

Treatment options after your first hormone therapy



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This fact sheet is for anyone with prostate cancer that is no longer responding so well to their first type of hormone therapy. The first treatment you have is sometimes called first-line therapy. Here, we describe further treatments that may help. This is sometimes called second-line therapy. Your partner, family or friends might also find this information helpful.

Healthcare professionals describe prostate cancer that has stopped responding to hormone therapy in different ways. They may say hormone-refractory, hormone-relapsed, hormone-resistant, castration-resistant or castrate-resistant prostate cancer (CRPC). In this fact sheet, we say hormone-relapsed prostate cancer.

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

Symbols

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

 Chat to one of our Specialist Nurses

 Read our publications

How does hormone therapy work?

Hormone therapy works by stopping your body from making testosterone, or blocking testosterone from reaching the cancer cells. Prostate cancer cells usually need testosterone to grow. So if testosterone is taken away or blocked, the cancer will usually shrink, wherever it is in the body. Hormone therapy can't cure your cancer on its own. But it can help keep it under control and delay symptoms, sometimes for several years.

Types of hormone therapy you may have already had

- Androgen deprivation therapy (ADT) to stop your body making testosterone, such as LHRH agonist (luteinising hormone-releasing hormone agonist) injections or androgen receptor pathway inhibitor (ARPI) tablets.



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- Anti-androgens to block the effects of testosterone. You may have had a short course of anti-androgen tablets when you first started having ADT injections.
- Surgery (orchidectomy) to reduce testosterone by removing the testicles or the parts of the testicles that make testosterone.

Read more about the different types of hormone therapy in our fact sheet, [Hormone therapy](#).

How will I know if my first hormone therapy isn't working so well?

While you're having hormone therapy, you will have regular prostate specific antigen (PSA) blood tests to check how well it's working. PSA is a protein that's produced by normal cells in your prostate, and by prostate cancer cells. The PSA test is a blood test that measures the amount of PSA in your blood.

A continuous rise in your PSA may be the first sign that your hormone therapy is not working (hormone-relapsed prostate cancer). If this happens, you might have more PSA blood tests to confirm this. Your doctor or nurse will also ask if you have developed any symptoms. These may include urinary problems (such as difficulty weeing or leaking wee), or bone pain. You may also have scans to give your doctor a better idea of how the cancer is growing, and what other treatments might help.

If your PSA level is rising very slowly and you don't have any symptoms, then you might not need to start a new treatment straightaway. Your medical team will keep an eye on the cancer with regular PSA blood tests and scans, and they'll keep asking about your symptoms. You'll be told how often you should have check-ups, and if you need to book them yourself.

Why is my first hormone therapy not working so well?

Your first hormone therapy can keep your prostate cancer under control for many months or even years. But over time, the behaviour of the cancer cells can change, and they may start to grow again. This can happen even if the hormone therapy is still lowering your testosterone levels.

Although your prostate cancer is no longer responding so well to your first hormone therapy, it may respond to another type of hormone therapy, or a combination of treatments. This is because different types of hormone therapy can have different effects on the cancer cells.

You may feel frustrated or worried that your first hormone therapy has stopped working, but this is a normal part of the treatment pathway and there are other treatments you can try.

What further treatments are available?

The aim of further treatment is to control the cancer and delay or manage any symptoms, such as pain or urinary problems. You will probably continue with your first hormone therapy as well, because it may still be shrinking some of the cancer cells.

Further treatment options include:

- anti-androgens
- androgen receptor pathway inhibitors (ARPIs)
- chemotherapy
- steroids
- radium-223
- oestrogen
- olaparib
- clinical trials and new treatments
- other treatments to manage your symptoms.

We describe all these treatments in the following pages.



Understanding your options is a real lifeline. Knowing there are many different options for treatment is vital.

A personal experience

Which treatments will I have?

When your prostate cancer stops responding to your first hormone therapy, there is usually no best treatment or best order to have your next treatments in. You might have more than one of the treatments we describe here, while some might not be suitable for you.

