Hormone therapy

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

We describe the different types of hormone therapy, how they are used and the possible side effects.

Each hospital or GP surgery will do things slightly differently. Use this fact sheet as a general guide to what to expect and ask your doctor or nurse for more details about your treatment and the support available to you. You can also speak to our Specialist Nurses in confidence on 0800 074 8383.

This fact sheet does not have information about the new types of hormone therapy – abiraterone and enzalutamide. Read more about these in our Tool Kit fact sheet, Second-line hormone therapy and further treatment options.

Read more about dealing with the side effects of hormone therapy in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

How does hormone therapy treat prostate cancer?

Hormone therapy works by stopping the hormone testosterone from reaching prostate cancer cells.

Testosterone controls how the prostate gland grows and develops. It also controls male characteristics, such as erections, muscle strength, and the growth of the penis and testicles. Most of the testosterone in your body is made by the testicles. A small amount also comes from the adrenal glands which sit above your kidneys.

Testosterone doesn’t usually cause problems, but if you have aggressive prostate cancer, it can make the cancer cells grow faster. In other words, testosterone feeds the prostate cancer. If testosterone is taken away, the cancer will usually shrink, wherever it is in the body.
Hormone therapy alone won’t cure your prostate cancer but it can keep it under control, sometimes for several years, before you need further treatment. It is also used with other treatments, such as radiotherapy, to make them more effective.

Who can have hormone therapy?
Hormone therapy is an option for many men with prostate cancer, but it’s used in different ways depending on whether your cancer has spread. Speak to your doctor or nurse about your own treatment options.

Localised prostate cancer
If your cancer hasn’t spread outside the prostate gland (localised prostate cancer), you might have hormone therapy alongside your main treatment. Hormone therapy can make the prostate smaller, and make the cancer easier to treat.

- You might have hormone therapy before, during and after external beam radiotherapy.

- You might have it before permanent seed brachytherapy, and before and after temporary brachytherapy.

- You might have it before high intensity focused ultrasound (HIFU), although this is less common.

Hormone therapy is not usually suitable for you if you’re having surgery to remove the prostate (radical prostatectomy).

Read more about these treatments in our Tool Kit fact sheets.

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 along with radiotherapy. Some men might have hormone therapy on its own if radiotherapy isn’t suitable for them.

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

Hormone therapy treats prostate cancer 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.

Hormone therapy shrinks the cancer and slows down its growth, even if it has spread to other parts of the body. 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 had spread when you started treatment. It’s difficult for doctors to predict exactly how long it will keep your cancer under control. Speak to your doctor about your own situation.

Unsure about your diagnosis and treatment options?
If you have any questions about your diagnosis at any time, ask your doctor or nurse. They will explain your test results and talk you through your treatment options. Make sure you have all the information you need. We have more information about diagnosis in our Tool Kit fact sheet, How prostate cancer is diagnosed. You can also call our Specialist Nurses.

Prostate cancer that has come back
If your cancer has come back after treatment for localised or locally advanced prostate cancer, hormone therapy will be one of the treatments available for you. Read more in our booklet, Recurrent prostate cancer: A guide to treatment and support.
What types of hormone therapy are there?

There are three main types of hormone therapy for prostate cancer. These are:
- **injections or implants** to stop your testicles making testosterone
- **surgery**, called an orchidectomy, to remove the testicles, or the part of the testicles that makes testosterone
- **tablets** to block the effects of testosterone.

The type you have will depend on the stage of your cancer, any other treatments you’re having, and your own personal situation and preferences. You may have more than one type of hormone therapy at the same time.

**Injections or implants**

These work by stopping the message from the brain that tells the testicles to make testosterone. Prostate cancer cells need testosterone to grow.

The most common injection or implant is LHRH agonists (luteinizing hormone-releasing hormone agonists). You might be offered GnRH antagonists (gonadotrophin-releasing hormone antagonists), but they are used less often.

Injections or implants are as good at controlling prostate cancer as surgery to remove the testicles.

**LHRH agonists**

You might also hear these called GnRH agonists (not to be confused with GnRH antagonists – see next column).

LHRH agonists are the most common type of injection used. There are several different LHRH agonists available and they all work in the same way.

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.

You will have the injections at your GP surgery or local hospital – either once a month, once every three months, or once every six months, depending on the dose.

