External beam radiotherapy

In this fact sheet:
- How does radiotherapy work?
- Who can have radiotherapy?
- What types of radiotherapy are there?
- What are the advantages and disadvantages?
- What does treatment involve?
- What happens next?
- What are the side effects?
- Dealing with prostate cancer
- Questions to ask your doctor, nurse or radiographer
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This fact sheet is for men who have been offered external beam radiotherapy to treat their prostate cancer. Your partner, family or friends might also find it helpful.

External beam radiotherapy is radiation directed at the prostate from outside the body. In this fact sheet we talk about how this type of radiotherapy can be used to try to get rid of your prostate cancer.

It can also be used to relieve symptoms caused by prostate cancer that has spread to other parts of the body (advanced prostate cancer). But you can read about this in our fact sheet, Radiotherapy for advanced prostate cancer.

Each hospital will do things slightly differently, so use this fact sheet as a general guide. Ask your doctor, nurse or radiographer (a health professional who carries out radiotherapy) 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.

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 work?
The aim of radiotherapy is to destroy prostate cancer cells without causing too much damage to healthy cells. External beam radiotherapy involves directing high-energy X-ray beams at the prostate from outside the body. These beams damage the cells and stop them from dividing and growing. Cancer cells can’t recover from this damage and die, but healthy cells can repair themselves more easily.

Radiotherapy treats the whole prostate, and sometimes the area around it. It aims to treat all the cancer cells, including any that have
spread to the area just outside the prostate. The treatment is painless but it can cause side effects (see page 6).

You may have radiotherapy to a wider area, including the nearby lymph nodes, if there is a risk that the cancer has spread there. Lymph nodes are part of your immune system and are found throughout your body. The lymph nodes in your pelvic area are a common place for prostate cancer to spread to. Because a larger area is treated, you might be more likely to get side effects.

Talk to your doctor, nurse or radiographer about your treatment and possible side effects.

Who can have radiotherapy?
External beam radiotherapy can be suitable for men with:

- cancer that hasn’t spread outside the prostate – localised prostate cancer
- cancer that has spread to the area just outside the prostate – locally advanced prostate cancer.

If your cancer has spread outside the prostate to other parts of the body (advanced or metastatic prostate cancer), you may be offered radiotherapy to help with symptoms such as bone pain. Radiotherapy can also help slow the growth of the cancer. Read more in our fact sheet, Radiotherapy for advanced prostate cancer.

Radiotherapy might not be an option if you have bowel problems such as Crohn’s disease or ulcerative colitis. Talk to your doctor or nurse about which treatments are suitable for you.

Radiotherapy for localised prostate cancer
If you’re having radiotherapy for localised prostate cancer you might also have some hormone therapy for a few months before treatment. Hormone therapy can shrink the prostate and the cancer inside it, making the cancer easier to treat. It can begin up to six months before your radiotherapy, and may continue during and after treatment. If your cancer is more likely to spread, you may continue to have hormone therapy for up to three years. Read more in our fact sheet, Hormone therapy.

If there’s a risk that your cancer could spread outside the prostate, you might also be offered a type of internal radiotherapy called high dose-rate (HDR) brachytherapy alongside your treatment. This involves giving a high dose of radiotherapy directly into your prostate using thin tubes that are passed through your perineum (the area between the testicles and the back passage).

Having both types of radiotherapy together means you will get high doses of radiation to the whole prostate as well as to the area just outside it. This can help make the treatment more effective but it might also mean you’re more likely to get side effects from treatment. Read more in our fact sheet, High dose-rate brachytherapy.

Other treatment options
Other treatment options for men with localised prostate cancer include:

- active surveillance
- watchful waiting
- surgery to remove the prostate (radical prostatectomy)
- brachytherapy (low dose-rate and high dose-rate).

