

Learn your
treatment
options

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Side effects
impacting your
sex life? Kegels
can help!

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Living



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“I’m
focused
on the
future
again!”

Metastatic Prostate Cancer

After dealing with strange symptoms for years, Aaron Crowther was shocked to discover he had metastatic prostate cancer—and disheartened when it didn’t fully respond to treatment. Today, a new radiopharmaceutical has his PSA numbers down, and he’s back to enjoying retired life again.

 American
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CED23

Cover photo by Kyle Sheppard



Your future is brighter than ever!

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 tomorrow.



Nathan H. is a big believer in the healing power of nature. “I have been hiking since I was a boy, when my father would take me on treks through the mountains behind our home in Montana,” the 67-year-old retiree recalls. “The woods quickly became my happy place, and they’re still helping to center me today.”

Nathan admits he’s been leaning on that centering power even more since his diagnosis with metastatic prostate cancer.

“I was actually on a camping trip when I first realized I was having a problem—my buddy Jim made a comment about how many times I had to get up to go to the bathroom in the middle of the night. I thought it was normal for men our age to need to go more often, but then I realized none of the other guys were going as often as I was.”

Nathan, whose grandfather and uncle both battled prostate cancer, said he “felt a light click on” in his brain.

Nathan made an appointment with his family doctor as soon as he returned home and requested a blood test to look for his prostate-specific antigen (PSA) levels—a protein produced by the prostate that can be used to look for the presence of cancer.

Continued on next page ►



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



PROSTATE CANCER FAST FACTS

288,300

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

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

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

His numbers came back high, and his doctor referred Nathan to a urologist for further testing.

Unfortunately, follow-up scans determined that Nathan not only had prostate cancer, but it was an aggressive type and had already spread.

Nathan then saw an oncologist, who started him on an androgen deprivation therapy, which would deprive the cancer cells of the hormones it was using to grow and spread. When that didn't lower his PSA numbers, Nathan tried chemotherapy, also with limited success.

"At that point my oncologist told me my cancer was considered 'castration-resistant,' which meant it was going to be more challenging to treat. Neither of us was ready to give up, though, and I had read about this new drug that had been approved to treat cancer like mine. It was a radiopharmaceutical, and combined a radioactive drug with a molecule that targets proteins found on prostate cancer cells to seek them out and destroy them. My doctor read up on it, agreed I sounded like a good candidate, then helped me get approval and sent me to a special nuclear medicine office so I could get the infusions."

Luckily, the new drug started working right away and so far, Nathan's scans have been promising.

"Since starting on this new medication, I've been feeling great. I've been able to get back on the trails at least once a week. I feel healthy, I feel connected and I feel alive—you can't ask for much more than that!"

If, like Nathan, 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.

What is prostate cancer?

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

The specific type of prostate cancer you have depends on where on the prostate the cancer is growing and which cells it's growing from. You may also be diagnosed with castration-resistant prostate cancer if you've had your prostate removed and/or you don't respond to hormone therapy after you begin treatment. (Learn more about treatment options on p. 6.)

Signs and risk factors

Prostate cancer often has few or no warning signs when it is in its earliest stages. However, because

the prostate surrounds the urethra (the tube through which urine passes from the bladder to the penis), urinary problems—difficulty or pain during urination, needing to urinate more frequently, incontinence or blood in the urine—can be a common first symptom. Other symptoms can include:

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

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

How is it diagnosed?

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

The two most common screening methods are:

- **Digital rectal exam (DRE).** During this screening, the

healthcare provider inserts a finger into the rectum to feel for any growths or abnormalities on the prostate.

- **Prostate-specific antigen (PSA) test.** Cancer may cause the prostate to produce too much or steadily increasing amounts of PSA, which can be detected via a blood test. However, there can also be non-cancerous causes for elevated PSA levels, so a high result does not always indicate cancer.