The treatments you have will depend on many things, including:

- where your cancer has spread to
- if you have any symptoms
- how long your cancer responded to your first hormone therapy
- which type of hormone therapy you had first
- your general health and any other health problems you may have
- the possible side effects of each treatment
- what your doctor thinks will work best for you
- your own thoughts and feelings – for example, about the possible side effects and how a particular treatment would fit into your daily life.

Names of medicines

Medicines often have two names – a scientific (generic) name and a brand name. For example, we talk about a tablet called bicalutamide (Casodex®). Bicalutamide is the scientific name of the medicine. Casodex® is the brand name given to the medicine by the company that makes it. Ask your doctor or nurse if you have any questions about your medicines, or speak to our **Specialist Nurses**.

Anti-androgens

Anti-androgens, such as bicalutamide (Casodex®), stop testosterone from reaching the cancer cells. Anti-androgens are also a further treatment option for hormone-relapsed prostate cancer.

Anti-androgens can be taken alone or in combination with other hormone therapy treatments, such as LHRH agonist injections. You may hear this called combined androgen blockade, dual androgen blockade or maximal androgen blockade. This may be more effective than having ADT on its own if your PSA is rising, or if your cancer has spread to other parts of your body (advanced prostate cancer).

If your PSA starts rising again while you're taking anti-androgens with your ADT, then your doctor may suggest you stop taking them. In some men, this can cause PSA levels to fall and improve symptoms for a few months, sometimes longer. This is called a withdrawal response or anti-androgen withdrawal syndrome.

The side effects of anti-androgens can be similar to the side effects of other types of hormone therapy. Read more about how to manage the possible side effects in our booklet, [**Living with hormone therapy: A guide for men with prostate cancer**](#).

Androgen receptor pathway inhibitors (ARPIs)

Androgen receptor pathway inhibitors (ARPIs) are a newer type of hormone therapy. They are sometimes called new or second-generation hormone therapy. ARPIs block the effect of testosterone in a different way, so they may be able to shrink the cancer cells that are no longer responding to your first hormone therapy.

ARPIs are usually taken as tablets. They are:

- abiraterone (Zytiga®)
- enzalutamide (Xtandi®)
- apalutamide (Erleada®)
- darolutamide (Nubeqa®)



You can only have one type of ARPI on your treatment pathway. This is because ARPIs work in a similar way to each other, so if your cancer stops responding to one, it probably won't respond to another (see below).

Abiraterone

Abiraterone acetate (Zytiga®) is offered to men with advanced prostate cancer that has stopped responding to other types of hormone therapy (hormone-relapsed advanced prostate cancer). This is also called metastatic castration-resistant prostate cancer (mCRPC). Abiraterone can help some men live longer, and treat or delay symptoms.

As a first treatment, it is offered to men with advanced prostate cancer. In Scotland, England and Wales, it is also offered as a first treatment for men whose cancer has not spread (localised prostate cancer) but is at high risk of spreading, or men whose cancer has just started to spread (locally advanced prostate cancer). If you live in Northern Ireland and have been diagnosed with localised or locally advanced prostate cancer, ask your doctor if abiraterone is available for you.

You can have abiraterone before or after chemotherapy. If you can't or don't want to have chemotherapy, then then you may be offered a drug called olaparib to take with abiraterone.

Possible side effects of abiraterone include:

- swollen hands and feet caused by the body holding on to more water (fluid retention)
- weakness or twitches in your muscles or a fast, pounding heartbeat, caused by low levels of potassium in your blood – speak to your doctor straightaway if you notice these symptoms
- liver problems
- high blood pressure (hypertension)
- urinary tract infection
- diarrhoea (loose and watery bowel movements).

You will need to take a steroid with abiraterone to lower the risk of some side effects (see page 5).

