

Explore your
treatment
options

P. 6

6 ways
to conquer
cancer-related
fatigue

P. 22

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**“I got my
second
chance!”**

Metastatic Prostate Cancer

When James Rouse learned he had metastatic prostate cancer, his first reaction was denial. Luckily, family and friends pushed him to get the breakthrough treatment that is now allowing him to spread the word about screenings and symptoms.

 American
Cancer
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Health Monitor Living **Metastatic Prostate Cancer**



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“I got my second chance!”

Thanks to breakthrough therapy, James Rouse’s metastatic prostate cancer is under control, and he’s using his “second chance” to tell every man he knows not to ignore their body’s warning signs.

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PES24

Cover photo by Scott Lewis



Look forward to *many* happy tomorrows!

With today’s treatment options, you have every reason to believe you can get the upper hand on your metastatic prostate cancer.



ince retiring four years ago, Roy A. has been enjoying life to the fullest, including taking a recent trip to Disney World with his wife, Evelyn, and their kids and grandkids. Weekly bowling league with his buddies. Evening walks on the beach near his Myrtle Beach, SC, home.

“Since my prostate cancer diagnosis, simple pleasures like these are precious to me,” says the 70-year-old former human resources director.

Roy’s cancer journey began when he started having trouble going to the bathroom. The intense pain prompted him to see his doctor, who ordered a PSA (prostate-specific antigen—a protein produced by the prostate that can indicate the presence of cancer) test. Concerned about Roy’s high PSA levels, his doctor referred him to a urologist.

“The urologist told me that as a Black man—and one with a dad who’s had prostate cancer—my cancer risk was higher than other men.”

After additional tests and scans, Roy was devastated to learn he not only had prostate cancer, but that it was stage IV.

“Fortunately, my oncologist reassured me that the new treatments available are helping men like me live much longer, even though the cancer doesn’t have a cure.”

Continued on next page ►



SPECIAL THANKS TO:
The American Cancer Society
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**PROSTATE
CANCER IN
BLACK MEN**

6.7%

THE PERCENTAGE
OF BLACK MEN
CURRENTLY
REPRESENTED
IN CLINICAL
TRIALS.



1 in 6

THE NUMBER
OF BLACK MEN
WHO WILL BE
DIAGNOSED
WITH PROSTATE
CANCER IN
THEIR LIFETIME.

Source: *Zero Prostate Cancer and American Cancer Society.*

Roy's initial treatment included radiation and androgen deprivation therapy, which starves the cancer cells of the hormones it uses to grow.

"At first my PSA went down, but it climbed again after a few months. My cancer was 'castration resistant,' according to my oncologist."

Roy'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. Roy started the treatment immediately, and his current tests show that, so far, the new treatment seems to be doing the trick.

"It's great to finally get good news after months of tough meetings with doctors. I feel hopeful again—and I'm looking forward to enjoying my future with my wife and family!"

If, like Roy, 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 more on the horizon that are still in clinical trial phase! That means the odds are high of finding a treatment that can help keep your cancer in check.

One of the first steps? 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.)

How does it affect Black men differently?

Prostate cancer impacts Black men more frequently—and more severely—than men of any other race. In fact, they are 50% more likely to develop prostate cancer in their lifetime and twice as likely to die from the disease.

Although researchers are still trying to pinpoint the reason, they suspect the disparity may be due to multiple factors, including genetics and environment. On the genetics front, scientists are currently investigating the possibility that biological differences cause prostate cancer to be more aggressive and more resistant to treatment in Black men. As for environment, they are studying the role of diet, health literacy, access to healthcare screenings and increased exposure to toxic chemicals.

Other risk factors cut across all

ages, including age (most cases occur in men 65 and older), family history (i.e., having a close relative with cancer), the presence of a gene linked to prostate cancer, smoking and obesity.

Signs and symptoms

As with many types of cancer, 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), urinary problems—such as 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
- Pressure or pain in the rectum
- Pain or stiffness in the lower back, hips, pelvis or thighs

How is it diagnosed?

