

Learn about  
the latest  
treatment  
options

P. 6

Take control  
of side effects

P. 22

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Living



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**“I’m  
beating  
the odds!”**

## Metastatic Prostate Cancer

Ten years into his journey with metastatic prostate cancer, Steve Abbott is finding new hope: his targeted treatment is working, his scans are looking good and he has his sights firmly set on the future



Every cancer. Every life.™

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## SPECIAL THANKS TO OUR MEDICAL REVIEWER



**Marc B. Garnick, MD,** is a renowned expert in urologic cancer at Beth Israel Deaconess Medical Center and the Gorman Brothers Professor of Medicine at Harvard Medical School

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PES23

Cover photo by Jeremy Kramer Photography



# Get back to feeling *your* best!

If you’ve been struggling with a metastatic prostate cancer diagnosis—take heart! Today you have more treatment options than ever—so you can get back to focusing on your future.



**These days, Danny H. is more concerned about planning his next cycling route,** trying new restaurants with his wife, Jeanine, or making time for his grandkids than he is about his prostate cancer.

That’s not to say he wasn’t blindsided by the diagnosis.

“I went in for a regular physical and my doctor said it was time for a prostate exam and a PSA [a protein that, in high amounts, may indicate prostate cancer] screening,” he recalls. Unfortunately, while the only symptoms Danny had experienced were “a bit of fatigue and the need to pee a lot at night,” the results of the tests—and follow-up scans—revealed that Danny not only had prostate cancer, but it had already spread.

On the advice of his oncologist, Danny was treated with radiation alongside androgen deprivation therapy (ADT).

“My doctor told me ADT worked really well for most men, even ones like me whose cancer had spread. And it did! For a while. But then the numbers started to spike again.”

*Continued on next page* ▶



SPECIAL THANKS TO:  
 The American Cancer Society  
 Association involvement does not constitute an endorsement of any products featured.

### PROSTATE CANCER FAST FACTS

288,300

THE ESTIMATED  
NUMBER OF MEN  
WHO WILL BE  
DIAGNOSED  
WITH PROSTATE  
CANCER IN 2023

**1 in 8**  
THE NUMBER  
OF MEN WHO  
WILL BE  
DIAGNOSED  
WITH PROSTATE  
CANCER IN  
THEIR  
LIFETIME

Information  
courtesy of  
the National Cancer  
Institute and the  
American Cancer  
Society.



Danny's doctor explained that meant his prostate cancer was known as "castration-resistant" (CR), meaning the cancer was continuing to progress despite low levels of testosterone. They decided to try chemotherapy next.

"Sadly, while that treatment made me feel terrible, it also didn't have the results my care team was hoping for."

That's when Danny's oncologist told him about a newer treatment using a radiopharmaceutical, which combines a radioactive drug with a molecule that targets specific proteins found on prostate cancer cells. It then delivers the drug directly to the cells, destroying them.

"I asked my doctor if I'd gain any superpowers like Spider-Man, and he told me 'No, but if it works, it can give you a cancer-fighting superpower!' and I decided that was good enough for me." Danny received the medication by infusion in a special nuclear medicine of fice, but unlike chemo, it would only take about 10 minutes.

Luckily, follow-up tests show that so far, the new treatment seems to be doing the trick.

"I can't tell you the relief you feel when the doctor says your treatment is working. These days I'm feeling like a million bucks and so, so optimistic. Medical science is doing amazing things, so don't give up hope. Even with a diagnosis like mine, I'm still here and living my life, and I couldn't be more grateful."

If, like Danny, you're facing an aggressive or resistant form of prostate cancer, don't get discouraged. There are more treatments available than ever before—even if your cancer has metastasized—and there are even more still in clinical trial phase! That means you have

every reason to believe you can get your cancer under control and get back to living your life.

One of the first steps is learning more about your cancer, so read on for more information, tips and inspiration.

### What is prostate cancer?

Prostate cancer is the second most common form of cancer (after skin cancer) in men in the U.S., according to the National Cancer Institute. The prostate is a gland found near the bladder in men. Its job is to create fluid that helps nourish and protect sperm. Prostate cancer occurs when prostate cells become deformed and grow out of control.

The specific type of prostate cancer you have depends on where on the prostate the cancer is growing and which cells it's growing from. You may also

be diagnosed with castration-resistant prostate cancer if you've had your prostate removed and/or you don't respond to hormone therapy after you begin treatment. (Learn more about treatment options on p. 6.)

### Signs and risk factors

Prostate cancer often has few or no warning signs when it is in its earliest stages. However, because the prostate surrounds the urethra (the tube through which urine passes from the bladder to the penis), urinary problems—difficulty or pain during urination, needing to urinate more frequently, incontinence or blood in the urine—can be a common first symptom. Other symptoms can include:

- Difficulty having or maintaining an erection
- A decrease in ejaculation, pain during ejaculation and (more rarely) blood in ejaculate
- Unexplained pressure or pain in the rectum
- Pain or stiffness in the lower back, hips, pelvis or thighs

Some factors may increase your risk for prostate cancer, including your age (most cases occur in men over age 65), if a close relative was diagnosed with cancer (including breast, ovarian, colon, pancreatic or prostate), if you've tested positive for a gene linked to prostate cancer, if you're African American, if you smoke and if you're overweight or obese.

### How is it diagnosed?

Prostate cancer is sometimes detected through preventive screening, although who should be screened, which method should

be used and at which age screening should begin is still being debated. Because of that, it's important to consult your healthcare provider to determine the best screening strategy for you—especially if you're in one of the increased risk categories mentioned above.

The two most common screening methods are:

- **Digital rectal exam (DRE).** During this screening, the healthcare provider inserts a finger into the rectum to feel for any growths or abnormalities on the prostate.
- **Prostate-specific antigen (PSA) test.** Cancer may cause the prostate to produce too much or steadily increasing amounts of PSA, which can be detected via a blood test. However, there can also be non-cancerous causes for elevated PSA levels, so a high result does not always indicate cancer.

