About this booklet

This booklet is for anyone who is about to start, or is already having, hormone therapy for prostate cancer. Partners, family and friends might also find it useful.

We explain the different types of hormone therapy and what treatment involves. We also talk about the side effects of hormone therapy and ways to manage or reduce them. You may not get all side effects that we mention, so you might want to dip into this booklet for the information that is useful for you.

There’s space on pages 55 to 59 to record details of your treatment and the health professionals involved in your care.

If you would like to know more about anything you read in this booklet, talk to your doctor or nurse. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383, or chat to them online.

The following symbols appear throughout the booklet:

- Our Specialist Nurses
- Our publications
- Sections for you to fill in
- Watch online at prostatecanceruk.org

The photos in this booklet are of people affected by prostate cancer. The quotes are not the words of the people in the photos.
Contents

About this booklet ................................................................................................................... 2
What is hormone therapy? ............................................................................................. 4
Who can have hormone therapy? ........................................................................... 6
What types of hormone therapy are there? ................................................... 9
What are the advantages and disadvantages of hormone therapy? ................................................ 19
What are the side effects? ........................................................................................... 21
How might hormone therapy make me feel? ............................................ 45
What will happen while I’m having hormone therapy? ................... 51
What if I’m struggling with side effects? ....................................................... 53
More information from us .............................................................................................. 60
Other useful organisations ........................................................................................... 61
About us .......................................................................................................................................... 65

Sections for you to fill in

My main contact ............................................................................................................... 55
Drug chart ............................................................................................................................... 56
Appointments ...................................................................................................................... 57
PSA levels ............................................................................................................................... 59
What is hormone therapy?

Hormone therapy is a treatment for prostate cancer. You may hear it called androgen deprivation therapy or ADT. It works by stopping the hormone testosterone from reaching the prostate cancer cells. Hormone therapy on its own won’t cure your prostate cancer, but it will aim to keep it under control and delay or manage any symptoms. It can also be used with other treatments, such as radiotherapy, to make them more effective.

What is testosterone and how does it affect prostate cancer?

Testosterone is a hormone that affects many parts of a man’s body. If you have prostate cancer it can make the cancer cells grow faster. In other words, testosterone feeds the prostate cancer.

What happens when testosterone is taken away?

If testosterone is taken away or blocked by hormone therapy, prostate cancer cells will usually shrink, wherever they are in the body. But reducing or blocking testosterone can cause other things to change in your body too.

Testosterone controls the development and growth of the sexual organs, including the prostate, and affects the way you think and feel. It also controls other male characteristics, such as erections and muscle strength. So when testosterone is reduced, or taken away by hormone therapy, all of these things can change (see diagram on page 5).

It’s important to know how testosterone usually affects your body so you know what side effects to expect when you start having hormone therapy.
How normal levels of testosterone affect your body

This is how testosterone normally affects a man’s body. If you have hormone therapy, it can affect all of these things.

How you look
- skin
- hair growth and loss
- weight gain and loss

Your thoughts and feelings
- mood
- memory and concentration
- confidence

Sexual function
- libido (desire for sex)
- penis size and function (including getting erections and having orgasms)
- prostate growth and function (including production of semen)

Muscle and bone
- muscle strength and tone
- bone strength
- production of bone marrow
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 the stage of your cancer. Speak to your doctor or nurse about the treatment options that are suitable for you.

If you have 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. 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 the cancer spreading outside the prostate
• for a few months before starting permanent seed brachytherapy, and before and after high dose-rate brachytherapy – both are types of internal radiotherapy
• before high-intensity focused ultrasound (HIFU).

Hormone therapy is not usually given to men having surgery to remove their prostate (radical prostatectomy) for localised prostate cancer.

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

If you have 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. And some men might have hormone therapy on its own if radiotherapy or surgery aren’t suitable for them.

Read more in our fact sheet, **Locally advanced prostate cancer**.

**If you have 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 prostate cancer). The hormone therapy will shrink the cancer and slow down its growth, wherever it is in the body. It can’t cure the cancer, but it can keep it under control, sometimes for several years. It can also help manage the symptoms of advanced cancer, such as bone pain.

How long it will control the cancer for varies from man to man. 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**.

**If your cancer 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**.
I was diagnosed with locally advanced prostate cancer. I’ve had eight weeks of radiotherapy. I have a hormone implant every 12 weeks and I’m doing fine.

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 the stage of your cancer, the other treatments you are having and your own personal preferences – for example, whether you prefer to have drugs, or surgery to remove the testicles.

Talk to your doctor or nurse if you have any questions about which treatments are right for you or about the treatment you’re already having. If you’re unsure about anything, ask them to explain it and make notes if it helps.

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.

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 that all work in the same way, including:

- goserelin (Zoladex®)
- leuprolelin acetate (Prostap® or Lutrate®)
- triptorelin (Decapeptyl® or Gonapeptyl Depot®)
- buserelin acetate (Suprefact®).

They’re given by an injection into your arm, stomach area (abdomen), thigh or bottom (buttock). Some LHRH agonists are available as a small pellet which is injected under your skin and slowly releases the drug.

You will have the injections 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 once a month, while others have an injection every two, three or six months. Your skin where the injection is given may feel a little sore or bruised afterwards. Some men also get a small lump where the needle enters the skin. This is normal and should get better by itself. But tell your doctor or nurse if it feels very sore or painful.

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 (see page 12). This should stop any problems caused by this temporary surge in testosterone. You’ll usually start taking the anti-androgen tablets before your first injection or implant and continue taking them for a few weeks.
GnRH antagonists
GnRH antagonists (gonadotrophin-releasing hormone antagonists) are another type of injection. You may also hear them called GnRH blockers.

GnRH antagonists aren’t used as often as LHRH agonists. At the moment, there’s only one type of GnRH antagonist available in the UK, called degarelix (Firmagon®).

