

Learn about
the latest
treatment
options

P. 6

4 foods that
can help you
fight prostate
cancer

P. 22

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Living



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**“I’m not
taking
a single
minute for
granted!”**

Metastatic Prostate Cancer

When Tracy Morgan was told he had stage IV prostate cancer, he believed he only had months to live. Today, five years later, he’s going strong and says a powerful targeted therapy gets the credit.

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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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RAM24

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You have *many* happy tomorrows ahead!

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 turn your focus to the future.



ong walks on the beach with his wife, Lacey. Family parties with their two grown children—and five grandchildren! Weekend cycling adventures with his old army buddies. Mike D. can’t keep track of how much he has to look forward to these days—and even more so since finding a treatment that’s been keeping his metastatic prostate cancer in check.

Mike’s cancer was caught after a routine check-up with his primary care doctor. “I was a few years overdue for that appointment, and he told me I was also overdue to have my PSA [prostate-specific antigen—a protein produced by the prostate that can indicate the presence of cancer] levels checked. When they came back on the high side, I was sent to a urologist for further testing, and within a month I found out not only did I have prostate cancer, but that it had spread to my lymph nodes. All without my noticing any symptoms!”

Mike’s saw an oncologist who started him with radiation therapy followed by an androgen deprivation therapy, which would deprive the cancer cells of the hormones it was using to grow and spread.

Continued on next page ▶



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Every cancer. Every life.™



PROSTATE CANCER FAST FACTS

299,010

THE ESTIMATED
NUMBER OF MEN
WHO WILL BE
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

When his PSA numbers began climbing again, Mike had several rounds of chemotherapy, but it didn't do the trick.

"My cancer was labeled 'castration-resistant,' and I was convinced this was the end of the line; I was in a very dark place," Mike recalls. "But my oncologist reassured me that these days, we have a whole arsenal of treatments we can pick from, even for trickier cancers like mine."

Mike's doctor told him about a new kind of treatment called a radiopharmaceutical, which combines a radioactive drug with a molecule that targets proteins found on prostate cancer cells to seek them out and destroy them.

"He said it was helping other men with prostate cancer in my situation."

Mike was eager to try it, but first he had to be tested for prostate-specific membrane antigen (PSMA), a protein found in high numbers in many prostate cancer cells. Fortunately, the results of the test found he was a good candidate for the new treatment, and he was referred to a nuclear medicine facility to receive infusions.

"I felt a little tired after each infusion and had some mild nausea, but compared to the other treatments, it was a breeze. And best of all—it's working! My PSA levels finally dropped again, and so far are staying steady, and scans are showing no new tumor growth. It's an amazing feeling to finally get good news after all those months of dire meetings with doctors. I feel free and alive again—and I can't wait to see what the future has in store."

If, like Mike, 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 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/or you don't respond to hormone therapy after you

begin treatment. (Learn more about treatment options on p. 6.)

Signs and risk factors

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

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

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

How is it diagnosed?

Prostate cancer is sometimes detected through preventive screening, although who should be screened, which method should be used and at which age screening should begin is still being debated. Because of that, it's important to consult your healthcare provider to determine the best screening strategy for you—es-

pecially if you're in one of the increased risk categories mentioned above.

The two most common screening methods are:

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

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

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

Staging and grading

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

Staging is often done using the TNM system. The "T," which stands for tumor, is ranked from 1 to 4, with 1 meaning the cancer is too small to be seen on a

visual scan, 2 meaning the cancer is still contained within the prostate, 3 meaning the cancer has broken through the prostate capsule or outside lining and 4 meaning the cancer has spread to other organs. The "N" stands for node and indicates if the cancer has spread to nearby lymph nodes (0 means it hasn't, and 1 means it has). The "M" stands for metastasis, with 0 indicating the cancer has not spread to other parts of the body and 1 indicating it has.

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

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—

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



**PROSTATE
CANCER
FAST FACTS**

65

THE AGE WHEN
PROSTATE
CANCER RISK
STARTS TO
INCREASE

10%-20%

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

16%

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

Source: National
Cancer Institute
and the American
Cancer Society.

the first being the grade of the majority of the cancer cells added to the grade of the second most common (so if most of the cancer cells are a 3 and the second most common are a 4, your Gleason score is 3+4=7). Recently, many healthcare providers began using a new grouping system for Gleason scores called “Grade Groups,” which ranges from 1-5, with a lower group number again indicating a less aggressive type of cancer.