You might also be offered high-intensity focused ultrasound (HIFU) or cryotherapy. These are newer than some of the other treatments for prostate cancer, so we don’t know as much about how well they work and the risk of side effects in the long term. Because of this, they’re only available in specialist centres in the UK or as part of a clinical trial.

You can read about all these treatments in our other fact sheets.

Radiotherapy for locally advanced prostate cancer
External beam radiotherapy combined with hormone therapy is the standard treatment for men with locally advanced prostate cancer.
Your doctor might also offer you high dose-rate brachytherapy alongside radiotherapy and hormone therapy. Read more in our fact sheet, **Locally advanced prostate cancer**.

**Other treatment options**

Other treatment options for men with locally advanced prostate cancer include:
- hormone therapy alone
- watchful waiting
- surgery (radical prostatectomy).

A small number of men may be offered high dose-rate brachytherapy on its own, but this isn’t very common.

You can read about all these treatments in our other fact sheets.

**Radiotherapy after other treatments for prostate cancer**

Radiotherapy can be an option if your cancer has come back after surgery (called salvage or second-line radiotherapy). It may also be possible after HIFU or cryotherapy. Read our booklet, *If your prostate cancer comes back: A guide to treatment and support* for more information on treating cancer that has come back.

Researchers are also looking at the benefits of giving radiotherapy very soon after surgery, to men with a higher chance of their prostate cancer coming back. Giving radiotherapy immediately after surgery is called adjuvant radiotherapy.

**What types of radiotherapy are there?**

There are two common types of external beam radiotherapy:
- 3-dimensional conformal radiotherapy (3D-CRT)
- intensity modulated radiotherapy (IMRT).

You may also hear about image guided radiotherapy (IGRT). This is used as part of all radiotherapy treatments. Taking images of the prostate before your treatment allows your radiographer to make small changes to the area that is going to be treated so that the surrounding healthy tissue gets as little radiation as possible. IGRT also makes sure the whole prostate is treated.

**3D conformal radiotherapy (3D-CRT)**

With 3D-CRT, a computer uses the scans from your radiotherapy planning session to map the location of your prostate, as well as its size and shape. The radiotherapy machine gives beams of radiation that match the shape of the prostate as closely as possible. This helps to avoid damaging the healthy tissue around it, reducing the risk of side effects.

**Intensity modulated radiotherapy (IMRT)**

With IMRT, the radiation beams are also mapped to the size, shape and position of the prostate. But the strength of the radiation can also be controlled so that different areas get a different dose. This means a higher dose of radiation can be given to the prostate, without causing too much damage to the surrounding tissue.

Some hospitals offer 3D-CRT and others IMRT. Both of these are effective ways of treating prostate cancer. Ask your doctor or radiographer which type of radiotherapy you’re being offered.

**Other types of radiotherapy**

**Stereotactic radiotherapy**

Stereotactic radiotherapy, also known as stereotactic ablative radiotherapy (SABR), is a newer type of radiotherapy. It is a very precise treatment which means the cancer itself gets a high dose of radiation, while the surrounding tissue gets less. It may also mean you need
fewer treatment sessions. Cyberknife is an example of stereotactic radiotherapy. It delivers many thin beams of low-dose radiation from different angles that all target the cancer.

At the moment, stereotactic radiotherapy for prostate cancer is only available as part of a clinical trial. Speak to your doctor, nurse or radiographer if you’re interested in it.

A clinical trial is a type of medical research that aims to find new and improved ways of preventing, diagnosing, treating and managing illnesses. There are clinical trials looking into the best ways of using radiotherapy to treat prostate cancer.

To find out about taking part in a clinical trial, ask your doctor or nurse. You can also read more in our fact sheet, A guide to prostate cancer clinical trials, or speak to our Specialist Nurses.

What are the advantages and disadvantages?

Advantages
- You can usually carry on with many of your normal activities while having treatment.
- Radiotherapy can be an option even if you’re not fit or well enough for surgery.
- Radiotherapy is painless, but you might find the treatment position slightly uncomfortable.
- Daily treatment sessions only last 10 to 20 minutes, including the time it takes to get you into position.
- You don’t need to stay in hospital overnight.