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

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

Staging and grading

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

Staging is often done using the TNM system. The "T," which stands for tumor, is ranked from 1 to 4, with 1 meaning the cancer is too small to be seen on a visual scan, 2 meaning the cancer is still contained within the prostate, 3 meaning the cancer has broken through the prostate capsule or outside lining and 4 meaning the cancer has spread to other organs. The "N" stands

for node and indicates if the cancer has spread to nearby lymph nodes (0 means it hasn't, and 1 means it has). The "M" stands for metastasis, with 0 indicating the cancer has not spread to other parts of the body and 1 indicating it has.

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

Grading is indicated via a Gleason score. The lower the score, the less aggressive the cancer is. Because individual cancer cells in prostate tumors can have different grades, your score is derived from two numbers—the first being the grade of the majority of the cancer cells added to the grade of the second most common (so if most of the cancer cells are a 3 and the second most common are a 4, your Gleason score is 3+4=7). Recently, many

New option for metastatic castration-resistant prostate cancer

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



**PROSTATE
CANCER
FAST FACTS**

65

THE AGE WHEN
PROSTATE
CANCER RISK
STARTS TO
INCREASE

10%-20%

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



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

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

healthcare providers began using a new grouping system for Gleason scores called “Grade Groups,” which ranges from 1-5, with a lower group number again indicating a less aggressive type of cancer.

How is it managed?

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

1. SURGERY.

Surgery is often recommended as a first-line treatment if your cancer is considered too aggressive

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

2. RADIATION.

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

3. HORMONE THERAPY.

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

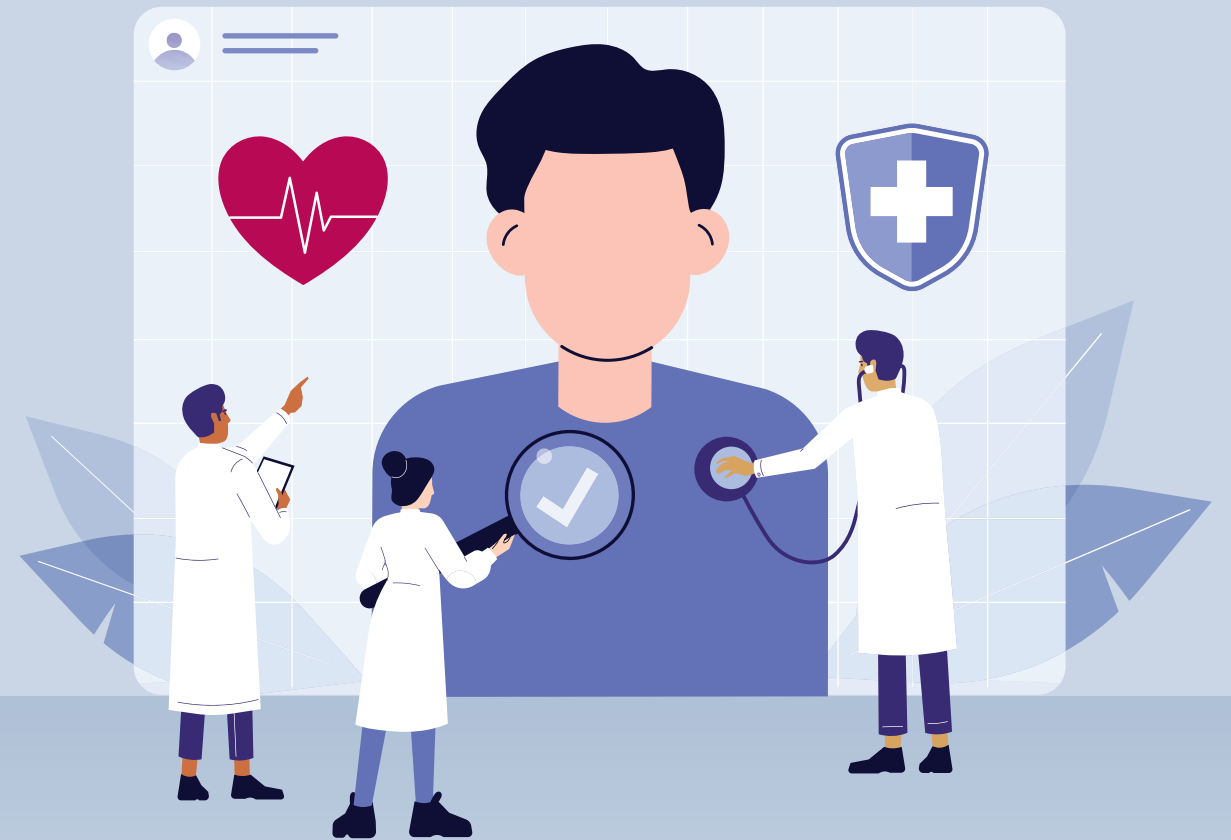
Immunotherapy works with the body’s own immune system, helping it to target and destroy prostate cancer cells.

