ADMETECH FOUNDATION'S GLOBAL PROSTATE CANCER SUMMIT (GPS) AND BRAIN TRUST ON PRECISION DIAGNOSIS AND TREATMENT:
Overview, Background and Current Plans

(Updated December 22, 2025)

I. Annual Global Prostate Cancer Summit (GPS) and Brain Trust on Precision Diagnosis and Treatment for Prostate Cancer (PC) and its Impact (2016-2025); and

II. Recap and Highlights of the Summit 2025 and Planning for the 10th Global Summit Scheduled for October 6-8, 2026

GOALS AND BACKGROUND: AdMeTech Foundation's Global Prostate Cancer Summit (GPS) and Brain Trust on Precision Diagnosis and Treatment, established in September 2016, brought together – for the first time - the key international opinion leaders of every clinical subspecialty involved in patient care to bridge the gap between and integrate in-vivo imaging, in-vitro diagnostics (liquid and tissue biomarkers), biopsy and related technique, drug development and treatment.

AdMeTech Foundation's GPS 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 GPS and private Brain Trust on Precision Diagnosis and Treatment have been recognized for their seminal impact on accelerating development and implementation of a comprehensive, multimodality approach to diagnostic patient evaluation and its integration with individualized patient management strategies.

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, American Urologic Association, American College of Radiology, and other organizations); and
2) Creating national and global scientific strategy and related infrastructure (e.g., President Joe Biden's Cancer Moonshot Program, National Cancer Institute/NIH, Movember Foundation).

Brain Trust on Precision Diagnosis and Treatment, established in connection with the inaugural GPS 2016, 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, 2025 and 2026. 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 Melbourne, 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, and 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 a 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 a 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 the 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. Our primary goal is to outline clinical, research and educational priorities, including statistically powered pilot studies on the 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 GPS, integrated with Brain Trust, 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.

REVIEW - GPS 2025: This virtual event took place on September 15-17, 2025. Building on the success between 2016 and 2024, GPS 2025 had over 60 scientific presentations and 400 international registrants, representing every key clinical expertise and expanding a cross-disciplinary dialogue.

GPS 2025 reviewed the current standard of care and emerging advances in prostate cancer management, including:

1) "Smart" screening, integrating PSA testing with imaging and/or liquid biomarkers;
2) Precision diagnosis and its integration with individualized management strategies for localized and advanced disease;
3) Image-guided focal treatment and partial ablation, including progress report, recommendations and planned research of the AdMeTech's Working Group; and
4) The critical role of bioinformatics, artificial intelligence, machine and deep learning for data integration, underpinning clinical decisions for every stage of patient care.

Similarly to the past annual events, GPS 2025 made a significant impact on the current state of the art and future vision for precision care of prostate cancer, had extensive participation of the international key opinion leaders (KOLs), and offered high visibility of the presented novel ideas, research and innovations during and after the event. GPS 2025's International Organizing Council (IOC) ensured the highest global participation in this event's history, with over 400 registrants, mostly physicians (compared to about 300 participants in 2023 and 2024).

High Impact on the state of the art and future vision for prostate cancer care: GPS 2025 has had a consistent and positive response to the event content from general attendees, faculty, and sponsors – regarding the quality of speakers, program and discussions.

- Participating physicians and scientists have reported that this event has made a strong impact on their clinical practice, and general strategy and novel ideas for research.
- Industry leaders have reported a direct and strong impact of this event on their short- and long-term strategy for product development, related research, positioning and large-scale clinical adoption.
- All participants reported multiple networking opportunities that played an important role in establishing new collaborations and partnerships, including those with other Summit participants.
- 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.

- Expansion of partnership with Grand Rounds in Urology (GRU), resulting in the post-event online publication of scientific presentation videos and reaching over 15,000 physicians internationally.
    - GRU's Editor-in-Chief, Dr. David Crawford, established AdMeTech's collaboration with GRU, serving as the Media Partner since 2018. After GPS 2025, Dr. Crawford pointed out the continuous high viewing rate of this event and invited AdMeTech to continue a partnership with GRU to ensure "*the semination of information from your meeting, which I really believe is the best in the country for prostate cancer".*

Extensive participation of the key opinion leaders (KOLs) of multiple clinical subspecialties: Unlike most prostate cancer meetings, GPS brought together KOLs, representing every clinical expertise involved in prostate cancer care and serving as the key leaders of multiple academic institutions and major professional societies.