How is it managed?

Today, there are more options than ever for treating metastatic prostate cancer. 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 you may be better suited to simply monitor the cancer with regular scans rather than treat it. Otherwise, your care team may recommend one of the below:



1. SURGERY.

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

2. RADIATION.

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

3. HORMONE THERAPY.

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

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

4. CHEMOTHERAPY.

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

5. IMMUNOTHERAPY.

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

**6. TARGETED THERAPY/
RADIOPHARMACEUTICALS.**

Targeted therapy aims at specific markers on cancer cells. Radiopharmaceuticals use radioactive isotopes bound to molecules that help them target and destroy cancer cells. Today they are offering new hope for patients with metastatic 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, like Mike was. 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 of the prostate.

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

Infusion nurse: an RN who administers medications through infusions.

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

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

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

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

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

Palliative care doctor: 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, the great variety of treatment options is allowing men with prostate cancer to live longer than ever. And it's common to switch treatments over time. To make sure your current plan is as effective as it could be, 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. Has your cancer been tested for genetic mutations?
 Yes No

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

underwent more than one treatment after diagnosis.)

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

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

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

6. How long have you been on your current treatment(s)? _____

7. Since being on your current treatment, has/have your tumor(s) shrunk, stayed the same or grown larger?
 Shrunk
 Stayed the same
 Grown larger
 N/A (I have no detectable tumors.)

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

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

10. How are you tolerating symptoms and side effects from your current treatment?
 My current side effects don't bother me.
 Some side effects cause me trouble, but I can manage them.
 I can't handle the side effects.

List any side effects causing you difficulties: _____

— COVER STORY —

“I’m not taking a single minute for granted!”

When Tracy Morgan was told he had stage IV prostate cancer, he believed he only had months to live. Today, five years later, he's going strong and says a powerful targeted therapy gets the credit.
—BY AMY CAPETTA



Tracy Morgan is truly a man on a mission. When the 63-year-old veteran from Grand Ridge, IL, is not working at least 30 hours a week as a project manager, he can be found either spending time with his friends and family—including his wife, Beth, their three adult children and 11 grandchildren—or hosting virtual support groups while growing his not-for-profit foundation, Mohawk Mission.

“Our main goal is to provide prostate cancer awareness both locally and through social media,” he says. “I do not want any guy to get diagnosed with advanced prostate cancer.”

It may be surprising to know Tracy has been living with stage IV metastatic prostate cancer for almost five years. His journey began in early spring 2019 when he was suffering from debilitating back pain. When he didn’t notice any improvements after three weeks of physical therapy sessions (and even began feeling numbness in his left hip), he underwent an MRI.

On Friday, May 3, he received a call from his doctor during another therapy session. “I was told there was an abnormality in the MRI, and they needed me to get to the emergency room as soon as possible,” he remembers.

He and Beth headed to the hospital where a physician delivered the devastating news: stage IV prostate cancer that had metastasized to the bones (the neck, ribs, lower back, pelvic area, both hips and right femur). “Those were the only words I picked up,” he adds.

“I convinced myself I’d be gone in six months”

Unable to process the diagnosis, Tracy shut down emotionally. “Beth and I didn’t even talk on the car ride home,” he says. “I spent the weekend doing stuff outside the house and packing up boxes in my home office. The truth is I’d convinced myself I’d be gone in six months.”

His primary care physician referred him to a urology center. The following week, Tracy had a biopsy, which revealed he had a PSA level of 294 ng/ml (a level above 4 ng/ml is considered high for men Tracy’s age). The initial treatment involved 10 days of radiation on his back (“It took the pain away!”) and hormone therapy, including shots and pills.



“Becoming your own advocate is so important. If something doesn’t feel right during an appointment, find another physician!”

While his PSA was diminishing, the most difficult part was managing the harsh side effects from the treatment—hot flashes, mood swings and extreme fatigue. In early December, Tracy decided he needed to focus on a goal.

“Since my first radiation session, I had seen a sign in the waiting room at the urology center about a charity 5K run/walk taking place on May 30, 2020,” he explains. “I came up with this brilliant idea that I was going to run in it. Don’t ask me why because I’ve never been a runner and I never liked running!”

But this goal wasn’t just about getting his body into shape. “I thought to myself, *So you have cancer—now what are you going to do with it? What are you going to use it for?* I had never liked going to the doctor, and before May 2019 I knew nothing about prostate cancer and never had a PSA test. I was determined to help prevent as many men as possible from ending up with my diagnosis.”

