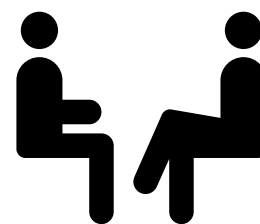


Radiotherapy for advanced prostate cancer



In this fact sheet:

- How does radiotherapy treat advanced prostate cancer?
- External beam radiotherapy
- Radium-223 (Xofigo®)
- What happens after radiotherapy?
- Dealing with advanced prostate cancer
- Questions to ask your doctor, radiographer or nurse
- More information
- About us



This fact sheet is for anyone who has been offered radiotherapy to treat prostate cancer that has spread from the prostate to other parts of the body (advanced prostate cancer). Your partner, family or friends might also find it helpful.

For information on radiotherapy for localised or locally advanced prostate cancer, read our fact sheets, [External beam radiotherapy](#), [Permanent seed brachytherapy](#) or [High dose-rate brachytherapy](#) instead.

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

Symbols

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

-  Speak to our Specialist Nurses
-  Read our publications

How does radiotherapy treat advanced prostate cancer?

Radiotherapy can be used in different ways to treat prostate cancer that has spread from the prostate to other parts of the body (advanced prostate cancer):

- as part of your first treatment for advanced prostate cancer
- to improve symptoms in areas where the cancer has spread
- to help some men with bone pain live longer and to treat bone pain.

All types of radiotherapy aim to destroy cancer cells.

If you're offered radiotherapy as part of your first treatment for advanced prostate cancer, you'll have a type of radiotherapy called external beam radiotherapy (see page 2).

If you're having radiotherapy to improve symptoms in areas where the cancer has spread, you may have external beam radiotherapy to the part of the body where the cancer is causing problems (see page 2).

If your cancer is causing bone pain, you may be offered a type of internal radiotherapy called radium-223 (Xofigo®) to help you live longer and to treat the bone pain (see page 6).

A clinical oncologist or radiographer will plan your radiotherapy with you. They will tell you if radiotherapy can help you and explain which type of radiotherapy you will have, how long the treatment could take and the possible side effects. This could depend on where your cancer has spread to, any symptoms you're having, and your general health and fitness. They can also tell you about any clinical trials that might be suitable.

A team of radiographers will give you the treatment. They will also give you support and information during your treatment.

External beam radiotherapy

External beam radiotherapy is when high-energy X-ray beams are targeted at the prostate from outside the body. Radiotherapy permanently damages and kills cancer cells, but healthy cells can repair themselves and recover more easily.



Read more about it in our fact sheet, **External beam radiotherapy**.

As part of a first treatment for advanced prostate cancer

If you've just been diagnosed with advanced prostate cancer, you may be offered external beam radiotherapy to your prostate alongside other treatments. It won't cure your cancer, but research has found that giving radiotherapy to the prostate itself can help some men with advanced prostate cancer to live longer.

Radiotherapy to the prostate will only be an option if the cancer has spread no further than your lymph nodes, or the bones in your pelvis or spine. Lymph nodes are part of your immune system and are found throughout your body. The treatment doesn't appear to help men whose cancer has spread to bones away from the pelvis or spine, or to organs such as the liver.

If you're offered radiotherapy as a first treatment for advanced prostate cancer, you will have it alongside hormone therapy, often with chemotherapy as well.

To treat symptoms

Advanced prostate cancer can cause symptoms in the areas it has spread to. External beam radiotherapy can help control these symptoms by slowing down the growth of the cancer in those areas. You may hear this called palliative radiotherapy.

For example, radiotherapy is an effective way of relieving pain caused by prostate cancer that has spread to the bones. You might hear cancer that has spread to the bones described as bone secondaries, bone metastases or bone mets. This isn't the same as bone cancer, which starts in the bones. Most men who have external beam radiotherapy for bone pain get some pain relief from it.

External beam radiotherapy can also treat prostate cancer that's spread to the lymph nodes and can help with other symptoms of advanced prostate cancer, such as blood in the urine, bowel problems or kidney problems. It can also be used to treat an emergency condition called metastatic spinal cord compression or MSCC (see page 5).

Other treatment options

If you've been offered radiotherapy to help control symptoms, there may be other treatments available to you instead.

These might include:

- pain-relieving drugs, which can be used alone or together with other treatments
- treatments for the cancer itself, such as hormone therapy or chemotherapy.