Prostate cancer is sometimes detected through screenings, although who should be screened, which method should be used and at which age screening should begin is still being debated. In fact, researchers are studying whether Black men should start screening at a younger age, and with more frequency, than current recommendations.

In the meantime, it's important to consult your care provider to determine the best screening strategy for you—especially if you're in one of the increased

risk categories described 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 scan or MRI, 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. ▶



Breakthrough 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 and destroy prostate cancer cells containing a protein called prostate-specific membrane antigen (PSMA). So far, it's shown promising results in people whose mCRPC failed or stopped responding to prior treatments. Ask your care team if a radiopharmaceutical could help you.



PROSTATE CANCER IN BLACK MEN

33%

THE NUMBER OF BLACK MEN AGE 50 OR OLDER WHO HAVE HAD A PSA TEST VS. 37% OF WHITE MEN.

50%

THE PERCENTAGE BY WHICH BLACK MEN ARE MORE LIKELY TO DEVELOP PROSTATE CANCER THAN MEN OF OTHER RACES.

Source: Zero Prostate Cancer and American Cancer Society.

Grading is indicated via a Gleason score. The lower the score, the less aggressive the cancer is. Because cancer cells can have different grades, your score is derived from two numbers—the first being the grade of the majority of the cells added to the grade of the second most common (so if most of the cells are a 3 and the second most common are a 4, your Gleason score is 3+4=7). Thus, most men will wind up with a score of 6 or higher. Recently many healthcare providers began using a new grouping system for Gleason scores called “Grade Groups,” which range from 1-5, with a lower group number again indicating a less aggressive type of cancer.

How is it managed?

To determine which of the many treatment options is best for you, your oncologist will consider a number of factors, including your type of 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 treatment options below.

1. SURGERY.

Surgery is often recommended as a first-line treatment if your cancer is considered too aggressive for an “active surveillance” approach. 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 promote 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 remain. 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 with hope

Despite your diagnosis, there’s every reason to be optimistic. With today’s options, it’s possible to lead a long and active life. So be ready to partner with your care team, and be open about any symptoms you’re experiencing. Recruit the help of 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: a doctor who specializes in disorders of the genitourinary tract, including the prostate.

Pathologist: a doctor who examines biopsies and produces a report that stages and grades your cancer.

Radiologist: a doctor 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: a doctor who treats cancer using medication

such as chemotherapy, immunotherapy or targeted therapy.

Radiation oncologist: a doctor who treats cancer using radiation.

Surgical oncologist: a doctor who treats cancer using surgery.

Nuclear medicine physician: these doctors 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 of the 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.

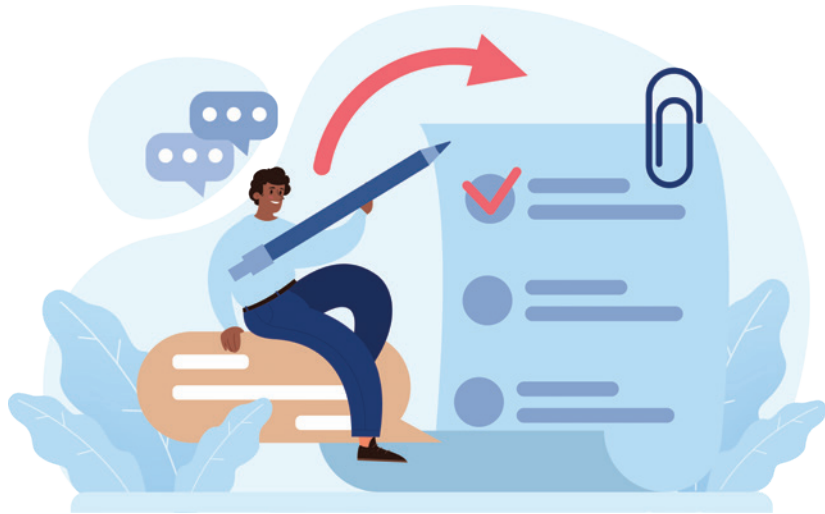
Registered dietitian: a nutrition expert who can help you choose the best foods to eat, especially for those times you may not feel up to eating.

