NETWise
A Podcast About Neuroendocrine Cancer

# NETWise Episode 50 (Transcript)

## The Year in Review 2025: Neuroendocrine Cancer Research and Clinical Progress

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
As the year draws to a close, the NETRF community gathered in Boston, not just to reflect but to honor a milestone, 20 years of discovery, 20 years of science, struggle and progress, all shared by leading scientists from around the globe. I'm Jessica Thomas, Director of Patient Education at NETRF and you're listening to NETWise, the podcast designed to inform, empower and guide patients and caregivers through the world of neuroendocrine cancer.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
The biggest source of hope entering the New Year is the large group of scientists in the room at our 2025 Margie and Robert E Peterson neuroendocrine tumor Research Symposium.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
NETRF CEO Elyse Gellerman opened the symposium as scientists from around the world came together to share breakthroughs, exchange ideas and reflect on two decades of progress towards better treatments, better outcomes and one shared goal, a cure.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
So I want to welcome you officially to the 2025 Margie and Robert E Peterson neuroendocrine tumor Research Symposium. I'm Elyse Gellerman, CEO of NETRF, and this year, we are celebrating our 20th year. So that is something that we are incredibly excited about. We've done more than fund research. We built a movement of scientists, patients, partners and advocates, united by one goal, to transform the future of neuroendocrine cancer.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Dr Neil Renwick brings the rare combination of medical and scientific expertise to the world of neuroendocrine cancer, and he's witnessed firsthand how far the field has come in just a decade.

**Neil Renwick, MD, PhD, FRCPC at Queen's University:**
Only 10 years ago, I saw an article in the Canadian Medical Journal, and it says neuroendocrine neoplasms are a neglected disease, and now I'd say, when I look at the meeting and who's presenting, it's amazing the knowledge that's being generated on basically the biology of these cancers, but also approaches to early detection, and then just a huge advances In the treatments. So we've come a long way in 10 years.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
For Jake Dawson, patient and advocate, this science is not theoretical. It is personal, it is daily, and it is a deeply moving hope for the future.

**Jake Dawson, Patient and Advocate Living with Neuroendocrine Cancer:**
Yes, I have stage four neuroendocrine cancer, but that's not all that's important about me. Cancer is spreading. It's into my bones, t4, t5, t7, my sacrum, my SI joint, my iliac, my femurs. Hurts some days I have trouble walking. And I wish I could end this presentation on a little bit more of a positive note, but that's just not the reality of my situation right now. Now, my goal is to give this presentation many more times to many more groups of people. My hope is that I get to amend the end of this presentation and

make it a bit more fairy tale like and that's where the people in this room come in, because me, the only thing I can do to fight this disease is make noise, short documentaries, music videos. Try to go viral on Instagram, but the people in this room, they can really move the needle. You can extend life for people like me, and I have so much life to give, personally, professionally, as a husband, as a dad, my number one goal in life right now is to watch my three year old son graduate high school, and I need your help to make that happen.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Jake's call for action does not fall on silent years in this room, the scientists and clinicians gathered are working every day to move that needle forward for him and for 1000s of others.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
Since 2005, NETRF has pushed boundaries. We funded more than $40 million in groundbreaking research. We started small in Boston, but since then, we have funded around the world, on four continents. We've done more than fund research. We built a movement of scientists, patients, partners and advocates, united by one goal, to transform the future of neuroendocrine cancer.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Keynote speaker, Dr Pamela Kunz has lived the arc of neuroendocrine cancer research, watching the science evolve from limitation to momentum

**Pamela L. Kunz, MD at Yale Cancer Center:**
in 2005 I was a first year Fellow at Stanford University, so I feel that I have really, my own career has evolved at the same time as NETRF, at the time that we tried this important work, it was a complicated infrastructure. We did not have the technology. We didn't know how to share data, kind of, across institutions. And it was an idea. Idea that was probably ahead of its time. So the first who classification for nets was introduced in 2000 just years before nets were not included in the AJCC staging. Net incidence at the time was thought to be incredibly rare at five per 100,000 and it was really considered an orphan disease and not worthy of investment and study. We had an octrea Scan available for imaging that was first approved in 1994 and we had two treatments. We had streptozos, and that was approved in 1982 and octreotide that was approved in 1988 so what has happened since 2005 I think what we've learned is that it requires interaction of all of these different components with the patient at the center, from our medical societies to pathology advances to understanding the epidemiology, to development of guidelines for patient care and to advances in treatment, we've also had advances and really just an explosion of net patient advocacy organizations,

