

Explore  
your treatment  
options

P. 6

Finding support  
after your  
diagnosis

P. 22

# Health Monitor<sup>®</sup>

Living



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“I’m paving  
the way for  
a healthier  
future!”

## Metastatic Prostate Cancer

Don Bryant’s retirement dreams were almost shattered by a metastatic prostate cancer diagnosis. Today, he’s living them out, thanks to an innovative therapy.

Health Monitor Living **Metastatic Prostate Cancer**



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“I’m paving the way for a healthier future!”  
Don Bryant’s retirement dreams were almost shattered by a metastatic prostate cancer diagnosis. Today, he’s living them out, thanks to an innovative therapy.

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**SPECIAL THANKS TO OUR MEDICAL REVIEWER**



**Marc B. Garnick, MD**, Gorman Brothers professor of medicine, Harvard Medical School and Beth Israel Deaconess Medical Center; Editor in chief, Harvard Medical School Report on Prostate Diseases and [harvardprostateknowledge.org](http://harvardprostateknowledge.org).

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RAM25

Cover photo by Kayla/Weeping Willow Photography



# Look forward to *many* happy tomorrows!

**If you’ve been struggling with a metastatic prostate cancer diagnosis—take heart! Today’s effective treatment options can help you feel your best and return your focus on what matters most.**



**Whether you’ve been newly diagnosed or have been living with metastatic prostate cancer for a while**, you already know how challenging it can be to adjust to the physical and psychological realities of diagnosis—not to mention finding the right treatment. Just ask Don Bryant, featured on p. 9. Three years ago, Don was looking forward to spending his retirement relaxing with his wife and getting more involved with a museum dear to his heart when he learned he had prostate cancer. An initial diagnosis indicated the cancer was contained, but a second opinion revealed the cancer had spread (metastasized) to his pelvic bone and spine. Discouragement took over, but Don’s medical team and his participation in a clinical trial of a radioactive targeted infusion treatment turned things around. With the help of this innovative therapy, Don’s tests came back showing no signs of cancer.

Or learn from Ken and Darrell, who share their experiences and insights on living with metastatic prostate cancer on p. 16.

*Continued on next page* ▶



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

Every cancer. Every life.™



**PROSTATE  
CANCER  
FAST FACTS**

299,010

THE ESTIMATED  
NUMBER OF MEN  
DIAGNOSED  
WITH PROSTATE  
CANCER IN 2024

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

Source: National  
Cancer Institute  
and the American  
Cancer Society

Through their challenging journeys with prostate cancer, they found that joining prostate cancer support groups as soon as possible after diagnosis is critical, as is educating yourself about the disease and becoming an active partner with your healthcare providers to advocate for the latest treatments.

If, like Don, Ken and Darrell, 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 the odds are high of finding a treatment that can help keep your cancer in check.

One of the first steps is learning more about your cancer, so read on for the info, tips and inspiration that can help you on the road ahead.

**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 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 noncancerous 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

indicate the type, stage and grade if cancer is present.

**Staging and grading**

Your prostate cancer will be “staged” by your healthcare team and “graded” by the pathologist who analyzed your biopsy.

Staging—determining to what extent cancer has spread in the body—is often done using the TNM system. “T” (for tumor) is ranked from I to IV, as follows:

- I**—The cancer is too small to be seen on a visual scan.
- II**—The cancer is still contained within the prostate.
- III**—The cancer has broken through the prostate capsule or outside lining.
- IV**—The cancer has spread to other organs.

The “N” (for node) indicates whether the cancer has spread to nearby lymph nodes, and the “M” (for metastasis) indicates whether the cancer has spread to other parts of the body. For both measures, 0 means it has not spread, and 1 means 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.

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 grade of the majority of the cancer cells added to the grade of the second most common. (For example, 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 range from 1–5, with a lower group number indicating a less aggressive type of cancer.

**How is it managed?**

Today, there are more options than ever for treating metastatic prostate cancer. To determine which of the many treatment options is best for you, your oncologist will consider 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 that it may be best for your doctors to monitor the cancer with

**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 treatment that uses a radiopharmaceutical to target and destroy prostate cancer cells containing a protein called prostate-specific membrane antigen (PSMA). The treatment is showing 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 PERCENTAGE OF PROSTATE CANCER CASES THAT ARE OR WILL BECOME CASTRATION-RESISTANT

16%

THE PERCENTAGE OF CASTRATION-RESISTANT PATIENTS WHOSE CANCER HASN'T YET METASTASIZED UPON DIAGNOSIS

Sources: National Cancer Institute and the American Cancer Society

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 only the tumor removed, or surgeons may remove your entire prostate and/or surrounding tissue. If your cancer recurs after initial radiation or other therapies like cryotherapy, surgery can be used as a follow-up.