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: a doctor who specializes in preserving quality of life through pain management and symptom relief.

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



Get the most from your treatment

These days, the great variety of treatment options is allowing men with metastatic prostate cancer to live longer than ever. And it's common to switch treatments over time. To make sure your current plan is as effective as possible, fill out this tool and share with your oncologist.

1. What was your prostate cancer stage and grade at diagnosis?

2. Has your cancer progressed to a different stage at any point since you've undergone treatment?
 Yes No
If yes, what stage and grade is your cancer today?

3. Has your cancer been 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: _____

“I GOT MY SECOND CHANCE!”

When James Rouse learned he had metastatic prostate cancer, his first reaction was denial. Luckily, family and friends pushed him to get the breakthrough treatment that is now allowing him to spread the word about screenings and symptoms. —BY TONYA RUSSELL



T

These days, 59-year-old James Rouse is making the most of his retirement from the military by planning trips to the Caribbean, various East Coast destinations and Japan. The father of two grown children, he also enjoys spending time with his family and socializing with friends and neighbors in his Philadelphia community. One thing no longer consuming all his time and energy? His prostate cancer diagnosis.

James's journey with prostate cancer began in 2022. Unfortunately, in "the typical Marine way, if something wasn't falling off, it wasn't an emergency," he says, adding that he initially ignored his symptoms, like needing to use the bathroom more often. "At one point, I had let the effects of a faulty root canal linger for 15 years. With my prostate, I didn't really feel sick, so I overlooked the hints of trouble."

It wasn't until blood began appearing in his urine and fatigue began to noticeably impact his workout schedule that James finally went to the doctor. Bloodwork revealed a higher-than-normal prostate-specific antigen (PSA) level, which is sometimes an indication of prostate cancer. A later biopsy would confirm the diagnosis. Worst of all, follow-up scans would show the cancer had already spread.

"I was in denial"

Even with the serious diagnosis, James was reluctant to seek treatment.

"I didn't want to slow down my life, and I worried about the side effects," he recalls. "I think there was a bit of denial, or this feeling like there was nothing that could be done so I should just get on with it."

Luckily, James's children and sister refused to allow him to sit idly by waiting for his cancer to get worse.

His urologist joined the chorus, assuring James that he did have options, but he'd have to pursue treatment right away—this was not a wait-and-see situation.

"The treatment worked!"

Still reluctant, James did some research and finally agreed to travel to Lincoln Hospital in Philadelphia for five weeks' worth of chemotherapy,

which had limited success. He would then try a radioligand therapy—a targeted therapy that delivers radiation directly to his cancer cells. The results? His tumors shrank, and today his cancer is considered under control.

"If it weren't for my family and doctor pushing me, I might not have started treatment in a timely fashion," James says, adding that even when he'd agreed, he still needed an additional push. "It was to the point that when I got a call confirming my first appointment at the hospital, my sister grabbed the phone and said, 'He'll be there Monday!' They didn't leave me a choice!"

And despite his fears, James admits that the side effects weren't that bad. "After the first week, I felt sleepy and pretty unwell. But those symptoms didn't last long. And at the end, I got to ring the bell signaling my treatment was over. I used a Hulk arm to ring it, which I gave to my grandson afterward."

But the real reward for James's follow through has been the ability to jump back into his life and enjoy his retirement.

"Ignoring my prostate cancer didn't make it go away—only facing it head-on could do that," he says. "Now that I'm through treatment, I can say it was hard, but worth it to come out the other side healthier and with an optimistic future. That's the real message I want to share—don't put your health last! And don't make excuses for symptoms. Get checked, listen to the doctors and take advantage of the treatments out there so you can be there for your family. They're what matters most!" ●

"Now that I'm through treatment, I can say it was hard but worth it to come out the other side healthier and with an optimistic future," says James, who's back to enjoying hobbies like soapmaking.