**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

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



Your cancer care team

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

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

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

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

Medical oncologist: an MD who treats cancer using medication such

as chemotherapy, immunotherapy or targeted therapy.

Radiation oncologist: an MD who treats cancer using radiation.

Surgical oncologist: an MD who treats cancer using surgery.

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

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

Infusion nurse: an RN who administers medications through infusions.

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

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

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

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

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

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

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



Get the most from your treatment

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

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

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

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

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

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

underwent more than one treatment after diagnosis.)

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

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

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

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

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

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

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

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

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

List any side effects causing you difficulties here: _____

“I’m focused on the future again!”

After dealing with strange symptoms for years, Aaron Crowther was shocked to discover he had metastatic prostate cancer—and disheartened when it didn't fully respond to treatment. Today, a new radiopharmaceutical has his PSA numbers down, and he's back to enjoying retirement with his wife, Varen.

—BY DANIELLE TUCKER





Aaron Crowther and his wife of 30 years, Varen, are particularly looking forward to Aaron's 54th birthday celebration this year. Birthdays have always been special in their family, but for the Ivins, UT, residents, this year is more than just a marker of another year passing: it's a celebration of Aaron's win in his fight against metastatic castration-resistant prostate cancer.

Aaron's health journey started in 2017, when the now-retired construction worker started having occasional trouble urinating and emp-

tying his bladder. Aaron had always been in good health and had undergone routine urine tests for his job. Those tests had started detecting traces of blood in his urine, so between that, the trouble going to the bathroom and some mild but nagging hip and groin pain, he finally decided to visit a urologist.

The doctor performed an internal exam, but the findings were unremarkable.

Fast forward to April 2022. Aaron was cleaning out his Jeep and reached under the seat. Suddenly, he felt a debilitating pain in his

chest and rib area. He recalls, "It took about 20 minutes for the pain to subside so I could straighten up, but then I tried to go about my day like nothing had happened."

Their son had been visiting, so he and Varen drove him to the airport shortly after the episode. On the drive home, Aaron began vomiting. He had also been experiencing left arm pain but had chalked it up to strain while getting his commercial driver's license so he could join Varen's trucking company. With all these symptoms falling into place, Varen was worried Aaron was having a heart attack, so they drove straight to the emergency room.

"I fully expected him to need a quadruple bypass," Varen exclaims. Instead, while the cardiologist found nothing wrong with Aaron's heart, a blood test revealed his prostate-specific antigen (PSA) level was extremely elevated at 587 ng/mL. (A normal PSA range for someone under age 50, as Aaron was at the time, is 0-2.5 ng/mL.)

"I had prostate cancer that had already spread"

After being referred to another urologist, Aaron was sent for more testing, which confirmed the bad news that he had prostate cancer. The worse news: Further scans showed his cancer had spread to the bones in his hips and shoulders—his cancer was stage IV.

"We didn't even know what a PSA was up until that point," Aaron recalls. "For some reason my previous urologist never discussed it or tested for it. So we were trying to just understand the basics while taking this all in."

Aaron's cancer care team first recommended he try chemotherapy, with regular infusions to take

place over the next three months. At first, the treatments seemed to be working, but at the three-month mark, his PSA numbers began to creep up again. Aaron's cancer was now considered castration-resistant.

"Nothing we tried seemed to stick; I needed more options," Aaron recalls.