2. RADIATION.

This therapy kills tumors using high-energy 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 doesn't work or if your cancer recurs.

3. HORMONE THERAPY.

Hormone therapy—also called androgen deprivation therapy

(ADT)—can slow or stop the progression of prostate cancer by blocking the production or action of male hormones called androgens (testosterone is a type of androgen) that 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 sometimes used alone if surgery and radiation are not options for you.

4. CHEMOTHERAPY.

This therapy uses medication to kill or slow the growth of cancer cells and may be used after surgery or radiation 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 uses drugs, vaccines or a patient's own genetically engineered white blood cells to work 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. Radiopharmaceutical drugs 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 to trying new treatments. 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:** 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:** a doctor who uses 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):** medical professionals who administer 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 overall healthcare and can help you manage side effects.



# How are you feeling?

These days, cutting-edge treatment options are allowing men with metastatic prostate cancer to live longer than ever. And it's common to switch therapies 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 since you've undergone treatment?  
 Yes  No

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

**3.** Have you or 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, that 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER STORY

# “I’m paving the way for a healthier future!”

Don Bryant’s retirement dreams were almost shattered by a metastatic prostate cancer diagnosis. Today, he’s living them out, thanks to an innovative therapy. —BY DANIELLE TUCKER



**T**hree years ago, Don Bryant was looking forward to the freedom of retirement—spending time with his wife of 40 years, Mallory, and becoming more involved as a founding member of his beloved American Huey History Museum, which is devoted to the history of the helicopters often used during the Vietnam War. Instead, metastatic prostate cancer threatened to ground his plans. Today, thanks to innovative treatment, the 66-year-old Army vet and former helicopter crewman feels great and is living out his dreams.

In March 2022, the South Bend, IN, resident began experiencing irritating urinary issues and back pain. A round of antibiotics to treat what was assumed to be an infection didn't improve Don's symptoms. After a three-month wait, he saw a urologist. Bloodwork revealed Don's prostate-specific antigen (PSA) was elevated, and a prostate biopsy showed a Gleason score—a grading system that evaluates cancer cells (see more on p. 5)—of 7, indicating intermediate-stage prostate cancer. "My urologist said the cancer was fully contained to my prostate, though, and recommended removal surgery," recalls Don.

**"Knowledge is power"**

Don and Mallory decided to seek a second opinion before scheduling surgery, and they are so thankful they did. A visit to the IU Simon Cancer Center in Indianapolis revealed his cancer was not



in fact contained to his prostate. "My doctor said, 'It's not only in your prostate but also in your iliac bone [located in the pelvis] and a few places on your spine.'" Don's cancer had metastasized.

Says Mallory, "Don had all but given up when he received that news. It took him a couple of months to process everything. Then I had to kick his butt so he would fight."

Don's medical team assembled quickly, including oncologist Jenni-

fer M. King, MD. "She has a halo and big wings," he gushes. Dr. King took Don's case before the tumor board—a team of doctors and healthcare specialists who review complex cancer cases and recommend optimal treatment plans—to determine the best course of action. After weighing the pros and cons of different therapies, Dr. King recommended an innovative radioactive targeted infusion treatment offered as part of a clinical trial. As Don and Mal-

lory were discussing what to do, Mallory asked the opinion of an oncology nurse she knows, who responded, "If you can get in, go for it!"

While it's rare not to go for radiation therapy or androgen deprivation therapy (ADT) first, Don applied and was accepted into the study and began receiving infusions that summer. He made the 190-mile trek to Indianapolis every week for nine months. There were strict rules to avoid close contact

with others for several days after an infusion. "I stayed in the barn," jokes Don.

His sacrifices paid off. Don's PSA levels began to drop; today, they are undetectable. "I've had no meaningful side effects—a little tiredness, but that's manageable. I went into this treatment unsure if it would work, but decided if it didn't help me, at least maybe my participation would help others down the road. This turnaround has been amazing!"