**If the DRE or PSA results raise any red flags, your healthcare provider may order further tests to confirm the presence of cancer, including:**

- **Imaging scans.** These can include X-ray, ultrasound, PET or an MRI scan, all of which can take an image of your prostate to look for any visual evidence of cancer.
- **Biopsy.** Small tissue samples from the prostate can be removed and examined by a pathologist to look for the presence of cancer cells and, if so, indicate the type, stage and grade of the cancer.

### Staging and grading

Your prostate cancer will be staged by your healthcare team

and graded by the pathologist who analyzed your biopsy.

Staging is often done using the TNM system. The "T," which stands for tumor, is ranked from 1 to 4, with 1 meaning the cancer is too small to be seen on a visual scan, 2 meaning the cancer is still contained within the prostate, 3 meaning the cancer has broken through the prostate capsule or outside lining and 4 meaning the cancer has spread to other organs. The "N" stands for node and indicates if the cancer has spread to nearby lymph nodes (0 means it hasn't, and 1 means it has). The "M" stands for metastasis, with 0 indicating the cancer has not spread to other parts of the body and 1 indicating it has.

The grade of your prostate cancer shows how much the cancer cells look like normal cells, which can indicate how aggressive the cancer may be and which treatments it might respond to most effectively. ►

## New option for metastatic castration-resistant prostate cancer

Metastatic castration-resistant prostate cancer (mCRPC) may not respond—or may stop responding—to conventional treatments for prostate cancer. Luckily, in March 2022, the FDA approved a new treatment that uses a radiopharmaceutical to target a protein in prostate cancer cells called prostate-specific membrane antigen (PSMA) and destroy them. So far, it's shown promising results in people whose mCRPC failed or stopped responding to prior treatments. Ask your cancer care team if a radiopharmaceutical could help you.



**PROSTATE  
CANCER  
FAST FACTS**

65

THE AGE WHEN  
PROSTATE  
CANCER RISK  
STARTS TO  
INCREASE

10%-20%

THE NUMBER OF  
PROSTATE CANCER  
CASES THAT ARE  
OR WILL BECOME  
CASTRATION-  
RESISTANT

16%

THE  
PERCENTAGE  
OF CASTRATION-  
RESISTANT  
PATIENTS WHOSE  
CANCER WON'T  
YET HAVE  
METASTASIZED  
ONCE DIAGNOSED

Information  
courtesy of  
the National Cancer  
Institute and the  
American Cancer  
Society.

Grading is indicated via a Gleason score. The lower the score, the less aggressive the cancer is. Because individual cancer cells in prostate tumors can have different grades, your score is derived from two numbers—the first being the grade of the majority of the cancer cells added to the grade of the second most common (so if most of the cancer cells are a 3 and the second most common are a 4, your Gleason score is 3+4=7). Recently, many healthcare providers began using a new grouping system for Gleason scores called “Grade Groups,” which ranges from 1-5, with a lower group number again indicating a less aggressive type of cancer.

**How is it managed?**

Today, there are more options than ever for treating metastatic prostate cancer. Your cancer care team will determine which approach is best for you based on a number of factors, including your type of prostate cancer and your overall health. In some cases, your care team may recommend “active surveillance”—this means your cancer is slow-growing and you may be better suited to simply monitor the cancer with



regular scans rather than treat it. Otherwise, your care team may recommend one of the below:

**1. SURGERY.**

Surgery is often recommended as a first-line treatment if your cancer is considered too aggressive for active surveillance. You may need just the tumor removed, or surgeons may remove your entire prostate and/or surrounding tissue. If initial treatment with radiation fails or your cancer recurs, surgery can in some rare cases be used as a follow-up.

**2. RADIATION.**

This therapy can kill tumors using X-rays or other forms of radiation and has the same success rate as surgery when used as a first-line option. Radiation can also be used if surgery fails or your cancer recurs.

**3. HORMONE THERAPY.**

Hormone therapy can slow or stop the progression of prostate cancer. Also called androgen deprivation therapy (ADT), it works by blocking the production or action of male hormones called androgens (testosterone is a type of androgen), which pro-

mote the growth of prostate cancer. Hormone therapy may be used in conjunction with other treatment, as a follow-up after surgery or radiation, or it is sometimes used alone if surgery and radiation are not options for you.

**4. CHEMOTHERAPY.**

This therapy may be used after surgery or radiation in order to destroy any stray cancer cells that remained. Chemotherapy may also be recommended to help shrink or destroy tumors if your cancer has metastasized.

**5. IMMUNOTHERAPY.**

Immunotherapy works with the body's own immune system, helping it to target and destroy prostate cancer cells.

**6. TARGETED THERAPY/  
RADIOPHARMACEUTICALS.**

Targeted therapy aims at specific markers on cancer cells. Radiopharmaceuticals use radioactive isotopes bound to molecules that help them target and destroy cancer cells. Today they are offering new hope for patients with metastatic castration-resistant prostate cancer whose cancer has stopped responding to prior treatments.

**Looking ahead**

Despite your diagnosis, there's every reason to be optimistic. With today's treatment options it's possible to lead a long, healthy and active life. So be ready to partner with your care team, and be open and honest about any symptoms you're experiencing, like Danny did. Recruit the help of family and loved ones to assist you on your journey. And keep making plans for the future! ●



# Your cancer care team

These medical professionals can help diagnose and treat your prostate cancer.

**Urologist:** an MD who specializes in disorders of the genitourinary tract, including the prostate.

**Pathologist:** an MD who examines biopsies and produces a report that stages and grades your cancer.

**Radiologist:** an MD who can perform and interpret imaging scans, such as MRIs and X-rays, as part of your diagnosis and to see how your treatment is progressing.

**Medical oncologist:** an MD who treats cancer using medication such

as chemotherapy, immunotherapy or targeted therapy.

**Radiation oncologist:** an MD who treats cancer using radiation.

**Surgical oncologist:** an MD who treats cancer using surgery.

**Nuclear medicine physician:** These MDs use radioactive materials to help improve scans of the body during the diagnosis and treatment process, and to treat certain types of cancer, such as prostate.

