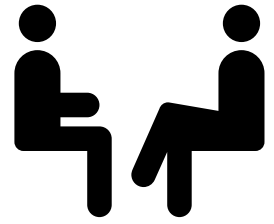


Chemotherapy



In this fact sheet:

- What is chemotherapy?
- Who can have chemotherapy?
- What are the advantages and disadvantages?
- Making a decision about having chemotherapy
- What does treatment involve?
- What are the side effects?
- What happens afterwards?
- Taking part in a clinical trial
- Dealing with prostate cancer
- Questions to ask your doctor or nurse
- More information
- About us

This fact sheet is for men who have been offered chemotherapy to treat their prostate cancer. Your partner, family or friends might also find it helpful.

We describe how chemotherapy can be used to treat prostate cancer, as well as the possible side effects.

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:



Speak to our Specialist Nurses



Read our publications

What is chemotherapy?

Chemotherapy uses anti-cancer drugs to kill cancer cells, wherever they are in the body.

Chemotherapy won't get rid of your prostate cancer, but it aims to shrink it and slow down its growth. This can help men to live longer, and can help to control or delay symptoms such as pain.

Who can have chemotherapy?

Chemotherapy is usually only an option if you've been diagnosed with prostate cancer that has spread from your prostate to other parts of your body (advanced prostate cancer). It is also sometimes used to treat locally advanced prostate cancer (cancer that has spread just outside the prostate).

- **Chemotherapy as a first treatment for advanced prostate cancer.** You might be offered chemotherapy alongside hormone therapy if you've just been diagnosed with advanced prostate cancer. This helps many men to live longer, and may help to delay symptoms such as pain.



- **Chemotherapy as a further treatment for advanced prostate cancer.** You might be offered chemotherapy if you've already had hormone therapy to keep your cancer under control but your cancer is no longer responding to the hormone therapy. This may help some men to live longer, and can help to improve and delay symptoms.

Most of the information in this fact sheet is the same for men who start chemotherapy as soon as they are diagnosed with advanced prostate cancer and men who have had hormone therapy first. We will make it clear where there are differences.


Unlike other types of cancer, prostate cancer isn't usually treated with chemotherapy at an early stage, for example when it hasn't spread outside the prostate. But you might be able to have it at an earlier stage as part of a clinical trial (see page 10).

You need to be quite fit to have chemotherapy because the side effects can be harder to deal with if you have other health problems. If your doctors think you might benefit from chemotherapy, they will do some tests to make sure it is suitable for you (see page 3).

Chemotherapy to treat rare prostate cancers

Although prostate cancer is a common cancer in men, there are different types of prostate cancer, and some of these are rare. Chemotherapy can also be used to treat rare types of prostate cancer, such as small cell prostate cancers.

If you have been diagnosed with a rare type of prostate cancer, you may have a different type of chemotherapy to those discussed in this fact sheet. You can read more about rare types of prostate cancer on our website at prostatecanceruk.org/rare, or speak to our

 Specialist Nurses.

What are the advantages and disadvantages?

Your doctor and nurse can help you think about the advantages and disadvantages of chemotherapy. An advantage for one person might not be an advantage for someone else. Give yourself time to think about whether chemotherapy is right for you.

Advantages

- Chemotherapy might shrink the cancer or slow down its growth. This can help men to live longer.
- It can help to control or delay symptoms such as pain, which can improve how you feel in your day-to-day life.
- Most men can leave hospital on the day of their treatment – there's usually no need to stay overnight.
- You may have more regular check-ups, tests and support from your medical team than with other treatments, which some people find reassuring.

Disadvantages

- You will have hospital appointments every few weeks while you're having chemotherapy.
- Chemotherapy affects each man differently, and it may not work so well for everyone.
- It can cause side effects, such as hair loss, extreme tiredness and feeling sick. These can be difficult to deal with (see page 5).
- You'll be given steroid tablets to take alongside chemotherapy. These can cause side effects too (see page 9).
- In very rare cases, side effects may be life-threatening.

Making a decision about having chemotherapy

If you're offered chemotherapy, speak to your doctor or nurse before deciding whether to have it. As with most treatments, there are advantages and disadvantages (see page 2). We've also included a list of possible questions to ask your doctor or nurse on page 13. You could also talk through your options with your partner, family or friends, or speak to our Specialist Nurses.



