

Advanced prostate cancer



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This fact sheet is for anyone who has been diagnosed with advanced (metastatic) prostate cancer – cancer that has spread from the prostate to other parts of the body. We explain what advanced prostate cancer is, what your test results mean, and the treatments available. Your partner, family or friends might also find this information helpful.

If your cancer hasn't spread to other parts of your body, read our fact sheets, **Localised prostate cancer** or **Locally advanced prostate cancer**.

Each hospital will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383 or chat to them online.



**PROSTATE
CANCER UK**

Symbols

These symbols appear in this fact sheet to guide you to more information:



Speak to our Specialist Nurses



Read our publications

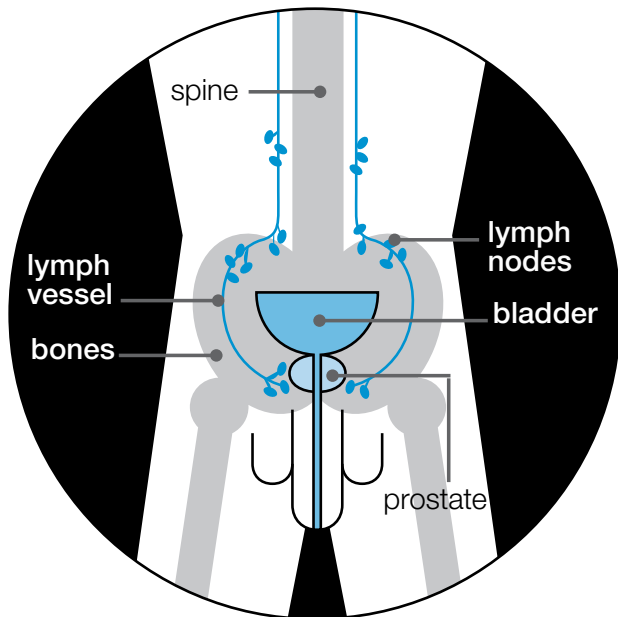
What is advanced prostate cancer?

Advanced prostate cancer is cancer that has spread from the prostate to other parts of the body. It develops when prostate cancer cells move through the blood stream or lymphatic system.

You might hear cancer that has spread described as metastatic prostate cancer, secondary prostate cancer, secondaries, metastases or mets. It is still prostate cancer, wherever it is in the body.

Prostate cancer can spread to any part of the body, but most commonly to the bones and lymph nodes. Lymph nodes (sometimes called lymph glands) are part of your lymphatic system, which is part of the body's immune system.

Lymph nodes are found throughout your body including in the pelvic area, near the prostate.



Advanced prostate cancer can cause symptoms, such as fatigue (extreme tiredness), bone pain and problems urinating. The symptoms you have will depend on where the cancer has spread to. Speak to your doctor or nurse if you have any symptoms. There are treatments available to help manage them (see page 4 and 8).

It's not possible to cure advanced prostate cancer. But treatments can help keep it under control and manage any symptoms.

How is advanced prostate cancer diagnosed?

Advanced prostate cancer is diagnosed using the results of some or all of the following tests:

- prostate specific antigen (PSA) test
- digital rectal examination (DRE)
- magnetic resonance imaging (MRI) scan
- computerised tomography (CT) scan
- bone scan
- biopsy
- positron emission tomography (PET) scan.

Read more about each of these tests opposite. These are the main tests used to diagnose prostate cancer, but you might have other tests as well.

PSA blood test

This measures the amount of PSA in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells, wherever they are in the body. As well as being used to help diagnose prostate cancer, the PSA test is a good way to monitor how well your treatment is working.

DRE

The doctor or nurse feels your prostate through the wall of the back passage (rectum). They feel for any hard or lumpy areas that might be a sign of cancer.

MRI scan

This creates a detailed picture of your prostate and the surrounding area. You might have had an MRI scan to help your medical team decide whether you needed a biopsy (see below), or to help decide which areas of the prostate to take biopsy samples from. An MRI scan may also be used after a biopsy has found cancer, to see if the cancer has spread outside the prostate, for example to the lymph nodes or nearby bones. You might not need an MRI scan if you've already had a bone scan.