*Continued on p. 15* ▶

**"I went into this treatment unsure if it would work, but decided if it didn't help me, at least maybe my participation would help others down the road. This turnaround has been amazing!"** says Don.

For PSMA+ mCRPC previously treated with hormone therapy and chemotherapy,

ASK ABOUT

# PLUVICTO

## A chance for more everyday VICTORIES.

### Live longer with PLUVICTO.

That means **more time** for the people and things important to you.

PLUVICTO plus standard therapy  
(551 men evaluated)

15  
MONTHS

Standard therapy alone  
(280 men evaluated)

11  
MONTHS

The VISION trial measured OS. Median OS is the length of time half of the men in the study were still alive. Results have been rounded. Men treated with PLUVICTO plus standard therapy lived a median of 15.3 months vs 11.3 months with standard therapy alone.

It also measured **ORR**, which measures the impact of PLUVICTO on tumors. **30%** of men saw their tumors shrink or disappear compared to **2%** with standard therapy alone. ORR includes Complete Response (CR) and Partial Response (PR).

- CR: 6% with PLUVICTO + standard therapy vs 0% with standard therapy
- PR: 24% with PLUVICTO + standard therapy vs 2% with standard therapy

In the trial, 831 men with PSMA+ prostate cancer that spread outside their prostate were evaluated. PLUVICTO was given once every 6 weeks in up to 6 doses to one of two groups evaluated.

mCRPC, metastatic castration-resistant prostate cancer; ORR, overall response rate; OS, overall survival; PSMA+, prostate-specific membrane antigen positive. \*Standard therapy was chosen by a doctor from among existing approved treatments and did not include chemotherapy, immunotherapy, systemic isotopes like radium-223 (<sup>223</sup>Ra), or drugs still being studied.

Talk to your  
doctor



Scan to see the  
discussion guide.

Actor portrayal.

#### 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.

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.

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

#### 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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

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

NOVARTIS

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 **PLUVICTO**<sup>®</sup>  
lutetium Lu 177 vipivotide tetraxetan  
INJECTION FOR INTRAVENOUS USE

## Summary of Important Information

### 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

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

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- **Low level of blood cell counts.** Tell your doctor right away if you develop any new or worsening symptoms, including:
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  - 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

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- 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 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.

## “I’m blessed”

The Bryants also credit prayers and faith in Don’s turnaround. “The timing and the way things fell into place with me being able to receive this new treatment were divine intervention.” recalls Don. Mallory adds, “Knowledge is power. We’re so thankful for his medical team and to have found this treatment right out of the gate.”

Today, Don goes for bloodwork every three months and bone and CT scans every four months. “The frequent scan requirement might seem cumbersome, but it really means we can stay on top of things in case they change, which is reassuring,” Don adds. Don and Mallory can now visit their three adult children and eight grandchildren regularly. “My family has been a huge support through all of this.”

Another family member, Don’s 1½-year-old German shepherd puppy, Paco, has also provided comfort during treatment. “I’m a dog person. My previous German shepherd passed away right before my diagnosis. I missed him terribly,” he says. Paco helps fill the void. “He’s a good dog.”

As Don’s infusion treatments become a distant memory, he’s returning to the groove of retirement. “I’m trying to convince Mallory to give up her job so we can enjoy more time together.”

One of Don’s callings is preserving the memory of his veteran brothers who sacrificed their lives for their country. Now, he can add another mission and brotherhood to his calling: “I hope I’m paving the way for other men to have prostate cancer treatment as easy and effective as I have.” ●

Photos by Kayla/Weeping Willow Photography



# Is a clinical trial right for you?

When you receive a metastatic prostate cancer diagnosis, it’s normal to feel overwhelmed and unsure about the next steps. If, like Don, you are offered the opportunity to apply to a clinical trial study, here are some things to consider:

## 1. What is the purpose?

Clinical trials are designed to test new treatments or standards of care that have the potential to help others in the future. Ensure that you understand the trial’s goals and how they align with your needs.

## 2. What are the benefits?

Clinical trials often offer cutting-edge therapies before they become widely available to the public. This can be a significant benefit if other treatments have failed.

## 3. What are the potential risks or side effects?

New therapies can carry risks and unknowns. Discuss these with your doctors and devise a game plan to manage side effects if they occur.

## 4. What are the eligibility requirements?

Each clinical trial has specific inclusion requirements, usually related to the stage of cancer, past treatments, age and a patient’s overall health. Talk to your oncologist to determine the likelihood of being accepted.

