

Living with hormone therapy

A guide for men
with prostate cancer

Introduction

This booklet is for men who are about to start, or are already having, hormone therapy for prostate cancer. It may also be useful for partners or families of men with prostate cancer who want to understand more about living with hormone therapy.

The booklet describes the different types of hormone therapy and what treatment involves. It also describes the possible side effects you may experience from hormone therapy and ways you may be able to manage or reduce these side effects.

We have included space for you to record details of your treatment and the team of health professionals involved in your care. We have also included some personal experiences of men who are having hormone therapy, but it is important to remember that hormone therapy affects different men in different ways.

The following symbols appear throughout the booklet to guide you to sources of further information:



The Prostate Cancer Charity Helpline



The Prostate Cancer Charity publications

If you would like to know more about anything you read in this booklet, you can call our confidential Helpline on



0800 074 8383.

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How does hormone therapy treat prostate cancer?

Hormone therapy works by stopping testosterone from reaching the prostate cancer cells. Testosterone is a hormone that controls the development and growth of the sexual organs, including the prostate gland. Most (90 to 95 per cent) of the testosterone in your body is produced by the testicles, but a small amount comes from the adrenal glands which sit above your kidneys.

Testosterone does not usually cause any problems. However, if there are cancer cells in the prostate gland, or if prostate cancer cells have spread to other parts of the body, testosterone can make them grow faster. In other words, testosterone feeds the prostate cancer. If testosterone is taken away, the cancer cells shrink, wherever they are in the body.

Hormone therapy alone will not get rid of your prostate cancer but it can keep it under control for many months or years before you and your specialist team may need to consider additional treatment options. It can also be used with other treatments to help make them more effective.

Who can have hormone therapy?

Hormone therapy is a treatment option for many men with prostate cancer, but it is used in different ways depending on the stage of your cancer. Speak to your specialist team about your individual treatment options.

Localised prostate cancer

If your cancer has not spread outside the prostate gland, your specialist team may offer you hormone therapy alongside your main treatment. For example:

- You may be offered hormone therapy for a few months before starting radiotherapy. Radiotherapy uses high energy x-ray beams to target the prostate cancer. Hormone therapy shrinks the prostate, which can make it easier for the radiotherapy to destroy the cancer cells.
- You may continue to have hormone therapy at the same time as radiotherapy. If there is a risk of the cancer spreading outside the prostate gland, you may have hormone therapy for between six months and three years after radiotherapy.
- You may be offered hormone therapy for a few months before starting brachytherapy, to shrink the prostate. Brachytherapy treats prostate cancer using radioactive seeds implanted in the prostate gland.

Hormone therapy is not usually offered to men with localised disease who are having surgery (radical prostatectomy).

Locally advanced prostate cancer

Hormone therapy is the standard treatment for cancer that has spread to the area just outside the prostate gland but has not spread to other parts of the body. Hormone therapy treats prostate cancer wherever it is in the body. You may be offered radiotherapy as well as hormone therapy, depending on the stage of your cancer.

Advanced prostate cancer

Hormone therapy will be a life-long treatment for many men with prostate cancer that has spread (metastasised) to other parts of the body (advanced or metastatic prostate cancer). Hormone therapy treats prostate cancer wherever it is in the body. It cannot cure the cancer but it can keep it under control for many months or years before you and your specialist team may need to consider additional treatment options. Hormone therapy keeps the cancer under control by shrinking it, delaying its growth and reducing symptoms.

What types of hormone therapy are there?

This section of the booklet describes the different types of hormone therapy and has space for you and your doctor or nurse to record details of your treatment.

There are three main types of hormone therapy for prostate cancer. These are:

- Injections or implants to stop your testicles making testosterone
- Surgery to remove the testicles or just the parts of the testicles that make testosterone (orchidectomy)
- Tablets to block the effects of testosterone

Injections or implants to stop your testicles making testosterone

These work by blocking the message from the brain that tells the testicles to make testosterone. Without testosterone, the prostate cancer cells are not able to grow. There are two main types of drugs that stop your testicles making testosterone: LHRH agonists (luteinizing hormone-releasing hormone agonists) and GnRH antagonists (gonadotrophin-releasing hormone antagonists).


LHRH agonists

There are several different LHRH agonist drugs available and they all work in a similar way. They are given by an injection into your arm, stomach area (abdomen) or bottom (buttock).

Some LHRH agonists are available as a small implant which is injected under your skin. You may have the injections at your GP surgery or local hospital once a month, once every three months, or once every six months, depending on the dose you are having.

Some of the common LHRH agonist drugs are listed below. Ask your doctor or nurse to tick the name of the drug that you are having:

- Goserelin (brand names: Zoladex[®], Novgos[®])
- Leuprorelin acetate (brand name: Prostav[®])
- Buserelin acetate (brand name: Suprefact[®])
- Triptorelin (brand names: Decapeptyl[®], Gonapeptyl Depot[®])
- Other (please specify)

 You can read more about the hormone therapy you are having in our **Tool Kit** fact sheets on individual hormone drugs.

One type of LHRH agonist is available as an implant, injected under the skin of your arm once a year, but it is not as widely available as some of the other LHRH agonists. It is called the histrelin implant (brand name: Vantas[®]). The implant is a small plastic cylinder that is inserted under the skin of your upper arm.

Before you have your first injection of an LHRH agonist, you may have a short course of anti-androgen tablets (see page 10). This is to prevent the body's normal response to the first injection, which is to produce more testosterone. This temporary rise in testosterone could cause the cancer to grow more quickly for a

short time, which is known as a flare. The anti-androgen tablets help to stop this flare from happening. You will start taking the tablets a week or so before the first injection and continue taking them for a week or two afterwards.

GnRH antagonists

You may also hear these called GnRH blockers. At the moment, there is only one kind of GnRH antagonist available, called degarelix (brand name: Firmagon®). It is not available in every hospital. It is a new drug so we do not have as much information about how effective it is in the long term or about possible side effects, as we do about other hormone therapies.

You will have an injection of degarelix just under the skin of your stomach area (abdomen) once a month. When you first start this treatment, you will have two injections on the same day. Degarelix does not cause a temporary rise in testosterone with the first treatment so you will not need to take anti-androgen

i tablets. Read the Tool Kit fact sheet **Degarelix** for more information. Tick the box below if you are having this type of hormone therapy:

Degarelix (brand name: Firmagon®)

Surgery to remove the testicles (orchidectomy)

This type of hormone therapy involves surgery, called an orchidectomy, to remove the testicles or just the parts of the testicles that make testosterone. Without testosterone, the prostate cancer cells are not able to grow. Surgery is just as effective as injections.

