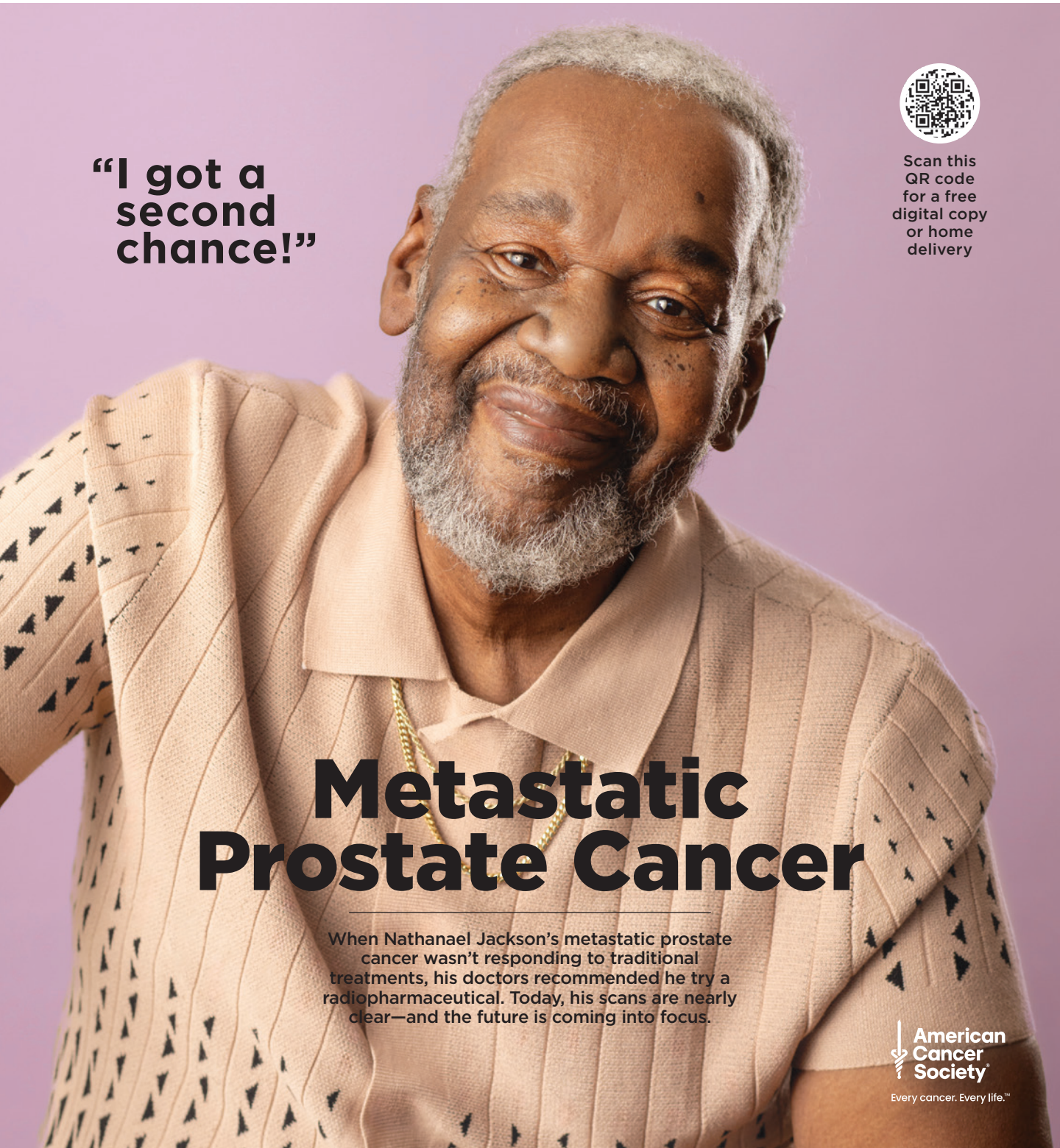
Health Living Monitor®



"I got a second chance!"

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Metastatic Prostate Cancer

When Nathanael Jackson's metastatic prostate cancer wasn't responding to traditional treatments, his doctors recommended he try a radiopharmaceutical. Today, his scans are nearly clear—and the future is coming into focus.

