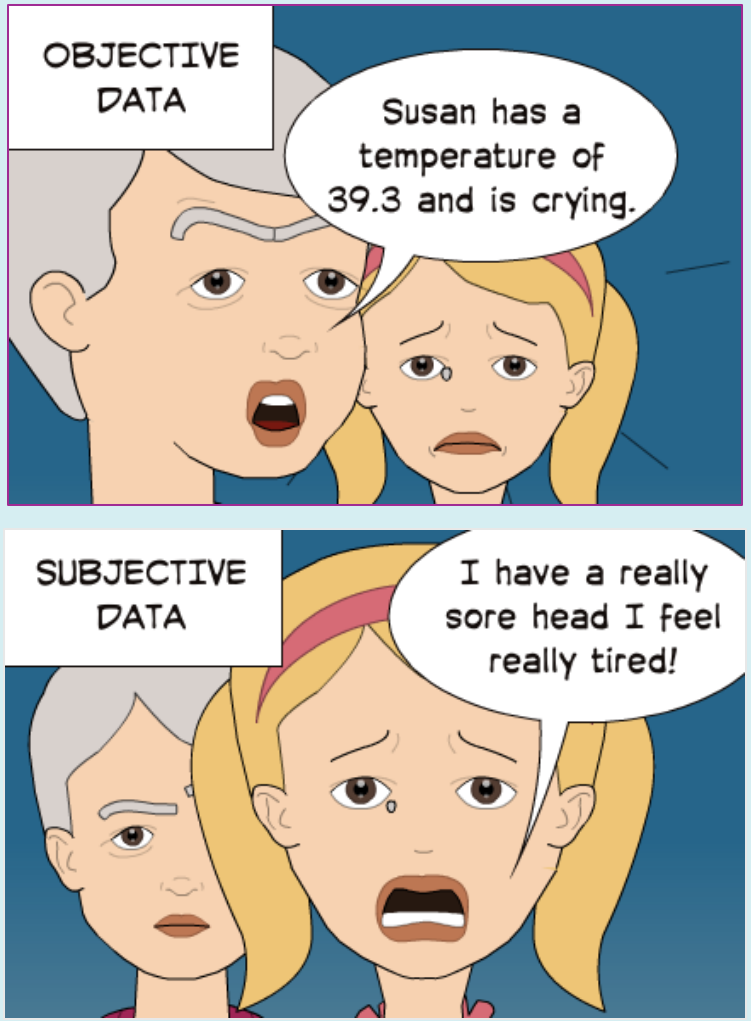
This is a personal perspective with input from others

260314 15:45-16:15

Dr. Erik Briers MS, PhD

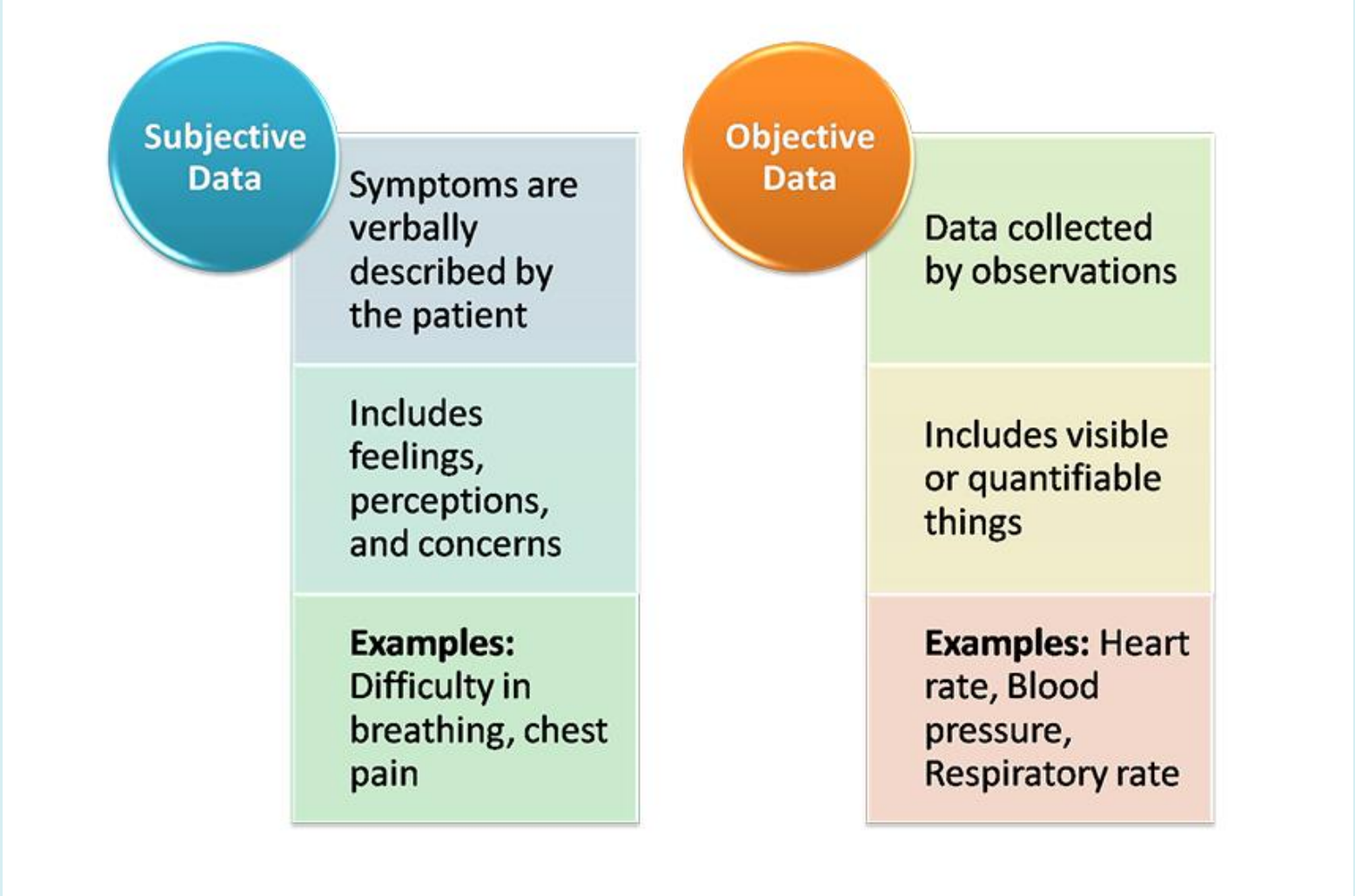
Patient reported outcomes after chemotherapy and prostate cancer

- Perspectives of patient and health care provider are different
- **Objective:** What we can detect or verify
- **Subjective:** What the patient tells



Dr. Erik Briers MS, PhD

Patient reported outcomes after chemotherapy and prostate cancer



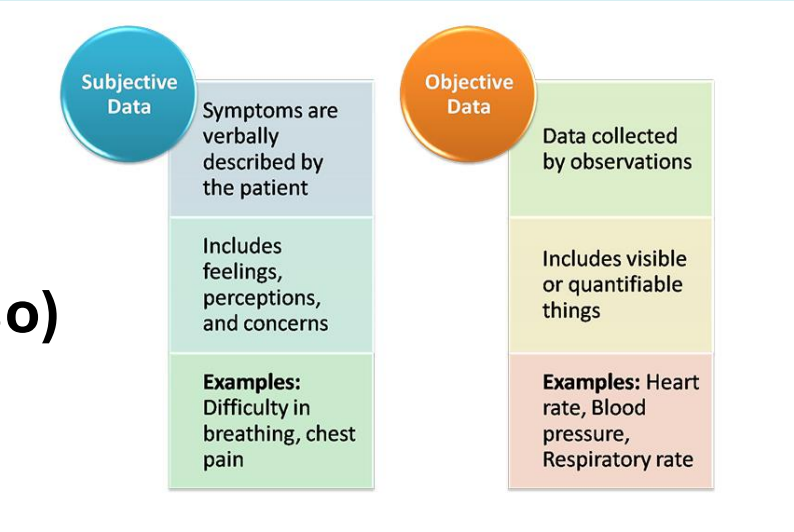
Patient reported outcomes after chemotherapy and prostate cancer

Can subjective data lead to objective data?

I have a headache >> one case, interesting (micro)

A few cases in a cancer population >> hypothesis (meso)

Many cases in a population with a defined treatment >> a side effect? A reality (macro)



Dr. Erik Briers MS, PhD

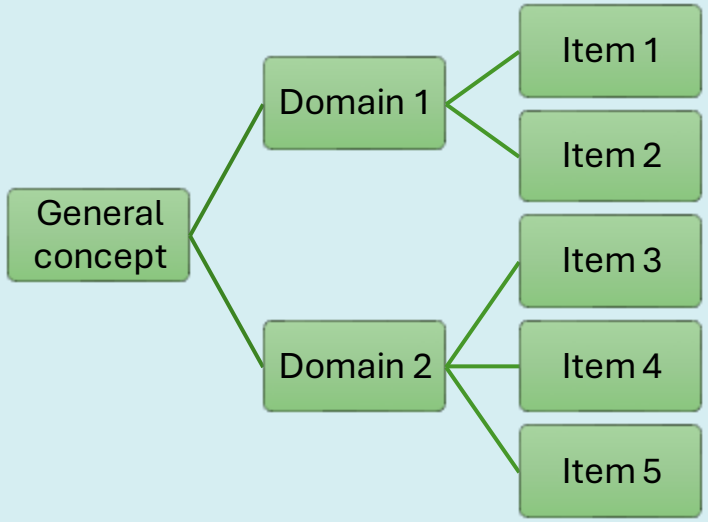
Patient-relevant measures

- **Patient-Reported Outcome Measures – PROMs**
  - Measure the patients' views of their health status
  - Patients' perceptions of their general health or their health in relation to a specific disease/symptom
- **Patient-Reported Experience Measures – PREMs**
  - Measure the patients' perceptions of their experience while receiving care
  - Record patient perceptions about various elements of the healthcare they received at micro- (team, individual performance), meso- (organisational performance), and macro-levels (system performance)

- **Health-related quality of life - HRQoL**
  - Reflects the patient's perspective on the impact of disease and its treatment on functioning and well-being
  - A multi-dimensional concept that may include domains related to physical, mental, emotional, and social functioning

Conceptual framework

- **PRO instrument**: questionnaire plus all the information and documentation that supports its use
- **Item:** a single question or task that the patient answers (and its standardized response options) which helps to measure a specific part of their health; addresses a particular concept
- **Domain:** A group of related items that together measure a broader aspect of the patient's health



Conceptual framework diagram: shows how different items and domains are related to the main idea or concept being measured in a PRO instrument

