

前列腺癌

本資訊主要介紹有關前列腺癌的診斷與治療。

所有帶下劃線的辭彙在本文最後所附的辭彙表中均有說明。辭彙表中亦包括了英語單詞的發音。

若您對本資訊有任何疑問，您可以詢問您正在其中接受治療的醫院的醫生及護士。

週一至週五上午 9 時至晚上 8 時，您可以致電麥克米倫癌症援助機構（Macmillan Cancer Support）免費熱線：**0808 808 00 00**。我們有口譯員，所以您可以使用您的語言與我們溝通。當您致電我們時，請以英文告訴我們您所需要的語言（說「釵尼斯」）。

欲參閱更多繁體中文癌症資訊，請瀏覽 macmillan.org.uk/translations

本資訊主要介紹：

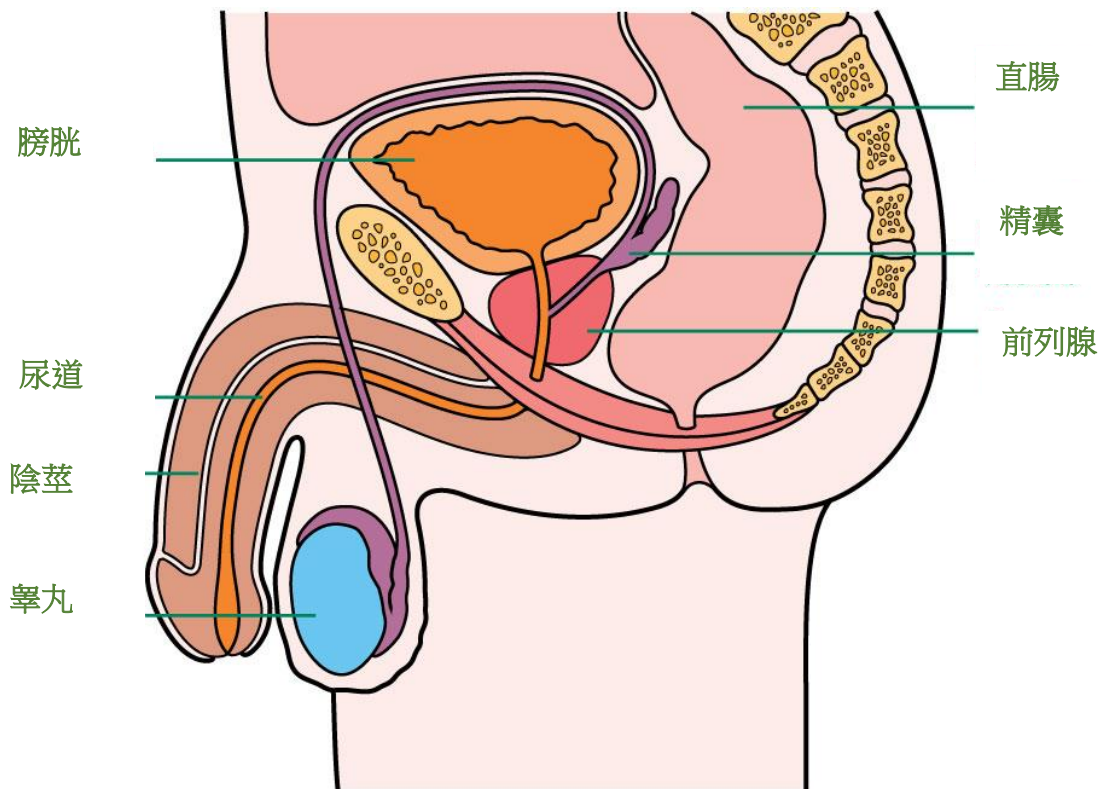
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前列腺

所有男性都有一個名為前列腺的小腺體。前列腺約為核桃大小，隨男性年齡增長而增大。

前列腺包繞著將尿液從膀胱輸至陰莖的管道（尿道）上口部份。

[男性性器官結構圖示]



