

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, family or friends might also find it helpful.

We describe the different types of hormone therapy, what the treatments involve, and the possible side effects. Read more about side effects in our booklet, *Living with hormone therapy: A guide for men with prostate cancer*.

For information about abiraterone and enzalutamide, which are usually only used after other hormone treatments have stopped working, visit our website at prostatecanceruk.org/new-treatments

Each hospital or GP surgery will do things 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

How does hormone therapy work?

Hormone therapy works by either stopping your brain from telling your body to make testosterone, or stopping testosterone from reaching the cancer cells.

Prostate cancer cells usually need the hormone testosterone to grow. Testosterone controls how the prostate grows and develops. It also controls other 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 prostate cancer, it can make the cancer cells grow faster. If testosterone is taken away, the cancer will usually shrink, even if it has spread to other parts of your body.

Hormone therapy on its own won't cure your prostate cancer. If you have hormone therapy on its own, the treatment will aim to control your cancer and delay or manage any symptoms. Hormone therapy can also be 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.

Localised prostate cancer

If your cancer hasn't spread outside the prostate (localised prostate cancer), you might have hormone therapy alongside your main treatment. This is because hormone therapy can shrink the prostate and any cancer inside it, and make the treatment more effective. You might have hormone therapy:

- for six months before, during or after external beam radiotherapy
- for up to three years after external beam radiotherapy, if there is a risk of your cancer spreading outside the prostate
- for a few months before starting permanent seed brachytherapy, and before and after high dose-rate brachytherapy
- for two to three months before high-intensity focused ultrasound (HIFU).

Hormone therapy is not usually given to men having surgery (radical prostatectomy) for localised prostate cancer.



Read more about these treatments in our other fact sheets.

Locally advanced prostate cancer

If your cancer has spread to the area just outside the prostate (locally advanced prostate cancer), you will be offered hormone therapy before, during and after radiotherapy. Hormone therapy can help shrink the prostate and any cancer that has spread, and make the treatment more effective.



You may be offered hormone therapy for up to six months before radiotherapy. And you may continue to have hormone therapy during and after your radiotherapy, for up to three years.

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 shrinks the cancer and slows down its growth, even if it has spread to other parts of 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.

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 has spread when you start 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.

Prostate cancer that has come back after treatment

If your cancer comes back after treatment for localised or locally advanced prostate cancer, hormone therapy will be one of the treatments available to you. Read our booklet, **If your prostate cancer comes back: A guide to treatment and support**, for more information.

Unsure about your diagnosis and treatment options?

If you have any questions about your diagnosis at any time, ask your doctor or nurse. They can explain your test results and your treatment options. Make sure you have all the information you need. For more information read our fact sheet, **How prostate cancer is diagnosed**, or speak to our Specialist Nurses.



What types of hormone therapy are there?

There are three main ways to have hormone therapy for prostate cancer. These are:

- **injections or implants** to stop your testicles making testosterone
- **tablets** to block the effects of testosterone
- **surgery** to remove the testicles or the parts of the testicles that make testosterone.

This is called an orchidectomy.

The type you have will depend on whether your cancer has spread, any other treatments you're having, and your own personal choice. You may have more than one type of hormone therapy at the same time.

Injections or implants

These work by stopping your brain from telling your body to make testosterone. Injections or implants are as good at controlling prostate cancer as surgery to remove the testicles.

Injections and implants are both given using a needle. Injections are given in a similar way to having a vaccine, where a small amount of liquid is injected under the skin or into the muscle. If you have injections you will have them in your arm, abdomen (stomach area), thigh or bottom (buttock), depending on which type you're having. Ask your doctor or nurse whether you will have injections or implants. Implants are given using a larger needle to place a tiny tube under the skin of your arm, which slowly releases the drug.

You will have the injections or implants at your GP surgery or local hospital – once a month, once every three months, once every six months, or once a year. How often you have them will depend on the type of hormone therapy.

LHRH agonists

LHRH agonists (luteinizing hormone releasing hormone agonists) are the most common type of injection or implant.