Disadvantages
- You will need to go to a specialist hospital for treatment five days a week for several weeks. This might be difficult if you need to travel far.
- Radiotherapy can cause side effects such as bowel, urinary and erection problems, as well as tiredness and fatigue.
- It may be some time before you know whether the treatment has been successful.
- If you have radiotherapy as your first treatment and your cancer comes back or spreads, surgery might not be possible.

What may be an advantage for one person might not be for someone else. If you’re offered external beam radiotherapy, speak to your doctor, nurse or radiographer before deciding whether to have it. They’ll be able to help you decide whether it’s the right option for you. There’s a list of questions on page 13 which you might find helpful. Ask about any other treatments that might be available.

There’s usually no rush to make a decision, so give yourself time to think about whether radiotherapy is right for you.

I was able to continue working throughout my treatment, although I got tired quickly. I had some side effects but nothing I couldn’t cope with.

A personal experience

What does treatment involve?
Your treatment will be given at a hospital radiotherapy department. You’ll see a specialist doctor who treats cancer with radiotherapy, known as a clinical oncologist. You may also see a specialist nurse and a specialist radiographer. They’ll talk to you about your treatment plan and ways to manage any side effects.
Before treatment

Radiotherapy planning session
A week or two before your treatment, you’ll have a planning session. This is to make sure the radiographers know the exact position, size and shape of your prostate. It will help them make sure the radiotherapy is aimed at your prostate and that the surrounding areas get as little radiation as possible.

- You’ll have a CT (computerised tomography) scan, and possibly an MRI (magnetic resonance imaging) scan.

- Your radiographer will make three very small permanent marks (tiny tattoos) on your skin. This will help to get you into the right position when you go for each treatment.

- At some radiotherapy departments, you may have three or four gold seeds, called fiducial markers, put inside the prostate. These are about the size of a grain of rice. An ultrasound probe is put into your back passage (rectum) and the seeds are passed through the probe using a hollow needle. The seeds show up on X-ray images and help the radiographer see the exact position of the prostate each day.

- Your radiographer will let you know how full or empty your bladder and bowel should be during treatment. This helps to make sure your radiographer treats the right area each time.

Anti-oxidants and radiotherapy
Talk to your doctor or nurse if you take anti-oxidant supplements. Although anti-oxidants are thought to stop or delay some types of cell damage, some research suggests that anti-oxidants might protect the cancer cells from radiotherapy. This means that anti-oxidants might make radiotherapy less effective. We need more research to understand the risks or benefits.

During treatment
You will have one treatment (known as a fraction) at the hospital five days a week with a rest over the weekend. You can go home after each treatment.

Treatment normally lasts between seven and eight weeks. In some radiotherapy departments you may be offered a shorter course (see below).

At the beginning of each treatment, the radiographer will help you get into the exact same position you were in at your planning session. They’ll use the marks made on your body as a guide and may also take a scan.

The treatment then starts and the machine moves around your body. It doesn’t touch you and you won’t feel anything. You’ll need to keep very still, but the treatment only takes a few minutes. The whole session lasts 10 to 20 minutes, including the time it takes to get you into position.

It’s safe for you to be around other people, including children and pregnant women, during your course of radiotherapy. The radiation doesn’t stay in your body so you won’t give off any radiation.

Radiotherapy affects each man differently, but many men are able to carry on with their normal day-to-day activities. You may be fine to continue to work while having radiotherapy, or you may find it tiring and need time off work. If you have any questions, speak to your doctor, nurse or radiographer, or call our Specialist Nurses.

When I went for my radiotherapy, I met the same patients every day and the atmosphere was like a club with plenty of drinking (water) and chatting.

