GLOBAL SUMMIT AND BRAIN TRUST ON PRECISION DIAGNOSIS AND TREATMENT OF PROSTATE CANCER:

Overview, Background and Current Plans

(Updated December 22, 2025)

I. Annual Global Summit and Brain Trust on Precision Diagnosis and Treatment for Prostate Cancer (PC) and their Impact (2016-2024); and

II. Recap and Highlights of the Summit 2024 and Planning for the 9th Global Summit Scheduled for September 15-7, 2025

AdMeTech Foundation's Annual Global Summit and Brain Trust on Precision Diagnosis for PC took place starting in September 2016 and brought together – for the first time - the key international opinion leaders of every clinical subspecialty involved in patient care to bridge the gap between in-vivo imaging, in-vitro diagnostics (liquid and tissue biomarkers) and novel therapeutics.

This program has become seminal in shaping the state of the art and future vision for precision care by:

1) Educating the key healthcare stakeholders;
2) Creating and supporting a sustained cross-disciplinary dialogue and consensus on the best emerging clinical practices and research priorities; and
3) Expediting clinical adoption of promising novel diagnostics and therapeutics.

Our public Summit has been integrated with a private Brain Trust and recognized as one of the most influential educational and strategic efforts in prostate cancer for stimulating development and implementation of a comprehensive, multimodality approach to diagnostic patient evaluation and its integration with precision treatment.

In addition to stimulating new groundbreaking ideas and collaborations, this program has had extensive participation from the members of the professional and non-profit organizations playing a central role in:

1) Developing clinical guidelines for patient care (e.g., National Comprehensive Cancer Network, AUA, American College of Radiology); and
2) Creating national and global scientific strategy and related infrastructure (e.g., VP Joe Biden's 1.8 billion Cancer Moonshot Program, National Cancer Institute, Movember Foundation).

Brain Trust on Precision Diagnostics and Therapeutics, established following the First Summit, was convened in February and May 2017, October 2017, August 2018, October 2019, October 2020, September 2021, September 2022, May 2023, and multiple times in 2024. This program included the key leaders of national and international programs in precision biomarkers, imaging and therapeutics from academia, industry, government and non-profit organizations.

Our current and past Summit and Brain Trust participants are the key pioneers and opinion leaders of multiple clinical disciplines (radiology, urology, radiation oncology, pathology and medical oncology), including, but not limited to:

1. Drs. Hashim Ahmed, Rhian Gabe, and Taimur Shah, Imperial College, United Kingdom (UK);
2. Drs. Peter Albers (Heidelberg University) and Arnulf Stenzl (University of Tuebingen) – European Association of Urology, and Wolfgang Weber, Technical University of Munich, Germany;