Are there other treatment options for advanced prostate cancer?

Some men with advanced prostate cancer are treated with hormone therapy alone. When hormone therapy stops working so well, there are other treatments available such as newer types of hormone therapy. Ask your doctor or nurse about all the treatment options available to you before you make a choice. Read about other treatment options in our fact sheet,



Advanced prostate cancer.

It might also be possible to take part in a clinical trial looking at chemotherapy or other treatments for advanced prostate cancer (see page 10).

Will chemotherapy affect other treatments I'm having?

If you're having hormone therapy with an LHRH agonist (luteinizing hormone-releasing hormone agonist) or a GnRH antagonist (gonadotrophin-releasing hormone antagonist), you'll usually keep taking it alongside your chemotherapy. This is because it might still help to control your cancer. Examples of LHRH agonists are goserelin (Zoladex® or Novgos®), leuprorelin acetate (Prostap®) and triptorelin (Decapeptyl® or Gonapeptyl Depot®). Degarelix (Firmagon®) is the only GnRH antagonist available in the UK.

Other medicines

Let your doctor know if you're taking any other medicines – including dietary supplements (such as vitamins and minerals) or herbal remedies. You may need to stop taking them while you're having chemotherapy, as they could interfere with your treatment.

What does treatment involve?

If you decide to have chemotherapy, you will be referred to an oncologist (a doctor who specialises in cancer treatments), and a chemotherapy nurse.

Your doctor or nurse will discuss your treatment plan with you. They'll explain which medicines you'll have, what the treatment will involve, the possible side effects, and any tests you'll need before, during and after treatment.

If you start chemotherapy soon after you've been diagnosed, alongside hormone therapy, you will have up to six sessions (also called cycles) of treatment. If you've already had hormone therapy, chemotherapy is usually given as a course of up to 10 sessions. To begin with, you'll usually have three or four sessions, each three weeks apart. Your doctor will monitor you after each session. If your treatment seems to be working and you don't have too many side effects, you will be able to have more sessions.

Planning around special occasions

If you have a special occasion coming up, such as a wedding or holiday, let your doctor or nurse know in plenty of time. They may be able to arrange your treatment around it.

Before each treatment session

A few days before each session you'll have a blood test to check that the levels of different blood cells (your blood count) are in the normal range. This is important because chemotherapy can cause the level of white blood cells, red blood cells and platelets to drop (see page 6).

If your white blood cell count is low, you might not be able to have your treatment as planned. White blood cells fight infection. If your white blood cell count is too low, you are at risk of getting infections which can make you very unwell. Your doctor may decide to reduce the amount (dose) of chemotherapy they give you. Or they might decide to delay the session until your white blood cell count returns to normal.

You may also be given a drug called GCSF (granulocyte colony stimulating factor) to help your body produce more white blood cells. Read more about GCSF on page 5.

If your red blood cell count is low, your blood may not be able to carry enough oxygen around your body. This can make you feel tired, weak and breathless. Your doctor may offer you a blood transfusion to boost your number of red blood cells. This is where you're given blood through a thin tube (cannula) into one of your veins.

You will also have blood tests to check how well your liver and kidneys are working. This is because the liver and kidneys break down the chemotherapy drugs and get rid of them from the body. If they're not working properly, the drugs will stay in your body for longer and you could have a higher risk of side effects.

Before each treatment session begins, your doctor or nurse will also check how you're feeling and how you're dealing with any side effects.

Your doctor might decide to stop your treatment if you have severe side effects or your cancer continues to grow during treatment. Every man responds differently to chemotherapy. Some men find the side effects difficult to deal with and decide to stop treatment. If you're thinking about stopping treatment, speak to your doctor or nurse.

During your treatment

At each treatment session, the chemotherapy will be given through a drip (intravenous infusion). This usually involves running the medicine through a thin tube (cannula) into a vein. Treatment usually takes about one hour and the tube will be removed before you go home.

What chemotherapy drugs are used?

There are several chemotherapy drugs that are used to treat prostate cancer, including docetaxel (Taxotere[®]), cabazitaxel (Jevtana[®]) and mitoxantrone (Novantrone[®]).

