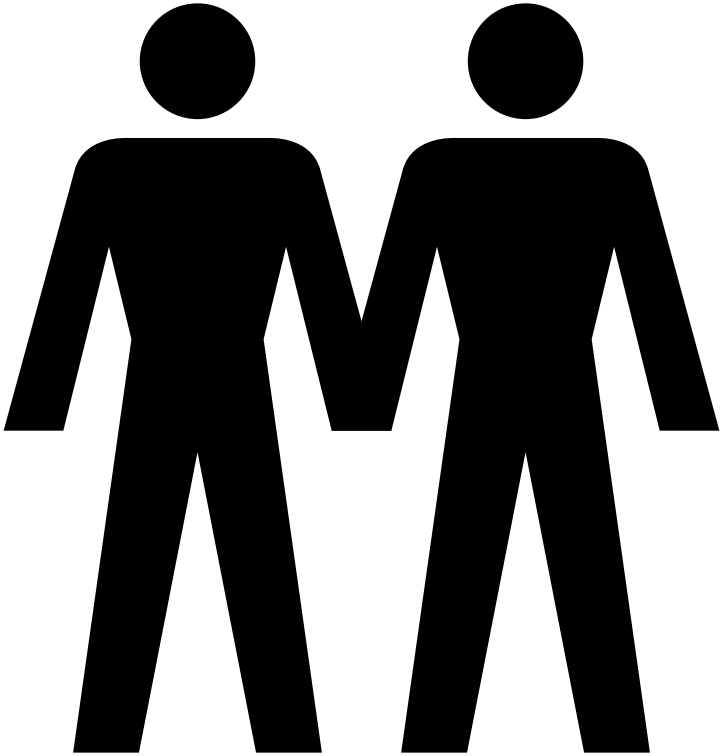
Prostate cancer tests and treatment:
A guide for gay and bisexual men



PROSTATE CANCER UK

About this booklet

This booklet is for gay and bisexual men, and men who have sex with men, who are having tests or treatment for prostate cancer. Partners, family or friends may also find it useful.

Prostate cancer isn't more common in gay or bisexual men, and it's treated in the same way. But if you're gay, bisexual or a man who has sex with men, you might have some specific questions or concerns. We've included information that may be relevant to you, as well as information about the support available.

If you're a gay or bisexual trans man (registered female at birth and identify as a man) you will not have a prostate so you are not at risk of getting prostate cancer. But you may have a partner who has, or is at risk of getting, prostate cancer.

This booklet is designed to be used alongside our more general information on tests and treatments for prostate cancer in our other fact sheets and booklets. Ask your doctor or nurse for more details about your care and the support available to you. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383 or chat to them online.

The following symbols appear throughout the booklet:

Our Specialist Nurses

Our publications

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Transgender*, non-binary or intersex***?**

The information in this booklet has been developed based on guidance and evidence in cisgender**** men. If you are a trans woman, non-binary registered male at birth or intersex, some of this information may still be relevant to you – but your experience may be slightly different. For more information visit **prostatecanceruk.org/trans-women**

* A trans woman is someone who was registered male at birth and identifies as a woman. Trans women can develop prostate problems, even if they have taken hormones, or if they have had genital reconstructive surgery. The prostate is not removed during this surgery.

** A non-binary person does not identify as a man or a woman.

*** An intersex person may have both male and female sexual characteristics and so might have a prostate.

**** A cisgender person is someone whose gender identity matches the sex they were registered as at birth.

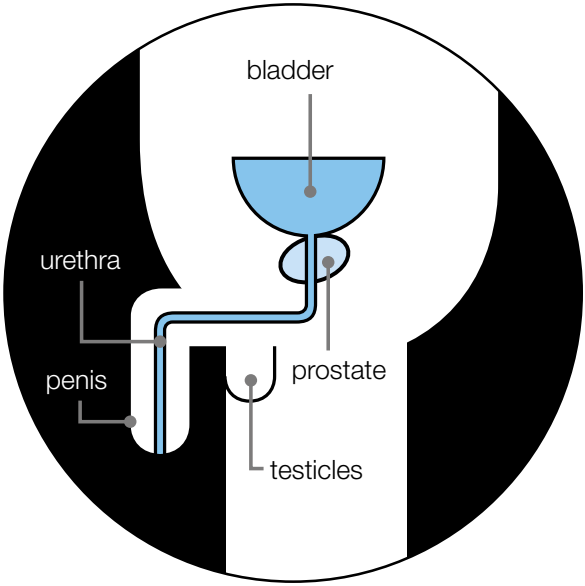
What is prostate cancer?