CT scan

This takes images of the inside of your body to see if any cancer has spread outside the prostate. You might not need a CT scan if you've already had a bone scan.

Bone scan

This can show whether any cancer cells have spread to your bones, which is a common place for prostate cancer to spread to.

Biopsy

A thin needle is used to take small pieces of tissue, usually from the prostate. The tissue is then looked at under a microscope to check for cancer.

You might not need a prostate biopsy if other tests show you have advanced prostate cancer. But many clinical trials only accept men who have had a biopsy. If you think you might want

to join a clinical trial in the future, it's important to talk to your doctor about having a biopsy. Read more about clinical trials on page 6.

A small number of men may have a biopsy sample taken from somewhere else in the body, such as a lymph node or area of bone. This might happen if you haven't had a prostate biopsy, but other tests suggest you have cancer that has spread.

PET scan

At some hospitals, you may be offered a PET (positron emission tomography) scan. There are two main types – choline PET and PSMA PET. A PET scan can be used to check if cancer has spread to the bone, lymph nodes and other tissues. It is normally used to see if your cancer has come back after treatment, but some people have a PET scan when they are first diagnosed.



Read more about tests in our fact sheet, **How prostate cancer is diagnosed**.

What do my test results mean?

Your results will give your doctor an idea of where your cancer has spread to. This will help you and your doctor decide which treatments might be suitable for you.

PSA level

It's normal to have a small amount of PSA in your blood, and the amount rises slightly as you get older. Prostate cancer can also cause your PSA level to rise. If your PSA level was raised, your GP may have done some other tests to find out what was causing it, or they may have referred you straight to a specialist at the hospital.

Biopsy results

If you've had a biopsy, the results will show how aggressive the cancer is – in other words, how quickly the prostate cancer is likely to grow. You might hear this called your Gleason grade, Gleason score or grade group. Read more about



these in our fact sheet, **How prostate cancer is diagnosed**.

Staging

Your doctor will use your scan results to work out the stage of your cancer – in other words, how far it has spread. This is usually recorded using the TNM (Tumour-Nodes-Metastases) system. You might not be told your TNM stages – your doctor may just tell you where your cancer has spread to.

T stage

The T stage shows how far the cancer has spread in and around the prostate. A DRE or MRI scan is usually used to find out the T stage, and sometimes a CT scan. You may not be told your T stage if other tests have already shown your cancer has spread to your bones.

N stage

The N stage shows whether your cancer has spread to the lymph nodes near the prostate. This is a common place for prostate cancer to spread to. An MRI or CT scan (see page 2) is used to find out your N stage.

The possible N stages are:

- NX** The lymph nodes were not looked at, or the scans were unclear.
- N0** No cancer can be seen in the lymph nodes.
- N1** The lymph nodes contain cancer.

You might not be told your N stage if other tests show your cancer has already spread to your bones.

M stage

The M stage shows whether the cancer has spread (metastasised) to other parts of the body, such as the bones. A bone scan (see page 2) is usually used to find out your M stage.

The possible M stages are:

- MX** The spread of the cancer wasn't looked at, or the scans were unclear.
- M0** The cancer hasn't spread to other parts of the body.
- M1** The cancer has spread to other parts of the body.

If your cancer has spread to other parts of the body (M1), you will be diagnosed with advanced prostate cancer. M1 is split into M1a, M1b and M1c.

- M1a means the cancer spread to lymph nodes outside of the pelvis
- M1b means the cancer has spread to the bone
- M1c means the cancer has spread to other parts of the body such as the liver or lungs.



Read more in our booklet, **Prostate cancer: A guide if you've just been diagnosed**. The booklet also has space to record your test results. Ask your doctor or nurse to explain your test results if you don't understand them, or speak to our Specialist Nurses.



What treatments are available?

If you have advanced prostate cancer, treatment won't cure your cancer. But it can help keep it under control and manage any symptoms.