A personal experience
Shorter courses of radiotherapy
Researchers are looking at different ways of giving a slightly lower dose of radiotherapy over a shorter time, using fewer but higher doses of radiotherapy at each treatment session. This means a course of radiotherapy lasts four weeks rather than seven. This is called hypo-fractionation.

What happens next?

After you’ve finished your radiotherapy, you will have regular check-ups to monitor your progress. This is often called follow-up. The aim is to:
• check how your cancer has responded to treatment
• help you deal with any side effects of treatment
• give you a chance to raise any concerns or ask any questions.

Your follow-up appointments will usually start two or three months after treatment. You will then have appointments every three to six months. Three years after your treatment, you may have appointments less often. Each hospital will do things slightly differently, so ask your doctor or nurse for more details about how often you will have follow-up appointments.

PSA test
The PSA test is a blood test that measures the amount of a protein called prostate specific antigen (PSA) in your blood. You will usually have a PSA test a week or two before your appointment, so the results are available at your check-up. This can often be done at your GP surgery. PSA tests are a very effective way of checking how well your treatment has worked.

After treatment, your PSA should start to drop. Your PSA level won’t fall to zero as your healthy prostate cells will continue to produce some PSA. How quickly your PSA levels drop, and how low they fall, will depend on whether you had hormone therapy alongside radiotherapy. If you had radiotherapy on its own, it may take 18 months to two years for your PSA level to fall to its lowest level (nadir).

Your PSA level may actually rise after your treatment is finished, and then fall again. This is called ‘PSA bounce’. It could happen up to three years after treatment. It is normal, and doesn’t mean your cancer has come back.

If your PSA level rises by 2 ng/ml or more above its lowest level, or if it rises for three or four PSA tests in a row, this could be a sign that your cancer has come back. Your doctor will continue to check your PSA level and will talk to you about further tests and treatment options.

Read more in our booklet, Follow-up after prostate cancer treatment: What happens next?

Treatment options after radiotherapy
If your cancer does come back, there are further treatments available. You may be offered hormone therapy to control your cancer, or you may be offered a treatment that aims to get rid of your cancer.

Treatments that aim to get rid of your cancer after your cancer has come back are called salvage treatments. After radiotherapy these may include surgery, high-intensity focused ultrasound (HIFU), or cryotherapy. There is no standard or best treatment after radiotherapy – your treatment options will depend on you and your cancer. For example, surgery can be difficult after radiotherapy because radiotherapy changes the prostate tissue and makes it harder for a surgeon to remove the prostate.

Having these treatments may have a higher risk of side effects than if used as a first treatment. More research is also needed to look at how well treatments after radiotherapy work in the long term.

Ask your doctor which treatments might be suitable for you. Read more in our booklet, If your prostate cancer comes back: A guide to treatment and support.
What are the side effects?

Like all treatments for prostate cancer, radiotherapy can cause side effects. These will affect each man differently, and you might not get all of the possible side effects. Before you start treatment, talk to your doctor, nurse or radiographer about the side effects. Knowing what to expect can help you deal with them.

Side effects happen when the healthy tissue near the prostate is damaged by radiotherapy. Most healthy cells recover so side effects may only last a few weeks or months. But some side effects can start months or years after treatment. These can become long-term problems.

If you have hormone therapy as well as radiotherapy, you may also get side effects from the hormone therapy. Read more in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

If you’ve already had treatment for prostate cancer such as surgery, and are experiencing side effects, then having radiotherapy afterwards can make those side effects worse or last longer. Radiotherapy may also cause other side effects.

The most common side effects of radiotherapy are described here.

**Short-term side effects**

**Urinary problems**

Radiotherapy can irritate the lining of the bladder and the urethra (the tube men urinate and ejaculate through). Symptoms can include:
- needing to urinate often, including at night
- a sudden urge to empty your bladder
- a burning feeling when you urinate
- difficulty urinating (urine retention)
- blood in your urine.

You might also leak urine (urinary incontinence) after radiotherapy, but this is less common. This may be more likely if you’ve previously had an operation called a transurethral resection of the prostate (TURP) for an enlarged prostate.

