

4. The Member (my brother) has failed or did not tolerate prior treatment with androgen receptor (AR) pathway inhibition (my brother had Xtandi which he could not tolerate stopping 6 years ago) (or e.g., abiraterone) AND taxane-based chemotherapy (e.g., docetaxel), OR **the treating provider has determined that these therapies are not clinically appropriate for the member.** (I believe age would be a factor in trouble tolerating the Chemo that allowed my brother to get approved for Pluvicto before Chemo.)

Pluvicto is the last agent available to treat PCa for a while before trying clinical trials. (Our friend Jerry Deans failed Pluvicto probably caused by his P53 mutation in his cancer)

Information from My Doctor niece on Pluvicto, Looking after my brother In Seattle, Wa. follows: Pluvicto is very targeted to the actual cancer cells so 80% of people have no side effects. Also 80% of patients respond to the Pluvicto, 20% do not. It's one of the rare cancer meds that improves both length of life and quality of life.

If someone does have side effects, they may get dry eyes/dry mouth, since it can affect the lacrimal and parotid glands. They have to follow kidney function since kidneys filter and eliminate the medication, and therefore contain mild radioactivity for 3 days - drink lots of water, change any pads soon , normal activities fine but don't sleep next to someone in same bed for that 3 days (hugs, eating out, driving, etc., all fine). Pads can be disposed of in normal garbage. Also they follow liver function and WBC, RBC, and platelets (which are more affected if the cancer is in the bones, which it is in my brother's case).

If it's helping, Pluvicto is given up to 6 doses, given through an IV in a one minute injection. If the patient responds, the PSA goes down. The drug is manufactured in N.J. , and the office gets a 10 day notice of when it will be delivered. It has to be given within 10 hours of the office receiving it. So I'm thinking we should make sure there is a back-up driver available each time in case Don or Margi can't drive or have any car problems. If there's some reason he absolutely couldn't make an appointment, the doctor's office needs to be told as soon as possible so they can arrange for some other patient to get it.

Dr. Sanders gives very good explanations in easy to understand language and seems very congenial. They were there quite a while today - My Brother got the scan that's needed first (which confirmed what we already knew from Dr. Mathew, that the cancer is in the lymph nodes from pelvis to lower neck and not in the bones). There was a wait for the appointment today, but it sounds like the treatments will be quick - just starting the IV and then the one minute injection. His PSA at the start of treatment is in 60 ng/ml range.

Now the next day my brother just had one episode of nausea and vomiting, and felt a little more tired than usual for two days. When I called him on two days he was feeling fine.

Warriors I hope this helps you understand about this treatment which I hope is not necessary for you.