Degarelix can be used as a first treatment for advanced prostate cancer that has spread to the bones. It may help to prevent metastatic spinal cord compression (MSCC), which can happen if cancer cells grow in or near the spine and press on the spinal cord.

If you have degarelix you will have injections just under the skin of your stomach area (abdomen). Your first dose will be two injections on the same day. You’ll then have one injection each month, or some men switch to an LHRH agonist. Degarelix can sometimes cause a reaction on the skin where the injection is given, but this isn’t usually serious. Your doctor or nurse can suggest ways you can manage this, such as using an ice pack on the skin.

Unlike LHRH agonists, degarelix doesn’t cause a temporary 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 quite quickly.
**Tablets**

There are several types of hormone therapy tablets that can be used to treat prostate cancer. They work in different ways.

**Anti-androgens**

Anti-androgen tablets stop testosterone from reaching the prostate 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 several different anti-androgen tablets that you might have as a first treatment for prostate cancer, including:
- bicalutamide (Casodex®)
- cyproterone acetate (Cyprostat®)
- flutamide (Drogenil®).

If your first treatment doesn’t work or stops working so well, you may then be offered a different type of anti-androgen tablet called enzalutamide. You may hear this called second-line treatment. Read more about enzalutamide, and other types of second-line treatment, on page 14.

Ask your doctor how long you will need to take anti-androgens for, what type you’ll have, 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. 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 has spread to other parts of your body (advanced prostate cancer), 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 instead.

I took anti-androgen tablets for a couple of weeks before starting injections. Hormone therapy brought my PSA right down.

A personal experience

 Combined hormone therapy
Your doctor at the hospital may suggest using an LHRH agonist and an anti-androgen together to treat your prostate cancer. You may hear this called combined androgen blockade. It may be slightly more effective than using an LHRH agonist on its own when cancer has spread to other parts of the body.

Combined hormone therapy isn’t usually used as a first treatment for prostate cancer because it can increase the risk of side effects. Read about side effects on page 21.
Abiraterone acetate (Zytiga®)
Abiraterone is a type of hormone therapy for men with advanced prostate cancer that has stopped responding to other types of hormone therapy. This means you won’t be offered it as your first hormone therapy, and you may hear it called second-line therapy. It is taken as tablets and works by stopping the body from making testosterone.

Abiraterone helps some men to live longer and can help control symptoms. Read more about abiraterone, including the possible side effects, on our website at prostatecanceruk.org/abiraterone

Enzalutamide (Xtandi®)
Enzalutamide is another type of hormone therapy for men with advanced prostate cancer that has stopped responding to other types of hormone therapy. It is taken as capsules and works by blocking the effect of testosterone on prostate cancer cells.

Enzalutamide may help some men to live longer and can help to treat or delay symptoms, such as pain and bone problems. Read more about enzalutamide, including the possible side effects, on our website at prostatecanceruk.org/enzalutamide

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. It isn’t normally given as a first treatment. Oestrogen is a hormone found in both men and women, but women usually produce more.

Oestrogens can be given as a tablet called diethylstilbestrol (Stilboestrol®), or through a patch that sticks to your skin like a plaster. They are used less often than other treatments.
The side effects can be similar to the side effects of other types of hormone therapy, and can include breast swelling and tenderness.

Diethylstilbestrol can also increase your risk of circulation problems, such as blood clots, which can be serious. But this can usually be managed using drugs such as aspirin or warfarin to reduce your risk of getting blood clots. You may not be able to take diethylstilbestrol if you have a history of high blood pressure, heart disease or strokes. Talk to your doctor or nurse if you’re worried about blood clots.

**Steroids**

Steroids are sometimes used to treat prostate cancer that is no longer responding to other types of hormone therapy. Steroids can stop the adrenal glands producing as much testosterone, so can help to control your cancer. They can also improve your appetite, make you feel more energetic and help with symptoms such as pain. You might have steroids alone or in combination with other treatments. Common steroids include dexamethasone, prednisolone and hydrocortisone.

Steroids can cause side effects, including indigestion and irritation of the stomach lining, a slightly higher risk of infections, bruising more easily and weak bones. But because steroids are given in a low dose to treat prostate cancer most men don’t get many side effects. If you do get side effects, it’s important not to suddenly stop taking steroids as this can make you ill. Read more about steroids, including the possible side effects, in our fact sheet, [Treatment options after your first hormone therapy](#).
Surgery to remove the testicles (orchidectomy)

An orchidectomy (or orchiectomy) is an operation to remove the testicles, or the parts of the testicles that make testosterone. 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 you won’t need 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 an orchidectomy, your doctor may suggest trying injections or implants (see page 9) 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 21 for information about long-term side effects.

Some men feel down before having an orchidectomy. Others may find the thought of having an orchidectomy upsetting, and worry about how they’ll feel once their testicles are removed. If you’re thinking about having an orchidectomy, speak to your doctor about any concerns you might have. If you don’t want an orchidectomy, you can usually have a different type of hormone therapy instead.
For more information about types of hormone therapy that can be used as, or together with, your first treatment for prostate cancer, read our fact sheet, **Hormone therapy**. To find out more about treatments that can be used if your cancer is no longer responding so well to your first hormone therapy, read our fact sheet, **Treatment options after your first hormone therapy**.

"The hormone therapy I’m having is called Zoladex. It’s implanted every 12 weeks. They put it in just above the groin area – I call it a big injection. It’s a little pellet which they pop under the skin.

A personal experience"
An unexpected benefit was that my flow has become that of a youth. It is wonderful to fully empty my bladder quickly and without any dribbles.

A personal experience
What are the advantages and disadvantages of hormone therapy?

Advantages

• It’s an effective way to control prostate cancer.

• It can treat prostate cancer wherever it is in the body.

• It can be used alongside other treatments to make them more effective.

• It can help to reduce some of the symptoms caused by advanced prostate cancer, such as urinary symptoms and bone pain.

Disadvantages

• It can cause side effects that might have a big impact on your daily life (see page 21).