Prostate cancer is the most common cancer in men in the UK. It develops when cells in the prostate start to grow in an uncontrolled way. About 1 in 8 men will get prostate cancer at some point in their lives.

You are more likely to get prostate cancer if:

- you are aged 50 or over, or
- your father or brother has had it, or
- you are Black.

If you're overweight, you might have a higher risk of being diagnosed with prostate cancer that's aggressive (more likely to spread) or advanced (spread outside the prostate).



Being gay or bisexual, or having anal sex, does not increase your risk of getting prostate cancer.

Can I pass prostate cancer on to my partner?

You can not pass prostate cancer on to your partner. And there is no strong evidence that having a sexually transmitted disease, for example human immunodeficiency virus (HIV), increases your risk of prostate cancer. There is some evidence that human papilloma virus (HPV) may increase your risk of prostate cancer. But more studies are needed before we can know this for certain. For more information about HIV and prostate cancer, see page 21.

Are there any symptoms?

Most men with early (localised) prostate cancer don't have any symptoms.

Some men with prostate cancer may have problems urinating (weeing). This is usually caused by other things that aren't cancer, such as an enlarged prostate or another health problem. But it's still a good idea to get it checked out.

If prostate cancer breaks out of the prostate or spreads to other parts of the body, it can cause other symptoms, including pain in the back, hips or pelvis. Again, these symptoms are often caused by other things that aren't cancer. But it's best to speak to your GP so they can find out what's causing them.

For more information on changes to look out for, read our booklet, **Know your prostate: A guide to common prostate problems**.

Testing for prostate cancer

There is no single test to diagnose prostate cancer, but there are a number of tests that can be used to find out if you have a prostate problem. These include a PSA blood test, a digital rectal examination (DRE), an MRI scan, and a prostate biopsy.

Tests for diagnosing prostate cancer are the same for everyone. But there are some things to be aware of when you're the receptive partner in anal sex or have your prostate stimulated. We discuss these things on the following pages. For more general information about tests, read our fact sheet, **How prostate cancer is diagnosed**.

The PSA blood test

This is a test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in your prostate and also by prostate cancer cells. It's normal to have a small amount of PSA in your blood, and the amount rises as you get older.

A raised PSA level may suggest you have a problem with your prostate, but not necessarily cancer. Lots of things can affect your PSA level, including being the receptive partner in anal sex, having your prostate stimulated, ejaculation, or vigorous exercise. So try to avoid this for a week before having a PSA test.

You can have a PSA test at your GP surgery. You have the right to a PSA test if you're over 50, and you've thought carefully about the advantages and disadvantages of the test. It may help to discuss the advantages and disadvantages with your GP, or you could speak to our Specialist Nurses. If you then decide that you want to

have a PSA test, your GP or practice nurse should give you one. We know that some men have trouble getting a PSA test. If this happens, try speaking to a different GP or practice nurse. If they also say no, speak to the practice manager or follow the practice's complaints procedure.

Read more about the PSA test, including things that can affect your PSA level, in our booklet, **Understanding the PSA blood test: A guide for anyone concerned about prostate cancer**.

Digital rectal examination (DRE)

This is where your GP feels your prostate through the wall of your back passage (rectum). They will ask you to lie on your side on an examination table, with your knees brought up towards your chest. The doctor will slide a finger gently into your back passage. They'll wear gloves and put some gel on their finger to make it more comfortable.