If you've just been diagnosed with advanced prostate cancer, you may be offered the following treatments:

- hormone therapy
- chemotherapy with hormone therapy
- clinical trials.

Research has found that having radiotherapy together with one of the main treatments listed above can help some men with advanced prostate cancer to live longer. But radiotherapy isn't suitable for all men with advanced prostate cancer. Read more on page 6.

You may have a choice of treatments. See page 6 for things to think about if you need to decide between different treatments.

Hormone therapy

Prostate cancer cells usually need the hormone testosterone to grow. Hormone therapy works by stopping your body from making testosterone, or by stopping testosterone from

reaching the cancer cells. This usually causes the cancer to shrink, wherever it is in the body. It can also help control any symptoms you might have, such as bone pain. You might hear hormone therapy called androgen deprivation therapy (ADT).

Hormone therapy will be a life-long treatment for most men with advanced prostate cancer. It can keep the cancer under control, sometimes for several years.

There are three main ways to have hormone therapy for prostate cancer. These are:

- injections or implants
- tablets
- surgery to remove the testicles (orchidectomy).

The most common type of injection or implant is called a luteinizing hormone-releasing hormone (LHRH) agonist. There's another type of injection called a gonadotrophin-releasing hormone (GnRH) antagonist. You may be able to have hormone therapy as tablets. These include bicalutamide (Casodex®) and flutamide (Drogenil®). You may have more than one type of hormone therapy at the same time.

New (second-generation hormone therapy)

There are also newer types of hormone therapy used to treat some men with advanced prostate cancer. You may hear them called new or second-generation hormone therapy. They may be used in combination with standard hormone therapy treatment, or when your prostate cancer has stopped responding other types of hormone therapy. They include abiraterone (Zytiga®), enzalutamide (Xtandi®) and apalutamide (Erleada®). See page 7 for more information.

Like all treatments, hormone therapy can cause side effects. These are mainly caused by low testosterone levels. There are a lot of possible side effects, but hormone therapy affects men in different ways. Some men only get a few side effects or don't get any at all. The chance of getting each side effect will depend on the type of hormone therapy you're on. There are usually ways to manage side effects, so speak to your doctor or nurse about them.

Side effects can include:

- hot flushes
- extreme tiredness (fatigue)
- loss of desire for sex (libido)
- problems getting or keeping an erection (erectile dysfunction)
- weight gain
- strength and muscle loss
- breast swelling or tenderness (gynaecomastia)
- bone thinning (osteoporosis)
- changes to your mood
- small increase in your risk of heart disease, type-2 diabetes and stroke.

If you're having problems with side effects, you might be able to have intermittent hormone therapy in the future. This is where you stop hormone therapy when your PSA level is low and steady, and start it again if your cancer symptoms get worse or your PSA starts to rise. Some of the side effects may improve while you're not having treatment. This won't be an option straight away, but it might be possible in the future if your treatment is keeping the cancer under control.



Read more about hormone therapy, including the side effects, in our fact sheet, **Hormone therapy**, and in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

Chemotherapy with hormone therapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to kill cancer cells, wherever they are in the body. It won't get rid of your prostate cancer, but it aims to shrink it and slow down its growth.

You might be offered a chemotherapy drug called docetaxel at the same time as, or soon after, you start having hormone therapy (see below). This helps many men to live longer, and may help delay symptoms such as pain.

Like all treatments, chemotherapy can cause side effects. This is because chemotherapy can damage some of your healthy cells. Possible side effects include:

- a higher risk of infections
- feeling breathless, tired or weak

- bleeding and bruising more easily than normal
- extreme tiredness (fatigue)
- feeling or being sick (nausea or vomiting)
- swelling in your ankles or legs (fluid retention)
- numbness or tingling in the hands and feet (peripheral neuropathy).

Chemotherapy affects men in different ways, so you might not get all the possible side effects. Talk to your doctor or nurse before you start treatment – knowing what to expect can help you deal with any side effects.