You may have the surgery under a general anaesthetic, so that you are asleep, or under a local anaesthetic, so that you are awake but unable to feel anything in the area being operated on. You should be able to go home the same day.

Orchidectomy cannot be reversed. Some men may not like the idea of this. Some men may also worry about how their body will look after the operation. Your surgeon can answer any questions you have. You may be able to have an implant (prosthesis), which looks and feels like a normal testicle, at the same time as the operation.

Tick the box below if you are going to have, or have had, this type of hormone therapy:

Orchidectomy

Tablets to block the effects of testosterone

There are two types of tablets that work in different ways to block the effects of testosterone. These are anti-androgens and oestrogens.

Anti-androgens

Anti-androgens work by stopping testosterone from reaching the prostate cancer cells. Without testosterone, the cancer cells are not able to grow. Anti-androgens are taken as a tablet, at least once a day. They can be used on their own, before having injections or implants, together with injections or implants, or together with surgery to remove the testicles (orchidectomy). You can ask your doctor how long you will need to take the tablets for. Ask your doctor or nurse to tick the drug that you are having from the list on the next page.

- Bicalutamide (one brand name is Casodex®)
- Flutamide
- Cyproterone acetate (one brand name is Cyprostat®)
- Other (please specify)

i You can read more about the hormone therapy you are having in our **Tool Kit** fact sheets on individual hormone drugs.

Oestrogens

If you have advanced prostate cancer, you may be able to take diethylstilbestrol tablets (previously called stilboestrol). Diethylstilbestrol is a manufactured drug similar to the hormone oestrogen. Oestrogen is found in both men and women, but women usually produce more. You may take diethylstilbestrol together with other hormone therapy drugs.

Diethylstilbestrol treats prostate cancer by stopping the brain from telling the testicles to release testosterone. It may also act directly on cancer cells, slowing their growth and causing some cancer cells to die.

Taking diethylstilbestrol tablets can increase your risk of circulation problems. You may not be able to take them if you have a history of high blood pressure, heart disease or strokes. Your doctor will advise you about this and can explain the potential risks and benefits. You will usually be given aspirin at the same time as diethylstilbestrol to reduce the risk of circulation problems. Tick the box below if you are having this type of hormone therapy:

- Diethylstilbestrol

What does treatment involve?

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

Depending on which type of hormone therapy you have, you may visit the hospital or your GP surgery for treatment. You will have regular prostate specific antigen (PSA) tests which will help to check how well your treatment is working. PSA is a protein produced by some of the cells in your prostate gland. The PSA test is a simple blood test that can measure the amount of PSA in your blood. You may like to ask your specialist how often you will have a PSA test. We have included a space at the back of this booklet for you to record the results of your PSA tests.

Your specialist team or GP will also monitor any side effects you have from your treatment and any other symptoms. You can read more about the hormone therapy you are having and its possible side effects in our **Tool Kit** fact sheets on individual hormone drugs.



Your specialist team may suggest different ways of using hormone therapy, such as maximal androgen blockade and intermittent hormone therapy.

Maximal androgen blockade

Your specialist may suggest a way of using hormone therapy called maximal androgen blockade. This is also known as combined or complete androgen blockade. It involves using both an LHRH agonist and an anti-androgen to treat the cancer.

Some specialists think that maximal androgen blockade is slightly more effective than using an LHRH agonist alone in men whose cancer has spread to other parts of the body (advanced prostate cancer).

If you are taking an LHRH agonist on its own and it becomes less effective at controlling your cancer, you may start to take an anti-androgen as well. However, maximal androgen blockade is not commonly used as a first treatment for prostate cancer because it can increase the risk of side effects.

Intermittent hormone therapy

This involves stopping treatment when your PSA level is low and steady and starting treatment again when your PSA starts to rise. This process is repeated for as long as it continues to work. Your specialist team will advise you on when you will stop and start treatment.

The advantage of intermittent hormone therapy is that you may be able to avoid side effects during the time that you are not having treatment. However, it can take three to nine months or sometimes longer for the side effects to wear off. Researchers think that intermittent hormone therapy may be just as effective at treating prostate cancer as continuous treatment, but this is still being tested in clinical trials. We do not yet fully understand all of the benefits and risks of intermittent hormone therapy and it may not be suitable for all men.

What are the advantages and disadvantages of hormone therapy?

Advantages

- It is an effective treatment for prostate cancer.
- It can treat prostate cancer wherever the cancer cells are in the body.
- It can be used alongside other treatments to make them more effective.
- It can help to reduce some of the symptoms caused by prostate cancer, for example urinary symptoms.

Disadvantages

- It can cause side effects that may be difficult to cope with. For more information about possible side effects, see the following section, **Managing the side effects of hormone therapy**.
- Used by itself, hormone therapy cannot remove the cancer completely, but can keep it under control for many months or years before you and your specialist team may need to consider additional treatment options.

You can read more about the advantages and disadvantages of each type of hormone therapy in our Tool Kit fact sheet,

i **Hormone therapy.**

A personal experience

‘An unexpected benefit was that my flow has become that of a youth. It is wonderful to fully empty my bladder quickly and without any dribbles.’

Managing the side effects of hormone therapy

This section of the booklet describes the possible side effects you may experience from hormone therapy and ways you may be able to manage or reduce these side effects.

Like all treatments, hormone therapy carries a risk of side effects. It is important to discuss the possible side effects with your specialist team before you start any treatment. If you know what side effects you might get, it can be easier to cope with them.


What side effects will I get?

Hormone therapy affects different men in different ways. There is no way of knowing in advance which side effects you will get and how bad they will be. Some men who are having hormone therapy may have few side effects or may not have any side effects at all. This does not mean that the treatment is any less effective. Some men may find that their side effects get better or easier to cope with the longer they are on hormone therapy.

The risk of getting each side effect depends on which type of hormone therapy you are having as well as how long you take it for. Read our **Tool Kit** fact sheets on individual hormone therapies for more information. If you are having hormone therapy alongside another treatment, you may get side effects from that treatment as well. Speak to your specialist team about possible side effects of your combined treatment, or call our confidential Helpline on 0800 074 8383.

How long will the side effects last?