“I kept thinking they would put me on chemo”

As Tracy trained for the run, he “lost” a fundraising challenge with his daughters where they settled the bet by giving him a mohawk. “And that’s when the mohawk became my trademark.”

After running the race in 2020 and “feeling like Superman,” Tracy continued on his journey. In 2021, he formed a social media platform for spreading awareness about prostate cancer. Later that same year, he launched a men’s-only Facebook group for prostate cancer patients and survivors called the PC Tribe. “We needed a place just for us to talk freely about everything we were going through.”

And Tracy was still going through some challenges of his own. As his

PSA levels fluctuated over the years, his treatment plan changed along with it. When his health became more complicated, he was referred to an oncologist in Chicago.

“I kept telling my wife, ‘I know that they’re going to put me on chemo,’ and she’d say, ‘No, they still have many options.’”

“We’re still optimistic”

Beth was right—in late 2022, Tracy was told about radiopharmaceuticals, a type of targeted therapy that delivers radiation treatment directly to prostate-specific membrane antigen positive (PSMA+) metastatic castration-resistant prostate cancer. “I said, ‘Let’s do it!’”

Since then, he’s been receiving infusions every six weeks and has been gratefully watching his PSA decline. The biggest side effect from this latest drug has been dry mouth. “When I get up in the morning, I feel like I can’t pry my tongue off the top of my mouth!” he laughs. “But I’ll take it—it’s much better than hot flashes!”

He also decided to turn his platform (which can be found at *MohawkMission.com*, as well as on Instagram @*MohawkMission*) into a not-for-profit to make a bigger impact. “We feel a real need for support in rural communities, which seem to get bypassed by the large national organizations.”

These days, Tracy remains hopeful about the future. His number one message for other prostate cancer patients is not to give up.

“On the upcoming fifth anniversary of my diagnosis date, we’re going to a restaurant we love to enjoy steak and margaritas,” he says. “My kids will say, ‘What happened to our quiet dad? He’s out there now hosting support groups, going on retreats and talking to strangers about his mission!’ Cancer has a way of changing the way you look at life.” ●

Photos by Knight Light Photography

GET THE UPPER HAND ON PROSTATE CANCER—LIKE TRACY DID!

Here, Tracy shares more of the strategies that have been helping him defy the odds:

Work with the “right” medical team.

Seeking a second (even third) opinion, as well as choosing reputable urologists and oncologists can help you make educated decisions about your treatment plan. Tracy recalls the time when he decided to drive over an hour to partner with a doctor who is affiliated with the University of Chicago. He also encouraged his brother (who was diagnosed with early-stage prostate cancer) to meet with specialists at a prominent cancer center in the next state. “When you’re dealing with something as serious as cancer, it’s time to leave your small town and head to the bigger practices at universities,” he continues. “Becoming your own advocate is also so important. If something doesn’t feel right during an appointment, find another physician.”

Look ahead.

Due to the continuous advances being made in prostate cancer, Tracy titled his blog, “Living Life One Extension at a Time.” “The treatment options keep coming,” he states. “They’re figuring out more ways to attach radioactive molecules to the cancer cells in order to bombard them.” He’s also thankful for the “newest and best PET scan,” the PSMA (prostate-specific membrane antigen) PET scan, which detects high concentrations of the radioactive molecule and shows where the prostate cancer cells are in the body.

Discover your “why.”

Tracy firmly believes that every prostate cancer patient needs to find their purpose. “You need something to live for,” he says. Along with wanting to be here for his wife, children and grandchildren, he has a strong desire to inspire volunteers, donors and sponsors to make his not-for-profit organization a success. “My goal is that the foundation really takes off. I’ve brought on three new board members and hired a professional to redesign the website, build our brand and create positive videos that show how prostate cancer awareness can save lives. 2024 is going to be our year!”

Find support.

“Do not go through this journey alone, especially if you are in the thick of it,” stresses Tracy. He refers to a YouTube series he started three years ago named, “I Choose Cancer.” Numerous people, including his family, couldn’t understand why he went with this title. “The truth is I have become friends with a lot of great men and women that I never would have met if I hadn’t been diagnosed,” he explains. “There are a lot of guys out there that share the same sentiment. In fact, the best people to talk to about prostate cancer are women because they listen, they tend to take care of their health and they will make sure their men get screened. Yes, having cancer sucks—but in many ways it has changed my life for the better.”