Contents

Health Monitor Living **Metastatic Prostate Cancer**

American Cancer Society
Every cancer. Every life.™

SPECIAL THANKS TO:
The American Cancer Society
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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

Cover photo by Krista Lee Photography

You have many *happy* tomorrows ahead!

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

Since retiring five years ago, Jeff K. has been making the most of his newfound free time: taking a Disney Cruise with his wife, Nina, kids and grandkids. Regular Thursday night poker games with his guys. Walks on the beach near his Charleston, SC, home.

"I've learned to treasure these small moments," says the 72-year-old former engineer. "I've realized since my prostate cancer diagnosis that they're what truly matter."

Jeff's cancer journey began when he started having trouble going to the bathroom. The pain was so intense that he made an appointment with his doctor, who ordered a PSA (prostate-specific antigen–a protein produced by the prostate that can indicate the presence of cancer) test. His high results prompted Jeff's doctor to refer him to a urologist.

"The urologist told me that as a Black man–and one with a father and uncle who have had prostate cancer–my cancer risk was higher than other men."

Further tests and scans confirmed Jeff not only had prostate cancer, but it was stage IV.

"Luckily, my new oncologist reassured me–he said they have new treatments now that are helping men like me live much longer, despite the cancer not being curable."

Continued on next page ►

PROSTATE CANCER IN BLACK MEN

6.7%

THE PERCENTAGE OF BLACK MEN CURRENTLY REPRESENTED IN CLINICAL TRIALS.

1 in 6

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

Source: Zero Prostate Cancer and American Cancer Society

Jeff initially had radiation along with androgen deprivation therapy, intended to starve the cancer cells of the hormones it was using to grow.

"My PSA plummeted, but after about six months, it began climbing again. My oncologist said my cancer was 'castration resistant.'"

That's when Jeff's oncologist told him about a newer treatment using a radiopharmaceutical, which combines a radioactive drug with a molecule that targets specific proteins found on prostate cancer cells. Jeff immediately agreed, and follow-up tests show that, so far, the new treatment seems to be doing the trick.

"I'm incredibly grateful to my doctors, the scientists who developed all these treatments, my family, and God—they're all the reason I'm still here. Now I just need to make the most of it!"

If, like Jeff, you're facing an aggressive or resistant form of prostate cancer, don't get discouraged. There are more treatments available than ever before—even if your cancer has metastasized—and there are more on the horizon that are still in clinical trial phase! That means the odds are high of finding a treatment that can help keep your cancer in check.

One of the first steps? Learning more about your cancer, so read on for more information, tips and inspiration.

What is prostate cancer?

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

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

How does it affect Black men differently?

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

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

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

Signs and symptoms

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

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

How is it diagnosed?

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

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

The two most common screening methods are:

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

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

- ***Imaging scans.*** These can include X-ray, ultrasound, PET 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.

Continued on next page ►

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 care team if a radiopharmaceutical could help you.

PROSTATE CANCER IN BLACK MEN

33%

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

50%

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

Source: Zero Prostate Cancer and American Cancer Society

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

How is it managed?

To determine which of the many treatment options is best for you, your oncologist will consider a number of factors, including your type of cancer and your overall health. In some cases, your care team may recommend "active surveillance"—this means your cancer is slow-growing and you may be better suited to simply monitor the cancer with regular scans rather than treat it. Otherwise, your care team may recommend one of the treatment options below.

1. SURGERY.

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

2. RADIATION.

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

3. HORMONE THERAPY.

Hormone therapy can slow or stop the progression of prostate cancer. Also called androgen deprivation therapy (ADT), it works by blocking the production or action of male hormones called androgens (testosterone is a type of androgen), which promote the growth of prostate cancer. Hormone therapy may be used in conjunction with other treatment, as a follow-up after surgery or radiation, or it is sometimes used alone if surgery and radiation are not options for you.

4. CHEMOTHERAPY.

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

5. IMMUNOTHERAPY.

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

6. TARGETED THERAPY/ RADIOPHARMACEUTICALS.

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

Looking ahead with hope

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

Your cancer care team

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

Urologist: 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.