The side effects of hormone therapy are caused by lowered testosterone levels. In most cases, side effects will last for as long as you are on hormone therapy. If you stop your hormone therapy, your testosterone levels will rise again and some of the side effects may reduce slowly over time. If you are having hormone therapy alongside another treatment, any side effects you are getting from that treatment will continue after you stop hormone therapy. Some side effects of your other treatment may be similar to side effects of hormone therapy. Surgery to remove the testicles (orchidectomy) cannot be reversed but there are treatments that can help to reduce some of the side effects.

If you have any concerns about your side effects or if you get any new symptoms while you are having treatment, speak to your  doctor or nurse, or call our confidential Helpline on 0800 074 8383.

The following pages describe the most common side effects of hormone therapy and provide information on how you and your specialist team may be able to manage or reduce these side effects.

Loss of sex drive and erection problems

Hormone therapy can affect your sex life in two different ways:

- It can reduce, or cause you to lose, your desire for sex (libido).
- It can give you problems with getting and keeping an erection (erectile dysfunction).

In most cases, these effects will last for as long as you are on hormone therapy. However, it can take up to a year for sexual

function to gradually return to normal after stopping hormone therapy. Some men may not see an improvement in sexual function after stopping hormone therapy. If you have had an orchidectomy, effects on sexual function cannot be reversed.

Desire for sex (libido)

All types of hormone therapy may reduce, or cause you to lose, your desire for sex. This is because hormone therapy lowers your level of testosterone, which is the hormone responsible for giving you your sex drive. One study suggested that half of men (50 per cent) taking LHRH agonists or who have had an orchidectomy will lose interest in sex.

Testosterone is not the only factor that can affect your sex drive. Other physical and psychological factors can also affect how you feel about sex. Some men describe feeling like they have lost their role within the partnership or family. This may lower a man's self esteem and confidence. For others, treatment may lead to tiredness and a lack of energy. Physical changes after hormone therapy, such as putting on weight or breast swelling (see later), may affect the way you feel about your body and appearance. If you have had an orchidectomy, you may be worried about how your body looks. Other types of hormone therapy may also change the way your testicles look. All of these factors may result in a lack of interest in sex.

If you have a partner, their desire for sex may change after your diagnosis and during treatment. For example, if they are feeling anxious, they may have less interest in sex. Changes in your relationship, such as changed roles, may also affect how you and your partner feel about sex.

Erection problems

All types of hormone therapy can cause problems with getting or keeping erections (erectile dysfunction). This may be because lowered testosterone levels can cause physical changes to some of the tissue in the penis. Having less or no desire for sex may also play a part. One study found that seven out of ten men (70 per cent) taking LHRH agonists or who had an orchidectomy experienced problems getting or keeping an erection strong enough for sexual intercourse.

Anti-androgens are less likely to cause erectile dysfunction than other types of hormone therapy. However, if you have advanced prostate cancer, anti-androgens taken on their own are not as effective at controlling the cancer as other types of hormone therapy.

Hormone therapy can also reduce the amount of semen you produce. When you ejaculate, you may feel the sensations of orgasm, but not release any semen from the tip of the penis. This is sometimes called a dry orgasm. It may feel different to the orgasms you are used to. Occasionally, some men will find that a small amount of liquid comes out from the tip of the penis during orgasm.

Personal experience

'The main side effect has been dry orgasms and a reduced (though working) libido. No hot flushes or tiredness so far. I was informed from the outset by the urologist that my sex life may be over but that has been far from the case. I have no problems with erections and do not require chemical assistance (yet).'

Coping with changes to your sexual function

Men deal with changes to their sexual function in different ways. Some men find that because they no longer have a desire for sex, it is easier for them to come to terms with problems getting an erection. For some men, the ability to have sex or get an erection is an extremely important part of how they see themselves as men. It may also be a way of relaxing, working through difficult emotions and coping with difficult times, or boosting self esteem. So, losing the ability to have sex or get an erection can be difficult to come to terms with for some men.

Personal experience

'It has been hard to live with the total loss of my sex drive. I am 64 and have been living with these treatments now for seven years and in general I feel fine. I go to the gym a couple of nights a week and my body is in good shape. I eat healthy food and I don't get any more tired now than before I was diagnosed.'

If you have a partner, or are starting a new relationship, communicating openly about any changes to your sex life can help you both come to terms with them. You may find that talking helps to reduce any worry you have about what your partner thinks, and it may help your partner to understand more about the physical or emotional changes you might be going through.

Losing interest in sex does not mean you lose interest in a loving and supportive relationship. There are ways to remain physically intimate without having sexual intercourse and many couples manage to find new ways of being together sexually.

If you are used to a close physical relationship, it is important to remember that physical contact, such as hugging and kissing, maintains intimacy, provides support to you and your partner, and does not have to lead to intercourse. Some men even find they become closer to their partner after starting treatment.

Personal experience

'At first I was concerned when they told me my sex drive and performance would be affected. However a loss of drive alongside reduced performance is not a problem for me. Whereas a reduced performance with continued strong drive would be.'

If you are the partner of a man with prostate cancer, it can be helpful to understand how hormone therapy may change a man's sexual function. Being patient and helping him to understand that there is no pressure to perform may help him feel supported. Some men will struggle to come to terms with changes in their body image or their ability to perform sexually. This can result in avoiding intimate situations where they may feel under pressure to have sex. Some men may distance themselves from close relationships, but this does not mean that they no longer care for their partner or loved ones.

The Sexual Advice Association can offer further information and support for partners. You can find their contact details in the section **More information** on page 50.

Talking about sex can be difficult, even for a couple who have known each other for a long time. If you or your partner are finding it difficult to approach the issue of sex, you may find it helps to see a psycho-sexual counsellor (a sex therapist). This

is someone who offers help to people who are having sexual problems or experiencing difficulties in their sexual relationship. Your GP or specialist team may be able to refer you to a psycho-sexual counsellor, but this type of therapy is not always available on the NHS. You can find a therapist yourself by contacting The College of Sexual and Relationship Therapists (COSRT) (see **More information** on page 50). You may also find it helpful to watch our DVD, **Couples: Facing prostate cancer together**, which explores some of the issues facing men with prostate cancer and their partners, families and friends.

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Sex and cancer

Couples occasionally worry that cancer can be passed on when they are intimate together. It is not possible to pass cancer on to your partner through intercourse. Having sexual intercourse will not affect your cancer or the success of your treatment.

