Pickleball After Chemo: The Future of Cancer Treatment with Dr. Brandon Mancini Transcript

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Podcast Introduction and Theranostics Overview

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to successful in medicine, in finance and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. If you get a cancer diagnosis, particularly when you're a younger cancer patient with a more rare tumor, I guess it doesn't even matter what type of cancer or what age.

When you got that type diagnosis it feels like you've been kicked in the teeth. It's a bad day. And what you want to hear is hope and you are looking for the opportunity to grow and see how you can change and be able to respond to that cancer and treat it.

Because it can feel hopeless. And we're living in a time where more and more treatments are available for cancer as cancer is not just one disease, it's hundreds and hundreds of diseases and they all require different types of therapy.

This is an exciting discussion today because we are going to talk with Dr. Brandon Mancini and he's going teach us about Theragnostics are really important emerging technology that has a lot of hope for many different cancers because it's so site directed and so specific and targeted and not quite as toxic to patients.

So I encourage you to listen keenly. This is a really an important and exciting field and I appreciate Dr. Mancini taking the time to share. Please enjoy the episode.

I'm pleased to welcome to the podcast, Dr. Brandon Mancini. I think you're going to enjoy this podcast today. Branden is a person who, as a physician, has had a lot of experience.

Most of the listeners on this Podcast are physicians who can relate with his experience, but also has this opportunity to run a business and teach about a really powerful tool called Theragnostics.

So I'm excited both as a fellow physician and as person who deals with solitary fibrous tumor. Most listeners to my podcast know that I get to deal with this rare type of cancer and so I am really excited when I find people who are at the cutting edge of research trying to find ways to help people with not only my disease but other diseases that are similar to that.

So today I really am excited to have you Dr. Mancini. Would you mind introducing yourself to the audience? Absolutely. Yeah. And thank you so much for having me today.

So yeah, my name is Brandon Mancini. I'm a radiation oncologist here in Grand Rapids, Michigan at Banff Health, which stands for Bold Advanced Medical Future.

Banf Health is one of the world's leading centers in theragnostics or theronosts specializing in these targeted radiopharmaceutical therapies. As noted, radiation oncologists by background, been in practice for about a decade since graduating residency and kind of have sub-specialized in this unique subfield that is a combination of medical oncology, Radiation Oncology and Nuclear Medicine.

Dr. Mancini's Background and Career Path

After spending a couple of months in Germany, kind as a primer, getting ready for our company to launch back in

the summer of 2022. So incredibly excited to be here and looking forward to our discussion.

Yeah, I realize that encapsulates 15 years of a really exciting, difficult, challenging career path to get to where you're at. So I appreciate you summarizing that.

We'll talk a little bit about Theragnostics, but I want to go back to the beginning a bit. What motivated you to become a radiation oncologist? And then specifically, you did this career term where you spent some time in Germany trying to get a little bit tuned up on the theragnostics, just all that technology.

What motivates you become radiation on oncologists? I guess is the first question. Yeah, so it definitely dates back all the way till high school where you start kind of trying to figure out what the future might hold for you.

And I always had an affinity for math and science and helping people and so forth. My mom was a clinical trials research nurse in radiation oncology. And so there was her experience helping patients with cancer on the front lines with clinical trials.

And then she was actually diagnosed with luckily stage zero breast cancer, but had her own diagnosis and treatment journey just at age 42, where she had the things like surgery and radiation therapy and so forth.

So having that direct impact of my mom, having the diagnosis of a cancer having to go through procedures and to make sure that she's okay, long-term and then her job on a daily basis, dedicating her time and careers work toward helping patients with cancer and advancing the science.

It was just the perfect blend and motivation to hop right into that field out of the gates. Really the first physician I ever shadowed was a radiation oncologist back in that late high school years.

And I really just never looked back. it was the patient population I wanted to dedicate my life's work to, and really it just a perfect storm to be able to have that introduction really early on.

I appreciate you answering it. I think every person listening will say, hey, there's a core reason I became a physician and there is something specific I wanted to accomplish.