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.



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

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

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

IMPORTANT SAFETY INFORMATION

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

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

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

About the clinical trial

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

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

IMPORTANT SAFETY INFORMATION

(continued)

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

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

PLUVICTO may cause serious side effects, including:

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

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

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

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

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

The most common side effects of PLUVICTO include:

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

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

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



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

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

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

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 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, or call 1-800-FDA-1088.

“We’re living proof to *never* give up hope!”

From asking your oncology team about genomic sequencing to learning about the latest PET scan designed for prostate cancer patients, Don and John share the strategies that have made all the difference along their health journeys. —BY AMY CAPETTA

“Stay informed!”

DON LARSON, 72
MINNEAPOLIS, MS

After experiencing symptoms, including rising PSA levels and frequent urination, Don was diagnosed with prostate cancer in December 2014. After interviewing several doctors, he opted for a radical robotic prostatectomy the following month.

While the surgery went well, it was then discovered he had two positive margins outside the prostate wall.

Luckily, Don wasn’t out of options, and next started a round of 38 daily radiation treatments. With that, and follow-up hormone treatment, Don’s PSA dropped to .02 and remained there for years. Today, his PSA level is stable at .03. Here, he shares some of the tips that helped get him there.

Get a second opinion.

For starters, he advises consulting with a few physicians who vary in expertise. “Whether you’ve been diagnosed with early-stage cancer or recurring cancer, getting opinions from different doctors is important because they will discuss different approaches. Urologists

are surgeons and are likely to offer surgery-type solutions whereas radiation oncologists will focus on radiation treatment options.”

Write down questions.

Don always brings a notepad with questions he wants to ask at each exam, and also stresses asking each specialist the same questions to help make the best decision. “Once you’re in the doctor’s office, either record what the doctor is saying or have a friend or loved one take on the role as note taker,” he continues. “It’s hard to listen and write your own notes at the same time. It’s also common to get flustered and overwhelmed during appointments, so it helps to have someone there with you.”

Keep up with science.

Don is amazed at the medical advances made in prostate cancer. “Even over the last two years, it’s been remarkable.” One technique that has changed is when—and how—biopsies are taken. Before his initial diagnosis, Don went through two



“The best thing to happen to me after I was diagnosed was meeting other prostate cancer patients in a support group!”

sets of 12 needle biopsies, which were all negative. “I was told, ‘We guess you’re just one of those guys we can’t reason why your PSA level is so high.’” However, two years later he met with specialists at the Mayo Clinic who performed an MRI scan of the prostate, followed by an MRI-guided biopsy. “And this was a huge key in my case since the cancer was in an area that is typically not biopsied. Now this is the standard procedure, which is important to know, since some doctors follow the old rules.” Don adds that another one of “the greatest things to happen to prostate cancer” is the newly FDA-approved PSMA (prostate-specific membrane antigen)

PET scan, which can accurately detect where prostate cancer has spread in the body. “Before this test, doctors would radiate the entire prostate region,” he explains. “Even though it’s a small area, it could cause side effects in the bladder, the urethra and everything else in this area. The PSMA PET scan is a huge breakthrough!”

Join a support group.

“The best thing to happen to me after I was diagnosed was meeting other prostate cancer patients in a support group,” says Don. In fact, he is the co-chair of the Minnesota Prostate Cancer Coalition, whose website (mnpcc.org)

offers information on clinical trials, preventive screenings, sleep and stress management. Don feels support groups offer honest discussions about the latest research and treatment options, as well as ways to deal with difficult side effects. “As a gay male, I am considered the liaison for the gay community with prostate cancer since we face other challenges, such as discrimination and misunderstandings,” he states. “For instance, some doctors are not comfortable acknowledging sexual pleasure and changes in urological function with gay men. So belonging to a gay-specific LGBT prostate cancer support group can be very helpful.” ▶

Photo by Lucy Hawthorne



“Ask about genomic testing!”

JOHN WHITE III, 68
NORTH ATTLEBORO, MA

On Thanksgiving Eve 2014, John’s life changed forever when he began dealing with frequent urination—a symptom that would continue nightly for a week. It was sudden and disruptive enough that John made a visit with his primary care physician for a urine analysis and a blood PSA test.

Three days later, John was told he had an elevated PSA. Since prostate cancer ran in his family, John was immediately referred to a urologist who performed additional tests and a biopsy, and the results were devastating: stage IV metastatic prostate cancer.

