

## For the Patient: UGUPLVT

Treatment of Metastatic Castration Resistant Prostate Cancer using Lutetium (<sup>177</sup>Lu) Vipivotide Tetraxetan (PLUVICTO ®)

**U** = Undesignated (requires CAP approval)

**GU** = GenitoUrinary

**P** = Prostate

**LVT** = Lu vipivotide tetraxetan (**Pluvicto** ®)

### **ABOUT THIS MEDICATION**

#### **What is this drug used for?**

- Pluvicto is used to treat prostate cancer that has spread to other parts of the body in patients who have had other types of treatment for their prostate cancer.

#### **How does this drug work?**

- Pluvicto is a targeted radioactive therapy (radiopharmaceutical therapy) that delivers radiation directly to cancer cells with prostate-specific membrane antigen (PSMA) receptors. It may also affect some healthy cells that have PSMA receptors.
- The cancer cells are killed or damaged by the radiation, which slows down their growth and spread. This treatment may improve your overall survival and help reduce your symptoms.

### **TREATMENT SUMMARY**

#### **How are these drugs given?**

- Pluvicto is given directly into your vein (IV).
- You will get this medication in the nuclear medicine department. You can go home after your treatment.
- You will receive Pluvicto once every 6 weeks. This 6-week period is called a “cycle”. The cycles are repeated up to a maximum of 6 cycles.

#### **What will happen when I get my drug?**

- Before your treatment, you will meet with your oncologist and a nuclear medicine doctor.
- You will have your blood tested each cycle at specific times:
  - Before the first day of each treatment cycle.
  - Every 3 weeks during the cycle.
- The dose and timing of your treatment may change based on the results of your blood tests or the side-effects you experience.

## **INSTRUCTIONS**

- Tell doctors, dentists and other health professionals that you are being treated with Pluvicto before you receive any treatment from them.
- If you are sexually active, speak with a healthcare professional. Pluvicto may cause temporary or permanent infertility (not able to have children).
- Exposure to radioactive emissions, including those from Pluvicto, may harm an unborn baby.
- It is important that you are well hydrated before and after treatment because Pluvicto can cause changes in kidney function. Your doctor will check your blood before each treatment cycle, to make sure the drug is not affecting your kidneys. If needed, you may be given intravenous fluids and medications.
- Call your healthcare team if you have nausea, vomiting, or diarrhea after treatment.
- Call your healthcare team if you have a dry mouth and/or if it is causing you difficulty eating or drinking.

### **Important:**

You will get a **Pluvicto radioactive injection wallet card** from the staff in the Nuclear Medicine Department the first time you receive Pluvicto.

**Carry this card with you at all times during your treatment and for 3 months after your last dose.** Show this card to any health care provider that you are seeking care from.

## **COMMON SIDE EFFECTS AND MANAGEMENT:**

Your doctor will review the risks of treatment and possible side effects with you before starting treatment.

Side effects for area listed in the following table in the order in which they may occur. Tips to help manage the side effects are included.

<b>SIDE EFFECTS</b>	<b>MANAGEMENT</b>
Pluvicto can cause <b>tissue or vein injury</b> if it leaks under the skin.	Tell your health care provider <b>immediately</b> if you feel discomfort, stinging, or any other change while the drug is being given.
<b>Nausea and vomiting</b> can occur after your treatment. If you are vomiting and it is not controlled, you can quickly become dehydrated.	<ul style="list-style-type: none"><li>• You may be given a prescription for antinausea drug(s) to take before your treatment and/or at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely <b>It is easier to prevent nausea than treat it once it has occurred.</b> Drink plenty of liquids.</li><li>• Eat and drink often in small amounts.</li><li>• Try the ideas in Practical Tips to Manage Nausea.*</li></ul> <p><b>Tell your healthcare team if nausea or vomiting continues or is not controlled with your antinausea drug(s).</b></p>

<p><b>Back or joint pain</b> may occur after your treatment.</p>	<ul style="list-style-type: none"> <li>• <b>You may take acetaminophen (e.g., TYLENOL®) every 4-6 hours to a maximum of 4 g (4000 mg) per day or ibuprofen (e.g., ADVIL®) for mild to moderate pain. Tell your doctor if the pain interferes with your activity.</b></li> <li>• <b>Try acetaminophen (TYLENOL®) first, but occasional use of ibuprofen may be acceptable</b></li> </ul>
<p><b>Unusual tiredness and lack of energy may sometimes occur.</b></p>	<p>If you experience fatigue:</p> <ul style="list-style-type: none"> <li>• Do not drive a car or operate machinery if you are feeling tired.</li> <li>• Try the ideas in Fatigue/Tiredness – Patient Handout. *</li> <li>• Let your healthcare team know if you continue to feel more tired than usual.</li> <li>• Your energy level will improve with time after treatment is completed.</li> </ul>
<p><b>Dry mouth</b></p>	<ul style="list-style-type: none"> <li>• Try baking soda mouth rinses (using 1/4 tsp baking soda in 1 cup warm water) and rinse several times a day.</li> <li>• You may also try biotene mouth rinse, xylitol lozenges or gum and frequent fluid intake</li> <li>• Tell your healthcare team if you have a dry mouth and/or if it is causing you difficulty eating or drinking.</li> </ul>
<p>Your <b>white blood cells</b> may decrease after your treatment. They usually return to normal after your last treatment. White blood cells protect your body by fighting bacteria (germs) that cause infection. When they are low, <b>you are at greater risk of having an infection.</b></p>	<p>To help prevent infection:</p> <ul style="list-style-type: none"> <li>• Wash your hands often and always after using the bathroom</li> <li>• Take care of your skin and mouth</li> <li>• Avoid crowds and people who are sick</li> <li>• Call your doctor immediately at the first sign of infection such as fever (over 38°C or 100°F by an oral thermometer), chills, cough or burning when you pass urine.</li> </ul>
<p><b>Red blood cells</b> carry oxygen throughout your body. Your red blood cells may decrease after your treatment. You may feel more tired or short of breath than usual.</p>	<p>Tell your healthcare team if you are feeling light-headed, weak, or short of breath.</p> <ul style="list-style-type: none"> <li>• Try the ideas in Fatigue/Tiredness – Patient Handout.*</li> </ul>