- Participation of the KOLs has been instrumental in the development and implementation of a multidisciplinary consensus on the best clinical practices and research priorities.
- GPS 2025 had extensive representation from the committees and organizations developing the cutting-edge clinical guidelines or funding research – including, but not limited to, American College of Radiology (ACR), Radiologic Society of North America (RSNA), National Comprehensive Cancer Network (NCCN), European Association of Urology (EAU), American Urologic Association (AUA), American Society for Radiation Oncology (ASTRO), European Society for Medical Oncology (ESMO), and other organizations in radiology, urology, medical oncology, pathology, and radiation oncology

An important opportunity to influence the influencers*:* ***Extensive exposure of presentations during the Summit.*** Participation of the international, multi-disciplinary KOLs has created a strong positioning of the presented innovations and related data. For all speakers and sponsors in 2025, GPS organizers have offered presentations during the main scientific program for maximum exposure.

High rate of faculty retention: Many GPS speakers have been participating in this annual event since the time of its establishment in 2016. They have been serving as volunteers for the Summit Governing Board, Steering Committee and International Organizing Council.

Increased attendance*:* Over 400 attendees registered in 2025 (compared to 300 in 2024), reflecting a rapidly growing international participation of physicians. Several speakers, excited about the GPS 2023 and GPS 2024, volunteered to serve on the International Organizing Council (IOC) for GPS 2025 and GPS 2026 to bring the high-quality education offered by the Summit to their regions and countries. IOC has played the key role in expanding global physicians' participation, particularly from the Middle East, Africa, Eastern and Central Europe, Central and South America, and Asia, in addition to the previously actively participating regions (US, Canada, Western Europe, and Australia).

GPS 2025, similarly to the past annual events, had the following hallmarks:

- Stimulating cross-disciplinary consensus on the best emerging clinical practices and research priorities; and
- Expediting and ensuring networking between speakers, including KOLs, and sponsors (via break-out rooms or personal email introductions).

High visibility of presentations after GPS 2025: Over 60 scientific presentations (including sponsored talks) and four abstracts with the highest reviewers' ratings were published online in a video format by Grand Rounds in Urology (GRU) within several weeks after the event. AdMeTech and GRU dedicated newsletters - highlighting individual talks – ensure a joint outreach to over 21,000 physicians. GRU leadership and staff pointed out consistently since 2019 that the published GPS presentations have had a high viewing rate.

Scientific Program: Summit 2025 examined emerging promising innovations and the pathways for their expedited clinical validation and adoption. The Summit Program had four scientific sessions and a panel on bioinformatics and artificial intelligence.

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 advanced 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 the 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 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: a multi-center study for a definitive clinical evaluation. Consequently, AdMeTech Foundation established an International Working Group in Focal Treatment to develop a 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 2025 highlighted the emerging role of and growing interest in the minimally-invasive therapeutic interventions - and pointed out that about 25% of men with newly diagnosed PC may benefit from them today. Consequently, AdMeTech Foundation's International Working Group on Focal Treatment recommended prioritizing 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, large-scale clinical validation and adoption of focal treatment.

At GPS 2025, findings and recommendations of the Working Group were discussed. This included a 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, Artificial Intelligence, Machine and Deep Learning, 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 GPS 2025, highlighted the fundamental importance of the development and standardization of validated, large-scale patient registries for the development and evaluation of artificial intelligence and its role in patient care.

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 a 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.

PLANS FOR GPS 2026: GPS 2025 highlighted the following emerging trends and the need to discuss them further for GPS 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 the 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 are needed to define clinical indications and large-scale implementation of genetic cancer profiling on the biopsy and post-surgical tissue samples for optimizing the 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 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-benefit analyses of novel diagnostics and therapeutics.

The following additional recommendations have been made for GPS 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 the 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.

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

The First Global Summit and related "Brain Trust" meetings were instrumental in shifting the 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 the 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 continued, when the 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 the 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 the 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 that 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 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).