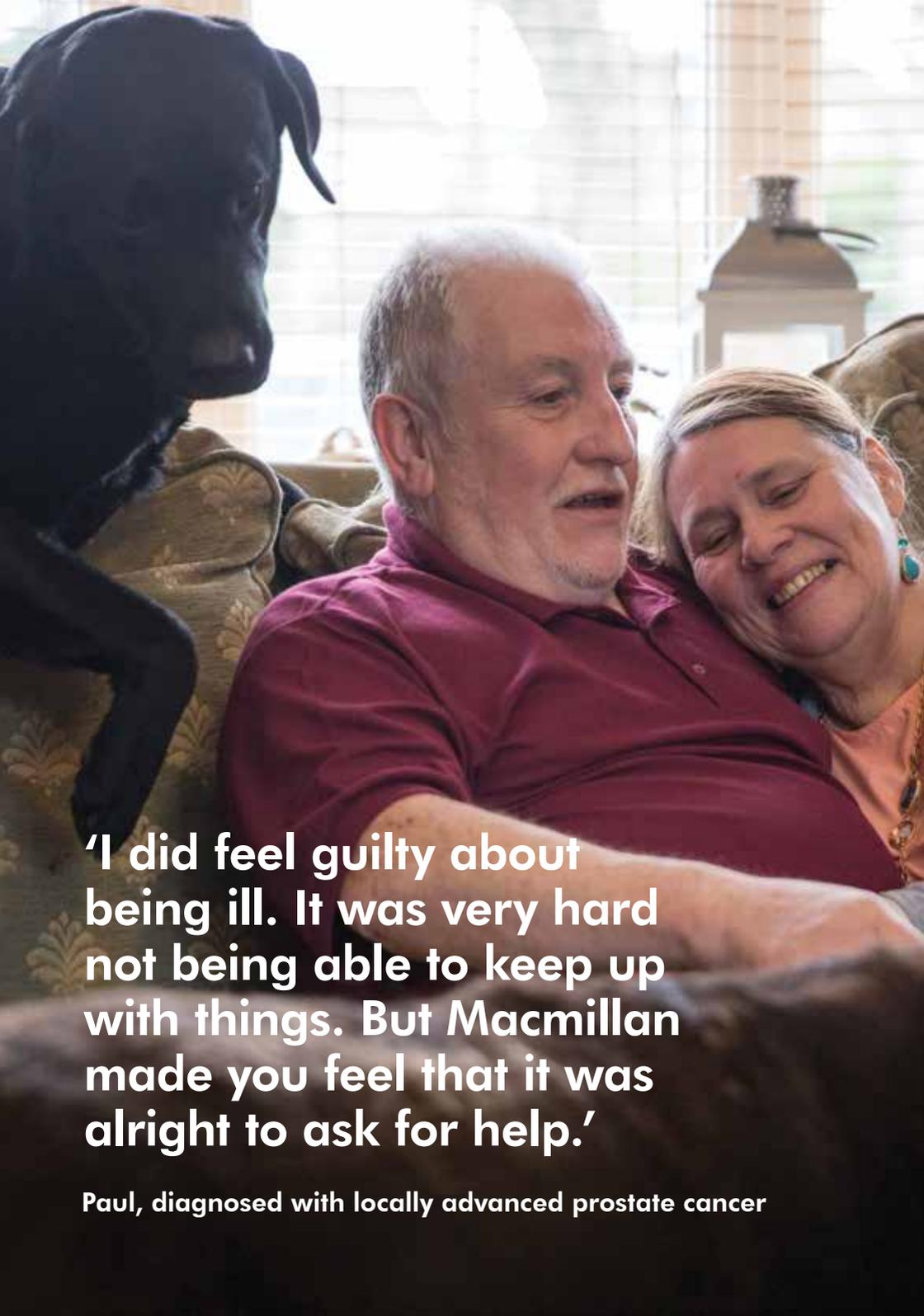


WE ARE
MACMILLAN.
CANCER SUPPORT

A practical guide to understanding cancer

UNDERSTANDING LOCALLY ADVANCED PROSTATE CANCER





'I did feel guilty about being ill. It was very hard not being able to keep up with things. But Macmillan made you feel that it was alright to ask for help.'

Paul, diagnosed with locally advanced prostate cancer

About this booklet

This booklet is for anyone who has been diagnosed with locally advanced prostate cancer. This is when prostate cancer has grown outside the prostate and may have started to spread into tissue or organs close by. There is also information for family members and friends.

The booklet explains the different treatments for locally advanced prostate cancer and their side effects. It also has information about the feelings you might experience, and how your relationships, work and finances might be affected.

We hope it helps you deal with some of the questions or feelings you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

As this booklet includes information on different treatments and side effects, not every section will apply to you. For example, the sections on treatments are split depending on which type you have. You may want to read about the different treatments to help you make decisions about your treatment.

You do not have to read the booklet from start to finish. You can use the contents list on page 5 to help you. It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

At the end of this booklet, there are details of other organisations that can help (see pages 117 to 122). There is also space to write down questions and notes for your doctor or nurse on pages 123 to 124.

If you find this booklet helpful, you could pass it on to your family and friends. They may also want information to help them support you.

Quotes

Throughout this booklet, we have included quotes from people affected by cancer. Some are from our Online Community ([macmillan.org.uk/community](https://www.macmillan.org.uk/community)). The others are from people who have chosen to share their experiences with us by becoming Cancer Voices. This includes Paul, who is on the cover of this booklet. To share your experience, visit [macmillan.org.uk/shareyourstory](https://www.macmillan.org.uk/shareyourstory)

For more information

Our booklets **Having tests for prostate cancer** and **Understanding the PSA test** have more information about tests for prostate cancer, which you may find helpful (see page 112).

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

'It became clear fairly early on that you can dip into Macmillan's support as and when you need to. I came to think of them as reinforcements that I could call in at any time.'

Paul



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ABOUT PROSTATE CANCER

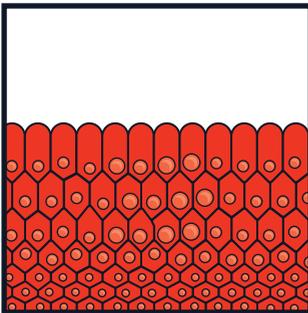
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What is cancer?

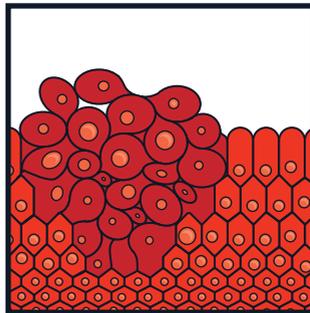
Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow and when to stop growing. When a cell is no longer needed or can't be repaired, it gets a signal to stop working and die.

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

Normal cells



Cells forming a tumour



A lump that is not cancerous (benign) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

A lump that is cancer (malignant) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system. When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a secondary cancer or a metastasis.

The prostate

The prostate is a small gland about the size of a walnut. The prostate gets bigger as men get older. It is divided into 2 lobes and has an outer layer called the capsule.

The prostate is below the bladder surrounding the first part of a tube called the urethra. The urethra carries pee (urine) from the bladder to the penis. The same tube also carries semen, which is the fluid containing sperm. Just behind the prostate is the back passage (rectum). There are also some lymph nodes (sometimes called glands) near the prostate (see page 14).

The prostate contains muscle tissue and glandular tissue. Glandular tissue is tissue that releases (secretes) certain substances.

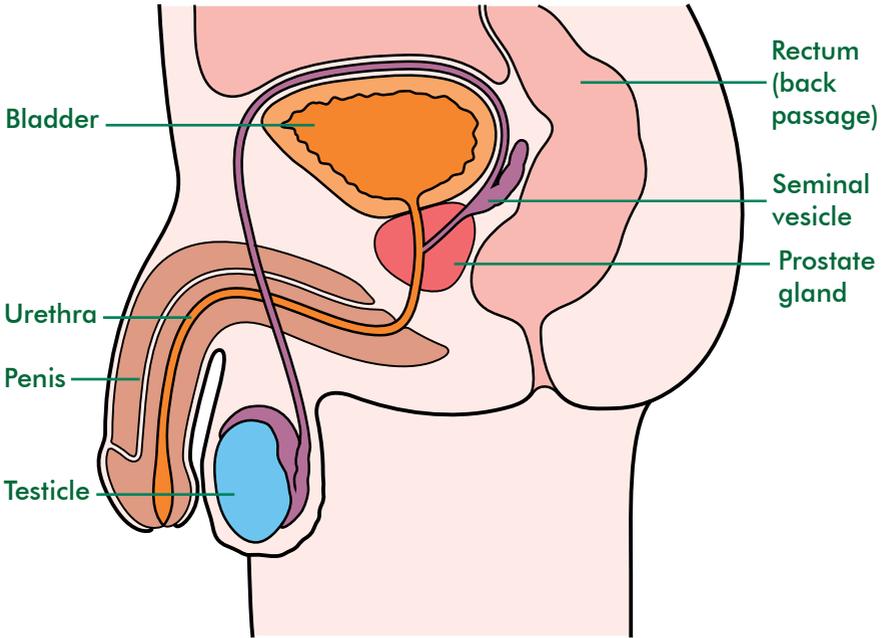
What does the prostate do?

The prostate produces a fluid that mixes with sperm (from the testicles) to make semen. The fluid is kept in a tube-shaped gland that sits behind the bladder. This gland is called the seminal vesicle. During sex, the muscle tissue helps force (ejaculate) prostate fluid and sperm into the urethra.

The male sex hormone testosterone (made in the testicles) controls how the prostate works. Testosterone is responsible for things like your sex drive, getting an erection and muscle development.

The prostate also produces a protein called prostate-specific antigen (PSA). This helps to make semen more watery. A blood test can measure PSA. This is called a PSA test. Doctors use it to help diagnose different prostate problems, including cancer.

The male reproductive system



Locally advanced prostate cancer

Prostate cancer is the most common cancer in men in the UK. It is usually diagnosed in men over 65. Prostate cancer can happen in younger men, but it is uncommon in men under 50.

Locally advanced prostate cancer is when the cancer has grown through the capsule that surrounds the prostate. It may have started to spread into tissue or organs close by. The results of your tests help tell your doctor the stage of the cancer and if it is locally advanced (see pages 22 to 26).

You may find our booklets **Having tests for prostate cancer** and **Understanding the PSA test** helpful (see page 112).