When I reflect back, I grew up in rural Idaho. So the doctors I knew were these broad spectrum rural family doctors that delivered the babies and took care of people in the hospital and saw people at the emergency room and did it all.

And so I had just had that in my mind. That is what a doctor is. went through medical school, much the same, never really changed course. I'm going to do that because I want to return back to the do-that kind of doctors.

Sounds like you did the thing. And then you had this really powerful experience, kind negative, watching your mom go through that disease at a relatively young age.

Powerful motivations. It's important to lay the groundwork of why we choose to what we do because medicine becomes hard, it becomes repetitive, and it's to find a reason to stick with medicine.

At least my next question, Brandon, is how did you stay with it? You did it for a decade, but instead of saying I'm burned out, you chose to do something a little bit different, and now you've been able to find something that's really specifically on the cutting edge.

What made you decide to make that little pivot, that change? Yeah, so I absolutely was happy kind of as a traditional radiation oncologist. So when I first graduated residency, I joined a practice where I was one of two physicians in a nice department as community affiliate practice of the University of Michigan here out in Grand Rapids, Michigan, and really was treating things very broadly in good way with external beam radiation therapy and doing some procedures and so forth.

Very happy in that position. but was then subsequently recruited away where I could have an opportunity to join a larger group with subspecialization actually in genitourinary and then gastrointestinal malignancies, which I had the interest in just being a part of even more and being able to be more hyper-focused on a couple of disease sites so that I can even get deeper into the very positive weeds of helping people to the utmost and getting to being disease site expert and so forth.

Kind of similar situation, very happy within that space, but the CEO of my current company, Banff Health, I had met him when I was in practice a couple years prior, and we always had made contact and touch base a few times a year.

And really it just happened that behind the scenes Banf Health was being created, unbeknownst to me. One day he asked if I wanted to go meet up and chat a little bit.

Really, through that discussion, he reached out and really just said, hey, what do you think about being and serving as our medical director and first physician in this really unique budding field of Theranostics-Theragnostix?

And he said what you do think of going to Germany for a little bit and training up in it and so forth. Really, I just left that meeting and did my own research at home and just took a couple days to let it sink in.

But I thought to myself, this is literally the cutting edge of the budding of a new subspecialty of medicine. And I'm being offered this really amazing opportunity that would be a once in a lifetime shot and really just made that decision within those couple of days and never looked back.

It's been pretty remarkable then to take that deep dive, to spend some time in Germany where they had been doing these sorts of treatments for about a decade plus prior to what the US has done over the last three or four years.

And really just took it as an opportunity that came to myself, made a thoughtful decision and really never looked back. No, that's inspiring. It is interesting how opportunities knock but once, and when they come, you have to say, I'll take it.

And a career pivot, but like you said, what a cool opportunity to get involved in something that holds a lot of promise, a lotta hope. Then you become an expert in this one specialized little slice of medicine, then hopefully leading forward.

with stuff that will really benefit the treatment of patients for hopefully for decades to come. So again, what a brave and cool thing to be able to say, sure, I'll take a couple of years and go to Germany.

Sure. Yeah. See, maybe teach us just a little bit. Like I said, the podcast audience, most are doctors, but there are some folks who are also cancer patients who listen and say I want to know more about what this theragnostics thing.

And I don't know the correct pronunciation. Theragnostics or theronostic? Yeah, it's actually both, and I think you have different kind of cohorts of people that like to pronounce it in certain ways, but either way, theranostics or theriagnostcs.

And really it is literally the combination of the terms therapy and diagnostics.

What Theranostics Is and How It Works

Really the premise is that most of us have heard or have even ordered things like CAT scans and MRIs and ultrasounds and even PET scans, where PET scan are a more common thing for patients that may have cancer.

And traditionally, PET scans have been more or less, quote unquote, sugar based PET scan, where it's a radio tracer, a 30 to 60 second injection that's organic chemistry made to go localize or accumulate in areas where there's increased metabolism.