Urinary problems tend to start mid way through your treatment and may begin to improve two to three weeks after treatment finishes. Some men continue to have side effects for several months. If you get any urinary problems, tell your doctor, nurse or radiographer. There are treatments to manage them, as well as things you can do to help yourself. Read more in our fact sheet, Urinary problems after prostate cancer treatment.

At first I didn’t have any side effects, but by week four it was getting harder to pee and a bit uncomfortable. The specialist nurse got me treatment to help.

A personal experience

**Bowel problems**

Your bowel and back passage (rectum) are close to the prostate. Radiotherapy can irritate the lining of the bowel and rectum (called proctitis) – which can cause bowel problems. Before you start radiotherapy, tell your doctor if you’ve had any bowel problems in the past as this could mean you’re more likely to get bowel problems.

Symptoms vary from man to man, and some men notice a slight change rather than a problem. Common bowel problems can include:
- loose and watery bowel movements (diarrhoea)
- passing more wind than usual
- needing to empty your bowels more often, or having to rush to the toilet
- leaking a clear, jelly-like mucus from your back passage
- feeling an urge to empty your bowels, but then not being able to
- a feeling that your bowels haven’t emptied properly
- pain in your abdomen (stomach area) or back passage
- bleeding from your back passage – this isn’t usually something to worry about, but let your doctor, nurse or radiographer know if it happens
- leaking from your back passage (faecal incontinence) – this is rare.
Bowel problems usually start during or shortly after your treatment and may begin to settle down a few weeks after finishing treatment. Some men may find that some of their side effects last longer.

Tell your doctor, nurse or radiographer about any changes in your bowel habits. There are often things you can do to help yourself and simple treatments available, such as medicines to control diarrhoea.

“I had no side effects for the first few days but towards the end of treatment it became a case of when I had to go, I needed to go straight away.”
A personal experience

If you’re gay, bisexual or a man who has sex with men, and are the receptive partner (‘bottom’) during anal sex, then bowel problems after radiotherapy may affect your sex life. You may need to wait until any problems or sensitivity have settled before having anal sex. Find out more about side effects of prostate cancer treatment and how they may affect your sex life in our booklet, Prostate facts for gay and bisexual men.

Problems with ejaculation
You may find ejaculation uncomfortable and notice that you produce less semen during and after treatment. You may have a ‘dry orgasm’, where you feel the sensation of orgasm but don’t ejaculate. This may feel different to the orgasms you’re used to.

Skin irritation and hair loss
During treatment, the skin between your legs and near your back passage may become sore – but this is rare. Your radiographer will talk to you about how to look after your skin during treatment. Radiotherapy might also make some of your pubic hair fall out. But it usually grows back after treatment.

If you’re worried about any of these side effects, speak to your doctor, nurse or radiographer. You can also call our Specialist Nurses.
**Long-term or late side effects**

Sometimes side effects can develop much later – several months, or even years, after finishing treatment. If this happens, then these side effects can last a long time.

Talk to your doctor or nurse about your own risk of long-term side effects. You might be more likely to get them if:

- you’re older
- you have diabetes
- you’ve had bowel or prostate surgery in the past
- you’ve had bladder, bowel or erection problems in the past.

**Urinary problems**

If you had urinary problems during treatment, you may be more likely to develop problems later on. These may be similar to the short-term side effects (see page 7).

Radiotherapy can cause the urethra to become narrow over time – this is called a stricture. This is more likely if you have brachytherapy combined with external beam radiotherapy. If this happens you will find it difficult to urinate. Symptoms can include:

- feeling that your abdomen (stomach area) is swollen
- feeling that you’re not emptying your bladder fully
- a weak flow when you urinate.

Speak to your doctor or nurse if you get any of these symptoms.

Read more in our fact sheet, **Urinary problems after prostate cancer treatment**, or call our Specialist Nurses.

