



The Latest in Neuroendocrine Carcinoma (NEC)

Neuroendocrine Cancer Foundation Interview with Dr. Aman Chauhan

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Lisa Yen: I'm Lisa Yen. I'm the Director of Programs and Outreach for the Neuroendocrine Cancer Foundation, and I'm with Dr. Aman Chauhan in Miami. And we're here, we just wrapped up an event here, a patient education event. And Dr. Chauhan, I know you've been doing a lot in the **high grade neuroendocrine carcinoma** space. I'd love to hear a little bit from you about what's been going on in this field.

Dr. Aman Chauhan: Thank you, Lisa. First of all, thanks to NCF for collaborating with the University of Miami and hosting a wonderful patient conference here in Miami. I am very excited about drug development and research and progress we are making globally in all arenas of neuroendocrine cancer, but especially when it comes to high -grade neuroendocrine cancers.

This is a subtype of neuroendocrine cancer that is extremely lethal. Five -year survival is about 14 to 15 percent. Median survival is a year and a half from time of diagnosis in metastatic disease. And the worst of all, we made no progress or none or very minimal progress in last 50 years. Then that was up till two years back when we had started seeing some movement there.

And there's a very big game changer drug that we now have access to, at least in the clinical trials, it's called **DLL-3 T-cell engagers**. Now, this drug is, it's an immunotherapy drug that targets DLL -3 on high grade neuroendocrine cancers and engage patients' own T-cells, which are their immune cells, to fight these cancers. And this strategy has been now found to be very effective in treating small cell lung cancer. In fact, we now have FDA -approved T-cell engager called **Tarlatamab** that we can use to treat small-cell lung cancer. Similar to that drug, there's another drug that is under development called **Obrixtamig** and has been investigated in **DAREON** trials for **extra thoracic high grade neuroendocrine cancer**. The patients we see in our clinic, high-grade neuroendocrine carcinoma patient, but not of lung. Extra thoracic could be pancreas, could be ovaries, could be gallbladder, could be colon. These patients had no treatment options prior to this clinical trial and had chemotherapies which don't work very well.

So, I'm very, very happy and optimistic about the new and latest and greatest technologies. We at University of Miami also are doing our own in-house innovation and testing an **oncolytic virus called Seneca Valley Virus in combination with ipilimumab (ipi) and nivolumab (nivo)** in high grade neuroendocrine carcinoma patients.

And last but not the least, we are also having new drugs that are targeting **DLL3 using radiopharmaceuticals**. So, we all know the revolution of Lutetium -177 Dotataate in well-differentiated neuroendocrine tumor. We are eagerly awaiting these radiopharmaceutical or theranostics drugs to revolutionize the management of high grade neuroendocrine cancer. So, there are going to be drugs in near future targeting DLL -3 using new radiopharmaceuticals and the field is looking very promising in NEC world.

Lisa Yen: Wow, that's really, really special that you're working so hard that others are working hard to develop these treatments for this subset of people who really needed who haven't had much many options or much hope. So if someone is interested in learning more about these DLL-3 targeted therapies, the oncolytic virus trial, or the DLL3 radiopharmaceutical treatment, what can they do to find out more?

Dr. Aman Chauhan: Well, I have a wonderful resource that I would love to divert you to. So go to Neuroendocrine Cancer Foundation website and click on the Clinical Trials tab. NCF has done a phenomenal job in curating all the materials related all the latest and greatest clinical trials that are currently happening based on the organs, based on the grade of the neuroendocrine tumor. It's a wonderful resource. When you click on high-grade neuroendocrine carcinoma trials you will come across summary of all these different clinical trials be the oncolytic virus study, the Seneca Valley Virus study or the DLL3 studies or numerous other studies that are happening in the rest of the country. More importantly, they also give you the link to the Clinical Trials.Gov where you can then find more details about the nearest site that this trial might be available to you. So please do check out NCF's Clinical Trial Resource Page. I think they have done a really good job in summarizing all the important trials for our neuroendocrine cancer patients.

Lisa Yen: Wow, thank you. I mean, thank you for all you do. And I know that next month, too, you're going to be speaking some more on some of these drugs and also immunotherapy as a whole.

Dr. Aman Chauhan: Yes, I'm looking forward to the talk in December for NCF. So, thank you for the invitation. Immunotherapy is one of the areas that has created waves when it comes to melanoma, lung cancer, kidney cancer. Unfortunately, immunotherapy is a little bit slow to kind of make inroads in neuroendocrine cancers. So, there are some challenges, however, there are some opportunities. And in the talk, I will be describing the

opportunities and the next generation of immunotherapy studies, be it the T -cell - engagers, CAR -T therapies, and novel immune checkpoint combination therapies that hopefully will break the code and allow us to use and leverage these immunotherapy drugs to treat neuroendocrine cancer patients.

Lisa Yen: That would be really exciting. Well, thank you for all you do. Your passion, your hard work, and just all these evolving treatments, it gives us hope. It gives our community hope, it gives patients hope. So, thank you very much.

Dr. Aman Chauhan: Thank you, Lisa, and big thanks to the neuroendocrine cancer patient advocacy groups for providing the platform to NET enthusiasts like me and several others we are very passionate about what we do and the motivation of it comes from the patients and the patient advocates. So, thank you.