• Hormone therapy 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.
Living with hormone therapy
What are the side effects?

Like all treatments, hormone therapy can cause side effects. Make sure you discuss these with your doctor or nurse before you start treatment. You can also talk to our Specialist Nurses.

This section has information on the most common side effects of hormone therapy and how to manage or reduce them, including:

- hot flushes
- extreme tiredness (fatigue)
- changes to your sex life
- weight gain
- strength and muscle loss
- changes to your memory and concentration
- breast swelling and tenderness
- loss of body hair
- bone thinning
- risk of other health problems (such as heart disease, stroke and type-2 diabetes).

Hormone therapy affects men in different ways and you may not get all the side effects we’ve listed. Hormone therapy can also affect your mood and the way you feel (see page 45). Some men have fewer side effects than others. This doesn’t mean that the treatment is any less effective.

There are treatments and support to help manage side effects. And some men find that their side effects get better or become easier to deal with over time. The risk of getting each side effect depends on your type of hormone therapy and how long you take it for. If you have hormone therapy alongside another treatment, you may get side effects from both treatments.
How long will side effects last?
The side effects of hormone therapy are caused by lowered testosterone levels. Side effects will usually last for as long as you are on hormone therapy. If you stop hormone therapy, your testosterone levels will gradually rise again and some of the side effects will reduce. Your side effects won’t stop as soon as you finish hormone therapy – it may take several months.

Surgery to remove the testicles (orchidectomy) can’t be reversed, so the side effects are permanent. But there are treatments that can help reduce or manage some of the side effects.

Hot flushes
Hot flushes are a common side effect of hormone therapy and can affect men on LHRH agonists or anti-androgens. They are similar to the hot flushes women get when they’re going through the menopause.

Up to eight out of ten men on LHRH agonists (80 per cent) get hot flushes. 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.

Hot flushes can vary from a few seconds of feeling overheated to a few hours of sweating, which can be uncomfortable. You might feel very hot in your face, neck, chest or back. They are sometimes described as being mild, moderate or severe.

- A mild hot flush could last for less than three minutes and may make you feel warmer than usual and a little uncomfortable.

- A moderate hot flush can cause you to feel too hot. You might sweat and find you need to take off some layers of clothes.
• A **severe** hot flush can make you feel very hot and sweaty and you may need to change your clothes or bedding. Some men can feel irritable, uncomfortable, or even sick (nauseous).

Hot flushes might happen suddenly without warning, or they may be triggered by things such as stress, a hot drink or a change in the temperature. You may find you feel cold, shivery or exhausted after having a hot flush. You might also sweat at night, which can disrupt your sleep and cause tiredness.

If your hot flushes are mild or don’t bother you, you may not need treatment. But speak to your doctor or nurse if you find them disruptive or difficult to deal with.

**What can help?**
There are a number of things you can do to help manage hot flushes.

**Lifestyle changes**
There are some lifestyle changes that may help.

• If you smoke, try to stop. Speak to your GP for help stopping, or visit the NHS website.

• Try to stay a healthy weight. Read more in our fact sheet, *Diet and physical activity for men with prostate cancer*.

• Make sure you drink enough. Aim for around six to eight glasses of water a day. Try to cut down on alcohol and drinks that contain caffeine, like tea and coffee.

• Reduce the amount of spicy food you eat.

• Keep your room at a cool temperature and use a fan.

• Wear cotton clothes, especially at night.
• Use light cotton bed sheets. If you sweat a lot at night, try using a cotton towel on top of your sheets that you can change easily.

• Try having lukewarm baths and showers rather than hot ones.

You might find it helpful to keep a diary of your symptoms for a few weeks. This can help you work out if there are any situations, or particular drinks or foods that bring on a hot flush. A diary might also help you to decide whether to have treatment for your hot flushes. Download our hot flush diary at prostatecanceruk.org/hot-flush-diary

"As a keen do-it-yourself person, I love making and repairing things, but for the past few years this has been difficult due to sweating. As soon as I start, I break out in a heavy sweat and have to stop to cool down."

A personal experience

Medicines
There are medicines that may help relieve the symptoms of hot flushes and reduce how often you get them. Your doctor or nurse may suggest a medicine called medroxyprogesterone or cyproterone acetate. Examples of other medicines that are sometimes used include gabapentin, venlafaxine and paroxetine.
As with any drug, you may get side effects from these medicines. Talk to your doctor or nurse about these before starting any treatment for hot flushes. Some medicines may not be suitable for men who have a history of high blood pressure, heart disease or strokes, or problems with their liver. Your doctor or nurse will discuss this with you.

**Complementary therapies**
Complementary therapies are used alongside standard treatments (often called conventional treatments), rather than instead of them. There are many different complementary therapies available that might help with hot flushes. These include acupuncture, hypnotherapy, cognitive behavioural therapy, herbal remedies and homeopathy. But the evidence for most complementary therapies isn’t very strong and we need more research to understand the possible risks and benefits.

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**It is important to tell your doctor about any complementary therapy you use or are thinking about using.** Some complementary therapies have side effects or may interfere with your cancer treatment. You should also tell your complementary therapist about any cancer treatments you are having.

When you choose a therapist, make sure they are properly trained and belong to a professional body. The Complementary and Natural Healthcare Council can give you advice about finding a therapist. Some complementary therapies are available on the NHS. Ask your hospital doctor, nurse or GP about this. Many hospices offer complementary therapies too.
Some men find that acupuncture and hypnotherapy help them deal with hot flushes, although we need more research to show whether these treatments work for all men.

- Acupuncture involves inserting very thin, sterile needles just below the skin. This shouldn’t hurt, but you might get a tingling feeling.

- Hypnotherapy is where a therapist talks to you and helps you go into a trance-like state where you feel very relaxed and calm. They then suggest things that might help.

