

Chemotherapy



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This fact sheet is for anyone who has been offered chemotherapy to treat their prostate cancer. Your partner, family or friends might also find it helpful. We describe how chemotherapy can be used to treat prostate cancer, as well as the possible side effects.

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.

Symbols

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



Speak to our Specialist Nurses



Read our publications

What is chemotherapy?

Chemotherapy uses anti-cancer (cytotoxic) drugs to kill cancer cells, wherever they are in the body.

Who can have chemotherapy?

Chemotherapy is usually only an option if you've been diagnosed with prostate cancer that has spread from your prostate to other parts of your body (advanced prostate cancer). It won't get rid of your prostate cancer completely, but it aims to shrink it and slow down its growth.

- **Chemotherapy as a first treatment for advanced prostate cancer.** If you've just been diagnosed with advanced prostate cancer, you might be offered chemotherapy at the same time as, or soon after you start another treatment called hormone therapy. This helps many men to live longer, and may help to delay symptoms such as pain.
- **Chemotherapy as a further treatment for advanced prostate cancer.** You might be offered chemotherapy later on if your cancer is no longer responding to hormone therapy. This may help some men to live longer, and can help to improve and delay symptoms.



Most of the information in this fact sheet is the same for anyone having chemotherapy to treat advanced prostate cancer. We will make it clear if there are differences for those who have it as a first treatment.

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 will do some tests to make sure it is suitable for you.

Chemotherapy for localised and locally advanced prostate cancer

If your cancer hasn't spread outside your prostate (localised prostate cancer) or your cancer has spread just outside the prostate (locally advanced prostate cancer), you won't normally have chemotherapy on its own because other treatments work better. This is different to some other types of cancer, which are often treated with chemotherapy first.

However, chemotherapy is sometimes used in addition to other treatments to treat some localised and locally advanced prostate cancer that your doctor thinks could have a high chance of spreading to other parts of the body. Chemotherapy may be used alongside other treatments such as hormone therapy and radiotherapy.

Chemotherapy to treat rare prostate cancers

There are different types of prostate cancer, and some of these are rare. Chemotherapy can be used to treat rare types of prostate cancer, such as small cell prostate cancers. If you have been diagnosed with a rare type of prostate cancer, you may have a different type of chemotherapy that isn't discussed in this fact sheet. Read more at prostatecanceruk.org/rare or speak to our



Specialist Nurses.

What are the advantages and disadvantages?

Your doctor and nurse can help you think about the advantages and disadvantages of chemotherapy. What may be important for one person might be less important for someone else. Give yourself time to think about whether chemotherapy is right for you.

Advantages

- Chemotherapy might shrink the cancer or slow down its growth. This can help men to live longer.
- It can help to improve or delay symptoms such as pain, which can improve how you feel in your day-to-day life.
- Most people will have chemotherapy in the outpatient department and will not need to stay overnight after.
- You may have more regular check-ups and tests, which some people find reassuring.

Disadvantages

- You will need to have hospital appointments every few weeks.
- Chemotherapy affects each man differently, and it may not work so well for everyone.
- It can cause side effects which can be difficult to deal with. But your doctor or nurse can talk to you about ways to manage them (see page 5).
- Some of the side effects, such as hair loss, can be hard to hide from other people – this can be a problem if you haven't told people about your diagnosis.
- You may be given steroid tablets to take alongside chemotherapy. These can cause side effects too (see page 10).
- Some side effects, like infections, can be fatal if they're not treated. But this is very rare. If you're worried, talk to your doctor or nurse.

Making a decision about having chemotherapy

If you're offered chemotherapy, speak to your doctor or nurse about the advantages and disadvantages before deciding whether to have it. We've included a list of possible questions you can ask on page 14. You could also talk through your options with your partner, family or friends, or speak to our Specialist Nurses.



The word chemotherapy initially struck fear in my heart, but the build-up was more daunting than the actual treatment.

A personal experience

Are there other treatment options for advanced prostate cancer?

Some men with advanced prostate cancer are treated with hormone therapy alone. When hormone therapy stops working as well, there are other treatments available such as newer types of hormone therapy (see page 11). Ask your doctor or nurse about all the treatment options available to you, including any suitable clinical trials, before you decide. Read about other treatment options in our fact sheet,



Advanced prostate cancer.