Docetaxel (Taxotere[®])

In the UK, docetaxel is the most commonly used chemotherapy for men with advanced prostate

cancer. It can be used alongside hormone therapy for men who have just been diagnosed with advanced prostate cancer, and sometimes for locally advanced prostate cancer. It is also used for men who are having chemotherapy after their hormone therapy has stopped working so well.

Cabazitaxel (Jevtana[®])

You might be offered cabazitaxel if you have advanced prostate cancer that has stopped responding to hormone therapy and you have already had docetaxel. You may hear cabazitaxel called second-line chemotherapy because it's used after you've already had one course of chemotherapy.

Mitoxantrone (Novantrone[®])

Mitoxantrone isn't often used to treat prostate cancer. But you might be offered it if your doctor thinks you may not be able to deal with the side effects of docetaxel. This will depend on how fit and well you are, and if you have any other health problems.

Treatments to help manage side effects

As well as the chemotherapy drug itself, you might need to take steroids, anti-sickness drugs (anti-emetics), antibiotics and a drug called GCSF (granulocyte colony stimulating factor). Steroids, anti-sickness drugs and GCSF help to manage some of the side effects of chemotherapy. Read more about these treatments below.

Steroids

You'll be given steroid tablets, such as prednisolone and dexamethasone, to take alongside chemotherapy. You might need to start these before your first treatment session and keep taking them throughout treatment. Or you might just take them for a few days around the time of each treatment session. Your doctor will give you more information about this.

The steroids can help make chemotherapy more effective, and lower the risk of side effects. They may also help improve your appetite and energy levels, and can treat pain.

Steroids can cause their own side effects too. Read more about this on page 9.

Anti-sickness medicines (anti-emetics)

You may be given anti-sickness medicines through a needle into a vein (intravenously) before your chemotherapy. You will also be offered anti-sickness tablets to take for a few days after each chemotherapy session to help prevent feeling sick (nausea) and being sick (vomiting).

Antibiotics

You might be given a course of antibiotics to help lower your risk of getting an infection. If you do have antibiotics, it's important to follow the instructions from your doctor and take all the tablets at the right times.

GCSF (granulocyte colony stimulating factor)

If your white blood cell count is too low, you may be given an injection of a drug called granulocyte colony stimulating factor (GCSF) to help your body produce more white blood cells. Read about side effects of GCSF on page 9.

After each treatment session

Your doctor or nurse will tell you about the side effects to look for.

In general most men continue with life as normal. It's safe to be around other people when you're having chemotherapy, including children and pregnant women.

If you go to the dentist or have any treatment for other health problems, let the dentist or doctor know that you're having chemotherapy as it can affect other treatments.

Between appointments

If you have any concerns between your appointments, or get any new side effects or symptoms, contact your doctor or nurse. They can often help you find ways to manage them. When you start your treatment, your chemotherapy nurse should give you details of who to contact at the hospital, including during the night and at weekends. Use this contact number, rather than calling your GP. Be sure to call if you have any concerns, even if you think they're not very important.

What are the side effects?

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

Most of the side effects are temporary and will gradually go away after you finish treatment.

Chemotherapy targets and kills cells that grow quickly, such as cancer cells. But it can also affect some healthy cells that grow quickly and this can cause side effects. These include the cells in:

- the bone marrow
- the lining of the mouth
- parts of the gut, such as the bowel
- hair follicles – which are responsible for hair growth
- finger and toe nails.

Tell your doctor or nurse about any side effects you have as soon as you get them. There are treatments available to help improve some of them, and things you can do yourself to help manage them.

Side effects can happen with all types of chemotherapy. The most common ones are described here. But there are others that are less common, and each type of chemotherapy can also cause its own particular side effects. Ask your doctor or nurse about the possible side effects of the chemotherapy you're having.

Chemotherapy affects how well your bone marrow works. Bone marrow is the spongy material that fills some of your bones. It makes red and white blood cells and other cells called platelets. There may be a drop in the levels of any of these cells during chemotherapy, and this can cause side effects. This usually happens about 7 to 10 days after each treatment session.

Infections

During chemotherapy your body might be less able to fight off infections. This is caused by a drop in the number of **white blood cells**.