Treatment for erection problems

For some men and their partners, loss of erectile function is not a problem and they may choose not to have treatment. Others are less happy about losing what may be a very important part of their lives and may choose to seek treatment.

If you are worried about the way hormone therapy is affecting your sex life, do not be embarrassed to talk to your doctor or nurse. It may help to remember that they will have talked about these difficulties with their patients many times before. As well as discussing the treatments available, they can also let you know about local support groups or counselling services available in your area. There is a list of useful organisations that may be able to help in the section **More information** on page 50.

Men with prostate cancer can get treatment for erection problems (erectile dysfunction or ED) free on the NHS. Many treatment centres have an ED clinic and you can ask your doctor or nurse for a referral. Or you may be able to get treatment from your GP. It can be helpful to bring your partner along to the appointment, and to prepare for the visit by writing down questions.

Getting treatment for erection problems

Treatment for erection problems is available to all men, whether you are in a relationship or you are single. You may be single and want an erection for masturbation or you may be thinking of starting a relationship in the future. There is no right or wrong time to consider getting help and treatment for erection problems. There is also no age limit for receiving treatment.

There are a number of different types of treatment available. Some of these options work best when sexual desire (libido) is present. Others may work even when there is no desire. Treatments for erection problems do not increase sexual desire.

Treatment options include:

- Tablets
- Injections
- Pellets
- Vacuum pumps
- Implants

If you do not have success with one treatment, you may find that a different treatment is more effective. For more information about treatments for erectile dysfunction (ED), read our Tool Kit

i fact sheet, **Sex and prostate cancer**.

Some research has shown that maintaining a healthy weight and being physically active may benefit men with ED. You may like to

i read our Tool Kit fact sheet, **Diet, exercise and prostate cancer**, for more information about healthy eating and exercise. Some studies have also shown that smoking increases the risk of ED and that smokers may find it more difficult to get erections back after having hormone therapy.

If loss of desire for sex is a big problem for you, you may wish to discuss the option of intermittent hormone therapy with your doctor (see page 13). You may find that your sexual function improves when you are not having treatment.

Hot flushes

Hot flushes are a common side effect of hormone therapy. They give you a sudden feeling of warmth in the upper body and can be similar to those experienced by women going through the menopause.

Studies looking at how many men on hormone therapy get hot flushes have shown varying results, ranging from around three out of ten men (34 per cent) to eight out of ten men (80 per cent). Flushes may begin to happen within three months of starting treatment. Some men find that their hot flushes get milder and happen less often with time, but other men find that they continue to have hot flushes during treatment. One study showed that nearly half of men (48 per cent) were still getting hot flushes five years after starting treatment.

Hot flushes may happen suddenly without warning or they may be triggered by stress, a hot drink or a change in the temperature around you. Hot flushes can vary from a few seconds of feeling overheated to a few hours of sweating that can stop you from sleeping or cause discomfort. You may find you feel cold, shivery or washed out after having a hot flush. Although exact definitions vary, hot flushes are sometimes described as being mild, moderate or severe:

- A mild hot flush may last for less than three minutes and may make you feel warmer than usual and a little uncomfortable.
- A moderate hot flush can cause you to feel too hot. You may sweat and find you need to take off some layers of clothes.
- A severe hot flush can make you feel very hot and sweaty and you may need to change your clothes or bedding. They can make some men feel irritable, uncomfortable and sometimes sick (nauseous).

How long the hot flush lasts is not always as important as whether it affects your everyday life. Some men may not be worried by the symptoms, but other men may find them very disruptive and difficult to cope with. If your hot flushes are affecting your everyday life, speak to your doctor or nurse. Mild symptoms may not need any treatment.

Personal experience

‘As a keen do-it-yourself person I love making, repairing and maintaining things but for the past two and a half years this has been difficult due to sweating. I no sooner start a physical activity than I break out in a heavy sweat and have to stop to cool down.’

What can I do to manage hot flushes?

There are a number of different options to help you manage hot flushes, including lifestyle changes, drug treatments and complementary therapies.

Lifestyle changes

Some basic lifestyle changes that may help to prevent or reduce hot flushes include:

- Stopping smoking. NHS Choices provide advice on how to stop (see **More information** on page 50).
- Drinking plenty of fluid. Aim for around six to eight glasses a day and try to cut down on alcohol and drinks that contain caffeine, like tea and coffee.
- Reducing the amount of spicy food you eat.
- Keeping your room at a cool temperature and using a fan.
- Using light cotton bed sheets or using a cotton towel on top of your sheets that you can change easily.
- Wearing cotton clothes, especially at night.
- Having lukewarm baths and showers rather than hot ones.

Recent reports have suggested that eating soy may help to reduce hot flushes. If you would like to include soy in your diet, try naturally occurring kinds such as soy beans, miso, tempeh, tofu and soy milk.

You may find it helpful to keep a diary of your symptoms for a few weeks. This can help you and your doctor or nurse to decide whether or not to start treatment for your hot flushes. For some men, certain situations, drinks or foods may bring on a hot flush.

It is a good idea to keep a note of things that trigger hot flushes so that you can try to avoid them.

Drug treatments

There are a number of drug treatments that may help to relieve the symptoms of hot flushes and make them happen less often. More research is needed before we can say for sure how effective these drug treatments are. You may be offered one of the following drug treatments:

- An anti-androgen called cyproterone acetate
- Manufactured hormones called progestogens. The most commonly used one is called megestrol acetate
- The oestrogen drug diethylstilbestrol
- A drug called gabapentin
- A low dose of an antidepressant

Some drug treatments are taken as a tablet, and others are given as an injection.

All drug treatments carry a risk of side effects. You should talk to your doctor or nurse about side effects before starting any treatment for hot flushes so that they can find the best treatment for you. Certain drugs may not be suitable for men who have a history of high blood pressure, heart disease or strokes, or problems with their liver. Your specialist team will discuss this with you.

Complementary therapies

There are many different complementary therapies available including acupuncture, aromatherapy, massage, reflexology, homeopathy and hypnotherapy. Complementary therapies may

help you cope with hot flushes. A small number of studies have suggested that acupuncture may relieve the symptoms of hot flushes and/or make them happen less often in some men. Acupuncture involves inserting fine sterile needles just below the skin. It aims to help balance the body's energy. You will usually have one or two sessions of acupuncture per week, for a period of around two to three months.

