



PHILIP SALEM FOUNDATION

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Philip Salem Foundation

Press Release

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The *Philip Salem Foundation* for Cancer Research would like to express its appreciation for the American Society of Clinical Oncology's (ASCO) recent recognition of the contributions of Dr. Salem to cancer medicine and cancer research. The Foundation also expresses its appreciation for the conference, which was held in Yokohama, Japan on August 8-10, under the sponsorship of ASCO and under the heading of ASCO Breakthrough.

Regarding the first recognition, the ASCO Post, which is the official publication of ASCO, included profiles of leaders in cancer research and care on the front page of its June 3, 2024 issue; Dr. Salem was among these leaders. This issue was distributed to all members of ASCO during its annual meeting that was held in Chicago on May 31 - June 4. This ASCO Post issue also published an extensive interview with Dr. Salem on pages 32, 33, and 35. During the interview, the interviewer referred to a possible Nobel Prize, to which Dr. Salem responded that "During my 56 years in cancer medicine and research, my eyes were always focused on the ball, but the ball was not a Nobel Prize, it was something more profound and important. It was salvaging human life."

Regarding the ASCO Breakthrough meeting, the research team headed by Dr. Salem attended the conference in Yokohama and presented the ICTriplex data. ICTriplex is a program that was developed by Dr. Salem and his team at Salem Oncology Centre. This new strategy for treating advanced metastatic cancer uses a combination of immunotherapy, chemotherapy, and targeted treatment. It embraces two new and important concepts:

The first is the fact that the cancer cells in an individual cancer patient are not all the same; They differ biologically and in their response to therapy. Some of these cells may respond to immunotherapy, some may respond to chemotherapy, and some may respond to targeted treatment. Consequently, it was decided to combine all three treatments and use them concomitantly rather than sequentially. The objective is to kill the biggest number of cancer cells.



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The second concept is that no two cancer patients have the same disease, and therefore no two patients should receive the same treatment. ICTriplex is a highly personalized treatment program where every patient receives a treatment tailored to him and also tailored to the specific cancer he has. In the past, the diagnosis of cancer was based on the histopathological expression of the disease under the microscope. In the present, this is no longer considered adequate. We must confirm the biological nature and identity of the disease, which is made possible by studying the biological profile of the tumor. To do that, we take a sample of the tumor tissue and send it to a specialized lab. Because no two patients have the same biological identity, and because we also learned that the biological identity of the tumor is more important for the design of therapy than the microscopic one, every patient treated in this strategy may receive the combination of immunotherapy, chemotherapy, and targeted treatment, but the treatments received will differ from one patient to the other. Consequently, Dr. Salem believes that treating hundreds of patients with the same protocol will soon become part of the past; The future is for highly personalized treatment specifically customized to the individual patient. This new concept is considered a coup against traditional thinking and the traditional rationale behind treating cancer.

At the meeting in Yokohama, the Salem team presented their data and discussed their findings over a period of five hours. The team treated 58 patients with different diagnoses. All patients had advanced cancer, which was considered refractory to standard treatment. The complete remission rate obtained was 52%, and the partial remission was 36%. This means that 88% of the patients responded to treatment but, more importantly, more than half of the patients achieved a complete remission that gives them the opportunity to become candidates for curative treatment. It is noteworthy that of the 16 patients who were considered terminal and had been told by the highest-ranking cancer centers in the United States to go home and receive palliative treatment only, nine achieved a complete remission. and four of them are still alive five years later.

The above data has been published in summary form in a supplement of The Journal of Clinical Oncology (**Volume 42, Number 23 – suppl 41**). This Journal is considered one of the best and most credible journals for Clinical Cancer Research in the United States.

For more information on ICTriplex please refer to Dr. Salem's website at www.pasalem.com.