**Oncology nurse:** an RN who provides care, support and education during cancer treatment.

**Infusion nurse:** an RN who administers medications through infusions.

**Nurse practitioner (NP)/physician associate (PA):** administers routine care and may prescribe medication.

**Nurse navigator:** an RN who can provide resources and information you and your family may need during treatment.

**Registered dietitian:** a nutrition expert who can help you choose the best foods to eat, especially for those times you may not feel up to eating.

**Psychiatrist/Psychologist:** a mental health professional who can provide counseling for emotional issues you might experience during treatment. Psychiatrists can also prescribe medication.

**Social worker:** a professional who can help you deal with psychological and social issues, as well as financial concerns, including insurance matters.

**Palliative care doctor:** an MD who specializes in preserving quality of life through pain management and symptom relief.

**Primary care physician:** An MD, NP or PA who oversees your total healthcare and can help you manage side effects.



# Get the most from your treatment

These days, men are living longer than ever with prostate cancer—but often that means they need to change treatments over time. Fill out the tool below and share with your healthcare team to make sure your current plan is as effective as it could be.

**1.** What was your initial prostate cancer stage and grade at diagnosis? \_\_\_\_\_

**2.** Did your cancer progress to a different stage at any point after undergoing treatment?  
 Yes  No

**If yes,** what stage and grade is your cancer today?  
 \_\_\_\_\_

**3.** Was your cancer tested for genetic mutations?  
 Yes  No

**4.** What initial treatment(s) did you use to fight your prostate cancer? (Check multiple if you

*underwent more than one treatment after diagnosis.)*

- Surgery
- Radiation
- Chemotherapy
- Steroids
- Hormone therapy
- Targeted therapy
- Immunotherapy

**5.** What were the reasons, if any, you stopped previous treatments? *Check all that apply.*

- My cancer didn't respond.
- My cancer spread or recurred.
- My PSA levels rose.
- The side effects were intolerable.
- I couldn't afford them.
- I'm still on my initial treatment.

**6.** How long have you been on your current treatment(s)? \_\_\_\_\_

**7.** Since being on your current treatment, has/have your tumor(s) shrunk, stayed the same or grown larger?

- Shrunk
- Stayed the same
- Grown larger
- N/A (I have no detectable tumors.)

**8.** Have you been told your cancer has metastasized?  
 Yes  No

**9.** Has a PSA test ever indicated a rise in PSA levels—despite low testosterone levels in the blood—since starting on your current therapy?  
 Yes  No

**10.** How are you tolerating symptoms and side effects from your current treatment?

- My current side effects don't bother me.
- Some side effects cause me trouble, but I can manage them.
- I can't handle the side effects.

List any side effects causing you difficulties here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# “I'M BEATING THE ODDS!”

Ten years into his journey with metastatic prostate cancer, Steve Abbott is finding new hope: He just completed his second treatment of a new medicine he's feeling optimistic about, his scans are looking good and he has his sights firmly set on the future. —BY BETH SHAPOURI

CONTINUED ON NEXT PAGE



**Steve Abbott never misses** an opportunity to encourage men to get their preventive health screenings: “Men can be especially reluctant to get some of these tests, things like colonoscopies and prostate exams,” he says. “But they will regret putting them off if they wind up with problems later.”

Steve knows a thing or two about that—after all, he was diagnosed with prostate cancer the year he turned 50 when a friend’s death spurred him to get his prostate-specific antigen (aka

PSA, a hormone produced by the prostate) levels tested. After his numbers came back very elevated—and further testing showed evidence of cancer—he opted to have the organ removed. Unfortunately, follow-up scans revealed the cancer had already spread to other organs, including his left lung. He was stage IV.

### “I had to learn a new normal”

After his cancer was determined to be metastatic, Steve began his long

journey with treatment, which to date has included multiple courses of radiation, many years of hormone therapy, and chemotherapy. He explains that while he saw some good results along the way, “nothing really worked long-term. The cancer would eventually rebound.”

While the ups and downs were difficult to navigate, Steve did have the support of someone uniquely suited to know what he was going through: his wife, Diana, who by coincidence was diagnosed with breast cancer shortly after Steve’s diagnosis.

“Watching her go through chemotherapy to treat her triple negative breast cancer was difficult but also inspiring—she’s now a 7-year survivor!” Steve marvels.

Still, he was plagued by anxiety that his treatments didn’t seem to be working.

### “I found a new purpose!”

While looking for new treatment options, Steve eventually met oncologist William Barrett, MD, co-director of the University of Cincinnati Cancer Institute.

“We hit it off not only as a doctor-patient relationship but as real friends,” Steve recalls. In fact, within a few years, when Dr. Barrett decided to start an oncology consultation

**“Cancer puts things into focus—I am super aware that time is a gift, and I’m living every moment of it!”**

practice that offers advice at no cost to the patient, Cincinnati Cancer Advisors, he asked Steve to join as executive director. Steve, who had just been laid off from his job as a business development officer for a hotel, happily accepted.

Working there not only gave his life meaning and purpose, Steve explains, but also gave him regular access to a whole team of oncologists, nurse practitioners and genetics experts.

“I’ve got this whole group of people who are just constantly paying attention to my health; it’s incredible,” he laughs. In fact, it was through his job that he found out about a breakthrough new treatment for his type of prostate cancer—a targeted therapy that delivers radiation treatment directly to PSMA+ cells, biomarkers that are expressed on prostate cancer cells.

Having been on the new treatment since April, Steve is thrilled to report he’s already seeing positive signs. “My PSA already dropped from 25 to 9.6, which is significant for me,” he says. “This has been a game changer.”

### “Now I can focus on tomorrow.”

Steve is still not sure what the future has in store, but with his new medication working, he is grateful for whatever time it’s earned him.

“My hope is that this treatment can keep working long enough to bridge me to the next great breakthrough. And in the meantime, it’s giving me the space to focus on being in the moment. I’ve got a job I’m passionate about, and when I’m home, I’m more than happy to just hang out with my wife and dogs Toby, Coco, and Ellie. Cancer puts things into focus—I am super aware that time is a gift, and I’m living every moment of it.” ●

Photos by Jeremy Kramer Photography



## Steve’s top tips for other cancer patients

As the executive director at Cincinnati Cancer Advisors, Steve often gets the chance to advise other patients. Here’s what he tells them.