前列腺會分泌一種白色液體，它會與睪丸分泌的精子混合並形成精液。精液含有精子細胞。

雄性荷爾蒙睪酮素控制著前列腺的運作，並由睪丸製造。睪酮素負責您的性慾、勃起和肌肉發育。

前列腺也會分泌一種名為前列腺特異性抗原（PSA）的蛋白質，有助於液化精液。

PSA 值可透過血液檢查驗出。當與其他檢驗一起使用時，PSA 測試可以幫助醫生診斷出前列腺癌。

前列腺癌

身體的所有部位都是由微小的細胞所組成的。當前列腺細胞以不受控制的方式生長，就會變成前列腺癌。這些細胞最後會形成名為腫瘤的腫塊。

一些前列腺癌生長速度緩慢，但其他前列腺癌生長速度較快。

有時候，前列腺癌細胞會擴散到前列腺以外的其他身體部位。

前列腺癌不具有傳染性，不會傳染給其他人。

前列腺癌患者

前列腺癌的風險會隨著男性的年齡而增加。較常見於 70 歲以上的男性，50 歲以下男性並不常見。

我們不知道前列腺癌的確切成因，但有一些風險因素會增加患癌的機率。男性黑人患前列腺癌的風險高得多，而且通常會在較年輕的時候就得到。

前列腺癌的分期和分級

- 癌症的分期指的是腫瘤大小，以及它是否已經擴散。
- 癌症的分級指的是腫瘤的生長速度。

前列腺癌通常分為這些階段：

- 早期（局部）前列腺癌－癌症只在前列腺中
- 局部晚期前列腺癌－癌症已擴散到前列腺附近組織
- 晚期（轉移性）前列腺癌－癌症已擴散到前列腺之外的身體其他部位，通常是骨骼

如何計劃治療方案

您的醫療團隊將開會，為您計劃最好的治療方案。您的醫生或護士會就這方面與您交談。您的治療方案將取決於多種因素，例如：

- 癌症的分期和分級
- 您的年齡和整體健康狀況
- 治療的好處和可能的副作用
- 您對可選治療方法的看法。

與您的醫療團隊溝通

與您的癌症專科醫生或護士討論治療方法非常重要。您也可以和家人或朋友討論。有時兩種治療方案在治療癌症方面同樣有效。您可能需要決定最適合您的治療方案。在決定前您需要考量各種不同層面，例如副作用。您可以向您的醫生或護士尋求協助。

與您交談後，您的醫生會要求您簽署同意書，以表明您理解並同意接受治療，這稱為同意書。只有同意後，才會對您進行治療。

屆時，最好有一位會說中文和英語的人與您同行。您的醫院可以為您安排口譯員。如果您需要口譯員，請務必事先告知您的護士。

有關您治療的問題

- 我的診斷是甚麼意思？
- 癌症的分期和分級是甚麼？
- 有甚麼治療是可以進行的？
- 每種治療方案的好處、風險和副作用是什麼？
- 治療將如何影響我的日常生活？
- 我能與誰談論我的感受？

我們也有繁體中文版資訊單《如果您被診斷為癌症》，為您提供更多資訊。請瀏覽 macmillan.org.uk/translations

前列腺癌治療

早期前列腺癌	局部晚期前列腺癌	晚期前列腺癌
主動監測	前列腺放療	荷爾蒙治療
觀察等待治療	荷爾蒙治療	化療
去除前列腺手術（前列腺切除術）	觀察等待治療	放療可以改善疼痛等症狀
前列腺放療	有時，去除前列腺手術（前列腺切除術）	一種改善晚期癌症症狀的手術
荷爾蒙治療		症狀控制

主動監測

主動監測是指您可以避免或延遲治療及其副作用。除非癌症增長，您才需要接受治療。主動監測僅適用於一些生長緩慢的早期前列腺癌患者。

您將定期接受醫生的檢查。他們會檢查您的 PSA（前列腺特異性抗原）並透過檢查和掃描監測您的前列腺狀況，以檢查癌症是否有增長。這可能包括 MRI 掃描以及活體切片檢查。

如果癌症開始增長得更快，醫生會建議進行手術或放療試圖治愈癌症。

觀察等待治療

有些男性患者與他們的專家會決定在開始治療前，先進行觀察等待，這稱為觀察等待治療。接受觀察等待治療是因為您的身體狀況不適合放療或手術。或者因為您選擇不接受放療或手術。

您將定期接受醫生（通常是全科醫生）的檢查。

如果沒有腫瘤增長的跡象，那麼繼續觀察等待是安全的。如果您出現一些症狀，您的醫生通常會告訴您有關荷爾蒙治療的資訊。

手術治療

切除整個前列腺的手術稱為前列腺切除術，且有不同的方式可以進行。此手術旨在根除所有癌細胞，並只能在癌症尚未擴散到前列腺以外部位的情況下進行。您的醫生將討論他們認為最適合您的手術方案及其副作用。前列腺手術在專科中心進行，所以您可能必須去醫院。