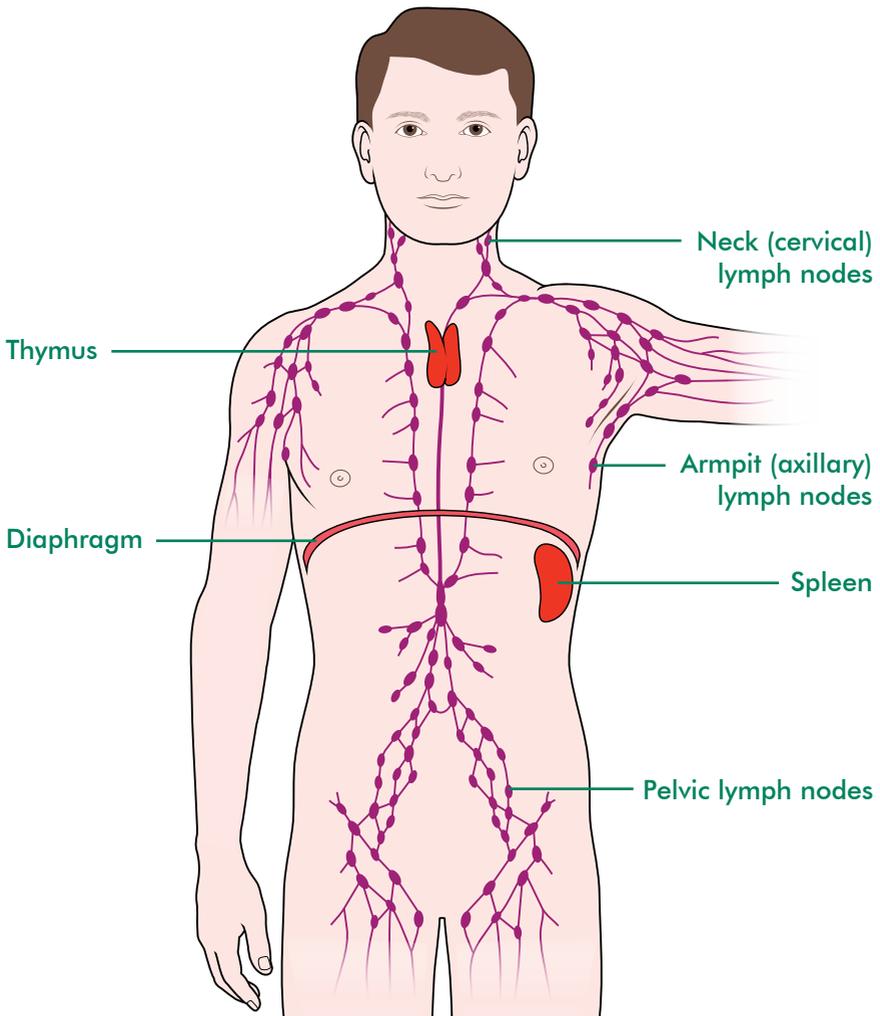
The lymphatic system

The lymphatic system helps protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

Lymph nodes (sometimes called lymph glands) are small and bean-shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell as they fight the infection.

If prostate cancer cells spread to the lymph nodes, they usually go to the nodes close to the prostate. Locally advanced prostate cancer may have spread to these nodes.

The lymphatic system



Risk factors and causes

Doctors do not know the exact causes of prostate cancer. But there are risk factors that can increase a man's chance of developing it. Having one or more risk factors does not mean a man will get prostate cancer. Having no risk factors does not mean a man will not develop prostate cancer. Different risk factors may affect the risk of getting prostate cancer.

Age

This is the strongest risk factor for prostate cancer. Men aged under 50 have a much lower risk of prostate cancer, although they can still develop it. The risk increases as men get older. More than half of all prostate cancers diagnosed in the UK are in men aged 70 and over.

Ethnicity

Black men have a much higher risk of developing prostate cancer than white men. The reason for this is not clear, but it may be due to genetic factors. Black men are also usually diagnosed with prostate cancer at a younger age.

Prostate Cancer UK provide an information pack for black men aged 45 and over who are concerned about their risk. They give advice on talking to your GP about your risk of prostate cancer, to help you to decide whether to have tests. See page 117 for details on how to contact them.

Asian men have a lower risk of developing prostate cancer. The reason for this is unknown.

Family history

Most men who get prostate cancer do not have a family history of it. Getting older is much more likely to be the significant risk factor.

But occasionally there may be a possible family link (inherited). Certain things make this more likely. For example, the more men in a family that have prostate cancer, the younger they were when diagnosed and the more closely related they are.

A man's risk of developing prostate cancer is higher if they have:

- either a father or brother who had prostate cancer – the risk is greatly increased if they were diagnosed under the age of 60
- 2 or more close relatives on the same side of the family who had prostate cancer – close relatives include a father, brother, grandfather, half-brother and an uncle
- certain inherited cancer gene changes (mutations).

We inherit our genes from our parents. Doctors think 5% to 10% of prostate cancers are linked to inherited gene changes (mutations). But they do not think there is a specific prostate cancer gene. It is thought that changes in a few genes are involved.

In a small number of men, prostate cancer may be linked to changes in the breast and ovarian cancer genes BRCA1 and BRCA2. Men with the BRCA2 gene mutation may have up to a 5 times higher risk of prostate cancer compared with the general population. The BRCA1 gene may also increase risk, but this is not as clear. Prostate cancer risk is also higher in men with Lynch syndrome, also known as hereditary non-polyposis colorectal cancer (HNPCC). We have more information on our

website.

Talk to your GP if you have a family history of cancer and are concerned about your prostate cancer risk.

We have more information in our booklet **Cancer genetics – how cancer sometimes runs in families** (see page 112).

Body weight and diet

Being very overweight (obese) may increase the risk of having a more advanced prostate cancer. It may also increase the risk of having a fast-growing (high grade) type of prostate cancer.

A diet high in animal fats may increase the risk of prostate cancer. This includes foods like red meat (such as beef, lamb and pork) and high-fat dairy products (such as butter, full-fat milk, cheese and cream).

A healthy, balanced diet is better for your general health. For most people, this includes:

- foods high in fibre (such as wholemeal bread, brown rice, oats, beans and lentils)
- lots of fruit and vegetables
- less red meat and less processed meat (such as sausages, burgers, bacon and ham)
- less fat and less sugar.

Eating a balanced diet and doing regular physical activity keeps you to a healthy weight. This may reduce your risk of certain types of cancers and other conditions, such as heart disease and diabetes.

We have more information in our booklets **Healthy eating and cancer**, **Recipes for people affected by cancer** and **Physical activity and cancer treatment** (see page 112).



PROSTATE CANCER STAGING

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Staging of prostate cancer

The stage of a cancer describes its size and how far it has spread. The results of your tests help your doctors decide on the stage. You and your doctors can then talk about the best treatment choices for you. We have more information in our booklet **Having tests for prostate cancer** (see page 112).

Your doctors also look at the grade of the cancer to help them plan your treatment. See pages 25 to 26 for more information. Doctors often use the TNM staging system or a number staging system for prostate cancer.

T **N** **M** staging

This gives information about the tumour, if it has spread to any lymph nodes, or to another part of the body (metastasis). T is for tumour, N is for nodes and M is for metastasis.

T Tumour

Doctors put a number next to the T to describe the size and spread of the cancer.

- T1 and T2 tumours are known as early (localised) prostate cancer. They are contained in the prostate.
- T3 tumours have spread outside the prostate and may be growing into tissues close by. T3 tumours are divided into:
 - T3a – The tumour has spread through the capsule surrounding the prostate.
 - T3b – The tumour has spread to the seminal vesicles that produce some of the fluid for semen.

- T4 tumours have spread into areas close by, such as the bladder or back passage (rectum), or the muscle that controls peeing.

N Nodes

- N0 means there is no cancer in the lymph nodes near the prostate.
- N1 means there is cancer in 1 or more lymph nodes close by.

M Metastasis

- M0 means the cancer has not spread to another part of the body, so locally advanced prostate cancer is always M0.

You can talk to your doctor or specialist nurse about your TNM staging. They can explain it to you.

The number staging system

This system brings together the different parts of the TNM staging system and gives it a number stage. Locally advanced prostate cancer is either stage 3 or sometimes stage 4.

Stage 3 is any T3 tumour when the cancer has not spread to the lymph nodes or to another part of the body.

Stage 4 is any T4 tumour that either:

- has not spread to the lymph nodes
- has spread to the lymph nodes close by and is any size.

This is called locally advanced prostate cancer.

Stage 4 is also any tumour that has spread to another part of the body, such as the bones. This is called advanced or metastatic prostate cancer. We have more information in our booklet

Understanding advanced (metastatic) prostate cancer
(see page 112).

Grading of prostate cancer

A doctor decides the grade of the cancer by how the cancer cells look under the microscope. The grade gives an idea of how quickly the cancer might grow or spread.

Gleason score

Gleason is the most commonly used grading system. It looks at the pattern of cancer cells in the prostate. There are 5 different patterns, graded from 1 to 5.

Grade 1 is very similar to normal prostate tissue, and grade 5 is very different to normal tissue. Only grades 3, 4 and 5 are cancer.



There may be more than one grade. The doctor examines all the samples taken at your biopsy. They find:

- the most common grade in the samples
- the highest grade in the samples.

They add these together to get your Gleason score. A Gleason score of 7 could be $3 + 4$ or $4 + 3$.

If your Gleason score is between 6 and 10:

- Gleason score 6 means the cancer is slow-growing and less likely to spread
- Gleason score 7 means the cancer is between a slow-growing and fast-growing cancer (intermediate grade)
- Gleason score 8 to 10 means the cancer is more likely to grow quickly and to spread (high grade).

New grading system

This new system grades the cancer between 1 and 5, depending on your Gleason score. The lower the grade, the less likely the cancer is to spread. This helps your doctor to plan your treatment.

There are 5 Grade Groups:

- Grade Group 1 (Gleason score 6) is the lowest grade and not likely to spread.
- Grade Group 2 (Gleason score $3 + 4 = 7$).
- Grade Group 3 (Gleason score $4 + 3 = 7$).
- Grade Group 4 (Gleason score 8).
- Grade Group 5 (Gleason scores 9 and 10).

This system splits Gleason score $3 + 4$ and $4 + 3$, although they both equal a score of 7. If your most common grade is 3 rather than 4, you are in Grade Group 2. Men in Grade Group 3 may need more treatment than men in Grade Group 2.

Gleason scores 8 to 10 are split into Grade Group 4 and Grade Group 5. Grade Group 5 cancers are more likely to spread quickly than Grade Group 4 cancers.

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you, your cancer diagnosis and your treatment is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at [macmillan.org.uk/cancerregistry](https://www.macmillan.org.uk/cancerregistry)



TREATING LOCALLY ADVANCED PROSTATE CANCER

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Treatment overview

There are different treatments for locally advanced prostate cancer. Treatments may be able to successfully treat the cancer or help keep it under control for many years.

Your doctor and nurse will help you understand what these treatments involve and how they may affect your life. If possible, you may want to involve a partner or someone close to you in these talks. Deciding on your treatment can be difficult, but there is support to help you. See pages 33 to 37 for more information on making treatment decisions.

Treatments

The main treatments include hormonal therapy, radiotherapy, and watchful waiting. You may need a combination of treatments.

Your doctor will talk to you about the different factors you should consider when making treatment decisions. Together, you can decide on the best treatment for you. This will depend on:

- your general health
- your age
- the Gleason score or cancer grade (see pages 25 to 26)
- the stage of the cancer (see pages 22 to 24).

Sometimes your doctor may talk to you about having your treatment as part of a clinical trial (see pages 75 to 77).

Find out more in our booklet **Understanding cancer research trials (clinical trials)**. See page 112 for details.

Radiotherapy

This uses high-energy x-rays to destroy the cancer cells. It is usually given externally (from outside the body). It is often the main treatment for locally advanced prostate cancer (see pages 38 to 52).

Some men may have radiotherapy given from inside the body (brachytherapy) with external radiotherapy.

It is not common to have the prostate removed with surgery (prostatectomy), but if you do then you may need radiotherapy after it.

Hormonal therapy

Prostate cancer needs testosterone to grow. Hormonal therapies reduce the amount of testosterone in the body (see pages 53 to 58).

You may have hormonal therapy before, during or after radiotherapy, to make the treatment more effective. Or your doctor may advise having hormonal therapy on its own if either:

- you are older
- you have health problems that make having radiotherapy difficult.

Watchful waiting (watch and wait)

In some situations, doctors may ask you to think about not having treatment straight away. Instead, they monitor the cancer. Doctors call this watchful waiting (watch and wait). See pages 60 to 61 for more information.

You do not have regular scans or start treatment unless the cancer is growing or you get symptoms. It means you avoid treatment and its side effects for as long as possible. For some men, the side effects of treatment may be worse than the effects of the cancer.

Your doctor might advise watchful waiting if either:

- you are older and do not have symptoms
- you have another medical condition that makes having treatment difficult.

If the cancer starts growing or you get symptoms, your doctor will usually advise that you start hormonal therapy to control the cancer. But some older men may never need treatment for the cancer in their lifetime.