You may be able to have complementary therapies on the NHS. Ask your specialist team or GP for more information. If you cannot see a therapist on the NHS, or you would prefer to find your own therapist, make sure that they are properly qualified and belong to a professional body. Complementary therapy organisations such as the Complementary and Natural Healthcare Council can give you more advice about finding a therapist. Macmillan Cancer Support and Cancer Research UK provide more information about different types of therapies available and important safety issues to consider. You can find contact details of all these organisations in the section **More information** on page 50.

Some men have found that the herbal remedies sage tea and black cohosh help them to cope with hot flushes. However, there is no scientific evidence that these are effective. There is also evidence to suggest that black cohosh may cause liver damage. This is rare but you should not take it if you have ever had liver or kidney disease. Some men find that evening primrose oil and red clover are helpful, but again there is no scientific evidence that these are effective.

Not all herbal remedies in the UK are licensed, and the quality varies greatly. Be particularly careful about buying herbal remedies over the internet. Many are manufactured outside the UK and may not be regulated. Remember that a product is not necessarily safe because it is called natural.

Some herbal remedies contain small amounts of substances similar to hormones. When you have your regular PSA tests to monitor how well your hormone therapy is working, these substances may artificially reduce your PSA level, making the test unreliable.

Tell your specialist team about any herbal or complementary therapy you are having or are thinking about having for hot flushes or other side effects of treatment. Some complementary therapies have side effects and some may interfere with your cancer treatment. You should also tell your complementary therapist about your hormone therapy and any other cancer treatments you are having.

Reporting unusual side effects: The Yellow Card Scheme

If you think you are experiencing a side effect from a medicine or herbal remedy that is not mentioned in the information leaflet that comes with it, then you can report it using the Yellow Card Scheme. This is run by the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA will investigate and if they find a problem with a medication then they will take action to protect the public.

There are three ways you can report a side effect:

- Use the online Yellow Card form at www.yellowcard.gov.uk
- Ask your pharmacist for a Yellow Card form
- Call the Yellow Card freephone on 0808 100 3352

Bone thinning

Testosterone helps to keep bones strong. Because some types of hormone therapy reduce the amount of testosterone in your body, long-term treatment may cause your bones to gradually lose their bulk. LHRH agonists, GnRH antagonists and surgery to remove the testicles (orchidectomy) may all have this effect. This can happen within six to 12 months of beginning treatment and the amount of bone loss may increase the longer you are on treatment.

Anti-androgens and oestrogens do not cause bone thinning.

If bone thinning is severe, it can lead to a condition called osteoporosis. This can increase your risk of bone fractures. Some men may have a scan of their bones at the start of treatment and during treatment to monitor any bone thinning. You will usually only be offered scans to monitor bone thinning if your doctor thinks you may already be at higher risk of developing osteoporosis, for example, if you have a family history of the condition.

How can I reduce my risk of bone thinning?

There are a number of lifestyle changes such as exercise and changes to your diet that may help to reduce your risk of bone thinning and developing osteoporosis. These include:

- **Making sure you get enough calcium and vitamin D in your diet.** You should aim for 1000-1500mg of calcium each day and 400-800IU (10-20 micrograms) of vitamin D to help keep your bones strong. You can get calcium from dairy sources (cheese, milk and yogurt) and non-dairy sources (for example, tinned sardines, tofu and broccoli). Read our



Tool Kit fact sheet, **Diet, exercise and prostate cancer**, for more information.

You can get vitamin D from exposure to sunlight and from eating oily fish and foods fortified with vitamin D. If you are concerned you might not be getting enough calcium and vitamin D, speak to your doctor about suitable doses of supplements.

- **Cutting down on alcohol.** Government guidelines recommend that men should not regularly drink more than three to four units of alcohol a day. Units are a standard way of measuring the amount of alcohol in a drink.

How many units are in a drink?

- A pint of 4 per cent lager contains 2.3 units
- A 175ml glass of 13 per cent wine contains 2.3 units
- A 25ml measure of 40 per cent single spirit contains 1 unit

You can find the alcohol percentage and number of units on the label of most alcoholic drinks.

- **Stopping smoking.** NHS Choices provide advice on how to stop (see **More information** on page 50).
- **Exercising regularly.** Regular exercise may help to keep you strong and prevent falls which could lead to bone fractures. Gentle resistance exercise, which includes fast walking, swimming and exercising with small weights, can be particularly helpful. You should speak to your specialist before you start any exercise. They may be able to refer you to a physiotherapist who will be able to give advice and suggest a specific exercise programme for your needs. If you are not able to move about easily, a physiotherapist can give you some gentle exercises to do at home.

- **Keeping a healthy weight.** Men who are underweight have a higher risk of bone thinning.

If you already have osteoporosis, have a family history of osteoporosis or have had fractures in the past, talk to your doctor before you start treatment with LHRH agonists or have an orchidectomy. You should also tell your doctor about any other medicines you are taking, in case they might increase your risk of osteoporosis. More information about osteoporosis is available from the National Osteoporosis Society (see **More information** on page 50 of this booklet).

Breast swelling and tenderness

Hormone therapy may cause swelling (gynaecomastia) and tenderness in the breast area. This can affect one or both breasts and can range from mild sensitivity to ongoing pain. The amount of swelling can also vary from a small degree of swelling to a more noticeable enlarged breast area. It is caused by the effect that hormone therapy has on the balance of the hormones oestrogen and testosterone in the body.

Between three and eight out of ten men (30 to 79 per cent) taking an anti-androgen on its own will get some swelling, and between a quarter and three quarters (25 to 75 per cent) will get some degree of tenderness. Most men taking a high dose of the anti-androgen bicalutamide for more than six months will get breast swelling. Between four and eight out of ten men (40 to 77 per cent) taking an oestrogen will get some swelling. However, breast swelling is less common in men who have had an orchidectomy, who are taking an LHRH agonist or GnRH antagonist, or who are having maximal androgen blockade (see page 12).

Breast swelling and tenderness can make some men feel uncomfortable about their bodies. You may like to talk to your doctor about the treatments available to help prevent or reduce breast swelling and tenderness.

What can help prevent or treat breast swelling and tenderness?