**Todd Gilman, President of the Board of Director at NETRF**
The research community. 20 years ago, when NETRF was founded in 2005 basically didn't exist. Our number one drive is to support the patients and impact the patients with outcomes from our research

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
NETRF board president Todd Gillman reminds us just how far the research community has come and in the next generation, represented by scientists like Dr Po Hein Ear, the Future of discovery is already taking shape.

**Po-Hien Ear, PhD at the University of Iowa:**
Over the last seven years, I've seen that we've made so much progress with like the models for drug testing that it is so encouraging, because literally, seven years ago, there wasn't much, and now we'll have these models where we're literally using them to to test for specific therapies and and even go into this different type of neuroendocrine tumors and all that, and see how they are different from one

subtype to another. So understanding their tumor biology and understanding which drugs works best for each subtype is has been key, and we're seeing those results coming out now. So I feel like for at least for the past 10 years, this is a great, great, great progress. And so looking forward to the next 1020, years, I think it's just going to be, it's gonna it's gonna go fast, because I feel like now that we have these tools, and we have them, we have, we kind of like have a great platform for testing now, and everything will accelerate. And also the cost of sequencing of whole genome, sequencing of gene expression, sequencing, and all these sequencing techniques are becoming more affordable, so I think we're going to learn a lot more about the biology of the tumor, and then it kind of feeds back into like our better understanding of the tumor and finding better therapies, again, with less cytotoxic effect for patients.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Dr. Kunz dives deeper into the rapidly evolving world, from imaging to targeted treatment, the science is no longer standing still. It's accelerating

**Pamela L. Kunz, MD at Yale Cancer Center:**
As we move on to think about other ways to target the somatostatin receptors, theranox Six has really changed the game in neuroendocrine neoplasms. So theranostics is an approach combining molecularly targeted therapy and diagnostics to target the same target. So you're using an imaging tool to find the target, and then you are using a treatment to target that same target 2025. Was a banner year for looking at prospective randomized trials with radio ligand therapy and then most recently and a cabazantinib is a tyrosine kinase inhibitor that hits veg F in addition to some additional targets like CMET axle and ret, this is a randomized study of two cohorts that also led to the FDA approval of caboxintinib Just this past spring for patients with extra pancreatic and pancreatic nets on the basis of prolonged progression free survival in both cohorts.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
At MD Anderson, Dr Carl Gay is rewriting what's possible, developing therapies that strike with precision and a new frontier of targeted treatment.

**Carl Gay, MD, PhD, MD Anderson Cancer Center, Houston, TX:**
So right now, we're working on a project where we're identifying what we call surface targets. So this is proteins that are expressed at the surface of cancer cells of these neuroendocrine carcinomas, and those proteins, when they're consistently expressed there, they can be used. As beacons to deliver chemotherapy payloads, even the immune system or radiation, and so allows to give a targeted therapy option to these patients that have really been forsaken by the targeted therapy revolution. It's a delivery mechanism. I liken it to a Trojan horse. The antibody binds to the tumor. The antibody is welcomed into the tumor cell, unbeknownst to the tumor hiding on the back of the antibody is a huge chemotherapy payload, and so you can deliver a much bigger dose of chemotherapy to a much more restricted area, a dose that would not be tolerable if it was given ubiquitously in the body, but when delivered to a selected population that expresses this tumor associated surface antigen is tolerable and often quite effective, even where other chemotherapies have failed.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
NETRF's, Chief Scientific Officer, Anna Greene, is a mission driven research professional speaking on the importance of research and some of the studies revealed at the symposium,

**Anna Greene PhD, Chief Officer of Research at NETRF:**
We joke around about research being research because it, it kind of never ends, right? And but that's, that's the nature of it, and that's important, right? That we do the research, we get some answers, and

we we open up new doors. And so that that definitely happened at the symposium. And so I think, when thinking about tumor grade progression. This researcher, Nancy Joseph, was using serial tumor samples that were taken from patients over time, and they did kind of sequencing of these samples, and so we could see that, you know, the changes in the tumors over time.