Surgery

An operation to remove the prostate (prostatectomy) is not commonly done to treat locally advanced prostate cancer. Surgery may not be able to remove all the cancer cells that have spread outside the prostate. But occasionally it may be done to try to prevent the cancer spreading. You usually have radiotherapy afterwards.

Other types of surgery are sometimes done to relieve symptoms or reduce testosterone levels in the body.

See pages 62 to 74 for more information about surgery.

How your treatment is planned

A team of specialists will meet to discuss the best possible treatment for you. This multidisciplinary team (MDT) will include:

- a surgeon (urologist) who specialises in operating on the prostate
- a cancer doctor (oncologist) who specialises in radiotherapy, hormonal therapy and chemotherapy treatments
- a specialist nurse who gives information and support
- a radiologist who analyses x-rays and scans
- a pathologist who advises on the type and extent of the cancer.

It may also include other healthcare professionals, such as social workers and physiotherapists.



Talking about your treatment

After the MDT meeting, your specialist doctor and nurse will talk to you about your treatment options. Before this, you might find it useful to write down a list of your questions. It is a good idea to have a partner, family member or friend with you at the appointment. They can help you remember what was said and talk to you about it afterwards.

Your doctor will explain your treatment options and the aims. This should include:

- the benefits and disadvantages (risks and side effects) of different treatments
- other treatments that may be available
- what is likely to happen without the treatment.

They will explain different side effects and how they can be managed. They will help you make decisions about your treatment. If there is anything you do not understand, ask your doctor or nurse to explain it again. Cancer treatments can be complicated. It is also hard to take things in when you are feeling anxious. You may need to have more than one meeting with your doctor about your treatment.

Deciding on your treatment

You and your doctor can decide on the right treatment plan for you. Your doctor is an expert in the most effective treatments, but you know best about your lifestyle and preferences.

When you make treatment decisions, you may want to think about:

- how different treatments and side effects will affect your everyday life
- how much certain side effects are likely to bother you
- if any other medical conditions you have will affect how you can cope with treatments
- whether the cancer is likely to cause you problems over your lifetime
- how you would cope without having any treatment.

Choosing between treatments

Your doctor may ask you to choose between two treatments.

Make sure you understand what each treatment involves and its advantages and disadvantages. You should also think about the immediate and long-term side effects. Your doctor or nurse may give you decision-making aids such as leaflets, videos, or web-based tools to help you decide.

You may want to think about how certain side effects are likely to affect you. It is also important to know about your treatment options if the cancer comes back. We have more information about advantages and disadvantages of individual treatments at the end of each section about a treatment (pages 38 to 77).

Prostate cancer treatments can affect your fertility. If this is a concern for you, talk to your doctor or nurse. You may be able to store sperm before treatment starts.

Treatment effects on your sex life

For many men, the effects of treatment on their sex life and relationships is a major concern. Your doctor and nurse will explain the likely effects of treatments on your sex life. Try to let them know about your sexuality if you have issues you want to talk about. If you have a partner, it may help to bring them with you for support.

Talking about your sex life with your healthcare team can be uncomfortable. But your doctor and nurse are used to talking about these issues. There are different treatments and support available to improve sexual difficulties. Your doctor and nurse will explain these.

Prostate Cancer UK provides specific information and support for gay and bisexual men about the side effects of treatment and living with prostate cancer (see page 117 for contact details).

Giving your consent

Your doctor or nurse will usually ask you to sign a form giving your permission (consent) for them to give you the treatment. They cannot give treatment without your consent. Make sure you fully understand what is involved before you give consent (see pages 34 to 36).

Occasionally, people choose not to have treatment even though their doctor advises them to. Always tell your doctor or nurse about worries you have about treatment, so they can give you the best advice.

Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion. Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you, and have a list of questions ready, so that you can make sure your concerns are covered during the discussion.

Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells. At the same time, doctors try to make sure radiotherapy causes as little harm as possible to healthy tissue and organs close by. These include the bladder, back passage (rectum) and bowel.

Radiotherapy for prostate cancer can be given in different ways:

- external-beam radiotherapy – radiotherapy is given from outside the body (externally) from a radiotherapy machine
- brachytherapy – radiotherapy is given from inside the body (internally).

External-beam is the most common way of giving radiotherapy for locally advanced prostate cancer. You usually have it with hormonal therapy, which makes treatment work better.

Your cancer doctor may advise you to have hormonal therapy for up to 6 months before radiotherapy. Hormonal therapy can shrink the cancer, which helps make radiotherapy more effective. You usually continue to take hormonal therapy (see pages 53 to 58) after radiotherapy. It may be given for up to 3 years.

Some men with locally advanced prostate cancer may be given brachytherapy (see pages 50 to 52) with external radiotherapy.

If you smoke, you should try to stop. Not smoking during and after radiotherapy can make treatment more effective and reduce the side effects.

Many hospitals provide help or advice on how to quit smoking. Ask your cancer doctor, radiographer or specialist nurse if your hospital provides this service.

If they do not, your GP, a pharmacist or an organisation such as Smokefree will be able to help – visit [nhs.uk/smokefree](https://www.nhs.uk/smokefree)

We have more information to help you give up smoking in our **Giving up smoking** booklet (see page 112).

External-beam radiotherapy for locally advanced prostate cancer

You have external-beam radiotherapy as an outpatient in the radiotherapy department. Radiotherapy is given using a machine that is like a big x-ray machine. This is called a linear accelerator (often called a LINAC).

You usually have it as a series of short, daily treatments. The treatments are given from Monday to Friday, with a rest a the weekend. Your course of treatment may last for 4 to 8 weeks. Radiotherapy is not painful, but you will need to lie still while you have it.

Some men may have radiotherapy over 4 weeks instead of over 7 weeks. The total dose of radiation is the same for both. But when it is given over 4 weeks, the dose for each treatment session is higher. Doctors call this hypofractionation. Both are effective treatments. Your cancer doctor will recommend the best timing and way for you to have your radiotherapy.

The radiotherapy does not make you radioactive. It is safe for you to be with other people during external radiotherapy, including children.

Types of external-beam radiotherapy

There are different types of external-beam radiotherapy. They aim to treat the cancer while protecting healthy tissue. This reduces side effects.

You usually have either conformal radiotherapy or intensity-modulated radiotherapy (IMRT). They are both effective treatments for prostate cancer:

- Conformal radiotherapy – Uses specially shaped radiation beams, so they match the shape of the cancer. This reduces damage to surrounding healthy tissue.
- Intensity-modulated radiotherapy (IMRT) – Shapes the radiation beams and allows different doses of radiotherapy to be given to different areas. Lower doses are given to healthy tissue, which reduces the risk of damage.

Other types of radiotherapy are used less commonly:

- Image-guided radiotherapy (IGRT) – This is usually done alongside IMRT. Images are taken before or during radiotherapy that show the size, shape and location of the tumour. These are used to make changes to the treatment area.
- Stereotactic ablative radiotherapy (SABR) – This allows large doses of radiotherapy to be given to small areas very precisely, so you need fewer treatments. Different machines can be used to give SABR. It is only available in a research trial for prostate cancer (see pages 75 to 77).



Planning external-beam radiotherapy

Your cancer doctor (oncologist) plans your radiotherapy carefully to make sure it is as effective as possible. On your first visit, you will have a planning CT scan. The scan helps them work out the exact dose and area of your treatment.

Before your scan, you may need to follow a special diet or take medicine to empty your bowel. You may also need to drink water to fill your bladder. This is to get very clear CT pictures to help plan your treatment.

You may have a small amount of liquid passed into your rectum (called an enema) to empty your bowel. The hospital will send you information if you need to prepare for your scan.

During the scan, you need to lie still and in the same position you will be in for your radiotherapy.

The person who gives you your treatment (radiographer) will make some permanent marks (tattoos) the size of a pinpoint on your skin. These are used to make sure you are in the correct position for every treatment session. The marks also show where the beams will be directed. This is only done with your permission. It may be a little uncomfortable. If you are worried about this, talk to the radiographer.

Some men have tiny gold grains put into their prostate gland using an ultrasound scan. They act as markers that show the position of the prostate to help your cancer doctor plan each session of treatment. Having these markers can help reduce side effects and any possible damage to organs close to the prostate. We have more information about ultrasound and CT scans (see page 112).

Treatment sessions

The radiographer will explain what will happen. At the start of each treatment session (called a fraction), they make sure you are in the correct position on the couch and that you are comfortable.

When everything is ready, they leave the room so you can have the radiotherapy. The treatment only takes a few minutes. You can talk to the radiographers through an intercom or signal to them during the treatment. They can see and hear you from the next room.

During treatment, the radiotherapy machine may automatically stop and move into a new position. This is so the radiotherapy can be given from different directions.

Side effects of external-beam radiotherapy

Side effects usually build up slowly after you start treatment. They may continue to get worse for a couple of weeks after treatment. But after this, most side effects improve gradually over the next few weeks.

'Make sure you get up and about. Anything you can do to make yourself feel better will pay massive dividends.'

Adrian

Your doctor, nurse or radiographer will talk to you about this. They will explain what to expect and give you advice on what you can do to manage side effects. Always tell them about your side effects. There are usually things they can do to help. We list the common side effects here, but you may not get all of these.

We have more detailed information about pelvic radiotherapy (see page 112).

Tiredness

Radiotherapy causes tiredness, especially towards the end of treatment. It may last for a couple of months or longer after treatment has finished. Make sure you get plenty of rest. But try to balance this with regular physical activity, such as short walks. This will help give you more energy.

Our booklets **Coping with fatigue (tiredness)** and **Physical activity and cancer treatment** may be helpful (see page 112).

Effects on the skin

The skin in the treated area may become red (if you have light skin) or darker (if you have dark skin). It may also become dry, flaky, and itchy. Sometimes the skin around the back passage (rectum) and scrotum becomes moist and sore. The radiographer or your specialist nurse will tell you how to look after the skin in the treated area. They can prescribe a cream or dressings and painkillers if you need them. Always tell them if your skin is sore or you have other changes.

Your pubic hair may fall out. It usually starts to grow back a few weeks after you have finished treatment. It may be thinner than before.

Effects on the bladder

Radiotherapy can also cause inflammation of the bladder (cystitis). You may:

- feel you want to pass urine (pee) more often
- have a burning feeling
- have urgency when you pass urine.

Your doctor can prescribe medicines to help. Drinking 2 to 3 litres (3½ to 5½ pints) of fluids a day can help. Avoid drinks containing caffeine and alcohol.

These side effects usually disappear slowly a few weeks after treatment has finished.

Occasionally, men may have difficulty passing urine and need to have a tube put into the bladder to drain urine (urinary catheter). Rarely, some men may have some leakage of urine (incontinence). Let your nurse or radiographer know if this happens.

Some men who had urinary problems when they were diagnosed may find these improve a while after their radiotherapy finishes.

Effects on the bowel

Radiotherapy to the prostate can irritate the back passage (rectum) and bowel. You may get diarrhoea, wind and cramping pains in your tummy (abdomen). Your doctor can prescribe medicines to help control these side effects. Some men get pain in the back passage and may have some bleeding.

If you have diarrhoea, drink at least 2 to 3 litres (3½ to 5½ pints) of fluids a day. Avoid caffeine and alcohol. Your nurse or radiographer may advise you to make some changes to your diet during treatment, such as eating less fibre.

'The radiotherapy staff were excellent, reassuring me and explaining what would happen. I had no complications from the radiotherapy in respect of my bladder, bowel or skin. I have follow-ups every three months by the surgeon and oncologist, alternately.'

Jim

Possible late effects of external-beam radiotherapy

Some men may have side effects that do not improve, or side effects that happen months to years after radiotherapy finishes. These are called long-term or late effects. Your doctor or nurse will explain these to you. There are different ways late effects of pelvic radiotherapy can be managed. We have more information in our booklet **Managing the late effects of pelvic radiotherapy in men** (see page 112).