**Bowel problems**

Although bowel problems often improve once treatment has finished, some men will find that changes to their bowel habits last a lot longer.

Bowel problems can develop months or years after treatment and may be similar to the short-term side effects (see page 7). If you had bowel problems during treatment, you may be more likely to develop problems later on.

Try not to be embarrassed to tell your hospital doctor or your GP about any bowel problems. There are treatments that can help. Bowel problems can be common in older men, so it’s possible that they’re caused by something other than radiotherapy. Your hospital doctor or your GP can arrange tests to find out what’s causing the problems, or they may refer you to a bowel specialist.

If you have long-term bowel problems, you might be offered a test called a flexible sigmoidoscopy. This is where a narrow tube with a camera on the end is put into your back passage to check for any damage to the bowel.

I didn’t have many side effects during treatment, but six months later I had diarrhoea and some bleeding from the back passage.

A personal experience

Researchers have been looking at whether smoking increases the chance of having long-term bowel and urinary problems after radiotherapy for prostate cancer. At the moment only a small number of studies have been done, so we need more research into this. If you’re thinking of stopping smoking there’s lots of information and support available.

**Erection problems**

Radiotherapy can cause problems getting or keeping an erection (erectile dysfunction). Other treatments for prostate cancer such as hormone therapy, other health problems, certain medicines, tiredness and fatigue, and depression or anxiety can all cause erection problems.

Erectile dysfunction caused by radiotherapy often takes a while to appear and it can be up to two years before you notice any problems. Erection problems can also get worse over time.
There are lifestyle changes you can make, as well as treatments that may help you manage erection problems or sometimes prevent them. These often work best if you start them soon after radiotherapy. Talk to your doctor, nurse or radiographer to find out more. Read our booklet, Prostate cancer and your sex life for more information about treating erection and other sexual problems, and practical tips to help with your sex life.

**Having children**
Radiotherapy can damage the cells that make semen and cause you to have a dry orgasm (where you don’t ejaculate). You may want to consider storing your sperm before you start radiotherapy, so that you can use it later for fertility treatment – if you want to. Ask your doctor, nurse or radiographer about sperm storage.

There is a very small chance that radiotherapy could affect any children you might conceive during treatment, so you may wish to use contraception during and for at least a year after radiotherapy if there is a chance of your partner becoming pregnant. You can also ask your doctor, nurse or radiographer for advice. It is safe for you to have sex with your partner – you won’t pass on your cancer or any radiation.

**Lymphoedema**
If your lymph nodes are treated with radiotherapy, there is a small chance that fluid might build up in your tissues. This is called lymphoedema. It usually affects the legs, but it can affect other areas, including the penis or testicles. It can occur months or even years after treatment. Speak to your doctor or nurse if you start to get any unusual swelling. There are treatments that can help manage the symptoms of lymphoedema – read more on our website.

**Hip and bone problems**
Radiotherapy can damage the bone cells and the blood supply to the bones near the prostate. This can cause pain, and hip and bone problems later in life. Hormone therapy can also weaken your bones, so you might be slightly more likely to have hip and bone problems if you have both hormone therapy and radiotherapy.

**Other cancers**
Radiotherapy can damage the cells in the tissues surrounding the prostate. There is a very small chance that this could increase your risk of bladder or bowel cancer. It would take at least 5 to 10 years after treatment with radiotherapy for a second cancer to appear.

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**Dealing with prostate cancer**
Some men say being diagnosed with prostate cancer changes the way they think and feel about life. If you are dealing with prostate cancer, 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 that you’re supposed to feel, and everyone reacts in their own way.

There are 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 too. This section might also be helpful for them.

**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 that are available to you. Bring a list of questions to your doctor or nurse. 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. Your GP, nurse or other health professionals involved in your care should be able to answer any questions or concerns you might have.
Set yourself some goals
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.