Take care of your mental health.

Having a professional to talk to has helped James over the years. "I was a Marine with really bad PTSD, and I finally got smart and got therapy. After 20 years of suffering, that was a game changer. I'm able to feel more like myself, including getting back to laughing, which I've always loved to do. I still attend therapy, and it turned out to be a lifeline for me with my cancer diagnosis. You need help for the emotional side of cancer as well as the physical!"



Identify your support system.

"I don't know where I'd be without my family and friends who pushed me through this diagnosis. Even as a single man, I've found people around me who want to see me do well and that's meant everything. Not only can the people in your life support you, but they give you something to live for on tough days."



Don't delay treatment.

"Don't think about what you want to do, focus on what you need to do. And don't brush it off—this applies to both getting diagnosed and starting treatment. I have no idea how bad it could've been if I'd kept ignoring the signs or delaying getting help, but if a doctor tells you that something is wrong, don't brush it off. It's always better to be safe than sorry."

Photos by Scott Lewis



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.



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.

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

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, or call 1-800-FDA-1088.

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



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What should I tell my doctor before receiving PLUVICTO therapy?

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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, or call 1-800-FDA-1088.

“We’re *beating* prostate cancer—and getting the word out!”

When James and Todd were first diagnosed with prostate cancer, they were both shocked and devastated. Today, they’re in remission, making the most of every day—and ready to share their top tips for managing the condition, all while staying positive and grateful. —BY TONYA RUSSELL

“Be your community’s voice!”

JAMES WADDINGTON
LANSDOWNE, PA

In December of 2019, James Waddington got what he assumed would be the toughest diagnosis of his life: type 2 diabetes. So when follow-up bloodwork results showed his prostate-specific antigen (PSA) was “above the normal level [which is between 1.0 ng/ml and 1.5 ng/ml] and rising”—and a subsequent biopsy proved he had prostate cancer—to say the Lansdowne, PA, resident was dismayed would be an understatement.

“I didn’t have any symptoms, so I never suspected anything was or even could be wrong,” says James, who was only 50 when diagnosed.

Since James needed treatment right at the height of the pandemic, he often felt his cancer journey was a lonely road. Many hospital visits were virtual, and he had to rely

heavily on his wife and two teenage children for support.

Once in remission, he vowed to empower as many Black men as he could by sharing his story. “Prostate health isn’t something often discussed in the Black community, but it should be—it has a greater impact on our community, and a higher mortality rate. Men need to know the signs, and they need to know when and why they should be getting screened.” Now in remission—and an ambassador for the American Cancer Society—James will tell anyone who will listen about thriving despite his diagnosis.

Get multiple opinions.

“I did a lot of research, met with multiple doctors, and even though I live in the Philadelphia area, I decided to

Continued on next page ▶

Photos by Glenn Yearly



go to Memorial Sloan Kettering in New York for treatment. I read that they were one of the best in the country, and I liked the plan they set out for me best. It's important to get second and third and fourth opinions, if necessary."

Stay positive.

Having cancer is hard, but James emphasizes the importance of remaining hopeful. "You're not going to feel great every day, but try to keep in mind that good days will return even if you're feeling bad in the moment. I think that's what helped me through the journey: having faith. Once I realized that cancer was not necessarily a death sentence, I tried to make the best of it and keep looking forward—that keeps you on a path of doing everything you can to beat it."

Help others.

"When I was first diagnosed, I didn't realize that Black men don't like to talk about their prostate health. If I would try to bring up even my own story, I'd get funny looks. But I'd rather talk to someone about their prostate health than talk to their family at their funeral about what could have happened. Reach out—be the next person to give voice to this disease and make it something we're all comfortable discussing."

Stay active.

James is an avid runner and today often joins races to raise money for the American Cancer Society. "Running helps clear my mind and gives me a sense of control over my body and health. If my body is in shape, I know I can fight anything that comes my way." ●



"Don't skip your scans!"