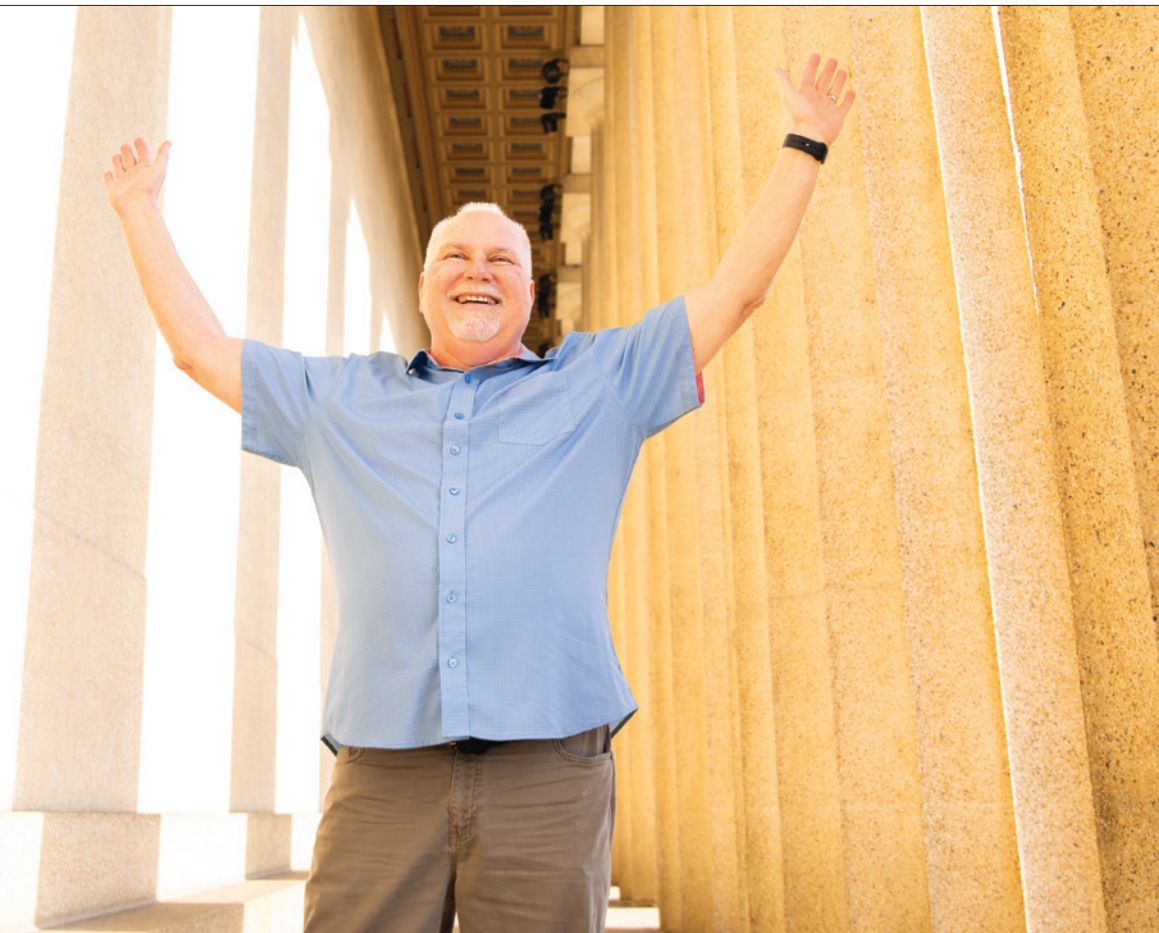
## 5. What are other patients saying?

Hearing from others who are experiencing the same treatment can be educational and reassuring. Look for treatment-specific patient support groups on Facebook or on the trial’s website to hear others’ real-world experiences with the therapy being tested in the study.



# “Prostate cancer has not stopped us from *living!*”

From learning about the latest treatment options to connecting with other survivors, Ken and Darrell share the game-changing strategies that have been helping them on their health journeys. —BY AMY CAPETTA



“You should know enough about the disease to have a knowledgeable discussion with your physicians,” recommends Ken.