You need to be quite fit to have chemotherapy because the side effects can be harder to deal with if you have other health problems. If your doctor thinks you might benefit from chemotherapy, they'll do some tests first to make sure it is suitable for you. If you do have chemotherapy, you'll have regular appointments to monitor and help manage any side effects.

You'll be given steroid tablets to take alongside chemotherapy. This can help to lower the risk of side effects from the chemotherapy. But steroids can cause side effects too. These might include indigestion and irritation of the stomach lining, feeling irritable or restless, difficulty sleeping and fluid retention – which can cause swollen hands and feet. Your hormone therapy may also cause side effects (see page 4). But there are usually ways to manage them.



Read more about chemotherapy, including side effects, in our fact sheet, **Chemotherapy**.

Triplet Therapy

Triplet therapy is a new treatment. It combines the hormone therapy, darolutamide, with both standard hormone therapy and chemotherapy (docetaxel). Triplet therapy is a treatment for men with newly diagnosed hormone-sensitive advanced prostate cancer. This means your prostate cancer has spread to other parts of the body but can be treated with hormone therapy.

Triplet therapy has been shown to help some men live longer. It won't cure your prostate cancer, but it may help keep it under control and delay the need for further

treatment. Speak to your doctor or nurse to find out if triplet therapy is suitable for you. Read more on our website, visit prostatecanceruk.org/triplet-therapy

Clinical trials

A clinical trial is a type of medical research. It aims to find new and improved ways of preventing, diagnosing, treating and managing illnesses.

There are clinical trials looking at new treatments for men with advanced prostate cancer and new ways of using existing treatments.

Taking part in a clinical trial is a personal decision – you have to decide if it's right for you. You can ask your doctor or nurse if there are any clinical trials you could take part in, or speak to our Specialist Nurses. You can also find details of some clinical trials for prostate cancer at www.cancerresearchuk.org/trials



Read more on our website at prostatecanceruk.org/clinical-trials

Radiotherapy to the prostate

If you've just been diagnosed with advanced prostate cancer, you may be offered a type of radiotherapy called external beam radiotherapy as part of your first treatment. This is where high-energy X-ray beams are directed at the prostate from outside the body. The X-ray beams damage the cancer cells and stop them from dividing and growing.

It won't cure your cancer, but research has shown that radiotherapy to the prostate can help some men who have just been diagnosed with advanced prostate cancer to live longer. Radiotherapy to the prostate will only be an option if the cancer has spread no further than your lymph nodes, or the bones in your pelvis or spine. The treatment doesn't appear to help men whose cancer has spread to bones away from the pelvis or spine, or to organs like the liver.

If you're offered radiotherapy as a first treatment for advanced prostate cancer, you will have it alongside hormone therapy, often with chemotherapy as well. Like all treatments, radiotherapy causes side effects. Speak to your doctor or nurse to find out if radiotherapy is suitable for you. You can also read more in our fact sheet, **Radiotherapy for advanced prostate cancer**.



Before you start treatment

Before you start any treatment, make sure you have all the information you need. It's important to think about how you would cope with the possible side effects. Speak to your doctor or nurse about this.

It can help to write down any questions you want to ask at your next appointment. It may also help to take someone to appointments with you, such as your partner, a family member or friend.

It can also help to write down or record what's said to help you remember it. You could use your phone or another recording device to do this. Talk to your doctor or nurse first to make sure they are happy with you recording the appointment, as not everyone is comfortable being recorded. If you have any questions, speak to our Specialist Nurses.



If you don't have any symptoms and want to avoid or delay treatment and its side effects, you might be able to have your cancer monitored instead. This is known as watchful waiting. It isn't usually recommended for men with advanced prostate cancer, because it won't control the cancer and it won't stop the cancer from growing or spreading. Your doctor or nurse can help you think about the advantages and disadvantages of watchful waiting. Read more in our fact sheet, **Watchful Waiting**.



How will my cancer be monitored?

Your doctor will talk to you about how often you should have check-ups. At some hospitals, you may not have many appointments at the hospital itself. Instead, you may talk to your doctor or nurse over the telephone. You might hear this called self-management.