To find out more, visit prostatecanceruk.org/abiraterone and prostatecanceruk.org/olaparib

Enzalutamide

Enzalutamide (Xtandi®) is offered to men with hormone-relapsed advanced prostate cancer. It can help some men live longer, and treat or delay symptoms. It is also offered as a first treatment for advanced prostate cancer. You can have enzalutamide before or after chemotherapy.

Possible side effects of enzalutamide include:

- fatigue (extreme tiredness)
- headaches
- hot flushes
- high blood pressure
- feeling nervous
- problems with memory and concentration
- dry or itchy skin
- breast swelling (gynaecomastia)
- an urge to move a part of your body, usually your legs (restless leg syndrome)
- blockage of the arteries in the heart (coronary heart disease)
- seizure (but this is rare).

To find out more, visit

prostatecanceruk.org/enzalutamide

Abiraterone or enzalutamide?

If you're offered abiraterone or enzalutamide as a further treatment, you may be unsure which would be best for you. They work in a similar way but have some different side effects (see above). To help you decide, your doctor will ask you about any other health problems. You can also talk things through with our **Specialist Nurses**.

Remember, if you had enzalutamide as a first treatment, then abiraterone probably won't be an option as a further treatment. And if you had abiraterone as a first treatment, then enzalutamide probably won't be an option. This is because research suggests each drug only has a small effect if you've already had the other drug. But if you took enzalutamide or abiraterone for less than three months and had to stop taking it due to severe side effects, then you may be able to try the other drug as a further treatment.

Darolutamide

Darolutamide (Nubeqa®) is offered to men with hormone-relapsed localised prostate cancer that has a high risk of spreading. You may hear this called high-risk non-metastatic castration-resistant prostate cancer (nmCRPC). It has been shown to delay the spread, which means it can delay symptoms and the need for further treatment. It has been found to help some men live longer.

Darolutamide is also offered to men with hormone-relapsed prostate cancer that has started to break through the outer layer of the prostate. You may hear this called T3 locally advanced prostate cancer. It is also a first treatment for advanced prostate cancer.

The main side effects of darolutamide are:

- fatigue
- increased risk of infection (caused by a reduced number of white blood cells)
- liver problems
- high blood pressure
- skin rash.

Other less common side effects are similar to the side effects of standard hormone therapy. Read more about the side effects of hormone therapy

in our fact sheets, **Hormone therapy** and **Living with hormone therapy: A guide for men with prostate cancer**.

To find out more, visit

prostatecanceruk.org/darolutamide

Apalutamide

Like darolutamide, apalutamide (Erleada®) is also offered to men with hormone-relapsed localised prostate cancer that has a high risk of spreading, and men with hormone-relapsed locally advanced prostate cancer. It has been shown to delay spread to other parts of the body. It is also offered as a first treatment for advanced prostate cancer in men who can't or don't want to have chemotherapy.

The most common side effects of apalutamide are:

- fatigue
- skin rash
- high blood pressure
- hot flushes

- bone pain
- diarrhoea
- falls and fractures
- loss of appetite and weight loss.

To find out more, visit

prostatecanceruk.org/apalutamide

Chemotherapy

Chemotherapy is offered to men with hormone-relapsed advanced prostate cancer. It is also offered with darolutamide as a first treatment for advanced prostate cancer. Chemotherapy uses anti-cancer (cytotoxic) drugs to kill cancer cells, wherever they are in the body. It can improve symptoms and help some men live longer.

In the UK, docetaxel is the most common type of chemotherapy. If you've already had docetaxel and your cancer has started to grow again, then your doctor may offer you a different type of chemotherapy called cabazitaxel. If you're having chemotherapy, you might also be given steroid tablets, such as prednisolone or dexamethasone. This can help the chemotherapy to work, and reduce its side effects.

Chemotherapy isn't suitable for everyone as the side effects can be difficult to deal with. These include an increased risk of infection and feeling more tired than usual. Some men get many side effects, while others only get a few. Your doctor will check your general health to make sure you're fit enough for chemotherapy.