Read more about ways to relieve pain and other symptoms in our fact sheet, **Managing pain in advanced prostate cancer**, and our booklet, **Advanced prostate cancer: Managing symptoms and getting support**. You can also speak to our Specialist Nurses.



What are the advantages and disadvantages of external beam radiotherapy?

The advantages and disadvantages of radiotherapy depend on your general health, previous treatment and how far your cancer has spread. What may be important to one person might not be so important to someone else. Talk to your doctor, radiographer or nurse about your own situation.

Advantages

- External beam radiotherapy to the prostate can help some men live longer if their cancer hasn't spread far from the prostate.
- External beam radiotherapy is painless, but you may find the treatment position uncomfortable if you have pain.
- Treatment sessions only last around 10 minutes, including the time it takes to get you into position. You don't need to stay in hospital overnight.
- Most men who have radiotherapy for pain find it helps control their pain.
- You might be able to reduce the dose of any pain-relieving drugs you're taking. This could be useful if they are causing side effects.
- Radiotherapy may control other symptoms, such as blood in the urine and bowel problems.
- If your pain comes back, you may be able to have more external beam radiotherapy to the same area. This will depend on the dose you've already had and how long ago you had it.

Disadvantages

- External beam radiotherapy to the prostate may not help men live longer if their prostate cancer has spread to distant bones or organs.

- If you're having external beam radiotherapy as a first treatment, you will need to go to a specialist hospital for treatment daily or weekly for a few weeks. This might be difficult if you need to travel far.
- If you're having external beam radiotherapy to the prostate, your bowel may need to be empty during each treatment session. You may be given medicine to help empty your bowel each day (see page 4). This can take a while to work, and some men may find this inconvenient.
- For a few men, radiotherapy won't help to control their pain.
- Like all cancer treatments, radiotherapy can cause side effects (see page 4). The risk of different side effects depends on the part of the body being treated.
- You might have slightly more pain during treatment, and for a few days afterwards. This should soon improve.
- The pain can come back after several months. If this happens, you might need further treatment with radiotherapy or other treatments.

Preparing for treatment

You will have your treatment in the outpatient radiotherapy department at the hospital. Before starting treatment you will usually have a planning session at the hospital. This might involve having a CT (computerised tomography) scan. The planning session is to make sure the person treating you knows the exact position, size and shape of the area that needs treating.

At the end of your planning session, your radiographer will make a few very small permanent marks, like tiny tattoos, on your skin in the area to be treated. These help the treatment radiographers put you in the right position for your treatment.

What does treatment involve?

If you're having radiotherapy to the prostate alongside your first treatment for advanced prostate cancer, you may have radiotherapy five days a week for four weeks. Or you may have radiotherapy once a week for six weeks.

If you're having radiotherapy to treat symptoms, such as pain, you'll have either a single dose directed at the area causing problems, or a series of smaller doses spread out over a week or more. You might have a dose every day, every few days or once a week. This type of radiotherapy uses a lower dose of radiation overall than radiotherapy for earlier stages of prostate cancer. The course of treatment is also often shorter.

If you're having radiotherapy to your prostate, you will probably need to have an empty bowel during your treatment. Some hospitals ask you to have a full bladder and others ask you to empty your bladder. This helps to make sure the radiotherapy beams target the exact same area during each treatment, and reduces the risk of side effects to your bowel or bladder. Your radiographer may give you an enema (liquid medicine) or a suppository (a pellet) to use either at home or at the hospital. These are put inside your back passage and will help make sure your bowel is empty.

At the beginning of each treatment, the radiographer will help you get into the right position on the treatment couch. They'll use the marks made on your body as a guide.

The radiographer will then leave the room, but they'll be able to see and hear you at all times through cameras. The radiotherapy machine moves around your body and it will make a slight noise. It doesn't touch you and you won't feel anything. You'll need to lie very still, but the treatment only takes around 10 minutes, including the time it takes to get you into position. You should be able to go home after the treatment has finished.

It's safe for you to be around other people, including children and pregnant women, while you're having radiotherapy. The radiation doesn't stay in your body so you won't give off any radiation.

If you're having radiotherapy to treat pain, it may take a couple of weeks for your pain to improve, and it can take several weeks for the treatment to have its full effect. You may need to continue taking painkillers during this time. Pain relief usually lasts for an average of four to six months, but this can vary from person to person.

