Press release

The ICPO Theranostics Virtual Summit 2026 demonstrated the power of international collaboration to advance Theranostics care for patients worldwide

More than 700 international participants explored next-generation radiopharmaceutical therapies, how to navigate clinical trials, and the use of AI in Theranostics.

Wiesbaden, Germany, November 25, 2026 – The ICPO Theranostics Virtual Summit 2026, chaired by Prof. Richard P. Baum, Prof. Frederik L. Giesel and Prof. Rudolf A. Werner, three seasoned leaders with pioneering expertise, brought together more than 700 participants from 40 countries on November 12 &13, 2026. 30 leading international physicians and researchers presented scientific advances, emerging clinical applications, and strategies to make Theranostics more accessible to patients worldwide. During a panel discussion patients, and patient advocates emphasized that quality of life, symptom burden, safety and long-term follow-up are just as important in clinical research as response to treatment and overall survival. "I was impressed by the growing ICPO Community with clinicians from 100 ICPO Theranostics Centers of Excellence and the large number of healthcare professionals worldwide, who have joined this year's ICPO Summit edition," said Sen h. c. Udo Vetter, Chairman of the ICPO Foundation, during his welcome address. Odile Jaume, CEO of the ICPO Foundation, who moderated together with Susanne Simon, Head of Communications, commented: "At the ICPO Foundation, we are committed to connecting experts, strengthening education and innovation awareness to turn scientific progress into better access and improved outcomes for cancer patients."

Advancing Radiopharmaceutical Therapies

The first day focused on bringing new radiopharmaceuticals into Theranostics centers around the world**. Prof. Michael Hofman, Nuclear Medicine Physician and Scientist at Peter MacCallum Cancer Center and Department of Oncology at the University of Melbourne, Australia**, opened with a keynote entitled *"From Imaging to Cure: Theranostics as a Core Pillar in Today's Oncology"*. The experts took a closer look at the next generation of emitters, from Terbium-161 to the growing field of alpha emitters like Actinium-225, Astatine-211, and Pb212, including applications beyond prostate cancer. FAP, third-generation PSMA ligands, and new targets such as CAIX show what is coming next. With this regard, preclinical researchers lay the groundwork for advances in patient care, and their collaboration with clinical teams accelerates the translation of research findings into clinical practice.

Strengthening Clinical Trials

The second day turned to planning and navigating clinical trials. **Prof. Ken Herrmann, Chair of the Nuclear Medicine Clinic at the University Clinic in Essen, Germany**, gave his keynote on *"Future Outlook into Radiotheranostics"*. The sessions covered trial design and data management, new approaches such as Rhenium-188-PSMA, uPAR imaging, as well as genomics and transcriptomics, where in vitro meets in vivo. Patient selection and recruitment, at large cancer centers and at emerging sites alike, were discussed openly. Finally, it was demonstrated how artificial intelligence is already changing clinical Theranostics and trial management. The presentations and panels showed that bringing new radiopharmaceutical therapies to patients requires robust clinical evidence and the infrastructure to deliver them. High-quality clinical trials, harmonized imaging and dosimetry practices, and close collaboration among specialists, all help bring these therapies into routine care.

Press release

Patients' Voices and the Role of AI in Theranostics Treatment Decisions
A roundtable brought together a patient, patient advocates, and physicians to discuss quality of life after therapy, treatment safety, and the need for clearer referral pathways. These priorities set the context for the final session, "Leveraging AI in Theranostics at your center," which explored how AI could support clinical decisions through imaging, dosimetry, clinical trial matching, clinical data processing and trial management. Speakers emphasized that clinical use requires reliable data, clinical validation and human supervision. The final session explored how AI could analyze large volumes of imaging and therapy data to uncover patterns that are difficult to detect in individual cases. These insights could help physicians identify which patients are most likely to benefit from Theranostics and guide treatment selection.