Electronic vs. paper-based PROMs

	ePROM	Paper-based PROM
PROs	• Automated data collection & real-time data • Reduces risks of incomplete data and illegible handwriting • Can be accessed via multiple devices • High standards of data security and privacy • Reduces costs related to printing and data entry over time	• Can be used by anyone regardless of their access to technology or digital literacy • Many patients are more comfortable with paper forms • Not dependent on technology, avoiding issues like software glitches or power outages • Lower initial costs
CONs	• Not all patients may have access to digital devices • Some patients have low digital literacy • Susceptible to technical problems such as software bugs or hardware failures • Initial costs for software development, licenses, and training can be high	• Requires manual data entry • Data collection and processing take longer • Higher risk of incomplete, inconsistent, or illegible responses • Continuous costs for printing and data entry • Physical storage space required for storing completed forms

Clinical trial versus total patient population (practice)

Clinical trials yield evidence-based treatments and PROMS for a small sub-group of patients

Patient reported outcomes after chemotherapy and prostate cancer

Clinical trial

- Highly selected group
- In line with protocol
- Maybe analysed
- Maybe endpoint
- In trial – not flexible
- Use – regulatory, reimbursement

Practice – individual patient - advocacy

- Wild type patients
- Risk of learning capacity bias
- Will be used or analysed
- Free from CT restrictions
- Can use different formats
- Can be used for specific patient
- Can be used for population-based research

Impact of PROMs in clinical practice

- PRO data available to clinicians at the clinic visit resulted in **more discussion of the problem with patients**
- Routine reporting of disease symptoms and a system of planned interactions to address them can improve patient well-being and allow patients to tolerate treatment better, which might **influence resource utilization and clinical outcomes**

Using a dedicated disease specific questionnaire before consulting the doctor would permit a more personalized CARE and TREATMENT.
Real world data!
But do we have time to do that?

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Cutting-edge Science at
Europe's largest Urology Congress

Patient reported outcomes after chemotherapy for prostate cancer

Lionne D.F. Venderbos, PhD; Sebastiaan Remmers, PhD; Prof.dr. Monique J. Roobol
Department of Urology, Erasmus University Medical Center, Erasmus MC Cancer Institute, Rotterdam, the Netherlands

Aim: to describe the quality of life (general, cancer-specific, prostate-specific) of men with PCa who underwent a cascade of treatments, ending at chemotherapy.

EUPROMS 1.0

- 20 minutes online questionnaire
- 19 languages
- EPIC-26, EORTC-QLQ-C30 and EQ-5D-5L
- Anonymous responses
- 2953 answers
- 24 countries

EUPROMS 2.0

- 20 minutes online questionnaire
- 19 languages
- EPIC-26, EORTC-QLQ-C30 and EQ-5D-5L
- Anonymous responses
- 3571 answers(+21%); 2544 new (71%)
- 27 countries
- SDM-Q-9 added
- Insight into treatments
- Tumour characteristics and ISUP-Gleason scores

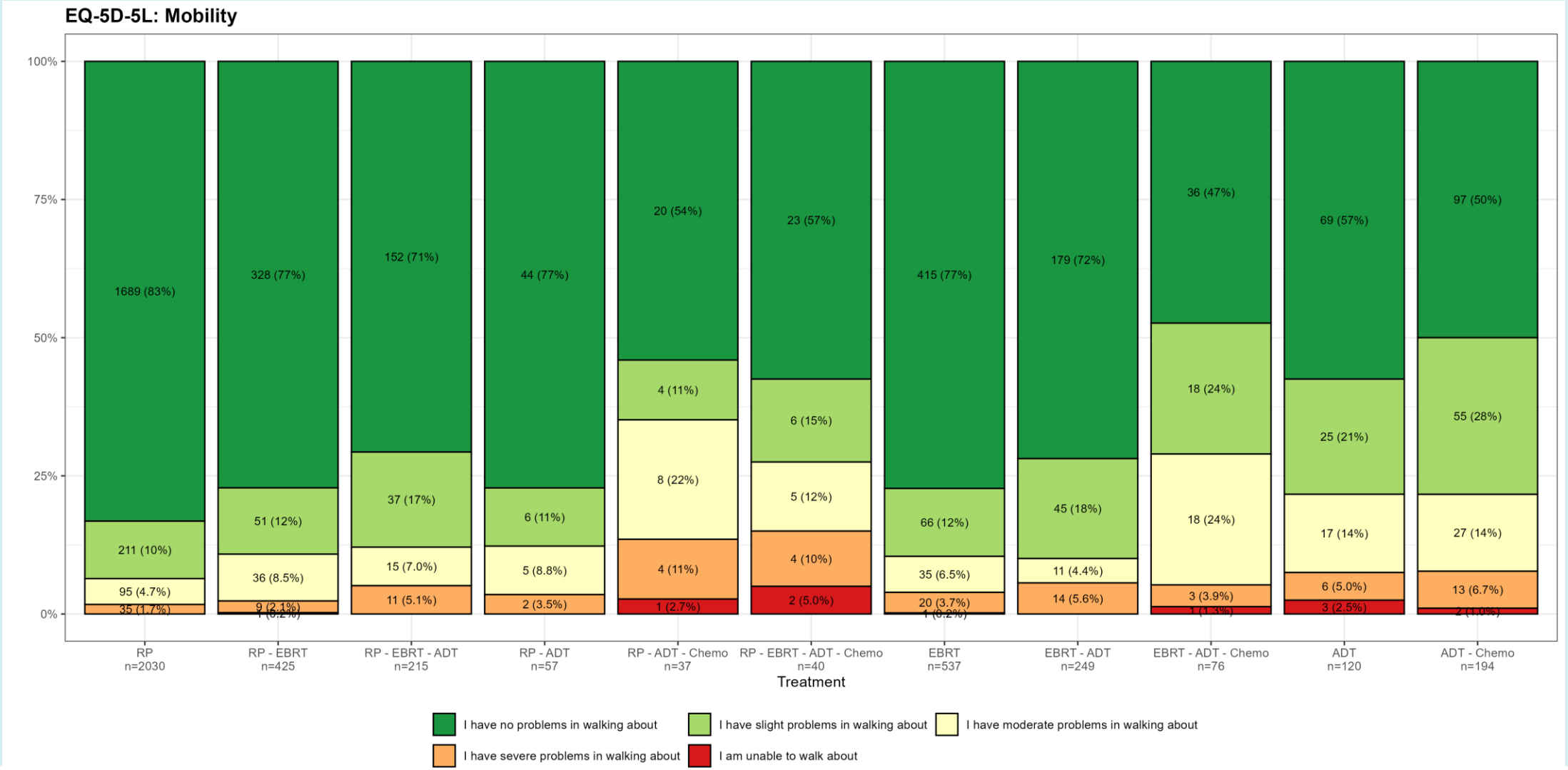
EUPROMS 1.0 and 2.0 combined
5464 unique answers

Age of unique respondents in EU-PROMS 1.0 and 2.0

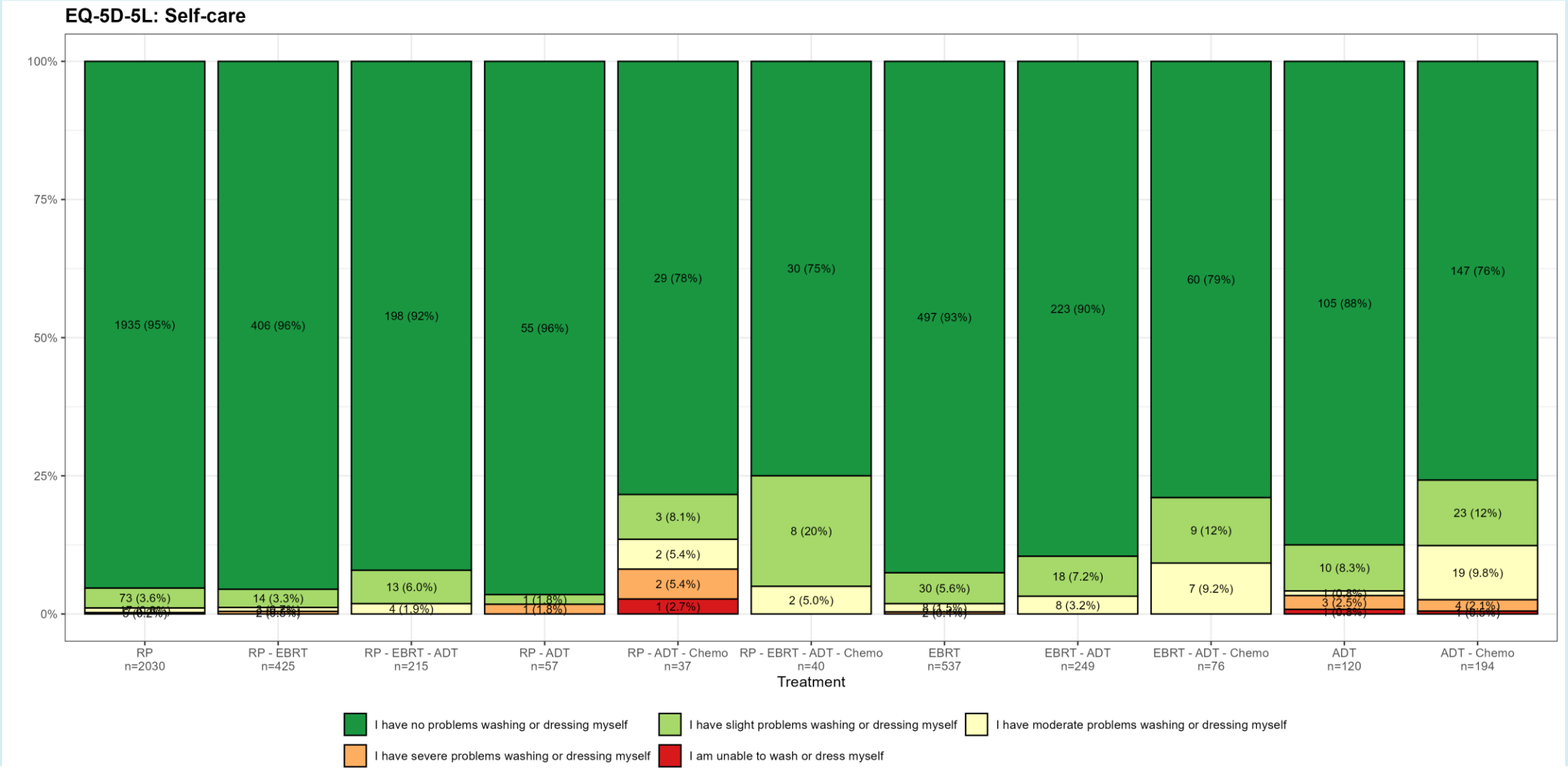
Age (yrs)	At diagnosis (n, %)	At questionnaire completion (n,%)
<55 yrs	408 (10%)	116 (2.9%)
55-59 yrs	710 (18%)	272 (6.8%)
60-64 yrs	956 (24%)	570 (14%)
65-69 yrs	1004 (25%)	903 (23%)
70-74 yrs	622 (16%)	1055 (27%)
75-79 yrs	228 (6%)	726 (18%)
≥80 yrs	52 (1.3%)	338 (8.5%)