### Don’t hide from updates.

Steve has met many patients along the way who go into denial after receiving their first round of treatment. “They think, ‘I just don’t want any more bad news,’ and want to skip follow-up scans,” he explains. “But if the cancer is going to come back, it’s going to come back—and you’re putting yourself at risk by not knowing the facts.”

### Keep educated.

Steve implores patients to stay informed about new drugs and developments in the field as much as possible, so you can ask your doctor if they might be right for you. “Sometimes you feel like you have no control over what’s going on,” he says. “But you can get that feeling back by staying in-the-know so you are actively involved in your care.”

### Keep living life—at your pace.

Steve loves to travel, and now, he says, “I still want to go to all those same places, but I’ll probably do it differently than we used to do it,” he says. For example, on an upcoming trip to the Canadian Rockies, where he and his wife would previously have gone on long hikes, he says, “I’m going to find a beautiful hotel and hang there and walk a little bit. It’s not going to be about how many miles we hike in a day; it’s gonna be about taking in the scenery and being present.”

### Learn to let go.

At first, every time Steve had his PSA numbers tested, he’d hold his breath. He realized that stress was starting to consume him, so he made a point to distract himself or concentrate on something else while waiting for a result. “I had to get to the point where I stopped letting it create so much anxiety. The result is going to be the result—I just don’t sit and worry about it that much anymore.”



“Every day it’s important to take in the scenery and focus on living in the present.”  
—Steve, seen here with his nephew, Chris McNeil.



Not actual patient.

# A targeted prostate cancer treatment that can help men live longer

If you have PSMA+ mCRPC, PLUVICTO is the first and only treatment that targets PSMA+ cancer cells wherever they are in the body.

Talk to your doctor or visit [PLUVICTO.com](https://www.pluvicto.com)

**Men with PSMA+ mCRPC who received PLUVICTO plus best standard of care (BSOC) lived a median of 4 months longer: 15.3 months vs 11.3 months with BSOC alone.**

Noncancerous PSMA+ cells and other surrounding cells will also be impacted.

mCRPC, metastatic castration-resistant prostate cancer; PSMA+, prostate-specific membrane antigen positive.



Please see additional Important Safety Information on the next page and Brief Summary of full Prescribing Information on the following pages.

## What is PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan)?

PLUVICTO is a radiopharmaceutical used to treat adults with an advanced cancer called prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer (PSMA-positive mCRPC) that:

- has spread to other parts of the body (metastatic), and
- has already been treated with other anticancer treatments

## IMPORTANT SAFETY INFORMATION

### What is the most important information I should know about PLUVICTO?

Use of PLUVICTO involves exposure to radioactivity. Long-term, accruing radiation exposure is associated with an increased risk for cancer.

## About the clinical trial

The PLUVICTO clinical study measured **overall survival (OS)**. This is the total time men with metastatic prostate cancer were alive from the start of treatment. **Median OS** is the length of time half of the men were still alive.

In a study of 831 men with PSMA+ metastatic prostate cancer, 551 were treated with PLUVICTO once every 6 weeks (up to 6 treatments) plus BSOC as determined by their doctor. Another 280 were treated with BSOC alone.

## IMPORTANT SAFETY INFORMATION

(continued)

### What is the most important information I should know about PLUVICTO? (continued)

To minimize radiation exposure to others following administration of PLUVICTO, limit close contact (less than 3 feet) with household contacts for 2 days or with children and pregnant women for 7 days, refrain from sexual activity for 7 days, and sleep in a separate bedroom from household contacts for 3 days, from children for 7 days, or from pregnant women for 15 days.

### PLUVICTO may cause serious side effects, including:

- **Low level of blood cell counts.** Tell your doctor right away if you develop any new or worsening symptoms, including:
  - Tiredness or weakness
  - Pale skin
  - Shortness of breath
  - Bleeding or bruising more easily than normal or difficulty stopping bleeding
  - Frequent infections with signs such as fever, chills, sore throat, or mouth ulcers
- **Kidney problems.** Tell your doctor right away if you develop any new or worsening symptoms, including passing urine less often or passing much smaller amounts of urine than usual

### Before you receive PLUVICTO, tell your doctor if any of these apply to you:

- You have low level of blood cell counts (hemoglobin, white blood cell count, absolute neutrophil count, platelet count)
- You have or have had tiredness, weakness, pale skin, shortness of breath, bleeding or bruising more easily than normal or difficulty stopping bleeding, or frequent infections with signs such as fever, chills, sore throat, or mouth ulcers (possible signs of myelosuppression)

- You have or have had kidney problems
- You have or have had any other type of cancer or treatment for cancer, as PLUVICTO contributes to your long-term cumulative radiation exposure
- You are sexually active as:
  - All radiopharmaceuticals, including PLUVICTO, have the potential to cause harm to an unborn baby
  - You should use effective contraception for intercourse during treatment with PLUVICTO and for 14 weeks after your last dose
  - PLUVICTO may cause temporary or permanent infertility

**Before administration of PLUVICTO, you should** drink plenty of water in order to urinate as often as possible during the first hours after administration.

### The most common side effects of PLUVICTO include:

- Tiredness
- Dry mouth
- Nausea
- Low red blood cell count
- Loss of appetite
- Changes in bowel movements (constipation or diarrhea)
- Vomiting
- Low blood platelet count
- Urinary tract infection
- Weight loss
- Abdominal pain

These are not all of the possible side effects of PLUVICTO. Call your doctor for advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](https://www.fda.gov/medwatch), or call 1-800-FDA-1088.

