



# TREATMENT

Treating **advanced** prostate cancer



Prostate Cancer  
Foundation of Australia



Australian Government  
Cancer Australia

This booklet is part of a series of four booklets for men with advanced prostate cancer. This series of booklets aims to provide information about important issues that men need to know relating to advanced prostate cancer. These issues are divided into the four separate booklets for ease of access and understanding with each covering a major topic during the cancer journey. The topics covered by the four booklets are: 1) **Diagnosis** – information on how advanced prostate cancer is diagnosed; and after being diagnosed, 2) **Treatment** – the treatment options for advanced prostate cancer and what men need to know about these options that can help them choose the most appropriate option; 3) **Side Effects** – the treatment side effects men need to be aware of when choosing a treatment option; and 4) **Wellbeing** – activities men can do and changes they need to consider in order to maintain a positive wellbeing and good quality of life when living with advanced prostate cancer.

The four booklets in this series are:



## Diagnosis

Your diagnosis explained



## Treatment

The range of treatment options available to you (this booklet)



## Side effects

The side effects of treatment for advanced prostate cancer with tips on how to cope



## Wellbeing

How to deal with the practicalities of living with advanced prostate cancer

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## Note to reader

Because what is known about prostate cancer and its treatment is constantly changing and being updated, your treating health professionals will give you information that is specific to your unique needs and situation.

This booklet is written so it can be read as a stand-alone booklet or as part of the set. If you would like further information please contact PCFA (telephone: 02 9438 7000 or freecall 1800 22 00 99, email: [enquiries@pcfa.org.au](mailto:enquiries@pcfa.org.au), website: [www.pcfa.org.au](http://www.pcfa.org.au)) or the place where you obtained this booklet.

## Disclaimer

PCFA develops materials based on the best available evidence and takes advice from recognised experts in the field in developing such resources; however, it cannot guarantee and assumes no legal responsibility for the currency or completeness of the information.

## Periodic updates

It is planned that PCFA will review this booklet after a period of, but not exceeding, four years.



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## 1. *Introduction*

This booklet is for men who have been diagnosed with advanced prostate cancer. It contains information to help you understand treatment options for advanced prostate cancer. It may also be helpful for your family and friends.

In Australia, prostate cancer is the most commonly diagnosed cancer in men. It is estimated that in 2014, about 21,000 Australian men will be diagnosed with prostate cancer, accounting for approximately 30% of all new cancers in men.

There are different stages of advanced prostate cancer. Sometimes your cancer cannot be cured, but it is possible to slow the growth of the cancer and reduce symptoms to improve your quality of life. Many treatments can improve survival, which means many men live for years with advanced prostate cancer.

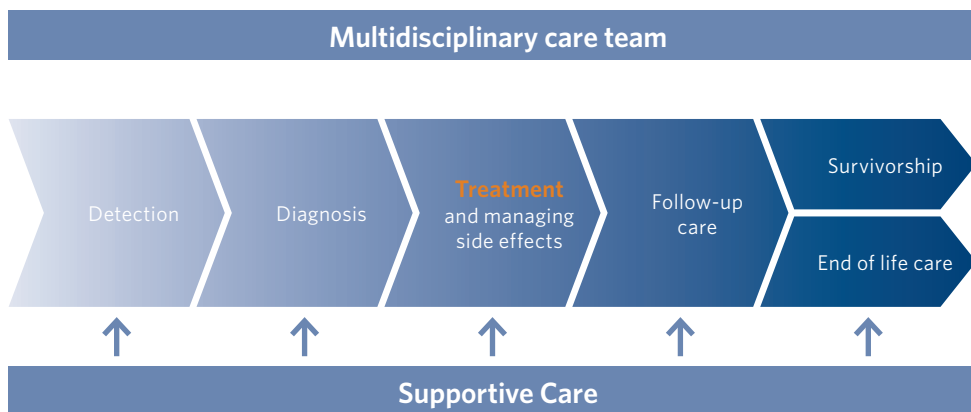
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## Your cancer journey

After being diagnosed with prostate cancer, it's common for you to see a number of health professionals with different expertise who work together as a team, called a **multidisciplinary** team (also known as a **healthcare** team). Best practice treatment and supportive care for people with cancer involves a team of different health professionals. Each team member brings different skills that are important in managing care and in making decisions around your individual needs. The team includes health professionals who are involved in diagnosing your cancer, treating your cancer, managing symptoms and side effects, assisting you with your feelings or concerns during your cancer journey.