Treatment(s)	Number of unique respondents in EU-PROMS 1.0 and 2.0 combined
RP	2030
RP - EBRT	425
RP - EBRT - ADT	215
RP - ADT	57
RP - ADT - Chemo	37
RP - EBRT - ADT- Chemo	40
EBRT	537
EBRT - ADT	249
EBRT - ADT - Chemotherapy	76
ADT	120
ADT - Chemotherapy	194

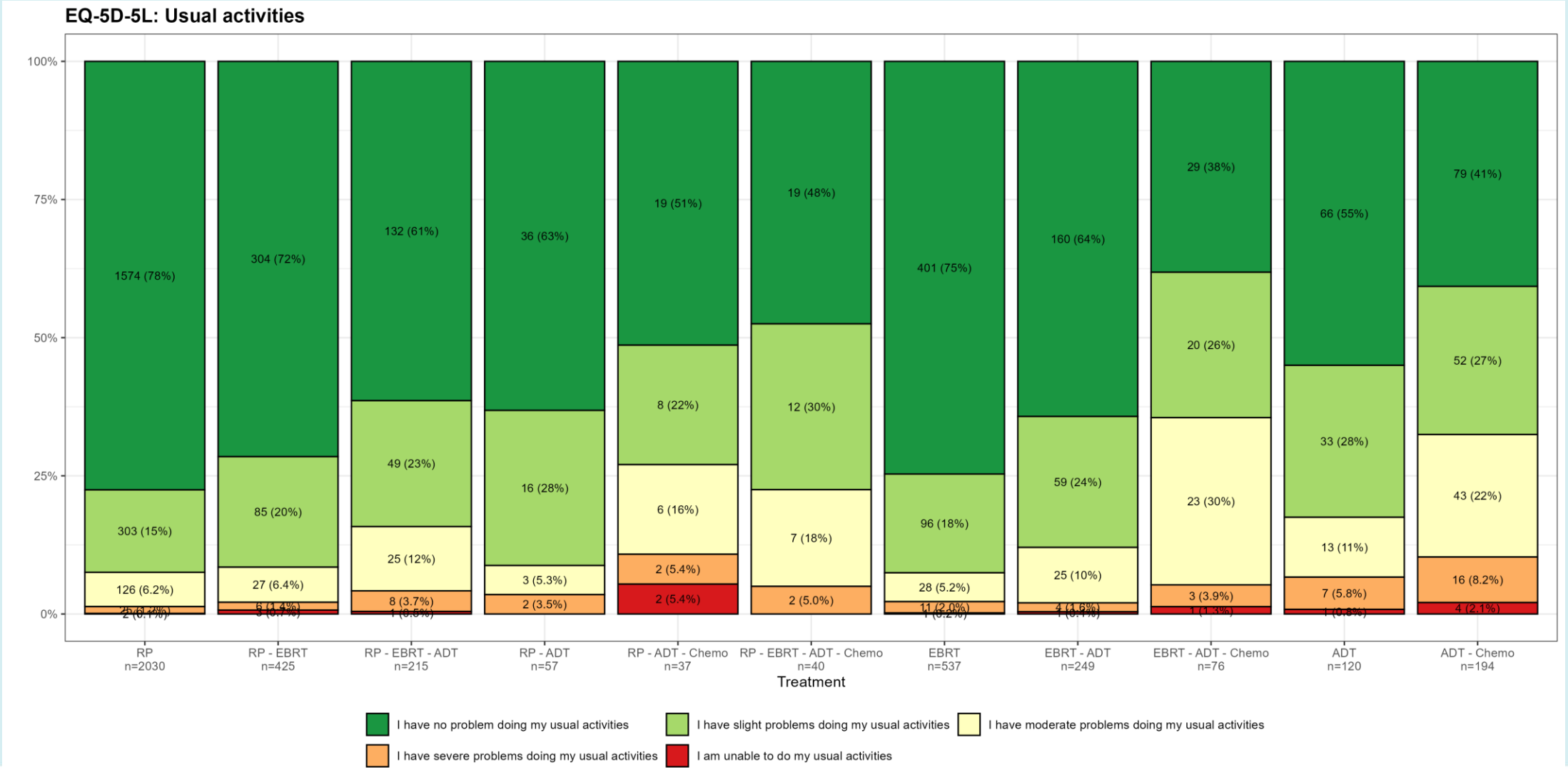
General health (EQ-5D-5L) - Mobility



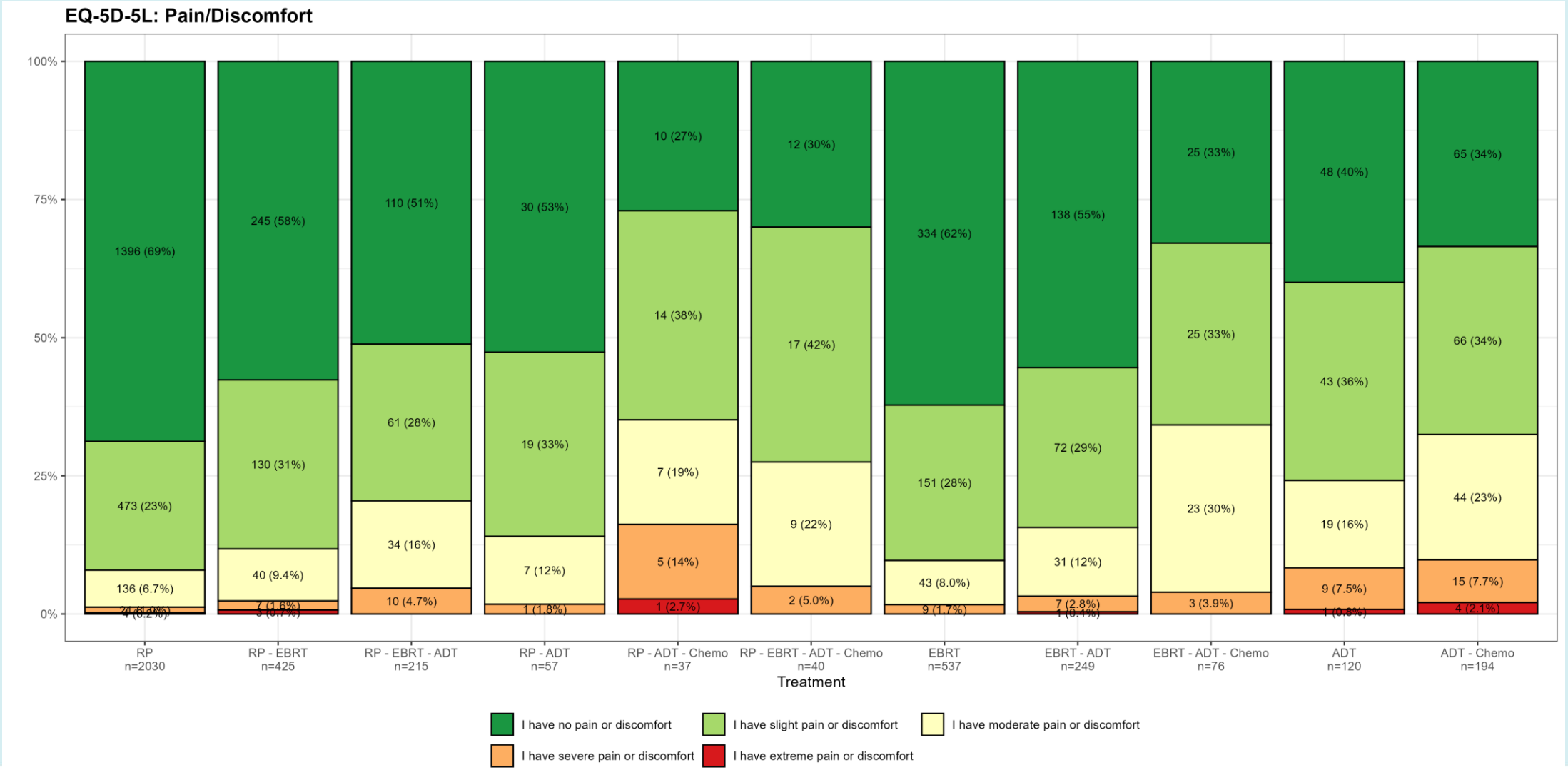
General health (EQ-5D-5L) – Self-care



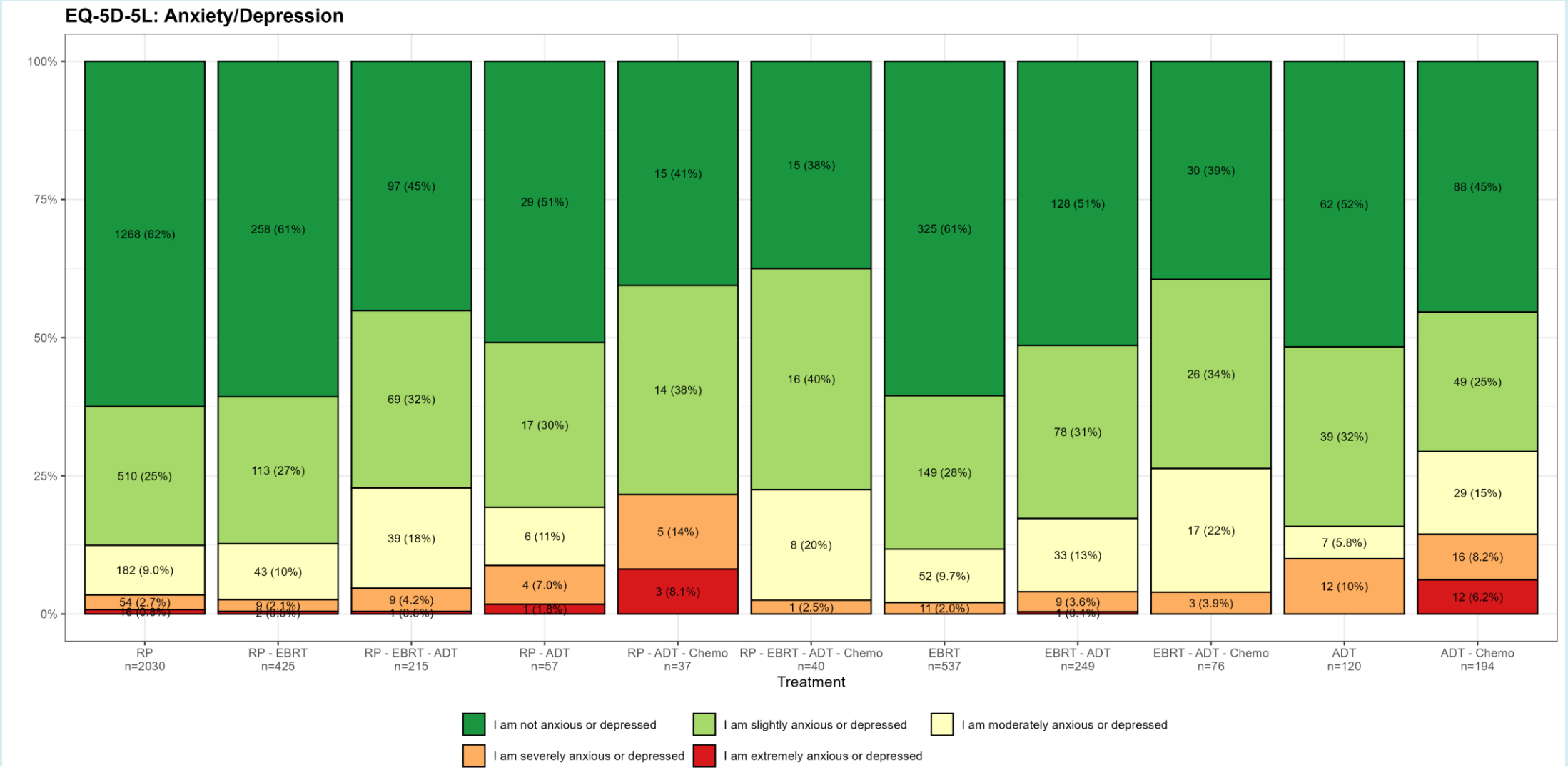
General health (EQ-5D-5L) – Usual activities



General health (EQ-5D-5L) – Pain/discomfort



General health (EQ-5D-5L) – Anxiety/depression



Cancer-specific QoL

EORTC-QLQ-C30 (median, IQR)	RP N=2030	RP-EBRT N = 425	RP-EBRT-ADT N=215	RP-ADT N=57	RP-ADT-Chemo N=37	RP-EBRT-ADT-Chemo N=40
Role functioning*	100 (83, 100)	100 (83, 100)	100 (67, 100)	100 (67, 100)	67 (50, 100)	67 (50, 100)
Physical functioning*	100 (87, 100)	93 (87, 100)	93 (80, 100)	93 (80, 100)	87 (60, 100)	80 (60, 93)
Emotional functioning*	92 (75, 100)	92 (67, 100)	83 (67, 100)	75 (58, 92)	83 (58, 92)	75 (67, 92)
Social functioning*	83 (67, 100)	83 (67, 100)	83 (50, 100)	83 (67, 100)	67 (50, 83)	67 (50, 100)
Fatigue**	11 (0, 33)	22 (0, 33)	33 (11, 44)	33 (22, 44)	33 (22, 67)	33 (22, 56)
Pain**	0 (0, 17)	0 (0, 17)	0 (0, 33)	0 (0, 33)	17 (0, 33)	25 (0, 33)
Insomnia***	0 (0, 33)	33 (0, 33)	33 (0, 33)	33 (0, 67)	33 (0, 67)	33 (0, 67)
Global health status/QoL*	84 (75, 96)	83 (73, 93)	83 (67, 92)	79 (68, 90)	67 (58, 86)	75 (53, 83)

*Functional/Global health status: a higher score indicates better functioning/better quality of life.
**Symptom scale: a higher score means more symptoms, worse functioning.
***Single item: a higher score means more symptoms, worse functioning.

Cancer-specific QoL

EORTC-QLQ-C30 (median, IQR)	EBRT N=537	EBRT-ADT N = 249	EBRT-ADT-Chemo N=76	ADT N=120	ADT-Chemo N=194
Role functioning	100 (83, 100)	100 (67, 100)	67 (33, 100)	100 (67, 100)	67 (50, 100)
Physical functioning	93 (80, 100)	93 (80, 100)	80 (60, 90)	87 (73, 100)	80 (60, 93)
Emotional functioning	92 (75, 100)	83 (67, 100)	75 (67, 92)	83 (67, 100)	75 (50, 100)
Social functioning	83 (67, 100)	83 (67, 100)	67 (33, 100)	83 (67, 100)	67 (50, 100)
Fatigue	22 (0, 33)	22 (11, 33)	44 (22, 67)	33 (11, 44)	33 (22, 56)