Looking Ahead: Expanding Global Patient Access
The Summit concluded with an interactive roundtable identifying priorities for the coming years, including stronger international referral networks, accessible education and training, regulatory harmonization and improved access to clinical trials, particularly in underserved regions. The next decade will bring alpha emitters and Auger, new targets, combinations, earlier lines of therapy and dosimetry-guided personalized precision oncology.

The next ICPO Theranostics Virtual Summit is expected to take place in November 2028.

All ICPO Summit attendees can revisit the scientific presentations and panel discussions for three months using their login credentials.

Please find the link to view the: ICPO SUMMIT PROGRAM and THE SCIENTIFIC & EDUCATIONAL HIGHLIGHTS of the ICPO Summit 2026.

About ICPO Foundation

The International Centers for Precision Oncology Foundation (ICPO) is a non-profit organization established in 2019 under German law by leading international medical practitioners and life sciences entrepreneurs. ICPO advances Theranostics care worldwide through its global network of about 100 accredited Centers, fostering international collaboration and clinical excellence to improve patient care. To further support this mission the ICPO ACADEMY FOR THERANOSTICS provides certified fundamental and advanced education for multidisciplinary Theranostics teams. Learn more about the **ICPO Foundation** and **the ICPO Academy for Theranostics** **www.icpo.foundation**.

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Appendix



ICPO THERANOSTICS VIRTUAL SUMMIT 2026

SCIENTIFIC & EDUCATIONAL HIGHLIGHTS

GROWING PATIENT ACCESS: ADOPTING NEW RADIOPHARMACEUTICAL THERAPIES AND PLANNING FOR CLINICAL TRIALS

12 & 13 November 2026

1. SUMMIT OVERVIEW

Chaired by **Professors Richard P. Baum, Frederik L. Giesel and Rudolf A. Werner**, the ICPO Theranostics Virtual Summit 2026 brought together over 700 participants from more than 40 countries to explore scientific advances, emerging clinical applications and strategies to expand patient access to radiopharmaceutical therapies worldwide.

Under the theme ***"Growing Patient Access: Adopting New Radiopharmaceutical Therapies and Planning for Clinical Trials,"*** the two-day program explored two interconnected priorities for every Theranostics center, whether high-volume or still emerging: advancing innovative radiopharmaceutical therapies and strengthening the clinical research capabilities needed to translate scientific progress into patient care.

Day 1 focused on emerging radionuclides, molecular targets and radiopharmaceutical design, while Day 2 addressed clinical development, patient recruitment, artificial intelligence (AI) and the challenges of making innovative treatments more widely accessible.

Across both days, a central message emerged: **scientific innovation must be accompanied by robust clinical evidence, multidisciplinary collaboration and sustainable pathways to patient access.**

Document prepared by the ICPO Foundation and reviewed by
Prof. Richard P. Baum and Prof. Frederik L. Giesel, ICPO Summit Co-Chairs 2026

2. DAY 1 | ADOPTING NEW RADIOPHARMACEUTICALS AT YOUR THERANOSTICS CENTER

2.1. Next-Generation Radionuclides

The Summit explored the expanding therapeutic potential of radionuclides beyond established beta emitters such as lutetium-177 (Lu-177) and yttrium-90 (Y-90).

Emerging approaches include terbium-161 (Tb-161), whose additional short-range electron emissions may offer advantages in treating small tumor deposits, and alpha emitters such as actinium-225 (Ac-225), astatine-211 (At-211), and lead-212 (Pb-212), which offer opportunities for highly localized radiation delivery.

While these radionuclides have distinct therapeutic characteristics, their broader clinical application requires further evidence along with solutions for toxicity management, dosimetry, production capacity and availability.

Discussions also addressed combining or sequencing alpha and beta therapies, emphasizing **the importance of preclinical research** to evaluate new radiopharmaceuticals and to support their clinical development. **Bringing these innovations into clinical practice across Theranostics centers** requires robust scientific evidence, with radionuclide selection guided by tumor biology, clinical indication, and individual patient needs.