A small study has found that cognitive behavioural therapy (CBT) can help men on hormone therapy deal with their hot flushes and night sweats. CBT is a therapy that helps you manage problems by helping you to think in a positive way. Read more at www.nhs.uk

Herbal remedies use plants or plant extracts. Some men like to use herbal remedies, such as sage tea, evening primrose oil and red clover, to help with their hot flushes. But there’s no evidence that these work, and it’s important to check with your doctor that these are safe for you. For example, there is a small chance that a herbal supplement called black cohosh may cause liver damage. This is rare, but you shouldn’t take it if you’ve ever had liver or kidney disease.

Not all herbal remedies in the UK are licensed, and the quality varies a lot. Be very careful when buying herbal remedies over the internet. Many are made outside the UK and may not be high-quality.

Many companies also make claims that aren’t based on proper research. There may be no real evidence that their products work, and some may even be harmful. Remember that even if a product
is ‘natural’, this doesn’t mean it is safe. Some herbal remedies may also affect your prostate specific antigen (PSA) level, making the PSA test unreliable.

Macmillan Cancer Support and Cancer Research UK have more information on complementary therapies available, and important safety issues to consider when choosing a therapy. For more information about using herbal remedies safely, visit the MHRA website at www.mhra.gov.uk.

"One of the major side effects of the treatment is the hot flushes. I always carry a flask of iced water to drink. It cools you down for a while. The thing about hot flushes is that they disappear just as quickly as they come."

A personal experience
Extreme tiredness (fatigue)

Having hormone therapy for prostate cancer can cause extreme tiredness. For some men this can affect their everyday life. Fatigue can affect your energy levels, your motivation and your emotions. Some men find that tiredness can come on quite suddenly, which means that you need to be careful in certain situations – for example, when you are driving. Talk to your doctor or nurse about how tiredness is affecting you. There are ways to help manage it.

Fatigue can also have other causes such as the cancer itself or other conditions, such as a drop in the number of red blood cells (anaemia) or depression.

What can help?

You might find that your tiredness improves over time. But if it doesn’t get better, there are changes you can make to your lifestyle that could help, including:

- being as physically active as you can
- organising your day and prioritising the important tasks, like going to medical appointments
- planning activities for when you know you’ll have more energy – maybe first thing in the morning, or in the afternoon after you’ve had a rest
- dealing with any problems sleeping – try to relax before bed by reading or listening to music. It may also help to avoid drinks with caffeine, such as tea and coffee, as these can keep you awake
- eating a well-balanced diet
- complementary therapies.
Some of these changes may be difficult to make, so take things slowly. We also have a fatigue diary available on our website that can help you plan your day-to-day activities. Download one for free at prostatecanceruk.org/fatigue-diary

Ask your doctor or nurse about help to start a regular exercise routine. Research shows that doing exercises such as swimming or fast walking at least twice a week for 12 weeks can help men on hormone therapy to reduce their fatigue.

Support for fatigue
Our Specialist Nurses are here to support you. They can talk to you about your experience of fatigue and the impact it is having on day-to-day life and discuss ways to better manage your tiredness. Speak to our Specialist Nurses, in confidence, on 0800 074 8383. Visit prostatecanceruk.org/fatigue

There’s also more information on ways to manage fatigue in our fact sheet, Fatigue and prostate cancer. Or you could use our interactive online guide at prostatecanceruk.org/guides

I found exercise was a good way to manage my fatigue. It motivated me and helped keep my spirits up.

A personal experience
Changes to your sex life

Having hormone therapy affects your sex life in different ways. In most cases, these changes last for as long as you are on hormone therapy. It can take up to a year for sexual function to gradually return to normal after stopping hormone therapy. But some men don’t see an improvement after stopping hormone therapy. If you’ve had surgery to remove the testicles (orchidectomy), these side effects can’t be reversed.

Not everyone will have all the same side effects, but possible changes to your sex life may include the following.

- **Less desire for sex (low libido).** Hormone therapy will change your sex drive and may mean that you have less interest in sex. This is because hormone therapy lowers your level of testosterone, which is what gives you your sex drive. If you’re on long-term hormone therapy, you could ask your doctor or nurse about intermittent hormone therapy (see page 53).

- **Erection problems.** Hormone therapy can cause problems getting or keeping an erection, although this is less likely if you’re taking anti-androgen tablets on their own. You may hear erection problems called erectile dysfunction (ED). Your GP or doctor or nurse at the hospital can prescribe treatment. If you are finding erection problems difficult to deal with, intermittent hormone therapy might be an option (see page 53).

- **Changes to ejaculation and orgasm.** You may notice that you produce less semen while you are on hormone therapy. You should still be able to have an orgasm, but it might feel different to before treatment. Some men have less intense orgasms when they are having hormone therapy.
• **Changes in penis and testicle size.** Hormone therapy can make your penis shorter and change the size of your testicles. If you put on weight because of your hormone therapy, you might also find it harder to see your penis. This could mean that you don’t aim so well when urinating. We don’t yet know if these changes improve if you stop having hormone therapy, but early research suggests that your penis length might recover a little. You may be offered a vacuum pump while you’re having hormone therapy, to help reduce the risk of your penis getting shorter and keep your penis healthy.

Read more about these side effects and the treatments available in our booklet, *Prostate cancer and your sex life.*

**What can help you deal with these changes**

Men deal with these side effects in different ways. Some men find changes to their sex life more difficult to come to terms with than others.

If you have a partner, talking about sex, your thoughts and feelings can help you both deal with any changes. It isn’t always easy to talk about sex and relationships, even for a couple who have been together a long time. But it can bring you closer together and make you feel more confident about facing changes and challenges.

If you’re single or starting to think about dating, you may worry about explaining sexual problems, such as difficulty getting erections or changes to your penis size, to someone you don’t know very well. Fear of rejection or being worried about what other people think about you is normal and everyone has their own worries, whether or not they’ve had cancer.
Remember, having sex isn’t just about erections or penetrative sex. Men can have orgasms without an erection or ejaculating and some men get pleasure from pleasuring their partner. There isn’t just one way to have sex or experience sexual pleasure – have fun and experiment. There are also other, non-sexual ways of being close. This can be as simple as holding hands or trying new activities together.