Pain	0 (0, 17)	0 (0, 33)	33 (0, 50)	17 (0, 33)	17 (0, 50)
Insomnia	33 (0, 33)	33 (0, 33)	33 (0, 67)	33 (0, 33)	33 (0, 67)
Global health status/QoL	83 (74, 94)	83 (67, 92)	72 (50, 83)	83 (67, 89)	71 (50, 84)

*Functional/Global health status: a higher score indicates better functioning/better quality of life.
**Symptom scale: a higher score means more symptoms, worse functioning.
***Single item: a higher score means more symptoms, worse functioning.

EAU26
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Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

Dr. Erik Briers MS, PhD **Chair European Prostate Cancer Coalition (Europa Uomo)**

www.eau26.org

European Association of Urology

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

Conflict of interest

I have nothing to declare

My only conflict is that I am a patient, and I need evidence-based diagnostics/diagnosis and treatments, I am willing to collaborate with (almost) anyone who will bring this to the patients.

This is a personal perspective with input from others

260315 16:30-17:00

Dr. Erik Briers MS, PhD

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

- What do patients want?
- A cure for their (serious) disease, cancer?
- If a cure is not possible, control over the progression of their disease with good quality of life, soft control (good benefit/risk ratio) or even hard control (not so good benefit/risk ratio).
- Patients know that they cannot have: “the “old” life back…”
- And, also, quality in the end of life!

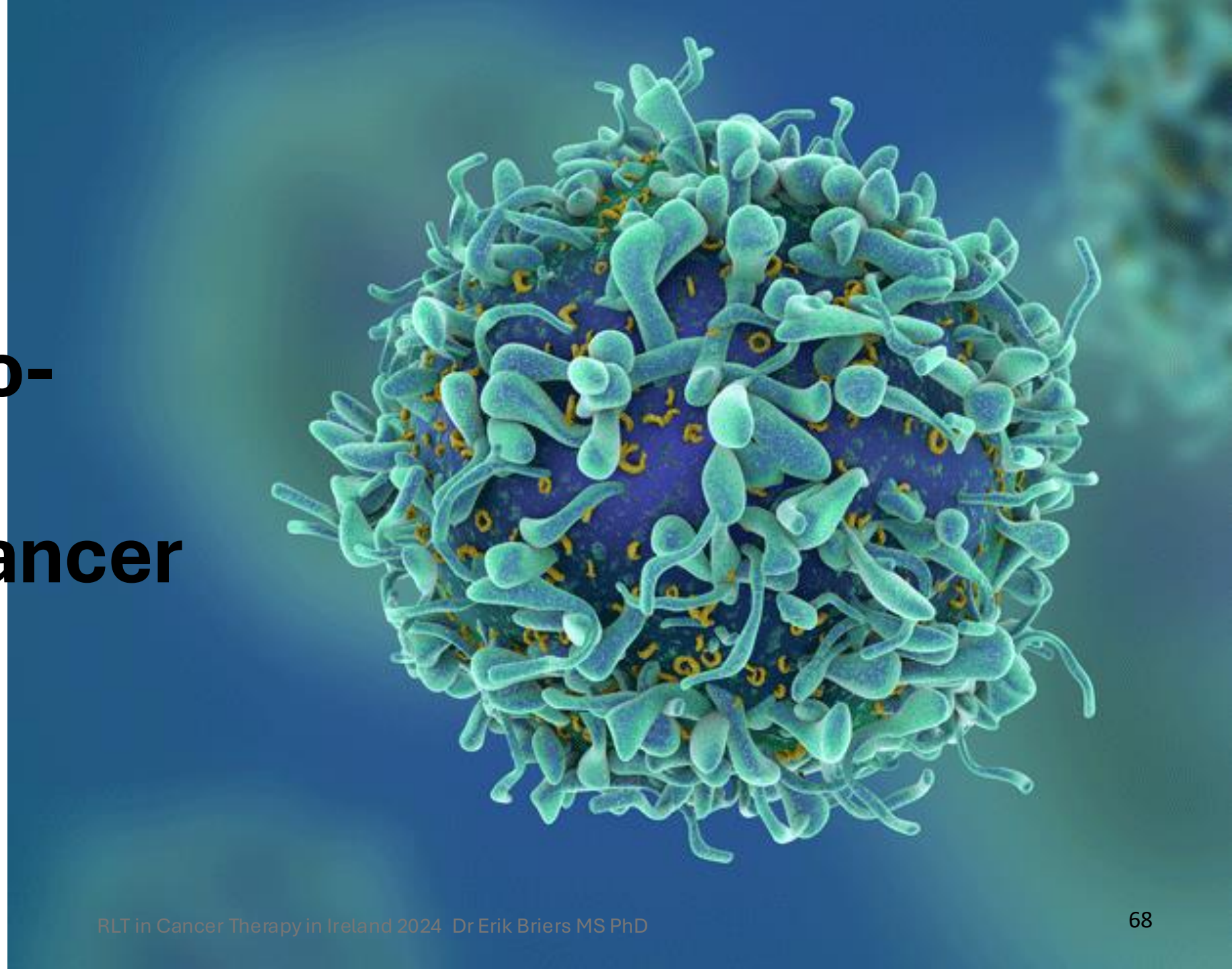
Dr. Erik Briers MS, PhD

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

- **What do patients want?**

- **“Optimal” quality of life…**
  - **Maximal benefit**
  - **Minimal side effects**
  - **EVIDENCE based**
  - **Access**
  - **Available**
  - **Affordable**

Use of radio-nuclides in Prostate Cancer



Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

- Diagnostics/Imaging
- ^{99m}Tc (γ) (Bone scan)
- ^{18}F (β^+) (PET-CT)
- ^{68}Ga (β^+) (PET-CT)
- ^{11}C (β^+) (PET-CT)

Radio-isotopes used in the treatment of prostate cancer

- Treatment
- ^{125}I (EC - γ) LDR-BT (brachy-therapy)
- ^{153}Sm (β^-) (PAIN)
- ^{89}Sr (β^-) (PAIN)
- ^{223}Ra (α^{2+}) mCRPC - Bone
- ^{177}Lu (β^-) mCRPC
- ^{225}Ac (α^{2+}) mCRPC