Varen, who went to work researching prostate cancer as soon as Aaron was diagnosed, found a prostate cancer specialist, Eugene D. Kwon, MD, at The Mayo Clinic. She learned he was working on a new treatment within the field of nuclear medicine therapy and made an appointment for Aaron. After reviewing his case, Dr. Kwon suggested he try a new targeted radiopharmaceutical treatment that would pinpoint his cancer cells and take aim at them with potent radiation.

"The new treatment is working!"

After a brief delay while Aaron waited to get approved for the medication, he finally had his first infusion—and was thrilled when follow-up tests showed it was working.

Today, preparing for his third infusion at The Mayo Clinic in Rochester, MN, his PSA has dropped considerably, and his bone pain, especially in the hips, has finally decreased.

"I'd been walking with a limp from the bone lesions on my left hip. I never thought I would walk without a limp again, but I am! The chemo effects were harder on me than these infusions have been, so I've been really grateful for this new option."

Now, instead of focusing on cancer, the Crowthers are saving their

energy for celebrating small wins each day. They go for walks in the beautiful nature surrounding their southern Utah home along with their German shepherds, Simba and Nala; they spend more time with family; and they plan fun

events and trips to look forward to. "We know that this will be a lifelong journey, so we will always be seeking new answers, but right now it's under control and I'm feeling good and focusing on what's ahead." ●

GETTING THE WORD OUT

When Aaron told his father about his diagnosis, he learned that his uncle also had prostate cancer and had been dealing with the disease for over a year. "We had no idea. My uncle recently passed from the disease a few weeks ago, but it was never talked about," reflects Aaron.

"I really think I would have gotten checked out earlier had we known this ran in his family," adds Varen.

This journey has turned Varen into a passionate advocate for early intervention and awareness. She's surrounded by 50- to 65-year-old men at her job as a truck driver and takes every opportunity to emphasize the importance of getting their PSA levels tested.

"It's really important that men reach out, either to their doctors or their partners, when they're having strange symptoms," Varen says. "Families need to talk to one another, and men need to be more aware of when they should make appointments for screenings."

Patient Resources

If you'd like to reach out to others with prostate cancer and help spread awareness, consider one of these organizations:

- American Cancer Society [cancer.org](https://www.cancer.org)
 - National Cancer Information Center [cancer.gov](https://www.cancer.gov)
 - Prostate Cancer Foundation [pcf.org](https://www.pcf.org)
 - ZERO Prostate Cancer [zerocancer.org](https://www.zerocancer.org)
 - Prostate Cancer Research Institute [pcri.org](https://www.pcri.org)
 - Urology Care Foundation [urologyhealth.org](https://www.urologyhealth.org)
- Or if you need financial help affording prostate cancer screenings, treatment or care, try visiting...*
- Cancer Financial Assistance Coalition [cancerfac.org](https://www.cancerfac.org)
 - National Patient Advocate Foundation [npaf.org](https://www.npaf.org)
 - Cancer Support Services [cancersupportservices.org](https://www.cancersupportservices.org)
 - Needy Meds [needy meds.org](https://www.needy meds.org)
 - Medicine Assistance Tool [mat.org](https://www.mat.org)



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, or call 1-800-FDA-1088.

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



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- 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 are living proof that there is *life after cancer!*”

From putting together a personalized healthcare team to sitting inside a hyperbaric chamber, Chas and Chuck share the strategies that have helped them along the journey from diagnosis with stage IV prostate cancer to remission.

—BY AMY CAPETTA

“Get your joy back!”

CHAS RODGERS
SAN DIEGO, CA

Search for physicians who feel right.

On Chas’s 45th birthday in April 2013, he received the life-altering news that he had stage IV prostate cancer. “I was a father of three kids under the age of 10,” he recalls. “It was devastating because I didn’t understand the disease and all the ramifications that came with it.” He met with multiple specialists (“All the information was coming at me rapid fire”), and he and his team decided he should undergo a radical prostatectomy followed by radiation. “I

chose a surgeon who had performed a couple hundred of these procedures—you want someone with a steady hand!” he laughs. “A decade ago, the number one action plan was to get it out, but I understand they are not as quick to remove the prostate today because there are more treatments.” After Chas and his family moved to San Diego, he put together another trusted medical team. “My urologist is so clever and awesome,” he adds. “Ask questions, share your concerns and listen to the experts—they really know what they’re talking about, and their advice can help you.”