TODD WARE
GLENDDORA, NJ

Todd Ware, 45, was always known among family and friends for his ability to throw a great party. These days, the busy father of three is also known for his ability to start tough conversations—a skill he picked up after receiving his prostate cancer diagnosis two years ago.

At the time, Todd was no stranger to prostate cancer—his father had recently and tragically passed away from it—but he was still shocked it could strike when he was so young. He was lucky, in fact, that he had mentioned his dad's diagnosis to his family doctor. That resulted in him getting his PSA levels tested a bit younger than many men. "I hadn't been having any symptoms. If I hadn't had my numbers checked, I still might not have known, and the cancer could still be growing. Black men don't often rush to the doctors, but the sec-

ond something seems swollen or different down there, they go get it looked at. They need to know that there don't even need to be symptoms for there to be a problem."

Once past the shock and denial, Todd immediately went in for treatment. Today, with his cancer under control, he's made it his mission to keep getting the word out—including to his three young sons—about the importance of being open and honest with your doctor and never skipping an exam. Here are his other top tips.

Get organized.

While Todd was deciding what treatment was best for him, life was still happening around him. His young sons were in sports, and his eldest was in college. That meant he had to save up money ahead of his treatments and prepare his partner and

children for the downtime that he'd need. "I started to set aside money and look at the bills and what needed to be taken care of. I knew I'd be out of work for two months. So I made sure I was financially straight and that we had plans in place for others to help out when we'd need it."

Do your research.

"Treatment isn't one-size-fits-all. What may have been right for your grandfather 15 years ago might not be a fit for you in 2024, so make sure you look into what options are out there today so you know what you're agreeing to and what alternatives you might have."

Find the right healthcare team.

"It's important to find a doctor you trust. I went to more than one before I chose the doctor I used—he was one of the best in the country

and I knew I was in good hands. This is your life—treat it with the importance it deserves!" ●

Health Monitor

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WORKING WITH YOUR FAMILY Since starting my treatment for my prostate cancer diagnosis, I feel my family has started to treat me differently. They do a lot to help, but I feel like they're acting as though I were fragile, or going to die at any moment. How can we work together as a family to adjust to this different chapter in our lives?

Q

A

Answers to questions about prostate cancer

A: Sharing the full details of your treatment with family will help them better understand the situation. Even after full recovery from initial treatment, you may experience side effects, but over time those should subside. With more advanced forms, such as metastatic castration-resistant cancer, you may need more help. Talk with them about the timeline for recovery, or the extra help you need due to intense treatments, so you can all work together during this time.

Doing my part for research

Q: As a Black man with prostate cancer, I've learned a lot of medications aren't designed for Black people, partly because not enough Black

people participate in clinical trials. Am I eligible for a trial—and can my participation really make a difference?

A: Medications may indeed affect people differently depending on their race—some may not work as well, and others may be more effective. Ensuring different racial groups participate in studies is the only way to know for sure. Unfortunately, some Black people may have lingering feelings of “being experimented upon” stemming from the horrific syphilis studies done decades ago; others may mistrust the medical establishment or may have financial barriers that make participation difficult. But ask your physician, “Is there a clinical trial I could par-

ticipate in?” If your doctor or their institution don't offer relevant trials, ask about other possibilities or for a referral to other specialists before your course of treatment is set. Also, go to *clinicaltrials.gov* to see if your particular condition is being studied and where the trials are being conducted.

What is a PSMA scan?

Q: My doctor says I need a “PSMA scan” to determine if I'll be eligible for a new treatment for metastatic prostate cancer. Can you explain what this is?

A: Several types of PSMA scans can identify cancer deposits outside the prostate gland that are too small to be seen by a routine CT or bone scan. A new method involves a combination of a PET scan and a CT scan that uses a substance called a targeted radionuclide to identify cancer cells that have escaped from the prostate gland. The radioactivity of the scan can light up cancer deposits to better inform treatments. Coupled with the scan is a treatment that can be administered to help eliminate cancer cells identified by the PSMA scan. This dual-pronged technique has been one of the major advances in prostate cancer treatments. ●

OUR EXPERT:

Marc B. Garnick, MD, urologic cancer expert 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**.



