Hormone therapy

In this fact sheet:

This fact sheet is for anyone who is thinking about having hormone therapy to treat their prostate cancer. Your partner, family or friends might also find it helpful.

We describe the different types of hormone therapy, what the treatments involve, the possible side effects, and where you can get support. Read more about side effects in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

Each hospital or GP surgery 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:

Chat to one of our Specialist Nurses

Read our publications

How does hormone therapy work?

Hormone therapy is a treatment for prostate cancer. It works by either stopping your body from making testosterone or stopping testosterone from reaching the cancer cells.

Prostate cancer cells usually need testosterone to grow. Testosterone is a hormone that controls how the prostate grows and develops. It also controls other male characteristics, such as erections, muscle strength, and the size and function of the penis and testicles. Most of the testosterone in your body is made by the testicles. A small amount also comes from the adrenal glands, which sit above your kidneys.

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Testosterone doesn't usually cause problems but, if you have prostate cancer, it can make the cancer cells grow faster. If testosterone is taken away, the cancer will usually shrink, even if it has spread to other parts of your body.

Hormone therapy on its own won't cure your prostate cancer. If you have hormone therapy on its own, the treatment will aim to control your cancer and delay or manage any symptoms.

Hormone therapy can also be used with other treatments, such as radiotherapy, to make the treatment more effective.

Who can have hormone therapy?

Hormone therapy is an option for many men with prostate cancer, but it's used in different ways depending on whether your cancer has spread.

Localised (early) prostate cancer

If your cancer hasn't spread outside the prostate (localised prostate cancer), you might have hormone therapy alongside your main treatment. Hormone therapy can shrink the prostate and any cancer inside it, which makes the cancer easier to treat. It can also make your main treatment more effective. You might have hormone therapy:

- for six months before, during or after external beam radiotherapy
- for up to three years after external beam radiotherapy, if there is a risk of your cancer spreading outside the prostate.

Hormone therapy is not usually given to men having surgery to remove their prostate (radical prostatectomy), HIFU or permanent seed brachytherapy.

Read more about localised prostate cancer, including possible treatment options, in our fact sheet, **Localised prostate cancer**.

Locally advanced prostate cancer

If your cancer has spread to the area just outside the prostate (locally advanced prostate cancer), you may have hormone therapy before, during and after radiotherapy. Hormone therapy can help shrink the prostate and any cancer that has spread, and make the treatment more effective.

You may be offered hormone therapy for up to six months before radiotherapy. And you may continue to have hormone therapy during and after your radiotherapy, for up to three years.

Some men might have hormone therapy on its own if radiotherapy or surgery aren't suitable for them.

Read more about locally advanced prostate cancer, including possible treatment options, in our fact sheet, **Locally advanced prostate cancer**.

Advanced (metastatic) prostate cancer

Hormone therapy will be a life-long treatment for most men with prostate cancer that has spread to other parts of the body (advanced or metastatic prostate cancer).

Hormone therapy shrinks the cancer and slows down its growth, wherever it has spread to in the body. It can't cure the cancer, but it can keep it under control, often for years. It can also help manage symptoms of advanced cancer, such as bone pain.

How long it will control the cancer for varies from person to person. It may depend on how aggressive your cancer is and how far it has spread. It's difficult for doctors to know exactly how long it will keep your cancer under control. Speak to your doctor or nurse about your own situation.

Read more about advanced prostate cancer, including possible treatment options, in our fact sheet **Advanced prostate cancer**.

Prostate cancer that has come back after treatment (recurrent prostate cancer)

If your cancer has come back after treatment for localised or locally advanced prostate cancer, hormone therapy will be one of the treatments available to you. Read more in our booklet **If your prostate cancer comes back: A guide to treatment and support**.

Unsure about your diagnosis and treatment options?

If you have any questions about your diagnosis, ask your doctor or nurse. They can explain your test results and your treatment options. Make sure you have all the information you need. You can find more information on our website, visit **prostatecanceruk.org/information**

It is normal to feel overwhelmed. You may not be able to understand all the information you are given at first. Take your time to process the information given to you and ask any questions about anything you don't understand. Our **Specialist Nurses** are also here to support you and can help with any questions you have.

Hormone therapy has kept my prostate cancer under control for seven years.

