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Patients' Voice to Cancel Cancer: From Shooting In the Dark We Can Become a Sniper

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"Cancer is a mobile disease. It changes while you look at it. Treat it like tuberculosis; 4 drugs for one year, at the same time!"

Professor David Tuveson, CSHL

We do not execute what we already know!

Patients are dying because the scientific knowledge that is available today is not implemented to improve the treatments we have. It is possible to tailor treatments on an individual basis. '*This patient, at this moment, with her defect, needs this treatment*.' This is not science fiction. This is proven technology and can be implemented today. If we patient advocates do not act now, patients who can benefit immediately, will miss out on these vital treatment options and 'the near future' can potentially disappear into a time vacuum. This might serve the medical industrial complex but not the patients.

Practice what we already know in Precision Medicine approaches to care such that, each individual patient gets the maximum benefit for her outcome. Our vision as patient advocates guarantee a pace of innovation that fits patient needs.

Find the right weapon: Sequencing

To realise the individual approach of treating patients, it is necessary to sequence the tumour. It starts with determining the DNA and RNA defect(s).

This is what can and should be done now. The science has been done.

Shooting in a haze: determine the right treatment

When the sequencing has been done, the output will bring a list of potential drugs that can be used for treatments. The drugs that are on the hitlist of the sequencing are a much better approach than the existing way of treating. These drugs include generics, off-label and off-patent drugs. All the possible drugs should be screened to explore potentially better ones for patients with cancers for which the options available provide little to no benefit (unmet medical needs).

Instead of shooting in the dark, we are now shooting in a haze.

Shooting in a clear sky: drug screening

The next step is drug screening on human tumour tissue (organoids, tissue culture, organ-on-a-chip). This is done in trials and have not (yet) the status of 'The science has been done'. Organoids are expected to be valid-testing within one or two years.

We now are shooting in clear sky.

Keep the tumour on sight

'Cancer is a mobile disease and it changes while you look at it' means testing during treatment: the tumour is changing but we won't let it get away. The interval can be after two or three treatments, or after two or three months. This is because of the tumour itself and/or because of the treatment. So, we need to adapt the treatment.

We keep the tumour on sight.

Learning loops

Keeping the tumour on sight in a clear sky won't mean that we always hit the target. When we start shooting, we sometimes miss. You train and learn. In the end, you will miss no more.

We've become a sniper.

Fair pricing

Once the current and 'near future' science applications necessary to identify the best possible treatment for each individual patient provide the necessary evidence that shows that the outcomes are better than existing treatment, the right incentives should be in place to support the sustainable implementation of this personalised approach to care.

This is what we have determined as '*Open-Source Pharma - Inspire2Live'*: Sequencing – treat with targeted medicines, drug screening, repeat testing, learning loops and work with fair prices. Once the treatment succeeds, it should be made available and sustainable so that patients continue to receive the best at all times.

From shooting in the dark, we are now a sniper who never misses.

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