The cancer journey is your personal experience of cancer. It's not the same for everybody, even with the same type of cancer. Depending on your stage of prostate cancer and other underlying conditions, your experience may be quite different.

## Your cancer journey



As the diagram *Your cancer journey* shows, it can be useful to think of the journey in stages that may include detection, diagnosis, treatment, follow-up care and survivorship. For some, it may include end of life care. Take each stage as it comes so you can break down what feels like an overwhelming situation into smaller, more manageable steps.

Many people want to take an active part in making decisions about their care. Gaining information about prostate cancer and its treatment will help you make decisions. This booklet aims to provide you with information to help you decide which of the treatments for advanced prostate cancer is best for you, where to find more information and organisations to support you on your cancer journey. Being informed enables you to participate in decisions about your care and leads to improved experiences and better care.





## 2. What is advanced prostate cancer?

Advanced prostate cancer is when the cancer is no longer contained within the prostate gland, and cancer cells have spread to other parts of the body.

There are different stages of advanced prostate cancer:

- **Locally advanced** – the cancer has extended beyond the prostate and may include seminal vesicles (tumour stage T3) or other surrounding organs such as the bladder or rectum (tumour stage T4)
- **Metastatic** – the cancer has spread to distant parts of the body such as bone.


For some men, there is sometimes no evidence of disease spreading to other parts of the body, either through a bone scan or a CT (computed tomography) scan, but their prostate-specific antigen (PSA) rises even after they have had treatment. The rising PSA is a form of progression showing the disease is active, known as 'biochemical progression'.

You can read more about 'What is advanced prostate cancer' in one of the booklets in this series: *Diagnosis*.

### 3. What to consider when making treatment decisions

*‘The doctor gave me a book ... he wanted me to look through the book and make my own decision.’*

Making decisions about treatments can be confusing and difficult because of all the issues you need to consider. It is about finding the right treatment option for you. Remember that you don’t need to make the decision alone. It is a good idea to discuss your treatment options with your partner, family and friends. Your healthcare team is also there to help you make treatment decisions.

 *Listed below are some questions you may want to ask members of your healthcare team about treatment options for advanced prostate cancer:*

- What are all the treatment options available?
- What is the standard treatment of my stage of prostate cancer?
- What do the treatments do? (Do they aim to remove or just contain the cancer?)
- What are the treatment procedures?
- What are the benefits and how likely are they?
- What are the possible side effects?
- What do I have to do and how may it affect my day-to-day life? (e.g. travel to a treatment centre, time off work, changes in responsibilities)
- How will the treatments be monitored?
- What are the costs involved with the treatments?
- How may the treatments affect other health conditions I may have?

You will likely think of other questions too. It may take several visits with your doctor before you feel you have all the answers you need to make a decision. Bear the following in mind.

- **Take your time** – Although an advanced prostate cancer diagnosis may make you feel you need to start treatment straight away, it is important to take time to know and understand what the treatment involves. In most situations, there is time for you to think before making a decision.
- **You can change your decision** – If the treatment causes too many other problems for you (such as side effects), you can always talk with your doctor about taking up another treatment option.
- **Get a second opinion** – Getting an opinion from another doctor is common. It will not offend your doctor. Your doctor may even recommend it. Also, treatments are often coordinated across different specialties so speaking with all health professionals you are seeing can help you with your treatment decision.

After understanding all the information about treatment options, talking with members of your healthcare team, partner, families and friends, and taking into account your personal beliefs, you may choose not to have any treatment. This is a valid choice.

## 4. What are the treatment options?

*‘He didn’t have time to go in and explain to me the options and the benefits and risks associated with the options. He just gave me the book and left it to me.’*

The best treatment option for you depends on how far the cancer has spread and other factors such as your age and overall health. The standard treatment options for treating advanced prostate cancer are radiotherapy, hormone therapy, also known as androgen deprivation therapy (ADT), chemotherapy or a combination of these.

For some men, surgery to remove the prostate gland is still a treatment option when the cancer has just spread a little way outside the prostate gland (locally advanced prostate cancer).

However, if your cancer has spread to other parts of your body, or metastasised, treatments will aim to control or contain the cancer. Where the disease has spread will influence the recommendations your doctor will make about your personalised treatment.