前列腺切除術

外科醫生會在腹部（腹腔）做一個切口，再從切口移除整個前列腺。有時候也會從陰囊與直腸之間的切口移除整個前列腺。

腹腔鏡前列腺切除術（鎖孔手術）

—這此手術類型中，外科醫生會在腹部（腹腔）做四五個小切口（每個約 1 公分）。接著，醫生會使用特別的器具透過這些小切口將前列腺切除。

機器人輔助下腹腔鏡前列腺根治術

外科醫生使用機械手臂進行手術，以確保移動的精準度。

副作用

主要可能的副作用包含

- 尿失禁
- 勃起困難（勃起功能障礙）

手術後您將無法再生育。如果您想生育，可以在手術前儲存精子。

其他手術類型

有時候，患有晚期前列腺癌的男子會接受手術，去除製造荷爾蒙睪酮的部分睪丸。這稱為睪丸切除術。但大多數男子選擇使用藥物來降低睪酮素水平而不接受此類型手術。

高強度聚焦超音波（HIFU）

一些早期前列腺癌可以使用 HIFU 進行治療。它可以治療前列腺癌的不同區域或僅治療小區域。

醫生會將一個產生高能量超音波束的探頭放入您的直腸，並對癌症區域釋放熱能，藉此破壞癌細胞。

放療

放療是指使用高能量的 X 射線摧毀癌細胞的療法。放療有多種不同的方式。通常是在體外透過一台機器進行（體外放療）：您通常會以門診病患的身分接受放療。也就是說，您可以在接受治療當天回家。

有些患早期或局部晚期前列腺癌的男子會接受由體內進行的放療（體內放療）。醫生稱之為**近距離放療**。有兩種進行方式：

- 將小放射性種子永久性地置於前列腺中
- 將細導管置於前列腺中並連接到機器上，該機器會於固定時間釋放放射性物質於管中。

如果癌症引起其他症狀（如骨骼疼痛），患有晚期前列腺癌的男子則可以進行放療。

我們有關於放療的繁體中文資訊。請瀏覽 macmillan.org.uk/translations

副作用

- 如果您膚色較深，接受放療的區域皮膚可能會變紅或變深。
- 您可會出現尿頻或尿急的情形。
- 您可能會有腹瀉的問題。
- 您可能會在放療後 2 至 5 年內出現勃起問題。

荷爾蒙治療

荷爾蒙睪酮素會導致前列腺癌的增長。荷爾蒙治療可以降低體內睪酮水平，或阻斷睪酮。可以透過注射或片劑攝入。

您通常會於放療前或放療後接受荷爾蒙治療，它有助於增加放療的效果。有些男子可能會在放療後 2 至 3 年進行荷爾蒙治療，以降低癌症復發的風險。

對於一些男性，荷爾蒙治療可能是主要的治療方法。

如果您在進行觀察等待治療期間癌症引起一些症狀，您通常會開始接受荷爾蒙治療。

患晚期前列腺癌的患者，主要會採取荷爾蒙治療。它可以：

- 縮小腫瘤
- 減緩增長速度
- 減緩癌症症狀

副作用

可能包括：

- 潮熱和盜汗
- 性問題
- 疲倦
- 體重增加
- 骨質疏鬆

化療

化療使用抗癌藥物破壞癌細胞，僅用於治療已擴散至身體其他部位的前列腺癌。可於荷爾蒙治療期間或之後進行。

護士會透過靜脈給予化療藥物（靜脈注射）。您可以在化療日間診所接受治療。

化療藥物可能會引發令您不適的副作用，

而不同藥物會引發不同的副作用。包括：

- 增加您受感染的可能性
- 感覺疲憊
- 感到不適或嘔吐
- 口腔潰瘍
- 掉髮

您的醫生可以向您解釋您可能會出現的副作用，以及控制方法。大部份的副作用都可以用藥物來控制。化療結束後大部份的副作用便會消失。

我們有關於化療的繁體中文資訊，其中包含您可能出現的副作用的資訊。請瀏覽 macmillan.org.uk/translations

應對治療的副作用

前列腺癌治療可能會導致一些令人困擾和不安的副作用。您的醫生會解釋您可能出現的副作用。並非每個人都會出現所有副作用，這取決於您接受的治療，

且有不同的方式可以應對。請務必將您的副作用告訴您的醫生或護士。

性問題—您可能不想做愛，或者難以勃起或保持勃起狀態。這稱為勃起功能障礙（ED）。您的醫生或護士可以為您提供建議。有藥物和其他治療可以幫助應對 ED。

膀胱問題—您可能出現頻尿或尿失禁的問題。對於這個問題，有不同的應對方法。您的醫生或護士可以為您提供建議。他們可以將您轉介至尿失禁專家。

潮熱和盜汗—隨著您的身體習慣治療，此症狀也會跟著減緩。通常在荷爾蒙治療結束後 3 至 6 個月後便完全停止。

乳房腫脹或疼痛—某些荷爾蒙治療藥物會引起此問題。有些男性在治療前對其胸部進行低劑量放療以防止這種情況發生。一種名為諾瓦得士（tamoxifen）的荷爾蒙藥物也可以用來減輕乳房腫脹的情形。