Will chemotherapy affect other treatments I'm having?

If you're having hormone therapy injections, you'll usually keep having them alongside your chemotherapy. This is because the hormone therapy might still help to control your cancer. Read more about hormone therapy as a treatment for prostate cancer in our fact sheet,



Hormone therapy.

Other medicines

Let your doctor know if you're taking any other medicines – including supplements (such as vitamins and minerals) or herbal remedies. You may need to stop taking them while you're having chemotherapy, as they could interfere with your treatment.

What does treatment involve?

If you decide to have chemotherapy, you will be referred to an oncologist (a doctor who specialises in cancer treatments), and a chemotherapy nurse.

Your doctor or nurse will discuss your treatment plan with you. They'll explain which medicines you'll have, what the treatment will involve and what the possible side effects may be. They'll also tell you about any tests you'll need before, during and after your treatment.

If you start chemotherapy soon after you've been diagnosed, alongside hormone therapy, you will have up to six sessions (also called cycles) of treatment. It's usually fine to start chemotherapy any time up to three months after starting hormone therapy.

If you've already had hormone therapy, chemotherapy may be given as a course of up to 10 sessions. But this might not be the same for everyone.

You'll usually have treatment every three weeks. To begin with, your doctor will monitor you after each session to check that your treatment is working and you don't have too many side effects.

Planning around special occasions

If you have a special occasion coming up, such as a wedding or holiday, let your doctor or nurse know in plenty of time. They may be able to arrange your treatment around it. It's usually fine to delay a chemotherapy session or start the treatment slightly later.

Before each treatment session

A few days before each session you'll have a blood test to check the levels of different blood cells (your blood count). This is important because chemotherapy can cause the level of white blood cells, red blood cells and platelets to drop.

If your white blood cell count is low, you might not be able to have your treatment as planned. White blood cells fight infection. If your white blood cell count is too low, you are at risk of getting infections which can make you very unwell. Your doctor may reduce the amount (dose) of chemotherapy they give you. Or they might delay the session until your white blood cell count returns to normal. You may also be given a drug called GCSF (granulocyte colony stimulating factor) to help your body produce more white blood cells. Read more about GCSF on page 5.

If your red blood cell count is low, your blood may not be able to carry enough oxygen around your body. This can make you feel tired, weak and breathless. Your doctor may offer you a blood transfusion to boost your number of red blood cells. This will be given through a drip (intravenous infusion) into a vein in your arm.

You will also have blood tests to check how well your liver and kidneys are working. This is because the liver and kidneys break down the chemotherapy drugs and get rid of them from your body. If they're not working properly, the drugs will stay in your body for longer and you could have a higher risk of side effects.

Before each treatment session begins, your doctor or nurse will also check how you're feeling and how you're dealing with any side effects.

Your doctor might decide to stop your chemotherapy treatment if you have severe side effects or your cancer continues to grow. If this happens, your doctor will talk to you about your other treatment options. Everyone responds differently to chemotherapy. Some men find the side effects difficult to deal with and decide to stop treatment. If you want to stop treatment, speak to your doctor or nurse.

During your treatment

The chemotherapy will usually be given through a drip (intravenous infusion) into a vein in your arm. Treatment normally takes about one hour and the tube (cannula) will be removed from your arm before you go home.



Things to take to each session include a book, soft drink and snack. I also carry a small hand fan to keep cool and a bottle of hand gel so I always have clean hands.

A personal experience

What chemotherapy drugs are used?

There are two main chemotherapy drugs that are used to treat prostate cancer – docetaxel and cabazitaxel.

Docetaxel

In the UK, docetaxel is the most commonly used chemotherapy for men with advanced prostate cancer. It can be used alongside hormone therapy for men who have just been diagnosed with advanced prostate cancer, and sometimes for men with localised or locally advanced prostate cancer. It can also be used if hormone therapy has stopped working so well.

Cabazitaxel

You might be offered cabazitaxel if you have advanced prostate cancer that has stopped responding to hormone therapy, and you have already had docetaxel. You may hear cabazitaxel called second-line chemotherapy because it's used if you've already had chemotherapy before.