There are a number of options available that can help to reduce your risk of breast swelling and tenderness or help to treat it. They include:

- Treating the breast area with a single dose of radiotherapy
- Tablets
- Surgery

If you are about to start taking anti-androgens or oestrogens, your doctor may recommend treating the breast area with radiotherapy. A single low dose of radiation can reduce the risk of breast swelling and tenderness. It must be done within the first month of hormone treatment because it has no effect once swelling has already happened. Side effects include reddening or darkening of the skin and irritation but this usually clears up in three to five weeks. You may also lose your chest hair in the area that is treated. Sometimes, chest hair does not grow back after treatment.

Tamoxifen tablets can be used both to prevent and treat breast swelling and tenderness in men taking anti-androgens. They are commonly used to treat breast cancer and work by stopping the hormone oestrogen from reaching the breast tissue. You may not be able to have tamoxifen if you are taking oestrogens because it may stop the oestrogens from working properly. We do not know how tamoxifen affects other hormone treatments in the long term.

Surgery may be a suitable option for men who have been treated with either anti-androgens or oestrogens. Surgery removes painful or swollen areas of the breast. However, this treatment carries a risk of damage to the nipple and a loss of feeling and is usually only offered if other treatments are not suitable.

Tiredness (fatigue)

Hormone therapy for prostate cancer can cause extreme tiredness. While some men may not feel tired at all, other men may experience tiredness that affects their everyday life. Fatigue can affect your energy levels, your motivation and your emotions. Some men find that tiredness can come on quite suddenly, which means that you need to be careful in certain situations, for example, when you are driving. It is important to let your doctor know how you feel and how tiredness is affecting you so that they can help you. Fatigue may be due to your treatment but it can also have other causes such as the cancer itself or other conditions, for example a reduced number of red blood cells (anaemia).

You may find that your tiredness improves over time but many men find that regular resistance exercise (see page 30) gives them more energy and helps them to cope with treatment.

Macmillan Cancer Support provides more information about coping with fatigue, including what to do if fatigue is affecting your ability to work (see **More information** on page 50).

Personal experience

“I found exercise is the best thing to combat tiredness and it also motivates you in general and keeps your spirits up and stress levels down.”

Strength and muscle loss

Testosterone plays an important role in the physical make up of men's bodies. Compared with women, men usually have less body fat and more muscle strength. Hormone therapy reduces the amount of testosterone and can cause a decrease in muscle tissue and an increase in the amount of body fat.

This can change the way your body looks and how physically strong you feel. Regular resistance exercise (see page 30) may help to reduce muscle loss and keep your muscles strong.

Weight gain

You may notice that you start to put on weight, particularly around the waist. Some research shows that most weight gain happens within the first 12 months after starting hormone therapy. Some men find this physical change difficult to cope with, particularly if they have never had any problems with their weight in the past.

Physical activity and a healthy diet can help you stay a healthy weight. It can take a long time to lose any weight that you may have put on during hormone therapy. If you are finding it difficult to lose weight, ask to be referred to a state registered dietitian.

You can read more about healthy eating and exercise in our

 Tool Kit fact sheet, **Diet, exercise and prostate cancer**.


Risk of heart disease and diabetes

Some studies have found that men receiving hormone therapy may have an increased risk of heart disease and diabetes. More research is needed for us to understand the exact link between

hormone therapy and these conditions. You may be able to help reduce your risk by:

- Eating a healthy diet
- Taking regular exercise
- Limiting the amount of salt you eat
- Avoiding smoking
- Cutting down on alcohol

Talk to your GP about how often you should have regular health checks. You can find out more about healthy eating and

 physical activity in our Tool Kit fact sheet, **Diet, exercise and prostate cancer**.

Memory and concentration

Testosterone may be linked to how thought processes work in men. This includes things such as memory and the ability to concentrate. Some studies have shown that hormone therapy can affect how thought processes work. But we do not know for sure whether this is caused by the hormone therapy or whether other factors, such as hot flushes and fatigue, may play a part.

Sometimes, it may be difficult to tell whether how you are feeling is due to your hormone therapy. For example, feeling tired or having problems with memory and concentration may happen naturally as you get older, or if you are feeling stressed, anxious or depressed. You may find it helps to keep your mind active, for example, by doing crosswords or other puzzles.

How might hormone therapy affect how I feel?

You may be starting hormone therapy very soon after being diagnosed with prostate cancer. This can have a significant effect on your emotions and you may still feel shocked, frightened or angry as a result of your diagnosis.

Hormone therapy affects men in different ways and it can be hard to know before starting treatment how the side effects will make you feel. Even if you have been told about the possible side effects before starting treatment, they can be difficult to cope with. Some men are surprised by the side effects and shocked at how upsetting they find them. If you have had an orchidectomy, you may also find it difficult to cope with the idea that your operation cannot be reversed. Other men experience fewer symptoms or are not as worried by them.

It can be hard to come to terms with some of the changes that hormone therapy causes. Some men find that the physical change to their bodies, such as putting on weight, or changes to their sexual function, can make them feel very different about their bodies and cause a sense of loss. Sometimes men describe feeling less masculine as a result of their diagnosis and treatment. Talking about the changes in your body with your doctor, specialist nurse or counsellor may help you. If you have a partner, you may be worried about how they will react to changes in your body. Speaking openly to your partner or close friends and family may help you to come to terms with any changes.

Changes to your daily life that may happen when you are on hormone therapy can also cause a sense of loss. For example, your role within your relationship may be different to how it was before, or you may feel too tired to do some of the things you used to do.

Hormone therapy itself may also affect your mood. You may find that you feel more emotional than usual or just 'different' to how you felt before. For example, you may find that you cry in situations where you would not usually feel tearful, such as watching something sad on television. Just knowing that these feelings are caused by hormone therapy may help you to cope.

Some men may also experience low moods or depression. This can be as a direct result of hormone therapy, a response to the shock of diagnosis or the impact that treatment can have on your life. If you are finding that your mood is often very low, that you are losing interest in things or that your sleep pattern or appetite has changed significantly, then this may indicate that you are depressed.

What can help?

There is no right or wrong way to deal with your feelings. Try to go easy on yourself, and do not expect to have all the answers. Some men try to cope with feeling low on their own because they may be too embarrassed to talk about it or are afraid of worrying loved ones. Sometimes talking about any troubling feelings can help men cope with them. A research study found that men who talked about their emotions experienced a greater sense of wellbeing.

If you think you might be depressed, try to get help early on as this will help you cope better with treatment. Your doctor or nurse can answer any questions you may have and can be a good source of support. Talking to family and friends, or a counsellor, can also help, and may take some of the pressure off you. For more information about available support, read the section **What support is available to me?** on page 40.