Consider alternative therapies for side effects.

While Chas, a former fitness trainer and a military veteran, cannot be more grateful to be a survivor, he does admit the side effects from treatment could be tough to deal with at times. When severe fatigue hit after he completed radiation, Chas started an IV multivitamin treatment, calling it one of the best things he ever did for his physical and emotional well-being. Years later when he dealt with bleeding episodes caused by treatment-induced damage to his bladder, Chas’s urologist recommended hyperbaric oxygen therapy (breathing in

100% oxygen in a pressurized chamber), which has been shown to treat wounds and heal damaged tissue. “I went all in, and it was great with helping me shift my mindset,” he explains. “I was no longer thinking about being sick because I was now thinking about healing. The truth is there *is* life after cancer; it’s different and you have to work to get there, but there are tools available if you’re willing to try them.”

Nurture your emotional health.

Looking back, Chas realizes that at first, he opted to suffer in silence. “My mental health was struggling more than I ever admitted to anybody,” he confesses. Along with meeting with two therapists over the years, he attended a seven-day veterans’ retreat (recommended by a veteran-psychologist friend who had written about post-traumatic stress disorder). “Honestly, the program saved my life,” he says. “We were trained how to shut things down so we could perform, so keeping it in is part of my makeup. The powerful conversations I had with brothers and sisters of the uniform, to be able to talk without being judged, was huge.” Over time, Chas also learned it was okay to shift his priorities. “You have to



“Ask questions, share your concerns and listen to the experts—they really know what they’re talking about, and their advice can help you.”

focus on yourself and make necessary changes in your life,” he continues. “I had to learn to be 100% unapologetic about the way I feel about the cancer diagnosis and journey. There is no one-size-fits-all strategy. The people who love you and care about you are wonderful, but cancer is happening to *you*, not them. It’s important to get comfortable with who you are and where you want to go—and nothing short of your survival depends on you making this change.”

Find your joy.

Chas’s scans have shown no evidence of disease for years, and last year his urol-

ogist informed him that he has been downgraded to annual checkups. “I’m officially in remission, but I will never say I’m cancer-free.” Along with pivoting his career to working as a fitness consultant in a doctor’s office, Chas offers practical advice and words of encouragement for other cancer patients on podcasts and during public speaking events. “It’s a legacy thing for me. When I found out that I checked two boxes under the high-risk category—being African American and a military veteran—it spurred me to be an advocate.” Chas also wants others to know that rediscovering the little things in

life that brought you happiness in the past is vital. After celebrating his 55th birthday, he decided to devote time to his first love—music. “I was a percussionist throughout grade school and into college. I was on the golf course one day (another thing I had given up during cancer), feeling safe and at peace when I started singing out of nowhere.” Soon after, he met other local musicians and today he belongs to a trio where they perform at local venues. “During all the treatments, I had lost some of my joy, but getting back into music and attending concerts have given it back to me.” ▶

Photo by Jason Eisenberg



“I have a tattoo that says, ‘Get up and live.’ This motto is everything because you have to get your mind into the game and stay focused on the future.”

“Let the love in!”

CHUCK KEELS
SCOTTSDALE, AZ

Build the right team for you.

Shortly after his 50th birthday in 2015, Chuck started feeling extremely tired and achy—and was losing weight for no reason. “I have something I call the male mentality—it’s where I think, *I’ll be okay tomorrow*, and so I put it off.” He eventually made it into the doctor’s office where he was told he had stage IV prostate cancer that had spread into the lymph nodes and bone marrow—and had about three months left to live. “I had hospice nurses in my home that night.” Then, Chuck’s spine collapsed in two places (due to the metastasized bone damage), so he was raced to the nearest hospital. It was there that physicians offered him a treatment plan, including emergency surgery and chemo, to fight the cancer. “I said, ‘Let’s go!’” he recalls. “Now I had this medical team around me, which I was very excited about. I was no longer doing this on my own.” Chuck then realized it was necessary to have a group of supportive people behind him. “I like a big team, and my team consists of my physicians, family, friends and community.”