**Nancy Joseph, MD, PhD at the University of California, San Francisco:**
I'm working on the genomics of Pan net grade progression. Pancreatic neck is very similar to PDAC, and unlike net in later studies, you could actually draw these detailed phylogenetic trees that show the tumor evolution over time. So which which genes were there, which ones were acquired before the t2 and t3

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
That was Dr Nancy Joseph sharing some of her research at the symposium. But diagnosing neuroendocrine cancer is often complex and delayed. Dr Joseph explains why these cancers can be so difficult to detect.

**Nancy Joseph, MD, PhD at the University of California, San Francisco:**
Neuroendocrine tumors typically start, you know, in internal organs like the small bowel or the pancreas or the lung, where you're not really, if it's not a functional tumor, you're not really going to have symptoms from a space restriction, because there's lots of space in those departments to grow. And they're not, you know, you can't see them without an imaging test. So, you know, unless you have a family history or there's some kind of indication that you need imaging, maybe for, you know, some other problem you're having,

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
In neuroendocrine cancer, time is everything, and early detection can mean the difference between managing disease and chasing it. Dr Renwick explains why finding neuroendocrine cancer sooner can mean longer, better lives,

**Neil Renwick, MD, PhD, FRCPC at Queen's University:** Especially in the neuroendocrine field, if you can detect early so your survival is way better if you have local or regional disease, as opposed to more distant disease in the body. So that's one reason to capture it early, and the other one is that the earlier you catch maybe you're catching the the problem at a lower grade. So the cancer is sort of less active and less mean, in a way, and it just means that there are some treatments that are already effective for the lower grade and the localized disease. And so if you can get people to those treatments earlier, you know, maybe the success will be a lot better

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Inside Dr Renwick's lab, a new kind of signal is emerging tiny molecules that may one day speak loudly enough to reveal cancer before it takes hold.

**Neil Renwick, MD, PhD, FRCPC at Queen's University:**
I think people don't realize there's actually 30 different types of RNA, and probably more encoded in every human cell in the body. And so we work on one of these ones, which is called micro RNA. So these are really teeny, tiny RNA molecules that switch off gene expression. I noticed that there was one particular microRNA that seemed to be abundant and specific to all of the neuroendocrine tumor tissues, and actually all the neuroendocrine cells scattered through the body. We've been looking at this

from a pathology perspective, and it's actually a pretty decent marker. So it seems to behave the same way as Chroma Gran and a that people are familiar with, synaptophyson, insulin insm One this, so another marker, so it looks really good from a pathology perspective. But then we wondered, well, if it's there in the tissue, I wonder if it's there in the blood. And so we thought, let's, let's get in there and collect the blood. Example, and find the plasma, and then we'll measure our particular microRNA molecule at that time point. Yet my fantasy here is that it would be used for screening, maybe kind of accelerate the diagnosis a bit so and time is valuable, right?

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Professor Martyn Caplan, a leading global authority in neuroendocrine cancer, has watched decades of progress unfold and remains hopeful about what comes next.

**Martyn Caplin, MD, PhD, FRCP at University College London:**
I'm very much an optimist, and actually everything from being at this symposium, the colleagues I work with, actually, I've become even more of an optimist in terms of the ways forward. And I think it's a journey where the doctor and the team work hand in hand with the patient and their and their supporters as well. You know, you you can look back and say, Wow, what this is advances in the last 20 years, but actually it should be a wow for the next 20 years, because there have been so many advances that have extended and doubled more the life expectancy, and we should be continuing to aim to do that. History already shows that that the quality of life and extension of life can go hand in hand with this condition, and the advances that will still be made over these next year. So I would be positive going forward understanding the difficult situation that patient is in.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Behind every data point is a human life for patient and advocate. Nancy Lewis, the cost of delayed diagnosis became deeply personal.