Erection problems

Radiotherapy for prostate cancer can cause problems getting or keeping an erection. This is called erectile dysfunction (ED). Your age and if you are having hormonal therapy (see pages 53 to 58) can also affect how likely you are to get ED. Most men with locally advanced prostate cancer will have hormonal therapy.

ED may not happen straight after treatment. It can develop slowly over 2 to 5 years. Ask your cancer doctor about your risk of ED. If you develop ED, there are different treatments that can help.

After radiotherapy and brachytherapy, some men ejaculate little or no semen.

Infertility

Radiotherapy to the prostate may cause permanent infertility. Some men may find this difficult to cope with. If you are worried, talk to your cancer doctor. You may be able to store sperm before treatment starts. We have more information about infertility (see page 112).

Bowel and bladder problems

Some men may have bowel or bladder changes because of radiotherapy. For example, blood vessels in your bowel and bladder can become more fragile. This may cause blood in your urine or from the back passage (bottom). If you notice any bleeding, always tell your doctor so they can check it out.

Let them know about any bowel or bladder symptoms you have. They can give you advice and may do some tests. You may also find it helpful to contact the Bladder and Bowel Community for support. See page 117 for contact details.

Bowel changes can include diarrhoea, wind or constipation. Rarely, some men have difficulty controlling their bowels and may have some leakage (faecal incontinence). These symptoms can often be managed with medication and changes to your diet. If the problems do not improve, you can ask to be referred to a bowel specialist (a gastroenterologist or bowel surgeon).

The symptoms of bladder irritation that happen during treatment may not stop completely. Rarely, some men may get leakage of small amounts of urine (urinary incontinence). Your doctor can arrange for you to see a specialist continence nurse or physiotherapist for advice.



Macmillan toilet card

If you need to use a toilet urgently, you can show this card in places such as shops, offices, cafes and pubs. You can use it during or after treatment. We hope it allows you to get access to a toilet without any awkward questions. But we cannot guarantee that it will work everywhere. To order a card, see page 112.

Advantages of external-beam radiotherapy

- For some men, it may cure the cancer, and for others it may control it for many years.
- If you are also having hormonal therapy, it can make this treatment more effective.
- You have it as an outpatient.
- You can carry on doing most of the daily things you usually do.

Disadvantages of external-beam radiotherapy

- You have to go to hospital for 4 to 8 weeks, Monday to Friday, as an outpatient.
- For a small number of men, it may cause bowel late effects.
- Some men develop erection difficulties and a small number of men may have problems leaking urine (incontinence).

Brachytherapy for locally advanced prostate cancer

Brachytherapy (internal radiotherapy) gives high doses of radiation directly to the prostate. Doctors may use high-dose rate (HDR) brachytherapy with external radiotherapy to treat locally advanced prostate cancer.

HDR brachytherapy involves placing thin tubes into the prostate. They are attached to a machine that sends radioactive material into the tubes for a set time.

There may be some differences in how each hospital gives brachytherapy. Your doctor or nurse will explain what will happen. They will usually give you written information about:

- brachytherapy
- how you prepare for it
- possible side effects (see page 52).

You usually have antibiotics before brachytherapy to help prevent infection. You may also be given tablets to help you pass urine more easily.

HDR brachytherapy

You will have a general or a spinal anaesthetic (injection of painkillers into your spine) to have HDR brachytherapy. If you have a spinal anaesthetic, you will be awake but will not feel any pain. You may need to stay in hospital overnight.

Having the tubes put in

Your doctor passes an ultrasound probe into the back passage (rectum) to take pictures of the prostate. This helps your doctor plan the number of tubes needed and where they should be placed.

Your specialist puts the tubes that deliver the brachytherapy into your prostate. They pass them into the prostate through the skin between the scrotum and back passage. Your doctor may also put a thin tube into the bladder to drain urine (catheter). This prevents any swelling of the prostate stopping you passing urine. They remove the catheter before you go home.

When the tubes are in, you have a CT or MRI scan. This helps your doctor plan exactly how much radiation to give the prostate.

Having HDR

The nurses take you to a treatment room that has the HDR machine. They attach the tubes to the machine. The machine sends the radioactive material into the tubes going into the prostate. A computer monitors how long the radioactive material stays in place for. The treatment takes up to an hour.

The tubes can be uncomfortable, and you must stay in bed lying down while they are in place. The nurses will give you painkillers to take. After HDR brachytherapy is finished, the radioactive material is returned to the machine and your doctor removes the tubes.

If you need more than one treatment, the tubes are left in place in between treatments. Some men need 2 or 3 treatments over 24 hours.

After treatment

After treatment, you have no radioactive material inside you, so there is no risk in being around other people.

You need to avoid doing heavy lifting or brisk physical activity for 2 to 3 days. The area between your legs can feel bruised and inflamed for a few days. Your doctor can prescribe painkillers to take.

Side effects of brachytherapy

Brachytherapy causes similar side effects to external-beam radiotherapy (see pages 43 to 47). Having brachytherapy with external-beam radiotherapy may make some side effects more severe. Some side effects may take several weeks to develop and may last for longer.

Effects on the bladder

These can be a problem after brachytherapy. If you already have difficulties passing urine, you will not usually have brachytherapy, as it may make bladder problems worse.

It is normal to see some blood in your urine and semen for a few weeks after treatment. If bleeding gets worse or you have large clots, tell your doctor straight away. Drinking plenty of water helps flush your bladder and prevent blood clots.

You may also:

- have discomfort or pain passing urine
- need to pass urine urgently and more often.

Drinking plenty of water and avoiding caffeine and alcohol will help improve these symptoms.

Not being able to pass urine

Brachytherapy may cause swelling of the prostate. This may make it difficult to pass urine. If this happens, you may need to have a catheter put in your bladder until the swelling goes down.

Sometimes radiotherapy can narrow the urethra (called a stricture). This causes difficulties with passing urine. This may happen weeks, months or even years after treatment finishes. A stricture can be treated by passing a thin, plastic tube through the urethra to widen (dilate) it.

Hormonal therapy

Prostate cancer needs the hormone testosterone to grow. Testosterone is mainly made by the testicles. Hormonal therapies lower your testosterone levels or stop it reaching the prostate cancer cells.

Testosterone is important for:

- sex drive (libido)
- getting an erection
- facial and body hair
- muscle development and bone strength.

Hormonal therapy with radiotherapy

Doctors usually advise having hormonal therapy along with radiotherapy (see pages 38 to 52) to treat locally advanced prostate cancer.

It may be given during radiotherapy and either:

- a few months before radiotherapy, to shrink the cancer and make treatment more effective (called neo-adjuvant treatment)
- after radiotherapy, to reduce the chance of the cancer coming back (called adjuvant treatment).

Your doctor will advise when and how long you should have the hormonal therapy for. They may advise you to have 2 to 3 years of hormonal therapy after radiotherapy finishes.

Hormonal therapy on its own

If your doctors are using the watchful waiting approach (see pages 60 to 61) and the cancer starts to grow, you may have hormonal therapy on its own.

Some men decide to have hormonal therapy on its own instead of radiotherapy. Unlike radiotherapy, hormonal therapy on its own will not get rid of all the cancer cells. But it may be suitable if you are not well enough to have radiotherapy, or do not want to have it.

Hormonal therapy can slow down or stop the cancer cells growing for many years. Not having radiotherapy means you avoid its side effects, such as bladder and bowel effects. Hormonal therapy can also cause side effects (see pages 57 to 58). It is important to talk to your doctor or nurse about it before you decide.

Some men having hormonal therapy on its own may have intermittent therapy. This is where you stop taking the drugs for a while and then start taking them again. It means you get a break from the side effects of hormonal therapy. It is not suitable for everyone and should only be done following your doctor's advice. Your doctor can explain more about this.

Occasionally, men have an operation to remove part or all of the testicles. This is called an orchidectomy. It is not commonly done. It is more common to use hormonal therapy drugs to lower testosterone. But it may be an option if you find it hard to have regular injections or to take tablets every day. It is as effective as other hormonal treatments. You can have the operation as a day patient.

The operation cannot be reversed, which can be upsetting. It causes most of the same side effects you get with other hormonal therapy drugs. It is important to talk it over carefully with your doctor and nurse.

Types of hormonal therapy

There are different types of hormonal therapy that may be used. Your doctor or nurse will explain the drug that is most suitable for your situation.

LHRH agonists

The pituitary gland in the brain makes a hormone called luteinising hormone (LH). This hormone tells the testicles to make testosterone. LHRH agonists interfere with this action and stop the testicles making testosterone. You have them as an implant injection or an injection under the skin.

The commonly used LHRH agonists are:

- goserelin (Zoladex[®], Novgos[®])
- leuprorelin (Prostap[®], Lutrate[®])
- triptorelin (Decapeptyl[®], Gonapeptyl Depot[®]).

A nurse or doctor at your GP practice or hospital can give you these drugs.

Goserelin is given as an injection of a small pellet (implant) under the skin of the tummy (abdomen). The drug is released slowly as the pellet dissolves. You have it every 4 weeks. You can also have it as a longer-acting injection every 12 weeks.

Leuprorelin and triptorelin are given as an injection under the skin or into a muscle. You have these monthly, or every 3 to 6 months.

The first time you have one of these drugs, it can cause a temporary increase in testosterone. This can make any symptoms worse for a short time. This is sometimes called tumour flare. To prevent this, your doctor usually asks you to take an anti-androgen drug. You take it for a short time before and after starting the LHRH agonist.

Anti-androgen drugs

These drugs stop testosterone from reaching the cancer cells. You take them as tablets. We have more information about the drugs used in hormonal therapy on our website (see page 112).

Some men may have anti-androgen drugs with radiotherapy, instead of having an LHRH agonist with radiotherapy. Or you may have an anti-androgen before and after the first injection of an LHRH agonist, to prevent any symptoms getting temporarily worse (tumour flare).

Anti-androgen drugs include:

- bicalutamide (Casodex®)
- cyproterone acetate (Cyprostat®)
- flutamide.

Side effects of hormonal therapy

Reducing the level of testosterone can cause different side effects. There are different ways hormonal side effects can be managed or treated. Your doctor or nurse will explain this to you. Some side effects are only likely to affect you when you have hormonal therapy for over 6 months.

Common side effects

Common side effects include the following:

- Erection difficulties (called erectile dysfunction or ED) and reduced sex drive. This usually improves after you stop treatment, but it may take a few months. If you have ED, there are drugs and treatments that may help.
- Hot flushes and sweats. These may reduce as your body adjusts to hormonal treatment. They usually stop completely 3 to 6 months after treatment finishes.
- Tiredness and difficulty sleeping. This is common, and hot flushes may make sleeping difficult. Regular physical activity can help reduce tiredness.
- Mood changes. Talking to someone close to you or a counsellor may help.

'I kept reminding myself that whatever this treatment is doing to me, it's doing a lot worse to the cancer inside.'

Paul

Other side effects

If you have hormonal therapy for 6 months or more, you may have other side effects. The benefits of hormonal therapy generally outweigh the possible risks. Your doctor or nurse will talk to you about this.

Other possible side effects include the following:

- Weight gain (especially around the middle) and loss of muscle strength. Regular physical activity and a healthy, balanced diet can help manage this.
- Breast swelling or tenderness. This is most common with flutamide and bicalutamide. Some men have low-dose radiotherapy to their chest before treatment to prevent this. If you are taking bicalutamide, another option is to take a hormonal drug called tamoxifen to reduce breast swelling.
- Bone thinning (osteoporosis). The risk of this is increased with long-term hormonal treatment. You may have a scan to check your bones before you start treatment. Regular weight-bearing exercises such as walking, dancing, hiking or gentle weight-lifting can help keep your bones healthy. Your doctor may give you advice on diet and exercise. They may advise you to take calcium and vitamin D tablets. They may also talk to you about taking bone-strengthening drugs called bisphosphonates or a drug called denosumab (Prolia®).
- An increase in the risk of heart disease and diabetes. Not smoking, being physically active, eating healthily and keeping to a healthy weight can help reduce these risks.

