

Learn about  
the latest  
treatment  
options

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Take control  
of side effects

P. 22

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Living



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“I’m  
back to  
calling  
the shots!”

## Metastatic Prostate Cancer

When his prostate cancer metastasized, Guiseppe Cage fought back by getting a second opinion—and agreeing to the lifesaving treatment that put him back in charge



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## SPECIAL THANKS TO OUR MEDICAL REVIEWER



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

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PES23

Cover photo by Maura McConnell



THE BASICS



# Get back to feeling *your* best!

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

**P**

**hil W. is looking to be a force for change** when it comes to Black men and prostate cancer.

He and his family are no strangers to the disease—he had two uncles with prostate cancer, and his grandfather died from it when Phil was just six years old. What’s more, his sister was diagnosed with breast cancer five years ago.

So when Phil turned 50, he already knew he needed to get screened and scheduled both a colonoscopy and a general physical for the month after his birthday.

“Happy birthday to me,” the now-retired postal worker laughs. As part of his physical, Phil requested his doctor screen for his prostate-specific antigen (PSA) levels—a protein produced by the prostate that can be used to look for the presence of cancer.

“I’m glad I knew to request that in my bloodwork, because it turned out my levels were high.”

Because cancer isn’t the only reason for high PSA levels, Phil saw a urologist for further testing. Unfortunately, follow-up scans determined that Phil not only had prostate cancer, but it was an aggressive type and had already spread.

“Getting hit with a stage IV cancer diagnosis when you’re 50 and just getting ready to enjoy the second half of your life is gut-wrenching,” admits Phil, who had not experienced any symptoms. “But I didn’t have time to wallow in grief; I needed to start planning how I was going to fight it.”

Phil was referred to an oncologist who started treatment with an androgen deprivation therapy, which would deprive the cancer cells of the hormones it was using to grow and spread. When that didn’t have the impact his doctors were hoping for, Phil tried chemotherapy, also with limited success. ▶



SPECIAL THANKS TO:  
The American Cancer Society  
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### 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*

“Luckily, my oncologist was great and never let me lose hope. When the chemo wasn’t performing to standards, he told me about another treatment called a radiopharmaceutical, which combines a radioactive drug with a molecule that targets specific proteins found on prostate cancer cells. It then delivers the drug directly to the cells, destroying them.”

Happily, the new drug started working right away and so far, Phil’s scans have been making both his doctor and Phil very happy.

To help improve screening and treatment recommendations for men like him, Phil’s oncologist also recommended he take part in a clinical trial that’s looking to improve cancer outcomes for people of color.

“I’m thrilled my current treatment is working and allowing me to settle into an early but active and rewarding retirement, but I know my story is the same for too many men of color, which is why I’m taking part in research that will hopefully change that. I’m not thankful I got cancer, but I am thankful for the purpose it’s given my life, and for the medicine that’s granting me the time to do that.”

If, like Phil, 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 spread (metastasized)—and there are even more still in clinical trial phase! That means you have every reason to believe you can get your cancer under control and get back to living your life.

One of the first steps is learning more about your cancer, so read on for the info, tips and inspiration you need to take control of your cancer.

### 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 prostate cancer 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 health-care screenings and increased exposure to toxic chemicals.

Other risk factors cut across all races, including age (most cases

occur in men 65 and older), family history (i.e., having a close relative with prostate, pancreatic, colon and even breast or ovarian cancer), the presence of a gene linked to prostate cancer, tobacco use and overweight or 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 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

### 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. In fact, researchers are currently 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 screen-

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

### Staging and grading

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

Staging is often done using the TNM system. The “T,” which

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

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

Grading is indicated via a Gleason score. The lower the score,

## New option for metastatic castration-resistant prostate cancer

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



**PROSTATE  
CANCER 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

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

**How is it managed?**

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



erwise, 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 remained. Chemotherapy may also be recommended to help shrink or destroy tumors if your cancer has metastasized.

**5. IMMUNOTHERAPY.**

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

**6. TARGETED THERAPY/  
RADIOPHARMACEUTICALS.**

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

**Looking ahead  
with hope**

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



# Your cancer care team

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

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

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

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

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

as chemotherapy, immunotherapy or targeted therapy.

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

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

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

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

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

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

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

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

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

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

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

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





## Get the most from *your* treatment

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

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

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

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

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

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

*underwent more than one treatment after diagnosis.)*

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

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

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

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

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

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

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

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

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

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

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

COVER STORY

# “I’M BACK TO CALLING THE SHOTS—AND DOING WHAT I LOVE”

When his prostate cancer metastasized, Guiseppe Cage fought back by seeking a second opinion that led to a lifesaving treatment. Thanks to a targeted therapy that went after his cancer with radiation, he's loving retired life with wife Tonya by his side and pooches Jade and Bailey in tow.