3. Dr. Gerald Andriole and Vikas Prasad, University of Washington, St. Louis;
4. Drs. Wassim Abida, Sigrid Carlsson, Amita Dave, Hedvig Hricak, Steve Larson, Michael Morris, Howard Scher, Andrew Vickers, Alberto Vargas, and Michael Zelefsky, Memorial Sloan Kettering Cancer Center;
5. Drs. Neil Bander, James Hu, David Margolis and David Nanus of Cornell Weill/Columbia;
6. Drs. Jelle Barentsz and Jurgen Futterer, Nijmegen/Radboud University, and Monique Roobol, The Netherlands;
7. Drs. Paul Boutros, Robert Reiter and Steven Raman, UCLA;
8. Drs. Carlos Buchpiegel, Diogo Assed Bastos, and Stenio Zequi, San Paolo University, Brazil;
9. Drs. Peter Choyke, Eric Huang, Peter Pinto, Lalitha Shankar, and Baris Turkbey, National Cancer Institute;
10. Drs. Matthew Cooperberg, Mack Roach, Thomas Hope, Antonio Westphalen and Susan Noworolski, UCSF;
11. Dr. David Crawford, University of California, San Diego;
12. Drs. Angelo DeMarzo, Martin Pomper, Daniel Song and Steven Rowe of Johns Hopkins;
13. Drs. Scott Eggener, Brian Helfand, Aytekin Oto, Gladell Paner, and Abhinav Sidana, University of Chicago;
14. Drs. Mark Emberton, Francesco Giganti, Zavier Golay, and Carolyn Moore, University College London, UK
15. Drs. Masoom Haider, Sanjeet Ghai and Laurence Klotz, University of Toronto; Rafael Sanchez-Salas, McGill University, and Adam Kinnaird, University of Alberta, Canada;
16. Dr. Ethan Halpern, Jefferson University;
17. Drs. Mark Buzza, Movember Foundation, Michael Hofman, University of Melbourn, and Louise Emmett, Garvan Institute, Australia
18. Dr. Jonas Hugosson, University of Gothenburg, and Andres Bjartel, Skane University, Sweden
19. Drs. Andrei Iagaru, Katherine Ferrara, Sandy Srinivas, Hong Song, an Geoffrey Sonn, Stanford
20. Drs. Ashesh Jani, David Schuster, Christopher Filson and Mehrdad Alemozaffar, Emory University;
21. Dr. Raja Khauli, American University of Beirut, Lebanon;
22. Drs. Adam Kibel, Clare Tempany, Marc Garnick, David Einstein, Christopher Sweeney, Jason Efstathiou, Adam Feldman, Heather Jacene and Quoc Dean Trinh, Harvard Medical School;
23. Drs. Eric Klein, Jane Nguyen and Andrei Purysko, Cleveland Clinic;
24. Giovanni Lughezzani, Humanitas University, and Giancarlo Marra, University of Turin, Italy
25. Dr. Philip Koo, Banner MD Anderson Cancer Center;
26. Dr. Kelvin Moses, Vanderbilt University Medical Center;
27. Drs. Peter Nelson and Yaw Nyame, Washington University;
28. Drs. Daniel Petrylak, Preston Sprenkle and Jeffrey Weinreb, Yale;
29. Drs. Alan Pollack, Sanoj Punnen and Radka Stoyanova, University of Miami;
30. Drs. Edward Schaeffer, Adam Murphy and Ashley Ross, Northwestern University;
31. Dr. Muhammad Siddiqui, University of Maryland;
32. Dr. Mitchell Sokoloff, University of Massachusetts;
33. Dr. Liang Wang, Beijing Friendship Hospital, China
34. Dr. Thomas Wheeler, Baylor College of Medicine; and
35. Drs. Sadhna Verma, University of Cincinnati.

Drs. Kibel, Moses, Nelson, Roach, Schaeffer, Sprenkle, Vickers and others are members of the National Cancer Comprehensive Network's (NCCN) Panels on Prostate Cancer Detection and Treatment, developing the cutting-edge clinical guidelines for patient care;

Drs. Choyke, Pinto, Siddiqui, Turkbey, and Summit Chair Dr. Faina Shtern participated in the US VP Joseph Biden's $1.8 Billion Cancer Moonshot Program, developing national strategy for cancer research and related infrastructure.

Dr. Mark Buzza, former Director of Global Biomedical Research Programs for Movember Foundation (headquartered in Australia) led international scientific strategy, with specific interest in advanced PC; and

Drs. Albers and Stenzl are among the key leaders of the European Association of Urology.

Dr. Klotz is leading World Urologic Oncologic Federation.

The goal of the Brain Trust is to review the current and emerging data in imaging, fluid-based molecular diagnostics, tissue-based genomics, radiogenomics and proteomics, drug development and novel approaches to treatment and observation strategies, and reach consensus on the best emerging clinical practices and priority needs in research, medical education, clinical training and public awareness[2]. Our primary goal is to outline clinical, research and educational priorities, including statistically powered pilot studies on clinical role of multiomics in patient selection for appropriate care (observation strategy, image-targeted minimally invasive, whole gland or systemic treatment) and treatment monitoring.

Annual Global Summit has emerged as the seminal scientific and educational event in recognizing integrated diagnostics, such as radiogenomics and multiomics, and their central role in the future of PC care. The program of these events, which took place in each year since 2016, was structured to review recent clinical advances and related scientific data in radiomics (quantitative imaging), molecular and genetic diagnostics, and their integration into radiogenomics that has been making a transformational impact on patient selection for, design and monitoring of clinical interventions (e.g., biopsy and management strategy). This event has played a central role in shifting the emerging field of radiogenomics from the scientific fringe to the central role in the discussions on the current state of the art and future vision for precision care.

More recently, we have seen the emerging value of broader "multiomics"- including proteomics, advanced pathology (e.g., immunohistochemistry), and other anatomic, histologic and biologic tools. Summit 2023 had the first panel on multiomics, Summit 2024 and 2025 expanded discussions on multiomics, and Summit 2026 will continue this new tradition.