And that can happen in a lot of different cancers. It can also happen and infection and inflammation and FDG PET scans. So these sugar-based PET scams, again, been around for a really long time, really was the only PET scan that was applied to the majority of cancers, whether it's lung cancer or lymphoma or breast cancer, et cetera.

But what has been discovered and created over the last kind of decade or so is molecular targeted imaging. Instead of using a metabolic tracer, it's using tracers that can stick onto a protein that's uniquely found on a tumor cell or in the tumor's microenvironment.

So it is a direct labeling of the protein. And so now this PET scan is the molecular imaging or diagnostic really to tell us whether this protein is present in this cancer or not.

When they simultaneously created both the diagnostic radiotracer and the therapeutic radiatracers. And the way that I think of it is basically, it's a little organic chemistry molecule, and when they make the diagnostics, the radioisotope that's hooked on to the tracer is a picture-taking radio isotope.

more or less the chemistry can swap off the diagnostic and put a therapeutic radiotracer on it. And maybe that same 30 to 60 second injection that medicine goes and connects at the tumor level with that protein on the tumour and commonly is taken up into the cell itself delivering focused radiation from the inside of the cells outward.

with this ultra-precision targeted personalized cancer therapy when it's all said and done. And so that's the therapy. So the therapist and the diagnostic both going after the exact same target is your theragnostic pair or theronostic pear.

Again, this is something that actually was more or less discovered way back in 1941 with Dr. Saul Hertz when people would take radioactive iodine pills, which they still do today for thyroid disorders or thyroid cancers.

but now translate all the way now to 2026. And there's been so much more advancement in the discovery of new novel targets, the ability to use chemistry to create these very unique therapeutic opportunities.

We've seen a lot of success in both prostate cancer and neuroendocrine tumors that have created this whole incredible interest in exponential growth within the theranostic space, which is just amazing and exciting.

Those are really detailed, wonderful answer. And I think people can answer, you can listen to that, whether you're a physician or not, and realize that this is a really specific site directed, targeted thing.

Then when you couple it, not just with something that is diagnostic, it's also therapeutic. One of the questions that I've read about and I talked to others about, is whether you can couple it with just site-directed radiation or radioactive particles, or does it also go along with other chemotherapeutic agents?

We have a variety of different ways to attack the growing and dividing of, inappropriate growing dividing, of cancer cells. Are there other things that are being attached to those site directed proteins beyond just the radioisotopes?

Sure, yeah. Most of these radio isotopes are really teeny tiny small molecules where it's injected and this teeny-tiny molecule binds directly to that protein that we were talking about.

There are opportunities within the space and lots of clinical trials even looking at maybe you can attach the radioisotope to an antibody and then when the antibody goes in and attaches to the tumor, now you're carrying along this radioactive compound that's going to cause obviously tumor or DNA level destruction.

There's also absolutely overseas more specifically, and then here in the United States on a handful of trials, combination therapy. So combining the radioisotope-based targeted medicine with either more classic chemotherapies that is less targeted, but may radiosensitize the cancer cells to the radiotope and create more hopeful cancer-related damage.

Or even a form of sequencing of radioisotope and things like immunotherapy or other targeted agents that can

again uniquely more or less compound itself or create a synergistic effect.

For potentially more impact in durable response in improvement in disease when it's all said and done and i think a lot of that is gonna be. in the clinical trial space and in overseas space of trying to understand safe combinations, because obviously more treatments combined together, it may lead to more tumor cell kill, but could potentially have side effects that are also enhanced.

But there's a ton of investigation in making sure that these theranotic medicines are as best as they can be, and then in combination, potentially being able to enhance what we're used to seeing from a response perspective.

No, that's exciting. So maybe specifically for, I know there's some trials around FAP or fibroblast activation protein for and that is one of the targeted cells.

Right now there is a lot of interest in that. I don't know if you are a clinical researcher on that specific area for solitary fibrous tumor, but maybe just describe to us a little bit because you're very good at describing these.

What does that mean for people who say, okay I've got a Fap-directed therapy where they're taking a radioisotope and delivering it to cells? Describe that just a bit.