Different hormonal therapies have different side effects. It is important to discuss these with your doctor or nurse before treatment so you know what to expect.



Watchful waiting

Some prostate cancers grow very slowly and may never cause any symptoms. For this reason, some men decide with their specialists to wait before starting any treatment. This is called watchful waiting. It is a way of avoiding treatment for as long as possible.

If you have locally advanced cancer, you will only be offered watchful waiting if you are not well enough to have radiotherapy or surgery. You may also be offered watchful waiting if you have chosen not to have radiotherapy or surgery.

Instead of having treatment, you will see your doctor regularly – usually your GP. They will ask if you have any new symptoms, such as difficulty passing urine (peeing) or bone pain. You will have regular blood tests to check your PSA levels. You may also have rectal examinations. We have more information in our booklets **Understanding the PSA test** and **Having tests for prostate cancer** (see page 112).

You will not need a scan or prostate biopsy unless the cancer starts to grow.

If there is no sign that the cancer is getting bigger or growing more quickly, it is safe to continue with watchful waiting.

If you have any symptoms, or your PSA level rises, your GP will refer you back to the specialist at the hospital. They will usually recommend hormonal therapy (see pages 53 to 58). This will not cure the cancer, but it can help control it. In some men, hormonal therapy can control prostate cancer for many years.

Advantages of watchful waiting

- You can avoid treatment such as surgery or radiotherapy, and related side effects.

Disadvantages of watchful waiting

- You may find it difficult to cope with knowing the cancer is not being treated straight away.

Surgery

Surgery to remove the prostate is called a radical prostatectomy. There are different types of radical prostatectomy. The aim of the surgery is to remove all the cancer cells. This operation is only suitable for a small number of men with locally advanced prostate cancer. This is because it may not be possible to remove all the cancer cells that have spread outside the prostate. You can talk to your specialist doctor about whether a prostatectomy would be suitable for you.

After a prostatectomy, men with locally advanced prostate cancer may need to have additional treatment with radiotherapy, or radiotherapy with hormonal therapy.

Some men with locally advanced prostate cancer may have other types of surgery:

- Transurethral resection of the prostate (TURP) – this operation does not treat the cancer, but may help with symptoms such as difficulty passing urine (peeing). It is sometimes done before other treatments such as radiotherapy. We have information about this operation on pages 72 to 74.
- Subcapsular orchidectomy – this operation may be done to remove part of the testicles. This reduces hormone levels and can help to control the cancer and symptoms. We have information on this operation in our section on hormonal therapy (see page 54 to 55).

Before the operation, the surgeon (a urologist) will explain what will happen and tell you about any possible side effects (see pages 33 to 37). They may also tell you about other treatments that may be more suitable for you.

Open radical prostatectomy

The surgeon makes a cut in your lower tummy (abdomen), so they can remove the whole prostate. Or sometimes they remove the prostate through a cut they make in the area between the scrotum and the back passage, called the perineum.

Laparoscopic radical prostatectomy

In this type of operation, your surgeon does not need to make a large cut. Instead, they remove the prostate using 4 or 5 small cuts (about 1cm each in length) in the tummy (abdomen). This type of surgery is also known as keyhole surgery.

The surgeon then puts a small tube with a light and camera on the end (laparoscope) through one of the cuts. This shows an image of the prostate on a video screen. The surgeon then uses smaller, specially designed equipment to cut away the prostate from surrounding tissues. They remove the prostate through one of the small cuts.

Robotic-assisted laparoscopic radical prostatectomy

This is when a laparoscopic radical prostatectomy can be assisted by a machine. Instead of the surgeon holding the tube with the camera (laparoscope) and the surgical equipment, they are attached to robotic arms. The surgeon controls the robotic arms, which can move very precisely. This means the surgeon is less likely to damage the nerves that control erections and passing urine (urinary continence).

Surgeons need special training before they can do this type of surgery. This means it is only available in some hospitals in the UK. Your surgeon will tell you if robotic surgery is suitable for you and where the treatment is available.

During surgery

During an open or laparoscopic prostatectomy, the surgeon usually removes the seminal vesicle (the gland which helps make semen). See pages 10 to 11 for more information. They may also remove the lymph nodes close to the prostate and check them for cancer cells. This depends on your risk of having cancer in the lymph nodes.

After your prostatectomy

You will be encouraged to start moving around as soon as you can after your operation. This can help reduce the risk of complications.

After a prostatectomy, you will usually have a drip (intravenous infusion) into a vein in your arm. This will stay in for a few hours after your operation, until you are eating and drinking again.

Wound

If you have had an open prostatectomy, you will have a wound on your tummy or a wound between your scrotum and your back passage. If you have had a laparoscopic prostatectomy, you will have a few small wounds. You may have a small tube in the wound to drain any fluid coming from it. This is usually removed after a few days.

Pain

You may have some pain or discomfort. This might continue for a few weeks, particularly when you walk. Taking painkillers regularly should help this. Let the staff on the ward know if you are still in pain.

Catheter

You will have a tube (catheter) to drain urine from the bladder into a bag. Your catheter will usually stay in for a short while after you go home. This lets urine to drain while the urethra heals and any swelling goes down. It can be removed at the outpatient clinic 1 to 3 weeks after the operation.

A district nurse can visit you at home if needed to make sure your catheter is working well. If you have any problems, contact your doctor, specialist nurse or the ward where you had your surgery as soon as possible.

'The radical prostatectomy was right for me. The most difficult part of the whole process was being discharged with a catheter. That said, I was up and about walking almost straight away.'

John

Going home

If you had open surgery, you will probably be ready to go home after 3 to 7 days. If you had laparoscopic surgery, you can usually go home after 1 to 2 days.

Most men return to their normal activities 4 to 12 weeks after an operation for prostate cancer. It will depend on the type of surgery you have had (see page 63). Men who have had robotic-assisted surgery usually recover faster and can get back to normal activities more quickly than men who have had open surgery.

Try to get plenty of rest and eat well. Do some light exercise, such as walking, to help build up your energy. You can slowly increase the amount you do.

If you think you might have any difficulties coping at home after your operation, tell your nurse or social worker when you are admitted to hospital. They can arrange help for when you go home.

Follow-up appointment

You will be given a clinic appointment to see the surgeon to check your wound is healing properly. They will also tell you about:

- the tissue removed during surgery (pathology)
- the stage of the cancer
- any further treatment you need.

Side effects of a radical prostatectomy

Erection problems

Surgery to the prostate can cause problems getting or keeping an erection (called erectile dysfunction or ED). This is caused by damage to the nerves and blood vessels close to the prostate that help you get an erection. Surgeons can do operations in a way that tries to protect these nerves or blood vessels. This is called a nerve-sparing technique. But this is only possible if the cancer has not spread outside the prostate. During the operation, if the surgeon thinks the nerves or surrounding structures have cancer in them, they will remove some or all of the nerves.

Whether you will have problems getting an erection after a nerve-sparing operation depends on different factors, such as:

- whether you had erection problems before treatment
- your age
- whether you have any other medical conditions, such as diabetes
- whether you are having treatment for high blood pressure
- whether the surgeon was able to spare some or all of the nerves.

You can ask your surgeon about your risk of ED.

Some men who have surgery may find their ability to have an erection slowly returns. But it may take 1 or 2 years for this to happen. It is less likely to return in men who have further treatment after surgery, such as hormonal therapy (see pages 53 to 58) or radiotherapy (see pages 38 to 52).

We have more information about things you can try to help get an erection (see pages 84 to 91).

Ejaculation

Men who have had their prostate removed can still have an orgasm, but there will be no ejaculation. This is called a dry ejaculation. A dry ejaculation may cause some discomfort at first, but this usually improves with time. Some men may pass a small amount of urine when they orgasm. Talk to your doctor or specialist doctor or nurse if you are having this problem. They may be able to give you some advice.

Infertility

Having your prostate removed will affect your ability to have children. The prostate and seminal vesicle produce semen, which is normally mixed with sperm from the testicles (see page 10). Removing the prostate means you will not be able to ejaculate any more. Although there is still sperm, it cannot get out of the body.

If you want to have children after your treatment, it may be possible to store sperm before your surgery. It is important to talk to your cancer doctor or specialist nurse about fertility before starting treatment (see page 90). Think about the questions you want to ask, so you can get all the information you need. If you have a partner, it is usually a good idea to include them too.

It can be upsetting to hear that you will no longer be able to have children. Some men find it helpful to talk things over with a partner, family or friends. Others might prefer to talk to a trained counsellor. Your GP or cancer specialist can arrange this for you. Many hospitals also have specialist nurses who can offer support. And fertility clinics usually have a counsellor you can talk to.

Talking to other men in a similar situation may help you feel less isolated. Some organisations can arrange this for you as well as providing specialist advice and counselling (see pages 117 to 122).

Or you can talk to people online. Our Online Community is a good place to talk to other men who may be in a similar situation. Visit **community.macmillan.org.uk**

You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.



Bladder problems

Urine leaking from the bladder (urinary incontinence) is a less common side effect of having the prostate removed. Most men have some incontinence when their catheter is first removed. This usually improves within a few weeks or months of having your operation. You will be encouraged to do pelvic floor exercises to strengthen the pelvic floor muscles. You can do these at home. The Bladder and Bowel Community can give you more information on how to do them (see page 117 for contact details).

A small number of men may continue to be incontinent when they cough, sneeze or exercise. This is called stress incontinence. It is very rare to be completely incontinent. If you are having problems with incontinence, talk to your doctor or nurse. They can refer you to a continence team, who can give you advice about coping with this problem. If treatments for stress incontinence are not successful, you may be able to have an operation.

Another less common side effect of surgery is scarring of the bladder or urethra. The urethra is the tube that runs from the bladder to the tip of the penis (see pages 10 to 11). It takes urine away from the bladder. Scar tissue can make the urethra narrow, which makes passing urine difficult. This means that urine builds up in the bladder and starts to overflow. This problem can usually be treated with a small operation that opens up the urethra. If you are having problems peeing after your operation, talk to your specialist doctor or nurse.

Macmillan toilet card

If you need to use a toilet urgently, you can show this card in places such as shops, offices, cafes and pubs. You can use it during or after treatment. We hope it allows you to get access to a toilet without any awkward questions. But we cannot guarantee that it will work everywhere. To order a card, see page 112.

Advantages of a prostatectomy

- The surgery may help increase the chance of curing the cancer.
- If the surgeon cannot remove all the cancer, you will still be offered further treatment.
- If you had urinary symptoms before surgery, these may improve after surgery.

Disadvantages of a prostatectomy

- There may be a small risk of problems after the surgery, such as bleeding or infection.
- Surgery may cause long-term problems with erectile dysfunction and incontinence.
- You will usually need further treatment after surgery, such as radiotherapy or hormonal therapy.

Transurethral resection of the prostate (TURP)

Your doctor may offer you a TURP if the cancer is blocking the urethra (the tube that drains urine from the bladder). The aim of the surgery is to remove the blockage, which can help with problems passing urine.

During the procedure, a thin tube that contains a cutting instrument and a tiny camera is passed through the urethra and into the prostate. The cutting instrument is used to shave off the inner area of the prostate and unblock the urethra.

This can be done under a general anaesthetic while you are asleep. Or you may have a local anaesthetic using a spinal anaesthetic (epidural). An epidural temporarily numbs the lower part of your body using an injection of anaesthetic into the spine. You are awake, but you will not feel anything.