What are the side effects?

Like all treatments, external beam radiotherapy causes side effects in some men. But they affect each person differently and you might not get all of them, or any of them. Ask your doctor, radiographer or nurse for more information on your risk of side effects.

After external beam radiotherapy to the prostate, as a first treatment

If you're having radiotherapy to the prostate itself, healthy tissue near the prostate may get damaged and this can cause side effects. These may only last a few weeks or months, but some side effects can last for longer or develop months or years after treatment.

Your doctor, radiographer or nurse can tell you more about the possible side effects of radiotherapy to the prostate, which may include:

- urinary problems, such as needing to urinate often, a burning feeling when you urinate or difficulty urinating
- bowel problems, such as loose or watery bowel movements (diarrhoea), passing more wind than usual which can sometimes be wet, needing to empty your bowel more often, feeling an urge to have a bowel movement but then not being able to go, a feeling that your bowels haven't emptied properly
- pain in the stomach area (abdomen) or back passage
- blood in your urine or from your back passage (rectum)
- sore skin between your legs and near your

back passage that looks a bit like sunburn – this is rare

- erection or ejaculation problems, such as discomfort when you ejaculate, a reduced amount of semen or a ‘dry orgasm’, where you have the feeling of an orgasm but don’t ejaculate
- not being able to have children naturally – if you’re worried about this, your doctor, nurse or radiographer can talk to you about storing sperm for fertility treatment later

- a build-up of fluid in your legs (lymphoedema) – this affects a small number of men after radiotherapy to the lymph nodes.



Read more about side effects in our fact sheets, **Fatigue and prostate cancer** and **Urinary problems after prostate cancer treatment**, and in our booklet, **Prostate cancer and your sex life**.

Metastatic spinal cord compression (MSCC)

MSCC happens when cancer cells that have spread from the prostate grow in or near to the spine and press on the spinal cord.

You need to know about MSCC if your prostate cancer has spread to your bones or has a high risk of spreading to your bones. Your risk of MSCC is highest if the cancer has already spread to your spine. Speak to your doctor, radiographer or nurse for more information about your risk.

MSCC can cause any of the following symptoms.

- Pain or soreness in your lower, middle or upper back or neck. The pain may be severe or get worse over time. It may get worse when you cough, sneeze, lift or strain, go to the toilet or lie down. It may wake you at night or stop you from sleeping.
- A narrow band of pain around your chest or abdomen (stomach area) that can move towards your back, buttocks or legs.
- Pain that moves down your arms or legs.
- Weakness or loss of control of your arms or legs, or difficulty standing or walking. You might feel unsteady on your feet or feel as if your legs are giving way. Some people say they feel clumsy.

- Numbness or tingling (pins and needles) in your legs, arms, fingers, toes, buttocks, stomach area or chest that doesn’t go away.
- Problems controlling your bladder or bowel. You might not be able to empty your bladder or bowel, or you might have no control over emptying them.

The symptoms listed above can also be caused by other conditions, but it’s still very important to get medical advice immediately if you have any of them. MSCC is a serious condition and the sooner you have treatment, the lower your risk of long-term problems. If you don’t know who to contact, or you can’t reach them, go to your nearest accident and emergency (A&E) department straight away.

Radiotherapy can help to shrink the cancer cells that are pressing on your spinal cord. It can also help to relieve the pain caused by MSCC. If you are having radiotherapy to treat MSCC you will need to start treatment as soon as possible – ideally within 24 hours. This means you will only have a short time to discuss your treatment with your doctor, and the planning session will take place just before your treatment. You may have one or more treatment sessions – your medical team will discuss this with you. Ask your radiographer, doctor or nurse if you have any questions.



Read more in our fact sheet, **Metastatic spinal cord compression (MSCC)**.

After external beam radiotherapy to treat symptoms

There are usually only a few, if any, side effects from external beam radiotherapy when it's used to treat symptoms. This is because you'll only have a few doses of treatment. The risk of side effects is higher if you have radiotherapy to several different areas or a large area of your body, or if a high total dose of radiotherapy is used.