Read our booklet, *Prostate cancer and your sex life*, for more information and support. It offers practical tips to help with sex and relationships. There are also ideas to help manage sexual side effects in our interactive online guide at prostatecanceruk.org/guides

Watch Bruce’s story on our website
Find out more about how hormone therapy can affect your sex life.

**Are you gay or bisexual?**
If you’re gay, bisexual, or a man who has sex with men, the side effects of hormone therapy will affect you in many of the same ways as heterosexual men. But you may find that you have some specific issues as well. There is information that may help you in our booklet, *Prostate cancer tests and treatment: A guide for gay and bisexual men*.

Watch Martin’s story on our website
One gay man’s experience of how hormone therapy affected his sex life. We also have other real life stories from gay men with prostate cancer on our website. You might find these helpful.
Are you the partner of a man with prostate cancer?
If your partner has prostate cancer, it might help to learn about the possible effects of hormone therapy. Some men struggle to accept the changes to their body image or their ability to have sex. They might avoid intimate situations or distance themselves from close relationships. But this doesn’t mean that they no longer care for their partner or loved ones.

It’s also important to get some support for yourself. All Prostate Cancer UK services are open to partners too, and you may find our booklet, *When you’re close to someone with prostate cancer: A guide for partners and family*, helpful. The Sexual Advice Association also has information for partners.

Weight gain
Some men put on weight while they are on hormone therapy, particularly around the waist. You may find that you start to put on weight soon after starting hormone therapy. Some men find this physical change difficult, particularly if they’ve never had any problems with their weight in the past.

What can help?
Physical activity and a healthy diet can help you stay a healthy weight. But it can take a long time to lose any weight that you put on during hormone therapy. If you are finding it difficult to lose weight, ask your doctor to refer you to a dietitian or weight loss programme. Or you could join a local weight loss group – spending time with other people who also want to lose weight can be motivating.

Read more about healthy eating and physical activity in our fact sheet, *Diet and physical activity for men with prostate cancer*. 
I have put on weight, which I can get rid of – that is up to me – but the treatment does make it worse.

A personal experience

Strength and muscle loss

Testosterone plays an important role in the physical make up of men’s bodies. Compared with women, men usually have more muscle and less body fat. Hormone therapy can cause a decrease in muscle tissue and an increase in body fat. This can change the way your body looks and how physically strong you feel.

Some men also experience muscle aches 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.

What can help?

Regular gentle resistance exercise, such as lifting light weights or using elastic resistance bands, can help to prevent muscle loss and keep your muscles strong. Speak to your doctor before you start any exercise. They may be able to refer you to a physiotherapist or a local exercise programme. If you can’t move about easily, a physiotherapist can give you some gentle exercises to do at home. Some areas also have walking groups that you could join, which could help you improve your strength and meet new people. You can find out more about walking groups near you at prostatecanceruk.org/walkinfo
Changes to your memory and concentration

If you’re having hormone therapy you may find it difficult to concentrate or focus on certain tasks. Some men also say they struggle to remember things as well as they did before having hormone therapy. You may hear this called brain fog. 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 and ability to concentrate. Problems with memory and concentration can also happen naturally as you get older.

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

What can help?

You might find some of these tips helpful.

• Try keeping lists or reminder notes.

• Try to concentrate on doing just one thing at a time.

• Avoid things that distract you when you need to concentrate on something.

• Try keeping your mind active – for example, by doing crosswords or other puzzles.

• Make sure you eat a well-balanced diet. Gentle physical activity might also help.

• Make sure you get plenty of rest.
My wife gives me some leeway because she knows I forget things. She just gently reminds me, and then tomorrow she will remind again. And eventually I get around to doing it.

A personal experience

Breast swelling and tenderness

Hormone therapy may cause swelling (gynaecomastia) and tenderness in the chest area. This is caused when levels of oestrogen and testosterone change because of hormone therapy. The amount of swelling can vary from a small amount of swelling to noticeably larger breasts. Tenderness can affect one or both sides of the chest and can range from mild sensitivity to long-lasting pain.

For men taking anti-androgen tablets (such as bicalutamide) on their own, breast swelling and tenderness is the most common side effect. If you take oestrogen tablets, you may also get breast swelling. It’s less common if you are having an LHRH agonist or GnRH antagonist, have had surgery to remove the testicles, or are having combined hormone therapy (see page 13). Most men taking a high dose of the anti-androgen bicalutamide for more than six months will get breast swelling.

If you put on weight while you’re on hormone therapy, this can also lead to larger breasts.
What can help?
Breast swelling and tenderness can make men feel uncomfortable or embarrassed about their bodies. But there are treatments available which can help prevent or reduce these side effects. These include:
- treating the breast area with a single dose of radiotherapy
- tablets called tamoxifen
- surgery to remove some of the breast tissue.

If you’ve put on weight while having hormone therapy, a balanced diet and regular exercise may help you lose weight, including from your chest area.

Radiotherapy
If you are about to start long-term anti-androgens, your doctor may suggest treating the breast area with a low dose of radiotherapy. This can reduce the risk of breast swelling and tenderness. It has to be done within a month of starting hormone therapy because it won’t work once swelling has already happened. Side effects include the skin becoming red, darker or irritated, but this usually clears up in three to five weeks. You may also lose your chest hair in the area that is treated. Sometimes chest hair doesn’t grow back.

Tamoxifen
Tamoxifen tablets can be taken once a week to help prevent or treat breast swelling and tenderness in men taking anti-androgen tablets. They work by stopping the hormone oestrogen from reaching the breast tissue. Tamoxifen may be an option if radiotherapy hasn’t helped to prevent breast swelling.
You might not be able to have tamoxifen if you are taking oestrogen tablets because it may stop the oestrogens from working properly. We don’t know how tamoxifen affects other hormone treatments in the long term.