“I had a very rare, lethal form of the disease,” he explains. “I was terminal and

given about one year to live.”

While there was a short period of disbelief and worry, John took the initiative to move forward aggressively. He began with chemo treatments, but once it was evident that he was not responding, he had his prostate removed and sent to Foundation Medicine (a world-leading molecular insights company) to undergo genomic sequencing.

“The sequencing tells you what your DNA is made up of and the variants that are being carried,” he explains. “We are all different, so it’s about understanding your specific cancer to know if you would qualify for precision targeted therapies, which this testing did for me—it led me

to the immunotherapy treatment that’s still working for me today.”

John, who worked as a medical biotechnology engineer for 33 years, urges other patients to have a conversation with their healthcare team about whether they would be a viable candidate for genomic sequencing. “This is the future of cancer treatment—and this is how they are going to eradicate it.”

Here, John shares the other tips he’s learned along the way:

Seek specialists.

Shortly after being diagnosed, John connected with his “dream team” from Tufts Medical Center in Boston: Dr. Paul

Photo by Heller Photography

“Today I’m managing a few side effects, but everything is treatable with maintenance meds. The bottom line is, it’s 10 years later, I’m cancer-free and I’m still here!”

Mathew, a genitourinary oncologist and Dr. Anthony Luongo, a urologist. “A general oncologist will not know as much about the ‘plumbing system’ – the prostate, bladder and kidneys—as a doctor who specializes in genitourinary oncology,” continues John. “I would also suggest seeking out highly credited cancer facilities and teaching hospitals that are likely found in major cities.”

Be open to trials.

According to the genomic sequencing, John’s tumor had an HTB (high mutational burden), meaning he may be a good candidate for immunotherapy. Dr. Mathew helped to enroll him in an experimental trial for an infusion-type drug (which has since been approved by the FDA to treat other cancers, yet is still not approved to treat prostate cancer). Within three months, scans revealed signs of disease regression. Nearly three years into treatment, John was informed he was in long-term durable clinical remission with no evidence of disease. “I breezed through 53 infusions over the course of six years,” he continues. “Today I’m managing a few side effects, but everything is treatable with maintenance meds, and I have no physical limitations whatsoever. The bottom line is, it’s 10 years later, I’m cancer-free and I’m still here!”

Make a difference.

“I believe I am here for a divine reason, which is helping others, as well as providing hope and inspiration to those with cancer,” states John. When he’s not spending time with family and friends, playing golf or showing off his

classic car, John can be found either running his new business in small home repairs, volunteering at Hasbro Children’s Hospital, working as an ImmunoAdvocate for the Cancer Research Institute for the advancement of immunotherapy treatments and being a national advocate for Foundation Medicine. “I’m back to downhill skiing after 40 years!” he laughs. “I’m also a member of Mohawk Mission PC Tribe, an international support group for men dealing with this disease. And twice a week I’m a mentor for the YMCA LIVESTRONG® Program, an exercise and wellness program for cancer patients in Foxboro, MA. I went through the program during the time I was receiving treatment and it helped keep me going.” Discovering his newfound purpose has made John’s journey even more rewarding. “I thank God that I wake up in the morning to help people.” ●

Health Monitor

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A new treatment option? I had been through chemo for early-stage prostate cancer, but a few years later it progressed. We tried hormone therapy, but my PSA levels are staying stubbornly high. Now my doctor wants to try a treatment that targets PSMA, but I'm unclear what that is and how this new treatment will work.

Q

A

Answers for your questions about metastatic prostate cancer

A: In the past few years, there have been some major improvements 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 is not responding to hormone therapy. One of your options, which is what your doctor is referring to here, includes a radio-pharmaceutical drug newly approved in the US.

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

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

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

Help for impotency

Q: I had a radical prostatectomy to treat my cancer about three months ago and have been struggling with impotency since then. Is this permanent?

A: Impotency occurs in essentially every patient who has their prostate gland removed. Whether it returns over the next 12 to 24 months after sur-

gery is dependent upon many different factors, including: the level of sexual activity before the operation; the age of the patient; whether the operation removed none, some, or all of the nerves and blood vessels involved in allowing the penis to have an erection; and whether the patient has had prior heart disease, high blood pressure or diabetes. If some or all of the nerves are removed as part of the operation, there is low likelihood that normal erections will return. If none of the nerves are removed, some erections will occur, usually 12 to 24 months after the operation. If there is preexisting heart disease or diabetes, the recovery of potency is unlikely.