Clean up your lifestyle.

To boost his immune system, Chuck starts each morning by creating a home-

made “superhuman juice,” as he calls it. “I juice carrots, celery, cucumbers, beets, ginger, Italian parsley, lemon and apple. It’s up to you if you want to purchase organic produce. If you don’t, buy a rinse product to rid the produce of pesticides and chemicals.” He also eliminated red meat and consumes mostly plant-based foods with either lean chicken or turkey for protein. “I’ve been going to Trader Joe’s for years and they sell pastas made from vegetables—and surprise, they taste like pasta!” Chuck credits these changes with helping him gain back some of the weight and strength he lost after his initial diagnosis.

Feel the love.

Chuck didn’t consider himself a man of faith when he was diagnosed, but nonetheless he learned that many people in his Ohio hometown were praying for him. “I didn’t know the value of this at the time, but love is when your family, your neighbors and your community want to do something to help, whether it’s spiritually, or something like clean your home or spend time talking on the couch, and you are not allowed to say no,” he explains. “The natural response for most people is to say, ‘No, thank you; I’m fine.’ But I remember the feelings that went through my body when someone would stop by with dinner—that’s love, and now I know that love is healing.”

Get up and live.

After undergoing surgery and six months of chemo (and some undesirable side effects, like blood clots), follow-up scans revealed there was no evidence of disease. Six years later, Chuck is still in remission and cancer-free. With his health returned and a strong desire to help others who have been diagnosed with cancer, Chuck began volunteering at various organizations.

In 2020, he and his now late wife, Hannah, launched the nonprofit Living Hope Cancer Foundation, which offers positive spiritual mindset coaching for cancer patients and their caregivers. In fact, last year he biked 3,000 miles over 75 days to bring awareness to his campaign. “I have a tattoo that says, ‘Get up and live,’ and I’ve even patented the phrase,” he states. “This motto is everything because you have to get your mind into the game. There’s an old saying that I learned back in my business days: ‘If you can believe it, you can achieve it.’ I had thought my cancer was a sentence, but I started calling it a situation and that changed my mindframe. I tell people to plan what they’re going to do today—go for a short walk, do some stretching—as well as what they’re going to do after cancer. That way, the mind starts focusing on living and sends out beautiful things to help you fight. I feel like it’s my job—my purpose—to share my story and to give everyone hope.” ●

Health Monitor

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Photo by Chuck Wallace Visuals



WHAT IS PSMA? My metastatic prostate cancer has stopped responding to treatment and is considered castration-resistant, according to my doctor. He says I can get scanned for “PSMA” to see if I’m eligible for another type of treatment—what does this mean for me?

Q

A

Answers for your questions about metastatic prostate cancer

A: Good news: there have been some major improvements in the category of prostate cancer referred to as metastatic castration-resistant prostate cancer. This term represents a category of prostate cancer that has spread to areas of the body outside the prostate gland. One of your options, which is what your doctor is referring to here, includes a radiopharmaceutical 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. 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.

FREAKED OUT BY RADIATION THERAPY

Q: My oncologist has recommended a radiation therapy that’s given intravenously. I’m very nervous about it—especially because she says I can’t get too close to my family for at least three days after I get the infusion. Seems very scary and dangerous—how could that possibly be safe for me?

A: Your reaction is understandable, but let’s take one step at a time. You are likely going to receive a radiopharmaceutical—which is a radio-

active substance attached to another chemical that is targeting abnormal prostate cancer cells and selectively eliminating them. We generally recommend staying away from children and other family members until the radioactivity is eliminated completely or decayed to extremely small amounts. Your second comment about its safety for you is also important to understand.