Yes, you *can* get back your energy!

More than 90% of prostate cancer patients experience at least one side effect during treatment, according to reports in *European Urology Open Science*, and cancer-related fatigue (CRF) is the most common. More than just “feeling tired,” CRF is an overwhelming sense of exhaustion that persists no matter how much you sleep. When you have CRF, things like taking a shower or making the bed can feel like Herculean tasks. And as chores and to-dos pile up, it can dampen your mood and stress you out.

Luckily, you can turn the tables on CRF and get your energy revving again.

—BY SHARON BRANDWEIN, CERTIFIED SLEEP SCIENCE COACH



1. Set yourself up for sleeping success.

If you're not cycling through all the necessary stages of sleep (i.e., light, deep and REM), you'll feel fatigued despite snoozing eight hours a night. To give your body its best shot, try:

- Maintaining a consistent sleep-wake schedule, even on weekends
- Using blackout curtains or a sleep mask to mitigate light disruption
- Using a white noise machine to block out unwanted noise
- Turning the thermostat down at night to keep the bedroom cool
- Turning off your phone, TV and other electronic devices 1-2 hours before bed
- Avoiding caffeine, alcohol and heavy meals in the late afternoon and evening



2. Pace yourself.

It may be tempting to carry on with life as usual, especially if you're having a “good” day, but your brain and body may not always be on the same page during treatment. That means if you overdo it one day, you may pay for that effort for the next three. So make sure to space out energy-sapping chores with frequent rest breaks, and don't be afraid to ask friends and family to help. Keep a chart of tasks you normally take care of—when someone offers to help out, show them the chart and let them choose a task they can take over for you.



3. Speak up.

If CRF persists or worsens, it's important to talk to members of your healthcare team, who might be able to help by altering your treatment plan. Remember, too, that you can always ask for a referral to a palliative care specialist: Not just for “end of life” situations, these clinicians, nurses and social workers specialize in easing side effects so you can be more comfortable at any stage of treatment. They may recommend lifestyle adjustments, add-on therapies, supplements and other strategies that can help you cut CRF and other cancer-related symptoms down to size.



4. Get specialized nutrition help.

Of course you know that eating a balanced diet and staying hydrated are key to helping you maintain your strength, support your immune system and reduce fatigue. But what if treatment-related nausea and stomach upset get in the way? Seek out a dietitian who specializes in oncology—both ZocDoc.com and the Academy of Nutrition and Dietetics (eatright.org) offer the ability to search for dietitians via your ZIP code and sort by specialties.



5. Be strategic about naps.

While it might seem like naps will lessen your ability to sleep well at night, studies show that short naps during the day are beneficial, including for those dealing with CRF. The key is to keep them short—no more than 30 minutes, so you don't enter the deep sleep stage—and try to schedule them for the early afternoon, between 1 and 3 PM.



6. Just do 15.

Minutes, that is. Studies show that's all the activity cancer patients need to boost energy and mood. Better yet, nothing strenuous is required: Gentle activities, such as walking, stretching or yoga will do the trick. And as a bonus, you'll find that, if done regularly, those 15 minutes of activity will help you sleep more soundly at night. ●



Is it CRF?

While garden-variety tiredness lasts anywhere from a few hours to a day or two, cancer-related fatigue (CRF) is distinguished by the following symptoms:

- A lack of energy that leaves you feeling drained and lethargic and lasts for several days or longer
- Feeling tired even after a full night's sleep or rest
- Sleeping more than usual
- Poor focus, trouble concentrating and impaired memory
- Disinterest in your appearance and/or personal hygiene
- A lack of interest or ability to do the things you usually do
- A persistent sense of emotional or mental exhaustion

Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

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.