**Please see Brief Summary of full Prescribing Information on the following pages.**



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## Summary of Important Information

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- Abdominal pain

These are not all of the possible side effects of PLUVICTO. Call your doctor for advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

### What should I tell my doctor before receiving PLUVICTO therapy?

Before you receive PLUVICTO, tell your doctor if any of these apply to you:

- You have low level of blood cell counts (hemoglobin, white blood cell count, absolute neutrophil count, platelet count)
- You have or have had tiredness, weakness, pale skin, shortness of breath, bleeding or bruising more easily than normal or difficulty to stop bleeding, or frequent infections with signs such as fever, chills, sore throat, or mouth ulcers (possible signs of myelosuppression)
- You have or have had kidney problems
- You have or have had any other type of cancer or treatment for cancer, as PLUVICTO contributes to your long-term cumulative radiation exposure
- You are sexually active as:
  - All radiopharmaceuticals, including PLUVICTO, have the potential to cause harm to an unborn baby
  - You should use effective contraception for intercourse during treatment with PLUVICTO and for 14 weeks after your last dose
  - PLUVICTO may cause temporary or permanent infertility

**Before administration of PLUVICTO, you should** drink plenty of water in order to urinate as often as possible during the first hours after administration.

### How will I receive PLUVICTO?

- There are strict laws on the use, handling and disposal of radiopharmaceutical products. PLUVICTO will only be used in special controlled areas. This product will only be handled and given to you by people who are trained and qualified to use it safely. These persons will take special care for the safe use of this product and will keep you informed of their actions
- The recommended dose is 7.4 GBq (gigabecquerel, the unit used to express radioactivity)
- PLUVICTO is given approximately every 6 weeks for a total of 6 doses
- PLUVICTO is administered directly into a vein
- Your nuclear medicine doctor will inform you about the usual duration of the procedure
- If you have any questions about how long you will receive PLUVICTO, talk to your nuclear medicine doctor
- Your nuclear medicine doctor will do blood tests before and during treatment to check your condition and to detect any side effects as early as possible. Based on the results, your nuclear medicine doctor may decide to delay, modify or stop your treatment with PLUVICTO if necessary
- An overdose is unlikely. However, in the case of an overdose, you will receive the appropriate treatment
- If you miss an appointment for an administration, contact your nuclear medicine doctor as soon as possible to reschedule

### After administration of PLUVICTO, you should:

- Remain hydrated and urinate frequently in order to eliminate the product from your body
- Limit close contact (less than 3 feet) with others in your household for 2 days or with children and pregnant women for 7 days
- Refrain from sexual activity for 7 days
- Sleep in a separate bedroom from others in your household for 3 days, from children for 7 days, or from pregnant women for 15 days
- The nuclear medicine doctor will inform you if you need to take any special precautions after receiving this medicine. This may include special precautions for you or your caregiver with regard to toilet use, showering, laundry, waste disposal, emergency medical assistance, unplanned hospitalization or traveling. Contact your nuclear medicine doctor if you have any questions

### General information about the safe and effective use of PLUVICTO

Talk to your nuclear medicine doctor about any concerns. You can ask your nuclear medicine doctor for information about PLUVICTO that is written for healthcare professionals.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.



# “WE ARE LIVING EACH DAY TO THE FULLEST!”

From researching treatment options to changing their diet, Darik and Mark share the techniques that are giving them a new lease on life. —BY AMY CAPETTA

“Find your inner peace”

DARIK PEARSON  
SHELTON, CT

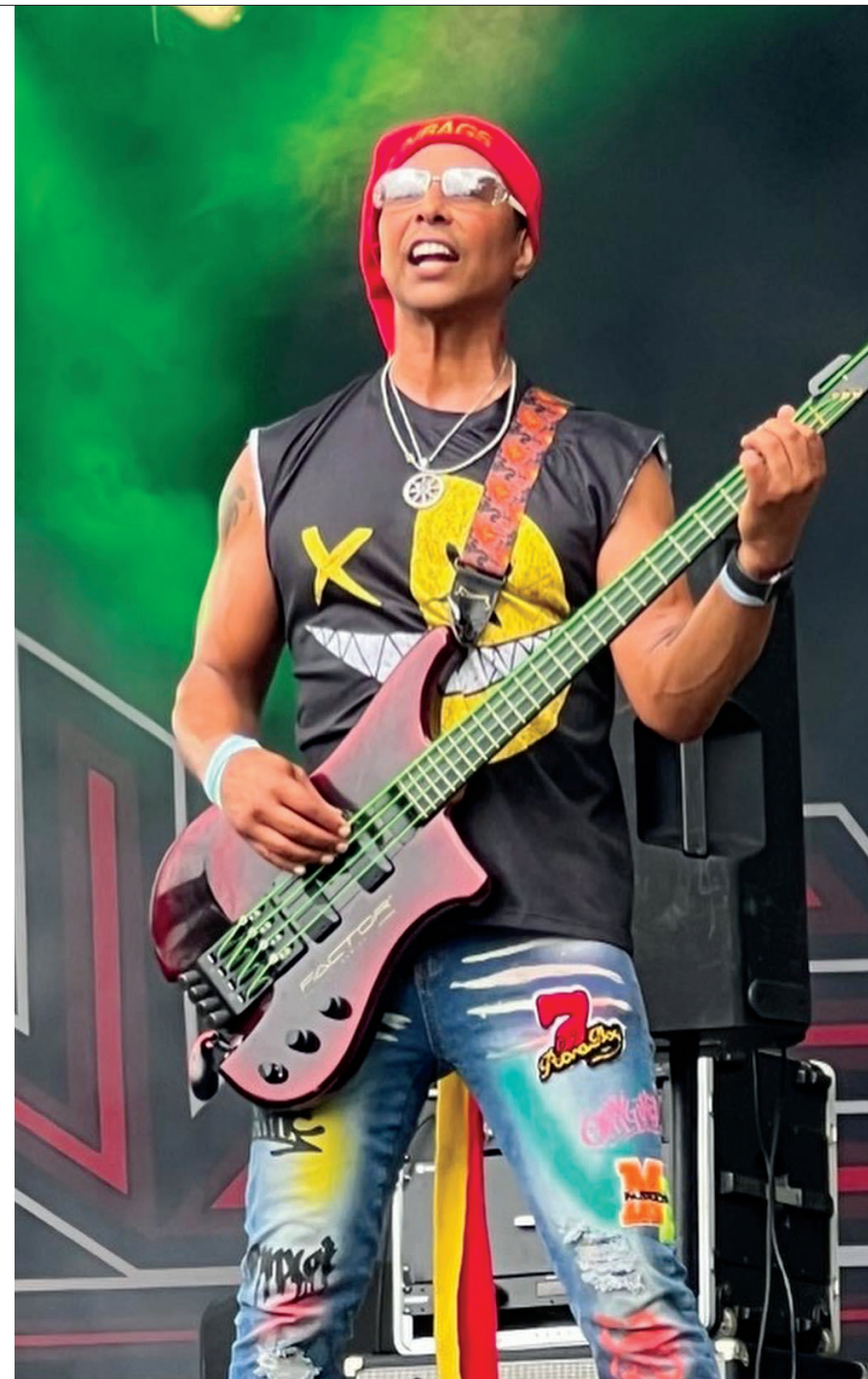
## Change your outlook.