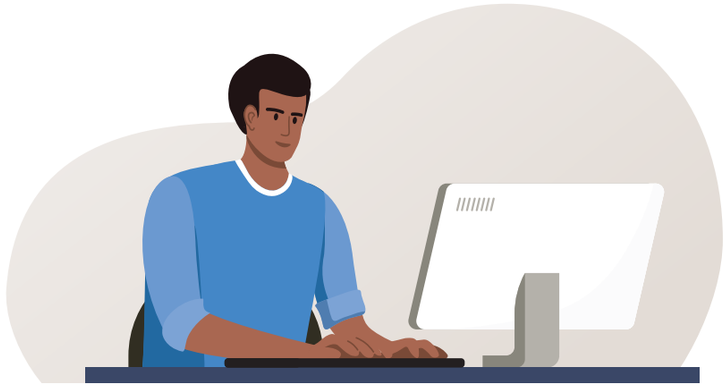
Registered dietitian: a nutrition expert who can help you choose the best foods to eat, especially for those times you may not feel up to eating.

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 metastatic prostate cancer to live longer than ever. And it's common to switch treatments over time. To make sure your current plan is as effective as 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 at any point since you've undergone treatment?
☐ Yes ☐ No
If yes, what stage and grade is your cancer today?
_____

3.
Has your cancer been tested for genetic mutations?
☐ Yes ☐ No

4.
What initial treatment(s) did you use to fight your prostate cancer? *(Check multiple if you underwent more than one treatment after diagnosis.)*
☐ Surgery
☐ Radiation
☐ Chemotherapy
☐ Steroids
☐ Hormone therapy
☐ Targeted therapy
☐ Immunotherapy

5.
What were the reasons, if any, you stopped previous treatments? *Check all that apply.*
☐ My cancer didn't respond.
☐ My cancer spread or recurred.
☐ My PSA levels rose.
☐ The side effects were intolerable.
☐ I couldn't afford them.
☐ I'm still on my initial treatment.

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

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

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

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

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

List any side effects causing you difficulties: _____
_____
_____
_____

— COVER STORY —

"I GOT A SECOND CHANCE!"

When Nathanael Jackson's metastatic prostate cancer wasn't responding to traditional treatments, his cancer care team recommended he try a radiopharmaceutical. Today, his scans are almost completely clear—and he's looking forward to a long and active future. —BY WHITNEY HARRIS

CONTINUED ON NEXT PAGE

When Nathanael "Doc" Jackson received a diagnosis of prostate cancer in 2013, the army veteran had previously lost both his father and brother—also a veteran—to the disease.

"I'd also been going to the bathroom more than usual, something my daughter had noticed, so the signs were there."

Despite reservations about returning to a VA hospital—Nathanael had been diagnosed with PTSD after his two tours in Vietnam and had tried to distance himself from his time in that war—the former army combat medic and registered nurse knew he needed to get checked out.

Unfortunately, not only did the exam at Nashville VA Medical Center reveal he had prostate cancer—potentially caused by Agent Orange exposure during the war—but it had spread to his bones. He had stage IV.

"I wasn't going without a fight"

Like most people who find out they have metastatic cancer, the single 73-year-old was devastated to get the news. "I assumed it was a death sentence, I figured it was just my time to go."

Nathanael's cancer care team had other ideas, however, and started him on an aggressive treatment course that included hormone therapy, chemotherapy and radiation.

"I worked in the chemo wards as a registered nurse in the 1980s so I'd seen firsthand the experience of other patients and it was brutal," Nathanael admits. "But my urologist assured me the treatments had come a long way since then."

While the treatments did help, Nathanael kept experiencing rising levels of PSA—a protein produced by the prostate that in some cases can indicate the presence of cancer when its numbers rise. Bottom line: The treatments weren't doing enough.

"I couldn't believe it—the tumors were gone!"

Still, Nathanael's cancer care team refused to give up.

"That's when my oncologist brought up a new treatment, called a radiopharmaceutical," Nathanael recalls. "He explained that it works by delivering radiation directly to cancer cells using a targeted therapy and had been showing promising results in other people with metastatic prostate cancer that was resistant like mine was. So I said, 'Let's do this!'"

To make sure Nathanael would respond to the new medication, doctors took what is called a "baseline Prostate-Specific Membrane Antigen Positron Emission Tomography" or PSMA-PET scan. This scan looks for the presence of PSMA, a protein found in high numbers in many prostate cancer cells. This is the protein the targeted therapy uses to find and deliver radiation directly to cancer cells, and the scan indicated that Nathanael was a good candidate.