Yeah, so FAP is absolutely, it's the number one, if not top three most exciting targets that has been recently discovered. And we have a couple of trials here at Banff Health, and then there are a number of trails as well as a use of it overseas in different programs.

But Fap is this fibroblast activation protein or peptide. And really it's cancer associated fibroblasts. So these are extra cells that more or less are in the tumor's microenvironment.

If a tumor is sitting in a space, there's a lot of what I call basically webbing around that tumor. And that webing is composed of these cancer-associated fibroblasts.

And these tend to have an overexpression of FAP. And so there's also tumors like solitary fibrous tumor and sarcomas that not only have Fap in that webbing around the individual tumor cells, but actually have it in their cell membranes as well.

But FAP is incredibly exciting because of the fact that it's actually overexpressed in the tumor microenvironment, that webbing of a number of solid tumors.

That includes things like breast cancers and pancreatic cancer and colon and rectal cancer, solitary fibrous tumor and sarcomas and so forth. And so it is more or less a pan cancer or what we call the trials as basket trials where It's tumor agnostic.

It doesn't matter what the tumor is called or where it originates from, but it has an overexpression of FAP. And simultaneously, there are several compounds and trials out there where really smart scientists have figured out a way to label it with FAPPy imaging, right?

So doing this molecular imaging that can tell us if Fap is present and what concentration that would be present in. as well as, again, a handful of trials here in the United States plus off-label use overseas of FAP-targeted radioligand therapy.

FAP-Targeted Therapy and Emerging Applications

And I think it's just incredibly exciting because it is a new discovery over the last several years that applies to a lot of tumor types with the same principles that Theranostics Theregnostix has had over these last years.

but expanding the usefulness, the utility and the hope for patients to have targeted options within those disease sites. And so, yeah, it's one of the most talked about targets and there's a lot of promise within it and really the race

is on in a very positive way, meaning There's really smart scientists out there and a really good medicine in the theranostic space means that it not only has a high expression in tumor and or around the tumor, and it's not really expressed in rest of our body or it is minimally expressed.

But the density of the FAP or the target is really high. And when they create the treatment, you want that treatment to come and stick there for a really long time.

So that's what has advanced more incredibly is the ability scientifically and organic chemistry wise to create and understand and progress with creating these molecules that can stick in high concentration for long.

That's allowing more of that targeted radiation to impact those cancer cells. a ton of really exciting positive moment. No, thank you so much. I appreciate the detailed explanation.

Some people listening to this are going to say, I know about this, why are we repeating it? But there's a lot of folks who are like, so maybe they're family doctors like me who say I have patients who see all these different things and I'm not well read on this latest and greatest sort of thing.

But a lots of patients listening will also will appreciate that definition. So I really appreciate you going through it. I want to hear a little bit about BAMF specifically.

You gave this extra training, took this opportunity when it was presented to you to go into something that really has got the cutting edge of how we're treating it.

And there seems to be a ton of promise with this particular field. What are the areas that you're emphasizing in your research and your oversight? Yeah, so our goal when we opened back in the summer of 22 was absolutely to offer the two FDA approved treatments.

So I alluded to it, but there's an FDA-approved treatment for patients with prostate cancer that has spread to different areas of their body, as well as a more rare tumor as called neuroendocrine tumor, which commonly can arise from the gut and sometimes the pancreas or lung.

Those were FDA approved when we opened back in the summer of 22. And so immediately our goal was to ensure that we built the most comprehensive quality program to assist in helping patients with those diagnoses as quickly as possible with the highest quality care as possibly, making sure that access to these therapies was readily available and we could do so at a high level with a higher capacity.

Very shortly after opening our next goal was to then get as many clinical trials up and running to cover a wide variety of different cancers to also make sure that people that may not have many options remaining or are seeking a more targeted personalized precision based therapy have some ability to consider clinical trial participation for their unique diagnosis.

And so currently we have trials that cover approximately 15 different tumor types. So that's incredible because it's the two FDA approved treatments and there's still a ton of work being done to even try to advance the effectiveness and safety in prostate cancer and neuroendocrine tumor.

but also the ability to offer first in world, first-in-human type clinical trials at Banff Health. Because of the infrastructure, because of technology, Because the experience our team has, that has been just a completely incredible opportunity.