疲倦及睡眠問題—潮熱可能會導致睡眠問題。規律運動有助於減緩疲勞。

情緒變化—與親近的人或輔導員交談可能有所幫助。

體重增加（尤其腰間）及肌力下降—規律運動和健康均衡的飲食可以幫助解決此問題。

骨質疏鬆（骨質疏鬆症）—較常見於長期荷爾蒙治療。規律從事負重訓練，例如：散步、跳舞、爬山或輕度重訓，有助於保持骨骼健康。

控制晚期前列腺癌症狀

如果癌症進入末期，有許多方式可以控制您可能有的症狀。您的醫生可以為您開不同的藥物，幫助緩解症狀。如果症狀未改善，請務必告知您的醫生。

麥克米倫（Macmillan）洗手間卡

如果您外出時需要緊急使用洗手間，您可以攜帶一張免費的麥克米倫（Macmillan）洗手間卡，您可以在商店、辦公室和咖啡館等地點出示該卡。我們希望這張卡可以幫助您使用就近的洗手間，但未必所有地方都接受此卡。

您可以致電麥克米倫（Macmillan）援助熱線 **0808 808 00 00** 取得該卡。或者於我們的網站 macmillan.org.uk 申請

您也可以使用殘疾人士洗手間，但它們有時候是被鎖上的。您可以從一些醫療慈善機構和一些地方議會購買鑰匙。

後續複診

治療結束後，您會進行定期檢查和測試。這可能會持續幾年，但是檢查頻率會變得越來越低。

您的感覺

當您被告知患有癌症時，會感到不知所措，出現很多不同的情緒。感覺沒有對錯之分。應對情緒的方法亦有很多種，與親朋好友交談可能會有所幫助。或者向您的醫生或護士尋求協助。

麥克米倫（Macmillan）如何給予幫助

麥克米倫（Macmillan）致力於幫助您和您的家人。您可透過下列方式獲得援助：

- **麥克米倫（Macmillan）援助熱線 (0808 808 00 00)**。我們有口譯員，所以您可以使用您的語言與我們溝通。您只需用英語告訴我們您希望使用甚麼語言即可。我們可以回答有關醫療的問題、提供有關資金援助的資訊或與您討論您的感受。我們的電話接聽時間是週一至週五上午 9 時至晚上 8 時。
- **麥克米倫（Macmillan）網站 (macmillan.org.uk)**。我們的網站有很多有關癌症和癌症病患生活的英文資訊。欲瞭解其他語言的更多資訊，請瀏覽 **macmillan.org.uk/translations**
- **資訊與支援服務**。您可透過資訊與支援服務中心向癌症援助專家諮詢並獲得書面資訊。瀏覽 **macmillan.org.uk/informationcentres** 尋找離您最近的諮詢中心或致電我們。您的醫院可能設有資訊中心。
- **本地支援團體**—您可以在支援小組中與其他受癌症影響的人交談。瀏覽 **macmillan.org.uk/supportgroups** 尋找離您最近的當地援助小組或致電我們。
- **麥克米倫（Macmillan）網路社群**—您亦可以前往 **macmillan.org.uk/community** 與其他受癌症影響的人交談。

辭彙表

單詞 (繁體中文)	英文	英文發音 (英文單詞的譯音)	意思
細胞	Cells	賽耳	構成身體器官和組織的微小結構單元。
化療	Chemotherapy	奇模特瑞匹	使用藥物殺死癌細胞的癌症治療方法。
同意	Consent	康森特	允許某件事情發生或同意進行某項事情。
腹瀉	Diarrhoea	帶耳瑞亞	大便較軟或成水狀。您可能需要比平時更頻繁或非常急需如廁。也可能伴有腹痛。
荷爾蒙治療	Hormonal therapy	荷爾蒙·特瑞匹	透過影響體內荷爾蒙的癌症治療方法。
荷爾蒙	Hormone	荷爾蒙	體內產生並控制器官如何運作的物質。有不同類型的荷爾蒙。
蛋白質	Protein	普洛特因	幫助您的身體增長、運作和自行修復的物質。
放療	Radiotherapy	瑞迪歐特瑞匹	使用高能 X 射線 (如 X 光) 殺死癌症的癌症治療方法。
腫瘤	Tumour	兔模耳	以異常方式生長的細胞群。異常細胞不斷繁殖並形成腫塊。

更多繁體中文版資訊

我們提供更多關於以下主題的繁體中文資訊：

癌症類型	應對癌症
<ul style="list-style-type: none">• 乳癌• 大腸癌• 肺癌• 前列腺癌	<ul style="list-style-type: none">• 若您被診斷患有癌症—快速指南• 申請福利救濟• 飲食問題與癌症• 生命的終點• 經濟援助—福利救濟金• 經濟援助—財務協助• 健康飲食• 疲憊（疲勞）與癌症• 癌症治療的副作用• 您可以做些甚麼來幫助自己
治療 <ul style="list-style-type: none">• 化療• 放療• 手術治療	