You may find the DRE slightly uncomfortable or embarrassing, but the test isn't usually painful and it takes less than a minute. You don't have to have a DRE. You can make the decision to have a PSA test alone.

The doctor will feel your prostate for any hard or lumpy areas and to get an idea of its size. If your prostate is larger than expected for your age, this could be a sign of an enlarged prostate. If it is hard or lumpy, this could be a sign of prostate cancer. If you're having problems urinating, your GP may also examine your abdomen (stomach area) and penis.

MRI (magnetic resonance imaging) scan

If your GP thinks you may have a problem with your prostate, they will refer you to a hospital specialist for more tests, such as a MRI. This creates a detailed picture of your prostate and the surrounding tissues. In many hospitals you may have a special type of MRI scan, called a multi-parametric MRI (mpMRI) scan. This can show whether there is anything unusual in the prostate, or the area around it, that might be cancer. If there's anything unusual on the scan, you'll be offered a prostate biopsy to find out whether you have cancer.

Prostate biopsy

This involves using thin needles to take small pieces of tissue from the prostate. The tissue is then looked at under a microscope to check for cancer.

There are two main types of biopsy in the UK. A trans-rectal ultrasound (TRUS) guided biopsy is where the biopsy needle goes through the wall of the back passage. There is also a transperineal biopsy. This is where the needle goes into the prostate through the skin between your testicles and back passage (perineum). The type of biopsy you will have will depend on your hospital.

A biopsy can cause some short-term side effects. It's normal to see some blood in your urine or bowel movements for about two weeks. This will be different for everyone and may vary from a small amount to a much larger amount.

You may also notice blood in your semen for a couple of months – it might look red or dark brown. This can be a shock and some men find it distressing, but it's normal and should get better by itself.

You can still masturbate and have sex if you're the penetrative partner in anal sex, but you might prefer to use a condom until the bleeding stops. If it takes longer than a couple of months to clear up, or gets worse, you should see a doctor straight away.

If you're the receptive partner in anal sex, wait about two weeks until any side effects from your biopsy have settled before having anal sex. It's important to talk to your doctor or nurse if you need any further advice. You can read more about talking to health professionals on page 22.

After your biopsy, the samples are looked at under a microscope to check for any cancer cells. Your doctor will be sent a report, called a pathology report, with the results.

If you're diagnosed with prostate cancer, you might need more scans to find out if the cancer has spread outside the prostate. The results will help you and your doctor decide if you need treatment, and which treatments might be suitable for you.

Treatment for prostate cancer

There are several ways to treat or monitor prostate cancer. Some treatments aim to get rid of the cancer completely and others aim to control it. The stage of your cancer (how far it has spread), how quickly it might grow and your own thoughts and feelings will all affect which treatment you have. Having any other health problems may also affect which treatment you have.

Some men worry that they haven't been told about all of the possible treatment options. Research has found that some gay and bisexual men are more likely to feel this way. But most men do have a choice of treatments. Your doctor or nurse should explain all your treatment options to you, and help you decide which treatment is right for you.

Each treatment has its own advantages and disadvantages. Your personal preferences are very important – think about how the treatment and its side effects will fit into your life. Read more about side effects on page 11.

Before choosing a treatment, you may find it helpful to get some extra information or support. Speak to your doctor or nurse, or call our Specialist Nurses. You could also talk to your partner, family or friends, or it might help to contact a prostate cancer support group. There are some support groups specifically for gay and bisexual men with prostate cancer where you can discuss treatments and side effects and the impact they might have on you (see page 32). Or you could visit our online community, which has a section for gay and bisexual men, and men who have sex with men (see page 28).

For more information about the different treatments for prostate cancer, download or order our fact sheets at **prostatecanceruk.org/publications**

Side effects of prostate cancer treatment

All treatments have side effects. Depending on the treatment you have, these can include:

- sexual side effects (see page 13)
- urinary problems, such as leaking urine (see page 19)
- bowel problems (see page 20)
- tiredness.