Docetaxel and cabazitaxel both contain alcohol. Tell your doctor or nurse if having alcohol is a problem for you, for example, alcoholism.

Chemotherapy may also affect your ability to drive or use machinery. You may want to discuss how to travel to and from your treatment with your nurse or doctor.

Treatments to help manage side effects

As well as the chemotherapy drug itself, you might need to take steroids, anti-sickness drugs (anti-emetics), antibiotics and a drug called GCSF (granulocyte colony stimulating factor). These can help to manage some of the side effects of chemotherapy.

Steroids

If you're having docetaxel, you will be given steroid tablets, such as prednisolone and dexamethasone. You will start these before your first treatment session and keep taking them throughout treatment. Or you might just take them for a few days around the time of each treatment session.

If you're taking steroids, it's important to take them correctly and don't suddenly stop taking them, especially if you've been taking them for several months, as this could make you ill. Your doctor or nurse will give you more information about this.

Steroids can help make chemotherapy more effective, and lower the risk of side effects. They may also help improve your appetite and energy levels, and can treat pain. But steroids can cause their own side effects too (see page 10).

Anti-sickness medicines (anti-emetics)

You may be given anti-sickness medicines through a needle into a vein in your arm, before having your chemotherapy. You will also be offered anti-sickness tablets to take for a few days after each chemotherapy session to help stop you feeling sick (nausea) and being sick (vomiting). If you continue to feel or be sick, you should talk to your doctor or nurse as they can help manage this.

Antibiotics

You might be given a course of antibiotics to help lower your risk of getting an infection while you're having chemotherapy. If you do have antibiotics, it's important to follow the instructions from your doctor and take all the tablets at the right times.

GCSF (granulocyte colony stimulating factor)

If your white blood cell count is too low, you may be given an injection of a drug called granulocyte colony stimulating factor (GCSF) to help your body produce more white blood cells. Read about side effects of GCSF on page 10.

After each treatment session

Your hospital team will advise you on how to continue with life while having chemotherapy and who it's safe to be around. In general, most men continue with life as normal while having chemotherapy. It's safe to be around other people when you're having chemotherapy, including children and pregnant women.

If you go to the dentist or have any treatment for other health problems, let the dentist or doctor know that you're having chemotherapy as it can affect other treatments.

Between appointments

If you have any concerns between your appointments, or get any new side effects or symptoms, contact your doctor or specialist nurse. They can often help you find ways to manage them.

When you start your treatment, your chemotherapy nurse should give you details of who to contact at the hospital, including during the night and at weekends. Use this contact number, rather than calling your GP. Remember to call if you have any concerns, even if you think they're not very important.

What are the side effects?

Like all treatments, chemotherapy can cause side effects. These will affect each man differently, and you might not get all the possible side effects. Most of the side effects are temporary and will gradually go away after you finish treatment. Before you start treatment, talk to your doctor or nurse about the side effects. Knowing what to expect can help you deal with them.

Chemotherapy targets and kills cells that grow too quickly, such as cancer cells. But it can also affect some healthy cells that grow quickly, and this can cause side effects. These include the cells in:

- the bone marrow
- the lining of the mouth
- parts of the gut, such as the bowel
- hair follicles – which are responsible for hair growth
- finger and toe nails.

Chemotherapy affects how well your bone marrow works. Bone marrow is the spongy material that fills some of your bones. It makes red and white blood cells and other cells called platelets. There may be a drop in the levels of any of these cells during chemotherapy, this can cause side effects. This usually happens about 7 to 10 days after each treatment session.

Side effects can happen with all types of chemotherapy. The most common ones are described here. But there are others that are less common, and each type of chemotherapy can also cause its own particular side effects. Tell your doctor or nurse about any side effects you have as soon as you get them. There are treatments available and things you can do yourself to help manage them.

Infections

During chemotherapy your body might be less able to fight off infections. This is caused by a drop in the number of white blood cells in your body. You might hear this called neutropenia. White blood cells are part of your immune system and help fight infection. It's important to contact the hospital immediately if you

think you might have an infection because it could make you very unwell or be fatal if it's not treated.