欲查看該資訊，請前往 macmillan.org.uk/translations

以中文與我們溝通

您可以撥打麥克米倫（Macmillan）免費電話 **0808 808 00 00** 透過口譯員以中文與我們交談。您可以同我們討論您的憂慮和醫療問題。當您致電我們時，只需用英語說出「中文」即可（請說出「釵尼斯」）。

我們的辦公時間是週一至週五上午 9 時至晚上 8 時。

參考文獻與致謝

該資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。並由翻譯公司提供繁體中文的翻譯版本。

本資訊包含麥克米倫（Macmillan）資訊單：《認識早期前列腺癌》、《認識晚期局部前列腺癌》以及《認識晚期前列腺癌》。我們可以將副本發送給您，但完整手冊只有英語版本。

本資訊單已由相關專家審核，並獲得我們的資深醫學編輯批准：顧問臨床腫瘤學家 Jim Barber 醫生以及顧問醫學腫瘤學家 Lisa Pickering 醫師。

致謝：顧問臨床腫瘤學家 Alison Birtle 醫師，麥克米倫泌尿專科護士 Jane Booker，顧問泌尿科醫生 Christian Brown 先生，前列腺專科護士 Sharon Clovis，泌尿專科護士 Gill Davis，麥克米倫泌尿腫瘤科臨床護士 Louise Dawson，前列腺專科護士 Ben Hearnden，顧問泌尿科醫生 Graham Hollins 先生，顧問臨床腫瘤學家 Duncan McLaren 醫師以及腫瘤學教授 Jonathan Waxman 教授。

同時感謝審閱本資訊的癌症患者。

我們所有的資料都依據可獲得的最佳證據。關於我們所用資源的更多資訊，請透過 cancerinformationteam@macmillan.org.uk 聯絡我們。

MAC15138_Traditional Chinese



內容審閱日期：2018 年 10 月

計畫下次審閱日期：2021 年

我們盡最大努力確保我們提供的資訊準確無誤，但其並不能反映最新的醫學研究情況，因為這是不斷變化的。如果您擔心您的健康狀況，則應諮詢您的醫生。麥克米倫（Macmillan）對由於此資訊或第三方資訊（如我們所連結到的網站上的資訊）的任何不準確所造成的任何損失或損害不承擔任何責任。

我們希望這些資訊對您有用。如果您有任何問題，我們可透過您的語言在電話中提供資訊和支援。我們的服務是免費的。您只需致電：0808 808 00 00（週一至週五，上午 9 時至晚上 8 時），並以英語說出您選定的語言。

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Prostate cancer

This information is about how prostate cancer is diagnosed and treated.

Any words that are underlined are explained in the word list at the end. The word list also includes the pronunciation of the words in English.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, Monday to Friday, 9am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say “xxxxx”).

There is more cancer information in [language] at [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

This information is about:

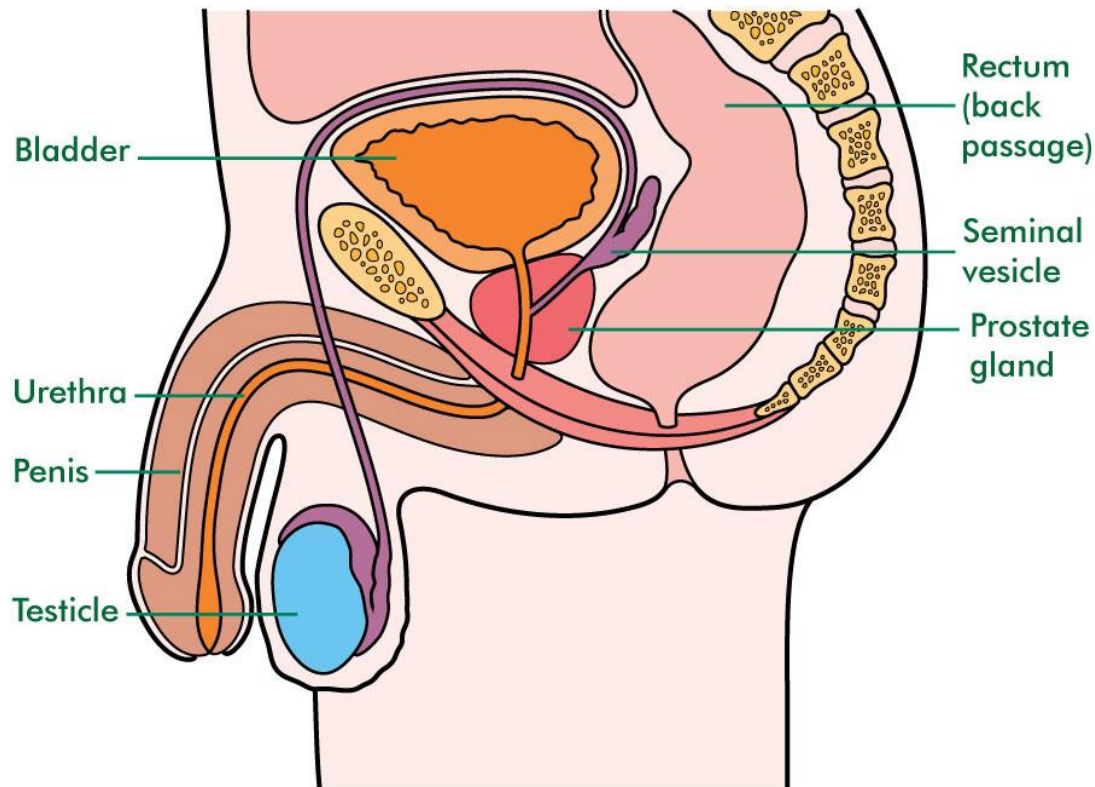
- The prostate
- Prostate cancer
- How treatment is planned
- Talking to your healthcare team
- Questions to ask about treatment
- Treatments for prostate cancer
 - Active surveillance
 - Watchful waiting
 - Surgery
 - High-intensity focused ultrasound (HIFU)
 - Radiotherapy
 - Hormonal therapy
 - Chemotherapy
- Coping with side effects
- Controlling symptoms of advance prostate cancer
- Follow up
- Your feelings
- How Macmillan can help you
- Word list
- More information in [language]
- References and thanks