You'll have your own reasons for choosing one treatment over another, including how the possible side effects could affect your lifestyle. For example, when you're being the receptive partner in anal sex and you're thinking about having radiotherapy, you might want to find out about how radiotherapy can affect the bowel and the back passage.

Speak to your doctor or nurse about your treatment options and the possible side effects. Consider telling them about your sexuality and lifestyle so they know how treatment and side effects could affect you. This might also help them to support you better. Find out more about speaking to health professionals about your sexuality on page 22.

Read more about treatment side effects and ways to manage them in our treatment **fact sheets** or visit our website at **prostatecanceruk.org/treatments**

Sexual side effects

Treatments for prostate cancer can cause sexual side effects.

These include:

- how you feel about yourself sexually
- your desire to have sex (libido)
- your ability to get an erection (erectile function)
- not being able to ejaculate
- changes to how orgasms feel
- urinating or leaking urine when you orgasm (climacturia)
- reduction in penis size
- your sexual satisfaction
- your ability to have children (fertility).

We talk about some of these side effects below, and also include more information in our booklet, **Prostate cancer and your sex life**. For more information about sexual problems with different prostate cancer treatments, read our fact sheets.

How sexual side effects affect you could depend on your approach to sex, sensuality and intimacy. Not all gay and bisexual men have anal sex – but if you do, then the impact of side effects will depend on whether you're giving or receiving anal sex.

I didn't realise how much significance as a gay man I put on having an erection. But I actually discovered I could really enjoy something new, which was sensuality.

A personal experience

Your experience of sex

Dealing with cancer and side effects of treatment may change the way you have or think about sex. It may also affect how you feel about yourself. Many men find changes to their sex life difficult to deal with. We know from research that gay and bisexual men can find these changes particularly difficult to come to terms with.

When you're being the receptive partner in anal sex, a lot of the pleasure comes from the penis rubbing against the prostate. This is why the prostate is often referred to as the male g-spot. If you prefer to be the receptive partner during anal sex, your experience of sex will probably change after you've had treatment.

If you have radiotherapy, your prostate may feel less sensitive afterwards. Or if you have surgery to remove your prostate (radical prostatectomy), the prostate will no longer be there to stimulate. You should think about these possible changes when deciding which treatment is best for you. If you have a radical prostatectomy, your doctor may suggest waiting six weeks before having sex after the operation.

If you have permanent seed brachytherapy and you receive anal sex, there is a risk that your partner's penis might be exposed to some radiation during sex. Your doctor may suggest you avoid having anal sex in the first two months after having permanent seed brachytherapy. If you are the penetrative partner, it is safe to have anal sex, but you may have to wear a condom for the first four to eight weeks after having permanent seed brachytherapy.

Ask your doctor or radiographer for more information about having anal sex after permanent seed brachytherapy. They might contact your local medical physics team who can give specific information that is tailored to you and your treatment plan.

Even though your sex life may not be the same as it was before cancer, you don't have to give up on having pleasure, closeness or fun. It can help to be realistic but flexible in your approach to sex. It may not be possible to find a quick fix, but you may be able to explore new ways of giving and receiving pleasure.

It's also important to look after yourself and your body. Try to focus on the things you like about yourself. Do activities or hobbies you are good at or try something new. Being physically active can lift your mood, keep your body in shape and may help your sex life.

If you have a new sexual partner or you're thinking about dating, you may worry about explaining sexual problems, such as difficulty getting erections, not being able to ejaculate semen or less desire for sex, to someone you don't know very well. Fear of rejection or being worried about what other people think about you is normal and everyone has their own worries, whether or not they've had cancer.

It's important to talk about your worries with someone you feel comfortable with and ask for support if you need it. Some men find it helpful to attend a support group, where you can share your experiences and get support from others. There is more information about support groups for gay and bisexual men on page 32.