Anti-depressants are often very successful in treating hormone therapy-related depression. Before you start taking anti-depressants, it is important that you tell your GP or specialist team about any other medicines or natural remedies you are taking.

A small study has shown that intermittent hormone therapy (see page 13) may help to relieve depression and anxiety. This is a fairly new treatment approach, and we do not yet fully understand all the benefits and risks. Talk to your specialist team if you think this may help you.

There are several lifestyle changes that may help to improve your mood and ease feelings of depression and anxiety. These include:

- Learning ways to relax such as yoga or meditation
- Exercising regularly
- Trying to keep up with your usual hobbies and social activities or trying some new ones. Some men say that this helps them stay happy and relaxed

You may also find it helpful to go on a course to learn ways to manage side effects, feelings and relationships. Macmillan Cancer Support, The Expert Patients Programme and Penny Brohn Cancer Care run free courses for people living with cancer or long term health problems. See the section **More information** on page 50 for contact details. If you have a clinical nurse specialist or belong to a support group, ask if they run training days or invite health professionals to give talks. You can also look out for relevant courses at your GP surgery, local hospital, library, adult learning centre or local community or sports centres. Check their notice boards or websites.

You and your partner

If you have a partner, they may feel anxious or depressed about your diagnosis. They may feel isolated and may find it difficult to tell you how they are feeling for fear of worrying you. Talking about it with him or her may help you both. Doctors and nurses are always happy for you to bring your partner along to your appointments and may be able to direct you to the type of support that most suits your needs. Many support groups also welcome partners and can be helpful for both of you.

How will my treatment be monitored?

While you are receiving hormone therapy, you and your doctor or nurse will need to monitor how well the treatment is working. You will need to have your PSA level checked regularly. Your doctor or nurse will tell you how often this will happen as it will depend on the stage of your treatment. They will also keep an eye on your symptoms. It is important that you let them know if there are any changes to your symptoms while you are on hormone therapy. If your original type of hormone therapy starts to work less well, you may be offered other types of hormone therapy or a combination of other treatments. You can read more about this in our Tool Kit fact sheet, **Treating prostate cancer after hormone therapy**.



What will happen if I decide to stop my treatment?

It can be difficult to cope with the side effects of hormone therapy and some men may feel that they want to stop their treatment. If you are thinking about stopping hormone therapy, talk to your doctor. They will explain how this will affect your cancer and discuss any possible alternative treatments. You can also talk to your doctor about other options such as intermittent hormone therapy (see page 13), but this may not be suitable for all men.

What support is available to me?

There are lots of different ways of getting support so it is important to choose options that best suit you. You may find that making small changes to your life can help, such as learning ways to relax or being physically active, but sometimes you may feel you need more support or expert advice. Do not be embarrassed to ask for help. There are a number of people that can offer support including:

Friends and family

It is not always easy to talk about cancer and how the side effects of treatment are affecting you. Talking to a partner, friend or relative may help you to cope with side effects and make them easier to deal with. By helping people close to you to understand the side effects of your treatment, they can find a way of offering support in a way that is right for you.

Your specialist team

Let your specialist team know how your treatment is affecting you. If they know what side effects you are experiencing and how they are affecting you, they can explain what options are available to

help you deal with them. There are a range of lifestyle changes and treatments available that may help to reduce the symptoms.

Support groups

Support groups can be a great way for you to meet people with similar experiences. These groups are often set up by local health professionals, or by people who have experience of prostate cancer. Meetings are usually informal and offer an opportunity to find out about other people's experiences as well as discussing your own thoughts and concerns. Ask your health professional for details of support groups near you. Many support groups are happy for you to bring your partner along with you. You can also find details of support groups on The Prostate Cancer Charity website, www.prostate-cancer.org.uk or  by calling our confidential Helpline on 0800 074 8383.

Counselling

It can sometimes be difficult to talk to people close to you because you do not want to upset them, or you may find it hard to show your emotions. Some people find it easier to talk to someone they do not know. Counsellors are trained to listen and can help you to understand your feelings and find your own answers. Your GP may be able to refer you to a counsellor or you can see a private counsellor. There are different types of counselling available. To find out more contact the UK Council for Psychotherapy (see **More information** on page 50).

The Prostate Cancer Charity

If you, your partner or your family have any questions about prostate cancer, treatments, or any of the side effects described in this



booklet you can call our confidential Helpline on 0800 074 8383.

You can also send a query to the Helpline by using our email contact form. Visit www.prostate-cancer.org.uk and click on

We can help for details of how to contact the Helpline.

We also provide a one-to-one support service which can give you the opportunity to talk to someone who has experience of hormone therapy and understands what you are going through. Our Support Volunteers are all personally affected by prostate cancer: men with a diagnosis, wives, partners, family members or friends. They have been trained to listen and offer support.

If you have access to the internet, you may like to sign up to The Prostate Cancer Charity Online Community, where you can share your views and experiences with others affected by prostate cancer. Our website address is www.prostate-cancer.org.uk

We have further information for men who have been diagnosed with prostate cancer, which can be ordered free of charge, including:



Prostate cancer: A guide for newly diagnosed men

A personal guide for men who have recently been diagnosed with prostate cancer. It has space to record details of diagnosis, treatment options and key contacts.

i Tool Kit

Contains fact sheets on how prostate cancer is diagnosed, how it is treated, and how it may affect your lifestyle. It includes an **A-Z of medical words**.

i Living with prostate cancer: A guide to physical, emotional and practical issues

Contains information about the physical and emotional effects of living with prostate cancer and treatment and looks at ways to manage them. It also provides information about practical issues such as work and money.

i Couples: Facing prostate cancer together

A film of a performance exploring some of the issues facing men with prostate cancer and their partners, families and friends. The script is taken directly from interviews with people affected by prostate cancer.

To order our publications, call our Helpline on **0800 074 8383** or email us at **literature@prostate-cancer.org.uk**. You can also download all of our publications from our website at **www.prostate-cancer.org.uk**



My team members

You can use this space to record names and contact details of the members of your specialist team. You may also hear this called your multi-disciplinary team (MDT). It is the team of health professionals who are involved in your ongoing care. We have listed the health professionals who you are most likely to see, but you may not come into contact with all of these.