2.2. Expanding Molecular Targets

Emerging molecular targets are creating opportunities to extend Theranostics into additional cancer indications and patient benefits.

Fibroblast activation protein (FAP) attracted particular attention due to its expression in cancer-associated fibroblasts across multiple malignancies. While FAP-targeted imaging has demonstrated promising diagnostic capabilities, therapeutic applications remain limited by challenges such as tumor retention and treatment efficacy. Improved ligand designs are being investigated to address these limitations.

Further developments in **PSMA-targeted compounds**, alternative imaging approaches and emerging targets such as carbonic anhydrase IX (CAIX) may improve molecular characterization and treatment selectivity.

A key conclusion was that **promising imaging results do not automatically translate into therapeutic benefit**. Clinical success requires appropriate tumor targeting, sufficient retention and evidence of meaningful patient outcomes.

2.3. Optimizing Radiopharmaceutical Design

Radiopharmaceutical design remains essential for balancing therapeutic efficacy and healthy-organ exposure.

Small molecules and peptides offer rapid tissue penetration and clearance, while antibodies provide different targeting opportunities but may result in prolonged circulation and increased radiation exposure.

Pre-targeting strategies, which separate tumor targeting from radionuclide administration, were discussed as a potential approach to improving tumor-to-background ratios.

Overall, the discussions demonstrated that progress depends not only on discovering new targets or radionuclides, but also on optimizing pharmacokinetics, treatment delivery and clinical applicability at every Theranostics center.

3. DAY 2 | PLANNING AND NAVIGATING CLINICAL TRIALS AT YOUR THERANOSTICS CENTER

3.1. Emerging Clinical Strategies and Precision Approaches

Building on landmark studies such as NETTER-1 and VISION, ongoing clinical trials are exploring radioligand therapy (RLT) in earlier treatment settings, new indications and novel therapeutic combinations.

Combination therapies and personalized dosimetry offer opportunities to optimize patient treatment outcomes, although further clinical evidence is needed to establish their efficacy, safety and optimal application.

Emerging approaches, including **Tc-99m-based PSMA imaging combined with Re-188 therapy**, may improve accessibility in settings with limited PET infrastructure. Novel targets such as **uPAR**, alongside the integration of molecular profiling with PET imaging, could further expand treatment options and improve patient selection.

Together, these developments highlight the importance of translating innovation into clinical practice through robust, evidence-based trials.

3.2. Strengthening Clinical Trial Design and Evidence

Theranostics trials require the early integration of **imaging, dosimetry, radiation protection and radiopharmacy** into clinical development.

Standardized and traceable data collection, scanner qualification and imaging harmonization are essential for every Theranostics center to generate reliable evidence, particularly in multicenter studies.

High-quality clinical, imaging and radiopharmacy datasets can also support future research, registries and AI applications.

Reliable clinical evidence begins with reliable clinical data.

3.3. Patient-Centered Clinical Research and Trial Access

Patient perspectives reinforced that treatment success extends beyond tumor response and survival. **Quality of life, symptom burden, safety and long-term follow-up** must remain central to clinical research.

Patient advocates highlighted the importance of accessible information, meaningful informed consent and greater patient involvement in study design.

Improving trial participation requires **multidisciplinary collaboration**, structured referral pathways and closer coordination between nuclear medicine, oncology and referring physicians.

Digital trial-finding platforms may further help patients identify suitable studies and improve access to clinical research.

Patient access depends not only on treatment availability, but also on awareness, communication, coordination and trust.

3.4. Artificial Intelligence in Theranostics

AI offers opportunities across the Theranostics pathway, from **image analysis, dosimetry and treatment monitoring** to clinical trial identification and management.

AI-supported tools may streamline patient matching, study documentation and regulatory workflows, while automated extraction of clinical information can support the development of structured research datasets.

The ICPO-supported ARCHE project illustrated progress in AI-driven clinical data integration and opportunities for broader research collaboration.

Despite promising developments, **data quality, standardization, clinical validation and human oversight** remain essential for reliable implementation.