A personal experience

What types of hormone therapy are there?

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 type of hormone therapy you have will depend on whether your cancer has spread, any other treatments you're having, and your own personal choice. You may have more than one type of hormone therapy at the same time. The table on page 6 lists the different types of hormone therapy.

Injections or implants

These stop your body from making testosterone. They work by blocking the message from the brain that tells your testicles to make testosterone. Injections or implants are as good at controlling prostate cancer as surgery to remove the testicles.

Ask your doctor or nurse whether you will have injections or implants. They are both given using a needle.

Injections use a needle to inject a small amount of liquid under the skin or into the muscle. They may be given in your arm, abdomen (stomach area), thigh or bottom (buttock), depending on which type you're having.

Implants may be given as a small pellet which is placed under the skin in the abdomen and slowly releases the drug.

You will have the injections or implants at your GP surgery or local hospital. How often you have them will vary depending on the type you are having. Some men have an injection or implant once a month, while others have them every three or six months.

LHRH agonists

LHRH agonists (luteinizing hormone-releasing hormone agonists) are the most common type of injection or implant.

There are several different LHRH agonists available, which all work in the same way, including:

- goserelin (Zoladex®)
- leuprorelin acetate (Prostap®)
- triptorelin (Decapeptyl® or Gonapeptyl Depot®)
- buserelin acetate (Suprefact®) - given as a nasal spray after 7 days of injections.

LHRH agonists cause the body to produce more testosterone for a short time after the first injection. This usually happens about two or three days after you have the first injection.

This temporary surge in testosterone could cause the cancer to grow more quickly for a short time, which might make any symptoms you have worse for about a week – this is known as a flare.

If you're having an LHRH agonist, you'll be given a short course of anti-androgen tablets as well. This should stop any problems caused by this surge of testosterone. You'll usually start taking the anti-androgen tablets before your first injection or implant and keep taking them for a few weeks.

GnRH antagonists

GnRH antagonists (gonadotrophin-releasing hormone antagonists) are used less often than LHRH agonists. You may also hear them called GnRH blockers.

Degarelix

Degarelix may be used to treat some men with advanced prostate cancer. When you first start degarelix, you will have two injections on the same day – one on each side of your abdomen (stomach area). You will then have one injection each month, or some men switch to an LHRH agonist.

If you are on degarelix, the skin around the area where you have the injections may feel red, hard, swollen and sore. This usually settles down after a few days. Mild pain-relieving medicines, such as paracetamol, or using a cool pack on the area can help.

Unlike LHRH agonists, degarelix doesn't cause a surge in testosterone with the first treatment, so you won't need to take anti-androgen tablets. Instead your testosterone levels will start to drop straight away, usually on the first day of having treatment. Symptoms such as bone pain should start to improve quickly.

There is also a GnRH antagonist that can be taken as a tablet, called relugolix. See page 5 for more information.

Keeping track of your injections

If you're having injections, it's a good idea to record the dates of your injections so that you don't miss an appointment. There is space to record details of your drugs and appointments in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

If your injection is a few days late, you shouldn't have any problems. But if you miss your treatment for longer than a couple of weeks, your body may start to produce more testosterone, which may cause the cancer to start growing again.

If you think you've missed an injection, tell your doctor or nurse as soon as possible.

Tablets

Anti-androgens

Anti-androgen tablets stop testosterone from reaching the cancer cells. They can be used:

- on their own
- before having injections or implants
- together with injections or implants
- after surgery to remove the testicles (orchidectomy).

There are different types of anti-androgen tablets, including:

- bicalutamide (Casodex®)
- cyproterone acetate (Cyprostat®)
- flutamide (Drogenil®).

Ask your doctor how long you'll need to take anti-androgens for, and whether you're having them with another treatment or on their own.

Anti-androgens taken on their own are less likely to cause sexual problems and bone thinning than other types of hormone therapy. But they may be more likely to cause breast swelling and tenderness (see page 8). You also have a higher risk of liver problems if you take anti-androgens. Before you start taking them, you may have some tests to check your liver. Or if you've had liver problems before, anti-androgen tablets might not be suitable for you.

If your cancer is advanced, anti-androgens will be less effective at controlling the cancer than other types of hormone therapy. So if you have advanced prostate cancer, your doctor will usually recommend an LHRH agonist.