If you have hot flushes, some men find that taking tamoxifen tablets can make hot flushes worse.

**Surgery**

Surgery may also be used to treat breast swelling by removing painful or swollen areas of the breast. This treatment carries a risk of damage to the nipple and a loss of feeling. It’s usually only offered if other treatments haven’t helped to reduce the breast swelling. It’s not available at all hospitals, so talk to your doctor or nurse about whether surgery is an option for you.

Watch Bruce’s story on our website for his experience of breast swelling.

**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. It’s less common to lose hair from your head, but if you do, any hair loss caused by hormone therapy treatment usually grows back if you stop hormone therapy. We need more research to show how common this side effect is.
Bone thinning

Testosterone helps to keep bones strong. Long-term hormone therapy may cause your bones to gradually lose their bulk. LHRH agonists, GnRH antagonists and surgery to remove the testicles (orchidectomy) can all have this effect. This can happen in the first 12 months of beginning treatment and the amount of bone loss may increase the longer you are on treatment. Anti-androgen and oestrogen tablets are less likely to cause bone thinning.

If bone thinning is severe, it can lead to a condition called osteoporosis. This can increase your risk of broken bones (fractures).

Your doctor may suggest you have a type of X-ray before you start hormone therapy to check if any areas of bone tissue are already weak. You may hear this called a DEXA (dual energy X-ray absorptiometry) scan or a bone density scan. Some men may also need to have regular scans while they are having hormone therapy. You can talk to your doctor about whether you might need a scan.

What can help?

If you already have osteoporosis, have a family history of osteoporosis or have had fractures in the past, talk to your doctor before you start hormone therapy. You should also tell your doctor about any other medicines you are taking, in case they might increase your risk of osteoporosis. The Royal Osteoporosis Society has more information on their website.
Lifestyle changes
There are a number of lifestyle changes that may help to reduce your risk of bone thinning and osteoporosis.

**Eat plenty of calcium and vitamin D.** Calcium and vitamin D are important for strong bones. You can get calcium from dairy foods (cheese, milk and yoghurt) and non-dairy foods, such as fish where you eat the bones, tofu and green leafy vegetables.

Most of your vitamin D is made inside the body when your skin is exposed to sunlight. But it can be difficult for your body to make enough vitamin D, especially in winter. You can also get it from eating oily fish such as sardines, mackerel and salmon, as well as foods with added vitamin D, such as margarine and some breakfast cereals. You may need to take calcium and vitamin D supplements – speak to your doctor about this.

**Cut down on alcohol.** Drinking too much alcohol can increase your risk of osteoporosis. Guidelines recommend that men should not regularly drink more than 14 units of alcohol a week.

**Stop smoking.** Smoking can increase your risk of osteoporosis. Speak to your GP for help to stop, or visit the NHS website.

**Be as active as you can.** We don’t yet know whether exercise can help to prevent bone thinning in men who are on hormone therapy. But regular exercise may help to keep you strong and prevent falls that could lead to broken bones. Walking, swimming and gentle resistance exercise, such as lifting light weights or using elastic resistance bands, may be particularly good.

**Keep a healthy weight.** Men who are underweight have a higher risk of bone thinning.
Read more about a healthy lifestyle in our fact sheet, **Diet and physical activity for men with prostate cancer.**

**Treatments to manage bone thinning**

Bisphosphonates are drugs that can be used to treat osteoporosis caused by hormone therapy. They can also be used to treat bone weakness caused by cancer that has spread to the bones (advanced prostate cancer).

Denosumab (Xgeva®) is a drug that can help manage bone thinning caused by hormone therapy. It might be an option if bisphosphonates aren’t suitable for you and you live in England, Wales or Scotland. If you live in Northern Ireland, your doctor may be able to apply to your local Health and Social Care (HSC) trust for you to have denosumab if they think it is suitable for you. You might hear this called an individual funding request.

Read more about bisphosphonates and denosumab in our fact sheet, **Bisphosphonates for advanced prostate cancer.**

**Risk of other health problems**

Evidence suggests that having hormone therapy might increase the chance of developing heart disease, stroke and type-2 diabetes. There is also some research that suggests having hormone therapy can increase your risk of getting blood clots and anaemia.

But more research is needed to help us understand the links between these conditions.
Research shows that hormone therapy can cause:
• an increase in weight, particularly around the waist (see page 33)
• an increase in cholesterol levels
• changes in insulin.

Talk to your hospital doctor and GP about how often you should have general health checks. You may be weighed and have your blood pressure checked regularly. You may also have blood tests to check for diabetes and to measure your cholesterol levels. Your GP may suggest you have these checks about every six months. Or you can ask for them yourself at your GP surgery.

If you already have heart problems or diabetes, talk to your doctor before you start hormone therapy. They will work with you to manage these conditions.

While the risk of getting these conditions may be worrying, it’s important to remember that hormone therapy helps men to live longer by controlling the cancer.

What can help?
A healthy lifestyle can help reduce your risk of heart disease, stroke and type-2 diabetes. This includes:
• eating a well-balanced diet
• being physically active
• limiting the amount of salt you eat
• stopping smoking
• cutting down on alcohol.

Read more about a healthy lifestyle in our fact sheet, Diet and physical activity for men with prostate cancer. You can find out more about heart disease from the British Heart Foundation at www.bhf.org.uk
Reporting unusual side effects
If you get any unusual side effects from your treatment, speak to your doctor or nurse, or visit the Medicines and Healthcare products Regulatory Agency (MHRA) website at www.mhra.gov.uk (see page 62). An unusual side effect is one that isn’t mentioned in the leaflet that comes with your medicine or herbal remedy.
Hormone therapy can make you feel quite down and tearful. But I’ve learnt to recognise when it’s coming on and ways to deal with it.

A personal experience
How might hormone therapy make me feel?

Hormone therapy itself can affect your mood. You may find that you feel more emotional than usual or just ‘different’ to how you felt before. Some men find that they cry a lot. You may also find that you get mood swings, such as getting tearful and then angry. Just knowing that these feelings are caused by hormone therapy can help.