If you'd prefer to talk to someone you don't know, you could get information and support at a sexual health clinic. They know a lot about sexual issues, and may have ideas that can help. You can also talk to a sex therapist or registered counsellor about sexual problems. Your GP can tell you if these services are available in your local area, or you can search online for a sex therapist or registered counsellor at **www.bacp.co.uk**

Our booklet, **Prostate cancer and your sex life** provides practical tips to help with your sex life, further information about sex therapy, and information for partners.

Sex is different now and it can be disappointing when things don't go to plan, especially when you're in a new relationship. But there is more to life than sex and you don't need to force it or put pressure on yourself.

A personal experience

Erection problems

If you prefer being the penetrative partner during anal sex you normally need a strong erection. You could try using a constriction ring around the base of your penis. Or some men use a vacuum pump to help with their erection problems. If you decide to try a

vacuum pump, a health professional will usually show you how to use it properly. They will fit a constriction ring at the same time, to make sure the ring is the right size for you.

A vacuum pump and constriction ring can be used together with another treatment like tablets, to help keep your erection hard enough for anal sex. Tablets that could help you get an erection include PDE5 inhibitors (phosphodiesterase type 5 inhibitors). These include:

- sildenafil (generic sildenafil or Viagra®)
- tadalafil (generic tadalafil or Cialis®)
- vardenafil (Levitra®)
- avanafil (Spedra®).

Things to be aware of

PDE5 inhibitor tablets can cause a drop in your blood pressure. Tell your doctor or nurse if you're taking medicines to control your blood pressure.

You shouldn't take PDE5 inhibitor tablets if you're taking drugs called nitrates. Taking these treatments at the same time can cause your blood pressure to drop dangerously low, which can be fatal. Nitrates are usually used to treat heart problems. They are also used in recreational drugs known as poppers. If you have a heart problem or take nitrates, ask your doctor or specialist about other ways to treat erection problems.

Treatments for erection problems are available for free on the NHS to men with prostate cancer, so you shouldn't have to pay for your treatment. You can also get sildenafil over-the-counter from your local pharmacy, without making an appointment to see your GP.

It's important to have a chat with your pharmacist about the possible side effects and to see if sildenafil is the best option for you. Speak to your GP if you're not sure.

Only use medicines that have been prescribed to you by a health professional or sold to you by a pharmacist. Buying tablets on the internet is dangerous as they can be fake. It's impossible to know the dose, and they could contain ingredients that are harmful or react with other drugs. If your GP or pharmacist doesn't want to prescribe tablets then ask your doctor to refer you to an erectile dysfunction clinic.

There are also other treatments for erection problems such as injections, pellets and cream. There's not always a quick fix. You often have to stick with them for a while or try different treatments to see what works best for you. Read our booklet, **Prostate cancer and your sex life** for more information about treatments for erection problems.

Your GP, doctor or nurse at the hospital can tell you more about the treatments and support available. They might refer you to a specialist service such as an erectile dysfunction clinic. You could also think about other ways to pleasure yourself and your partner, such as oral sex and masturbation. You don't always need a strong erection for oral sex. Some men may also decide to change their roles during sex if they have erection problems. Talking to a sex therapist or registered counsellor may help you come to terms with these changes and think of ways you can have a fulfilling sex life.

My husband and I ended up enjoying all sorts of things we never did before my surgery. I used to be the active partner during sex, but now he's more dominant and it's been lovely.

A personal experience

Changes to ejaculation and orgasm

If you have surgery for prostate cancer (radical prostatectomy), you won't be able to ejaculate semen. But you may still be able to have a dry orgasm – where you feel the sensation of orgasm but don't ejaculate. Men on hormone therapy may notice that they ejaculate less semen. If you have radiotherapy, you may also ejaculate less semen or stop ejaculating completely after treatment. This can be difficult to come to terms with if you feel you need to ejaculate to enjoy sex, or for your partner to think that you're enjoying sex. It can take some time to adjust to these changes.

Read more about surgery and radiotherapy in our fact sheets, **Surgery: radical prostatectomy** and **External beam radiotherapy**.

Urinary problems

Treatments for prostate cancer can cause urinary problems such as leaking urine. For many men this improves over time, but it can be a long-term problem. Urinary problems may affect how you feel about your body and about sex, and can make you worry about having oral sex and masturbating.

