

## **Feedback Summary Discussion**

### **Q & A**

#### **Participant**

I seem to remember some clinical trials for drugs that were stopped because they couldn't accrue enough men in the trials, and there is an expense that goes with every clinical trial based on the number of days that it takes to run the trial. We've also heard that men don't go to the doctor or communicate with their doctor. The Office of Men's Health can help to facilitate these things in many different ways.

#### **Participant**

I wanted your opinion on testosterone.

#### **Participant**

There are many potential pathways for ongoing therapy, and testosterone is one of them. Over the years some studies have said yes and some have said no. What is really important is that we have national meetings of professional organizations and national meetings of philanthropic organizations, and we have opinions from both. One of the problems in a democracy is how to prioritize those opinions. If you attach your advocacy criteria to something specific, however, like PSA, you may find that it is a black hole. It will suck your organization right down with it. Advocacy has to be within the realistic world.

#### **Participant**

One thing we need to focus on in drug discovery is finding more organ specific but not necessarily such a heavy hammer to treat individuals who have disease that seems to be in the transformation process so that you don't completely ablate the prostate but you're targeting the pathways that lead to true transformation.

#### **Participant**

We need an advancement in our understanding of what causes prostate cancer, we need an understanding of how to monitor it, and we need an armamentarium of things to disrupt progression. These things take different skills.