However, patients who are impotent permanently following the operation can opt for a variety of things to help achieve intimacy. These include vacuum devices that induce an erection; drugs that can be administered, some directly into the penis for erection, or taken by mouth; or the surgical implantation of a penile prosthesis. Most patients who are bothered by impotency and who want something done are generally satisfied after trying one of these options.

—**Marc B. Garnick**, renowned expert in urologic cancer at Beth Israel Deaconess Medical Center, 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.

Fuel up to fight prostate cancer!

It's tempting to search the internet for the "best" way to eat when you have cancer. But not all information will apply to you—or even be correct. What is clear: Good nutrition can help keep your body strong during treatment and support your overall health. And your best ally is a diet rich in vegetables, fish and healthy fats, according to the Prostate Cancer Foundation. In fact, the foundation teamed up with experts at the Harvard School of Public Health and University of California at San Francisco to dispel nutrition myths and highlight what helps in *Health and Wellness: Living with Prostate Cancer* (available at pcf.org). Here are some of the foods that get the thumbs up.

Note: Be sure to consult with your doctor before changing your diet.



Alert! Don't take supplements (e.g., fish oil or lycopene) before checking with your doctor. Research supports getting these nutrients from food, but little is known about the effects of taking them in supplement form, and at certain doses some can interact with other medications.



Help slow cancer growth... with tomatoes

They're packed with lycopene, an antioxidant in red fruits and vegetables that may help stop cancer cells from reproducing, according to researchers. And cooked tomatoes, (as in tomato sauce, paste and juice) are the best option, as cooking "releases" more of the lycopene. Other sources of the nutrient include watermelon, red grapes and red and orange bell peppers.

Aim for: While there is currently no recommended daily intake for lycopene, studies show that intakes between 8–21 mg per day appear to be most beneficial—that's about the amount found in one large tomato.

Try this: Add olive oil to tomato sauce and soup. Healthy monounsaturated fats such as olive oil can boost absorption of lycopene.



Regulate hormone levels... with cruciferous vegetables

Along with being rich in vitamins, minerals and antioxidants, cruciferous veggies—such as broccoli, cabbage, Brussels sprouts, kale and arugula—also contain glucosinolates. These natural compounds may shift hormones that spur cancer growth to a weaker form and can even help chemotherapy be more effective, according to studies out of the University of North Carolina School of Medicine.

Aim for: 1 serving (1/2 cup) of cruciferous vegetables on most days of the week.

Try this: Make kale chips your go-to snack. You can buy them in the store or bake your own: Get a bag of kale and remove the stems; then tear the leaves and lightly coat with olive oil. Spread the coated leaves out on a baking sheet and pop in the oven for 25 minutes at 300 degrees.



Tame inflammation... with fatty fish

Specifically, those that are high in omega-3 fatty acids, such as salmon, sardines, mackerel and albacore tuna (although most seafood contains some of this healthy fat). Omega-3s have anti-inflammatory properties, and high fish intake has been associated with a reduced risk of inflammatory diseases and various cancers, including prostate.

Aim for: At least 2 servings a week. If you're not a fish fan, plant-based sources of omega-3 fats include walnuts, flaxseeds and canola oil.

Try this: Swap red meat for fish. This gives you double the benefit—more healthy omega-3 fats and fewer unhealthy fats. Research suggests that eating too much red meat is linked to an increased risk of dying from prostate cancer.



Encourage cancer cells to self-destruct... with lignans

Lignans are polyphenols found in whole grains like barley, buckwheat, flax, millet, oats, rye, sesame seeds and wheat. Lignans were found to increase antioxidant, anti-inflammatory and carcinogen-deactivating enzymes in cell studies, and even promote self-destruction of cancer cells, including those of the prostate, according to the American Institute for Cancer Research.

Aim for: If you're eating low-carb, have a tablespoon of flax or sesame seeds over your salad at lunch. Otherwise you can also have a cup of oatmeal for breakfast or have a slice of whole-wheat bread with dinner to get your daily fix.

Try this: Add overnight oats to your breakfast rotation, and include both flax and chia seeds. The flax and oats will give you your daily dose of lignans, while the chia seeds are a great source of omega-3 fats. ●

Health Monitor Living

Questions to ask at today's exam



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

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



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



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



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



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



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



On treatment and need help covering the cost?

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