You might hear this called **neutropenia**. White blood cells are part of your immune system and help fight infection. It's important to contact the hospital immediately if you think you might have an infection because it could make you very unwell.

What to do if you think you have an infection

Contact the hospital immediately if you get any signs of infection. These include a fever (high temperature), sweating, chills and shivering, or a sore throat.

It's important to keep a thermometer at home so you can check your temperature if you feel unwell. A fever is a temperature higher than 37.5°C or 99.5°F. If you're taking steroids, your temperature may not be raised by an infection, so you should contact the hospital straight away if you feel unwell, even without a fever.

If you can't get in touch with your medical team, go to your nearest accident and emergency (A&E) department and tell them you're having chemotherapy. Don't wait to see if your symptoms get better, go in straight away.



I had a firm telling-off for delaying calling my doctor when I had signs of an infection. I learnt that I must call, even if I think it's something trivial.

A personal experience

It's important to lower your chances of catching infections from other people. Try to avoid close contact with people who have an infection. This includes viral infections such as coughs and colds. Ask your doctor for more advice on avoiding infections.

Vaccinations

Chemotherapy can affect the white blood cells that make up part of your immune system. You should avoid having a type of vaccine called a live vaccine during your treatment, and for at least six months afterwards. This is because your immune system might not be strong enough to cope. Vaccines against shingles and yellow fever are both examples of live vaccines, so these should be avoided. But it is safe to be around others who have had these vaccines.

Other vaccines such as the flu jab or the pneumonia jab are safe, but may not give you as much protection as usual because your immune system may be weaker. It's always best to check with your doctor or nurse before having a vaccine.

Feeling breathless, tired or weak

This can be caused by a drop in the number of **red blood cells**, which means not enough oxygen is carried around the body. This is known as **anaemia**. If this happens, your doctor may delay your next treatment session to give your red blood cells time to recover. If your level of red blood cells falls very low, you may need to have a blood transfusion. Read more about anaemia in our booklet, **Advanced prostate cancer: Managing symptoms and getting support**.



Bleeding and bruising more easily than normal

This can be caused by a drop in the number of **platelets** in your blood. Platelets help your blood to clot. A low level of platelets is called **thrombocytopenia**. You may get nose bleeds or bleeding gums. There are things you can do to lower the risk of bleeding, such as using a softer toothbrush, and an electric shaver rather than a razor. Some men with advanced prostate cancer pass some blood in their urine, and chemotherapy can make this worse. You should contact your doctor or nurse straight away if you get any of these side effects.

Extreme tiredness (fatigue)

Many men say that fatigue is one of the hardest side effects to cope with. Fatigue is extreme tiredness or exhaustion, which makes it hard to carry out your daily activities. Some men describe feeling weak, lethargic, knackered or drained.

Fatigue is usually worse towards the end of your treatment. Most people find their energy levels improve after finishing treatment, but for some, fatigue can be long-lasting.

Sometimes there is a specific cause for your tiredness, like low levels of red blood cells (see page 6). And tiredness can be caused by things other than your treatment. For example, the cancer itself can make you feel tired, and so can feeling anxious or depressed.



Read about ways to manage fatigue in our fact sheet, **Fatigue and prostate cancer**.

Support for fatigue

Our Specialist Nurses provide a fatigue support service for men. They are specially trained to deliver information and ongoing support over the telephone. They will encourage you to take practical steps to manage your fatigue. Call 0800 074 8383 for more information.



Feeling and being sick (nausea and vomiting)

Chemotherapy for prostate cancer is not as likely to make you feel sick as some other types of chemotherapy. If you do feel sick, your doctor can prescribe anti-sickness medicines (anti-emetics). Your doctor or nurse can also talk you through other things that might help, for example particular foods to eat or avoid, and relaxation techniques.

If the smell of food is putting you off eating, try to avoid strong-smelling foods and choose cold foods as they don't usually smell as much. If possible, ask someone to make your meals for you. You may also find it helps to avoid fried, greasy or very sweet foods. Some people find things flavoured with peppermint or ginger can help, such as herbal teas or sweets.

Tell your GP or doctor or nurse at the hospital if you continue to feel or be sick.