Read more in our fact sheet, **Chemotherapy**.

Steroids

Steroids are a further treatment for hormone-relapsed prostate cancer because they can stop the adrenal glands from producing as much testosterone. This can help to control your cancer. They can also improve your appetite, make you feel more energetic, and help with some symptoms.

You might have steroids alone or in combination with other treatments, including chemotherapy or abiraterone (see page 4). Common steroids include dexamethasone, prednisolone and hydrocortisone.

Steroids can cause side effects. But a low dose is used to treat prostate cancer, so most men don't get many side effects and some don't get any. Before you start taking steroids, talk to your doctor or nurse about what to expect. You may have one or more of the following.

- Indigestion or tummy pain (caused by irritation of the stomach lining). Make sure you take steroids after a meal and ask your doctor about other medicines that could help.
- Feeling hungrier than usual (increased appetite). Try to eat a healthy, balanced diet to keep your weight under control (see page 8).
- Having more energy and a more active mind, which could make you feel irritable or anxious, or give you trouble sleeping. Try to take steroids before 4pm. Tell your doctor or nurse if you start to experience this.
- Swollen hands and feet (fluid retention).
- A slightly higher risk of getting infections. Avoid close contact with people who are ill. Make sure your vaccines are up-to-date. But check with your nurse or doctor about having 'live' vaccines, such as the shingles vaccine. Your immune system might not be strong enough to deal with a live vaccine. Non-live vaccines, such as the flu vaccine, are safe for people with weakened immune systems. Tell your GP if you have a high temperature or other signs of an infection.
- Bruising more easily.
- Raised blood sugar levels (hyperglycaemia). Tell your doctor if you need to urinate (wee) more often or feel very thirsty, as these can be signs of diabetes.
- Weakening bones (osteoporosis). You might need to take medicines or supplements, such as calcium and vitamin D.
- Eye conditions, such as glaucoma and cataracts.

Don't suddenly stop taking steroids as this could make you ill.

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

Radium-223

Radium-223 (Xofigo[®]) is a radiotherapy treatment offered to men with hormone-relapsed advanced prostate cancer that is causing bone pain. It has been found to help some men live longer. It can also reduce bone pain and delay some other symptoms.

Radium-223 is a type of internal radiotherapy called a radioisotope. A very small amount of radioactive liquid is injected into a vein in your arm. You will normally have an injection every four weeks, for up to six injections.

Radium-223 travels around the body in the blood and is drawn towards the bones that have been damaged by cancer. It collects in these parts of the bones and kills the cancer cells there. It doesn't damage many healthy cells, so it doesn't usually cause many side effects. Possible side effects include:

- feeling or being sick (nausea or vomiting)
- diarrhoea
- a drop in the number of blood cells, which can cause bruising or bleeding.

In England, Wales and Northern Ireland, you can only have radium-223 if you've already had chemotherapy, or if chemotherapy isn't suitable for you. In Scotland, you can have radium-223 before or after chemotherapy.

 Read more in our fact sheet, [**Radiotherapy for advanced prostate cancer**](#).

Oestrogen

Oestrogen is a type of hormone therapy that can be used to treat hormone-relapsed prostate cancer. It is usually offered to men who can't have other treatments. Oestrogen isn't used very often as a treatment, and may not be suitable if you have other health problems, such as heart disease. Oestrogen is a hormone that's naturally found in both men and women, but women usually produce more.

Oestrogen can be given as a tablet called diethylstilbestrol (Stilboestrol®). It can also be given via a patch that sticks to your skin like a plaster, but patches are only available in clinical trials at the moment. Oestrogen works by reducing the amount of testosterone made in the body. The side effects can be similar to the side effects of other types of hormone therapy. But oestrogen is less likely to cause bone thinning compared with other hormone therapies.

Read more in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.