“I’m purposely placing this tip at the top of my list of essential strategies,” says Darik, who was diagnosed with stage IV prostate cancer in 2020 at the age of 48. While the married father of two boys was not a fan of motivational speakers (“I’ve never been a woo-woo type of guy”), he had a change of heart after his then-8-year-old son became frightened after catching Darik sobbing about his diagnosis in a fetal position on the bedroom floor. “This was my *‘Shawshank moment’* when I realized I needed to either get on living or get on dying—and by the grace of God, I chose to live.” Knowing he had to make “an entire paradigm shift of my reality—mind, body and soul”—he headed to the Internet and came across podcasts featuring inspirational leaders Joe Dispenza, Tony Robbins, Rob Dial, Hal Elrod and Tom Bilyeu. “I was led down a rabbit hole of wisdom that became priceless, must-have treatment tools on re-programming my brain and mindset,” he states. “If I wanted to be here with an acceptable quality of life for myself, my fam-

ily, friends and livelihood, I would not only have to be my own advocate for survival, but an unwavering believer that I *could* beat this horrible disease.”

## Assess your diet.

After reading the book *How to Starve Cancer* by Jane McLelland, Darik started finding similarities between the human body and Mother Nature. “Our body is our soil and what we feed it is our ecosystem,” he explains. “So why not make the soil a place that a plant (the cancer) does not want to grow or thrive?” Plus, doing research informed him that patients receiving treatments for prostate cancer have an elevated risk of cardiovascular complications. As a result, he opted to follow the DASH (Dietary Approaches to Stop Hypertension) diet, a heart-healthy eating plan that recommends consuming more whole grains, colorful fruits and vegetables, lean proteins (including beans, poultry and fish) and “good” fats (such as nuts, avocados and vegetable oils) while limiting sugar, alcohol and fatty meats. “I’ve substituted cream for almond milk and have almost



completely removed dairy from my diet except for unpasteurized cheese.” Darik also came across studies that suggest fasting may help improve stem cells’ ability to regenerate. “By eating all of my meals within an eight-hour window, I’m doing my body a great service by creating an environment cancer does not like.”

## Build muscle while undergoing treatment.

Darik’s current treatment plan involves hormone therapy (aka, androgen deprivation therapy) and loss of muscle mass can be one of the side effects.

“Gaining and keeping muscle is a tenacious task,” says Darik, who is a touring musician with his band, Darik and

the Funbags. “Any muscle I would make in a month would be quickly erased by going 10 days without exercising.”

So, to stay in shape, he does 20 to 25 sets of exercises that work every muscle group each week, and he can do them anywhere. “In short, it’s important to stay active.”

## Make meaningful connections.

“I’m sure most people think I’m crazy when I say that cancer is both the best and worst thing that has happened to me, but nothing could be more true,” says Darik, who can be found on Instagram @darik\_mr.funbags. “Cancer has opened my eyes to self-discovery that I don’t think I would have achieved without it.” Before the diagnosis, Darik considered himself to be a “man’s man who didn’t need help from anyone,” yet he found incredible strength from his family and friends, as well as other cancer warriors. He joined online support groups, including *MyCancerStory.Rocks* and the social networking service *HealthUnlocked.com*. “It’s completely anonymous, making it a safe place to share experiences and learn about treatments, cutting edge trials and alternative/holistic options,” he continues. “It was also a gateway to peace since I allowed myself to sit down and be vulnerable with a therapist.” Furthermore, he became an advocate for ZERO Prostate Cancer, the leading national nonprofit with the mission to end prostate cancer, where he set the record for raising the largest amount of funds (over \$11,000) via a Facebook birthday fundraiser. “Today I am a more balanced and joyful person because of the ‘work’ I do to thrive on this disease.”

*Continued on p. 18* ►



## “You’re your own best advocate!”

MARK KAGEYAMA  
SAN FERNANDO VALLEY, CA

### Tap into the power of your mind.

In October 2020, Mark woke up one morning without the ability to get out of bed. “It took me 15 minutes to walk across a room,” he recalls. The husband and father of two adult daughters met with two physicians before being referred to an oncologist. After undergoing numerous “inhumane tests” into the spring of 2021 (including a seven-day hospital stay for a collapsed lung), the oncologist gave Mark and his wife, Beth, the devastating diagnosis: stage IV prostate cancer that had spread to his lungs and bones. His PSA level shocked doctors at nearly 1,000 ng/mL (a normal PSA level is 4 ng/mL or less). “Then my oncologist said, ‘Your cancer is so bad that I cannot cure you. You should get your affairs in order.’” However, Mark’s mind went full speed ahead in the opposite direction. “I respect my oncologist, but this was her plan—not *my* plan,” he continues. “I was bound and determined to live. I did not know how it was going to happen. But as far as I was concerned, there was no other option.”

### Start researching ASAP.

Whether you have a medical degree or not, Mark encourages every patient to become their own best advocate. “We are expected to make life-altering deci-

sions with no knowledge about cancer, which is absolutely insane,” he states. “This is why I tell people that the moment they are diagnosed, they need to educate themselves instantly.” His approach was simple—he wanted to treat his entire well-being. Along with researching every type of chemo his doctor mentioned, Mark read books (including) and connected with cancer survivors and health professionals on LinkedIn (which is where he met and worked with a hypnotherapist from Cyprus). “I knew the answers were out there.”