**Talk it through.** Ken—whose PSA level is undetectable again—jokes that his wife has always referred to him as a Pollyanna because of his optimistic outlook. Yet between the diagnosis and treatment plans, there were days he could feel depressive thoughts taking over. “Even though I was in denial and fought the idea, my wife had me contact my PCP and he prescribed a mild dose of antidepressant,” he continues. “I also took advantage of my employer’s EAP [Employee Assistance Program] and started seeing a counselor. And I cannot begin to explain how much these sessions have helped in dealing with all the changes that metastatic cancer brings into my life.” Another strategy that has helped Ken cope with mental health challenges has been joining the PC Tribe Men’s Prostate Cancer Support Group with the not-for-profit Mohawk Mission (which can be found at [MohawkMission.com](http://MohawkMission.com)). “It’s a men’s-only group dedicated to supporting each other and sharing our journeys.” Thanks to these gentlemen, Ken was introduced to Man Up To Cancer ([ManUpToCancer.org](http://ManUpToCancer.org)), a support community for men impacted by cancer. “Nothing helps like talking with other men who are also living with prostate cancer.”

*Continued on next page ►*

“Talk to other men!”

KEN MCGHEE  
BIG ROCK, TN

**Research—but also relax.** Back in 2020, Ken’s PSA (prostate-specific antigen, a protein produced by the prostate whose levels can sometimes indicate prostate cancer) level reached 4.5 ng/mL—just a bit higher than what’s considered normal for a man in his late 50s, like Ken was. So he decided to step away from his provider (a clinic-based nurse practitioner) and consult with a primary care physician affiliated with a hospital. By September 2021, his PSA level had risen to 45 ng/mL, prompting a biopsy that showed Ken had prostate cancer. “Subsequent scans, including a PSMA [prostate-specific membrane antigen] scan, showed metastatic cancer with two spots on the sacrum [a bone located at the base of the spine] and multiple affected lymph nodes,” he adds.

Ken suggests educating yourself on metastatic prostate cancer as well as the multiple treatment options. “You don’t have to be an expert—that’s the doctor’s job,” he continues. “However, you should know enough about the disease to have a knowledgeable discussion with your physicians.” Also, do not hesitate to seek a second opinion. “The two oncologists I met with agreed on the same treatment plan, which made me feel extremely comfortable.” Furthermore, understand that patience is necessary. “When I was first diagnosed, I wanted to do something immediately, yet it seems like the next step is always two weeks away—two weeks to get the results of a biopsy, two weeks to schedule scans, two weeks until the next appointment. So try your best to stay calm.”