You will have regular PSA tests. This is often a useful way to check how well your treatment is working. You'll also have regular blood tests to see whether your cancer is affecting other parts of your body, such as your liver, kidneys or bones.

You might have more scans (see page 2) to see how your cancer is responding to treatment and whether your cancer is spreading.

Your doctor or nurse will also ask you how you're feeling and if you have any symptoms, such as pain or tiredness. This will help them understand how you're responding to treatment and how to manage any symptoms. Let them know if you have any side effects from your treatment. There are usually ways to manage these.

What happens if my cancer starts to grow again?

Your first treatment may help keep your cancer under control. But over time, the cancer may change and it may start to grow again.

You will usually stay on your first type of hormone therapy, even if it's not working so well. This is because it will still help to keep the amount of testosterone in your body low. But there are other treatments that you can have alongside your usual treatment, to help control the cancer and manage any symptoms.

Other treatments include:

- more hormone therapy
- more chemotherapy
- radium-223 (Xofigo®)
- Olaparib (Lynparza®)
- clinical trials.

More hormone therapy

Although your prostate cancer is no longer responding so well to your first hormone therapy, it may respond well to other types of hormone therapy or a combination of treatments.

You may be offered a hormone therapy listed on page 4. Or you might be offered another type of hormone therapy, such as abiraterone (Zytiga®), enzalutamide (Xtandi®), steroids, or oestrogens.

Abiraterone acetate (Zytiga®)

Abiraterone tablets are most commonly given to men with advanced prostate cancer that's stopped responding to standard hormone therapy. But some hospitals now offer abiraterone as a first treatment for advanced cancer, for example if a man isn't fit enough for chemotherapy. If you've already had a type of hormone therapy called enzalutamide, abiraterone may not be an option for you. To find out more, visit prostatecanceruk.org/abiraterone

Enzalutamide (Xtandi®)

Enzalutamide tablets may be offered to men with advanced prostate cancer as a first treatment in combination with other treatments, or if your cancer has stopped responding to other types of hormone therapy. If you've already had a type of hormone therapy called abiraterone, enzalutamide may not be an option for you. To find out more, visit prostatecanceruk.org/enzalutamide

More chemotherapy

If you've had hormone therapy on its own as a first treatment, you might be offered a chemotherapy drug called docetaxel. If you've already had docetaxel, you might be offered more docetaxel or another chemotherapy drug called cabazitaxel.

Radium-223 (Xofigo®)

If your cancer has spread to the bones and is causing pain, you might be offered a treatment called radium-223 (Xofigo®). This is a type of internal radiotherapy called a radioisotope. A very small amount of a radioactive liquid is injected into a vein in your arm. It travels around

your body in the blood and collects in bones that have been damaged by prostate cancer. It kills the cancer cells in the bones and helps some men to live longer. It can also help to reduce bone pain.

Read more about these treatments, including the possible side effects, in our fact sheet,



Treatment options after your first hormone therapy.

Olaparib (Lynparza®)

Olaparib (Lynparza®) is a treatment for men with advanced prostate cancer who are known to have a BRCA1 or BRCA2 gene change (mutation), and whose prostate cancer has stopped responding to hormone therapy.

Prostate cancer cells with a BRCA1 or BRCA2 mutation need a protein called PARP to repair damaged DNA. Olaparib works by blocking the effect of PARP. Without PARP, the damaged DNA can't be repaired and the prostate cancer cells are more likely to die. Olaparib won't cure your prostate cancer. But it has been shown to help some men live longer. To find out more, visit prostatecanceruk.org/olaparib

Clinical trials

There are clinical trials looking at new treatments for men with advanced prostate cancer that has stopped responding to their first treatment. You can ask your doctor or nurse if there are any clinical trials you could take part in, or speak



to our Specialist Nurses. You can also find details of some clinical trials for prostate cancer at www.cancerresearchuk.org/trials. Read more on our website at prostatecanceruk.org/clinical-trials

Which treatments are suitable for me?

Which treatments are suitable for you will depend on many things, including your general health, how your cancer responds to treatment, and which treatments you've already had. Talk to your doctor or nurse about your own situation, or speak to our Specialist Nurses.