### Become an active participant on your healthcare team.

“It’s been interesting how the relationship with my oncologist has evolved,” says Mark. He jokingly referred to her as a sergeant in their early months together as he would come to each appointment with a notepad, pen and a list of questions. Mark agreed to six rounds of chemo (alongside androgen deprivation therapy) after reading about its effectiveness and minimal risk factors. As his scans improved, he was prescribed two maintenance injections, yet a few months ago he wanted to stop taking one med. “I told her, ‘I’ll make you a deal—if things go south, I’ll get right back on it.’ And she said, ‘That’s fair.’” He strongly advises other patients to do their homework and to speak up. “Nobody else is going to care more about you than you.”

### Load up on organic proteins and anti-inflammatory foods.

During chemo treatments, Mark spoke with a nutritionist friend who pleaded with him to add lean meat to his diet. “Prior to cancer, I had been a vegan and felt bulletproof,” he explains. “Now I was eating wild salmon, as well as organic chicken and turkey.” His daughter cooked all his meals for over two months as Mark “devoured” each dish.

“My body was craving these proteins.” He also added numerous organic-only anti-inflammatory beverages into his day, including juices (made with lemon and celery), a smoothie (made with ginger, blueberries, cilantro, parsley and carrots) and a turmeric shot (made with turmeric, ginger, olive oil, black pepper, carrot, lemon and honey). “I will do this every day for as long as I’m here.”

### Share your wisdom.

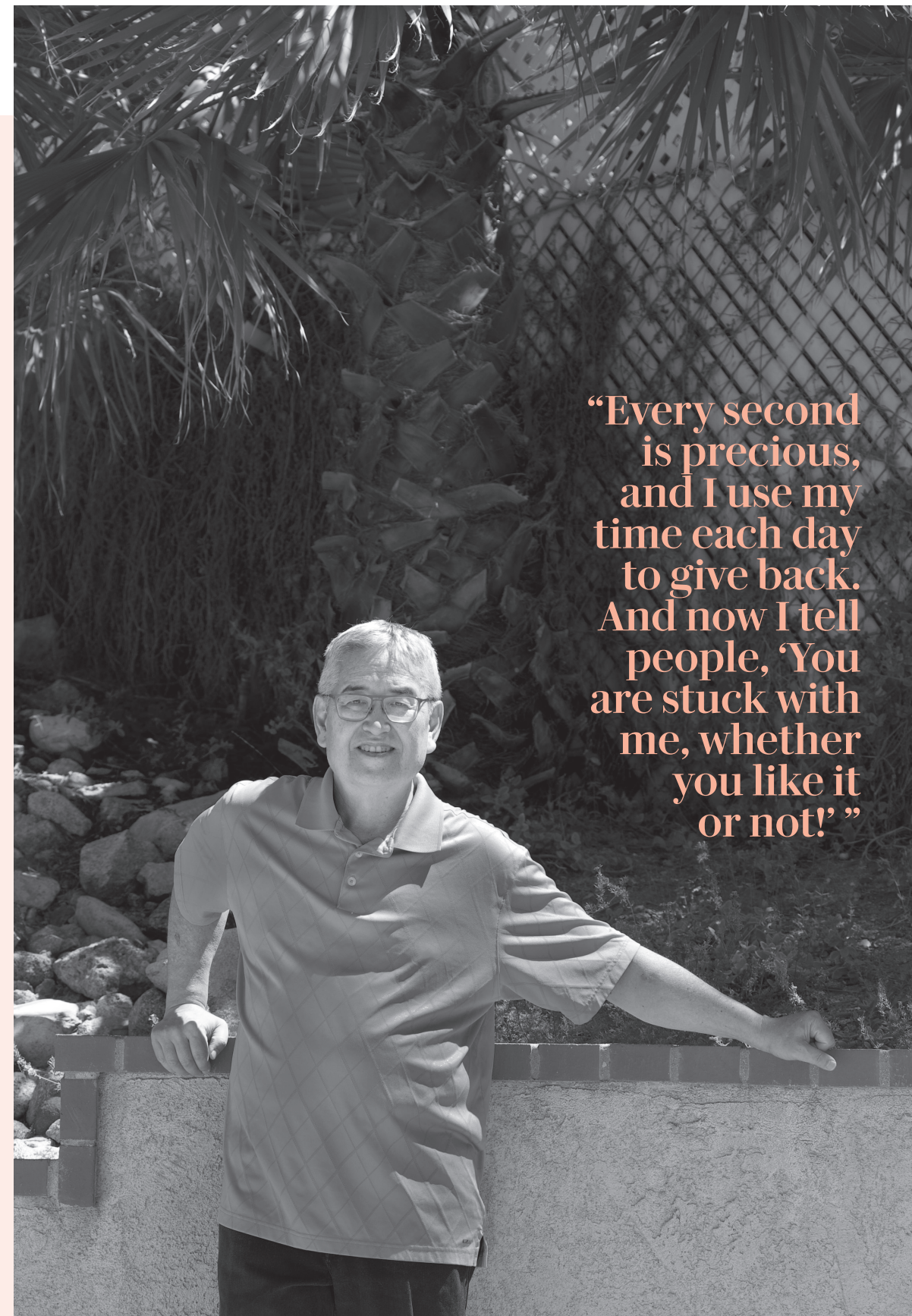
“The beautiful thing about the cancer community is that it’s never a group you want to join—but once you do, you learn how many incredible people are willing to help others,” says Mark, who can be found hosting his weekly video series, *@2BYourOwnHero*, on YouTube. These days, he offers knowledge and inspiration to others on his channel, in speeches and in online patient communities, such as *ThePatientStory.com*. Furthermore, he feels energetic, his scans are stable and his PSA dropped to 0.5 ng/mL! “My oncologist looks at my numbers and doesn’t know what to say,” he states. “I was allowed to live to spread the word. Every second is precious, and I use my time each day to give back. And now I tell people, ‘You are stuck with me, whether you like it or not!’” ●

### Health Monitor

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Photo by Shauna Angel Photography



“Every second is precious, and I use my time each day to give back. And now I tell people, ‘You are stuck with me, whether you like it or not!’”