Loss of appetite

You might lose your appetite during chemotherapy. This can happen because of some of the side effects of treatment, such as feeling sick or having a sore mouth (see below). Chemotherapy can also make food taste different – it might taste more salty, bitter or metallic, or it might lose its taste.

Some people find sucking on boiled sweets, fresh or tinned pineapple or taking sips of ginger beer can leave a pleasant taste in their mouth. If you don't feel like eating much, it's important to drink plenty of fluids and to find foods that are more appealing to you. Eating small meals and having regular snacks that are high in calories and protein might also help you to get the energy and nutrients you need.

The steroids you take with your chemotherapy should help improve your appetite. But if you're having problems eating a balanced diet or if you're losing weight, talk to your doctor or nurse. They may be able to refer you to a dietitian who specialises in helping people with cancer.



During chemotherapy, I found that most foods tasted a bit funny. Save your favourite meals for after your treatment has finished.

A personal experience

Sore mouth

Some chemotherapy drugs can make your mouth sore, but this is uncommon. You may get ulcers or inflamed gums, which can be painful. There are things that might help to prevent and relieve a sore mouth.

- Brush your teeth gently twice a day with a soft toothbrush and use mouth washes regularly.
- Be very careful when flossing, and avoid using tooth picks. Ask your doctor or dentist if it's safe to floss and what to use.
- Try making small changes to your diet such as choosing soft, moist foods and avoiding foods that are acidic, spicy, very hot or very cold.
- Try drinking through a straw.

Your nurse can give you more information about taking care of your mouth. If it gets very sore, your doctor might prescribe pain-relieving drugs to help.

Bowel problems

Some types of chemotherapy may make your bowel movements loose and watery (diarrhoea). This usually happens in the first few days after treatment. Other chemotherapy drugs and some anti-sickness medicines can make it difficult to empty your bowels (constipation). Bowel problems can usually be controlled with medicines or changes to what you eat, so let your doctor or nurse know about any problems you're having.

Make sure you're drinking enough water – about eight glasses (two litres) a day. This will help to replace the water that's lost with diarrhoea, and will also help to prevent constipation. It might also be a good idea to avoid fatty, fried and spicy foods, as some men find they can make diarrhoea worse.

Sometimes diarrhoea can be caused by an infection. If you have diarrhoea and you feel unwell or have a fever, you should contact your medical team straight away.

Hair loss

Hair loss is a temporary side effect of some chemotherapy drugs. It affects everyone differently. Some men lose all of their hair but many just notice some thinning and some men have no hair loss at all. Hair loss happens gradually and tends to start two or three weeks after treatment starts. Your hair will usually begin to grow back after you've finished treatment.

Some men choose to wear a hat or wig until their hair has grown back.

It is important to protect the skin on your head from the sun. It might be more sensitive and burn easily. So even on a cold day, if the sun is shining wear a hat or use sun block.

To help reduce hair loss, scalp cooling may be suitable for some people. This involves wearing a special cap during each treatment session. The cap is filled with a cold gel or connected to a small cooling system. But it doesn't work for everyone and may not be available in every hospital. If you're interested in scalp cooling, speak to your doctor or nurse.

Fluid retention

This can cause your ankles or legs to swell, or you might feel a bit bloated. This can also be a side effect of steroids. If it does happen, it should improve after you finish treatment.

Numbness or tingling in the hands and feet

Chemotherapy can affect your nerves (peripheral neuropathy). This can cause numbness or tingling in your hands and feet. This usually improves slowly, a few months after treatment finishes.

It's important to tell your doctor or nurse if you get this. If it's severe, your doctor might decide to reduce the amount (dose) of chemotherapy you have at each treatment session. Or they might offer a different treatment.

Numbness and tingling can have other causes, including the cancer itself. You may need some tests to check what's causing it.

Changes to your nails

You may find that your finger nails and toe nails grow more slowly, or become hard, brittle or flaky. The shape or colour of your nails might also change. These changes are temporary and should improve after treatment, though it can take a few months.

Keeping your nails trimmed short and wearing gloves while doing jobs around the house can help protect your nails.

Watery eyes

Your eyes might produce more tears than normal. This isn't common and won't last long. If your eyes feel sore, inflamed or watery, let your doctor know – they can prescribe eye drops if necessary.