Virtual 9th Global Summit 2024 and Plans for Summit 2025: The latest Summit took place on September 15-17, 2025. Building on the success between 2016 and 2024, Summit 2025 had over 400 registrants, representing every key clinical expertise and expanding a cross-disciplinary dialogue.

For Summit 2025, we expanded International Organizing Committee that was instrumental in increasing participation of physicians in Summit 2023 and Summit 2024, particularly from the previously under-represented regions, including but not limited, to the Middle East, Africa, Eastern and Central Europe, Asia, Central and South America.

Over 60 presentations and top three winning abstracts of Summit 2025 have been published by Grand Rounds in Urology (GRU), reaching over 15,000 multi-disciplinary genito-urinary experts (primarily urologists, radiation and medical oncologists). Together with AdMeTech Foundation, focusing on imaging experts, more that 21,000 physicians have been reached. Dr. David Crawford, Editor-in-Chief of Urology Today invited Dr. Faina, Summit Chair and President of AdMeTech, to provide scientific overview of each event session, with the goal to reach over 35,000 physicians globally.

The Summit 2025 was held virtually, and the participants provided the following feedback:

1) High quality of speakers, scientific exchange and discussions and their role in stimulating new ideas and strategic directions;

2) Multiple networking opportunities between participants, including speakers and sponsors during private events (e.g., special events, including private digital rooms), resulting in new strategic partnerships and alliances;

3) Highly engaged audience – multiple questions from general attendees to speakers during public scientific sessions;

4) Our Summit's cross-disciplinary clinical and scientific dialogue among academic and industry leaders and related consensus on the best emerging clinical practices and research priorities has been effectively maintained - if not enhanced – in a virtual setting.

5) High exposure of scientific presentations -

a) To the key opinion leaders, leading multiple national and international professional organizations, during the event; and

b) To the network of over 21,000 physicians after the event via the AdMeTech and GRU newsletters.

Summit 2025 examined emerging promising innovations and the pathways for their expedited clinical validation and adoption. The Summit Program had the following scientific sessions and panels:

Session 1 was dedicated to men prior to diagnosis of prostate cancer, including:

1) "Smart" screening in asymptomatic general population, when principal investigators of each major and active clinical trial presented emerging data on PSA screening and its integration with imaging (particularly MRI) and liquid biomarkers;
2) Emerging data on Multiple Cancer Early Detection (MCED) and its role in risk assessment; and
3) Diagnostic evaluation of men with abnormal screening or clinical suspicion of PC, including imaging, liquid biomarkers and biopsy, for improving risk assessment and tissue sampling.

Session 2 was focused on men with localized PC (including initial, recurrent and locally advance disease). This session highlighted emerging advances in diagnostics (e.g., liquid and tissue genetic markers, MRI and molecular imaging). This session pointed out a close correlation of the visibility (and invisibility) of PC lesions on imaging with genetic, pathologic and proteomic data, and clinical outcomes. The potential importance of developing multiomics-based biologic grading to complement histologic grading was suggested.

The goals of this session included:

1) To improve early diagnosis, staging and biologic characterization of aggressive prostate cancer (including non-metastatic disease), requiring immediate treatment;
2) To increase confidence in sub-clinical (indolent) disease, requiring observation strategy (e.g., active surveillance) and related monitoring; and
3) To review the emerging role of image-targeted, minimally invasive treatment vs. active surveillance (AS) and whole gland treatment; and
4) To expedite advancement of non-invasive tools for monitoring of AS and minimally invasive procedures.

Session 3 was dedicated to men with advanced PC, including oligometastatic disease and systemic Metastases caused by castrate-sensitive and castrate-resistant disease. This session highlighted emerging advances in diagnosis, biologic characterization and treatment, including MRI, molecular imaging and theranostics as the game changers for precision care. The integration of precision diagnostics with individualized patient management strategies and novel precision therapeutics was discussed extensively.

Session 4 reviewed the state of the art and future directions in image-guided, minimally invasive focal treatment, including patient selection, target definition, monitoring and local outcomes. This session reviewed findings and recommendations of the AdMeTech's International Working Group on Image-Guided Focal Treatment. This Group focused on post-treatment monitoring and development of short-term clinical outcomes as the top research priority for clinical evaluation and large-scale implementation of focal treatment.