Treatments to help manage symptoms

Advanced prostate cancer can cause symptoms, such as bone pain. Speak to your doctor or nurse if you have symptoms – there are treatments available to help manage them. The treatments above may help to delay or relieve some symptoms. There are also specific treatments to help manage symptoms – you may hear these called palliative treatments. They include:

- pain-relieving drugs
- radiotherapy
- bisphosphonates.

Pain-relieving drugs

Treatments to control pain include mild pain-relieving drugs such as paracetamol and anti-inflammatory drugs such as ibuprofen. There are also stronger pain-relieving drugs you can take, such as morphine, which works well for some men with pain. Speak to your doctor or nurse if you have any pain.



Read more about ways to control pain in our fact sheet, **Managing pain in advanced prostate cancer.**

Radiotherapy

Radiotherapy can help control symptoms by slowing down the growth of the cancer. This is sometimes called palliative radiotherapy. There are two types of radiotherapy to reduce symptoms.

- **External beam radiotherapy.** This is where high-energy X-ray beams are directed at the area of pain from outside the body.
- **Radium-223 (Xofigo®).** This is a type of internal radiotherapy that might be suitable if your prostate cancer is causing bone pain (see page 7).



Read more about radiotherapy to control symptoms in our fact sheet, **Radiotherapy for advanced prostate cancer.**

Bisphosphonates

These are drugs that can help strengthen bones that have become weak or thin. This may be caused by cancer that has spread, but can also happen if you're having hormone therapy. This is because the treatment can change the structure of bones and make them very weak – a condition called osteoporosis.

Bisphosphonates can also be used to treat bone pain if other pain-relieving treatments aren't helping. Read more about bisphosphonates in



our fact sheet, **Bisphosphonates for advanced prostate cancer**.

There is more information about ways to manage symptoms and the support available in our booklet, **Advanced prostate cancer: Managing symptoms and getting support**.



If you have any questions, speak to our Specialist Nurses.



Your multi-disciplinary team (MDT)

This is the team of health professionals involved in your care. It is likely to include:

- a specialist nurse
- a chemotherapy nurse
- a urologist (a surgeon who specialises in diseases of the urinary and reproductive systems, including prostate cancer)
- an oncologist (a doctor who specialises in cancer treatments other than surgery)
- a radiologist (a doctor who reads scans such as MRI, CT and bone scans)
- other health professionals, such as a dietitian or physiotherapist.

Your MDT will meet to discuss your diagnosis and treatment options. You might not meet all the health professionals straight away. Your main point of contact might be called your key worker. This is usually your clinical nurse specialist (CNS) but might be someone else. The key worker will co-ordinate your care and help you get information and support. You may also have close contact with your GP and the practice nurses at your GP surgery. Read more in our booklet, **Prostate cancer: A guide if you've just been diagnosed**.



What is my outlook?

If you're diagnosed with advanced prostate cancer, you may want to know how well your treatment is likely to control your cancer and for how long it will control it. This is sometimes called your outlook or prognosis. But not all men will want to know this.

While it isn't possible to cure advanced prostate cancer, treatments can help keep it under control, often for several years. Treatments will also help manage any symptoms, such as pain.

No one can tell you exactly what your outlook will be, as it will depend on many things such as where the cancer has spread to, how quickly it has spread, and how well you respond to treatment. Some men may not respond well to one treatment, but may respond better to another. And if your first treatment stops working, there are other treatments available to help keep the cancer under control for longer. Speak to your doctor about your own situation and any questions or concerns you have.

Dealing with advanced prostate cancer

Some men say being diagnosed with advanced prostate cancer changes the way they think and feel about life. Hearing that your cancer cannot be cured can be very difficult. You might feel scared, worried, stressed, helpless or even angry. There's no 'right' way to feel and everyone reacts in their own way.

This section suggests some things you can do to help yourself and people who can help. Families can also find this a difficult time and they may need support and information too. They may want to read our booklet, **When you're close to someone with prostate cancer: A guide for partners and family**.