Everyone’s different – some men are surprised by the side effects and how upsetting they find them. Others have fewer symptoms or are not as worried by them.

Some of the other side effects of hormone therapy are hard to come to terms with. Physical changes, such as putting on weight or changes to your sex life, might make you feel very different about yourself. Some men say they feel less masculine because of their diagnosis and treatment.

If you’re starting hormone therapy very soon after being diagnosed with prostate cancer, you might still feel upset, shocked, frightened or angry about having cancer. These feelings are normal, and it’s okay to feel this way.

Things in your day-to-day life can change because of the hormone therapy. Your relationships with your partner, family and friends might change. Or you might be too tired to do some of the things you used to do.
Some men experience low moods, anxiety or depression. This could be directly caused by the hormone therapy itself, or because you’ve been diagnosed with prostate cancer. It could also be due to the impact that treatment is having on you and your family.

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 GP or doctor at the hospital. These can be signs of depression and there are treatments available that can help.

Watch Bruce’s story on our website
Find out how hormone therapy has affected Bruce emotionally.

What can help?
Some men find their own way to cope and might not want any outside help. Others try to cope on their own because they don’t want to talk about things or are afraid of worrying their loved ones. Go easy on yourself, and give yourself time to deal with your feelings.

Talking about it
Sometimes talking about how you feel can help. You might be able to get support from talking to family or friends. Or talking to your doctor or nurse might help. You could also speak in confidence to our Specialist Nurses.

You might find it helps to talk to someone who’s been through something similar. The volunteers on our one-to-one support service have all been affected by prostate cancer. They are trained to listen and offer support over the phone. We have volunteers who have had hormone therapy and can understand what you’re going through. Visit prostatecanceruk.org/one-to-one to find out more.
There are also support groups across the country where you can meet others affected by prostate cancer. Most support groups also welcome partners and family members. You can find details of local support groups on our website at prostatecanceruk.org/support-groups or ask your nurse.

You could also join our online community where you can talk to other people with prostate cancer and their families, or simply read previous conversations. Find it on our website at prostatecanceruk.org/online-community

There is nothing like talking to someone who’s been there.
A personal experience

Counselling
It’s sometimes difficult to talk to people close to you. Some people find it easier to talk to someone they don’t know. 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 at www.bacp.co.uk
Changes to your lifestyle
There are several lifestyle changes that might help improve your mood and ease feelings of depression and anxiety. These include:

- learning ways to relax such as yoga, mindfulness, or listening to music
- doing regular physical activity – start slowly and pace yourself, maybe just start off by having a short walk
- carrying on with your usual work, hobbies and social activities that you enjoy, or trying something new – some men say this helps them stay happy and relaxed.

You might also find it helpful to go on a course to learn ways to manage side effects, feelings and relationships. Macmillan Cancer Support, Maggie’s Centres, Self Management UK and Penny Brohn UK run free courses for people living with cancer. Ask your doctor or nurse if there are any courses or education sessions for patients in your local area. Some hospitals have support and information services that may run these types of activities for people with cancer.

Most support groups also invite health professionals to give talks at group meetings. Contact your nearest support group to find out more – you can search for groups at prostatecanceruk.org/support-groups

Read more in our booklet, Living with and after prostate cancer: A guide to physical, emotional and practical issues.
Treatments for depression
If you are feeling depressed or anxious, anti-depressant medicines may help. Let your GP know if you think you’re depressed so that they can help find the right treatment for you. Before you start taking any anti-depressants, make sure you tell your GP, doctor or nurse at the hospital about any other medicines or complementary therapies you’re taking. Anti-depressant medicines can sometimes take a few weeks to start working. Until you start feeling better, you may want to try other things as well, such as counselling or meditation.

You and your partner
If you have a partner, they may feel worried, anxious or upset about your cancer. They might feel isolated and find it difficult to tell you how they are feeling in case they worry you. You can get support together. Or sometimes it can be useful to get separate support as well.

Doctors and nurses are always happy for you to bring your partner along to your appointments, and they might be able to tell you about types of support that would suit you both. Many support groups also welcome partners. The charity Relate provides relationship counselling and other support services for couples.

Your partner might want to read our booklet, When you’re close to someone with prostate cancer: A guide for partners and family.
If you’ve got issues, concerns, worries, talk about them. My wife is very good at comforting me when I’m feeling down.

A personal experience
What will happen while I’m having hormone therapy?

You will have regular check-ups to monitor how well your treatment is working, including regular PSA tests. The PSA test is a simple blood test and is an effective way of monitoring your cancer. Your doctor or nurse will tell you how often you’ll have check-ups – this will depend on the stage of your prostate cancer and any other treatments you are having.

If you’re having treatment to get rid of your cancer

If your PSA level falls and stays low, this usually suggests your treatment has been successful at getting rid of your cancer. How quickly your PSA level falls, and how low, will depend on the treatment you’ve had and will vary from man to man.

Your doctor or nurse will keep an eye on any side effects from your treatment. Let them know if there are any changes while you are on hormone therapy, or you get any new symptoms.

If there is a rise in your PSA level, this may be a sign that your cancer has come back. If this happens, there are further treatments available. Read more in our booklet, If your prostate cancer comes back: A guide to treatment and support.

If you’re having treatment to control your cancer

If you have advanced prostate cancer and your PSA level falls, this usually suggests your treatment is working. How quickly your PSA level falls, and how low, will vary from man to man.
You’ll generally keep having the hormone therapy, even after your PSA has fallen. This is because the hormone therapy is controlling the cancer and if you stop having it, the cancer might grow more quickly.

As well as regular PSA tests, you’ll have other blood tests to see whether the cancer is affecting other parts of your body, such as your liver, kidneys or bones. You may also have scans to monitor how well your cancer is responding to treatment. Your doctor or nurse will also keep an eye on your side effects or symptoms. Let them know if you notice any changes to your health.