The possible side effects will depend on the part of your body that's treated. They may include:

- red, dark or itchy skin in the treated area, similar to sunburn – ask your radiographer for advice on how to look after your skin
- loose and watery bowel movements (diarrhoea) – this can be caused by radiotherapy to the pelvis or abdomen, but there are treatments that can help
- a slight increase in pain during the course of treatment or for a few days afterwards – it's important to keep taking any pain-relieving drugs you've been given.

Radium-223 (Xofigo®)

This treatment is for men whose prostate cancer has spread to the bones and is causing pain. It will only be an option if your cancer has stopped responding to your first hormone therapy.

Radium-223 is a type of internal radiotherapy called a radioisotope. A very small amount of a radioactive liquid is injected into a vein in your arm. It travels around the body in the blood and is drawn towards bones that have been damaged by prostate cancer. It collects in these parts of the bones and kills cancer cells there.

Radium-223 helps some men to live longer. It can also help to reduce bone pain and can be particularly helpful if you have pain in more than one area. Most men who have radium-223 get some pain relief from it. It can also delay and reduce the risk of MSCC (see page 5). But it won't be suitable if your cancer has spread to organs such as the liver, or if you have large amounts of cancer in your lymph nodes.

In England, Wales and Northern Ireland, you can only have treatment with radium-223 if you have already had a type of chemotherapy called docetaxel or if docetaxel isn't suitable for you. In Scotland, you can have radium-223 before or after chemotherapy.

You may also be able to get radium-223 through a clinical trial.

Speak to your doctor, radiographer or nurse about whether radium-223 might be an option for you. You can also speak to our Specialist Nurses.

What are the advantages and disadvantages of radium-223?

The advantages and disadvantages of radiotherapy depend on your general health, previous treatment you've had, and how far your cancer has spread. What may be important to one person might not be so important to someone else. Talk to your doctor, radiographer or nurse about your own situation.

Advantages

- Radium-223 can help relieve bone pain.
- You might be able to reduce the dose of any pain-relieving drugs you're taking. This could be useful if they are causing side effects.
- Radium-223 helps some men with advanced prostate cancer to live longer and can improve your day-to-day life.

Disadvantages

- For a few men, radium-223 won't help to control their pain.
- Like all cancer treatments, radium-223 can cause side effects (see page 7).
- You can only have one course of radium-223.

Preparing for treatment

Before having radium-223 there are things you should discuss with your doctor, radiographer or nurse.

- Let them know if you are taking any medicines. You can't have radium-223 if you're taking a drug called abiraterone. If you take calcium, phosphate or vitamin D supplements, you may need to stop taking these for a while.
- Tell them if you have a bowel condition, such as Crohn's disease or ulcerative colitis, or leakage from the bowel. Radium-223 may make bowel inflammation worse.
- Your doctor or nurse may ask you to have a blood test before treatment to check your blood cell levels are high enough.

What does treatment involve?

Radium-223 is injected into a vein through a small tube put into your arm (cannula). You will normally have an injection every four weeks, for up to six injections. Each injection only takes a couple of minutes and you should be able to go home straight after each one.

After your injection, your urine, bowel movements and blood will be slightly radioactive. It is safe for you to be around other people, including children. But your doctor, radiographer or nurse will let you know what safety guidelines you need to follow for a week after each treatment. For example, you may need to take extra care to wipe up any spills after going to the toilet and flush tissues away.

What are the side effects?

Radium-223 doesn't damage many healthy cells, so it doesn't usually cause many side effects.

If you do get side effects they may include feeling or being sick (nausea or vomiting) and diarrhoea.

In a few men, radium-223 may affect the bone marrow, which causes a drop in the number of blood cells. Tell a health professional straight away if you have unusual bruising or bleeding, a very high temperature or lots of infections.

What happens after radiotherapy?

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

You will have regular blood tests to measure your level of PSA (prostate specific antigen). Your doctor will also ask you about any side effects from your treatment and any symptoms you might have.

At some hospitals, you may have fewer follow-up appointments, and be encouraged to take greater control of your own health and wellbeing. You might hear this called supported self-management. Instead of having regular appointments at the hospital, you may talk to your doctor or nurse over the telephone.

If you've had external beam radiotherapy to treat bone pain, you may find the pain gets worse during treatment and for a few days afterwards – this is called a pain flare. Your doctor might prescribe some pain-relieving drugs, or increase the dose that you already take.