GnRH antagonists - Relugolix (Orgovyx®)

Relugolix is a new type of hormone therapy used to treat some men with prostate cancer. Unlike other GnRH antagonists such as degarelix (see page 4), relugolix is given as a tablet. To find out more, visit **prostatecanceruk.org/relugolix**

Androgen receptor pathway inhibitors (ARPI)

Androgen receptor pathway inhibitors (ARPI) are newer types of hormone therapy that can be used to treat some men with prostate cancer. You may hear them called new or second-generation hormone therapy. They may be used in combination with first line hormone therapy treatment, or when your prostate cancer has stopped responding other types of hormone therapy. They include abiraterone (Zytiga®), enzalutamide (Xtandi®), apalutamide (Erleada®) and darolutamide (Nubeqa®).

Abiraterone acetate (Zytiga®)

Abiraterone tablets are usually offered to men whose prostate cancer has stopped responding to other types of hormone therapy. But you might be offered abiraterone as a first treatment for localised, locally advanced or advanced prostate cancer. Abiraterone may also be an option if you have localised or locally advanced prostate cancer that has a high risk of spreading.

If you've already had a type of hormone therapy called enzalutamide, abiraterone may not be suitable 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 suitable for you. To find out more, visit **prostatecanceruk.org/enzalutamide**

Darolutamide (Nubeqa®)

Darolutamide tablets may be used to treat some men with prostate cancer. It won't cure your prostate cancer, but it can help keep it under control. It has also been shown to give some men longer before their cancer spreads to other parts of the body (advanced prostate cancer). This means it can help to delay the symptoms of advanced prostate cancer, and the need for further treatments. To find out more, visit **prostatecanceruk.org/darolutamide**

Apalutamide (Erleada®)

Apalutamide tablets may be offered to some men with localised prostate cancer or locally advanced prostate cancer that has stopped responding to other types of hormone therapy. It has been shown, in some men, to delay the spread of prostate cancer to other parts of the body (advanced prostate cancer). Apalutamide may also be used to treat some men with newly diagnosed advanced prostate cancer. To find out more, visit **prostatecanceruk.org/apalutamide**

Surgery to remove the testicles (orchidectomy)

You may be offered an operation to remove the testicles, or the parts of the testicles that make testosterone. This is called an orchidectomy (or orchiectomy). It's not used as often as other types of hormone therapy.

Surgery is very effective at reducing testosterone levels, which should drop to their lowest level very quickly – usually in less than 12 hours. It also means that you won't need to have regular injections, and there's no risk that you'll miss an injection.

Surgery can't be reversed, so it's usually only offered to men who need long-term hormone therapy. If you're thinking about having surgery, your doctor may suggest trying injections or implants (see page 3) for a while first. This will give you and your doctor a chance to see how you deal with the side effects of low testosterone.

Short-term side effects of an orchidectomy include swelling and bruising of the scrotum (the skin containing the testicles). See page 7 for information on side effects.

Some men find the thought of having an orchidectomy upsetting, and worry about how they'll feel once their testicles are removed. It's important to talk to your doctor about your feelings and any concerns you may have. If you don't want an orchidectomy, you can usually have a different type of hormone therapy instead.

Types of hormone therapy

The table below shows the different types of hormone therapy you might be offered to treat your prostate cancer.

What are the advantages and disadvantages of hormone therapy?

What may be important to one person might be less important to someone else. So speak to your doctor or nurse about your own situation.

Advantages

- It's an effective way to control prostate cancer, even if it has spread to other parts of your body.
- It can be used alongside other treatments to make them more effective.
- It can help to reduce some of the symptoms of advanced prostate cancer, such as urinary symptoms and bone pain.