There are several different LHRH agonists including:

- goserelin (Zoladex® or Novgos®)
- leuprorelin acetate (Prostap® or Lutrate®)
- triptorelin (Decapeptyl® or Gonapeptyl Depot®)
- buserelin acetate (Suprefact®).

LHRH agonists cause the body to produce more testosterone for a short time after the first injection. This temporary surge in testosterone could cause the cancer to grow more quickly for a short time, which might make any symptoms you have worse – this is known as a flare.

If you're having an LHRH agonist, you'll be given a short course of anti-androgen tablets to stop any problems caused by this surge of testosterone. You'll usually start taking the anti-androgen tablets before your first injection or implant and continue taking them for a few weeks.

GnRH antagonists

GnRH antagonists (gonadotrophin releasing hormone antagonists) are used less often than LHRH agonists. You may also hear these called GnRH blockers. At the moment, there is only one type of GnRH antagonist available in the UK, called degarelix (Firmagon®). This isn't available in every hospital. Degarelix can be used as a first treatment for advanced prostate cancer that has spread to the bones. It may help to prevent metastatic spinal cord compression (MSCC), which can happen if cancer cells grow in or near the spine and press on the spinal cord.

When you first start this treatment, you will have two injections on the same day – one on each side of your abdomen (stomach area). You will then have a single injection once a month, or switch to an LHRH agonist.

Unlike LHRH agonists, degarelix doesn't cause a surge in testosterone with the first treatment so you won't need to take anti-androgen tablets. Instead your testosterone levels will start to drop straight away and symptoms, such as bone pain, should start to improve quickly.

Keeping track of your injections

If you're having injections, it's a good idea to record the dates of your injections so that you don't miss an appointment.

If your injection is a few days late, you shouldn't have any problems. But if you miss your treatment for longer than a couple of weeks, your body may start to produce more testosterone, which may cause the cancer to start growing again.

If you think you've missed an injection, tell your doctor or nurse as soon as possible.

There is space to record details of your drugs and appointments in our booklet,



Living with hormone therapy: A guide for men with prostate cancer.

Tablets

You may be offered tablets to block testosterone from getting to the cancer cells. These tablets are called anti-androgens. They can be used:

- on their own
- before having injections or implants
- together with injections or implants
- after surgery to remove the testicles.

Ask your doctor how long you will need to take anti-androgens for, and whether you're having them with another treatment or on their own.

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 pain and swelling (see page 6).

If your cancer has spread to other parts of your body (advanced prostate cancer), anti-androgens will be less effective at controlling the cancer than other types of hormone therapy. So, if you have advanced prostate cancer, your doctor will usually recommend an LHRH agonist instead.

There are several different anti-androgens, including:

- bicalutamide (for example Casodex®)
- flutamide (for example Drogenil®)
- cyproterone acetate (for example Cyprostat®).

Surgery (orchidectomy)

You may be offered an operation to remove the testicles, or the parts of the testicles that make testosterone. This is called an orchidectomy. It's not used as often as other types of hormone therapy.

Surgery is very effective at reducing testosterone levels, which should drop to their lowest level very quickly – usually 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 surgery, 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 low testosterone.

Short-term side effects include swelling and bruising of the scrotum (the skin containing the testicles). See page 5 for information on long-term side effects.

Some men find the thought of having an orchidectomy upsetting, and worry about how they'll feel once their testicles are removed. Speak to your doctor about any concerns you might have. If you don't want an orchidectomy, you can usually have a different type of hormone therapy instead.

What are the advantages and disadvantages of hormone therapy?

What may be an advantage for one person might not be for someone else. So speak to your doctor or nurse about your own situation.

Advantages

- It can control your cancer, even if it has spread to other parts of your body.
- It can be used alongside other treatments to make them more effective.
- It can help to reduce some of the symptoms of advanced prostate cancer, such as urinary symptoms and bone pain.

Disadvantages

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



Hormone therapy has kept my prostate cancer under control for seven years.

A personal experience

What are the side effects?