What to do if you think you have an infection

Contact the hospital immediately if you get any signs of infection. These include a fever (high temperature), sweating, chills and shivering, or a sore throat.

It's important to keep a thermometer at home so you can check your temperature if you feel unwell. A fever is a temperature higher than 37.5°C or 99.5°F. If you're taking steroids, your temperature may not be raised by an infection, so you should contact the hospital straight away if you feel unwell, even without a temperature.

If you can't get in touch with your medical team, go to your nearest accident and emergency (A&E) department or call 999 and tell them you're having chemotherapy. Don't wait to see if your symptoms get better, go in straight away.



I had a firm telling-off for delaying calling my doctor when I had signs of an infection. I learnt that I must call, even if I think it's something trivial.

A personal experience

It's important to lower your chances of catching infections from other people. Try to avoid close contact with people who are ill or have an infection and make sure you wash your hand regularly. But you can still spend time with people who are well and it's fine to have normal contact with your family and friends.

It's important to carry on doing things you enjoy with people you are close to. Ask your doctor for more advice on avoiding infections.

Vaccinations

You should avoid having a type of vaccine called a live vaccine during and for at least six months after your chemotherapy treatment. This is because your immune system might not be strong enough to cope. Vaccines against shingles and yellow fever are both examples of live vaccines, so these should be avoided. But it is safe to be around others who have had these vaccines.

Other vaccines such as the flu, pneumonia or COVID-19 jabs are safe, but may not give you as much protection as usual because your immune system may be weaker. It's always best to check with your doctor or nurse before having a vaccine and remind them that you're having chemotherapy.

Feeling breathless, tired or weak

This can be caused by a drop in the number of red blood cells, which means not enough oxygen is carried around the body. This is known as anaemia. If this happens, your doctor may delay your next treatment session to give your red blood cells time to recover. If your level of red blood cells falls very low, you may need to have a blood transfusion. Read more about anaemia



in our booklet, **Advanced prostate cancer: Managing symptoms and getting support.**

Bleeding and bruising more easily than normal

This can be caused by a drop in the number of platelets in your blood. Platelets help your blood to clot. A low level of platelets is called thrombocytopenia. You may get nose bleeds or bleeding gums. Things you can do to lower the risk of bleeding include using a softer toothbrush, and an electric shaver rather than a razor. Some men with advanced prostate cancer pass some blood in their urine, and chemotherapy can make this worse.

You should contact your doctor or nurse straight away if you get any of the side effects we have listed above.

Extreme tiredness (fatigue)

Many men say that fatigue is one of the hardest side effects to cope with. Fatigue is extreme tiredness or exhaustion, which makes it hard to carry out your daily activities. Some men describe feeling weak, lethargic, knackered or drained.

During a course of chemotherapy, your energy levels may go up and down. Fatigue is usually worse during the week after each treatment session but then gradually improves. Fatigue usually gets worse as you have more sessions of chemotherapy.

After finishing a course of chemotherapy, most men find their energy levels improve. But for some, fatigue can be long-lasting.

Sometimes there is a specific cause for your tiredness, like low levels of red blood cells (see above). But tiredness can also be caused by things other than your treatment. For example, the cancer itself can make you feel tired, and so can feeling anxious or depressed.



Read about ways to manage fatigue in our fact sheet, **Fatigue and prostate cancer.**



Our fatigue support

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.

Feeling and being sick (nausea and vomiting)

Chemotherapy for prostate cancer is not as likely to make you feel as sick as some other types of chemotherapy. If you do feel sick, your doctor can prescribe anti-sickness medicines (anti-emetics). Your doctor may consider different treatments or medicines if you continue to feel sick after anti-sickness medication.

Your doctor or nurse can also talk you through other things that might help, such as foods to eat or avoid, and relaxation techniques. If the smell of food is putting you off eating, try to avoid strong-smelling foods and choose cold foods as they don't usually smell as much. If possible, ask someone to make your meals for you. You may also find it helps to avoid fried, greasy or very sweet foods. Some people find things flavoured with peppermint or ginger can help, such as herbal teas or sweets.