The prostate

All men have a small gland called the prostate. It is about the size of a walnut and it gets bigger with age.

The prostate surrounds the first part of the tube (urethra) that carries urine from the bladder to the penis.

[ILLUSTRATION OF MALE REPRODUCTIVE ORGANS]



The prostate makes a white fluid that mixes with sperm from the testicles to make semen. Semen contains sperm cells.

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

The prostate also makes a protein called prostate-specific antigen (PSA). This helps to make semen more liquid.

PSA can be measured in a blood test. When it is used with other tests the PSA test can help doctors to diagnose prostate cancer.

Prostate cancer

All parts of the body are made up of tiny cells. Prostate cancer happens when the cells in the prostate grow in an uncontrolled way. They eventually form a lump called a tumour.

Some prostate cancers grow slowly but other prostate cancers grow faster.

Sometimes prostate cancer cells spread outside the prostate to other parts of the body.

Prostate cancer is not infectious and cannot be passed on to other people.

Who gets prostate cancer

The risk of prostate cancer increases as men get older. It is more common in men over 70. It is much less common in men under 50.

We do not know what causes it. But certain risk factors may increase the chances of getting it. Black men have a much higher risk of developing prostate cancer and usually get it at a younger age.

Stages and grades of prostate cancer

- The stage of a cancer means how big it is and if it has spread.
- The grade of a cancer is how quickly the cancer may grow.

Prostate cancer is often divided into these stages:

- early (localised) prostate cancer – the cancer cells are only inside the prostate
- locally advanced prostate cancer – the cancer has spread into the tissues around the prostate
- advanced (metastatic) prostate cancer – the cancer has spread to another part of the body, usually to the bones.

How treatment is planned

Your healthcare team will meet to plan the best treatment for you. Your doctor or nurse will talk to you about this plan. Your treatment will depend on factors, such as:

- the stage and grade of the cancer
- your age and general health
- the benefits of treatment and possible side effects
- what you think about the available treatments.

Talking to your healthcare team

It is important to talk about the treatments you could have with your cancer doctor or nurse. You may also want to talk to a relative or a friend. Sometimes two treatments may work equally well in treating the cancer. You may be asked to decide on the best treatment for you. You will need to think about different things, such as side effects, before you decide. Your doctor or nurse can help you with this.

After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called a consent form. You will not have any treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both [language] and English. Your hospital can arrange an interpreter for you. If you need an interpreter, it is important to tell your nurse before your appointment.

Questions to ask about your treatment

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

We have a factsheet in [language] called **If you are diagnosed with cancer**, which gives more information. Visit macmillan.org.uk/translations

Treatments for prostate cancer

Early prostate cancer	Locally advanced prostate cancer	Advanced prostate cancer
Active surveillance	<u>Radiotherapy</u> to the prostate	<u>Hormonal therapy</u>
Watchful waiting	Hormonal therapy	<u>Chemotherapy</u>
An operation (surgery) to remove the prostate (prostatectomy)	Watchful waiting	Radiotherapy to improve symptoms, such as pain
Radiotherapy to the prostate	Occasionally, an operation (surgery) to remove the prostate (prostatectomy)	An operation (surgery) to improve symptoms of advanced cancer
Hormonal therapy		Symptom control

Active surveillance

Active surveillance means you can avoid or delay treatment and its side effects. You will only have treatment if the cancer is growing. Active surveillance is only suitable for some men with early prostate cancer that is growing slowly.