Just think of it—the benefit to you is elimination of dangerous cancer cells in a precise manner that can help you live longer! The side effect is that some of the radioactivity can affect normal bone marrow cells that produce white blood cells that fight infection and red blood cells that carry oxygen through the body and small blood clumping cells, platelets, that help blood clot.

Fortunately, these side effects are self-limited and closely monitored by your physician. In my own practice, I counsel patients to think of the risk benefit of the treatment, and in most cases, the benefit of the treatments largely outweighs the short-term risks and short-term inconveniences. ●



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](https://www.cancer.org).



Treatment sapping your sex life? Try Kegels!

Unfortunately, erectile dysfunction can be a side effect of treatment for prostate cancer. But a new study says a free therapy can make a world of difference! Read on to learn more.

—BY TONYA RUSSELL



W

When men hear they have prostate cancer, they also hear something else: problems in the bedroom. It's not typically the cancer that causes erectile dysfunction (ED), but the treatment. Whether you undergo radiation, hormone therapy or prostate removal, erection issues are the likely result. In fact, almost all men will deal with some sort of erectile dysfunction within the first three months of treatment. The good news is, over time most men will have some function restored, and according to a study presented at the 2023 American Society of Clinical Oncology Breakthrough meeting, one of the most powerful fixes out there for ED may be exercise.

When compared to a group of study subjects who underwent talk therapy and another who just saw their oncologist as usual, the group that worked out three days a week saw the most improvement of all. Los Angeles-based urologist Ashley Winter, MD, isn't surprised: She has always recommended physical activity to prostate cancer patients. "Cardiovascular fitness directly affects penile health and erection strength, and there are also direct exercises that can help strengthen erections." That's why she recommends seeing a physical therapist who specializes in pelvic floor dysfunction. "Strengthening your pelvic floor can potentially help with obtaining and maintaining an erection, as well as help achieve orgasm."

An easy thing to try are Kegels, a type of resistance exercise that increases blood flow to the pelvic region and strengthens muscles in the area, according to physiotherapist Kieran Sheridan, the co-owner of *gulfphysio.com*. "For best results, men should perform a variety of Kegel exercises in multiple ways," says Sheridan, who's created a Kegel-based workout based on clinical findings. As long as your doctor gives you the green light, consider giving Sheridan's Kegel workout a try:

YOUR KEGEL WORKOUT



WHILE STANDING

Stand with feet apart, tighten pelvic floor muscles as if stopping urine flow, and hold as strongly as possible. Avoid holding your breath, pulling in your abdomen or tensing your buttocks. Perform 3 maximal contractions in the morning and evening, aiming to hold for around 10 seconds.



WHILE SITTING

Sit on a chair with knees apart, tighten pelvic floor muscles as if lifting the pelvic floor (not buttocks) off the chair, and hold as strongly as possible. Avoid holding your breath, pulling in your abdomen, or tensing your buttocks. Perform 3 maximal contractions in the morning and evening, aiming to hold each contraction for 10 seconds.



WHILE WALKING

Try lifting your pelvic floor up to 50% of maximum while walking to engage pelvic floor muscles throughout the day.



WHILE LYING DOWN

Lie on your back with knees bent, hip width apart and feet flat on floor. Tighten pelvic floor muscles as strongly as possible, and avoid pulling in your abdomen or tensing your buttocks. Perform 3 maximal contractions in the morning and evening, holding each contraction for 10 seconds.



DURING SEXUAL ACTIVITY

Rhythmically tighten pelvic floor muscles to achieve and maintain penile rigidity during intercourse. Sheridan also advises slow thrusting movements, which creates higher pressure inside the penis, helping to maintain rigidity.



Beyond Kegels

Aerobic activity is also key, since it can increase blood flow and help improve conditions such as diabetes, hypertension and heart disease, which contribute to ED. Also, in addition to Kegels, try other strength-training moves that engage muscles of the pelvic floor, such as squats, bridges, wall sits and leg extensions.

Health Monitor Living

Questions to ask at today's exam



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



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



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



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



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



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



On treatment and need help covering the cost?

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