Loss of appetite

You might lose your appetite during chemotherapy. This can happen because of some of the side effects of treatment, such as feeling sick or having a sore mouth (see above). Chemotherapy can also make food taste different – it might taste more salty, bitter or metallic, or it might lose its taste.

Some people find sucking on boiled sweets, fresh or tinned pineapple or taking sips of ginger beer can leave a pleasant taste in their mouth. If you don't feel like eating much, it's important to drink plenty of fluids and to find foods that you enjoy. Eating small meals and having regular snacks that are high in calories might also help you to get the energy and nutrients you need.

The steroids you take with your chemotherapy should help improve your appetite. But if you're having problems eating a balanced diet or if you're losing weight, talk to your doctor or nurse. They may be able to refer you to a dietitian who specialises in helping people with cancer.



During chemotherapy, I found that most foods tasted a bit funny. Save your favourite meals for after your treatment has finished.

A personal experience

Sore mouth

Some chemotherapy drugs can make your mouth sore, but this isn't common. You may get ulcers or inflamed gums, which can be painful. There are things that might help.

- Brush your teeth gently twice a day with a soft toothbrush and use mouth washes regularly.
- Be very careful when flossing, and avoid using tooth picks.
- Choose soft, moist foods and avoid foods that are acidic, spicy, very hot or very cold.
- Try drinking through a straw.

Your nurse can give you more information about taking care of your mouth. If it gets very sore, your doctor might prescribe pain-relieving drugs.

Bowel problems

Some types of chemotherapy may make your bowel movements loose and watery (diarrhoea). This usually happens in the first few days after treatment. Other chemotherapy drugs and some anti-sickness medicines can make it difficult to empty your bowels (constipation). Bowel problems can usually be controlled with medicines or changes to what you eat, so let your doctor or nurse know about any problems you're having.

Make sure you're drinking enough water – about eight glasses (two litres) a day. This will help to replace the water that's lost with diarrhoea, and will also help to prevent constipation. It might also be a good idea to avoid fatty, fried and spicy foods, as some men find they can make diarrhoea worse.

Sometimes diarrhoea can be caused by an infection. If you have diarrhoea and you feel unwell or have a fever, you should contact your medical team straight away.

Hair loss

Hair loss is a temporary side effect of some chemotherapy drugs. It can affect people differently. Some men lose all their hair but many just notice some thinning or have no hair loss at all. Hair loss happens gradually and tends to start two or three weeks after treatment starts. You can lose hair anywhere on your body. Your hair will usually begin to grow back after you've finished treatment. Some men choose to wear a hat or wig until their hair has grown back.

To help reduce hair loss, scalp cooling may be suitable for some people. This involves wearing a special cap during each treatment session. The cap is filled with a cold gel or connected to a small cooling system. But it doesn't work for everyone and may not be available in every hospital. If you're interested in scalp cooling, speak to your doctor or nurse.

Sensitive skin

You may notice some redness, dryness or irritation to your skin if you're having chemotherapy. Your skin might also be more sensitive to the sun and could burn easily. So even on a cold day, if the sun is shining wear a hat or use sun block. It's important to protect the skin on your head from the sun, especially if you have hair loss.

Fluid retention

This can cause your ankles or legs to swell, or you might feel a bit bloated. This can also be a side effect of steroids. If it does happen, it should improve after you finish treatment.

Numbness or tingling in the hands and feet

Chemotherapy can affect your nerves (peripheral neuropathy). This can cause numbness or tingling in your hands and feet. This usually improves slowly, a few months after treatment finishes.

It's important to tell your doctor or nurse if you get this. If it's severe, your doctor might decide to reduce the amount (dose) of chemotherapy you have at each treatment session. Or they might offer a different treatment.

Numbness and tingling can have other causes, including the cancer itself. You may need some tests to check what's causing it.

Changes to your nails

You may find that your finger nails and toe nails grow more slowly, or become hard, brittle or flaky. The shape or colour of your nails might also change. These changes are temporary and should improve after treatment, though it can take a few months.

Keeping your nails trimmed short and wearing gloves while doing jobs around the house can help protect your nails. Some research suggests that rubbing natural oils into your nails each day could help to protect them.