Several years ago, during Summit 2022, session 4 highlighted the next critical step in transitioning focal treatment from experimental stage to standard care: Multi-center study for a definitive clinical evaluation. Consequently, AdMeTech Foundation established an International Working Group in Focal Treatment to develop strategy for expedited clinical validation and large-scale implementation of this technology. This Working Group has focused on the role of diagnostic tools, such as MRI and molecular imaging, on developing new approaches to the assessment of the short-term and intermediate patient outcomes, which are essential for improving patient care and reducing duration of the clinical studies, The current main outcome used for such studies (mortality) requires at least 15 years of clinical follow up.

This Focal Treatment Session in 2024 highlighted the emerging role of and growing interest in these therapeutic interventions - and pointed out that up to 25% of men with newly diagnosed PC may benefits from them. Consequently, AdMeTech Foundation's International Working Group on Focal Treatment recommended to prioritize the development and validation of short-term and intermediate-term patient outcomes of focal interventions. These outcomes will have a direct and immediate impact on patient care, clinical validation and adoption of focal treatment.

Findings and recommendations of the Working Group were discussed. This included review of the two multi center pilot studies, designed by the Working Group for the evaluation of patients after focal treatment and partial ablation:

1) Evaluation of the role of molecular imaging; and
2) Development and testing of the standardized MRI interpretation (Prostate Imaging MRI Assessment Post-Ablation Scoring System, or PI-MAPS).

Panel on Bioinformatics, Machine and Deep Learning, Artificial Intelligence highlighted the importance of these technologies for every aspect of patient care and related research, with the focus on big data. These tools are particularly important for integrated diagnostics and related predictive modeling. This panel, held at Summit 2025, highlighted the fundamental importance of the development and standardization of the validated, large-scale patient registries.

Keynote presentation on Health Disparities examined the emerging data on the role of the environment, genetics and access to care, including screening, precision diagnostics and therapeutics. This discussion highlighted the key importance of access to high quality care as the pathway for reducing, if not eliminating, health disparities. As the result of the past and current Summit discussions, AdMeTech established and refined the Prostate Cancer Equity Clinical Resource Project to expedite access to the leading clinical experts and support men every step of their medical journey.

The following recommendations have been made for Summit 2026:

1. To expand international participation even further. This will include, but will not be limited, to the participation of the World Association of the Radiopharmaceutical and Molecular Therapy, Middle Eastern Prostate Cancer Consortium, and World Federation of Nuclear Medicine and Biology, European Association of Urology, American College of Radiology, and other organizations.
2. To continue and expand discussion on Health Disparities, Bioinformatics and AI, with the latter focused on the development and standardization of large-scale, validated patient registries.
3. To expand Session on Focal Treatment to present deliberations, recommendations and progress report of the AdMeTech's International Working Group.
4. To maintain and expand participation of the organizations leading research funding, accreditation, regulatory and reimbursement policies and/or commercial product development to stimulate discussion on creating facilitated pathways for clinical validation and adoption of promising diagnostics and therapeutics.

Summit 2025 highlighted the following specific emerging trends, and the related review and discussion will be expanded in the Summit 2026:

1. "Smart" Screening, including baseline PSA as a critical tool for age-appropriate, individualized risk assessment.
2. Multiple emerging, promising in vitro novel liquid and tissue biomarkers and in vivo imaging tools
3. Increased utilization of liquid biomarkers (e.g., phi, 4K Score, EPI, germline testing, etc.) based on clinical validation and/or consensus - and their integration (including the appropriate sequencing) with imaging for improved selection of patients for biopsy and improved tissue sampling for both standard histology and genetic tissue profiling.
    I. While the clinical importance of prognostic diagnostics has been reviewed, the expansion of research on predictive biomarkers to improve patient management strategies has been emphasized.
4. Several areas of advanced imaging, including standardization, quality assurance and evaluation of their clinical utility, including single imaging tools and multi-modality image fusion:
    a. Real-time, high resolution and contrast-enhanced Ultrasound, emerging as a promising tool for early detection of PC;
    b. Multi-parametric MRI, which is currently widely used before and after diagnosis of PC; and
    c. Rapid evolution of molecular imaging and its emerging role in treatment of localized and advanced metastatic PC. Summit 2024 highlighted recent promising data on the role of molecular imaging in improved diagnostic assessment prior to and after diagnosis of the localized PC, as well as in early detection of recurrence, and in the definition of the oligometastatic disease vs. systemic metastases for treatment planning.