Photo by Krista Lee

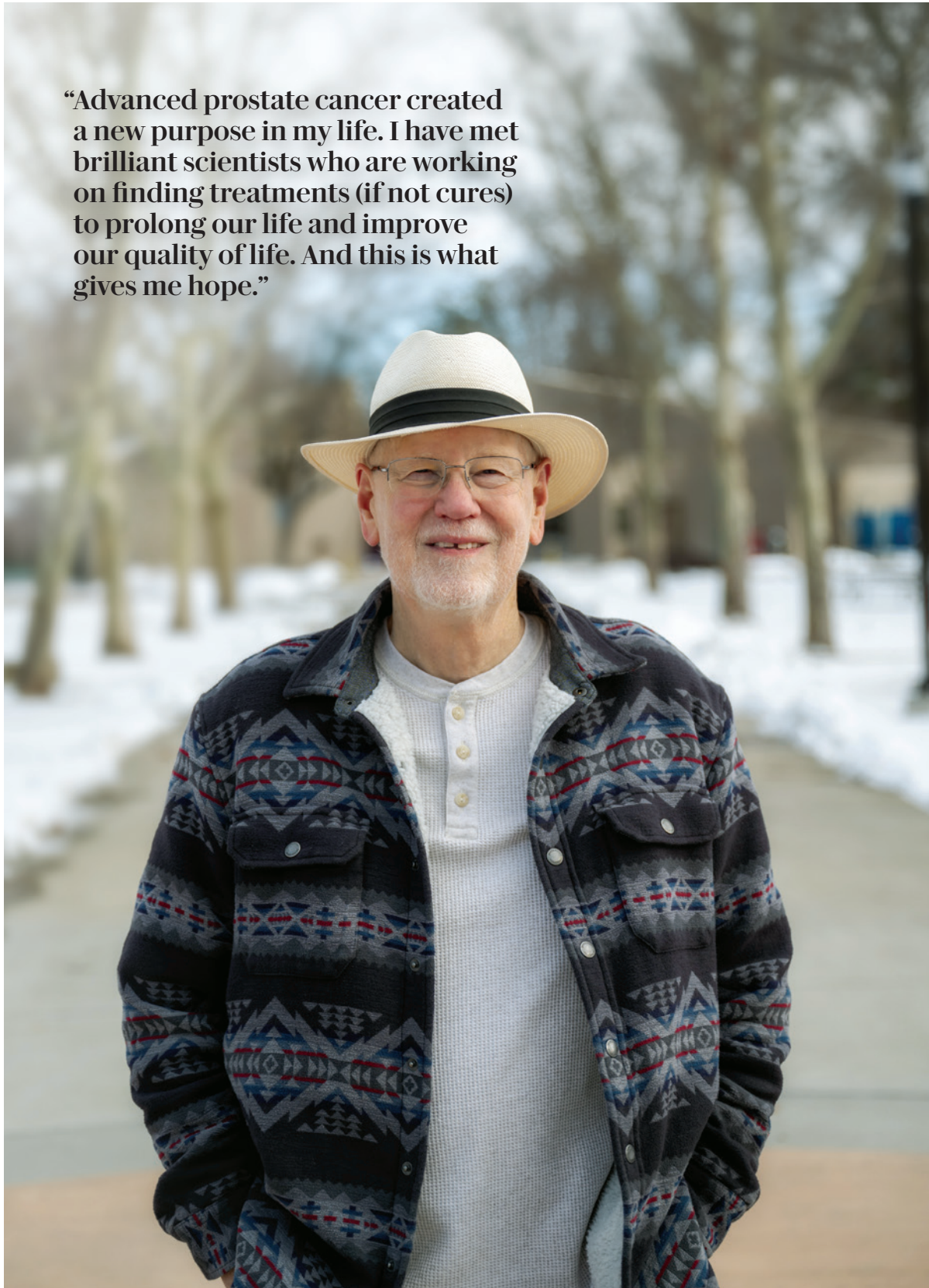
**Exercise regularly.** Ken’s initial treatment plan included androgen deprivation therapy (ADT), which can cause weight gain, muscle loss and fatigue. “Doing physical exercise, including adding strength training to your cardio routine, can be one of most important things to do to help lessen the side effects of ADT,” says Ken. In fact, according to research in *Prostate Cancer and Prostatic Diseases*, exercise (either at the onset or after six months of ADT) may preserve and even enhance muscle strength and physical function. (Consult with your doctor before starting any new exercise program.)

**Have faith.** Following treatment, Ken’s PSA plummeted to undetectable levels until December 2023 when the number

started to climb again. The results from another PSMA scan revealed a spot on his rib, which led to five rounds of stereotactic body radiotherapy (SBRT) and a new prescription tablet. With all the ups and downs, turning to his belief in a higher power and leaning on his religious community have been a source of strength for Ken. “I have many people supporting me, checking in on me and praying with me,” he says. “During the difficult times when I was either feeling scared, anxious, nervous, uncertain or discouraged, somebody was there to lift me up.” Ken adds that learning how to meditate, along with practicing deep breathing exercises, can lessen his anxiety levels while enhancing his spiritual connection. “Both techniques help me concentrate during prayer time.”



“Advanced prostate cancer created a new purpose in my life. I have met brilliant scientists who are working on finding treatments (if not cures) to prolong our life and improve our quality of life. And this is what gives me hope.”



## “Advocate for yourself!”

DARRELL WILSON  
BOISE, ID

**Join a support group ASAP.** After being diagnosed with moderately aggressive prostate cancer in 2009, Darrell underwent radiation and androgen deprivation therapy (ADT). He then experienced a biochemical recurrence (a rise in PSA levels in prostate cancer patients after treatment with surgery or radiation) and was prescribed brachytherapy, a type of internal radiation—yet it didn’t work. “I was angry because I did everything I was told to do,” he says. “I needed help, and that’s when I found a support group.” Darrell strongly advises other men to learn from his mistake and instead connect with fellow survivors at the beginning of their journey. “The people who will be the most honest with you are the ones who have been there,” he emphasizes. “Doctors do not have a lot of time to spend going over the different treatment options, and some physicians tend to minimize the side effects. Yet you can learn about all the treatments that are available and their pros and cons from men in a prostate cancer support group. Then, if there comes a point when you’ve learned everything you want to learn, you can either stop going or keep going to sup-

port the next guy, which is what I do.” These days, Darrell is a support group leader with ZERO Prostate Cancer ([zerocancer.org](http://zerocancer.org)). He adds that other trustworthy organizations that offer support groups include the Prostate Cancer Research Institute and the Prostate Cancer Foundation.

