



When Do Emerging Prostate Cancer Therapies Become Standard of Care?

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Jeff Folloder:

These emerging therapies that we are looking at for treating metastatic prostate cancer—CAR T-cell therapy, things like that – do we have a timeline as to when this stuff may become standard of care for this part of the cancer world?

Dr. Higano:

No. That's another simple answer. No, we don't have a timeline.

Who would have guessed a decade ago that we'd have five new drugs sitting here 10 years later to treat prostate cancer? None of us would have predicted that. We would have liked to have believed that, but it's very difficult to put a timeline on it. As far as CAR-Ts, look, CAR T-cell therapy, as Tom mentioned earlier, is an early approach to immunotherapy, and it's not going to be the end of better approaches to immunotherapy.

As Tom mentioned earlier, patients can become quite ill—they can even die from the side effects of CAR-T therapy, die before their cancer kills them. So we have to understand that there will be incremental improvements in that kind of approach, and we have no idea when that's going to happen. I wish we did.

It does seem to me, from the standpoint of somebody who's been in the business for a long time, that successes are happening more quickly, but that's all I'm willing to say about the ballpark.

Jeff Folloder:

So you're a great doctor—crystal ball reader, not so much?

Dr. Higano:

No. I tell all of my patients I don't have a crystal ball.

Dr. Beer:

I have a crystal ball. I could comment on this.

Dr. Higano:
Go ahead.

Dr. Beer:

I'm joking a little bit, but I would say if you want to know what is likely to be in the future—10 years out, I have no idea, but two, three, four years out—all you really have to do is go to cancer.gov and just get the list of Phase III clinical trials that are underway now, because almost nothing changes in the standard of care without a large, randomized study. You'll find in prostate cancer there's about 25 or 30 such studies, and you can take a look at them, and at least that's the menu of possibilities.

What I see coming around is expanded use of the second-generation hormonal agents. There are many studies that are looking at that, and we don't know if they're going to be positive or not, but that is a likely element of the future. CAR-T cells are a little further off for prostate cancer.

Dr. Higano:

Right, but you didn't really answer the question because he said, "What is the timeline for these?" And, I agree with you—that's a great way to understand what's emerging, what happened in Phase III, but when that's going to happen...

Dr. Beer:

Yeah, and that's hard. You can get some sense from when certain studies start and complete accrual, when they're expected to report their results, and then, you don't know what the results are going to be, but you can imagine a world—if the study doesn't yield a positive result, then the standard of care will remain as it is, and if it does have a positive result, then the standard of care is likely to change in this direction.

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