Like all treatments, hormone therapy can cause side effects. These are usually caused by low testosterone levels. We've included information about the most common side effects below. Hormone therapy affects men in different ways. You may not get all of the possible side effects. Some men only get a few side effects or don't get any at all. This doesn't mean that the treatment isn't working.

Some men find their side effects improve or get easier to manage the longer they're on hormone therapy. But if side effects don't improve, there are usually ways to manage them.

Side effects will usually last for as long as you're on hormone therapy. If you stop using it, the side effects should improve as your testosterone levels start to rise again. This may take several months

or years – your side effects won't stop as soon as you finish your treatment. For some men, the side effects may never go away completely.

The risk of getting each side effect depends on your type of hormone therapy and how long you take it for. If you have hormone therapy alongside another treatment, you may get side effects from that treatment as well.

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

Discuss the possible side effects with your doctor or nurse before you start or change your hormone therapy, or call our Specialist Nurses. If you know what side effects you might get, it can be easier to manage them.



If you have any concerns about your side effects or if you get any new symptoms, such as bone pain, speak to your doctor or nurse, or call our Specialist Nurses.



We describe the most common side effects of hormone therapy below. For more 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. They give you a sudden feeling of warmth in your body and can vary from a few seconds of feeling too hot to up to an hour of sweating, which can be uncomfortable. Some men find that their hot flushes get milder and happen less often over time, but other men continue to have hot flushes for as long as they have hormone therapy.

There are things that can help manage hot flushes, including lifestyle changes and medicines. Speak to your doctor if you get hot flushes.

Some men also use complementary therapies to manage hot flushes, but there isn't any strong evidence that these work. If you're thinking about using any complementary therapies,

make sure you tell your doctor or nurse as they might interfere with your cancer treatment. You should also tell your complementary therapist about any cancer treatments you're having.

Changes to your sex life

Hormone therapy can affect your sex life in different ways:

- you may have problems getting or keeping an erection (erectile dysfunction)
- you may lose your desire for sex (libido)
- your penis may become shorter and your testicles smaller
- you may produce less semen and have less intense orgasms.

There are ways to manage changes to your sex life. Hormone therapy reduces your desire for sex, so treatments that only work when you have desire, such as tablets, are unlikely to work. But injections, pellets, cream or a vacuum pump may help to give you an erection. Read more in



our booklet, **Prostate cancer and your sex life.**



Extreme tiredness (fatigue)

Hormone therapy can make you feel extremely tired, which could affect your everyday life. Fatigue can come on quite suddenly and can affect your energy levels, motivation and emotions. This may improve over time and there are things you can do to help manage fatigue. These include being physically active and planning your day to make the most of when you have more energy. Read more in our fact sheet,



Fatigue and prostate cancer.

Our fatigue support service

Our fatigue support service is a ten-week telephone service delivered by our Specialist Nurses. It can help you make positive changes to your behaviour and lifestyle, which can improve your fatigue over time. For more information call our Specialist Nurses.



Weight gain

You may put on weight, particularly around the waist. Some men find this hard to deal with, especially if they've never had any problems with their weight in the past.

Physical activity and a healthy diet can help you stay a healthy weight. Read more in our fact sheet, **Diet and physical activity for men with 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 lifting light weights or using elastic resistance bands. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer.**

Breast swelling or tenderness

Hormone therapy may cause breast swelling (gynaecomastia) or tenderness in the chest area. The amount of swelling can vary from a small amount to noticeable breasts. 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 ways to reduce your risk of breast swelling and tenderness, or help treat it. These include treating the breast area with a single dose of radiotherapy, taking tablets, or sometimes having surgery.

Loss of body hair

Some men lose their body hair while they are on hormone therapy. This is because testosterone plays a role in hair growth. So when testosterone is reduced, you might lose some of it. The hair 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.

If bone thinning is severe, it can lead to a condition called osteoporosis. This means you may be more likely to get broken bones (fractures). Your doctor may suggest you have a type of X-ray called a bone density or DEXA scan, before you start hormone therapy. You might also have a bone density scan after you have been on hormone therapy for a few years. This can check for any signs of bone thinning.