He received the medication via IV every six weeks over a period of nine months. The final results? Incredible. Less than a year after he began treatment, Nathanael went in for his post-infusion scan.

"I looked at the screen and had to study it for a minute before I could comprehend what I was looking at," Nathanael says. "My initial scan had been covered in red arrows next to all the tumors on my bones and elsewhere. The new scan? It was virtually clear of lesions—all those tumors were gone!"

These days, Nathanael is making the most of his retirement—that means spending time with his family, as well as participating in veteran-centered rehabilitation activities, including this year's National Veterans Golden Age Games in Salt Lake City, UT, which features different sporting events, including basketball, cycling, swimming and golf.

"By the Grace of God, this new cancer medication gave me a second chance, and I'm using that to come out of my 'bunker,' so to speak and engage with the world, which I encourage other veterans to do, too," says Nathanael. "I want to make the most of the time of have—and now I can!"

"By the Grace of God, this new cancer medication gave me a second chance, and I'm using that to come out of my 'bunker,' so to speak and engage with the world!"

Photos by Krista Lee Photography

GETTING THE UPPER HAND ON PROSTATE CANCER

Here, Nathanael shares some of the other tips he learned on his cancer journey.

Ask questions.

"My doctors always involved me in the process, but there were times I wish I had been *more* involved in knowing some of the side effects of certain medications. So try to ask questions to better understand what the medical professionals are telling you. Don't take anything at face value just because someone has a white coat and a stethoscope. Ask them to explain what's going on with you."

Take ownership of your health.

"I started educating myself soon after my diagnosis. I don't do a lot of social media, but I did join a few support groups on Facebook. And I actually found more women becoming involved in learning about prostate health on behalf of their husbands. It's important for the men themselves to engage with gathering information, to understand what the doctors are saying, and see what the labs are showing. Become involved in your own health—don't let your wife do all the work!"

Live your best life.

"None of us is going to live forever, so try to have a certain quality of life, whatever that means for you. For me, I didn't give up my smothered liver and onions or mashed potatoes and homemade gravy. Also, one of my doctors said to get elderberry wine by Manischewitz, so I have a small glass of that every night. You have to make the most of your time when you're here!"

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

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.

PLUVICTO®
lutetium Lu 177 vipivotide tetraxetan
INJECTION FOR INTRAVENOUS USE

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.

NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

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Summary of Important Information

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What should I tell my doctor before receiving PLUVICTO therapy?
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- 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)
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Before administration of PLUVICTO, you should drink plenty of water in order to urinate as often as possible during the first hours after administration.

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

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

General information about the safe and effective use of PLUVICTO
Talk to your nuclear medicine doctor about any concerns. You can ask your nuclear medicine doctor for information about PLUVICTO that is written for healthcare professionals.

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

“We’re *not* letting prostate cancer win!”

Virgil and Alvin both refused to let prostate cancer slow them down, each tackling the disease head-on and using any treatment available. Today, their cancer is under control and they’re sharing what they’ve learned to help other members of the Black community take charge of their health, too.

—BY WHITNEY HARRIS

“Don't take your diagnosis sitting down!”

VIRGIL BROWN
MILWAUKEE, WI

Virgil Brown had a family history of prostate cancer, and luckily he knew that meant he needed his PSA levels screened early and often. When his number started rising in March 2009—and spiked even higher three months later—he had a biopsy and discovered he’d be the next member of his family to receive a prostate cancer diagnosis.

“My dad passed that October and I had my surgery a week later. We buried him the day before my birthday,” Virgil says. “My first reaction was anger, then acceptance. Then, *Let’s get it out!*”

So Virgil did radiation in conjunction with hormone therapy until he reached a non-detectable PSA. Virgil’s doctor recommended he join the Men Moving Forward (MMF) program, which supports and educates Black prostate cancer patients on topics ranging from fitness to nutrition to quality of life, which Virgil credits with helping him feel healthy and strong throughout treatment. Here’s other ways Virgil took charge of his prostate cancer.

Find a program.