What is it called?	How is it given?	How often do you have it?
LHRH agonist • leuprorelin acetate (Prostap®, Lutrate®) • triptorelin (Decapeptyl®, Gonapeptyl Depot®)	Injection	Every one, two, three, six or twelve months. You'll also need anti-androgen tablets before your first injection, and for a few weeks after.
• buserelin acetate (Suprefact®)	Nasal spray	After 7 days of injections, you will start using buserelin as a nasal spray six times a day.
• goserelin (Zoladex®)	Implant	Every one or three months.
GnRH antagonist • degarelix (Firmagon®)	Injection	Two injections on the same day for the first dose, then one injection each month.
• relugolix (Orgovyx®)	Tablets	Daily – check the instructions that come with the tablets and ask your doctor or nurse if you're not sure.
Anti-androgen • bicalutamide (Casodex®) • cyproterone acetate (Cyprostat®) • flutamide (Drogenil®)	Tablets	Daily – check the instructions that come with the tablets and ask your doctor or nurse if you're not sure.
Androgen receptor pathway inhibitors (ARPI) • abiraterone (Zytiga®) • enzalutamide (Xtandi®) • apalutamide (Erleada®) • darolutamide (Nubeqa®)	Tablets	Daily – check the instructions that come with the tablets and ask your doctor or nurse if you're not sure.
Orchidectomy	Surgery	One-off operation.

Disadvantages

- It can cause side effects that might have an impact on your daily life.
- It can't cure your cancer when it's used by itself, but it can help to keep the cancer under control, sometimes for many years.

What are the side effects?

Like all treatments, hormone therapy can cause side effects. Hormone therapy affects people in different ways and you may not get all of the possible side effects. Some men only get a few side effects or don't get any at all. This doesn't mean that the treatment isn't working.

Some men find their side effects improve or get easier to manage the longer they're on hormone therapy. But if side effects don't improve, there are usually ways to manage them.

How long will side effects last?

Side effects will usually last for as long as you're on hormone therapy. If you stop using it, the side effects should improve as your testosterone levels start to rise again. Your side effects won't stop straight away – it may take several months or years. For some men, the side effects may never go away completely.

Surgery to remove the testicles (orchidectomy) can't be reversed, so the side effects will be permanent. But there are treatments to help manage them.

Discuss the possible side effects with your doctor or nurse before you start or change your hormone therapy, or call our **Specialist Nurses**. If you know what side effects you might get, it can be easier to manage them. If you get any side effects or get any new symptoms, such as bone pain, speak to your doctor or nurse, or call our **Specialist Nurses**.

We describe the most common side effects of hormone therapy below. For more information about ways to manage them, read our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

Hot flushes

Hot flushes are a common side effect of hormone therapy. They give you a sudden feeling of warmth in your body. You might feel very hot in your face, neck, chest or back. They can vary from a few seconds of feeling very hot to an hour or more of sweating, which can be uncomfortable. Some men find that their hot flushes get milder and happen less often over time, but other men continue to have hot flushes for as long as they have hormone therapy or longer. There are things that can help manage hot flushes, including lifestyle changes and medicines. Speak to your doctor if you get hot flushes.

Some men also use complementary therapies to manage hot flushes, such as acupuncture, cognitive behavioural therapy (CBT) and herbal remedies. But there isn't any strong evidence that these work. If you're thinking about using any complementary therapies, make sure you tell your doctor or nurse as they might interfere with your cancer treatment. You should also tell your complementary therapist about any cancer treatments you're having.

> **I have hot flushes through the night. I used to be angry but now I use the cooling off time to do stretching exercises and plan the next day.**
>
> *A personal experience*

Extreme tiredness (fatigue)

Hormone therapy can make you feel extremely tired, which could affect your everyday life. Fatigue can come on quite suddenly and can make it difficult to carry out your daily activities. It can also affect how you feel emotionally, and you may feel down. But there are things that can help manage your fatigue. These include being physically active and planning your day to make the most of when you have more energy. Read more in our fact sheet, **Fatigue and prostate cancer**.

Support for fatigue

Our **Specialist Nurses** can talk to you in depth about your experience in 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 lifestyles changes. Speak to them, in confidence, on **0800 074 8383**.

If you are finding it hard to deal with any emotionally changes, you are not alone. You can read information about looking after your emotional, mental and physical wellbeing on our website. Visit **prostatecanceruk.org/wellbeing**

Changes to your sex life

Hormone therapy can affect your sex life. The possible changes to your sex life may include the following:

- less desire for sex (low libido)
- problems getting or keeping an erection (erectile dysfunction)
- producing less semen and having less intense orgasms
- changes to the size of your penis and the size or shape of your testicles.