**Nancy Lewis, Patient and Advocate Living with Neuroendocrine Cancer:**
I knew I had the flushing that goes with it. I knew I had the bowel issues that go with it. I knew I had things, but I am a woman of a certain age, and so they just thought it was menopause. And I thought, Okay, this is what menopause looks like, so I'm just not going to worry about it. And then one day, I was having a pretty routine gynecological procedure that went wry and in order to fix the issue, they had to go in laparoscopically and try and do that. And while they were in there looking around, they looked over at my liver and said, Oh, well, that doesn't that does look right. So I am very thankful for a gynecological mishap. Otherwise I probably, I may not know today, you know, my whole goal is to take this thing that I think God gave me and make it good for others, and to make it make a difference. So if I could do that, then fantastic. You know, no doctor is going to know everything. So of course, there are going to be things that you don't know, and then you're, you can't, you can't be an expert on everything. But I do think with this particular kind of cancer, they, in addition to not knowing it, they don't know, they don't know. They absolutely should know. They just need to know what this particular cancer people need to see a specialist. I'm, I don't, I don't think oncologists need to know everything. I really don't, but they need to know that they don't know it, and somebody else does. So they really need to say it's important that you find and see a specialist. And when I say a specialist, I mean, someone who does this almost all the time,

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Misdiagnosis is a common thread in the neuroendocrine cancer community. It's a shared story, and for Susie Ludlow, it became a call to action.

**Suzy Ludlow, Board Member at NETRF:**
I've talked to folks who is, I mean, women a lot of gynecological problems are have symptoms that are similar to what people have when they have neuroendocrine cancer. And people will say, Oh, you know, it's just a gynecological thing, and we'll deal with that, you know, oh, it's menopause. Oh, it's, you know, you just had a kid, whatever. And they don't do the investigation. What you have to do is get to the community care people who have this as part of their checklist to consider that you know some of these things that can go for that next step of diagnosis and and you need to have enough information out to like, seriously, nurses, run of the mill, community medical staff, that they can say, you know, let's put an asterisk on her. Something's a little weird. Let's, let's get some more investigation.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Years ago, even finding a specialist was a challenge. I. Susie helped to change that by leading the development of net arrest patient guide, turning personal loss into a powerful resource.

**Suzy Ludlow, Board Member at NETRF:**
I do believe that there's been a lot more information out so that it's it's now a little bit easier for people to if they get a sense there might be something out there, and they search for it. Actually find something that's useful. I'm excited that it's broadening its usefulness for folks with neuroendocrine cancer. I have a forward in the patient guide that I wrote, and I tell about our family's experience, because I want a patient or a caregiver to read this and know somebody else went through it, take the deep breath, find the right care, because we didn't find the right care at first and enjoy Life right my husband, he took care of his medical appointments, and he he did what he needed to do, but he preferred to bake pies and work and listen to sports and, you know, be with family and friends and and he most of his family and friends didn't know he had cancer until very late in his diagnosis, because life is good and you have to enjoy it. And I, I wanted people to get have a guide that helps them but also gives them hope that not everything has to be upended. You know when you hear these news, when you hear this news,

**Jake Dawson, Patient and Advocate Living with Neuroendocrine Cancer:**
I am stage four neuroendocrine cancer patient and Taylor, my wife is my caregiver, just to make things crystal clear,

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Back with Jake Dawson, hope shows up quietly in moments, and rituals and in small victories that refuse to be overlooked.