If you get any urinary problems, tell your doctor, nurse or radiographer. There are treatments to manage them, as well as things you can do to help yourself. Read more in our fact sheet, **Urinary problems after prostate cancer treatment**, or speak to our Specialist Nurses.

Bowel problems and anal sensitivity

If you prefer to be the receptive partner during anal sex, then bowel problems or sensitivity in the anus after radiotherapy may be an issue.

Your doctor, nurse or radiographer may suggest you avoid having anal sex while you are having radiotherapy. If you have bowel problems or a sensitive anus after radiotherapy, your doctor may suggest not receiving anal sex for two months afterwards. Although problems in your back passage may settle down after a few months, there can be some permanent changes.

Here are a few ideas for when you feel ready to try anal sex again. You could try sitting on your partner and moving up and down on his penis so that you have more control of the penetration, and then moving positions if you want to. Try using a condom and extra lubrication. Or ask your partner to gently insert a small, well-lubricated dildo until anal sex becomes more comfortable.

Cleaning yourself before sex can also make you feel more comfortable. Some men prefer to just clean the outside area, rather than cleaning inside. Remember that douching before or after sex doesn’t protect you from infections. GMFA – the gay men’s health charity has more information about douching.

Read more about managing bowel problems in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**. Read more about radiotherapy in our fact sheets, **External beam radiotherapy**, **Permanent seed brachytherapy** and **High dose-rate brachytherapy**.

HIV and prostate cancer

HIV (human immunodeficiency virus) doesn't only affect gay and bisexual men, but gay and bisexual men are more likely to be affected by HIV than heterosexual men. Current guidelines say that prostate cancer is not more common in men who have HIV. But some other cancers are more common in people living with HIV.

Studies suggest that treatments for prostate cancer, such as surgery and radiotherapy, do work for men who have HIV. But if you have HIV and are diagnosed with prostate cancer, it's important to discuss your treatment options with a health professional who specialises in HIV and cancer. It's important to tell your doctor about all the medicines you take, including over-the-counter and herbal remedies.

If you need tablets to help with erection problems, you may be offered a smaller dose if you're already taking medication for HIV (antiretroviral drugs). This is because HIV drugs can react with some other medicines. This can cause side effects that may be serious. Some medications for HIV can cause bone thinning (osteoporosis). It's important that you tell your doctor or nurse if you're taking medication for HIV.

If you've had a biopsy or surgery for your prostate cancer, you may experience some bleeding afterwards. If you choose to have sex while you are bleeding, it's important to use a condom. Some bleeding after treatment is normal and should get better by itself. But if it doesn't get better, or it gets worse, you should talk to your doctor straight away.

Talking about your sexuality with your doctor or nurse

Some men find that their doctor, nurse or radiographer assumes they are heterosexual. Talking about your sexuality will help your doctor or nurse give you the information and support that's right for you. All hospitals should ask patients about their sexuality. This helps health professionals to give care and support that is right for each person. Information you give will be recorded confidentially and will stay private. But it's your choice whether or not you decide to tell them.

You may feel anxious about how to raise the subject or how your doctor or nurse will react if you tell them you're gay or bisexual. Some men might worry that they will be judged or treated differently because of their sexuality, and we know that some men have had bad experiences in the past. If this has happened to you, you may find it more difficult to be open about your sexuality with your doctor or nurse. But remember that as a gay or bisexual man you're entitled to exactly the same standard of care and treatment as a heterosexual man. This means it's illegal to

discriminate against you because of your sexuality. But most health professionals will have had equality and diversity training, and they have a legal duty to provide fair and equal services to all people.

If you're worried about telling your doctor or nurse about your sexuality, try planning exactly what you'll say and when you'll say it. You might find it helpful to take your partner or a friend with you for support. It might be easier to talk about it at the start of your appointment, so that you aren't worrying about it during the appointment and the doctor or nurse can provide information and support that's right for you.