—BY TONYA RUSSELL

CONTINUED ON NEXT PAGE





**Guiseppe Cage is the definition of a “dog dad.”** Now that he’s retired from his career in banking, the New Jersey resident spends his days with pooches Jade and Bailey glued to his side. Whether tending to his tomato garden, out on his boat or cycling, they’re always in tow—in fact, they cozy up in an attached trailer when Guiseppe goes on his long bike rides. He also enjoys trying new foods and wines with his wife of one year, Tonya. And he takes none of it for granted since being diagnosed with prostate cancer.

### “The last thing I wanted to do was get a checkup”

Guiseppe had a habit of prioritizing just about everything above his health—work, play, relationships, you name it—and marching on despite the occasional ache and pain. Whether it was the result of his militant father’s influence or his own time in the Marines, he isn’t sure, but what he does know is that plenty of annual physicals and follow-up appointments fell through the cracks.

By the time he finally made it to a physical at age 41, his doctor recom-

mended he immediately get a PSA screening—a blood test that measures the amount of prostate-specific antigen in the blood. High levels of PSA may indicate the presence of prostate cancer. Guiseppe was on the younger side and had no symptoms, so why the urgency? For one thing, two first degree relatives, his father and brother, had both battled advanced prostate cancer. For another, Black men like Guiseppe are at greater risk for getting prostate cancer and dying from the disease than White men.

Unfortunately, the screening didn’t come soon enough, and Guiseppe found out he, too, had prostate cancer.

Although Guiseppe didn’t despair at the news—“I was hopeful because my brother and father had both fared well”—at first, he kept it to himself, refusing to tell his family or friends. A bank manager at the time, Guiseppe also kept his employees in the dark, sticking to his work routine as long as he could: arriving practically at the crack of dawn—“I’d send text messages to my loan officers at 6:30 every morning with pictures of me doing pushups in the parking lot”—and leaving around 8 PM every night, true to his “always closing” mentality.

**“I’m channeling my time and energy into what matters now—my friends, my family and me!”**



### “I felt powerless over my cancer”

Asymptomatic when he was diagnosed, at first Guiseppe didn’t feel like “a guy with cancer.” But then the chemo treatments his doctors recommended threw him for a loop, leaving him weak, depleted and feeling powerless for one of the first times in his life. “After going through two rounds of chemo, I ran into my friend Stan who pointed out how terrible my skin looked.” Then came the bad news—instead of responding to the treatments, his cancer had metastasized. When Stan recommended Guiseppe head to Jefferson University Hospital in Philadelphia for a second opinion on treatment options, he agreed it was a smart move.

### “A targeted therapy/radiation combo made all the difference”

The new oncology team at Jefferson suggested hormonal therapy, but when Guiseppe didn’t respond, he switched to a treatment involving a targeted therapy that would pinpoint his cancer cells and take aim at them with potent radiation.

The strategy turned out to be so effective that it put Guiseppe into remission and gave him back control over his days. Of course now that he’s retired, he’s no longer doing push-ups in the bank parking lot. Instead, he’s channeling his energy into workouts in the comfort of his own home, tackling DIY projects, cooking for Tonya, and rehabbing investment properties. And after all he’s been through, you can bet on one thing: He’ll never skip a checkup for a day of golf with his friends again! ●

Photos by Maura McConnell

## YOU CAN MAKE IT THROUGH, TOO!

Here, Guiseppe shares the strategies that helped him beat metastatic prostate cancer.

### Take it slow.

As hard as it was for him to adjust his routine, Guiseppe needed to give himself time to process his diagnoses and treatment options. “I would say slow down and give yourself a few days to feel the feelings.” Allowing yourself to grieve, rage, or whatever you need may be helpful for processing what’s to come.

### Maintain a wellness routine.

“I’ve been a vegetarian for most of my life, and I think that eating a nutritious diet during that time helped me to feel better overall,” says Guiseppe, who also stuck to his exercise routine throughout. While the jury is still out on the benefits of a healthy lifestyle on prostate cancer itself, it can certainly boost mood, reduce anxiety and fatigue and help maintain muscle strength and endurance. Some studies even suggest that men with prostate cancer who exercise live longer.