**Jake Dawson, Patient and Advocate Living with Neuroendocrine Cancer:**
So yeah, basically how I got involved with net RF, well, I was diagnosed in 2021 my first oncology appointment came in late August of 2021 and on the docket for that appointment was to review my first post Whipple MRI and CT scans, and that was also the first time that I was told that I have stage four cancer. So that was sort of like the main takeaway from that appointment was stage four cancer. But looking back on it, I feel like the main takeaway from that appointment was that I was NAD I had no evidence of disease. But despite that seemingly awesome news, you know, me and Taylor left that first oncology appointment with no celebration, no fanfare, just kind of like a quiet car ride home. So three months later, when it was time for my next CT and MRI scans, I looked at Taylor on the way to the cancer clinic, and I said, if I'm any D again, I want to do something to celebrate, and it has to be something small, because I want to make sure that it's something that is repeatable, so that we can do it every time there's something to celebrate. So if I'm any D again, we're going to go to a bar, we're going to crack open a couple cans, we're going to cheers them, we're going to call them good scan cans, and we are going to repeat that process every single time that we have something to celebrate.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
What began as a simple celebration became a movement. Their idea good scan cans invites the world to pause, lift a can and honor the power of good news, even in small moments,

**Taylor Dawson , Wife and Caregiver to Jake:**
We cherish these cans that we had picked up and posted it to social media, and a bunch of people just started reaching out to Jake in wanting to celebrate with him. And so they were taking pictures and posting them to Instagram saying, like, I'm popping my can to celebrate Jake's good scan. And we just got a lot of traction really quickly. And all these people, we have this really amazing network of people and supporters that love us, and they wanted to join in, and it just gained momentum. And so we sort of took the path of least resistance in starting good skin cans. And every corner we took, there was always someone there that had the resource that we need, like the pro bono lawyer we needed to do all the paperwork with us, and it all just it was, when you talk to people about starting a nonprofit, it's always like this long, drawn out, very stressful process. And ours was very natural, and it sort of just came to us rather than us searching it out.

**Jake Dawson, Patient and Advocate Living with Neuroendocrine Cancer**
So that was kind of like the genesis of good scan cans. I started chemo in May of 2023, so that first year was just kind of like trying to survive chemo. There wasn't a whole lot of it was on pause. Yeah, there wasn't a whole lot going on with the nonprofit. And we just had our first child. We. Also just had our first child, so we were jogging along. We were doing first

**Taylor Dawson , Wife and Caregiver to Jake:**
Chemo, first time parenting, right?

**Jake Dawson, Patient and Advocate Living with Neuroendocrine Cancer**
Part of like, the inspiration behind good skin cans was that a lot of the times as a cancer patient, when you're communicating to, like, your supporters, those messages tend to exist in like, the extremes. And what I mean by that is, like, you'll see an somebody announce that they have cancer, like, online, like, Hey, I was just diagnosed with cancer, which is, like, extremely to the negative side of things, but then the other side of things, you'll see somebody, like, make an announcement when they're in remission, or when they get to, like, ring the bell. So my whole thought process was like, there are so many moments in between those extremes. We should be celebrating the little victories that happen, like, in between those moments, even if it's like maybe a negative thing, if it's a if it's a movement in a positive direction, it still can be like, celebrated. I think there is more involvement, because it is like, tailored toward positivity. And it's just like, of course, people want to celebrate with you. People want to be there for you. So, you know, the thought that process behind good scan cans was just giving them the opportunity to do that

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
For NETRF, patient stories are not separate from the science. They are the reason the science exists.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
It's so important to us to bring the patient voice into everything we do. Many of these researchers work in laboratories, day and night, they don't see patients, and it's just so motivating for them to really hear the stories and understand the impact of what they do,

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
And for those just beginning their careers in research, hearing these voices changes everything.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
It's very important to us to support the early career researchers again, bring them into the community, help them to feel connected and supported, and that work for us is very intentional. So we've had a program of travel grants this year at the research symposium to bring people here from as far away as New Zealand and throughout the United States and throughout Europe. We want them to see what researchers are doing, where their research may fit in, the opportunities to apply for grants, and also just to make those personal connections that are so important when you're not only doing important scientific research, but you're building a career.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Anassuya Ramachandran traveled from New Zealand to attend the symposium for her hearing patient stories. Transformed research into purpose.