A TURP can also be done using a special laser. This is only done in some specialist treatment centres. Your doctor will advise you if this is suitable for you and where the treatment is available.

After your TURP

You will be encouraged to start moving around as soon as you can after your operation. This can help reduce the risk of complications.

After a TURP, you will usually have a drip (intravenous infusion) into a vein in your arm. This will stay in for a few hours after your operation, until you are eating and drinking again. Most men can usually go home after 3 or 4 days.

Catheter

You will have a tube (catheter) to drain urine from the bladder into a bag. After a TURP, your urine will have blood in it for a while. To stop blood clots blocking the catheter, fluid is passed into the bladder and drained out through the catheter. This is called bladder irrigation. The blood will slowly clear from your urine and then the catheter can be taken out.

You may find it difficult to pee without the catheter at first, but this will improve. Some men may have urinary incontinence after a TURP, but this usually improves within a few weeks.

You may need to keep the catheter in for a while after you go home. This is because swelling caused by the surgery may make it difficult for you to pass urine. The nurse will show you how to look after your catheter before you leave the hospital. They can also organise for a district nurse to visit you at home to help with any problems. Once the swelling goes down, the catheter can be removed.

If you go home with a catheter, you may have bladder spasms. These are caused by the catheter irritating your bladder. The spasms can cause urine to bypass your catheter, so you leak urine at times. These spasms are normal, but if they last a long time and are frequent, tell your doctor or nurse. Some men find them uncomfortable.

Pain

You may have pain and discomfort for a few days after your operation. You will be given painkillers to help with this. If the painkillers are not helping, talk to your doctor or nurse. There may be another type of painkiller they can give you.

Ejaculating into the bladder

This is called retrograde ejaculation. It is caused by damage to the nerves or muscles that surround the neck of your bladder. The neck of your bladder is where the urethra joins on to the bladder. It means that during ejaculation, semen goes backwards into the bladder instead of through the urethra in the normal way. After an ejaculation, your urine may look cloudy. This is because there is semen in the bladder, but this is harmless.

Erection problems

Some men may have problems getting an erection after having a TURP (called erectile dysfunction or ED). This depends on whether you had problems getting an erection before having this operation. Your surgeon may be able to explain more about your risk of erection problems.

Difficulties passing urine

Occasionally, TURP can cause some long-term difficulties with passing urine.

Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

- test new treatments, such as new chemotherapy drugs or targeted therapies
- look at new combinations of existing treatments, or change the way they are given to make them more effective or reduce side effects
- compare the effectiveness of drugs used to control symptoms
- find out how cancer treatments work
- find out which treatments are the most cost-effective.

Trials are the only reliable way to find out if a different type of surgery, chemotherapy, hormone therapy, radiotherapy, or other treatment is better than what is already available.

Taking part in a trial

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It's important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.

If you decide not to take part in a trial, your decision will be respected and you don't have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you're treated by the hospital staff, and you'll be offered the standard treatment for your situation.

Clinical trials are described in more detail in our booklet **Understanding cancer research trials (clinical trials)**. See page 112 for ways to order it.



Blood and tumour samples

Blood and tumour samples may be taken to help make the right diagnosis. You may be asked for your permission to use some of your samples for research into cancer. If you take part in a trial you may also give other samples, which may be frozen and stored for future use when new research techniques become available. Your name will be removed from the samples so you can't be identified.

The research may be carried out at the hospital where you are treated, or at another one. This type of research takes a long time, and results may not be available for many years. The samples will be used to increase knowledge about the causes of cancer and its treatment, which will hopefully improve the outlook for future patients.



AFTER TREATMENT

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Follow-up after treatment

After treatment has finished, you will have follow-up appointments. These are usually with your specialist doctor or nurse.

If you have had radiotherapy and are having ongoing hormonal treatment (see pages 53 to 58), you will continue to be checked at appointments, usually every few months.

If you have had surgery, radiotherapy or both, you will be seen at a clinic appointment every few months for the first year. After the first year you will be seen every 6 months for up to 2 years, although this can vary from hospital to hospital.

At the appointment, you will be asked about any side effects or new symptoms you are having. You will have a PSA test and sometimes a rectal examination. You can talk to your cancer specialist nurse about who you should contact if you have any problems in between appointments. We have more information about the PSA test and rectal examinations in our booklets **Understanding the PSA test** and **Having tests for prostate cancer** (see page 112).

Many men find they get anxious before the appointments. This is natural. It may help to get support from family, friends or a support organisation. We list some helpful organisations on pages 117 to 122. You can also call the Macmillan Support Line on **0808 808 00 00**.

If prostate cancer comes back

After treatment, some men are cured of prostate cancer. But for others, the cancer may come back after treatment. If your cancer comes back, you may be able to have further treatment.

What treatment you may be offered will depend on:

- the PSA level
- whether you have any symptoms
- what type of treatment you have already had.
- Your doctor can explain what treatment might be right for your situation.

Wellbeing and recovery

Even if you already have a healthy lifestyle, you may choose to make some positive lifestyle changes after treatment. Making small changes to the way you live can improve your health and well-being.

Not everyone will have specific side effects, but they may have other, more general effects. These include:

- trouble sleeping or feeling more tired than usual
- losing or gaining weight
- stiff muscles or joints.

Having a healthy lifestyle can help your body recover. It may also help reduce the risk of other illnesses, such as heart disease and strokes.

Eat well and keep to a healthy weight

Your GP can advise you and give you information about your ideal weight. Eating a healthy diet and keeping to a healthy weight reduces the risk of heart problems, diabetes and developing some other cancers. Try to:

- only eat as much food as you need
- eat a balanced diet with lots of fruit and vegetables
- eat less saturated fat and less sugar
- become more physically active.

We have information booklets on keeping to a healthy weight and eating a healthy diet (see page 112).

Limit alcohol

Alcohol intake guidelines recommend that men should not regularly drink more than 14 units of alcohol in a week. Try to also have a few alcohol-free days each week.

There is more information about alcohol and drinking guidelines at drinkaware.co.uk

Stop smoking

If you smoke, giving up is one of the healthiest decisions you can make. Smoking increases your risk of bone thinning (osteoporosis) and is a major risk factor for smoking-related cancers and heart disease. We have more information in our booklet **Giving up smoking** (see page 112).

Keep active

Being physically active will help you maintain a healthy weight and can reduce stress and tiredness. It also helps keep your bones strong and your heart healthy. Our **Move More** guide can help you keep active (see page 112).

Look after your bones

Hormonal treatments for prostate cancer can increase the risk of bone thinning (osteoporosis). See page 58 for more information. Keeping physically active and eating a healthy diet with enough calcium and vitamin D helps keep your bones healthy. If you smoke, you should stop as this can also increase your risk of bone thinning.



Sex and relationships

Treatments for prostate cancer can cause sexual difficulties. Or you may have side effects that make you feel less interested in having sex. These can include:

- tiredness
- changes to your bladder or bowel
- hormonal effects, such as weight gain or breast swelling.

We have included information about managing side effects in our information on individual treatments (see pages 38 to 77). As your side effects improve, you may feel more interested in having sex.

If cancer and its treatments affect your sex life, it can feel like a serious loss. You do not need to be in a relationship to feel this. But there are different ways to manage sexual difficulties.

Cancer and its treatments can also affect how you feel and think about your body (body image). You may feel less sexually attractive. If you are having issues with your body image, ask your doctor or nurse for advice. You may also find our booklet **Body image and cancer** helpful (see page 112).

Certain lifestyle changes may help improve body image concerns, such as being more physically active, eating healthily and managing your weight (see pages 82 to 83). Ask your doctor or nurse for advice.

You may find our booklet **Cancer and your sex life – information for men** helpful (see page 112).

Sexual difficulties

Prostate cancer treatments can have a direct effect on your sex life. Some men may already have had sexual difficulties before their diagnosis. These are more common as men get older and are linked with conditions such as high blood pressure and raised cholesterol.

Different cancer treatments may:

- reduce your sex drive (libido)
- cause difficulties getting or keeping an erection (called erectile dysfunction, or ED)
- affect your ability to have an orgasm or to ejaculate.

If you are having sexual difficulties, there are different treatments and types of support to help you.

Talking about sex

You may find it difficult to talk about sex with your doctor or nurse. But doctors and nurses who treat men with prostate cancer are used to talking about these issues. They can give you advice and answer your questions. If you need more specialist advice, they can refer you to an ED clinic or a sex therapist.

If you have questions about sex during or after treatment, ask your doctor or nurse. Having sex will not affect how well your treatment works. In some situations, they may advise you to be cautious about sex during treatment or immediately after it finishes.

For example, after surgery you may be advised to wait until your wound has healed. Side effects of pelvic radiotherapy, such as skin changes or tiredness, may make having sex difficult or you may not feel up to it. You may decide to wait until your side effects improve.

If you identify as gay, bisexual, transgender or LGBT+, you may worry about being treated insensitively by your healthcare team. Many sexual difficulties caused by prostate cancer are similar whatever your sexuality. But you may have some specific questions. Having your sexual or gender identity acknowledged may help you feel better supported. It also means your healthcare team can give you the right information and advice. Prostate Cancer UK has specific information for gay and bisexual men (see page 117 for contact details).

If you feel unable to talk to your healthcare team about your sexuality, the LGBT Foundation has a helpline that can give you confidential advice and support – call **0345 3 30 30 30**.

Pelvic radiotherapy and brachytherapy can affect the back passage (rectum). This can cause different side effects (see pages 43 to 52). If you receive anal sex, it is best to wait until these side effects have improved. It is important not to injure the tissues of the rectum. Radiotherapy may cause long-term changes to the rectum that may make receiving anal sex difficult. You can talk to your doctor or nurse for more advice. Prostate Cancer UK has specific information for gay and bisexual men (see page 117).

Managing sexual difficulties

There are practical ways to help manage sexual difficulties. Your doctor or nurse will give you information about these.

If you are taking hormonal therapy, it is likely to lower your sex drive. Treatments for ED do not increase desire, but you may still want to try them.

Most treatments aim to increase the blood supply to the penis. You may need to try a treatment a few times to start with. Some men may use more than one method.

Erectile dysfunction (ED) recovery after treatment

Some men are offered an ED recovery package soon after treatment. This is usually called penile rehabilitation. You regularly use one or more treatments, such as tablets or a pump, to encourage blood flow to the penis after surgery or radiotherapy. This is to help the penis recover – it is not just for sex. When you are ready to start having sex, you should have a better chance of getting an erection. Your doctor or nurse can tell you more about this.

Tablets

This is the most common treatment for ED. You take the tablets before you have sex. There are different ones you can try. Some may work better than others for you. You need to have sexual stimulation to get an erection. If you have heart problems, these may not be recommended for you. They should not be taken with certain drugs.

- Sildenafil (Viagra®) increases the blood supply to the penis. You take it about 60 minutes before sex. It should be prescribed by your GP. Side effects include heartburn, headaches, dizziness and changes in eyesight, such as a blue tint to your vision.
- Vardenafil (Levitra®) is similar to sildenafil and works within an hour. Common side effects are headaches and facial flushing.
- Tadalafil (Cialis®) helps increase blood flow to the penis during sexual arousal. You take it either up to 2 hours before sex or every day.
- Avanafil (Spedra®) is taken about 30 minutes before sex. Side effects can include headaches, nasal congestion and back pain.

Injections

These may work better than tablets for men who have ED due to nerve damage. You use a small needle to inject a drug called alprostadil (MUSE®) directly into the shaft of the penis. The drug restricts blood flow out of the penis. This causes an erection in 5 to 20 minutes. A healthcare professional will give you the first dose and teach you how to do this yourself. You start with a low dose of the injection, which you can increase to find the right dose for you.