**Stand up for yourself.** Along with partnering with a medical team (including a primary care physician, urologist and oncologist) who fits with your personality, it’s essential to be an active participant in your care. “I had to change doctors several times because they didn’t match what I wanted or needed to do,” explains Darrell, who had to “push” a urologist to schedule a biopsy and remind an oncologist to read about a new drug that appeared to have a better cardiovascular profile. “I like a progressive doctor who keeps up with the science.” After one physician wanted to delay prescribing a new treatment for prostate cancer, Darrell met with another specialist for a second opinion. “As it turned out, she was one of the first people who reviewed the clinical trial and said it was the right time to start this drug—and it worked well for several years. Do your own research. Many sites are geared to a lay audience, so people like us can get the information we need to talk to our doctors.”

**Document your journey.** Darrell recommends keeping a detailed health journal that includes symptoms, prescriptions, side effects and questions for your medical team—which became a useful tool when he was later diagnosed with stage IV prostate cancer. “It’s also important to take notes when you are with your healthcare providers,” says the husband, father, grandfather and veteran who attends appointments with his wife. The couple makes it a point to review their notes before

driving home. “It’s amazing how many times we will hear something different. If necessary, send the doctor a follow-up email and ask them to go over the information again.”

**Get involved.** It’s been nearly 16 years since Darrell began on this journey and he credits ongoing research for keeping him alive. He anticipates starting on a new treatment plan—a type of targeted therapy that delivers radiation treatment directly to prostate-specific membrane antigen positive (PSMA+) metastatic castration-resistant prostate cancer. And he refuses to sit still: Along with working with legislators in Washington, DC, to advance research on behalf of ZERO Prostate Cancer, Darrell also reviews research grants for a prostate cancer research program within the Congressionally Directed Medical Research Programs, which is part of the Department of Defense. “Advanced prostate cancer created a new purpose in my life. I have met brilliant scientists who are working on finding treatments (if not cures) to prolong our life and improve our quality of life. And this is what gives me hope.” ●

### Health Monitor

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**HELP! I'M TOO TIRED TO EXERCISE** Since my prostate cancer diagnosis, I decided it was time to turn my life around. I started eating healthy, stopped smoking and have limited alcohol to one drink a week, if that. But because of my fatigue I still find it hard to exercise, even though I really want to. Where can I start?

Q

A

*Expert insight on making the decisions that feel right*

**A:** Fatigue is a common side effect of many prostate cancer therapies—including radiation, hormonal therapy, chemotherapy and, depending on the extent of the disease, the cancer itself. You may want to find a physical trainer who has expertise in working with cancer patients. Whatever path you take, remember to start slowly—you don't need to participate in intense exercise to get the benefits of increased movement. Studies have shown just walking for a few minutes a day can have measurable benefits, as can gentle practices like yoga, Pilates and water aerobics. A trainer can also help you add in some light weight training, which can be especially beneficial, as

muscle loss is common in people with prostate cancer. If a trainer is not an option, consider joining a prostate cancer support group; many can help you implement a suitable exercise program. If fatigue persists, ask your doctor to ensure you don't have other underlying health concerns, such as an underactive thyroid or issues with your heart or lungs.

**WHEN SURGERY IS NOT AN OPTION**

**Q:** *I was diagnosed with a lesser stage prostate cancer, but follow-up scans showed that in fact the cancer has already spread. At first, I thought I'd be having surgery, but now my doctor says that is not recommended. What can I do?*

**A:** While surgery may no longer be the path for you, you are still a likely candidate for many other treatments. Options may include hormonal medications such as androgen receptor signaling inhibitors (which prevent the progression of tumor cells), chemotherapy, targeted therapy and radiopharmaceuticals.