Eat a healthy, balanced diet
Eating well is good for your general health. There is some evidence that certain foods may help slow down the growth of prostate cancer or lower the risk of it coming back after treatment. Eating a healthy diet can 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. Some research suggests that physical activity may help slow down the growth of prostate cancer. It can also help you stay a healthy weight, which may help to lower your risk of advanced prostate cancer. Physical activity can also help with some side effects of treatment. Even a small amount of physical activity can help. Take things at your own pace. For more information, read our fact sheet, Diet and physical activity for men with prostate cancer.

I enjoy cycling and the ride to hospital is important to me. It says life is normal and it keeps me physically fit.

A personal experience

Who else can help?
Your medical team
It may be useful to speak to your radiographer, nurse, doctor 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 answer your questions and explain your diagnosis and treatment options. They’ve got time to listen, in confidence, to any concerns you or those close to you have.

I found talking to Prostate Cancer UK’s Specialist Nurses tremendously helpful.

A personal experience

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, nurse or radiographer if this is available. Your GP may also 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 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. Our Specialist Nurses will try to match you with someone with similar experiences.

Get more ideas about how to look after yourself from Macmillan Cancer Support, Maggie’s Centres, Penny Brohn Cancer Care, 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.

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A personal experience

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Our online community
Our free 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.

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

Local support groups
At local support groups, men get together to share their experiences of living with prostate cancer. You can ask questions, share 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.

Our fatigue support service
Our fatigue support service is a 10-week telephone service delivered by our Specialist Nurses. It can help if you have problems with extreme tiredness (fatigue), which is a common symptom of prostate cancer. Fatigue can also be a side effect of some treatments for prostate cancer. The fatigue support service can help you make positive changes to your behaviour and lifestyle, which can improve your fatigue over time.

I am now coping with the fatigue by identifying things I really want to do, and then being mentally determined to do them.

A personal experience
Questions to ask your doctor, nurse or radiographer

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

What type of radiotherapy will I have?

How many sessions will I need?

What other treatment options do I have?

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

What treatments are available to manage the possible side effects from radiotherapy?
Will I have hormone therapy and will this carry on after radiotherapy?

How and when will I know if radiotherapy has worked?

If the radiotherapy doesn’t work, which other treatments can I have?

Who should I contact if I have any questions?

What support is there to help manage long-term side effects?
More information

**British Association for Counselling & Psychotherapy**
www.itsgoodtotalk.org.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
Patient information from Cancer Research UK, including a database of some clinical trials.

**Continence Product Advisor**
www.continenceproductadvisor.org
Unbiased information on products for different continence problems, written by health professionals.

**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 Centres**
www.maggiescentres.org
Telephone: 0300 123 1801
Drop-in centres for cancer information and support. Includes an online support group.

**Pelvic Radiation Disease Association**
www.prda.org.uk
Telephone: 01372 744 338
Support for men with long-term side effects of radiotherapy.

**Penny Brohn Cancer Care**
www.pennybrohncancercare.org
Telephone: 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
Telephone: 020 7486 7262
Information about treatment for sexual problems, including erection difficulties.

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 to 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

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

It was reviewed by:
- Richard Gledhill, Prostate Cancer Nurse Specialist, Queen Elizabeth Hospital, University Hospital Birmingham
- Catherine Holborn, Senior Lecturer in Radiotherapy and Oncology, Sheffield Hallam University
- Hannah Nightingale, Urology Specialist Radiographer, The Christie NHS Foundation Trust
- Alastair Thomson, Consultant Clinical Oncologist, Royal Cornwall Hospital, Cornwall
- Our Specialist Nurses
- Our Volunteers.
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, 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/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

Like us on Facebook: Prostate Cancer UK
Follow us on Twitter: @ProstateUK

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Call our Specialist Nurses from Monday to Friday 9am - 6pm, Wednesday 10am - 8pm
* Calls are recorded for training purposes only.
Confidentiality is maintained between callers and Prostate Cancer UK.

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