And more

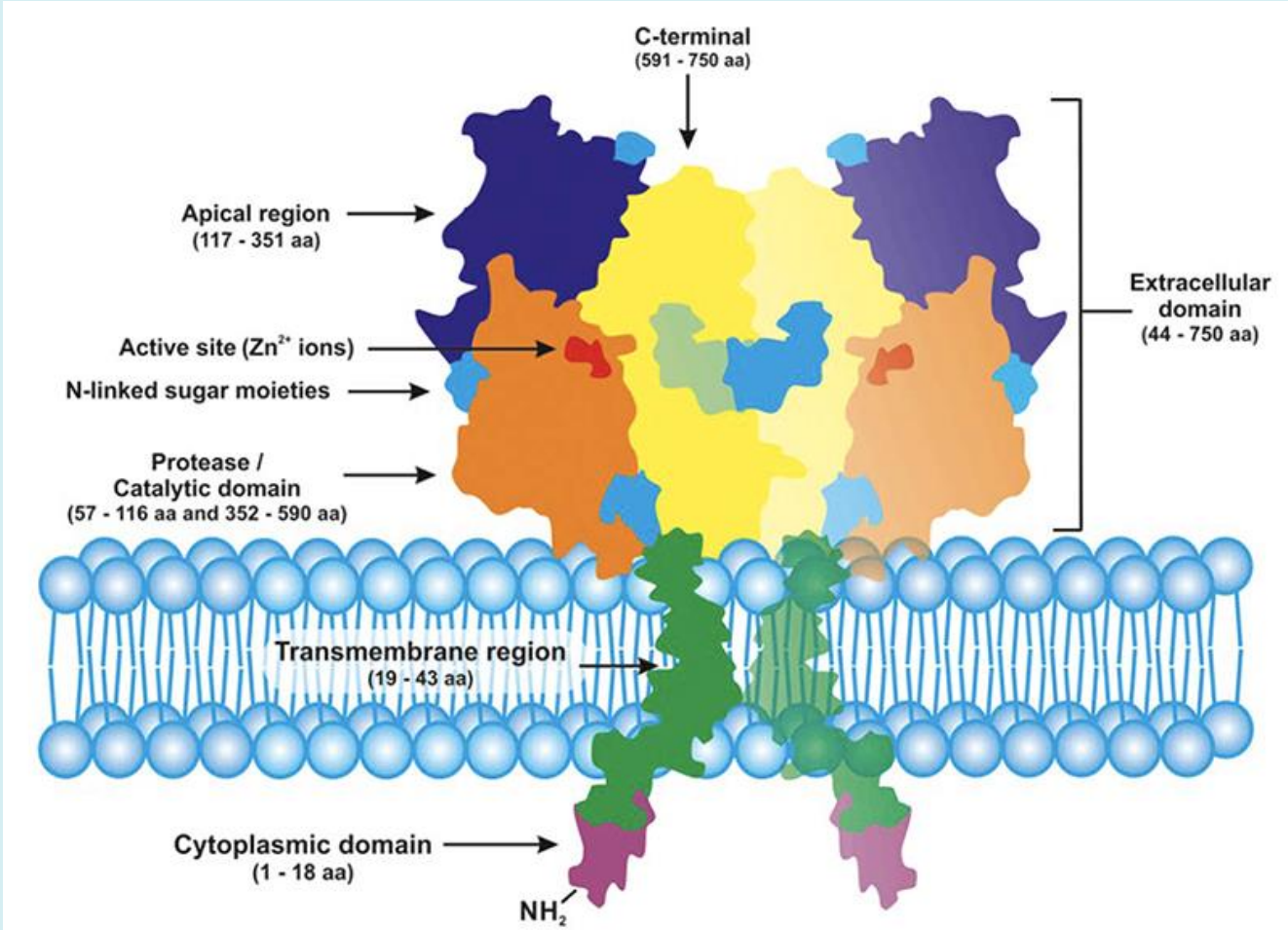
Dr. Erik Briers MS, PhD

Radioligand Therapy in Prostate Cancer

I. Prostate Specific Membrane Antigen PSMA

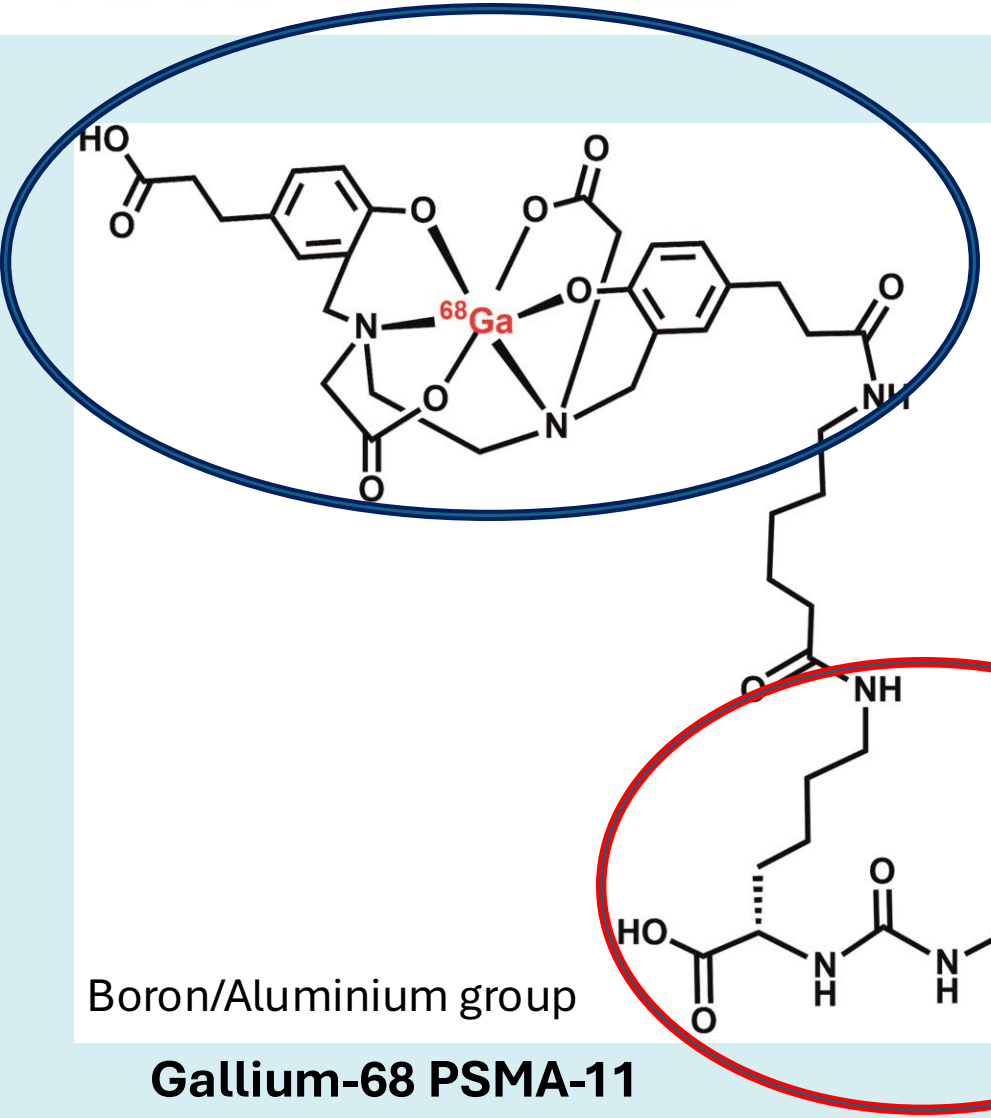
II. Abundant at cellular level? YES, but not on all prostate cancer sub-types, genetic phenotypes… Absent on Neuro-endocrine variants…

III. Targeting specificity, variable, depends on the used molecular tool (inhibitor, antibody…)



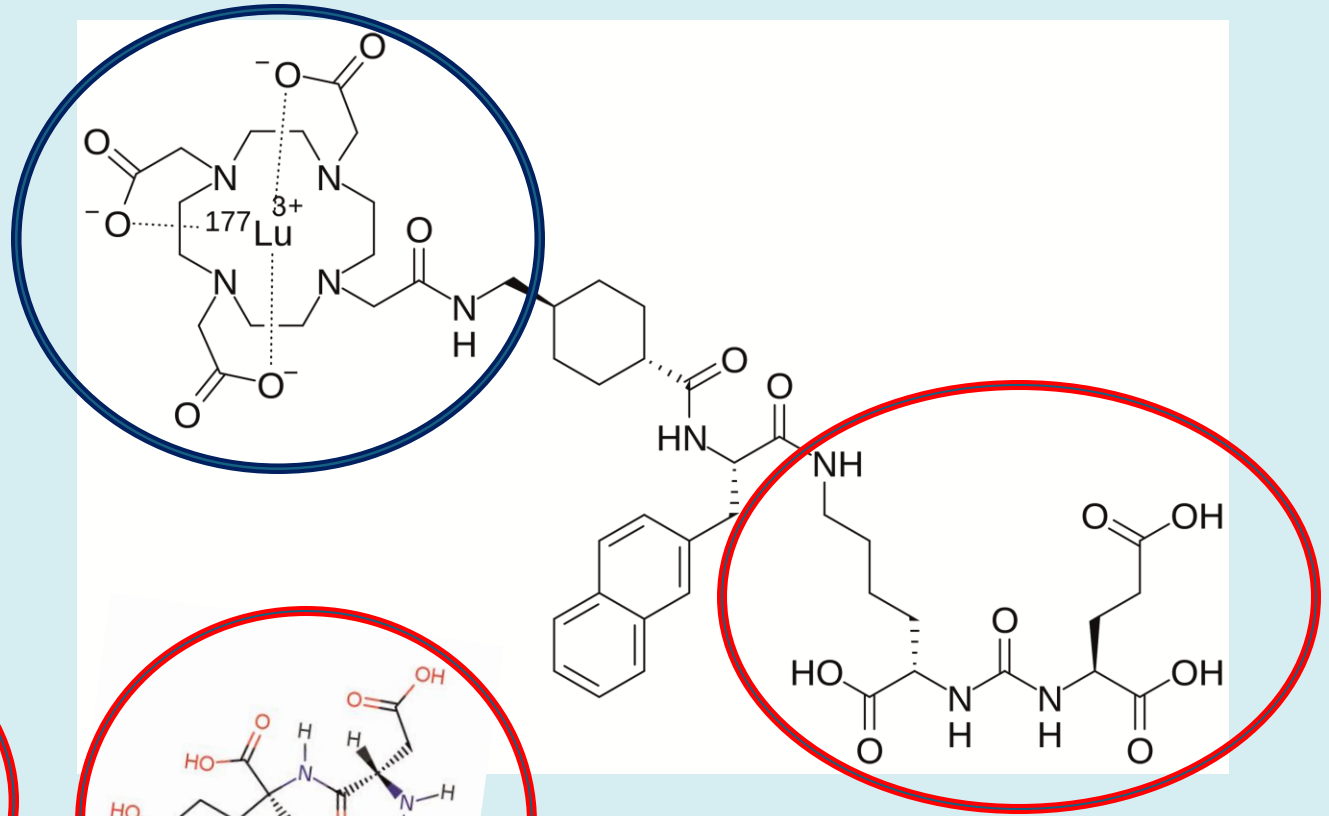
O'Driscoll et al Br. J. Pharmocol. 2016, 173, 3041.