You might also find it helpful to take this booklet with you to your appointments.

If you feel these rights aren't being respected, you can complain. You can contact the Patient Advice and Liaison Service (PALS) at your local NHS hospital for confidential advice about how to complain. Talk to a health professional about how to contact them or visit the NHS Website. Or you can contact your local Citizen's Advice or visit their website for information on how to complain. You can also get information and support from Stonewall – a charity that provides information about gay rights.

Don't be embarrassed or afraid to ask the questions – nothing is a silly question and the doctors have heard it all before.

A personal experience

Be honest and open about who you are. Say if you're gay or bisexual because the treatment and how it's dealt with can be quite different.

A personal experience

Including your partner, family or friends

Many men find it helpful to bring a partner or friend with them to appointments for extra support. If you're married to, or in a civil partnership with, someone of the same gender you have the same rights as a person who is married to someone of a different gender – including in healthcare. Your husband or civil partner has an equal right to be your nearest relative. This means they can be involved in decisions about your healthcare.

If you're not married or in a civil partnership, then you can nominate a partner or friend as your 'next of kin'. Next of kin can be anybody in your social or family group. Some men choose a close friend who they trust. Health professionals must respect your wishes about who this is. If you give permission, your partner or friend can:

- go to your medical appointments
- be included in discussions about your diagnosis, treatment and care
- make sure your wishes are heard.

Hospital staff have always treated me with respect, not turning a hair when I gave my civil partner as my next of kin and allowing him access at all times during my stay in hospital.

A personal experience

Getting more support

Prostate Cancer UK's services are open to everyone, whether you are gay, bisexual, a trans person, heterosexual, single or in a relationship. Partners and family members can also use our services.

Our Specialist Nurses

Our Specialist Nurses can answer your questions and explain your diagnosis and treatment options. They've got time to listen, in confidence, to any concerns you or those close to you have.

Our one-to-one support service

This is a chance to speak to someone who's been there and understands what you're going through. They can share their experiences and listen to yours. You can discuss whatever's important to you. We'll try to match you to someone with similar experiences. Let them know if you'd prefer to talk to a gay or bisexual man. Family members can also speak to partners of men with prostate cancer.

Our online community

Our free online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience. The online community is open to all, but there's also a section for gay and bisexual men and men who have sex with men. It's a place to talk to other men who may share or understand your experiences of prostate cancer.

Who else can help?

Gay and bisexual organisations

You may want to talk to organisations that support gay and bisexual men, such as:

- LGBT Foundation
- GMFA – the gay men's health charity
- Stonewall
- Switchboard – LGBT+ helpline
- Malecare.

You can find details of these organisations on page 30.

Your medical team

It may be useful to speak to your nurse, doctor, GP or someone else in your medical team. They can explain your diagnosis, treatment and side effects, listen to your concerns, and put you in touch with other people who can help.

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse at the hospital if this is available. Your GP may also be able to refer you to a counsellor, or you can see a private counsellor. To find out more, visit **www.nhs.uk/counselling** or contact the British Association for Counselling & Psychotherapy.

Support groups

At support groups, men get together to share their experiences of living with prostate cancer. Some groups also hold meetings online. You can ask questions, share worries and know that someone understands what you're going through. Some groups have been set up by local health professionals, others by men themselves. Many also welcome partners, friends and relatives.

In many ways, prostate cancer is the same for men whatever their sexuality. But there are also some support groups in the UK for gay and bisexual men with prostate cancer. Any men who have sex with men, as well as trans women with prostate cancer, are encouraged to get in touch. We've listed the larger groups on page 32.

To find out more about any of our services, visit **prostatecanceruk.org/get-support** or call our Specialist Nurses on 0800 074 8383.

More information from us

The Tool Kit

The Tool Kit information pack contains fact sheets that explain how prostate cancer is diagnosed, how it's treated and how it may affect your lifestyle. Each treatment fact sheet also includes a list of suggested questions to ask your doctor. Call our Specialist Nurses for a personally tailored pack.