If there is a continuous rise in your PSA level, this may be a sign that your hormone therapy is no longer controlling your cancer so well. There are further treatments available, including other types of hormone therapy or a combination of other treatments. Read more in our fact sheet, **Treatment options after your first hormone therapy.**
What if I’m struggling with side effects?

There are treatments and support available to help manage side effects. But some men find that their side effects continue to affect their daily life. If this happens, speak to your doctor or nurse. It might be possible to try a different treatment, or to take a break from hormone therapy.

Intermittent hormone therapy

If you’re on life-long hormone therapy and having problems with side effects, 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 starts to rise. It may help to give you a break from some of the side effects, such as hot flushes and sexual problems, and you may feel better in yourself. But it can take several months for side effects to improve, and some men never notice any improvement.

For some men intermittent hormone therapy can be just as effective at treating prostate cancer as continuous treatment. But it isn’t suitable for everyone. And it isn’t an option if you choose surgery (orchidectomy).

There is a risk that having a break from treatment may mean your cancer might grow. Speak to your doctor or nurse about the advantages and disadvantages of intermittent hormone therapy and whether it might be an option for you.
You will need to have your PSA level checked every three months while you’re having a break from treatment. You can have intermittent hormone therapy for as long as it continues to work. Your doctor or nurse will tell you when you need to start treatment again. This will normally be when your PSA rises to 10 ng/ml, or if your symptoms start to get worse. If you do need to start hormone therapy again, you will usually have the same type as before, for at least three to six months.

**What if I decide to stop treatment?**

The side effects of hormone therapy can be difficult to deal with, and some men feel that they want to stop their treatment. If you are thinking about stopping hormone therapy, talk to your doctor or nurse. They will explain how this could affect your cancer and discuss any other possible treatments with you.

If you do stop having hormone therapy, the side effects won’t stop straight away. It may take several months for the side effects to improve.

“I got to the point of wanting to stop the hormone treatment but I took a look at the things I wasn’t happy about and made some small changes that are making a difference.”

A personal experience
# My main contact

Use this space to record the name and contact details of your main point of contact. They might be called your key worker. It could be your clinical nurse specialist (CNS) or another health professional. They will help to co-ordinate your care, guide you to the appropriate team member and help you get information.

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## Other health professionals

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Prostate Cancer UK Specialist Nurses: 0800 074 8383
**Drug chart**

Use this table to record details of the hormone drugs you are having. Your doctor or nurse can help you fill it in. The details may also be listed on your repeat prescription form.

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# Appointments

Record details of your appointments at the hospital or GP surgery.

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**PSA levels**

Use this table to record the results of your PSA tests. If you need more space, you can order PSA record cards by calling us on 0800 074 8383. Your doctor or nurse might also be able to print out a copy of your PSA results for you to keep.

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More information from us

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

To order publications:
All our publications are free and available to order or download online. To order them:
• call us on 0800 074 8383
• visit our website at prostatecanceruk.org/publications

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

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

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

British Association for Counselling & Psychotherapy
www.bacp.co.uk
Telephone: 01455 883 300
Information about counselling and details of therapists in your area.

British Heart Foundation
www.bhf.org.uk
Telephone: 0300 330 3311
Information about heart disease and eating for a healthy heart.

Cancer Research UK
www.cancerresearchuk.org
Telephone: 0808 800 4040
Information about prostate cancer and clinical trials.

Carers UK
www.carersuk.org
Telephone: 0808 808 7777
Information and advice carers, and details of local support groups.

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.

Complementary and Natural Healthcare Council
www.cnhc.org.uk
Telephone: 020 3327 2720
Details of complementary therapists who meet national standards.
Diabetes UK
www.diabetes.org.uk
Telephone: 0345 123 2399
Information about diabetes.

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.

Medicines and Healthcare products Regulatory Agency (MHRA)
www.gov.uk/mhra
Telephone: 020 3080 6000
Advice about how to use medicines and herbal remedies safely. Also runs the Yellow Card Scheme, a system for reporting unusual side effects from any treatment.

NHS 24
www.nhs24.scot
Telephone: 111
Health information and self-care advice for people in Scotland. Lists local NHS services including GPs and dentists.
**NHS 111 Wales**  
www.111.wales.nhs.uk  
Telephone: 0845 46 47  
Provides health advice 24 hours a day and lists local health services in Wales.

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

**nidirect**  
www.nidirect.gov.uk  
Information about government services in Northern Ireland, including health services.

**Penny Brohn UK**  
www.pennybrohn.org.uk  
Telephone: 0303 3000 118  
Runs courses and offers physical, emotional and spiritual support for people with cancer and their loved ones.

**Relate**  
www.relate.org.uk  
Telephone: 0300 003 0396  
Information, advice, relationship counselling and sex therapy in England, Wales and Northern Ireland.

**Relationships Scotland**  
www.relationships-scotland.org.uk  
Telephone: 0345 119 2020  
Information, relationship counselling and sex therapy in Scotland.
**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.

**Sexual Advice Association**
www.sexualadviceassociation.co.uk
Information about sexual problems and their treatments, including erection problems.

**Switchboard – LGBT+ helpline**
www.switchboard.lgbt
Telephone: 0300 330 0630
Free and confidential support and information for lesbian, gay, bisexual and trans people, including a telephone and online chat service.
About us

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

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

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

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

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- Debbie Victor, Uro-Oncology Clinical Nurse Specialist, Royal Cornwall Hospitals NHS Trust
- Our Specialist Nurses
- Our volunteers.
Living with hormone therapy
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Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 47,000 men face a prostate cancer diagnosis. Thanks to our generous supporters, we offer information free to all who need it. If you would like to help us continue this service, please consider making a donation. Your gift could fund the following services:

• £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.

• £25 could give a man diagnosed with prostate cancer unlimited time to talk over treatment options with one of our specialist nurses.

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

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

Tell us what you think

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