**OUT OF OPTIONS?** My prostate cancer has spread, and hormonal treatment isn't helping. A PET scan showed my cancer is PSMA positive. Do I have any other options?

Q

A

*Answers for your questions about metastatic prostate cancer*

**A:** You are definitely not out of options. In fact some of the major improvements have come in the category of prostate cancer referred to as metastatic castration resistant prostate cancer, or mCRPC. This term represents a category of prostate cancer that has spread to areas of the body outside the prostate gland and continues to grow despite low testosterone levels. One of your options includes chemo, specifically two types that have been shown to extend life in this circumstance. Another option is a newly approved radiopharmaceutical drug.

In many patients, prostate cancer cells release a chemical called PSMA. We can use imaging tests (such as a PET-CT scan combo) to find areas of the body with PSMA cancer-containing cells, and then

attack them with this new therapy. Acting like a sort of radioactive "bomb," the drug can shrink and even eliminate these abnormal cells.

Currently, this new drug is given to patients whose disease has progressed even though they've tried hormonal therapies and chemotherapy. But I predict it will eventually be used in patients who have not yet received chemotherapy.

One final important thing to consider: Your doctor may want to use highly specific genomic tests on both you and a piece of your prostate cancer tissue to check for the presence of DNA mutations. If such mutations are found, there are specific drugs that can attack these mutations and prevent them from causing the cancer to grow and spread.

**TOO SHY TO TALK SEX**

**Q:** I will be starting hormone therapy soon and I'm worried about its impact on my sex life. I'm embarrassed to talk about this with my oncologist. How can I bring up the topic?

**A:** In my experience, nearly 98% of men will have loss of libido and some erectile dysfunction while on hormonal therapy. The longer the treatment lasts, the longer it will take to recover.

The degree of erectile dysfunction is also influenced by the type of treatment you may have received prior to going on hormonal therapy, since men who have had a radical prostatectomy or have received radiation treatments can also experience loss of sex life, which is then further influenced by the hormone treatments.

Please don't feel shy talking to your care team—your oncologist should be able to have a frank and realistic discussion with you, and you may find it helpful to consult with professionals who specialize in sexual medicine. ●



**OUR EXPERT:** **Marc B. Garnick, MD**, is a renowned expert in urologic cancer at Beth Israel Deaconess Medical Center and the Gorman Brothers Professor of Medicine at Harvard Medical School.



**Regular cancer screening can help keep people together.**

Call the American Cancer Society at **1-800-227-2345** or visit **cancer.org**.



# YOU CAN TAKE CONTROL OF SIDE EFFECTS

Today's treatments for prostate cancer are easier on your body than those of the past. However, if any of the following side effects should occur, you can find relief. **Read on to learn more.**



## 1. INCONTINENCE

*(can be caused by surgery or radiation).*

**For most men this symptom will improve or stop completely a few weeks or months after surgery and even sooner after radiation.**

### IN THE MEANTIME...

#### TRY KEGELS.

These exercises strengthen the muscles of the pelvic floor. They are performed by contracting and relaxing your pelvic floor muscles (the ones you use to stop the flow of urine). Your doctor can teach you how to do Kegels correctly or refer you to a pelvic floor physical therapist. Do 10 repetitions three times a day, perhaps while commuting to or from work or when you're sitting down for a meal.

## 2. IMPOTENCE

*(can be caused by surgery, radiation or hormone therapy).*

**While this symptom may diminish after surgery heals, it can be a challenge for those who have had radiation and for those on hormone therapy.**

### IN THE MEANTIME...

#### EXPLORE NEW AVENUES.

When you're feeling sexual again, remember that intercourse is not the only way to achieve satisfaction, and intimacy is not defined by sex. Nonsexual touching—such as holding hands and hugging—can help you stay connected.

Another way to stay close to your partner is to find out what activities bring them joy and do them together, such as going to a show or out to dinner, recommends Anthony Provazza, an oncology clinical social worker at Massachusetts General Hospital in Boston.

## 3. FATIGUE

*(can be caused by any treatment option).*

**While this symptom typically diminishes once treatment ends, it can be a challenge for those on long-term hormone or immunotherapy medications.**

### IN THE MEANTIME...

#### TELL LOVED ONES HOW THEY CAN HELP YOU.

When Jim Higley, author of *Bobblehead Dad: 25 Life Lessons I Forgot I Knew* (Greenleaf Book Group, 2011), was diagnosed with prostate cancer, he gave each of his three kids and his friends "jobs" to do. His youngest son's assignment was to hug him every day, his daughter's role was to give him a daily dose of encouragement via cards and "cheers," and his older son's job was to play the guitar for him. "Despite the heaviness of what was around me, I felt blessed," he recalls.

## 4. DEPRESSION

*(can be caused by any treatment option, but particularly with hormone therapy; this symptom can also be caused or worsened by the cancer diagnosis itself.)*

**Sometimes depression can improve on its own when treatment ends, though it's often important to discuss the symptom with your healthcare provider and possibly seek treatment for it.**

### IN THE MEANTIME...

#### TAKE CHARGE OF PAIN.

Pain often leads to depression, so work with your doctor to make sure it's under control, advises Deane Wolcott, MD, director of oncology supportive care at the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai Medical Center. "If you manage pain well, depression often improves dramatically," he says. ●

# Health Monitor Living

## Questions to ask at today's exam



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What treatment options do you recommend for my metastatic prostate cancer and why? Will I need to have my prostate removed?



What are the expected side effects for these treatments? Are there any ways I can lessen the side effects?



How long will it take before we know if the treatment is working?



What scans will I need to track my cancer's progress?



Is there a clinical trial that can help me? What are the pros and cons?



If my treatment stops working, what are my next steps? Am I a candidate for a radiopharmaceutical?



### On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.