Some of the common LHRH agonist drugs are:
- goserelin (Zoladex® or Novgos®)
- leuprorelin acetate (Prostap®)
- triptorelin (Decapeptyl® or Gonapeptyl Depot®).

One type of LHRH agonist, called histrelin (Vantas®), is available as an implant. It’s inserted under the skin of your arm once a year. The doctor will numb your arm, make a small cut, and put the implant under the skin. They will give you some stitches and use surgical tape so the cut can heal. The implant releases a constant dose of the drug. It’s used less often than some of the other LHRH agonists.

Before you have your first injection of an LHRH agonist, you may have a short course of anti-androgen tablets (see page 4). This is to stop your body’s normal response to the first injection, which is to produce more testosterone. If you have advanced prostate cancer, this temporary surge in testosterone could make any symptoms you have worse for a short time – this is known as a flare. The anti-androgen tablets help to stop this flare from happening.

You will usually start taking the anti-androgen tablets a week or two before the first injection and continue taking them for a couple of weeks afterwards.

Some men have aches and pains when they start LHRH agonists. This isn’t a flare, but is caused by the lack of testosterone and the effect this has on the body.

**GnRH antagonists**

You may also hear these called GnRH blockers, or LHRH antagonists (not to be confused with LHRH agonists – see previous column).

There’s currently only one kind of GnRH antagonist available in the UK, called degarelix (Firmagon®). It may not be available in every hospital.

You will have an injection of degarelix just under the skin of your stomach area (abdomen) once a month. When you first start this treatment, you will have two injections on the same day.
Unlike LHRH agonists, degarelix does not cause a temporary rise in testosterone with the first treatment so you won’t need to take anti-androgen tablets. It starts to lower testosterone levels within the first day of treatment.

Read more in our Tool Kit fact sheet, Hormone therapy drug: degarelix (Firmagon®).

Surgery to remove the testicles (orchidectomy)
An orchidectomy is an operation to remove the testicles, or the parts of the testicles that make testosterone. It’s used less often than other types of hormone therapy.

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

Surgery can’t be reversed so it’s usually only offered to men who need long-term hormone therapy.

If you’re thinking about having an orchidectomy, your doctor may suggest trying injections or implants (see page 3) for a while first to see how you deal with the side effects of lowered testosterone levels.

Short-term side effects include swelling and bruising of the scrotum (the skin containing the testicles). See page 6 for information about longer-term side effects.

Some men find the thought of having an orchidectomy upsetting, and worry about how they’ll feel about themselves afterwards. If you don’t want to have an orchidectomy, you can always have a different type of hormone therapy instead. If you’re thinking about having an orchidectomy, speak to your doctor about any concerns you might have.

Tablets to block the effects of testosterone (anti-androgens)
Anti-androgens stop testosterone reaching the prostate cancer cells. They’re taken as a tablet. They can be used:
• on their own
• before having injections or implants
• together with injections or implants
• after surgery to remove the testicles (orchidectomy).

Ask your doctor how long you will need to take anti-androgens for.

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.

Anti-androgens may be less effective than other types of hormone therapy at controlling cancer that has spread to other parts of the body (advanced prostate cancer). If you have advanced prostate cancer and don’t want the sexual side effects of hormone therapy, speak to your doctor about whether anti-androgens might be an option for you.

There are several different anti-androgens, including:
• bicalutamide (for example Casodex®)
• flutamide
• cyproterone acetate (for example Cyprostat®).

What are the advantages and disadvantages of hormone therapy?
An advantage for one person might not be for someone else. If you’re offered hormone therapy, speak to your doctor or nurse before deciding whether to have it – they’ll be able to help you weigh up the pros and cons. There’s a list of questions on page 10 which you might find helpful.
Advantages
- Hormone therapy is an effective treatment for 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.

Disadvantages
- It can cause side effects that might have a big impact on your daily life (see page 6).
- Used by itself, hormone therapy won’t cure the cancer, but it can keep it under control, sometimes for several years.

What does treatment involve?
You will have treatment at the hospital or your GP surgery. You will also have regular PSA blood tests to check how well your treatment is working. Ask your doctor or nurse how often you will have a PSA test.

If 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 if your PSA level falls. This is because the hormone therapy is controlling the cancer and if you stop having it, the cancer might grow more quickly.