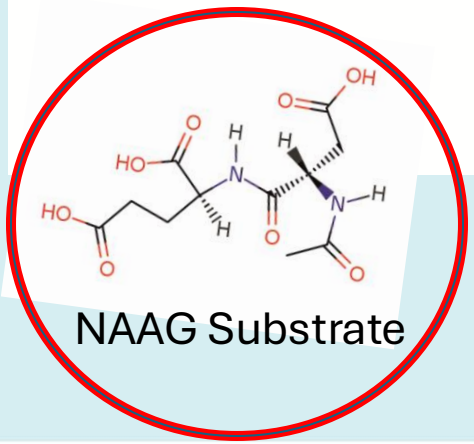
Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability



Boron/Aluminium group

Gallium-68 PSMA-11





NAAG Substrate

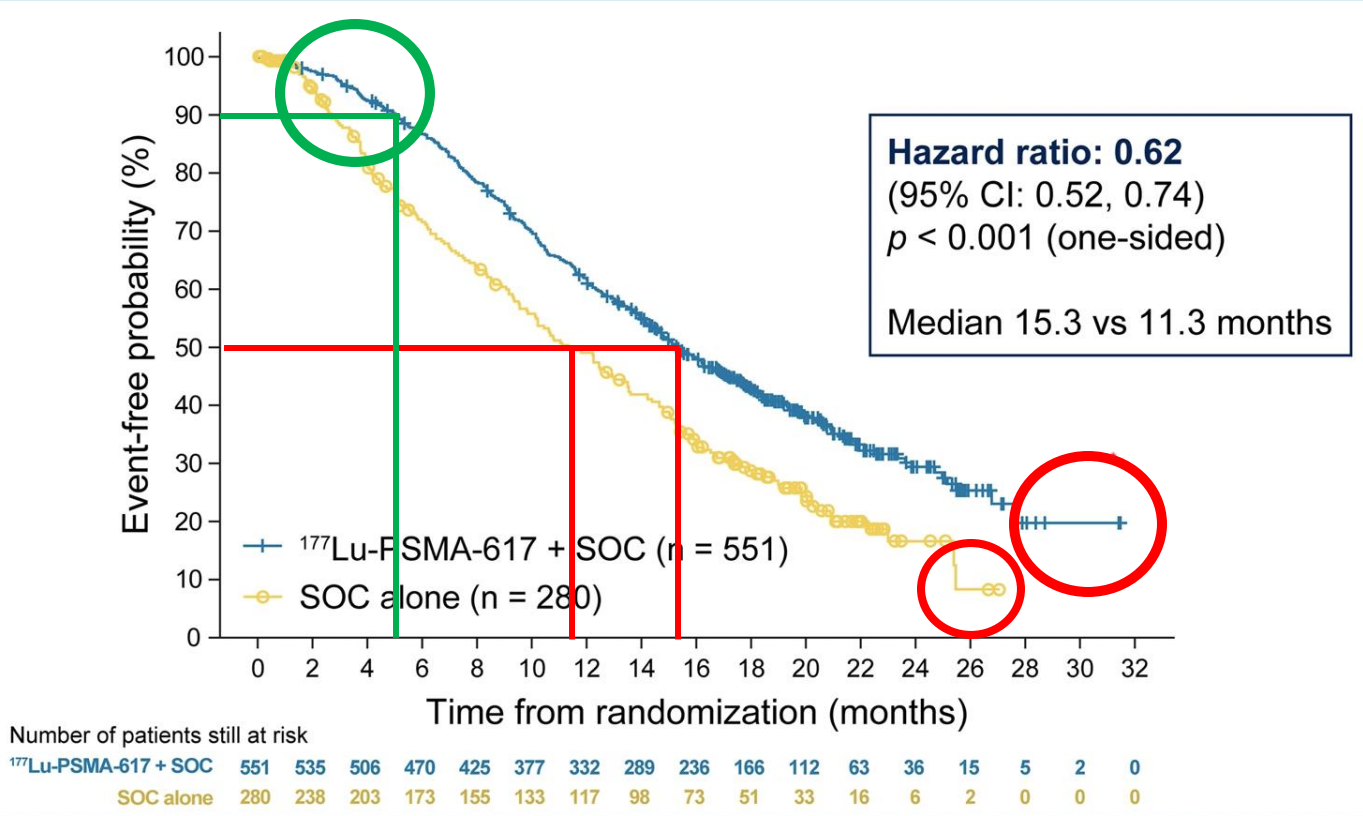
Scandium metals group

Lutetium-177 PSMA-617

Dr. Erik Briers MS, PhD

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

Vision Trial ^{68}Ga-PSMA-11 PET-CT positive mCRPC
2:1 Standard of care + ^{177}Lu-PSMA-617 [551] versus SOC [280]



OS median 15,3 vs 11,3 months
P<0,001
For patients:
With Lutetium you have one chance in two to be alive at 15,3 months, with SOC that is 11,3 months. But you can be dead after the first dose!
Lutetium therapy does **NOT** cure metastatic prostate cancer

Dr. Erik Briers MS, PhD

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

- Steps in the regulatory path of Pluvicto (^{177}Lu vipivotide tetraxetan)

- 1- Vision trial building the evidence [Fourth Quarter 2021]

- 2- EMA “audit” of the clinical trial results and positive advice to the EU commission

- 3- The EU commission grants a marketing authorisation valid in all members states of the EU [09 December 2022]

- **Steps in the regulatory path of Pluvicto (^{177}Lu vipivotide tetraxetan)**

- **4- Member states are authorized to allow the use of Pluvicto in clinical practice according to the “label”.**

- **5- Negotiation on a reimbursement! Initiative to start is with the company.**

- **Patient concerns and Radio-Ligand therapy**

Special room, overnight stay in the hospital

UK and US, day care, patients leave 30' (?) after injection

Special instructions after returning home

- Patient concerns and Radio-Ligand therapy

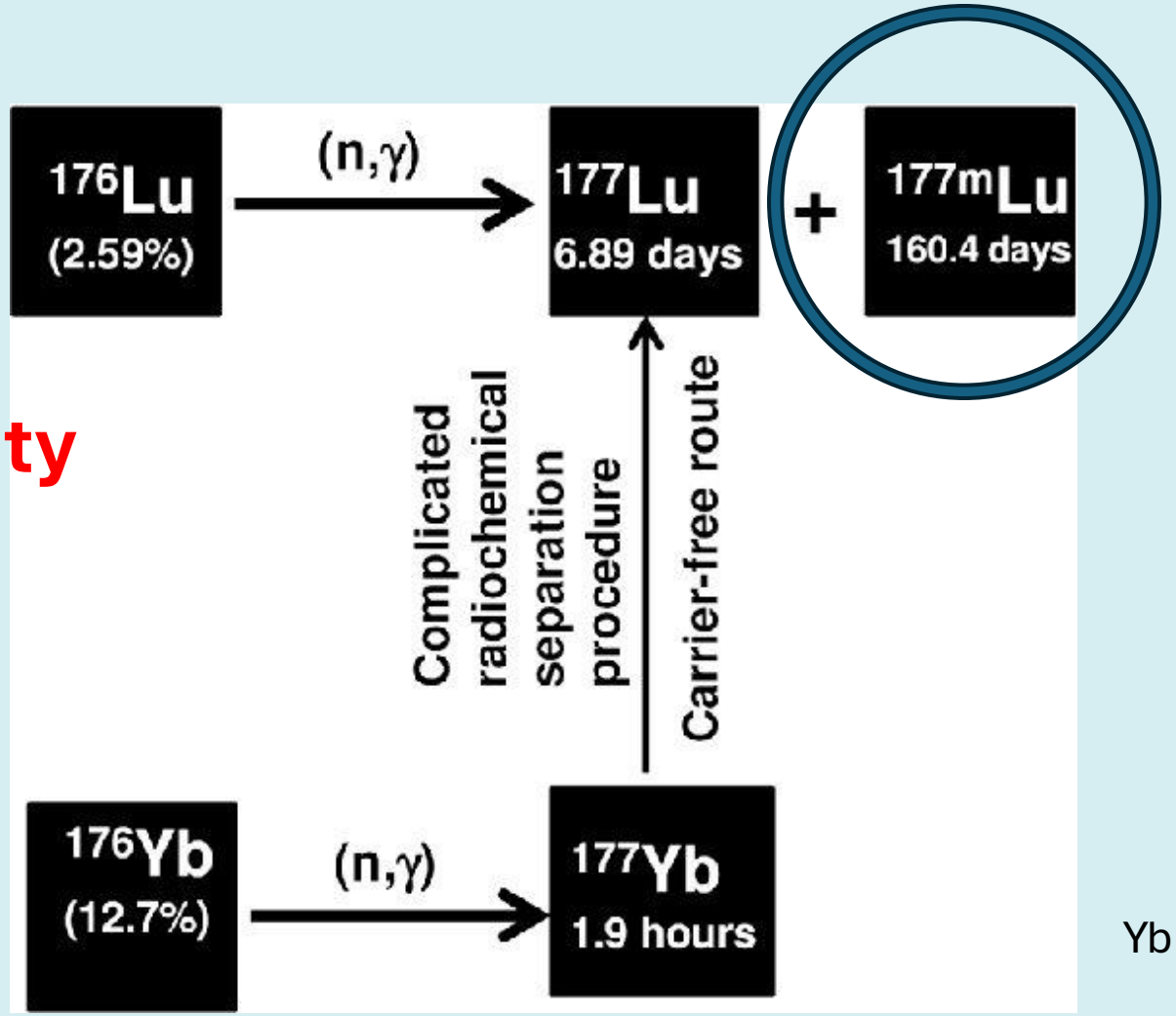
Referral from other centres

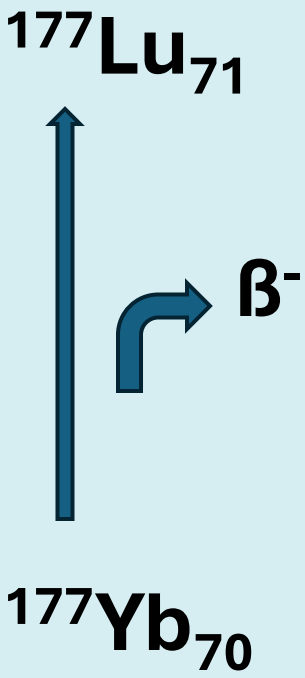
Who will take care of the patient between treatments?