How can I help myself?

Everyone has their own way of dealing with prostate cancer, but you may find some of the following suggestions helpful.

Look into your treatment options

Find out about the different treatments you could have. Bring a list of questions to your doctor or nurse. And ask about any side effects so you know what to expect and how to manage them. This will help you decide what's right for you.

Set yourself some goals

Set yourself goals and plan things to look forward to – even if they're just for the next few weeks or months.

Look after yourself

Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like breathing exercises or listening to music. If you're having difficulty sleeping, talk to your doctor or nurse.

Talk to someone

Share what you're thinking – find someone you can talk to. It could be someone close or someone trained to listen, like a counsellor or your doctor or nurse. People involved in your care should be able to answer any questions or concerns you might have.

Stay a healthy weight

Some men put on weight while they are on hormone therapy, particularly around the waist. Being very overweight might make hormone therapy less effective and make it harder to deal with some of the side effects. If you're on hormone therapy, you're at risk of bone thinning and broken bones, and being underweight or very overweight can increase this risk. For tips on how to stay a healthy weight, read our fact sheet, **Diet and physical activity for men with prostate cancer**.



Eat a healthy, balanced diet

Eating well is good for your general health and can help you feel more in control. Certain changes to your diet can also help with some side effects of treatment. For more information, read our fact sheet, **Diet and physical activity for men with prostate cancer**.



If you're on hormone therapy, you may need extra calcium or vitamin D to protect your bones. This is because hormone therapy can cause bone thinning, which may increase your risk of broken bones. Speak to your doctor or nurse about this.

Stop or reduce smoking

Smoking increases the risk of health problems such as heart disease, stroke and some other cancers. It may also be harmful for men with prostate cancer. Smoking also increases your risk of bone thinning. If you're having hormone therapy for your prostate cancer you're at risk of bone thinning, but stopping smoking will help reduce your overall risk. For more information visit the NHS website, www.nhs.uk/smokefree

Be as active as you can

We don't know for sure if physical activity can help slow the growth of prostate cancer. But it can help with some side effects of hormone therapy, fatigue, sexual problems and feelings of anxiety and depression. Certain exercises might also help reduce muscle loss and reduce your risk of broken bones. Even a small amount of physical activity can help. Take things at your own pace. For more information, read our fact sheet, **Diet and physical activity for men with prostate cancer**.



Get more ideas about how to look after yourself from Macmillan Cancer Support, Maggie's, Penny Brohn UK, or your nearest cancer support centre. You can also find more ideas in our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**.



Think and plan ahead

If you have advanced prostate cancer, you may want to sort out practical things, such as organising your finances and making an up-to-date Will. You may also want to think about how and where you want to be cared for, in case you need care in the future. Some men find that making plans helps them feel more in control. Planning ahead can also make things easier for your family and friends. Not all men want to



think about these things. But if you do, you may find our booklet, **Advanced prostate cancer: Managing symptoms and getting support** helpful.

Who else can help?

Your medical team

It may help to speak to someone 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.

Our Specialist Nurses



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

Trained counsellors

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. You can also refer yourself for counselling on the NHS, or you could see a private counsellor. To find out more, visit www.nhs.uk/counselling or contact the British Association for Counselling & Psychotherapy.

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. You can discuss whatever's important to you. We'll try to match you to someone with similar experiences.

Our online community

Our 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.

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

health professionals, others by men themselves. Many also welcome partners, friends and relatives.

Our fatigue support

Fatigue is a common symptom of prostate cancer, and a side effect of some treatments. Our Specialist Nurses can talk to you in depth about your experience of fatigue, and the impact it's having on your day-to-day life. They can also discuss ways to help you better manage your fatigue, such as behaviour and lifestyle changes.

Hospices

You may be able to get support from your local hospice or community palliative care team. Hospices don't just provide care for people at the end of their life – you may be able to use their services while still living at home. They provide a range of services, including pain management, emotional and spiritual support, practical and financial advice, and support for families. Your GP, doctor or nurse can refer you to a hospice service, and will work closely with these teams to support you.