Tell your doctor, nurse or GP about any side effects from your treatment, or any symptoms.

The PSA test
The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is a protein produced by normal cells in your prostate, and also by prostate cancer cells.

The PSA test is used to help diagnose prostate cancer. It is also used to monitor it once you’ve had treatment.

Intermittent hormone therapy
If you are on life-long hormone therapy and having problems with side effects, you might be able to have intermittent hormone therapy. This involves stopping treatment when your PSA level is low and stable, and starting treatment again when your PSA starts to rise. Some of the side effects may improve while you’re not having treatment, but it can take several months for the side effects to wear off. Read more in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

What happens next?
If you have hormone therapy alongside another treatment, speak to your doctor or nurse about how long you will have it for. After hormone therapy finishes, the side effects should gradually reduce – this may take several months (see page 6). You will have regular appointments to check how well your treatment is working. For more information, read our booklet, Follow-up after prostate cancer treatment: What happens next?

If you have advanced prostate cancer, hormone therapy is likely to be a life-long treatment. Your hormone therapy may keep your cancer under control for several months or years. But over time the behaviour of the cancer cells may change and your cancer might start to grow again.

Although the prostate cancer is no longer responding as well to one type of hormone therapy, it may still respond to other types of hormone therapy or a combination of treatments.
There are also other treatments you might be able to have if your cancer is no longer responding so well to your hormone therapy. These include chemotherapy, and new types of hormone therapy, such as abiraterone (Zytiga®) and enzalutamide (Xtandi®). Read more about these and other treatments available in our Tool Kit fact sheet, Second-line hormone therapy and further treatment options.

What are the side effects?

Like all treatments, hormone therapy can cause side effects.

It may seem like there are a lot of side effects, but you might not get all of them. Hormone therapy affects men in different ways. Some men have few side effects or don’t get any at all. You may notice you start to get some side effects soon after starting hormone therapy, but this will vary from man to man.

Before you start treatment, make sure you talk to your doctor or nurse about the side effects, or call our Specialist Nurses. Knowing what to expect can help you deal with them.

There are treatments and support to help manage side effects. Some men find that 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 are having hormone therapy alongside another treatment, you might get side effects from that treatment as well.

How long will side effects last?
The side effects of hormone therapy are caused by lowered testosterone levels. They will usually last for as long as you’re on hormone therapy. If you stop your hormone therapy, your testosterone levels will gradually rise again and the side effects should improve. This may take several months – your side effects won’t stop as soon as you finish hormone therapy.

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

If you have any concerns about your side effects or if you get any new symptoms while you are having treatment, speak to your doctor or nurse, or call our Specialist Nurses.

We have described the most common side effects of hormone therapy here. For more detailed information about these side effects and ways to manage them, read our booklet, Living with hormone therapy: A guide for men with prostate cancer.

Hot flushes
Hot flushes are a common side effect of hormone therapy. Up to eight out of ten men on hormone therapy get them. They can be similar to the hot flushes women get when they’re going through the menopause. They can vary from a few seconds of feeling too hot to a few hours of sweating that can cause discomfort or stop you from sleeping.

There are things that can help manage hot flushes, including lifestyle changes, drug treatments and complementary therapies.

Changes to your sex life
Hormone therapy can affect your sex life in different ways.

• It can change your desire for sex (libido) and may mean you have much less interest in sex.
• It can cause problems getting and keeping an erection (erectile dysfunction).
• It can make your penis shorter and your testicles smaller.
• You may produce less semen and have less intense orgasms.
There are different treatments available for erection problems for men on hormone therapy. These include vacuum pumps, injections, pellets, and surgical implants. You can read more about these treatments and ways to manage sexual problems in our booklet, *Prostate cancer and your sex life*.

**Tiredness (fatigue)**
Hormone therapy can cause tiredness or fatigue. Some men experience tiredness that affects their everyday life. Fatigue can affect your energy levels, your motivation and your emotions.

There are things you can do to help manage fatigue, including being physically active, and planning your day to make the most of when you have more energy. Read more in our booklet, *Living with and after prostate cancer: A guide to physical, emotional and practical issues*.

Our telephone support service, Get back on track, can help you manage your fatigue. Call our Specialist Nurses or visit our website at prostatecanceruk.org to find out more.