Watery eyes

Your eyes might produce more tears than normal. This isn't common and won't last long. If your eyes feel sore, inflamed or watery, let your doctor know – they may prescribe eye drops.

Changes to your mood

Some people say they feel down at certain times during their chemotherapy. This is natural and usually only lasts a short time, but some men find they still feel low after their treatment finishes.

If you're feeling really low and finding it hard to deal with things, speak to your doctor or nurse. There are things that can help and there is support available (see page 12).

Side effects of steroids

You may also get side effects from the steroids you take with your chemotherapy. Possible side effects include indigestion and irritation of the stomach lining, feeling irritable or restless, and swollen hands and feet.

Other less common side effects will be listed in the leaflet that comes with your medicine.

You should be given a steroid treatment card, which explains that you're taking steroids. You should carry this with you at all times. Show it to anyone treating you (such as a doctor, nurse or dentist). It's important they know you're taking steroids because they can affect how well other medicines work.

Speak to your doctor or nurse about the side effects of steroids. And read more in our fact sheet, **Treatment options after your first hormone therapy**. If you do get side effects, your doctor or nurse may suggest reducing the dose. But don't do this without speaking to them first.



Side effects of GCSF

You might get side effects from GCSF (granulocyte colony stimulating factor) injections, if you are having them (see page 5). GCSF can cause a skin rash around the injection site, and bone pain in the arms, legs, back and hips. It can also cause a high temperature.

Speak to your doctor or nurse if you are concerned about any of these side effects.

What happens afterwards?

After you finish your course of chemotherapy, you will have regular follow-up appointments to check how well your treatment is working and monitor any side effects. Your doctor or nurse will let you know how often you'll have appointments.

You will have regular blood tests to measure your level of PSA (prostate specific antigen). Your doctor will also ask you about any side effects from your treatment and any symptoms you might have. If your PSA level falls, you may find that your symptoms start to get better.

Sometimes PSA levels can rise after having chemotherapy, then come back down again. A rise in PSA doesn't necessarily mean that your chemotherapy isn't working.

Are there further treatments available after chemotherapy?

If your cancer starts to grow again after you finish chemotherapy, you may be able to have other treatments. The aim of further treatment is to control your cancer and delay or manage any symptoms you might have, such as pain.

You might have more than one of the treatments we describe here. Which treatments you are offered will depend on how well you are, any symptoms you have, which treatments you've already had, and any other health problems you have. Talk to your doctor or nurse about which treatments are available to you.

More chemotherapy

If you've already had docetaxel and not had any serious problems with it, you might be offered more chemotherapy such as cabazitaxel. Or less commonly, you may be offered more docetaxel.

Anti-androgens

Testosterone is a type of hormone called an androgen. Anti-androgens are a type of hormone therapy that stops testosterone from reaching the prostate cancer cells. You may start taking an anti-androgen, such as bicalutamide (Casodex®), alongside your usual hormone therapy injections. Some doctors call this combined androgen blockade or dual androgen blockade.

Steroids

Steroids can help stop the adrenal glands producing as much testosterone. They may also help improve your appetite and energy

levels, and can treat pain. You might also have steroids in combination with other treatments, including more chemotherapy and a drug called abiraterone.

Abiraterone

Abiraterone (Zytiga®) is a type of hormone therapy for men with advanced prostate cancer that has stopped responding to other hormone therapy treatments. It works by stopping the production of testosterone. Abiraterone may help some men to live longer. It can also help to treat or delay symptoms.

Enzalutamide

Enzalutamide (Xtandi®) is another type of hormone therapy for men with advanced prostate cancer that has stopped responding to other hormone therapy treatments. It works by blocking the effect of the hormone testosterone on prostate cancer cells. Enzalutamide may help some men to live longer. It can also help control symptoms.

Apalutamide

Apalutamide (Erleada®) is another type of hormone therapy for men with localised or locally advanced prostate cancer that has stopped responding to other types of hormone therapy. It works by blocking the effect of testosterone on prostate cancer cells. It won't cure your prostate cancer, but it can help to keep it under control and delay symptoms of advanced prostate cancer.