Leaflets and booklets

We have a range of other leaflets and booklets about prostate cancer and other prostate problems.

To order publications:

All our publications are free and available to order or download online. To order them:

- call us on **0800 074 8383**
- visit our website at **prostatecanceruk.org/publications**

Call our Specialist Nurses

If you want to talk about prostate cancer or other prostate problems, call our Specialist Nurses in confidence. You can also text NURSE to 70004, or you can email or chat online with our nurses on our website. Visit **prostatecanceruk.org/get-support**

Speak to our Specialist Nurses
0800 074 8383*
prostatecanceruk.org

Other useful organisations

British Association for Counselling & Psychotherapy

www.bacp.co.uk
Telephone: 01455 883 300
Information about counselling and details of therapists in your area.

Citizens Advice

www.citizensadvice.org.uk
Advice on a range of issues including financial and legal matters. Find your nearest Citizens Advice Bureau online.

GMFA – the gay men's health project

www.gmfa.org.uk
Health information for gay men.

LGBT Foundation

www.lgbt.foundation
Telephone: 0345 330 3030
Information, advice and support for lesbian, gay, bisexual and trans people, including a telephone helpline and email support service.

Macmillan Cancer Support

www.macmillan.org.uk
Telephone: 0808 808 0000
Practical, financial and emotional support for people with cancer, their family and friends.

NHS Website

www.nhs.uk
Information about conditions, treatments and lifestyle. Support for carers and a directory of health services in England.

Malecare

www.malecare.org

American male cancer charity. Provides information and support for gay, bisexual and trans people and men who have sex with men, including an online forum.

NHS 111 Wales

www.111.wales.nhs.uk

Telephone: 111

Provides health advice 24 hours a day and lists local health services in Wales.

NHS Inform

www.nhsinform.scot

Telephone: 0800 22 44 88

Health information and details of NHS and other support services in Scotland.

nidirect

www.nidirect.gov.uk

Information about government services in Northern Ireland, including health services.

Stonewall

www.stonewall.org.uk

Information about gay rights, and tips for lesbian, gay, bisexual and trans people on using the NHS.

Switchboard – LGBT+ helpline

www.switchboard.lgbt
Telephone: 0800 0119 100
Free and confidential support and information for lesbian, gay, bisexual and trans people throughout the UK, including a telephone and online chat service.

Support groups for gay and bisexual men with prostate cancer

We've listed the larger groups here. If these groups aren't near you, they might have details of other groups that are closer to you. You could also ask your doctor or nurse about local support groups.

METRO Walnut

www.lgbt-walnut.org.uk
A group for gay and bisexual men, men who have sex with men, trans women, and their partners.

Out with Prostate Cancer

www.outwithprostatecancer.org.uk
Offers a safe and confidential environment to discuss concerns and experiences with other gay and bisexual men with prostate cancer.

About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate diseases. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this booklet are available at **prostatecanceruk.org**

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- Penny Champion, Advanced Nurse Practitioner, The Royal Marsden Hospital
- Sean Ralph, Consultant Therapeutic Radiographer, Leeds Teaching Hospitals Trust
- Our Specialist Nurses
- Our volunteers.

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 52,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

- £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.
- £25 could give a man diagnosed with prostate cancer unlimited time to talk over treatment options with one of our specialist nurses.

To make a donation of any amount, please call us on **0800 082 1616**, visit **prostatecanceruk.org/donate** or **text PROSTATE to 70004**†. There are many other ways to support us. For more details please visit **prostatecanceruk.org/get-involved**

† You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms

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If you have any comments about our publications, you can email: **yourfeedback@prostatecanceruk.org**

Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Trusted Information Creator

Patient Information Forum

Like us on Facebook: **Prostate Cancer UK**

Follow us on Twitter: **@ProstateUK**

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Call our Specialist Nurses from Monday to Friday 9am - 5pm, Wednesday 10am - 5pm

* Calls are recorded for training purposes only.
Confidentiality is maintained between callers and Prostate Cancer UK.

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