Key worker

Your key worker is your main point of contact. They help to co-ordinate your care and can guide you to the most appropriate team member or source of information. This may often be your specialist nurse. Your key worker may change over time, for example, it may be your specialist nurse to begin with and then your GP, practice nurse or a district nurse may take over.

Name	
Telephone no.	
Notes	

Specialist nurse

You may have a urology, uro-oncology or prostate cancer specialist nurse as part of your MDT. They can answer any questions you have about your cancer and may carry out some of the tests you will have.

Name	
Telephone no.	
Notes	

Consultant oncologist

This type of doctor specialises in treating cancer.

Name	
Telephone no.	
Notes	

Consultant urologist

This type of doctor is a surgeon who specialises in the urinary and reproductive systems.

Name	
Telephone no.	
Notes	

General practitioner (GP)

Your GP and practice or district nurse will help to co-ordinate your care and can offer you support through your diagnosis and treatment. They will keep in touch with your specialist team at the hospital and keep a record of your treatment. Your GP can also refer you to local health services and organisations in your area.

Name	
Telephone no.	
Out-of-hours doctor's surgery contact details	
Notes	

Practice or district nurse

Name	
Telephone no.	
Notes	

Other health professionals

You can record contact details of other health professionals in the space below. For example these might include a radiographer, pharmacist, dietitian, sexual dysfunction clinician, continence nurse or physiotherapist.

Name	Contact details

 **The Prostate Cancer Charity Support and Information Specialist Nurses: Helpline 0800 074 8383.**

Drug chart

You may like to use this space to record details of the hormone drug(s) you are having. Your doctor or nurse can help to fill in the table below. The details may also be listed on your repeat prescription form.

Hormone drug	Dose	How often?

Appointments

You may like to use this space to record details of your appointments at the hospital or GP surgery.

Date	Time	Contact	Location	Notes

Appointments continued...

Date	Time	Contact	Location	Notes

PSA levels

You can use this space to record the results of your PSA tests.

- i** If you need more space, you can order **PSA record cards** by calling The Prostate Cancer Charity on 0800 074 8383. Your doctor or nurse might be able to print out a copy of your PSA results for you to keep.

Date	PSA level	Date	PSA level

More information

The following organisations may be able to offer you, your partner or your family further support and information.

Cancer Black Care

www.cancerblackcare.org

Telephone 020 8961 4151

Provides information and support to people from black and minority ethnic communities who are affected by cancer.

CancerHelp UK

www.cancerhelp.org.uk

Freephone 0808 800 4040 (9am–5pm, Mon–Fri)

CancerHelp is the patient information website of Cancer Research UK and provides information about living with cancer.

Carers UK

www.carersuk.org

Carers advice line 0808 808 777 (10-12am & 2-4pm, Wed & Thurs)

Provides information and advice for carers, including signposting to support groups.

College of Sexual and Relationship Therapists (COSRT)

www.cosrt.org.uk

Telephone 020 8543 2707

For information on sexual and relationship therapy, including a list of therapists.

The Complementary and Natural Healthcare Council (CNHC)

www.cnhc.org.uk

Telephone 020 3178 2199

Provides details of complementary therapy practitioners who meet national standards of competence and practice.

Expert Patients Programme

www.expertpatients.co.uk

Freephone 0800 988 5550

Offer free self-management courses providing tools and techniques to help you to take control of your health and manage your condition better on a daily basis.

Health with Pride

www.healthwithpride.nhs.uk

Telephone 020 8591 9595

An online health resource for lesbian, gay and bisexual patients. Their website has information on cancer issues and erectile dysfunction for gay men.

Macmillan Cancer Support

www.macmillan.org.uk

Macmillan Support Line 0808 808 00 00 (Mon to Fri, 9am - 8pm)

Provides practical, financial and emotional support for people with cancer, their family and friends.

Maggie's Cancer Caring Centres

www.maggiescentres.org

Telephone 0300 123 1801

Provide information and support to anyone affected by cancer. Their website holds a list of centres across the UK and has an online support group.

National Osteoporosis Society

www.nos.org.uk

Helpline 0845 450 0230

Provides information about the diagnosis, prevention and treatment of osteoporosis. It also provides a nurse-led helpline.

NHS Choices

www.nhs.uk

Provides information to support you in making decisions about your own health, including an A-Z of treatments and conditions, and information on NHS health services in your local area.

Penny Brohn Cancer Care

www.pennybrohncancercare.org

Helpline 0845 123 2310

Offers support using complementary therapies and self-help techniques to people affected by cancer. Their approach is designed to work hand-in-hand with medical treatment.

Relate

www.relate.org.uk

Telephone 0300 100 1234

Relationship counselling and sex therapy for individuals and couples.

Sexual Advice Association

www.sda.uk.net

Helpline 020 7486 7262

Provides a helpline service for advice and information about erectile dysfunction.

Samaritans

www.samaritans.org.uk

Helpline 0845 790 9090

Provides confidential non-judgemental emotional support, 24 hours a day, by telephone, email, letter, or face-to-face.

UK Prostate Link

www.prostate-link.org.uk

Guide to reliable sources of prostate cancer information.

UK Council for Psychotherapy

www.psychotherapy.org.uk

Telephone 020 7014 9955

Holds a national register of psychotherapists and counsellors and provides information to help you choose a therapist.

References to sources of information used in the production of this booklet are available on our website at www.prostate-cancer.org.uk

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- Prostate Cancer Voices
- The Prostate Cancer Charity Support & Information Specialist Nurses

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The Prostate Cancer Charity makes every effort to make sure that its services provide up-to-date, unbiased and accurate facts about prostate cancer. We hope that these will add to the medical advice you have already been given and will help you to make any decisions you may face. Please do continue to talk to your doctor if you are worried about any medical issues.

The Prostate Cancer Charity funds research into the causes of, and treatments for, prostate cancer. We also provide support and information to anyone concerned about prostate cancer. We rely on charitable donations to continue this work. If you would like to make a donation, please call us on 020 8222 7666.

Tell us what you think

We hope you have found this information useful. If you have any comments or suggestions about any of our publications, you can email literature@prostate-cancer.org.uk or write to The Information Team at The Prostate Cancer Charity, 100 Cambridge Grove, London W6 0LE



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Confidential Helpline

0800 074 8383*

Mon - Fri 10am - 4pm, Wed 7pm - 9pm

www.prostate-cancer.org.uk



Certified member

* Calls are occasionally recorded for training purposes only. Confidentiality is maintained between callers and The Prostate Cancer Charity.

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