Collaboration between clinicians is key to high quality care

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

Availability of ^{177}Lu





Yb - Ytterbium

Availability of ^{177}Lu

Ytterbium route does (not) need high flux, the source material is ^{176}Yt isotopically pure (Ytterbium is not a rare metal, ^{176}Yt is 12,76% and stable) purification after "producing ^{177}Lu is more challenging!

Dr. Erik Briers MS, PhD

How much ^{177}Lu do we need for one Pluvicto injection?

Each injection: 7.4 GBq

7.4 10^9 part/sec (first second)

Half-life 6,647 days

You need 1,8µg ^{177}Lu for 7.4 GBq/injection

In principle there is enough material!

But Availability of ^{177}Lu

Not only prostate cancer

NET cancer, digestive tract, and others, growing demand!

Dr. Erik Briers MS, PhD

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

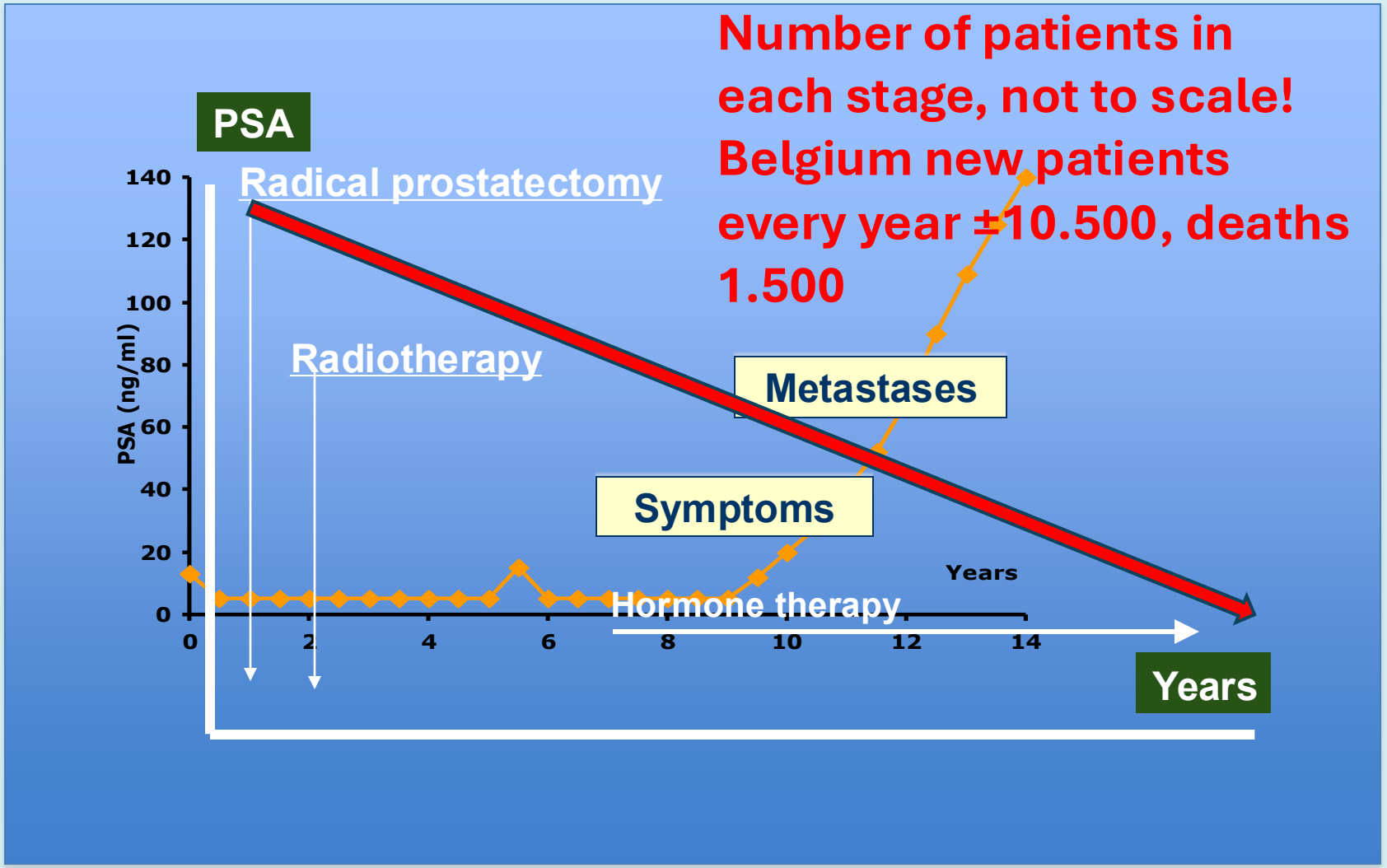
Availability of ^{177}Lu

VISION trial mCRPC (advanced…)

Oligo metastatic HSPC

N1M0 EBRT + Lu-PSMA

Locally advanced Lu-PSMA prior to surgery



Dr. Erik Briers MS, PhD

European Prostate Cancer Coalition

Clinical trials

^{177}Lu - May 2024 (143)

41 prostate cancer, 20 NET cancers

^{225}Ac – May 2024 (15)

3 prostate cancer, 1 NET cancers

Clinical trials mentioning PSMA: 648

[clinicaltrials.gov]

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

Going beyond the cost of the drug itself

Cost of delivery and treatment journey for the patient and hospital

- Medical facilities needed
- PSMA PET/CT scans
- Treatment rooms
- Radiopharmaceutical department
- Waste management
- Staff and training
- Need for overnight stay vs outpatient treatment

Considerations for center set-up

- Availability of doctors
- Availability of support staff
- Therapy area specialization vs treatment of multiple cancer types

ESMO 2024 satellite symposium – Preparing for the future of RLT in Oncology

Dr. Erik Briers MS, PhD

Radio-ligand-therapy in prostate cancer, patient view on access-availability and affordability

Can locally manufactured RLTs exist alongside industry-prepared products with marketing authorization?

What evidence is needed for locally manufactured RLTs? What level of monitoring and reporting is required? Should registries be created?

How should the use of locally manufactured RLTs be reflected in treatment guidelines?

ESMO 2024 satellite symposium – Preparing for the future of RLT in Oncology

Dr. Erik Briers MS, PhD

RLT for Prostate Cancer in Europe

A Fragmented Landscape of Access, Awareness & Ability

Who fills the gaps — and for how long?

Catherine Ellis-Bouvier

International Patient Engagement Lead

Oncidium foundation

The Reality: A Postcode Lottery for Patients

55%

of EU countries have limited or NO reimbursement

76%

of Eastern European countries lack reimbursement

8%

Eastern European countries have NO local availability

177Lu-PSMA received EMA marketing authorization in December 2022 — yet access remains highly unequal across Europe.

Oncidium foundation

Source: Oncidium Foundation country survey | Data: 49 European countries

Three Barriers. One Framework.

A Availability

- EMA approval
- National reimbursement highly fragmented
- Radioisotope supply chain gaps
- In-house labeling varies by center

A Awareness

- Patients are often unaware RLT exists
- Referring oncologists may not consider RLT
- Policymakers underestimate its impact
- Nuclear medicine stigma persists

A Ability

- Specialized NM teams required
- Radiation safety infrastructure investment needed
- Multidisciplinary collaboration is essential
- Training programs are often insufficient

Oncidium foundation

Europe Is Not One Story — It's Five

1. **RLT + Full Reimbursement** — 45%
   e.g. Italy, France, Germany
2. **RLT + Limited Reimbursement**
   e.g. Netherlands, Norway, Sweden
3. **RLT but No Reimbursement** — 55%
   Patients pay out of pocket
4. **Nuclear Medicine but No RLT**
   Capability exists, access denied
5. **No Nuclear Medicine / No Info**

The East-West Divide

West Europe	63%	full reimbursement
West Europe	33%	limited/no reimbursement
East Europe	28%	full reimbursement
East Europe	76%	limited/no reimbursement

Oncidium foundation

Same EMA Approval. Very Different Realities.