Olaparib

Olaparib (Lynparza®) is a type of drug called a PARP inhibitor. It is offered to men with hormone-relapsed advanced prostate cancer. It can be taken in two ways:

- on its own in men who have a BRCA1 or BRCA2 gene mutation
- in combination with abiraterone and prednisolone or prednisone in men who can't or don't want to have chemotherapy.

Olaparib works by blocking the effect of a protein called PARP, which repairs damaged DNA in prostate cancer cells. Olaparib won't cure your prostate cancer. But it has been shown to help some men live longer, and delay some symptoms of advanced prostate cancer. Possible side effects include:

- anaemia (reduced number of red blood cells)
- feeling or being sick
- fatigue.

To find out more, visit **prostatecanceruk.org/olaparib**

Clinical trials and new treatments

A clinical trial is a type of medical research. It helps researchers and healthcare professionals find new and improved ways of preventing, screening, diagnosing, treating and managing health problems such as prostate cancer. Clinical trials often test new medicines, medical procedures or medical equipment.

There are clinical trials looking at new treatments for prostate cancer and different ways of using existing treatments. If you decide to take part in a clinical trial, you may be able to have a treatment that isn't widely available.

To find out about taking part in a clinical trial, ask your doctor or nurse, or speak to our **Specialist Nurses**. You can also read more on our website at **prostatecanceruk.org/clinical-trials**



Clinical trials gave us hope and my dad felt that he was doing some good too.

A personal experience

Other treatments to manage symptoms

If your prostate cancer has spread to your bones or other parts of your body, you may get symptoms such as pain. If the cancer inside your prostate is pressing on your urethra (the tube you urinate through), you may get urinary problems. There are treatments to help manage these symptoms. They are sometimes called palliative treatments.

These treatments include:

- pain-relieving drugs such as paracetamol, ibuprofen, codeine or morphine
- radiotherapy to slow the growth of the cancer and reduce symptoms
- drugs called bisphosphonates to strengthen your bones and help with bone pain
- medicines or surgery to make it easier to urinate.

Who will be involved in my treatment?

You may see different healthcare professionals depending on the treatment you have. For example, if you have chemotherapy, you may see an oncologist (a doctor who specialises in cancer treatments other than surgery) and a chemotherapy nurse. You may also see a pharmacist, who will check you're taking the right medicines at the right doses.

You may be offered a referral to community services, such as district nurses and palliative care nurses who can help you manage your symptoms. Read more about the different health and social care professionals you might see at prostatecanceruk.org/your-medical-team



Ask your doctor or nurse anything, including things that may seem small. This can save confusion later.

A personal experience

How will I know if my new treatment is working?

During and after your treatment, your doctor or nurse will check how well it is working. You might have regular tests, such as a PSA blood test, CT (computerised tomography) scan and bone scan. Your PSA level isn't always enough to know if your treatment is working. Your doctor will look at this and any other test results, and ask how you're feeling. If you're feeling better, this could be a sign that the treatment is working.

If the treatment isn't controlling your cancer, then you and your doctor can discuss which treatment to try next. Your doctor will explain the advantages and disadvantages of each treatment. One of the aims of further treatment is to improve your symptoms so that daily life is as good as

possible. But treatments can cause side effects too. At your check-up, it's important to tell your doctor about any symptoms or side effects. If you have symptoms or side effects between check-ups, tell your doctor or nurse as soon as possible.

Dealing with prostate cancer

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

Finding out about things you can do to help yourself can help you to feel more in control. Families can also find this a difficult time and they may need support and information too. They may want to read our booklet, **When you're close to someone with prostate cancer: A guide for partners and family**.

How can I help myself?