Your doctors will see you regularly. They check your PSA (prostate specific antigen) and monitor you with tests and scans to check the cancer is not growing. This may include MRI scans and possibly having a biopsy.

If the cancer starts to grow more quickly, your doctors will recommend surgery or radiotherapy to try to cure the cancer.

Watchful waiting

Some men decide with their specialists to wait before starting treatment. This is called watchful waiting. You may have this because you are not well enough to have radiotherapy or surgery. Or it may be because you have chosen not to have radiotherapy or surgery.

You see your doctor, usually your GP, regularly.

If there is no sign the cancer is growing more quickly, it is safe to continue with watchful waiting. If you develop symptoms your doctor will usually talk to you about having hormonal therapy.

Surgery

Surgery to remove the whole of the prostate is called a prostatectomy. There are different ways this can be done. This operation aims to get rid of all of the cancer cells. It is usually only done when the cancer has not spread outside the prostate gland. Your doctor will discuss the operation they think is best for you and its possible side effects. Prostate surgery is done in specialist centres so you may have to travel to the hospital.

Prostatectomy

The surgeon makes a cut in the tummy area (abdomen). The whole prostate is removed through the cut. Sometimes they remove the prostate through a cut in the area between the scrotum and the back passage.

Laparoscopic prostatectomy (keyhole surgery)

In this type of operation your surgeon makes four or five small cuts (about 1cm each) in your tummy area (abdomen). They remove the prostate using special instruments that are put through these small cuts.

Robotic-assisted laparoscopic prostatectomy

This is when the surgeon controls a machine with robotic arms. It can move very precisely.

Side effects

The main possible side effects are

- problems with urine leaking (urinary incontinence)
- problems getting or keeping erections (erectile dysfunction).

After the operation you will no longer be able to have children. If you want children, it may be possible to store sperm before your operation.

Other types of surgery

Occasionally, men with advanced prostate cancer have an operation to remove the part of the testicles that make the hormone testosterone. This is called an orchidectomy. But most men choose to have drugs to reduce testosterone levels rather than this type of surgery.

High-intensity focused ultrasound (HIFU)

Some early prostate cancers may be treated with HIFU treatment. It can treat different areas of cancer in the prostate or only a small area.

The doctor puts a probe, which produces a high-energy beam of ultrasound, into your back passage (rectum). It delivers heat to the affected area and destroys the cancer cells.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy cancer cells. There are different ways of having radiotherapy. It is often given from outside the body by a machine (external radiotherapy). You usually have radiotherapy as an outpatient. This means you come to hospital for treatment and then go home again that day.

Some men with early or locally advanced prostate cancer have radiotherapy that is given from inside the body (internal radiotherapy). Doctors call this **brachytherapy**. There are 2 ways of giving it:

- small radioactive seeds are placed in the prostate and stay there permanently
- thin tubes placed in the prostate are attached to a machine that sends radioactive material into the tubes for a set time.

Men with advanced prostate cancer can have radiotherapy if the cancer is causing symptoms, such as pain in the bones.

We have a factsheet in [language] about radiotherapy. Visit macmillan.org.uk/translations

Side effects

- The skin in the treated area may become red or darker, if you have dark skin.
- You may need to pass urine more often or urgently.
- You may get diarrhoea.
- You may develop problems getting an erection 2 to 5 years after radiotherapy.

Hormonal therapy

The hormone testosterone makes prostate cancer grow. Hormonal therapies either reduce testosterone levels in the body or block testosterone. They can be given as tablets or injections.

You will usually have hormonal therapy before or after radiotherapy. It makes radiotherapy work better. Some men may have it for 2 to 3 years after radiotherapy to reduce the risk of the cancer coming back.

For some men hormonal therapy may be the main treatment.

If you are having watchful waiting and the cancer is causing symptoms you usually start hormonal therapy.

Hormonal therapy is the main treatment for men with advanced prostate cancer. It can:

- shrink the cancer
- slow its growth
- reduce the symptoms of cancer.

Side effects

These can include:

- hot flushes and sweats
- sexual problems
- tiredness
- weight gain
- bone thinning.

Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. It is only used to treat prostate cancer that has spread to other parts of the body. It can be given either with or after hormonal therapy.

A nurse will give you the chemotherapy drugs into a vein (intravenously). You can have this in the chemotherapy day clinic.

Chemotherapy drugs can cause side effects that make you feel unwell.

Different drugs can cause different side effects. These include:

- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- a sore mouth
- hair loss.

Your doctor can talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away when chemotherapy is over.

We have a factsheet in [language] about chemotherapy. This includes information on some of the side effects you may have. Visit www.macmillan.org.uk/translations

Coping with treatment side effects

Treatments for prostate cancer can cause some difficult and upsetting side effects. Your doctor will explain the side effects you are likely to have. Not everyone gets all these side effects. It depends on the treatment you have.

There are different ways these can be managed. Always talk to your doctor or nurse about side effects.