Changes to your mood

Some people say they feel down at certain times during their chemotherapy. This is natural and usually only lasts a short time, but some men find they still feel low after their treatment finishes. If you're feeling really low and finding it hard to deal with things, speak to your doctor or nurse. There are things that can help and there is support available (see page 12).



My husband kept a daily diary. It was useful to look back after each treatment and say, 'Oh, I'd forgotten how I felt two days after the infusion – it was just the same this time.'

A personal experience

Side effects of steroids

You may also get side effects from the steroids you take with your chemotherapy. Possible side effects include indigestion and irritation of the stomach lining, feeling irritable or restless, and swollen hands and feet. Other less common side effects will be listed in the leaflet that comes with your medicine.

You should be given a steroid treatment card, which explains that you're taking steroids. You should carry this with you at all times. Show it to anyone treating you (such as a doctor, nurse or dentist). It's important they know you're taking steroids.

Speak to your doctor or nurse about the side effects of steroids. And read more in our fact sheet, **Treatment options after your first hormone therapy**.



Side effects of GCSF

You might get side effects from GCSF (granulocyte colony stimulating factor) injections. GCSF can cause a skin rash around the injection site, and bone pain in the arms, legs, back and hips. It can also cause a high temperature.

Speak to your doctor or nurse if you are concerned about any of these side effects.

What happens afterwards?

After you finish your course of chemotherapy, you will have regular follow-up appointments to check how well your treatment is working and monitor any side effects. Your doctor or nurse will let you know how often your appointments will be.

You will have regular blood tests to measure your level of PSA (prostate specific antigen). Your doctor will also ask you about any side effects from your treatment and any symptoms you might have. If your PSA level falls or your symptoms improve, for example you have less pain, this usually suggests the chemotherapy is working.

Sometimes PSA levels can rise after having chemotherapy, then come back down again. So a rise in PSA doesn't necessarily mean that your chemotherapy isn't working.

Are there further treatments available after chemotherapy?

If your cancer starts to grow again after you finish chemotherapy, you may be able to have other treatments. The aim of further treatment is to control your cancer and delay or manage any symptoms you might have, such as pain or urinary problems.

You might have more than one of the treatments we describe here. Which treatments you are offered will depend on how well you are, any symptoms you have, which treatments you've had before, and any other health problems you have. Talk to your doctor or nurse about which treatments are available to you.

More chemotherapy

If you've already had docetaxel and not had any serious problems with it, you might be offered more docetaxel or cabazitaxel.

Anti-androgens

Testosterone is a type of hormone called an androgen. Anti-androgens are a type of hormone therapy that stops testosterone from reaching the prostate cancer cells. You may start taking an anti-androgen, such as bicalutamide (Casodex®), alongside your usual hormone therapy injections. Some doctors call this combined androgen blockade or dual androgen blockade.

Steroids

Steroids can help stop the adrenal glands producing as much testosterone. They may also help improve your appetite and energy levels, and can treat pain. You might also have steroids in combination with other treatments, including more chemotherapy and a drug called abiraterone (see below).

Abiraterone

Abiraterone (Zytiga®) is a new type of hormone therapy for men with advanced prostate cancer that has stopped responding to other hormone therapy treatments. It works by stopping the production of testosterone. Abiraterone may help some men to live longer. It can also help control symptoms.

Enzalutamide

Enzalutamide (Xtandi®) is another new type of hormone therapy for men with advanced prostate cancer that has stopped responding to other hormone therapy treatments. It works by stopping the hormone testosterone from reaching the prostate cancer cells. Enzalutamide may help some men to live longer. It can also help control symptoms.

Oestrogens


Oestrogens are a type of hormone therapy that can be used to treat prostate cancer that is no longer responding to other types of hormone therapy. Oestrogens are used less often than other treatments.

Radium-223

Radium-223 (Xofigo®) is a new treatment for men with prostate cancer that has spread to the bones and has stopped responding to hormone therapy. Radium-223 is a radioactive treatment which can delay bone symptoms of advanced cancer, such as bone thinning, and can reduce bone pain. It may also help men live longer.

New treatments in clinical trials

Read more about clinical trials below.