### Get in some green time.

“Being busy was helpful while I was undergoing treatment, and I spent a lot of time working in my yard.” Even if gardening isn’t your thing, take your dog for a walk, go to a nature preserve or feel the grass under your feet: Being in nature has been proven to have a calming effect—and since studies show higher levels of stress and anxiety among men with prostate cancer, that’s significant.

### Ask for help.

“At first, I didn’t want to bother anyone, but looking back, I should’ve involved my family earlier,” says Guiseppe. But it didn’t take long before he realized that sharing the news of his diagnosis with his family, friends and employees would help him navigate the many tests and treatments ahead. ●





Not actual patient.

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

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

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

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

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

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



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

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

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

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

## IMPORTANT SAFETY INFORMATION

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

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

## About the clinical trial

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

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

## IMPORTANT SAFETY INFORMATION

(continued)

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

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

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

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

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

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

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

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

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

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

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

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



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## Summary of Important Information

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- Abdominal pain

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

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

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

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

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

### How will I receive PLUVICTO?

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

### After administration of PLUVICTO, you should:

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

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

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

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



# “PROSTATE CANCER TAUGHT US WHAT STRENGTH, BEAUTY, INSPIRATION & RESILIENCE REALLY ARE!”



From improving one's diet to finding emotional release in creative pursuits, Bin and Eric share the health and wellness strategies that have helped them thrive while living with prostate cancer. Ask your healthcare team if any of their tips might help you.  
—BY ERIC MESSINGER

**“Share your feelings!”**

BIN MCLAURIN, 55  
SCOTTSDALE, AZ

### Embrace change as an opportunity.

Many cancer patients find themselves needing to make big changes in their professional or personal lives as they go through treatment and recovery. Yet what may seem like a setback can actually turn out to be an opportunity. That's what happened to Bin: After getting a prostatectomy in 2014, he wanted a job that was less physically demanding. Through some “beautiful happenstance,” he ended up becoming a program coordinator in a Survivorship, Wellness and Resilience center in Los Angeles. “To help other survivors was very empowering,” Bin says. “It motivated me throughout my own recovery experience. And as I saw the light at the end of the tunnel, I wanted that experience for them. I wanted to be an example to them.” He still is!

In addition to his present job as a patient care coordinator in Scottsdale, AZ, Bin is a tireless advocate for prostate cancer awareness and the organizer of two monthly breakfast clubs for men with cancer. Indeed, one of his first pieces of advice to new prostate cancer patients is to speak with their oncology social worker about getting a list of survivor resources (like support groups) in the hospital and in their community.

### Tap into your spiritual side.

Although Bin doesn't consider himself a religious person, he says that once he tapped the core religious tenets he grew up with—God, love and community—he felt much calmer and capable of dealing with the disease. He elaborates: “I felt like I would be okay. And it wasn't necessarily about surviving;

it was really just a feeling that whatever happened, I would be okay.”

### Tune in to your creativity.

In the course of his radiation and hormone treatments, when the side effects landed him in “a very dark place,” Bin found emotional release in music therapy, plant therapy and especially art therapy. It caught his attention because going to museums had always been one of his favorite activities, but he wasn't really sure he was going to be comfortable with activities like drawing “something that conveys your most difficult day—and then talking about it.” And then, when he discovered that he was the only guy in the class, he wasn't even sure if he'd fit in. “But those women showed me what strength and beauty and resilience really are,” says Bin. “They were so open with sharing their experienc-

es. I learned how empowering it was to do that. It really helped me. You walk around with all that angst and anxiety in your head, but then you get it out. I found that with each lesson, I started feeling better and better.”

### Go ahead—talk about it!

“To say the least, you're not going to feel like your most sexy self during the treatment and recovery process,” says Bin. “Some men have incontinence issues and some do have erectile dysfunction—and they don't always want to talk about it, not even with their partners.” But the good news, as Bin emphasizes, is that nowadays there are a host of treatments to ease or cure problems with both sexual performance and incontinence. So talk about these side effects with your doctor just as you talked with them about the cancer itself. ▶

Photo by Lens of Her





## “Find ways to move forward!”

ERIC WEAVER, 67  
BROOKLYN, NY

### Get the negative out.

In spring 2020, Eric had no choice but to put off radiation treatment for his prostate cancer because of COVID-19-related restrictions on patient care. “I was thinking about my family history—my mother died from breast cancer—and I was eager to begin the radiation,” he says. “But I felt like dwelling on the delay was only going to make me feel sicker.” Instead, Eric focused on the positives: that he had confidence in his healthcare team; that he was generally healthy; and that he had a lot to live for, including a loving relationship and a thriving second career

as a basketball referee. Eric’s motto? “Get the negative out, and move on to the positive!”