<p>Your <b>platelets</b> may decrease after your treatment. They usually return to normal after your last treatment. Platelets help your blood clot when you hurt yourself (e.g. cut). <b>When the platelet count is low, you may be more likely to bruise or bleed.</b></p>	<p>To help prevent bleeding problems:</p> <ul style="list-style-type: none"> <li>• Try not to bruise, cut or burn yourself.</li> <li>• Clean your nose by blowing gently. Do not pick your nose.</li> <li>• Avoid constipation.</li> <li>• Brush your teeth gently with a soft toothbrush as your gums may bleed more easily.</li> </ul> <p>Some medications such as ASA (e.g. Aspirin®) or ibuprofen (e.g. ADVIL®) and natural health products may increase your risk of bleeding.</p> <ul style="list-style-type: none"> <li>• Ask a pharmacist if you are taking any of these medications or products.</li> </ul> <p>Do not stop taking any medication prescribed by your doctor. For minor pain, try acetaminophen (TYLENOL®) first, but occasional use of ibuprofen may be acceptable.</p>
<p><b>Diarrhea</b> may occur. If you have diarrhea and it is not controlled, you can quickly become dehydrated.</p>	<p>To help diarrhea:</p> <ul style="list-style-type: none"> <li>• Drink plenty of liquids.</li> <li>• Eat and drink often in small amounts.</li> <li>• Avoid high fibre foods as outlined in Food Choices to Help Manage Diarrhea.*</li> <li>• Tell your healthcare team if you have diarrhea for more than 24 hours.</li> </ul>
<p><b>Constipation</b> may occur.</p>	<ul style="list-style-type: none"> <li>• Exercise if you can.</li> <li>• Drink plenty of fluids.</li> <li>• Try the ideas in Food Choices to Manage Constipation.*</li> </ul>
<p><b>Loss of appetite</b> and <b>weight loss</b> can occur and may persist after discontinuation of treatment.</p>	<p>Try the ideas in Food Ideas to Help with Decreased Appetite.*</p> <p>Speak with your doctor if you have concerns about your appetite or weight loss.</p>

**\*Please ask your nurse or pharmacist for a copy.**

## **RADIATION EXPOSURE AND SAFETY**

This medicine is radioactive. Your body, blood, sweat, and urine give off radiation for a while after getting Pluvicto. The Nuclear Medicine department administering your Pluvicto treatment **will give you a handout with guidelines that you must follow**. The handout will list precautions to help reduce overall radiation exposure to yourself and others.

### **What To Do If You Need Help During or After Your Treatment:**

***If you experience symptoms or changes in your body that have not been described above but worry you, or in any symptoms are severe:***

Contact your healthcare team. They are here to support you and can help manage any symptoms or side effects you may experience.

#### ***In an emergency:***

Call 911 or go to the nearest emergency room right away. Examples of emergencies include chest pain, difficulty breathing, severe allergic reactions, or uncontrolled bleeding.

#### ***For questions about radiation safety:***

Contact the Nuclear Medicine department. Their contact information is included:

- **In the radiation safety instructions you received.**
- **On the Pluvicto radioactive injection card you were given at your treatment site.**
- **Always keep your Pluvicto radioactive injection card with you in case of questions or emergencies.**

## PATIENT TREATMENT SCHEDULE

Cycle 1		Dates		Cycle 2		Dates	
Physician Appointment	Date:	_____		Physician Appointment	Date:	_____	
Bloodwork (Before Treatment)	Date:	_____		Bloodwork (Before Treatment)	Date:	_____	
Treatment Date	Date:	_____		Treatment Date	Date:	_____	
Bloodwork (3 Weeks After)	Date:	_____		Bloodwork (3 Weeks After)	Date:	_____	
Cycle 3		Dates		Cycle 4		Dates	
Physician Appointment	Date:	_____		Physician Appointment	Date:	_____	
Bloodwork (Before Treatment)	Date:	_____		Bloodwork (Before Treatment)	Date:	_____	
Treatment Date	Date:	_____		Treatment Date	Date:	_____	
Bloodwork (3 Weeks After)	Date:	_____		Bloodwork (3 Weeks After)	Date:	_____	
Cycle 5		Dates		Cycle 6		Dates	
Physician Appointment	Date:	_____		Physician Appointment	Date:	_____	
Bloodwork (Before Treatment)	Date:	_____		Bloodwork (Before Treatment)	Date:	_____	
Treatment Date	Date:	_____		Treatment Date	Date:	_____	
Bloodwork (3 Weeks After)	Date:	_____		Bloodwork (3 Weeks After)	Date:	_____	

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