AI can support healthcare professionals at any Theranostics center regardless of maturity, but cannot replace clinical expertise, essential infrastructure or high-quality data.

4. FINAL ROUNDTABLE | GROWING GLOBAL PATIENT ACCESS

The ICPO Summit 2026 concluded with recommendations for expanding patient access to Theranostics over the coming years.

Multidisciplinary collaboration was identified as essential, with experienced Theranostics centers providing specialized treatments while regional and local hospitals support patient identification and referral.

International trial databases and collaborative networks could improve patient access to clinical research, particularly in low- and middle-income countries where infrastructure, workforce capacity and radionuclide availability remain significantly limited.

The discussions also called for more **consistent, evidence-based radiation safety requirements**, particularly for emerging alpha therapies, alongside further investigation of new indications, including selected pediatric malignancies.

Education and professional training were recognized as critical for sustainable growth, with greater emphasis on clinical trial methodology, Good Clinical Practice and research ethics.

International organizations and professional societies, including **IAEA, WHO, EANM, SNMMI, WFNMB and the ICPO Foundation** can contribute through education, capacity building, scientific collaboration and regulatory dialogue.

The overarching conclusion was that **expanding patient access at every Theranostics center around the world requires coordinated progress in research, infrastructure, education and international cooperation**.

5. SIX KEY TAKEAWAYS

a. Advancing Radiopharmaceutical Innovation

New radionuclides, molecular targets and radiopharmaceutical designs are expanding therapeutic opportunities, but require robust clinical validation.

b. Optimizing Treatment Strategies

Combination therapies, earlier treatment and personalized dosimetry may improve outcomes and represent important areas for future research.

c. Strengthening Clinical Evidence

High-quality trials depend on harmonized imaging, dosimetry, standardized data and multidisciplinary research capabilities.

d. Integrating Artificial Intelligence

AI can support imaging, data processing and clinical trial workflows, provided that reliability, clinical validation and human oversight are maintained.

e. Prioritizing Patient-Centred Care

Quality of life, informed participation, multidisciplinary collaboration and structured referral pathways are essential for improving patient access.

f. Expanding Global Access

Education, infrastructure development, regulatory harmonization and international cooperation are fundamental to making innovative treatments more widely available.

6. OUTLOOK

The ICPO Theranostics Virtual Summit 2026 demonstrated the rapidly expanding scientific and clinical potential of radiopharmaceutical therapies.

Translating these innovations into meaningful patient benefits will require robust evidence, coordinated clinical research and sustained investment in healthcare capabilities.

Through international collaboration, education, capacity building and research support, the **ICPO Foundation continues to advance its mission of improving access to radiomolecular precision oncology worldwide**.

Document prepared by the ICPO Foundation and reviewed by
Prof. Richard P. Baum and Prof. Frederik L. Giesel, ICPO Summit Co-Chairs 2026

7. SUMMIT RECORDINGS

All ICPO Summit attendees can revisit the scientific presentations and panel discussions till February 15, 2027, using their login credentials.

8. CHAIRS, CONTRIBUTING SPEAKERS AND PANELISTS

Chairs:

Professors Richard P. Baum, Frederik L. Giesel and Rudolf A. Werner

Keynote Speakers:

Michael Hofman, Ken Herrmann.

ICPO Summit Speakers 2026:

Richard P. Baum, Erik Briers, Jens Cardinale, Cecilia Carreras, Désirée Deandreis, Anna Karmann, Andreas Kjaer, Jason Lewis, Cristina Mueller, Masato Murakami, Elisabetta Perrone, Vikas Prasad, Igor Rakovic, Danielle Ralic, Steven Rowe, Mike Sathekge, Michael Schultz, Lalith Sundar, Johannes Tran-Gia, Sam Vohra, Tadashi Watabe, Damian Wild, Ralph Wirtz.

Additional panelists:

Akram Al-Ibraheem, Meredith Cummins, Ebrahim Delpassand, Tiphaine Locqueneux, Sherly Mosessian.