There are treatments and ways to manage changes to your sex life. Hormone therapy reduces your desire for sex. So treatments that only work when you have desire, such as tablets, are unlikely to work if you don't have desire. But injections, pellets, cream or a vacuum pump may still help you get an erection, even if you have less desire for sex. Read more in our booklet, **Prostate cancer and your sex life**.

Weight gain

Some people put on weight while they're on hormone therapy, particularly around the waist. Some men find this hard to deal with, especially if they've never had problems with their weight in the past. Physical activity and healthy diet can help you stay a healthy weight. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Strength and muscle loss

Testosterone plays an important part in the physical make up of men's bodies. Hormone therapy can cause you to lose some muscle tissue. This can change the way your body looks and how physically strong you feel.

Regular gentle resistance exercise, such as lifting light weights or using elastic resistance bands, may help to prevent muscle loss and keep your muscles strong. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Some men may also get aching muscles or joint pain while they're on hormone therapy. This can happen when you lose muscle. Talk to your doctor or nurse if you have any pain in your muscles or joints. They can talk to you about ways to manage it.

Memory and concentration

If you're having hormone therapy you may find it difficult to concentrate or focus on certain tasks. Or you might struggle to remember things as well as you used to. But we don't know for sure whether any changes are caused by the hormone therapy or by something else, because the evidence isn't very strong. For example, feeling tired, stressed, anxious or depressed can all affect your memory or ability to concentrate. Memory problems can also happen naturally as you get older.

Whatever the cause, problems with memory or concentration can be very frustrating to experience. If you're having problems with your memory, talk to your doctor or nurse. They will be able to suggest things that may help.

Breast swelling or tenderness

Hormone therapy may cause swelling (gynaecomastia) or tenderness in the chest area. The amount of swelling can vary from a small amount to noticeable breasts. Tenderness can affect one or both sides of the chest and can range from mild sensitivity to long-lasting pain.

Breast swelling is more common in men who are taking anti-androgen tablets (see page 4) on their own. If you put on weight while you're on hormone therapy, this can also lead to larger breasts.

There are ways to reduce your risk of breast swelling and tenderness, or help treat it. Your doctor or nurse will be able to discuss available options with you.

Loss of body hair

Some men lose their body hair while they are on hormone therapy. This is because testosterone plays a role in hair growth. So when testosterone is reduced, you might lose some of it. This can happen anywhere on your body, including your face, chest and pubic area. The hair should grow back if you stop hormone therapy.

Bone thinning

Testosterone helps to keep bones strong. Hormone therapy can cause thinning of the bones. Long-term hormone therapy can make your bones weaker and cause a condition called osteoporosis. This means you may be more likely to have broken bones (fractures). Anti-androgens are less likely to cause bone thinning than other types of hormone therapy.

Your doctor or nurse will talk to you about your risk of bone thinning. Your doctor may suggest medicines to help strengthen bones and slow down bone thinning. They may also suggest you have a type of X-ray called a bone density or DEXA (dual energy X-ray absorptiometry) scan before you start or whilst you are having hormone therapy. This will show any areas of weak or thinning bone.

Lifestyle changes such as physical activity and changes to your diet may help reduce your risk of bone thinning. We don't yet know whether exercise can help to prevent bone thinning in men who are on hormone therapy. But regular physical activity could help to keep you strong and prevent falls that could cause broken bones.

Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Risk of other health problems

Hormone therapy may slightly increase your chance of developing other health problems, including:

- heart disease
- stroke
- type-2 diabetes
- blood clots
- anaemia.

Before you start hormone therapy, tell your doctor if you've ever had any of the problems listed above, or if you're taking medicines to treat another health problem, such as high blood pressure (hypertension) or high levels of cholesterol (hypercholesterolaemia).

You can reduce your risk of many health problems by making lifestyle changes, such as eating a well-balanced diet, drinking less alcohol, being physically active and stopping smoking. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Read more about side effects of hormone therapy and ways to manage them in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

Changes to your mood

Hormone therapy can affect your mood. You may feel more emotional than usual or just 'different' to how you felt before. Some men find that they cry a lot. You may also get mood swings, such as feeling tearful then angry. Just knowing that hormone therapy might be causing these feelings can help.

You may experience low moods, anxiety or depression. This could be caused by the hormone therapy itself, or by dealing with your prostate cancer diagnosis. It could also be due to the impact that treatment is having on your life.