“I wasn’t the type of person to motivate myself. Since retiring, I would spend my time sitting and watching TV. I wasn’t very active, so I lost a lot of muscle mass. My body was flabby. When my doctor told me about MMF, I signed up and started attending, and that really made a difference in my overall health. It’s so important to keep your body strong so you can fight back when something like this strikes. Last April, I was 198 pounds; today, I’m 177 pounds and a lot more muscle. I work out five days a week with the MMF program, plus they teach us nutrition. Get hooked up with a program like this to help you become and stay motivated to exercise and eat right.”

Do what’s right for you.

“Some guys I know are total vegetarians, which is great for them. I try not to deprive myself of anything, so I have everything in moderation. I don’t eat as much meat and I limit my red meat to no more than once a week. This is what works for me.”

Focus on mindset.

“Don’t give up. Have faith that things are going to be okay. Those things have carried me a long way. When I first started being active, I couldn’t do 5 push-ups. Now I’m a cancer survivor doing 150 push-ups a night!” ►

Photo by Melanie Renee Photo

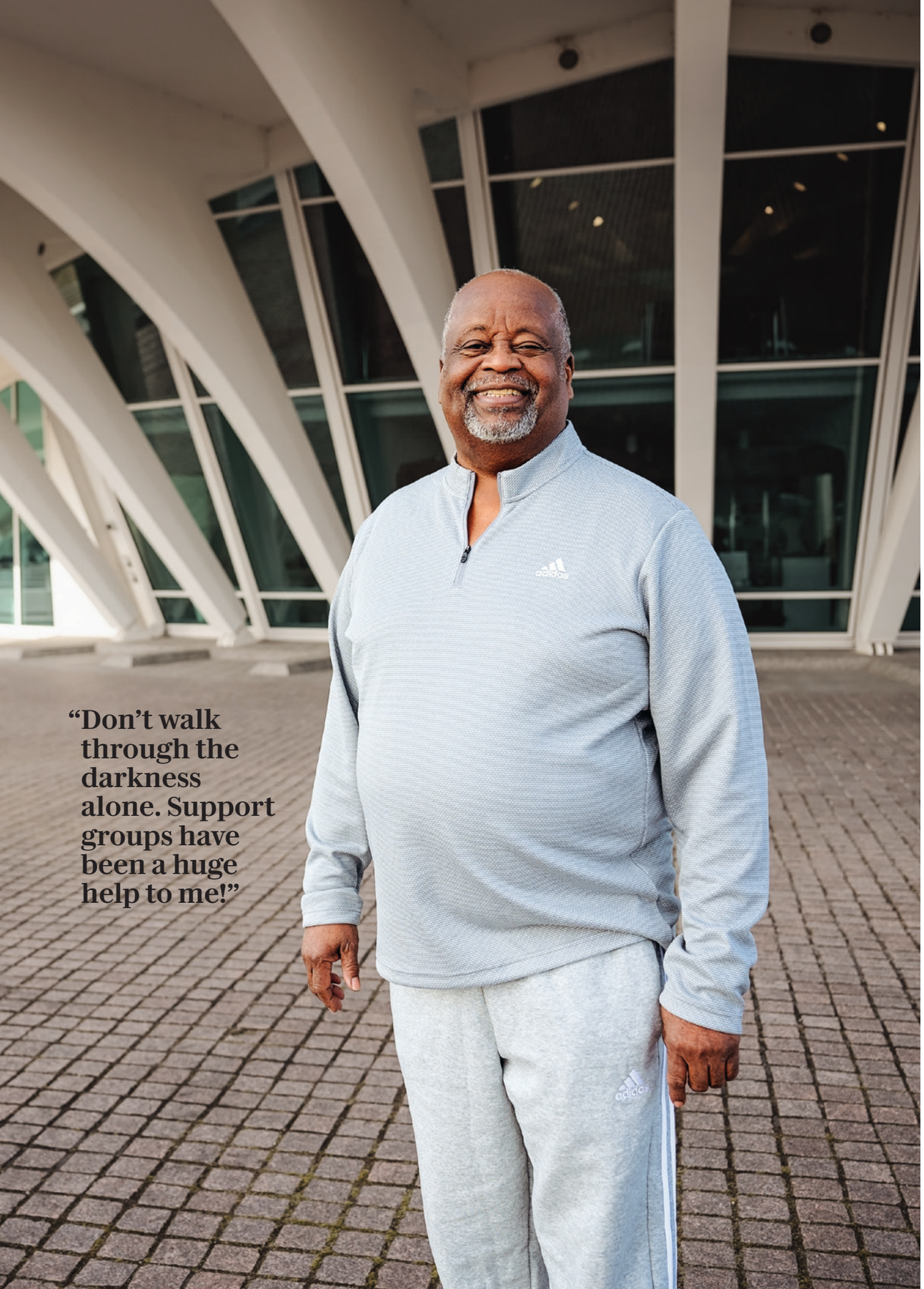

Photo by Melanie Renee Photo

“Stay true to yourself”