 Read more about these treatments in our fact sheet, **Advanced prostate cancer**.

Treatments for symptoms

There are also treatments you can have to help with symptoms of advanced prostate cancer. These treatments treat the symptoms of prostate cancer but not the cancer itself. Read more about the symptoms of advanced prostate cancer and how to manage them in our publications:




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

Taking part in a clinical trial

A clinical trial is a type of medical research study that aims to find new and improved ways of preventing, diagnosing, treating or managing illnesses. You might be able to have chemotherapy as part of a clinical trial. A number of clinical trials are looking into how chemotherapy can best be used to treat prostate cancer.


If you're having chemotherapy as part of a clinical trial, your doctor or research nurse will give you the full details of what the trial involves. It might also be possible to have a different type of treatment as part of a trial.

To find out about current clinical trials for men with prostate cancer you can:

- ask your doctor or nurse if there are any local or national trials that may be suitable for you
- search Cancer Research UK's list of clinical trials in the UK (this only shows some of the current trials)
-  • call our Specialist Nurses for the most up-to-date information on clinical trials.

If you find a trial you're interested in, show the details to your doctor or nurse. They can help you decide if it's likely to be suitable for you.

Read more about clinical trials in our fact sheet,

 **A guide to prostate cancer clinical trials.**

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. 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. 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.**



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



Who else can help?

Your medical team

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



Our Specialist Nurses

Our Specialist Nurses can 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.

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 at the hospital 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.

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.

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. The fatigue support service can help you make positive changes to your behaviour and lifestyle, which can improve your fatigue over time.

Hospices

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

Spiritual support

You might begin to think more about spiritual beliefs as a result of having advanced prostate cancer. It's important to get spiritual support if you need it. This could be from your friends, family, religious leader or faith community.

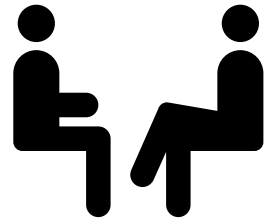
To find out more about any of the above, visit prostatecanceruk.org/get-support or call our Specialist Nurses on 0800 074 8383.



It is helpful and relaxing to chat with other men. A shared experience lets you know that you're not on your own.

A personal experience

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.

How can chemotherapy help?

How long will the treatment last? How many sessions will I need?

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

Can I stop the treatment if I find the side effects difficult to deal with?

Are there any other treatments available to me?

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

What happens if chemotherapy doesn't work? Are there other treatments I can have later on?

Are there any clinical trials I can take part in?

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.

healthtalk.org

www.healthtalk.org

Watch, listen to and 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 Centres

www.maggiescentres.org

Telephone: 0300 123 1801

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

Marie Curie

www.mariecurie.org.uk

Telephone: 0800 090 2309

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

NHS Choices

www.nhs.uk

Information about treatments, conditions and lifestyle. Support for carers and a directory of health services in England.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

Telephone: 0845 46 47

Provides health advice 24 hours a day, and lists local health services in Wales, including GPs and dentists.

NHS Inform

www.nhsinform.co.uk

Telephone: 0800 22 44 88

Provides health information and details of NHS and other support services in Scotland.

nidirect

www.nidirect.gov.uk

Information about government services in Northern Ireland, including health services.

Penny Brohn UK

www.pennybrohn.org.uk

Telephone: 0303 3000 118

Runs courses and offers physical, emotional and spiritual support for people with cancer and those close to them.

About us

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

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.

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- Linda Welsh, Prostate Specialist Radiographer and Clinical Research Radiographer, Torbay Hospital
- Cathryn Woodward, Consultant Clinical Oncologist at West Suffolk NHS Foundation Trust Hospital and Addenbrookes Hospital
- Deborah Victor, Uro-oncology Clinical Nurse Specialist, Royal Cornwall Hospitals NHS Trust
- Our Specialist Nurses
- Our Volunteers.

Tell us what you think

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

literature@prostatecanceruk.org



**Speak to our
Specialist Nurses**

0800 074 8383*

prostatecanceruk.org

Donate today – help others like you

Did you find this information useful? Would you like to help others in your situation access the facts they need? Every year, 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



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t Follow us on Twitter: **@ProstateUK**

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To be reviewed May 2018

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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