- **Look into your treatment options.** Ask your nurse or doctor about any side effects so you know what to expect and how to manage them.
- **Talk to someone.** Share what you're thinking – find someone you can talk to. It could be someone close to you, someone who's had prostate cancer or someone trained to listen, like a counsellor or your doctor or nurse.
- **Set yourself goals and things to look forward to.** Even if they're just for the next few weeks or months.
- **Look after yourself.** Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like breathing exercises or listening to music.
- **Healthy eating and keeping active.** A balanced diet and keeping active is good for your general health. It can also help you stay a healthy weight, which may be important for men with prostate cancer. If you start treatment in the future, a healthy lifestyle could also help with some of the side effects. Speak to your doctor or nurse before you start any new exercise. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

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

- **our sexual support service**, speak to one of our trained Specialist Nurses about sexual problems after treatment for prostate cancer.

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



Who else can help?

Your medical team

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

Trained counsellors

Counsellors are trained to listen and can help you find your own ways to deal with things. Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse if this is available. You can also refer yourself for counselling on the NHS website, or you could see a private counsellor. To find out more, visit www.nhs.uk/counselling or contact the British Association for Counselling & Psychotherapy.

Support groups

People affected by prostate cancer get together to share their experiences of living with it. Some groups also hold meetings online. You can ask questions, share worries and know that someone understands what you're going through. Many also welcome partners, friends and relatives. To find your local support group, please visit www.tackleprostate.org/supportgroups

Prostate Cancer UK services

We have a range of services to help you deal with prostate cancer, including:

- **our Specialist Nurses**, who can help with questions or worries in confidence
- **our one-to-one peer support service**, where we'll match you with a trained volunteer who understands your anxieties and uncertainties because they've been there themselves
- **our online community**, a place to ask questions or share experiences

Hospices

Your local hospice or community palliative care team can help you and your family with emotional, spiritual, practical and financial advice and support, as well as treatment to manage symptoms. Hospices aren't just for people at the end of their life. You can often use their services while living at home.

Spiritual support

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

Our other publications

If you have advanced prostate cancer, read more about possible symptoms and how to manage them in our other publications:

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

You can order and download publications from our website at prostatecanceruk.org/publications



Questions to ask your doctor or nurse

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

If my first hormone therapy has stopped working, what other treatments can I have?



Will I continue to have my first hormone therapy alongside my new treatment?

What are the advantages and disadvantages of the different treatments available?

What are the possible side effects of my new treatments? Is there anything that can help?

Are there any clinical trials I could take part in?

What treatments are there to manage symptoms, such as pain or tiredness?

If I need help or advice in the evenings or on weekends, who should I contact?

More information

British Association for Counselling & Psychotherapy

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

Information about cancer and clinical trials.

Health Experience Insights

www.hexi.ox.ac.uk

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

Hospice UK

www.hospiceuk.org

Telephone: 020 7520 8200

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

Macmillan Cancer Support

www.macmillan.org.uk

Telephone: 0808 808 0000

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

Maggie's

www.maggies.org

Telephone: 0300 123 1801

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

Marie Curie

www.mariecurie.org.uk

Telephone: 0800 090 2309

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

Tackle Prostate Cancer

www.tackleprostate.org

Support for people with prostate cancer and their loved ones, including support groups.

About us

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

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

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

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

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Tell us what you think

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

yourfeedback@prostatecanceruk.org



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

Donate today – help others like you

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

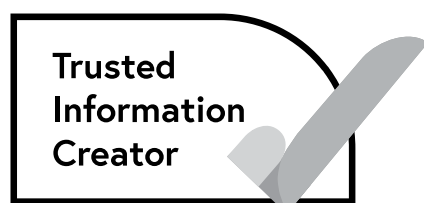
So, did this fact sheet help you? Do you want more men to get support just like this? Your donation can make this happen:

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

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

And there are so many other ways to support us too. From running, rowing and facial hair growing, to volunteering and campaigning for change. Head to prostatecanceruk.org/get-involved

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



Patient Information Forum

@Prostate Cancer UK @ProstateUK @ProstateCancerUK

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Call our Specialist Nurses from Monday to Friday 9am – 5pm, Wednesday 10am – 5pm

* Calls are recorded for training purposes only.

Confidentiality is maintained between callers and Prostate Cancer UK.

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