FULL ACCESS

Italy

ACCESS

45 hospitals | Fully reimbursed

AWARENESS

Active education for HCPs & patients

ABILITY

Specialized NM teams in place

NOT FUNDED

United Kingdom

ACCESS

Not recommended for NHS routine funding

AWARENESS

Clinicians aware but unable to prescribe

ABILITY

Infrastructure exists; access blocked

CASE BY CASE

Netherlands

ACCESS

Individual authorization by clinician only

AWARENESS

HCPs must navigate regulatory hurdles

ABILITY

Capability present; access inequitable

UNDER REVIEW

Scandinavia

ACCESS

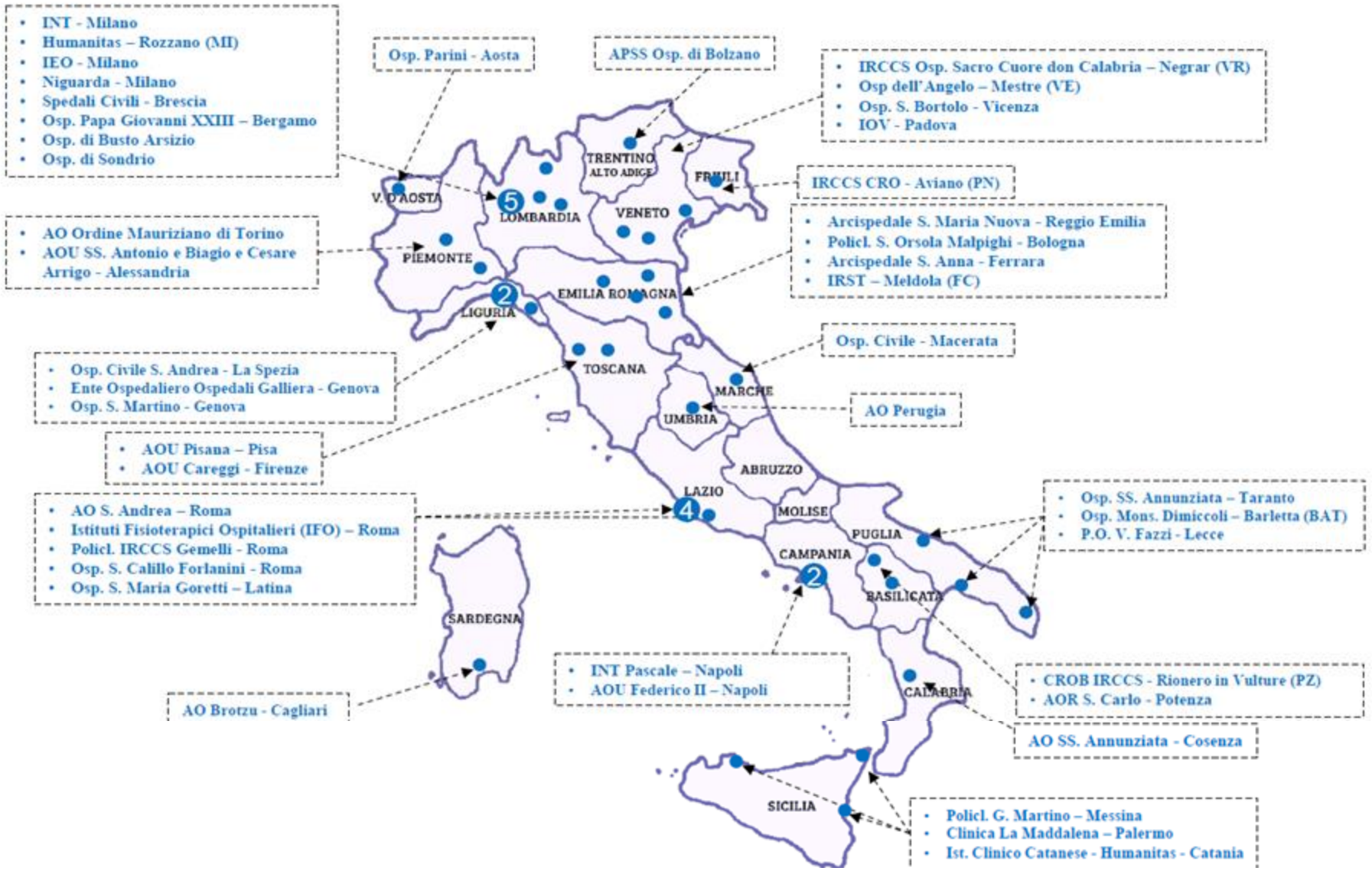
HTA evaluation ongoing in NO & SE

AWARENESS

Evidence known; routine use pending

ABILITY

Strong NM infrastructure exists



Oncidium foundation

About us

The Oncidium foundation

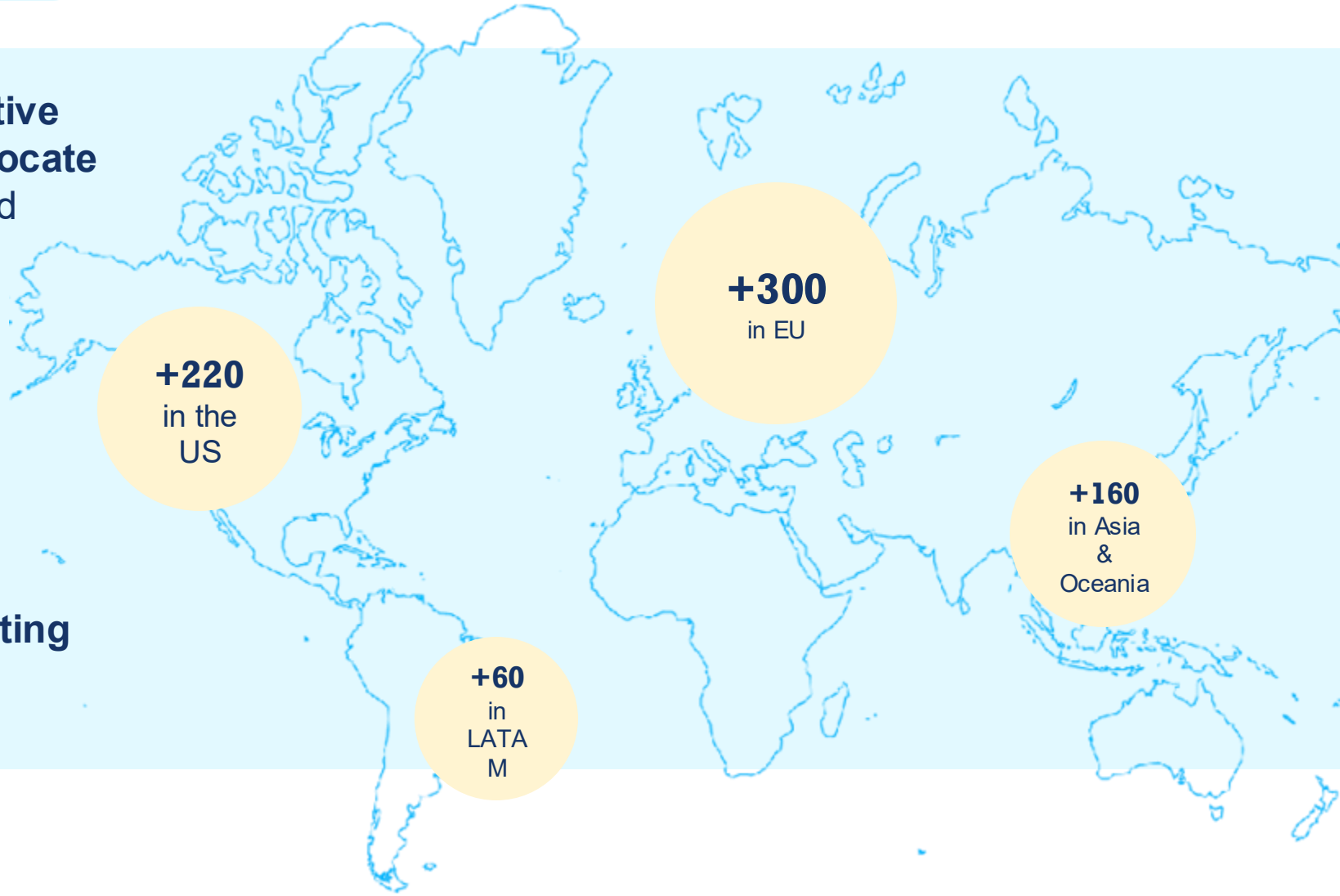
Improving ACCESS to RLT worldwide

Oncidium's developed an **interactive center map** that **helps patients locate hospitals** that provide Radioligand Therapies.

+ 1 000

Therapy centers

Find your closest center by visiting our website!



Oncidium foundation

Education

for healthcare professionals

+ *Radiotherapeutics library*
+ *Publications*
+ *Trainings & webinars*

for patients & care givers

Subscribe and **watch it** and more on **YouTube**

📌 Episode 1: **Prostate Cancer's New Hope: RLT in Action**

Oncidium foundation

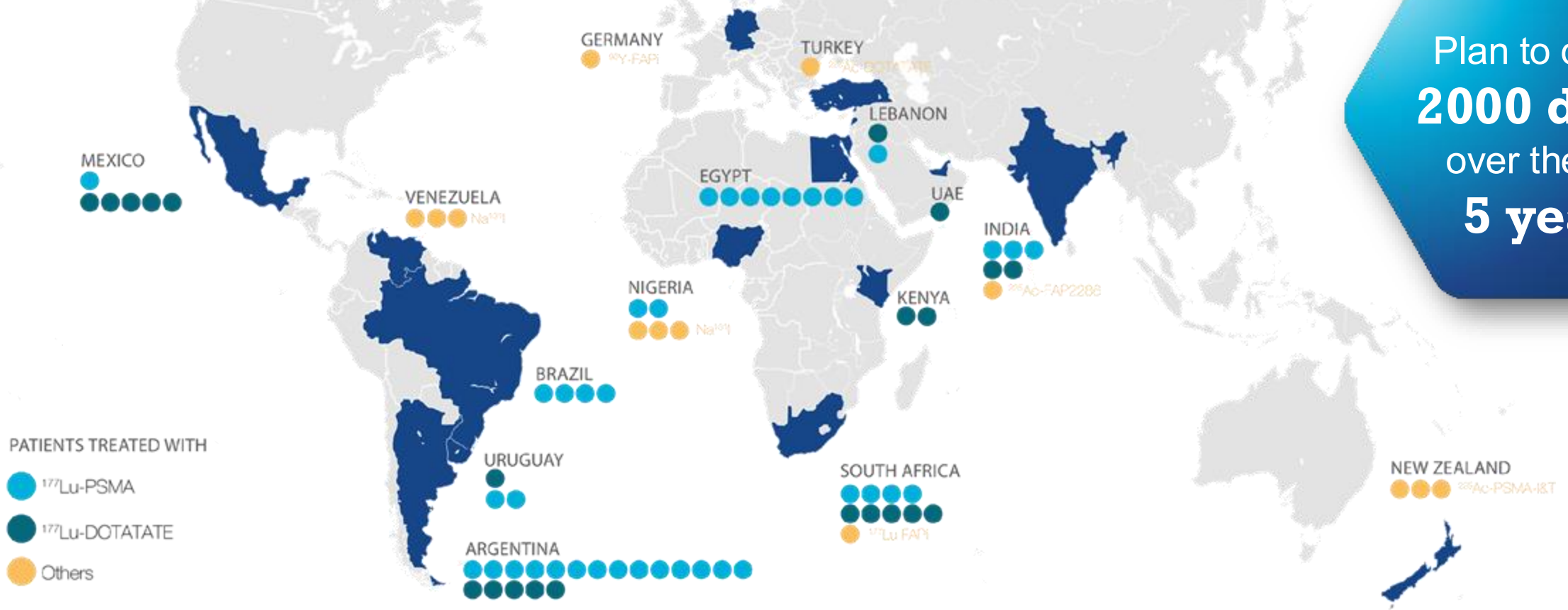
RLT-CONNECT

Digital bridge for HCPs & radioisotope companies

81 patients

15 Countries

Plan to donate **2000 doses** over the next **5 years**



The Gap Cannot Wait.

Oncidium fills critical gaps today — but durable change requires systemic commitment from all stakeholders.

Countries & Regulatory Bodies	Healthcare Professionals	Institutions & Paramedical Staff
Harmonize reimbursement. Accelerate HTA processes. Mandate equitable access to EMA-approved therapies.	Refer eligible patients early. Build multidisciplinary RLT pathways. Demand training and infrastructure.	Invest in nuclear medicine capacity. Engage in education programs. Partner with patient organizations.

Oncidium foundation

We’re taking action already. Join us!

Non-profit

- Collaborative roadmap to access
- Patient task force
- Community engagement APP
- Radiotheranostics days

Oncidium Foundation

Together, we close the gap in RLT access across Europe

THANKS!

Does anyone have questions?

contact@oncidium-life.org

Follow us on social
& visit our website for more resources