### Go on the attack.

“When you hear the word cancer, I don’t care who you are—at first you’re going to think of the worst possible scenario.” Eric certainly did. But it was not long after that he resolved to do everything he could “to go on the attack.” For Eric, this has meant being fully committed to staying active and fit. Not only does he still referee basketball games, but with the help of Medicare’s Silver Sneakers program (visit [silversneakers.com](https://www.silversneakers.com) to learn more), he belongs to three gyms and works out a minimum of four times a week, with a routine that typically includes the treadmill, free weights and the boxing bag. “I want to keep moving until I can’t move anymore,” says Eric.

### Eat—and drink—the right stuff.

“I had a pretty clean diet to begin with, but after the diagnosis I basically cleaned it up even more,” Eric explains. Red meat is out. Vegan meals are up. In a gesture of love and support, Eric’s long-time partner adjusted her diet to be completely in line with his soon after he got his diagno-



sis, which made it even easier. And, most important to him, Eric drinks a minimum of a half-gallon of water a day. Discuss your nutrition and hydration needs with your oncologist. In fact, it’s extra-important to drink lots of liquids when you’re on certain treatments, such as radiopharmaceuticals.

### Bond with other patients.

When Eric put up a post on social media about having prostate cancer, he immediately heard back from two acquaintances who were prostate cancer survivors. “Even though I had confidence in my doctor, I felt like I had a better understanding of the illness—what it was like to live with cancer—after talking to other guys,” he says. It made him feel like the illness was going to be “manageable” and that he could see “a positive end-line.”

### Ask questions.

Eric found that his clinic’s digital patient portal (My Chart) was an effective tool for getting his questions answered quickly. But he also recommends trying to have a good personal connection with some of your healthcare providers. He still sees the same nurse at every six-month check-up. “It’s like we’ve gone on the journey together,” Eric says. ●

Photos by David Wallace Visuals



## Health Monitor

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

Q

A

*Answers for your questions about metastatic prostate cancer*

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

In many patients, prostate cancer cells release a chemical called PSMA. We can use imaging tests (such as a PET-CT scan combo) to find areas of the body with PSMA cancer-containing cells, and attack them with this new therapy, which can shrink and even eliminate the abnormal cells.

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

One final thing to consider: Your doctor may want to use genomic tests to check for the presence of DNA mutations. If they are found, there are drugs that can attack the mutations and prevent them from causing the cancer to grow and spread.

**IS MY SON AT RISK?**

**Q:** I'm a 62-year-old Black man who has recently been diagnosed with prostate cancer. Does this mean my son is more at risk now? How can he protect himself?

**A:** Yes, and his risk is even greater if other family mem-

bers—such as your father or brother—have it. In fact, the risk of a person who has a first-degree relative (i.e., a father or brother) with prostate cancer is 2 to 3 times greater than that of a person with no affected family members, and the more members with it, the higher the risk. The magnitude of this increase in risk is even greater in Black men.

What to do for protection is a more difficult question to answer. Most medical guidelines would suggest he undergo routine screening starting at a younger age—for example, at age 40 instead of 50 to 55—and have periodic examinations of the prostate gland itself. Likewise, if the affected family member was diagnosed with prostate cancer at a young age, some would recommend the person start testing 10 years earlier from when the affected patient was diagnosed. If there is a strong family history or the presence of breast cancer in female members of the family, genetic testing may also be considered.

Advise your son to discuss his risk with his doctor and take the recommended steps. ●



**OUR EXPERT:**

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



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

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



FEEL YOUR BEST

# YOU CAN TAKE CONTROL OF SIDE EFFECTS

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



## 1. INCONTINENCE

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

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

### IN THE MEANTIME...

#### TRY KEGELS.

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

## 2. IMPOTENCE

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

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

### IN THE MEANTIME...

#### EXPLORE NEW AVENUES.

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

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

## 3. FATIGUE

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

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

### IN THE MEANTIME...

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

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

## 4. DEPRESSION

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

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

### IN THE MEANTIME...

#### TAKE CHARGE OF PAIN.

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



# Health Monitor Living



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## Questions to ask at today's exam

What treatment options do you recommend for my metastatic prostate cancer and why? Does being a Black person impact my treatment journey?



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?



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



Is there a clinical trial that can help me or that's looking at how prostate cancer impacts my community? What are the pros and cons?



### **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.