To determine your best course of treatment, your healthcare team will consider several factors, including where your cancer has spread, molecular and genetic analysis of your cancer cells and your overall health and treatment goals. The important thing to keep in mind is that you still have options! ●

**OUR EXPERT:**

**Marc B. Garnick, MD,** Gorman Brothers professor of medicine, Harvard Medical School and Beth Israel Deaconess Medical Center; Editor in chief, Harvard Medical School Report on Prostate Diseases and [harvard-prostateknowledge.org](http://harvard-prostateknowledge.org).



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

Call the American Cancer Society at **1-800-227-2345** or visit **[cancer.org](http://cancer.org)**.



# Open up about your diagnosis—and ask for support!

Whether coming to terms with a prostate cancer diagnosis or facing a switch to your treatment plan, it's a lot to take on—and research shows you shouldn't go it alone. In fact, a study in *Frontiers in Psychology* found that having a support system not only improves your outlook but also leads to better treatment results. Here, top tips on how to start the conversation with friends and family from expert Valeria Lindenfeld, PsyD, LMFT, at Chriqui Compassionate Couples Therapy in Miami, FL, who counsels families facing cancer diagnoses. —BY SARA ROTONDI



**Before you start a conversation with family and friends...** write down your thoughts. “In order to communicate your feelings to others, it’s essential that you find your own clarity first—both about your diagnosis and your immediate needs,” says Lindenfeld. One way you can achieve this? Journaling. First, write down just the facts—your exact diagnosis, the stage, what your doctors recommend for treatment, your prognosis, anything you think is important. Then, after each item, express how that information makes you feel. “Putting the thoughts on paper can get you to process your emotions and reflect on what the diagnosis means personally before you share it,” Lindenfeld adds.

**Get the discussion going...** with key phrases. These starting points are some of Lindenfeld’s go-tos for people who may have difficulty discussing sensitive news. Write them down and bring them with you when you do decide to tell friends and family—if you begin to feel stumped or unable to express yourself, a written list can help keep you focused.

- *“I feel uncertain, but I want us to face this as a team.”* This can be a good phrase to use if you’re still feeling unsure about your diagnosis, or if you’re asking for help with certain tasks or chores while you manage your treatment schedule.
- *“I’m scared because....”* If you’re looking for emotional support, this phrase displays vulnerability that may allow loved ones to open up about their true feelings as well.
- *“It’s okay not to have the perfect response. I just want to us to be open and honest with each other.”* If your main goal is to reassure others and

let them know you’re doing okay and simply want to work together on a plan for the future, sharing this thought can help.

**Prepare for feedback...** by allowing questions. Everyone processes difficult news in different ways, so you might be met with sadness, anger or even denial from your family members or friends when trying to open up a conversation—but that doesn’t mean they don’t care, Lindenfeld notes. Approaching the conversation knowing reactions can vary is helpful—as can responding to highly emotional responses by expressing empathy and by answering their questions as best you can. You probably won’t know the answer to every question, so this is an opportunity to research any open questions together to learn more about your condition and the best ways to manage it.

**Figure out your next steps...** with regular check-ins. Once you’ve had the conversation about your diagnosis and treatment, you can start to plan. But first, discuss with family and friends the time and capacity they’ll have to take on certain chores or handle at-home care. Using a shared calendar—whether paper or virtual—to keep track of upcoming appointments and tasks can keep your support team working collaboratively. “From there, you can also schedule regular check-ins to discuss how everyone is coping, which ensures the routine stays flexible and supportive,” says Lindenfeld. “If someone is finding one task too much, that check-in will be a great time to let someone else take the reins. And this way it’s an evolving process, much like how treatment typically is.” ●



## THESE RESOURCES CAN HELP!

Reach out for support beyond your inner circle with the following options:

- **In-person support groups.** For yourself and/or family members, these groups can be a great opportunity to get firsthand feedback from others living with prostate cancer. Check your local community center, cancer center or hospital for nearby groups to join.
- **Social media.** Virtual support groups can be helpful if you need answers after hours, or if you’re not located near in-person groups. Search Facebook or visit Zero Prostate Cancer ([zerocancer.org](http://zerocancer.org)) or the Prostate Cancer Foundation ([pcf.org](http://pcf.org)) for options.
- **Counseling.** Whether family, individual or couple’s therapy, counseling can provide professional insight on ways to handle this life transition. Find a counselor who specializes in treating cancer patients on the “Find a Therapist” tab at *Psychology Today* ([psychologytoday.org](http://psychologytoday.org)) and at Cancer Care ([cancercare.org](http://cancercare.org)).

# 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 reduce 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.