**Anassuya Ramachandran, PhD, Research Fellow at The University of Auckland**
I'm here for the neuroendocrine tumor Research Foundation. I always have to get the right order in the acronym, annual conference. This is where I am now. This is where I see my future. But what I'm learning is that patients are just so interested in any advancement, like beyond. You know, it can be small, it can be big, but they are so appreciative of all the research that we're doing and that just it inspires and motivates us to keep going, to then have an outcome as our goal, to always have that at the back of our minds, but it gives us really the confidence to continue to do what we do.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Anna Greene knows the importance of the patient voice, especially connecting the work in the lab to actual patients.

**Anna Greene PhD, Chief Officer of Research at NETRF:**
It's incredibly important that the researchers working in this field have that patient connection. It's really important to us as a foundation to bring the patient voice into research, because patients are the ones experiencing and living with this disease, and it's important that researchers understand what they're going through. And I think that that can help humanize their research. I think it can also spark research questions and new directions. When you incorporate the patient voice,

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
When science connects to the human experience, it becomes more than data. It becomes purpose. Here the patient voice doesn't sit on the sidelines. It guides the questions, shapes the priorities, and reminds every researcher why the work matters. And after 20 years of listening, learning and leading, net, RF, now stands at a defining moment, looking back with pride and forward with resolve.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
At this point, we are looking back at 20 years, and we're incredibly proud. Of everything that we have done to advance scientific research in neuroendocrine cancer, to provide expert patient education to those patients who are dealing with the illness today, and we have a roadmap for the future. Our roadmap has been, I think, very intentionally created to look at the gaps of where we need to do additional research. So we have three pillars in that roadmap. It is early detection, it is development of new treatments, and it is personalized medicine, but that's going to be our plan for for the next many years, to look at how we can encourage more research in those areas. We have a campaign called breakthroughs today, cures tomorrow, and our lofty goal on that is to raise $25 million for research by 2030 and this activity is needed more today than ever before, because we're the largest global funder of neuro endocrine cancer research. But some of the other sources of funding that researchers might be looking for after they have some of our initial grants, those sources are uncertain today, and our

work is crucial. We have to support the people in the field, or we know they will have to go into other fields, and they have such drive, they have such motivation, we want to make sure that they're supported.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
After 20 years of progress, NETRF is now setting its sights firmly on the future with an ambitious roadmap to accelerate discovery even further.

**Josh Mailman, Patient Advocate and Board of Directors at NETRF**
I think there's hope. I think there's really good research that is being watched and and funded, and these will lead to new discoveries that we hope will lead to clinical trials that will lead to approvals. And so if you're interested in really seeing the next generation of therapies come out and the next generation of researchers and clinicians come out, funding and making end of year donations to NETRF is hugely important. So what I really want to say, you know, not only have the new year, but thank you for the year we've had, and what as a community, you've empowered us to be able to do for next year and hopefully for years to come.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Progress is built on persistence and hope. Here is something that must be funded, shared and protected, because the work is far from finished, and the stakes have never been higher.

**Elyse Gellerman, MHS, Chief Executive Officer at NETRF:**
Clearly, we are not done. We are doubling down on our mission. We believe we are closer than ever to more breakthroughs and hopefully cures, and you'll hear more about our roadmap for the future.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
20 years of discovery have brought us closer than ever to transforming the future of neuroendocrine cancer and with every breakthrough, every patient voice and every invested researcher, the next 20 years holds even greater promise.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
Thank you for listening to NETWise. I'm Jessica Thomas, Director of Patient Education at NETRF, and you're listening to NETWise, the podcast designed to inform, empower and guide patients and caregivers through the world of neuroendocrine cancer. This episode was brought to you in part by the generous support of Beringer Ingelheim and Novartis. You can find a whole library of episodes on different topics at NETRF.org/podcast, where you'll also find infographics and videos that expand on this material. And if you would like to join NETRF in our mission to fund research for neuroendocrine cancer or help support educational programs like this net wise podcast, please go to NETRF.org/donate, special thanks to everyone we interviewed for this episode.

**Jessica Thomas, LCSW, Director of Patient Education at NETRF:**
If you have a story to tell about your own neuroendocrine cancer journey. Please email us and let us know: Podcast@NETRF.org. For more information, visit our website, at NETRF.org.

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