We were lucky enough in 2025 to serve patients from 26 different states and two different countries, which is really neat. And the reason for that is because the comprehensiveness, the abilities to have trials up and running as quickly as possible, to do it in a quality manner, and to be a very reliable advanced diagnostic center to contribute to the growing subspecialty here.

So it's been a wonderful journey so far. I'm excited just listening to what you're saying because like I have a patient

right now who just recently got diagnosed with one of those rare and neuroendocrine tumors like as a you don't find those very often but as the primary care doc I see people of all sorts of things and often I am the one to find whatever it is because they have some atypical finding and this gentleman had a polyp in his duodenum on an upper endoscopy and he had really high parathyroid level and it turned out to be a neuroendocrine tumor.

Just such a strange, rare finding. But you think about folks like my patient and so many others who have something that seems a little bit hopeless or a bit frustrating and then to say maybe we have a site-directed and targeted And that's exciting to me as a physician and the nerdy science part of me just gets really excited about understanding how this stuff works.

And then it's really relevant to be personally, because I unfortunately have solitary fibrous tumor and have to take treatments that are not really fun to.

Take. So knowing that there's stuff out there is, again, super hopeful. I can share your enthusiasm. It's fun, like you said, to, be a part as something where it is the first time in the world where anybody has had that kind of therapy.

Reflecting with you, that is really exciting. Yeah, no, absolutely. And the beauty of any new budding subspecialty, because of that kind of success within that prostate cancer neuroendocrine space, that is what has gotten the whole scientific community so invested, right?

And so now a lot of different pharmaceutical companies, cooperative groups, the race is on in a very positive way to find more targets, better targets apply the same principles and do better than we even do now in that space.

because it's such a sought after treatment, even by patients, because its ultra targeted treatment. It's personalized to just their disease and the expression of these proteins on their tumor type.

And people typically feel quite well when they receive these therapies. You can get an injection that's a targeted radiation medicine and you can go play pickleball the next day and really not feel different or go golfing or do this, that or the other.

It's a very interesting treatment because it's incredibly directed, it targeted, its very aggressive treatment to the cancer's DNA, but our body typically tolerates it incredibly well.

And that's the kind of evolution of cancer therapies right now is getting closer and closer to targeted agents, specific to tumor agents and those that might impact our bodies in totality a little bit less.

And so things are advancing quickly and it's just each and every day is very unique and special and very exciting within this space. That is unique. If you could receive some sort of radiation therapy and then feel well enough to go do your normal activities the next day.

I went through radiation. And I felt fine for the first little bit, but by the end of that, I just felt very bad.

BAMF Health Trials and Patient Access

It just kind of saps all the energy. So having where it's really more site directed and targeted would be a tremendous advance. And then like you say, it is an aggressive therapy toward the actual cancer cell, just, you just don't have to get the big systemic effects of it.

So the next question is, where do you see this going? You're in the process of doing multiple clinical trials and then you're offering some of these treatments for people from all across the United States anyway.

Like you said, over 20 states of where people have traveled in. Where do see going and I guess related to that, when cancer doctors or any physician comes across patients who need this type of therapy.

Where would you direct them to go? Because, like you say, it's a new space. It's going lots of different directions.

And I think clinicians, patients feel a little bit overwhelmed.

Where do I go if it seems like it is new and up and coming? Sure. Yeah, I thin within the space itself, there's over 100 different trials that are active.

Around 30 or 40% are still in that prostate cancer neuroendocrine space, and so the currently FDA approved molecules are both safe and effective. but there is still a lot to be achieved, meaning these treatments work in most people, they improve quality and quantity of life for most, but they're still imperfect and we can likely still do much, much better.

So both of those medicines are incredible starting points for theranostics to become a safe, new, budding subspecialty. Within the clinical trials that exist right now, it's a lot of different things.

It's looking at dosing. Right now it is fixed dosings at fixed intervals. So that means for prostate cancer, its one treatment every six weeks for up to six times.