**Weight gain**
You might notice that you put on weight, particularly around the waist. Some men find this difficult to cope with, especially if they have never had any problems with their weight in the past.

Physical activity and a healthy diet might help. Read more in our Tool Kit fact sheet, *Diet, physical activity and prostate cancer*.

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

Regular gentle resistance exercise may help to reduce muscle loss and keep your muscles strong. Resistance exercise includes fast walking, swimming and exercising with small weights. Read more in our Tool Kit fact sheet, *Diet, physical activity and prostate cancer*.

**Breast swelling and tenderness**
Hormone therapy may cause swelling (gynaecomastia) and tenderness in the chest area. The amount of swelling can vary from a small amount of swelling to a more noticeably enlarged breast. Tenderness can affect one or both sides of the chest and can range from mild sensitivity to ongoing pain.

Breast swelling is more common in men who are having anti-androgens on their own than with other types of hormone therapy.

There are treatments that can help reduce your risk of breast swelling and tenderness, or treat it. These include treating the breast area with a single dose of radiotherapy, a course of tablets, or sometimes surgery.

**Loss of body hair**
Some men find they lose their body hair while they’re on hormone therapy. This is because body hair is linked to the production of testosterone. It should grow back if you stop hormone therapy.

**Bone thinning**
Testosterone helps to keep bones strong. Long-term hormone therapy can cause your bones to gradually get thinner and weaker. Anti-androgens are less likely to cause bone thinning than other types of hormone therapy.

Your bones may become weaker the longer you’re on hormone therapy. If bone thinning is severe, it can lead to a condition called osteoporosis which increases your risk of broken bones (fractures).

There are a number of lifestyle changes such as physical activity and changes to your diet that may help. Read more in our Tool Kit fact sheet, *Diet, physical activity and prostate cancer*.
**Risk of diabetes, heart disease and stroke**
Hormone therapy may slightly increase your risk of diabetes, heart disease and stroke. You might be able to reduce your risk by making lifestyle changes, such as eating a healthy diet, cutting down on alcohol, being physically active, and stopping smoking.

Read more about healthy eating and physical activity in our Tool Kit fact sheet, *Diet, physical activity and prostate cancer.*

**Memory and concentration**
Some studies have shown that hormone therapy can affect your memory and ability to concentrate. But we don’t know for sure whether this is caused by the hormone therapy or by something else, such as feeling tired.

Whatever the cause, problems with memory and concentration can be very frustrating. But there are things you can do which might help. Read more in our booklet, *Living with hormone therapy: A guide for men with prostate cancer.*

**Changes to your mood**
Hormone therapy can affect your mood. You may find that you feel more emotional than usual or just ‘different’ to how you felt before. Some men get mood swings, such as feeling tearful then angry. Just knowing that hormone therapy might be causing this can help.

Some men may have anxiety or depression. This might be because of the hormone therapy, or it could be a response to having prostate cancer, or the impact that treatment can have on your life. Being depressed doesn’t always mean feeling low. Some men find they get angry more easily, start drinking more or stop taking care of themselves. If you recognise these kinds of changes in yourself, there are things that can help, so speak to your nurse or GP.

There’s more about things you can do and the support available in the next section. Read more about ways to manage mood changes, anxiety and depression in our booklet, *Living with hormone therapy: A guide for men with prostate cancer.*

**Dealing with prostate cancer**
If you’re dealing with prostate cancer, you might get scared, worried, stressed or even angry. You might feel helpless. On the other hand, some men say that having prostate cancer changes the way they think and feel about life.

At times, lots of men affected by prostate cancer get these kinds of thoughts and feelings. But there’s no ‘right’ way that you’re supposed to feel, and everyone reacts in their own way.

There are things you can do to help yourself and there are people who can help. Your partner and family may also need support in emotional and practical ways. This information could also be useful for them.

