

You're Invited

Please join us for a Pluvicto® (lutetium Lu 177 vipivotide tetraxetan) Knowledge Exchange Forum, presented in-person

Thursday, November 12, 2026

| 06:00 PM PT



Scan to register



Novartis Representative

Julio Ramirez

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On behalf of your Novartis Representative, Julio Ramirez,
you are invited to join your peers for program description entitled:

Advancing PLUVICTO for the Treatment of Patients With PSMA+ mAPMR Prostate Cancer (mCRPC) and Now Approved (+ ARPI) for Patients with mAPMN/S Prostate Cancer (mHSPC)

Ruths Chris Steak House, 727 Pine St, Seattle, Washington 98101 | (206) 624-8524

Event Details:

This educational program reviews efficacy and safety data for PLUVICTO (+ ARPI) in patients with PSMA-positive mAPMN/S prostate cancer (mHSPC), or PLUVICTO in patients with mAPMR prostate cancer (mCRPC) after just 1 ARPI. Through this program, clinicians will gain guidance on identification of patients with mAPMN/S prostate cancer or with mAPMR prostate cancer who are appropriate for PLUVICTO therapy, informed by the Phase 3 PSMAAddition and PSMAfore registrational trial data. This program also provides guidance on dosing, administration, access, and integration of PLUVICTO into clinical practice, supporting real-world implementation, multidisciplinary care, and patient communication.

Register now at <https://myattendeeresource.com/novartis/261026-Novartis-5192>

Presented by:



Przemyslaw Twardowski, MD

Pasadena, California

Speaker is compensated for their time.

This program is sponsored by Novartis Pharmaceuticals Corporation.

Indications

PLUVICTO® (lutetium Lu 177 vipivotide tetraxetan) is indicated in combination with androgen receptor pathway inhibitor (ARPI) therapy for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic androgen pathway modulation-naïve or -sensitive (mAPMN/S) prostate cancer.

PLUVICTO is indicated for the treatment of adult patients with PSMA-positive metastatic androgen pathway modulation-resistant (mAPMR) prostate cancer who have been treated with ARPI therapy, and

- are considered appropriate to delay taxane-based chemotherapy, or
- have received prior taxane-based chemotherapy.

**Please see additional Important Safety Information on following page.
Please see accompanying full Prescribing Information.**

IMPORTANT SAFETY INFORMATION

Risk From Radiation Exposure

- PLUVICTO contributes to a patient's long-term cumulative radiation exposure, which is associated with an increased risk for cancer.
- Minimize radiation exposure to patients, medical personnel, and others during and after treatment with PLUVICTO consistent with institutional practices, patient treatment procedures, Nuclear Regulatory Commission patient-release guidance, and instructions to the patient for follow-up radiation protection.
- Ensure patients increase oral fluid intake and advise them to void as often as possible to reduce bladder radiation.
- To minimize radiation exposure to others, advise patients to limit close contact (less than 3 feet) with others for 2 days or with children and pregnant women for 7 days, to refrain from sexual activity for 7 days, and to sleep in a separate room from others for 3 days, from children for 7 days, or from pregnant women for 15 days.

Myelosuppression

- PLUVICTO can cause severe and life-threatening myelosuppression. In clinical trials (PSMAAddition, PSMAfore, VISION) grade 3 or 4 decreased hemoglobin (ranged from 4.3–15%), decreased leukocytes (4.4–7%), decreased neutrophils (3.5–4.5%), and decreased platelets (1.1–9%) occurred in patients treated with PLUVICTO. 5 myelosuppression-related deaths have occurred, including one due to bone marrow failure during long-term follow-up.
- Perform complete blood counts before and during treatment with PLUVICTO. Withhold, reduce dose, or permanently discontinue PLUVICTO based on severity of myelosuppression.

Renal Toxicity

- PLUVICTO can cause severe renal toxicity. In clinical trials grade 3 or 4 acute kidney injury (ranged from 1.3–3.4%) occurred in patients treated with PLUVICTO.
- Advise patients to remain well hydrated and to urinate frequently before and after administration of PLUVICTO. Perform kidney function laboratory tests, including serum creatinine and calculated creatinine clearance (CrCl), before and during treatment. Withhold, reduce dose, or permanently discontinue PLUVICTO based on severity of renal toxicity.

Embryo–Fetal Toxicity

- The safety and efficacy of PLUVICTO have not been established in females. Based on its mechanism of action, PLUVICTO can cause fetal harm. No animal studies using lutetium Lu 177 vipivotide tetraxetan have been conducted to evaluate its effect on female reproduction and embryo–fetal development; however, radioactive emissions, including those from PLUVICTO, can cause fetal harm. Advise males with female partners of reproductive potential to use effective contraception during treatment with PLUVICTO and for 14 weeks after the last dose.

Infertility

- The recommended cumulative dose of 44.4 GBq of PLUVICTO results in a radiation-absorbed dose to the testes within the range where PLUVICTO may cause temporary or permanent infertility.

Adverse Reactions and Laboratory Abnormalities

- In the pooled safety population for the PSMAAddition, PSMAfore and VISION studies (N=1320), the most common ($\geq 20\%$) adverse reactions, including laboratory abnormalities, were decreased lymphocytes (86%), decreased hemoglobin (68%), fatigue (51%), dry mouth (46%), decreased neutrophils (35%), nausea (35%), decreased platelets (33%), decreased estimated glomerular filtration rate (28%), increased aspartate aminotransferase (25%), decreased sodium (22%), increased magnesium (22%), increased potassium (21%), decreased calcium (21%), and increased alkaline phosphatase (20%).

Please see accompanying full Prescribing Information.