For neuroendocrine tumor, is one treatments every eight weeks, for four times and basically it the same exact dose every single time unless there is some lab abnormality that needs to be adjusted for.

So the future will be utilizing that PET scan information a little bit more, maybe giving more dose for people that have more tumors and less dose that has less tumors.

It might mean instead of doing that every six weeks, we might do it every week for a couple of weeks and then take more longer breaks. So changing the intervals, changing that dosing.

The two FDA approved products are called beta emitters and I kind of think of it as gentle radiation. And so these alpha emiters are coming and those are types of radioactive isotopes that really kind pack a bigger punch but actually over a much shorter radius.

So these beta emitter, they pack gentle punch over about a sub-millimeter for the vast majority but some of that radiation goes about one to two millimeters.

These alpha emitters come and pack a really strong punch over just a few cell widths. And for example, beta emiters, the current FDA treatments, you need thousands of molecules to latch on.

So they're simultaneously shooting those little radiation rays together to create improvement. The alpha emitter, s you might only need tens or dozens of little molecules.

To create the same sort of impact. So alpha, beta, different doses, and different schedules. And then as we were talking about different targets, absolutely and potentially with combination.

So there are over a dozen different target that are currently being investigated and most all of these targets are those basket trials that I alluded to.

It's find where target is overexpressed and apply that to every single tumor type that could benefit. this person has breast cancer so they get a treatment just for breast-cancer.

It's this-person has an overexpression of FAP so, they-get a FAT-targeted treatment. This- person-has an over-expression-of the prostate-protein so-they- get-a-prostate-directed-radiolygan-treatment.

And so it's more of the targeted pan- cancer coverage of agents that are happening. So those are definitely some of the huge future directions that we're currently living in.

And then combination therapies, as we alluded to, potentially allowing low dose chemotherapy, immunotherapy to create even better outcomes or sensitize the cells to improve those outcomes.

And then finally, it's actually moving those therapies very early into the disease status. So for example, with prostate cancer, its currently FDA approved to give those therapy after patients have been on certain treatments for a certain period of time.

It's very likely this year that the prostate treatment is going to move into an upfront setting. where the patient might present with cancer spots elsewhere in their body, but now they can get the prostate-directed radial ligand at the very beginning of their treatment journey as opposed to later on.

And it's actually very common that when you move therapies earlier that they could be more effective and create more durable responses. And so just the movement of their agnostics earlier in the treatment schedules for patients might also assist with better outcomes, more durable outcomes better quality of life and safer life when it's all said and done.

As far as patients looking to. know where these services are offered and who might have them. Our website BanffHealth.com is a great place to see currently active clinical trials that are open here.

But for the prostate cancer drugs specifically, there's actually almost 800 centers across the country that that unique FDA approved treatment and so it is more common right we have fifty states in some other territory so that is very likely that a center in someone state or location would have access to at least that standard of care.

There be the website for the medication called blue victor so i can i say it's like pluto with the v i c in the middle to victo. they do have a location, a treatment center locator on that website.

So you could put your address in and then you can be directed appropriately to the closest center for that. From a clinical trials perspective, sometimes that can a little more challenging.

But honestly, people are welcome to reach out to us anytime and we not only go over what type of trials we have available at our center, but we may be able to provide additional information throughout the country where certain trials might be available as well.

People can also go to clinicaltrials.gov and type in their unique diagnosis plus radiotherapy or theradostics, and it should produce a decent list that can help direct with locations where these treatments and trials might be offered.

But things are definitely evolving.

Future of Targeted Cancer Therapy

on the clinical trial front to get more information to more people in an easier manner. But at Banff Health, as we continue to expand across the country, one of our missions and goals is to help people.

No matter we treat them or not, we want to give them the resources that they need to find success and find treatments that can be helpful for them. Wow.

That's exciting. Never a good time to be a cancer patient. I'm not going to say it's great. It's not great to have that. But if you have to, have it. This is an exciting time because there's so many things that are coming out.