Lifestyle changes such as physical activity and changes to your diet may help reduce your risk of bone thinning and osteoporosis.

We don't yet know whether exercise can help to prevent bone thinning in men who are on hormone therapy. But regular physical activity may help to keep you strong and prevent falls that could cause broken bones. The following types of exercise may be particularly helpful:

- gentle resistance exercise, such as lifting light weights or using elastic resistance bands
- weight-bearing exercise, such as walking, climbing stairs, tennis and dancing.



Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.

Risk of heart disease, Type 2 diabetes and stroke

Hormone therapy may lead to a slight increase in your risk of heart disease, Type 2 diabetes or stroke. This isn't common, but heart problems may be more likely if you already have a heart condition. Some research suggests there might be a lower risk of these problems with degarelix than with LHRH agonists.

Before you start hormone therapy, tell your doctor if you have any heart problems or if you're taking medicines to treat a heart problem.

You might be able to reduce your risk by making lifestyle changes, such as eating a healthy diet, drinking less alcohol, being physically active and stopping smoking. Read more in our fact sheet, **Diet and physical activity for men with prostate cancer**.



Changes to your mood

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

Some men may have anxiety or depression. This might be because of the hormone therapy, a response to being diagnosed with prostate cancer, or because of the impact of treatment and the cancer on your life.

If your mood is often very low, you are losing interest in things, or your sleep pattern or appetite has changed a lot, speak to your doctor or nurse. These can be signs of depression, but there are things that can help.

Skin problems

If you are on degarelix, the skin around the area where you have the injections may feel red, hard, swollen and sore. This usually settles down after a few days and is often worse after the first injection than the later ones. Mild pain-relieving drugs, such as paracetamol, or using a cool pack on the area can help.

Read more about side effects of hormone therapy and ways to manage them in our booklet, **Living with hormone therapy: A guide for men with prostate cancer**.



How will I know if my treatment is working?

You will have regular prostate specific antigen (PSA) blood tests to check how well your treatment is working. The PSA test measures the amount of PSA in your blood. PSA is a protein produced by cells in your prostate and also by

prostate cancer cells, even if they have spread to other parts of your body. 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. For more information,



read our booklet, **Follow-up after prostate cancer treatment: What happens next?**

A continuous rise in your PSA level may be the first sign that your cancer is no longer responding so well to your hormone therapy. If this happens, your doctor will talk to you about other possible treatment options. You may be offered other types of hormone therapy, a combination of different hormone therapy drugs, or a different type of treatment. Read more in our fact sheet, **Treatment options after your first hormone therapy.**



How long will I need hormone therapy?

If you have hormone therapy alongside another treatment, speak to your doctor or nurse about how long you will have it for. If you have advanced prostate cancer, hormone therapy is likely to be a life-long 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 if your symptoms get worse or your PSA rises to around 10 or higher. Some of the side effects, such as hot flushes and sexual problems, may improve while you're not having treatment. But it can take several months for the side effects to wear off and some men never notice any improvement.



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

Dealing with prostate cancer

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

At times, lots of men with prostate cancer get these kinds of thoughts and feelings. But there's no 'right' way 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 people involved in your care should be able to answer any questions or concerns.

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 and lowers your risk of other health problems. 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**.

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 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

This is a ten-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 including hormone therapy. The service can help you make positive changes to your behaviour and lifestyle, which can improve your fatigue over time.

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



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 will my treatment be monitored?

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

What are the possible side effects?

How long might the side effects last?

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

www.bacp.co.uk

Telephone: 01455 883 300

Information about counselling and details of therapists in your area.

Cancer Research UK

www.cancerresearchuk.org

Telephone: 0808 800 4040

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 therapists who meet national standards.

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

A network of drop-in centres for cancer information and support. Includes an online support group.

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.

Sexual Advice Association

www.sexualadviceassociation.co.uk

Information about treatment for sexual problems including erection difficulties.

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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- Our Specialist Nurses
- Our Volunteers.



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



 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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