5. While standard histology has been the primary tool for patient assessment, emerging data indicate the importance of biologic information (e.g., liquid biomarkers, in vivo imaging, genetic tissue profiling) for diagnostic evaluation of cancer biology, prediction of clinical course and clinical outcomes, treatment planning and monitoring.
6. Multiomics as a specific example of the integrated, multi-modality, comprehensive approach to precision diagnosis and its impact on precision care, including patient selection for the appropriate clinical interventions for localized, recurrent and advanced PC.
7. Rapidly expanding discovery of new genetic and molecular targets for both early and advanced PC, which are critical for further development and integration of in vitro diagnostics with dedicated drugs for novel in vivo imaging and therapeutics.
8. In addition to transcriptome, proteome is emerging as the information-dense source for the development of new in vitro and in vivo imaging biomarkers.
9. Phenotypical cancer profiling as an emerging tool for prostate cancer characterization.
10. Image-Guided, Minimally Invasive Focal Treatment is emerging as a promising albeit experimental patient care option for localized disease. However, further consensus and research is needed to define its clinical utility compared to Active Surveillance and Whole-Gland Treatment. In particular, the importance of the phase 3, randomized clinical trial was pointed out for expedited clinical evaluation and implementation of this technology.
11. Further discussion, expert consensus and research is needed to define clinical indications and large-scale implementation of genetic cancer profiling on the biopsy and post-surgical tissue samples for optimizing prediction of progression and long-term outcomes. This biologic tool appears to be particularly relevant to low-risk, large-volume and intermediate-risk, small-volume PC.
12. Evaluation of advanced histopathology, including staining for molecular, genetic, immunohistochemical and other markers.
13. The importance of the access to high quality care for eliminating health disparities in Black men.
14. Bioinformatics, Machine Learning and Deep Learning and related tools for multi-factorial, multi-modality, information-intense data analysis, including predictive modeling (e.g., nomograms); and
15. Design and implementation of health-care economic analyses, including cost-benefits of novel diagnostics and therapeutics.

Impact on Clinical Community, National and International Scientific Strategy (2016-2025)

The First Global Summit and related “Brain Trust" meetings were instrumental in shifting integrated, multi-modality approach to PC Diagnosis and its impact on patient management strategies from the fringe to the center of strategic planning for medical education and research, both nationally and internationally.

As a direct result of this event, our faculty members ensured that US Vice President Joe Biden’s $1.8B Cancer Moonshot Program prioritized prostate cancer in general and precision oncology specifically, including radiogenomics. This program invited AdMeTech to take part in a strategic planning for national research agenda and related infrastructure, starting in early 2017.

The subsequent events between 2017 and 2025 exceeded everyone’s expectations even further. These events brought into a sharp focus the groundbreaking potential of the emerging field of multiomics, including radiogenomics, for patient care:

1) Several Summit presentations on imaging were featured in the 39th International Prostate Cancer Update (IPCU) in January 2019, and its many participants identified imaging as the most promising emerging clinical and research area. This tradition continues, when Summit 2022 overview was presented at the IPCU 2023;
2) Summit Overview (presented by Dr. Shtern of AdMeTech at IPCU 2019 and IPCU 2023) was published online by Grand Rounds of Urology (3). In 2019, this video was requested by Whitney Tilton, Medical Director at VuMedi (YouTube for Physicians). VuMedi is an online community with over 220,000 registered physicians;
3) Members of the National Comprehensive Cancer Network’s Panels on Detection and Treatment of PC have been and will continue to be involved extensively in the Annual Summit;
4) National Cancer Institute’s Quantitative Imaging Network invited an overview of Summit 2022 and held a dedicated panel at Summit 2023; and
5) National Cancer Institute’s Clinical Imaging Trial Branch took part in Summit between 2022 and 2025.

***Impact on Public Awareness/Opinion/Consumer Demand*:** Annual Summit has been covered by the major media, including but not limited to, Boston Globe/STAT medical news, National Public Radio, Boston Business Journal, and Associated Press. This coverage has had a groundbreaking impact on public awareness of novel diagnostic tools and their transformational impact on the current state of patient care and reducing concerns about PSA screening, including unnecessary procedures.

AdMeTech Foundation is a 501c3 non-profit organization, which has established the Manogram® Project and provides international leadership in creating a new standard of care for prostate cancer, including precision screening, diagnosis, and treatment. To fulfill on this mission, the Manogram® Project has been leading, designing, managing, and implementing groundbreaking programs in research, education, awareness, advocacy and clinical care equity (www.admetech.org).