**How can I help myself?**
- Find out about your treatment, so you know what to expect and what your options are.
- Find out about the side effects so that you know what’s going on, what to expect, and things you can try to manage them.
- Be as active as you can. Physical activity can lift your mood.
- Think about what you eat. Some men find they manage better by aiming for a healthy, balanced diet.
- Unload what’s going around in your head – find someone you can talk to. It could be someone close, or someone trained to listen, like a counsellor or your medical team.
- Take time out to look after yourself. When you feel up to it, learn some techniques to manage stress and to relax – like listening to music or breathing exercises.
- Set yourself goals and things to look forward to – even if they are just for the next few weeks or months.
- Find more strategies in our booklet, *Living with and after prostate cancer: A guide to physical, emotional and practical issues.*
Who can help?
Our Specialist Nurses
Our Specialist Nurses can answer your questions, help explain your diagnosis and go through treatment options with you. They’ve got time to listen to any concerns you or those close to you have about living with prostate cancer. Everything is confidential. To get in touch:
- call our Specialist Nurses on 0800 074 8383
- email from our website at prostatecanceruk.org (click ‘We can help’).

Your medical team
It could be useful to speak to your nurse, doctor, GP or someone else in your medical team. They can help you understand your diagnosis, treatment and side effects. They can also 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 to find your own answers and ways to deal with things. Many hospitals have counsellors or psychologists in their team who are specialists in helping people with cancer. Your doctor or nurse at the hospital will be able to let you know if this is available.

There are different types of counselling available. Your GP may be able to refer you to a counsellor, or you can see a private counsellor. To find out more contact the British Association for Counselling & Psychotherapy.

Our one-to-one support service
Our one-to-one support service offers a chance to speak to a man who’s been there and understands what you’re going through. They can share their experiences and listen to yours. You could discuss treatment options, dealing with side effects, or telling people about your cancer – whatever’s important to you.

We have volunteers who have had hormone therapy, and our Specialist Nurses will try to match you with a trained volunteer with similar experiences. Family members can also speak to partners of men with prostate cancer.
To arrange it:
- call our Specialist Nurses on 0800 074 8383
- visit our website at prostatecanceruk.org (click ‘We can help’).

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. It’s a place to deal with prostate cancer together. Lots of men use their real names on the forum, but you don’t have to. You can keep it anonymous.

Sign up on our website at prostatecanceruk.org (click ‘Online community’).

Local support groups
At local support groups men get together to share their experiences of living with prostate cancer. You can ask questions, offload worries and know that someone understands what you’re going through. Some groups have been set up by local health professionals, others by men themselves. Many also welcome partners, friends and relatives. To find a local group:
- visit our website at prostatecanceruk.org (click ‘We can help’)
- ask your nurse
- call our Specialist Nurses on 0800 074 8383.

Our fatigue support service
Get back on track could help you manage your fatigue so you can do the things you want to do. It’s a ten-week telephone service delivered by our Specialist Nurses. To find out more:
- call our Specialist Nurses on 0800 074 8383
- visit our website at prostatecanceruk.org (click ‘We can help’).
Questions to ask your doctor or nurse

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

What is the aim of treatment?

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

How long will my treatment be monitored for?

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

What are the possible side effects?

How long might the side effects last?

What other treatments are available if my cancer starts to grow again?

What will happen if I decide to stop my treatment?

Are there any clinical trials that I could take part in?
More information

**British Association for Counselling & Psychotherapy (BACP)**
www.itsgoodtotalk.org.uk
Telephone: 01455 883300
Information about counselling and details of therapists in your area.

**CancerHelp UK**
www.cancerhelp.org.uk
Nurse helpline: 0808 800 4040
Patient information from Cancer Research UK.

**College of Sexual and Relationship Therapists (COSRT)**
www.cosrt.org.uk
Telephone: 020 8543 2707
Information about sexual and relationship therapy, and details of accredited therapists.

**Macmillan Cancer Support**
www.macmillan.org.uk
Helpline: 0808 808 00 00
Practical, financial and emotional support for people with cancer, their family and friends.

**Maggie’s Centres**
www.maggiescentres.org
Telephone: 0300 123 1801
A network of drop-in centres for cancer information and support. Includes an online support group.

**Penny Brohn Cancer Care**
www.pennybrohncancercare.org
Helpline: 0845 123 23 10
Runs courses and offers physical, emotional and spiritual support for people with cancer and those close to them.

**Sexual Advice Association**
www.sda.uk.net
Helpline: 020 7486 7262
Treatment information for erection difficulties and other sexual problems.

About us

Prostate Cancer UK fights to help more men survive prostate cancer and enjoy a better life.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an A-Z of medical words, which explains some of the words and phrases used in this fact sheet.

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

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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, 40,000 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/donations 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