Olaparib

Olaparib (Lynparza®) is a type of drug used to treat men who are known to have a BRCA1 or BRCA2 gene change (mutation), and who have advanced prostate cancer which has stopped responding to hormone therapy. Olaparib works by blocking the effect of proteins that repair damaged DNA in prostate cancer cells. It won't cure your prostate cancer, but it can help some men live longer.

Oestrogens

Oestrogens are a type of hormone therapy that can be used to treat prostate cancer that is no

longer responding to other types of hormone therapy. Oestrogens aren't used very often.

Radium-223

Radium-223 (Xofigo®) is a treatment for men with prostate cancer that has spread to the bones and has stopped responding to hormone therapy. It is a type of internal radiotherapy called a radioisotope. Radium-223 helps some men to live longer and can delay bone problems.



Read more about all of these treatments in our fact sheet, **Treatment options after your first hormone therapy**.

Clinical trials and new treatments

A clinical trial is a type of medical research that aims to find new and improved ways of preventing, diagnosing, treating or managing illnesses. If you decide to take part in a clinical trial, you may be able to have a newer treatment that isn't yet widely available.

To find out about taking part in a clinical trial, ask your doctor or nurse, or speak to our



Specialist Nurses. Or you can read more on our website at prostatecanceruk.org/clinical-trials

Treatments for symptoms

There are also treatments you can have to help with symptoms of advanced prostate cancer. These treat the symptoms of prostate cancer but not the cancer itself. Read more in our fact sheets and booklets:



- **Advanced prostate cancer: Managing symptoms and getting support**
- **Managing pain in advanced prostate cancer**
- **Radiotherapy for advanced prostate cancer**
- **Bisphosphonates for advanced prostate cancer.**

Dealing with prostate cancer

Some men say being diagnosed with prostate cancer changes the way they think and feel about life. You might feel scared, worried, stressed, helpless or even angry. At times, lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way that you're supposed 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.

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.

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.

Eat a healthy, balanced diet

We don't know for sure whether any specific foods have an effect on prostate cancer. But eating well can help you stay a healthy weight, which may be more important for men with prostate cancer. It's also good for your general health and can help you feel more in control. Certain changes to your diet may also help with some side effects of treatment.



For more information, read our fact sheet, **Diet and physical activity for men with prostate cancer.**

Be as active as you can

Keeping active can improve your physical strength and fitness, and can lift your mood. We don't know for sure if physical activity can help slow the growth of prostate cancer. But it can help you stay a healthy weight, which may help to lower your risk of advanced prostate cancer. Physical activity can also help with some side effects of treatment. Even a small amount of physical activity can help. Take things at your own pace. 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.**

Who else can help?

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.

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

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 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. They can share their experiences and listen to yours. You can discuss whatever's important to you. We'll try to match you with 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 support 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 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.

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

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 living at home. They offer 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 prostate cancer. You could get spiritual support from your friends, family, religious leader or faith group.



Makes you feel as though you are not alone and that other people have been and are going through the same things. Helps you feel you are not alone which is so important.

A personal experience

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.

How can chemotherapy help?

How long will the treatment last, and how many sessions will I need?

What are the possible side effects of chemotherapy, and how long will they last?

Can I stop the treatment if I find the side effects difficult to deal with?

Are there any other treatments available to me?

Who should I contact if I have any questions during my treatment and how do I contact them?

What happens if chemotherapy doesn't work? Are there other treatments I can have later on?

Are there any clinical trials I can take part in?

More information

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.

Cancer Support UK

www.cancersupportuk.org

Telephone: 020 3983 7616

Practical and emotional support for people with cancer. Services include telephone support groups and cancer kits which are free to order.

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 an online support group.

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.

NHS websites

England: www.nhs.uk

Scotland: www.nhsinform.scot

Wales: www.111.wales.nhs.uk

nidirect (Northern Ireland)

www.nidirect.gov.uk

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.

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. 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.

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- Peter Hoskin, Professor in Clinical Oncology, Mount Vernon Cancer Centre and University of Manchester
- Alastair Thomson, Consultant Clinical Oncologist, Royal Cornwall Hospitals Trust
- Our Specialist Nurses
- Our volunteers.



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



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.

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