Pellets or creams

You can get alprostadil (MUSE®) as pellets or as cream (Vitaros®). You insert it into the opening of the penis with an applicator. This should not be uncomfortable. The cream or pellet is absorbed into the penis and produces an erection. The drug may cause a burning feeling in the urethra or pain in the penis. You have the first dose in hospital and it can be adjusted until you find the right dose.

Pumps

Vacuum pumps can be used to produce an erection. They may be called vacuum erection devices (VEDs). The pump is a hollow tube that you put your penis into. It makes the penis fill with blood by creating a vacuum. You put a stretchy ring around the base of the penis to hold the erection. It can be maintained for up to 30 minutes.

Implants

These are sometimes used after other methods have been tried. You need a small operation to insert the implant into your penis. One type uses semi-rigid rods that keep the penis fairly stiff all the time. They allow the penis to be bent down when an erection is not needed. The other type uses inflatable rods that can be turned on when needed to produce an erection.

Infertility

Most treatments for prostate cancer are likely to cause infertility. This means you will no longer be able to father a child. If you want to have children, this can be very upsetting.

If your fertility is a concern for you, talk to your specialist before treatment. It is usually possible to store sperm before your treatment starts. The sperm may then be used later as part of fertility treatment. We have more information in our booklets about cancer and fertility (see page 112).

Relationships

If you have a partner

If you have a partner, talking openly with them can help you feel closer. It can also help you make changes to your sex life together. Talking about things can help you avoid misunderstandings and find ways to cope with problems. Our booklet **Cancer, you and your partner** may be helpful (see page 112).

'You'd think the stress was just on the person who's got the cancer. But there's just as much stress on whoever's close to you too.'

Paul

There are different ways you can show your partner you care about them. This can include spending time together and showing affection through touching, holding hands or putting an arm around their shoulder. You may also find new ways to share sexual pleasure.

Talking to a counsellor or sex therapist may help you and your partner adapt to changes in your sex life. You can ask your partner to come to appointments with you. This will help them understand the issues you are dealing with.

If you are single

If you are not in a relationship, it is natural to worry about meeting a new partner or about your sex life. You may need some time to come to terms with what has happened. It may help to talk to a counsellor or sex therapist. The College of Sexual and Relationship Therapists (COSRT) has a list of nationwide counsellors and therapists who can offer advice and support (see page 118 for contact details).



'I didn't realise that Macmillan are there just as much for the people around you. They could offer Angela that little bit of emotional support that I couldn't.'

Paul

YOUR FEELINGS AND RELATIONSHIPS

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Your feelings

It's common to feel overwhelmed by different feelings when you're told that you have cancer. We talk about some of these here. Partners, family and friends may also have some of the same feelings.

You might have different reactions to the ones we describe here. There is no right or wrong way to feel. You'll cope with things in your own way. Talking to people close to you or other people affected by cancer can often help.

Shock and disbelief

You may find it hard to believe it when your doctor tells you that you have cancer. It's common to feel shocked and numb. You may not be able to take in much information and find that you keep asking the same questions again and again. At first, you might find it hard to talk to family and friends about the cancer. This usually gets easier as the shock wears off and it becomes more real to you. You may find you can't think or talk about anything but the cancer. This is because your mind is trying to process what you're going through.

Fear and anxiety

People can be very anxious or frightened about whether treatment will work and what will happen in the future. This uncertainty can be one of the hardest things to cope with. It can help to try to focus on what you can control. You may want to find out more about the cancer, its treatment and how to manage side effects.

It can also help to talk about your feelings and to take time to do things that are important to you and that you enjoy.

Doctors often know roughly how many people can benefit from a type of treatment. But they can't be sure what will happen to an individual person. Although they may not be able to answer your questions fully, they can usually talk through any problems with you and give you some guidance.

Avoidance

Some people cope by not wanting to know very much about the cancer and by not talking about it. If you feel like this, let your family and friends know that you don't want to talk about it right now. You can also tell your doctor if there are things you don't want to know or talk about yet.

Occasionally, this avoidance can be extreme. Some people may not believe that they have cancer. This is sometimes called being in denial. It may stop them making decisions about treatment. If this happens, it's very important for them to get help from their doctor.

Sometimes, avoidance is the other way around. Family and friends may seem to avoid you and the fact that you have cancer. They may not want to talk about it or they might change the subject. This is usually because they are also finding the cancer difficult to cope with, and they may need support too. Try to let them know how this makes you feel and that talking openly with them about your illness will help you.

Anger

You may feel angry about your illness and sometimes resent other people for being well. These are normal reactions, especially when you feel frightened, stressed, out of control or unwell.

You may get angry with the people close to you. Let them know that you are angry at your illness and not at them. Finding ways to help you relax and reduce stress can help with anger. This can include talking about or writing down how you feel, gentle exercise, breathing or relaxation therapy, yoga or meditation.

Guilt and blame

Some people feel guilty or blame themselves or others for the cancer. You may try to find reasons for why it has happened to you. Most of the time, it's impossible to know exactly what has caused a person's cancer. Over time, several different factors may act together to cause a cancer. Doctors don't fully understand all of these factors yet. Instead, try to focus on looking after yourself and getting the help and support you need.

Feeling alone

Some people feel alone because they don't have enough support. Family and friends may live far away, have other commitments or feel uncomfortable because of their own fears about cancer. Try to let your family and friends know how you feel and how they could support you more.

If you need more support, you can call the Macmillan Support Line free on **0808 808 00 00** and talk to one of our cancer support specialists. Our website can help you find out about local support groups – visit [macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups)

You can also talk to other people going through the same thing on our Online Community at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

It's normal to have times when you want to be left alone to sort out your feelings. But if you find you're avoiding people a lot of the time, then try to talk to your doctor or nurse.

If you need more help

These feelings can be very difficult to cope with and sometimes people need more help. This happens to lots of people and doesn't mean you're not coping.

If you feel anxious, panicky or sad a lot of the time, or think you may be depressed, talk to your doctor or nurse. They can refer you to a doctor or counsellor who can help. They may also prescribe medicine to help with anxiety or an antidepressant drug.

Our booklet **How are you feeling? The emotional effects of cancer** discusses the feelings you may have in more detail, and has suggestions for coping with them (see page 112).

'If we had a worry, I could call our Macmillan nurse. It meant I could get on with my treatment and not worry.'

Paul

What you can do

One of the hardest things to cope with can be the feeling that the cancer and its treatment have taken over your life. This is a common feeling, but there are lots of things you can do.

There may be days when you feel too tired to even think about what could help. You'll have good and bad days, but if you're overwhelmed by these feelings, let your doctor or nurse know. It may be that you have depression, and this is treatable so they should be able to help.

Finding ways to cope

You may find it helps to try to carry on with life as normally as possible, by staying in contact with friends and keeping up your usual activities. Or you may want to decide on new priorities in your life. This could mean spending more time with family, going on the holiday you've dreamed about or taking up a new hobby. Just thinking about these things and making plans can help you realise that you still have choices.

Some people want to improve their general health by eating a more healthy diet, by getting fitter or by finding a relaxing complementary therapy. We have information booklets about diet, physical activity and complementary therapies (see page 112).

Understanding about the cancer and its treatment helps many people cope. It means they can discuss plans for treatment, tests and check-ups with their doctors and nurses. Being involved in these choices can help give you back control of your life.

If you are a relative or friend

Some people find it hard to talk about cancer or share their feelings. You might think it's best to pretend everything is fine, and carry on as normal. You might not want to worry the person with cancer, or you might feel you're letting them down if you admit to being afraid. Unfortunately, denying strong emotions can make it even harder to talk, and may lead to the person with cancer feeling very isolated.

Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say. It may be best not to rush into talking about the illness. Often it's enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking, to help friends and family support their loved ones affected by cancer. Visit [macmillan.org.uk/learnzone](https://www.macmillan.org.uk/learnzone) to find out more.

Our booklet **Talking to someone who has cancer** has more suggestions if you have a friend or relative with cancer. If you're looking after a family member or friend with cancer, you may find our booklet **Looking after someone with cancer** helpful. It's based on carers' experiences and has lots of practical tips and information. See page 112 for ways to order these booklets.

We have more information about supporting someone with cancer at [macmillan.org.uk/carers](https://www.macmillan.org.uk/carers)

Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information, and gradually tell them more to build up a picture of your illness.

Teenagers

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities and they may feel over-burdened. It's important that they can go on with their normal lives as much as possible and still get the support they need.

If they find it hard to talk to you, you could encourage them to talk to someone close who can support and listen to them, such as a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website **riprap.org.uk** which has been developed especially for teenagers who have a parent with cancer.





FINANCIAL SUPPORT AND WORK

Financial help and benefits

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Work

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Financial help and benefits

When you are affected by cancer, you might need help with extra costs. Or you might need financial support if you have to stop working.

Statutory Sick Pay

If you work for an employer and take time off sick, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks.

Benefits

Benefits are payments from the government to people who need financial help. You can find out more about benefits and apply for them online. Go to **gov.uk** if you live in England, Wales and Scotland or **nidirect.gov.uk** if you live in Northern Ireland.

Here are some benefits that you might be able to get if you are affected by cancer.

Employment and Support Allowance (ESA)

This benefit is for people under state pension age who cannot work because of illness or disability. There are different types of ESA:

- Contribution-based ESA may be available if you have paid enough National Insurance.
- Income-related ESA may be available if your income and savings are low, or if you cannot get contribution-based ESA. Income-related ESA is gradually being replaced by a new benefit called Universal Credit.

Personal Independence Payment

This benefit is for people aged between 16 and 64 who have problems moving around and looking after themselves. You must have had these difficulties for at least 3 months and expect them to last for at least 9 months.

Attendance Allowance

This benefit is for people aged 65 or over who have problems looking after themselves because of an illness or disability. This could mean getting out of bed, having a bath or getting dressed. You must have had these problems for at least 6 months.

Special rules

If you are terminally ill, and your doctor thinks you may be expected to live for less than 6 months, you can apply for some benefits using a fast-track process called special rules. Your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate. It does not matter if you live longer than 6 months. Your doctor or specialist nurse will need to fill out a form for you.

Help for carers

Carer's Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you do not qualify for it, you can apply for Carer's Credit.

Carer's Credit helps prevent gaps in your National Insurance record if you have to stop working while you are caring for someone else. You do not get money, but it protects your right to a State Pension later in life.

Macmillan Grants

Macmillan Grants are small, mostly one-off payments to help people with the extra costs that cancer can cause. They are for people who have a low level of income and savings.

If you need things like extra clothing, help paying heating bills or even a relaxing holiday, you may be able to get a Macmillan Grant.

How much you get will depend on your situation and needs. The average grant is around £400. A grant from Macmillan would not normally affect the benefits you are entitled to. It is an extra bit of help, not a replacement for other support.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. This includes life and travel insurance. A cancer diagnosis might also mean that you can get a payout from an insurance scheme that you already have.

If you are looking into buying insurance or making a claim, one of our financial advisers can help. Call **0808 808 00 00**.

We have more information in our booklets **Insurance** and **Travel and cancer** (see page 112).

Our Online Community forum **Travel insurance** may also be helpful. Visit [macmillan.org.uk/travelinsurancegroup](https://www.macmillan.org.uk/travelinsurancegroup)

More information

The benefits system and other types of financial support can be hard to understand. Macmillan has experienced welfare rights advisors and financial guides. You can speak to one by calling the Macmillan Support Line on **0808 808 00 00**.

You can also get information about benefits and other types of financial help from Citizens Advice (see page 122).

Our booklet **Help with the cost of cancer** has lots more information (see page 112).

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager early on. If your workplace has a human resources (HR) or personnel department, contact them as soon as you can. If they know how the cancer or treatment may affect your ability to work, they can support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, perhaps with reduced hours or other changes to their job.

Some people may decide not to go back to work. Or they may choose to do something different. Others may not be able to go back to work because of the effects of cancer on their health. Going back to work may depend on the type of work you do or how much your income is affected.