If your mood is often very low, you are losing interest in things, or your sleep pattern or appetite has changed a lot, speak to your doctor or nurse. These can be signs of depression, but there are things that can help.

The impact of side effects on your emotional and mental health

Hormone therapy can cause physical changes to your body, such as weight gain, reduced physical strength, or changes to your sex life. These changes can make you feel very differently about your body and have a big impact on your confidence, self-esteem, and quality of life.

Many men find it difficult to deal with the emotional impact of side effects. It's important to remember you are not alone and there is support available.

Some men want to find their own way to cope and don't want help from anyone else. Others may try to cope on their own because they are uncomfortable talking about how they feel or are afraid of worrying their loved ones. But talking through your thoughts, feelings and emotions can help you feel more supported and less anxious.

You could talk to your partner, another family member or friend. Some men find it easier to talk to someone they don't know. Your doctor or nurse can give you more information and support. They can also refer you to another professional, like a counsellor or psychologist, read more about who else can help on page 11.

Find more information about looking after your emotional, mental, and physical wellbeing on our website, visit **prostatecanceruk.org/wellbeing**

The emotional stress was my biggest issue. Luckily my nurse suggested I see a counsellor. I've continued the counselling and found it invaluable.

A personal experience

How will I know if my treatment is working?

You will have regular appointments to check how well your treatment is working and monitor any side effects. These will involve regular prostate specific antigen (PSA) tests to measure the amount of PSA in your blood. PSA is a protein produced by cells in your prostate and also by prostate cancer cells, even if they have spread to other parts of your body. The PSA test is a good way to check how well your treatment is working.

How your treatment is monitored will depend on whether you're having hormone therapy as part of treatment that aims to cure your prostate cancer, or having life-long hormone therapy to keep advanced prostate cancer under control.

Waiting for the results of your regular PSA tests can be stressful. If you're worried about your results or don't understand what they mean, it's important to talk to your doctor.

You can also contact your nurse at the hospital, or our **Specialist Nurses**, between appointments if you have any side effects or symptoms that you'd like to talk about.

If you're having treatment that aims to cure your prostate cancer

If your PSA level falls and stays low, this usually suggests your treatment is working. How quickly your PSA level falls, and how low, will depend on the type of treatment you've had and will be different for everyone. Read more in our booklet, **Follow-up after prostate cancer treatment: What happens next?**

At some hospitals, you may have fewer hospital appointments, and be encouraged to take control of your own health and wellbeing. You might hear this called self-management. Instead of going to the hospital, you may talk to your doctor or nurse over the telephone. You, or your doctor or nurse, can arrange an appointment at any point if you have any questions or concerns.

Speak to your doctor or nurse about how long you will have hormone therapy for.

After you stop having hormone therapy, you'll continue to have regular follow-up appointments, including PSA tests. If you've had radiotherapy, your PSA level may rise a little when you stop hormone therapy. If it continues to rise, this could mean that your prostate cancer has come back. Your doctor might suggest that you have some scans to see if anything has changed. They will then be able to talk to you about further treatments, if you need them. Read more in our booklet, **If your prostate cancer comes back: A guide to treatment and support**.

If you're having life-long hormone therapy for advanced prostate cancer

If you have advanced prostate cancer, it is likely that you'll have hormone therapy as a life-long treatment.

As well as regular PSA tests, your doctor will check for any changes in symptoms such as pain or weight loss. You may also have scans to keep an eye on your cancer. If your PSA level starts to rise or your scans show changes, this may be the first sign that your hormone therapy is no longer working so well. If this happens, your doctor will talk to you about other possible treatment options. You may be offered other types of hormone therapy, a combination of different hormone therapy drugs, or a different type of treatment. Read more in our fact sheet, **Treatment options after your first hormone therapy**.

Intermittent hormone therapy

If you're on life-long hormone therapy and are finding the side effects difficult to manage, you might be able to have intermittent hormone therapy. This is where you stop hormone therapy when your PSA level is low and steady, and start it again if your symptoms get worse or your PSA rises to around 10 or higher. Some of the side effects, such as hot flushes and sexual problems, may improve while you're not having treatment. But it can take several months for side effects to improve, and some men not notice any improvement. Read more in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

Dealing with prostate cancer

Being diagnosed with prostate cancer can change the way you think and feel about life. It's normal to feel scared, worried, stressed, helpless or even angry. Lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way to feel and everyone reacts in their own way.