Sexual problems – you may not want to have sex or find it hard to get or keep an erection. This is called erectile dysfunction (ED). Your doctor or nurse can give you advice. There are drugs and other treatments that can help with ED.

Bladder problems – you may need to pass urine more often or have some urine leaking (incontinence). There are different ways of coping with this problem. Your doctor or nurse can give you advice. They can refer you to a specialist in managing incontinence.

Hot flushes and sweats – they may reduce as your body gets used to treatment. They usually stop completely 3 to 6 months after treatment with hormonal therapy finishes.

Breast swelling or tenderness – certain hormonal therapy drugs may cause this. Some men have low-dose radiotherapy to their chest before treatment to prevent this. A hormonal drug called tamoxifen can also be given to reduce breast swelling.

Tiredness and difficulty sleeping – hot flushes may make sleeping difficult. Regular physical activity can help to reduce tiredness.

Mood changes – talking to someone close to you or a counsellor may help.

Weight gain (especially around the middle) and loss of muscle strength – regular physical activity and a healthy, balanced diet can help to manage this.

Bone thinning (osteoporosis) – this is more likely with long-term hormonal treatment. Regular weight-bearing exercises such as walking, dancing, hiking or gentle weight-lifting can help keep your bones healthy.

Controlling symptoms of advanced prostate cancer

If the cancer is advanced, there are lots of ways to control any symptoms you may have. Your doctor can give you different drugs or medicines to help with symptoms. Always tell your doctor if symptoms do not improve.

Macmillan toilet card

If you need to use a toilet urgently when you are out, you can carry a free Macmillan toilet card. You can show this in places such as shops, offices and cafes. We hope it helps you get access to a toilet but it may not work everywhere.

You can get one by calling our Macmillan Support Line on 0808 808 00 00. Or, you can order it on our website at be.macmillan.org.uk

You can also use disabled toilets. These are sometimes locked. You can buy a key from some health charities and some local councils.

Follow up

After your treatment has finished, you will have regular check-ups and tests. These may continue for several years but will happen less often over time.

Your feelings

You may feel overwhelmed when you are told you have cancer and have many different emotions. There is no right or wrong way to feel. There are many ways to cope with your emotions. Talking to a close friend or relative may help. Your doctor or nurse can help too.

How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00).** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open Monday to Friday, 9am to 8pm.
- **The Macmillan website (macmillan.org.uk).** Our site has lots of English information about cancer and living with cancer. There is more information in other languages at macmillan.org.uk/translations
- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at macmillan.org.uk/informationcentres or call us. Your hospital might have a centre.
- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at macmillan.org.uk/supportgroups or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at macmillan.org.uk/community

Word list

Word (target language)	In English	How to say in English (transliteration of English word)	Meaning
	Cells		The tiny building blocks that make up the organs and tissues of our body.
	Chemotherapy		A cancer treatment that uses drugs to kill cancer <u>cells</u> .
	Consent		Giving permission for something to happen or agreeing to do something.
	Diarrhoea		When you have soft or watery poo. You might need the toilet more than usual or very urgently. You may also have tummy pain.
	Hormonal therapy		A cancer treatment that works by affecting <u>hormones</u> in the body.
	Hormone		A substance made by the body that controls how organs work. There are different types of hormones.
	Protein		A substance that helps our body to grow, function and repair itself.
	Radiotherapy		A cancer treatment that uses high-energy rays, such as x-rays, to kill cancer.
	Tumour		A group of <u>cells</u> that are growing in an abnormal way. The abnormal <u>cells</u> keep multiplying and form a lump.

More information in [language]

We have information in [language] about these topics:

<p>Types of cancer</p> <ul style="list-style-type: none">• Breast cancer• Large bowel cancer• Lung cancer• Prostate cancer <p>Treatments</p> <ul style="list-style-type: none">• Chemotherapy• Radiotherapy• Surgery	<p>Coping with cancer</p> <ul style="list-style-type: none">• If you're diagnosed with cancer – A quick guide• Claiming benefits• Eating problems and cancer• End of life• Financial support – benefits• Financial support – help with costs• Healthy eating• Tiredness (fatigue) and cancer• Side effects of cancer treatment• What you can do to help yourself
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To see this information, go to macmillan.org.uk/translations

Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in [language] through an interpreter. You can talk to us about your worries and medical questions. Just say [language] in English when you call (say “xxxxx”).

We are open Monday to Friday, 9am to 8pm.

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into [language] by a translation company.

The information included is based on the Macmillan booklets **Understanding early prostate cancer**, **Understanding locally advanced prostate cancer** and **Understanding advanced prostate cancer**. We can send you a copies, but the full booklets are only available in English.

This information has been reviewed by relevant experts and 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 UrologyNurse; 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 information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

MAC15138_Language



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Next planned review: 2021

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