ALVIN FLOWERS
MILWAUKEE, WI

In 2013, Alvin Flowers was at his primary care physician for a physical and mentioned that he was urinating more frequently. His doctor ordered blood tests, which detected an elevated level of PSA—a protein produced by the prostate that can sometimes indicate the presence of cancer at high levels. Two biopsies later, Alvin was diagnosed with advanced prostate cancer. “I had no family history. I was beyond shocked and thinking, *Do I need to get my affairs in order?* I thought it was a death sentence,” Alvin remembers.

Alvin quickly began radiation treatment at the Veterans’ Administration Medical Center. It was an aggressive course, and a difficult several weeks with no breaks, except on weekends. But his significant other is a retired registered nurse, so she guided him through the process.

Like Virgil (see previous page), Alvin credits his doctor’s suggestion that he enroll in the Men Moving Forward (MMF) program with helping to successfully steer him through treatment.

Today, after trying several treatments, Alvin has hit the 10-year-mark of his cancer being in check. He stays active in the MMF program, exercising with them regularly and connecting with the invaluable social support network each week. “I’m feeling pretty good about the future,” Alvin says. Here, he shares his tips for finding your own road to recovery from prostate cancer.

Don’t hide from the truth.

“While a cancer diagnosis can be traumatic, facing it head on really seems to be the best way to go. Knowing about the cancer—what type it is, how aggressive it might be, where it has spread and what treatments are available is all better than not knowing, because then you can at least make a plan.”

Join a support group.

“Don’t walk through the darkness alone. Having an open and honest discussion with other people going through what you are, who truly understand on a personal level, can reduce anxiety. A support group is a place where you can talk about treatment, side effects, whatever. It’s been a huge help to me with stress release and emotional well-being.”

Know your numbers.

“I always thought cancer was for someone else. But according to the American Cancer Society, about 1 in 8 men will be diagnosed, and the number for the Black population jumps to 1 in 6. Knowing that it could impact you, even though it seems far-fetched, is important because that’s what’s going to push you to get screened, and to stay on top of your health so you can catch things early.”

Find your passion.

“I play chess. I also own a small photography company, which gets me out in front of people. It helps me stay positive and looking forward.”

Don’t give up!

“There is no quick and easy way. Nothing worth having in life comes without effort. Life isn't easy and isn't fair. We must address this prostate cancer adversity clear-eyed and do all that we can to save our own life. Stay active, stay focused, stay you.”

Health Monitor

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A new treatment option? I had been through chemotherapy for what was initially early-stage prostate cancer, but a few years later it progressed and spread to my lungs. We tried treating with 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 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. 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.

FAMILY CONCERNS

Q: *As a Black man who has recently been diagnosed with prostate cancer, I'm worried that my sons could also be at risk. What can they do to protect themselves?*

A: Your sons may, in fact, be more likely to develop prostate cancer. In fact, the risk of a person who has a first-degree relative (i.e., a father or brother) with prostate cancer is 2 to 3 times greater than that of a person with no affected family members, and the more family members with prostate cancer, the higher the risk. The magnitude of this increase in risk is even greater in Black men.

What to do to provide protection is a more difficult question to answer. Most medical guidelines would suggest that family members undergo routine screening starting at a younger age—for example, at age 40 instead of 50 to 55—and have periodic examinations of the prostate gland itself. Likewise, if the affected family member was diagnosed with prostate cancer at age 45, some would recommend relatives start testing at age 35 or 10 years earlier from when the affected patient was diagnosed. If there is a strong family history or the presence of breast cancer in female members of the family, genetic testing may also be considered.

Advise your sons to discuss their personal risk with their primary care physician and take the preventive and monitoring steps that seem appropriate. ●

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

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 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

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Questions to ask at today's exam

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.