And like you said, it is not just things where we're blasting every cell of the body with the same thing. We were specifically able to target and immunotherapy has been a really bright ray of hope in that area.

Now we are doing theragnostics where you're doing these site directed carrier molecules that take it right, those proteins. right to the site and it is an exciting time.

So going forward, Banff Health is doing so many things specifically within your sphere of influence, the field that sounds like it's going toward more and more site directed specific or targeted therapies, even if maybe even independent of specifically what type of cancer you have, because you're able to direct that to wherever that cell is

whatever types of cells are expressing those targets.

Where do you think this will be? Like in the next decade, do think we will leave some of the traditional chemotherapies behind and have most people doing site directed therapy?

Where you see the field going over the decade? Yeah, that's a great question. I think definitely what we've witnessed in prostate cancer is going to be what happens across the board, which is when the medicine was first approved back in March of 22, it was approved for patients at that end line.

They had to have chemotherapy prior. Basically, they had more or less all of their eligible therapies. And despite that, the theragnostics still showed improvement of quality of life and quantity of light.

And so that allowed it to jump before chemotherapy in March of 2025. As I alluded, it's very likely this year that it will be approved to go all the way up in the upfront setting.

And so I think that's exactly what's going to happen in other sites. So there's only two FDA approved treatments in theragnostics, so you're going see more of those emerge in the next 10 years.

It's gonna be absolutely more than one, whether it's between 10 and 20 or just under 10, I thinks it yet to be determined. But like I alluded to, there are over 100 clinical trials.

with very novel targets, with promising targets and early phase data showing efficacy and safety. And so it's very likely we're going to have a number of new agents approved within that next decade.

You're also going see those agents again moving earlier before other nonspecific systemic therapy. So I think in general, all of these targeted treatments, whether it is theragnostics, immunotherapy, other non-chemotargeted pills or infusions, Those are going to be those upfront earlier treatments.

And we'll see chemotherapy more than that backend of treatments, right? Chemotherapy does a great job. It's served a purpose. it's done a really good job for many decades, but there's always been that yearning for more precision with less side effects.

That's exactly what's going happen over these next 10 years. That's exciting and I appreciate you and the work that you're doing being a part of that.

Are there any other places, again you have the website, any places you would direct people who are keenly interested in this to go where they can learn more about that or follow the works that your doing?

Yeah, definitely BanffHealth.com for any immediate needs. We have a newsletter you can subscribe to both scientifically and just more big picture from a company perspective of things that are ongoing.

You can find us on LinkedIn, on X, Instagram and Facebook as well, where we post patient stories, we posts ongoing initiatives and major advancements as a company and on the clinical trial front.

And you can definitely follow myself on any social media or LinkedIn as well, just Brandon Mancini, and hopefully I would come up. There's not too many of us out there, but yeah, I'm happy to address any questions or concerns or support people as they need in this space, if it ever is helpful.

Just reflecting back to the beginning of our conversation, you started off, like you mentioned, in high school, wanting to make this tremendous impact.

You watched your mom go through something that was really challenging, and now you're doing it. I think 18-year-old you would be really proud of what you are doing.

It's really exciting. So I just wanted to thank you for what your doing and appreciate you taking the time to explore

all that with us and teach us. Do you have any other final words or any comments to leave with our audience?

I appreciate being here so much and it's been an excellent conversation and I think you've alluded to it a few times.

Closing Thoughts and Podcast Outro

Hope is the right word that I would use for each and every day, specifically in the cancer space because four years ago, Banff Health didn't exist. The targeted radiopharmaceuticals for prostate cancer didn' exist in United States.

And we're always on the cutting edge of something more coming out. I get almost daily emails of new FDA approved treatments for a whole wide variety of cancers.

And so there's so much work being done behind the scenes at centers across the country and across world. So there is so hope to be had because these treatments are getting better.

People are living longer, more quality lives because of them and just knowing that the work is ongoing and the mission never stops. Really hopeful words and I really appreciate you taking that.

I feel more hopeful after this conversation. All the interested to follow your work and hope you keep in touch. Thank you very much. Yeah, thank you so much!

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