Spiritual support

You might begin to think more about spiritual beliefs as a result of having advanced prostate cancer. You could get spiritual support from your friends, family, religious leader or faith group.

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



Questions to ask your doctor or nurse



You may find it helpful to keep a note of any questions you have to take to your next appointment.

What type of hormone therapy are you offering me and why?

Are there other treatments I can have?

What are the advantages and disadvantages of my treatment?

What treatments and support are available to help manage side effects?

Are there any lifestyle changes that might help me manage my cancer, symptoms, or side effects?

How often will I have check-ups and what will this involve?

How will we know if my cancer starts to grow again?

What other treatments are available if that happens or can i join any clinical trials?

If I have any questions or get any new symptoms, who should I contact?

Who is my key worker?

More information

Age UK

www.ageuk.org.uk

Telephone: 0800 678 1602

Information for older people on a range of subjects including health, finances and lifestyle.

Bladder and Bowel UK

www.bbuk.org.uk

Telephone: 0161 214 4591

Impartial information and advice about bladder and bowel problems.

British Association for Counselling & Psychotherapy

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Information about prostate cancer and clinical trials.

GOV.UK

www.gov.uk

Information about UK government services, including benefits, employment, and money matters.

Healthtalk.org

www.healthtalk.org

Watch, listen to and read personal experiences of men with prostate cancer and other health problems.

Hospice UK

www.hospiceuk.org

Telephone: 020 7520 8200

Information about hospice care, including a database of hospice and palliative care providers.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

Practical, financial and emotional support for people with cancer, their family and friends.

Maggie's

www.maggies.org

Telephone: 0300 123 1801

Drop-in centres for cancer information and support, and online support groups.

Marie Curie

www.mariecurie.org.uk

Telephone: 0800 090 2309

Runs hospices throughout the UK and a free nursing service for people in their own home.

Mind

www.mind.org.uk

Telephone: 0300 123 3393

Information and support for mental health issues such as depression or anxiety.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Courses and physical, emotional and spiritual support for people with cancer and their loved ones.

Pelvic Radiation Disease Association

www.prda.org.uk

Telephone: 0113 278 5405

Support for people with long-term side effects of radiotherapy.

Royal Osteoporosis Society

www.theros.org.uk

Telephone: 0808 800 0035

Information and support for people with weak bones.

Samaritans

www.samaritans.org

Telephone: 116 123

Confidential, judgement-free emotional support, 24 hours a day, by telephone, email, letter or face to face.

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.

Download and order our fact sheets and booklets from our website at **prostatecanceruk.org/publications** or call us on **0800 074 8383**.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer, and other prostate problems. 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 fact sheet are available at **prostatecanceruk.org**

This publication was written and edited by: our Health Information team.

It was reviewed by:

- Professor Francis Chinegwundoh MBE, Consultant Urological Surgeon, Barts Health NHS Trust, London
- Richard Gledhill, Prostate Cancer Nurse Specialist, Queen Elizabeth Hospital, Birmingham
- Maggie Bingle, Prostate Cancer Clinical Nurse Specialist, East Suffolk and North Essex NHS Foundation Trust
- Our Specialist Nurses
- Our volunteers.

Tell us what you think

If you have any comments about our publications, you can email:

yourfeedback@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

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, over 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 a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

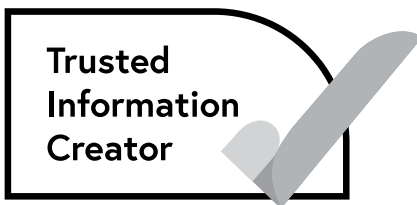
To make a donation of any amount, please call us on **0800 082 1616**, visit prostatecanceruk.org/donate or text **PROSTATE** to **70004**[†].

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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Patient Information Forum

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 Follow us on Twitter: **@ProstateUK**

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To be reviewed May 2026

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.

Prostate Cancer UK is a registered charity in England and Wales (1005541) and in Scotland (SC039332). Registered company number 02653887.