You should notice that the pain gradually improves, though it might take a few weeks for the treatment to be most effective. The pain relief usually lasts for several months and you may be able to reduce the dose of any pain-relieving drugs you are taking. But speak to your hospital team or GP first – you shouldn't reduce the dose suddenly.

If your pain or other symptoms don't improve, talk to your doctor, radiographer or nurse. They might suggest another course of radiotherapy. If you've already had external beam radiotherapy to one area, you may be able to have it again to the same area. This will depend on the dose you've already had. If you have bone pain in more than one new area, you might be able to have more external beam radiotherapy or radium-223. Read more in our fact sheet,



Managing pain in advanced prostate cancer, or speak to our Specialist Nurses.

Dealing with advanced prostate cancer

Some men say having advanced prostate cancer changes the way they think and feel about life. You might feel scared, worried, stressed, helpless or even angry.

At times, lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way to feel and everyone reacts in their own way.

This section suggests some things you can do to help yourself and people who can help. Families can also find this a difficult time and they may need support and information too.



They may want to read our booklet, **When you're close to someone with prostate cancer: A guide for partners and family.**

How can I help myself?

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

Look into your treatment options

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

Talk to someone

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

Set yourself some goals

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

Look after yourself

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

Eat a healthy, balanced diet

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



Be as active as you can

Keeping active can improve your physical strength and fitness, and can lift your mood. We don't know for sure if physical activity can help slow the growth of prostate cancer. But it can help with some side effects of treatment. Even a small amount can help. Take things at your own pace. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer.**



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



Who else can help?

Your medical team

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



Our Specialist Nurses

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

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse if this is available. You can also refer yourself for counselling on the NHS 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.

Our one-to-one support service

This is a chance to speak to someone who's been there and understands what you're going through. They can share their experiences and listen to yours. You can discuss whatever's important to you. We'll try to match you with someone with similar experiences.

Our online community

Our online community is a place to talk about whatever's on your mind – your questions, your ups and your downs. Anyone can ask a question or share an experience.

Support groups

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

Our sexual support service



This is a chance for you, or your partner, to talk to one of our Specialist Nurses with an interest in helping with sexual problems after treatment for prostate cancer. They can talk to you about the impact of treatment on your sex life and relationships, and discuss possible treatments or ways to deal with these changes.

Our fatigue support



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

Hospices

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

Spiritual support

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

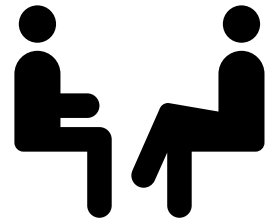
To find out more about any of the above, visit prostatecanceruk.org/get-support or call our Specialist Nurses on **0800 074 8383**.



I contacted my community palliative care team and they've been a great support.

A personal experience

Questions to ask your doctor, radiographer or nurse



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

Which type of radiotherapy is suitable for me and why?

Will I have any other treatments while I'm having radiotherapy?

How long will the pain relief last? What other treatments are available to help with my pain?

Will I get any side effects and if so, how can I manage them?

Are there any safety guidelines I should follow during and after treatment?

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

Will having this treatment mean I can't have other types of treatment later on, for example, chemotherapy?

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.

Hospice UK

www.hospiceuk.org

Telephone: 020 7520 8200

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

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

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

Maggie's

www.maggies.org

Telephone: 0300 123 1801

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

Marie Curie

www.mariecurie.org.uk

Telephone: 0800 090 2309

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

Pain Concern

www.painconcern.org.uk

Telephone: 0300 123 0789

Support for people with pain and those who care for them.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

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

About us

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

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

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

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

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

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- Our Specialist Nurses
- Our volunteers.

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

yourfeedback@prostatecanceruk.org



Speak to our Specialist Nurses

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, over 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 a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

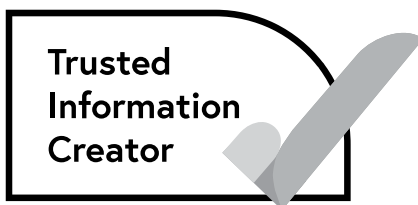
To make a donation of any amount, please call us on **0800 082 1616**, visit prostatecanceruk.org/donate or text **PROSTATE** to **70004**[†].

There are many other ways to support us. For more details please visit prostatecanceruk.org/get-involved

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



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To be reviewed July 2025

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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