It is important not to take on too much, too soon. Your cancer doctor, GP or specialist nurse can help you decide when and if you should go back to work.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful (see page 112). There is also lots more information at [macmillan.org.uk/work](https://www.macmillan.org.uk/work)

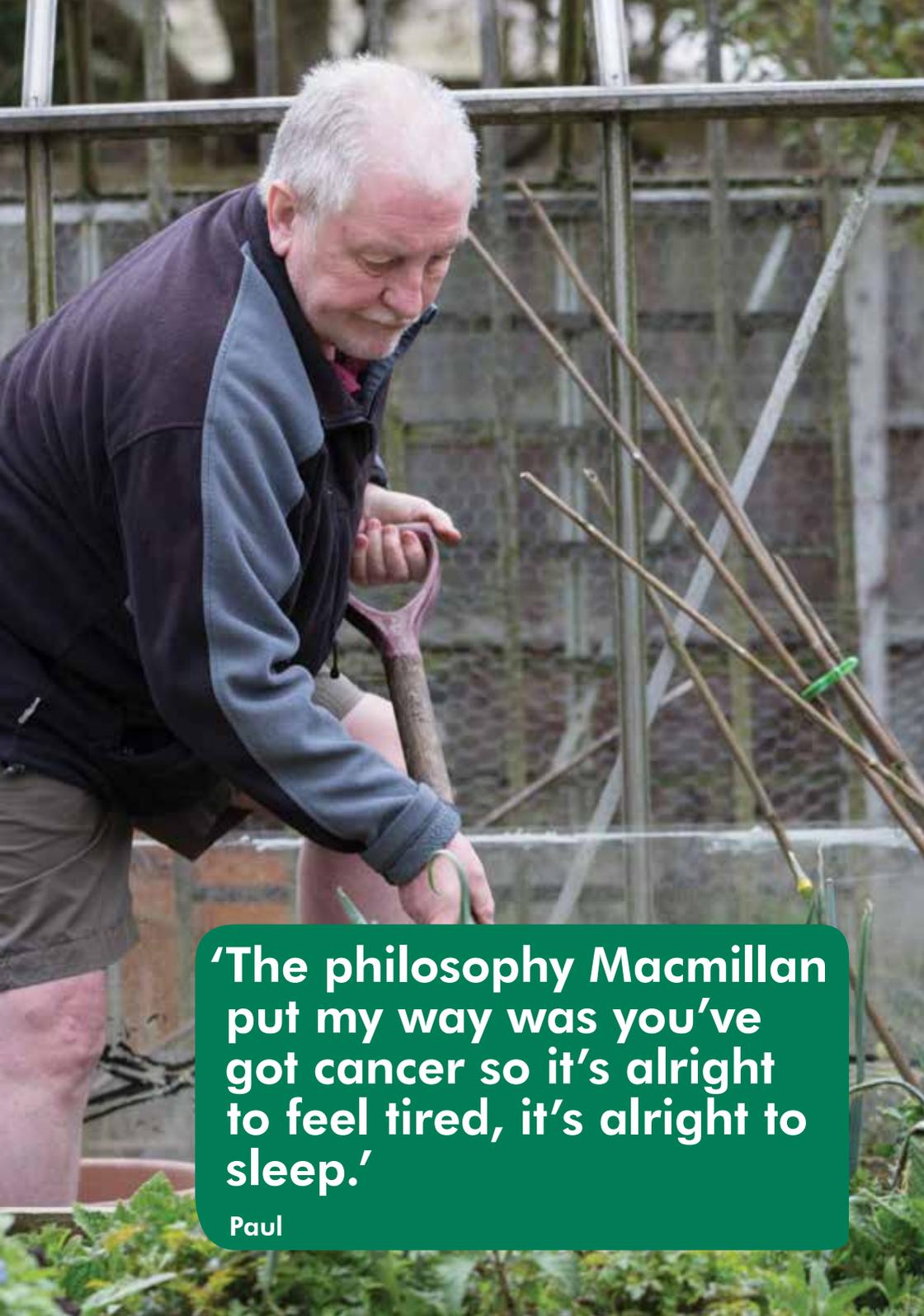
Employment rights

If you have, or have ever had cancer, the law considers you to be disabled. This means you cannot be treated differently (less favourably) than other people at work because of cancer. If you are treated less favourably because of cancer, this is called discrimination.

The law also says your employer has to make reasonable adjustments (changes) to your workplace and their work practices.

If you live in England, Scotland or Wales, you are protected by the Equality Act 2010. If you live in Northern Ireland, you are protected by the Disability Discrimination Act 1995.

Our booklet **Your rights at work when you are affected by cancer** has more information (see page 112).



'The philosophy Macmillan put my way was you've got cancer so it's alright to feel tired, it's alright to sleep.'

Paul

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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

Online information

All of our information is also available at **macmillan.org.uk/information-and-support**

There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday to Friday, 9am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**

My Organiser app

Our free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Prostate cancer support organisations

Bladder and Bowel Community

Tel 0800 031 5412

Email

help@bladderandbowel.org

www.bladderandbowel.org

Provides information and advice on a range of symptoms and conditions related to the bladder and bowel, including incontinence, constipation and diverticular disease.

Orchid

Tel 0808 802 0010

Email

helpline@orchid-cancer.org.uk

www.orchid-cancer.org.uk

Funds research into men's cancers and their diagnosis, prevention and treatment. Offers free information leaflets and fact sheets, and runs an enquiry service supported by Orchid Male Cancer Information Nurses.

Prostate Cancer UK

Tel 0800 074 8383

www.prostatecanceruk.org

Provides information and support to men with prostate cancer and their families. Has offices in London, the Midlands, Scotland, Wales and Northern Ireland.

Prostate Scotland

Tel 0131 603 8660

www.prostatescotland.org.uk

A Scottish charity set up to provide information, advice and support on prostate health and diseases of the prostate. You can watch videos online and download free leaflets and booklets.

Tackle Prostate Cancer (Prostate Cancer Support Federation)

Tel 0800 035 5302

Email

helpline@tackleprostate.org

www.tackleprostate.org

An organisation made up of UK patient-led prostate cancer support groups.

Support with sexual issues

College of Sexual and Relationship Therapists (COSRT)

www.cosrt.org.uk

Tel 020 8543 2707

Email info@cosrt.org.uk

Provides practical suggestions and advice about personal relationships. Has a list of COSRT accredited therapists on their website.

The Sexual Advice Association

www.sda.uk.net

Aims to improve the sexual health and well-being of men and women, and to raise awareness of how sexual conditions affect the general population.

General cancer support organisations

Cancer Black Care

Tel 020 8961 4151

www.cancerblackcare.org.uk

Offers UK-wide information and support for people with cancer, as well as their friends, carers and families, with a focus on those from BME communities.

Cancer Focus Northern Ireland

Helpline 0800 783 3339

(Mon to Fri, 9am to 1pm)

Email

nurseline@cancerfocusni.org

www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

Cancer Research UK

Helpline 0808 800 4040

(Mon to Fri, 9am to 5pm)

www.cancerresearchuk.org

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland**Tel** 0800 652 4531

(Mon to Fri, 9am to 5pm)

Email info@

cancersupportscotland.org

www.cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Macmillan Cancer Voices**www.macmillan.org.uk/cancervoices**

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's Centres**Tel** 0300 123 1801**Email** enquiries@

maggiescentres.org

www.maggiescentres.org

A network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK**Helpline** 0303 3000 118

(Mon to Fri, 9.30am to 5pm)

Email

helpline@pennybrohn.org.uk

www.pennybrohn.org.uk

Offers a combination of physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Riprap**www.riprap.org.uk**

Developed especially for teenagers in the UK who have a parent with cancer. Has an online forum where teenagers going through similar experiences can talk to each other for support.

Tenovus

Helpline 0808 808 1010

(Daily, 8am to 8pm)

Email

info@tenovuscancercare.org.uk

www.tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Health and Social Care in Northern Ireland

www.hscni.net

Provides information about health and social care services in Northern Ireland.

Healthtalk

Email info@healthtalk.org

www.healthtalk.org
www.healthtalk.org/young-peoples-experiences (site for young people)

Has information about cancer, and videos and audio clips of people's experiences.

Also provides advice on topics such as making decisions about health and treatment.

NHS Choices

www.nhs.uk

The UK's biggest health information website. Has service information for England.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

NHS health information site for Wales.

NHS Inform

Helpline 0800 22 44 88

(Mon to Fri, 8am to 10pm,
Sat and Sun 9am to 5pm)

www.nhsinform.scot

NHS health information site for Scotland.

Patient UK

www.patient.info

Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-and illness-related websites.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel 01455 883 300

Email bacp@bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at itsgoodtotalk.org.uk

UK Council for Psychotherapy (UKCP)

Tel 020 7014 9955

Email info@ukcp.org.uk

www.psychotherapy.org.uk

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline 0300 123 3393

(Mon to Fri, 9am to 6pm)

Text 86463

Email info@mind.org.uk

www.mind.org.uk

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline 116 123

Email jo@samaritans.org

www.samaritans.org

Samaritans branches are located across England, Ireland, Scotland and Wales. Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial or legal advice and information

Benefit Enquiry Line Northern Ireland

Helpline 0800 220 674
(Mon, Tue, Wed and Fri, 9am to 5pm, Thu, 10am to 5pm)
Textphone 028 9031 1092
www.nidirect.gov.uk/money-tax-and-benefits

Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use their online webchat or find details for your local office in the phone book or by contacting:

England

Helpline 03444 111 444
www.citizensadvice.org.uk

Scotland

Helpline 0808 800 9060
www.citizensadvice.org.uk/scotland

Wales

Helpline 03444 77 2020
www.citizensadvice.org.uk/wales

Northern Ireland

Helpline 028 9023 1120
www.citizensadvice.co.uk

LGBT-specific support

LGBT Foundation

Tel 0345 330 3030
(Mon to Fri, 10am to 10pm, and Sat, 10am to 6pm)
Email helpline@lgbt.foundation
www.lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team.

It has been approved by our Senior Medical Editors, Dr Jim Barber, Consultant Clinical Oncologist and Dr Lisa Pickering, Consultant Medical Oncologist.

With thanks to: Dr Alison Birtle, Consultant Clinical Oncologist; Jane Booker, Macmillan Urology Nurse Specialist; Mr Christian Brown, Consultant Urological Surgeon; Sharon Clovis, Prostate Nurse Specialist; Gill Davis, Specialist Urology Nurse; Louise Dawson, Macmillan Uro-oncology Clinical Nurse Specialist; Ben Hearnden, Prostate Nurse Specialist; Mr Graham Hollins, Consultant Urological Surgeon; Dr Duncan McLaren, Consultant Clinical Oncologist; and Professor Jonathan Waxman, Professor of Oncology.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact [**cancerinformationteam@macmillan.org.uk**](mailto:cancerinformationteam@macmillan.org.uk)

Sources

We've listed a sample of the sources used in the booklet below. If you would like further information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

European Association of Urologists. Guidelines on prostate cancer. 2016.

European Society for Medical Oncology. Cancer of the prostate: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. 2015.

National Institute for Health and Care Excellence (NICE). Prostate cancer overview.

<https://pathways.nice.org.uk/pathways/prostate-cancer> (accessed from March 2017 to November 2017).

National Institute for Health and Care Excellence (NICE). Surveillance report 2016 – Prostate cancer: diagnosis and management (2014) NICE guideline CG175. 2016.

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other _____

Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Email _____

Please accept my gift of £ _____

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Date / / _____

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

This booklet is about locally advanced prostate cancer. It is for anyone who has been diagnosed with locally advanced prostate cancer. There is also information for family members and friends.

The booklet explains the different treatments for locally advanced prostate cancer and their side effects. It also has information about emotional, practical and financial issues.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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