Finding out about things you can do to help yourself can help you to feel more in control. 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?

- **Look into your treatment options.** Ask your nurse or doctor about any side effects so you know what to expect and how to manage them.
- **Talk to someone.** Share what you're thinking – find someone you can talk to. It could be someone close, someone who's been through prostate cancer themselves or someone trained to listen, like a counsellor or your doctor or nurse.
- **Set yourself goals and 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 healthily.** It's good for your general health and can help you stay a healthy weight, which may be important for men with prostate cancer. Certain changes to your diet may also help with some side effects of treatment. 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. It can also help with some side effects of treatment. Take things at your own pace and don't overdo it. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Visit **prostatecanceruk.org/living** for more ideas, or read our booklet, **Living with and after prostate cancer: A guide to physical, emotional and practical issues**. You could also contact Macmillan Cancer Support, Maggie's, Penny Brohn UK or your nearest cancer support centre.

Who else can help?

Your medical team

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

Support groups

People affected by prostate cancer get together to share their experiences of living with it. 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.

To find your local support group, please visit **www.tackleprostate.org/supportgroups**

Prostate Cancer UK services

We have a range of services to help you deal with problems caused by prostate cancer or its treatments, including:

- **our Specialist Nurses**, who can help with questions or worries in confidence
- **our one-to-one support service**, where you can speak to someone who understands what you're going through
- **our online community**, a place to ask questions or share experiences
- **our sexual support service**, speak to one of our trained Specialist Nurses about sexual problems after treatment for prostate cancer
- **our fatigue support**, speak to our Specialist Nurses about ways to help manage your fatigue.

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

The one-to-one peer support service helped me feel less anxious! Speaking to someone who had the same treatment as me really helped me cope.

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.

What is the aim of treatment?

What type of hormone therapy are you recommending for me and why?

How often will I have my injections or implants?

How will my treatment be monitored?

How long will it be before we know if the hormone therapy is working?

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

What will happen if I decide to stop my treatment?

Are there any clinical trials that I could 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.

College of Sexual and Relationship Therapists

www.cosrt.org.uk
Telephone: 020 8106 9635
Information about sexual and relationship therapy, and details of therapists who meet national standards.

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.

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.

Royal Osteoporosis Society

www.theros.org.uk
Telephone: 0300 102 3030
Information and support for people with weak bones.

About us

We're Prostate Cancer UK. We're striving for a world where no man dies from prostate cancer.

We work to give everyone the power to navigate prostate cancer, by providing up-to-date, unbiased and accurate information about prostate diseases. But we're not here to replace your doctor. Always get advice from a healthcare professional to help you make decisions that are right for you.

References used in this fact sheet are available at **prostatecanceruk.org**

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

It was reviewed by:

- Joe Kearney, Macmillan Urology Oncology Clinical Nurse Specialist, Buckinghamshire Healthcare NHS Trust
- Robert Jones, Professor of Clinical Cancer Research and Honorary Consultant in Medical Oncology, University of Glasgow and The Beatson West of Scotland Cancer Centre
- our Specialist Nurses
- our volunteers.

Tell us what you think

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

Notes

Chat to one of our Specialist Nurses
0800 074 8383*
prostatecanceruk.org

Donate today – help others like you

Every year over 64,000 men get the life-changing news that they have prostate cancer. But thanks to our generous supporters, we're there to help men when they need us most. Whether that's providing unbiased, accurate information that's free to all, just like this fact sheet, or offering a range of other support services like our Specialist Nurses helpline for men and their families.

So, did this fact sheet help you? Do you want more men to get support just like this? Your donation can make this happen:

- £10 could fund a call with one of our Specialist Nurses, who support men and those who love them with free, unbiased, confidential help and information.
- £20 could give 40 men vital information about their prostate and their risk of prostate cancer with our handy **Know your prostate: a quick guide**.

To donate, visit **prostatecanceruk.org/donate** or call **0800 082 1616** or text **PROSTATE** to **70004**† .

And there are so many other ways to support us too. From running, rowing and facial hair growing, to volunteering and campaigning for change. Head to **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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To be reviewed November 2027

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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