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## 5. Surgery

Sometimes men with locally advanced prostate cancer may be offered surgery, with or without adjuvant radiotherapy (i.e. radiotherapy given after surgery). The prostate will be removed in a procedure called a radical prostatectomy. This involves the removal of the entire prostate gland as well as some of the tissues surrounding it. Surgery is generally offered to healthy men whose cancer has not spread to other parts of the body.





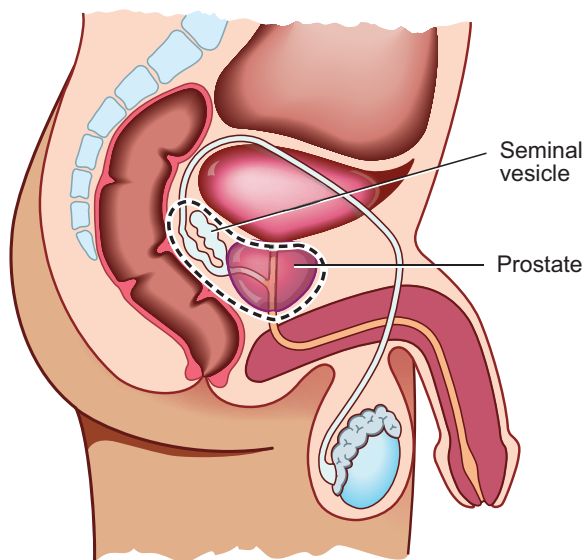
Some locally advanced prostate cancers are more aggressive than others, and the exact treatment will depend on a number of factors that your doctor will take into account. If the cancer has spread just beyond the prostate, surgery is a possibility, if you are suitable for surgery. For cancer that has spread further, radiotherapy and hormone treatment is a standard treatment.

*A radical prostatectomy can be done in different ways:*

- **Open radical prostatectomy** – A cut is made below the navel to the pubic bone, to get to the prostate gland.
- **Laparoscopic radical prostatectomy** – This is also known as ‘keyhole surgery’. A number of small cuts are made to allow insertion of a camera and instruments. The actual procedure is the same as open surgery, but done through smaller incisions, so you recover faster.
- **Robotic-assisted radical prostatectomy** – Similar to laparoscopic surgery, but performed with instruments that have a greater range of movement than standard laparoscopic ones. This may not be offered at your local public hospital.

[Note: Laparoscopic and robotic forms of surgery have similar recovery periods and side effects, so the choice of surgery is largely dependent on what your surgeon feels most comfortable with. At this time, there is no high level evidence that one technique is better than the other.]

## Radical prostatectomy (the dotted line shows organs that are removed)



Surgery can cause side effects such as erectile problems, being unable to produce semen, incontinence, and change in penis size. Surgery will also cause infertility so if you wish to have children in the future, you will need to discuss alternatives such as having some of your sperm stored before treatment starts (this is called sperm banking).

You can read more about side effects in one of the booklets in this series: *Side Effects*.

### *Further questions to ask*

As well as the questions in Section 3, the following questions could be useful for you to ask your healthcare team about the form of radical prostatectomy that is recommended to you:

- Why are you recommending this particular option instead of radiotherapy?
- What are the advantages and disadvantages of this form of surgery for my situation?

## 6. Radiotherapy

Radiotherapy uses X-rays to destroy cancer cells. Radiotherapy may be used to treat different parts of the body that are affected by prostate cancer, and is used to treat both locally advanced and metastatic prostate cancer.

There are two main types of radiotherapy – external beam radiotherapy (EBRT) and brachytherapy. The difference is whether radiotherapy is applied from outside the body (EBRT) or inserted directly into the prostate (brachytherapy). Not all cancer treatment centres offer brachytherapy. Talk with your healthcare team about the availability of treatment options in your area.

### *Radiotherapy can be also given after surgery if:*

- your cancer may have spread after initial treatment (e.g. surgery for locally advanced prostate cancer) – this is called ‘adjuvant’ radiotherapy
- your PSA level started to rise – this is called ‘salvage’ radiotherapy

For men with metastatic prostate cancer, a low dose of radiotherapy can be used to shrink the cancer and relieve some symptoms (such as swollen lymph nodes or bone pain). Radiotherapy can also slow down the cancer’s growth and size of the cancer in the treated areas and may reduce the amount of pain-relieving medications you may be required to take or are taking. It is relatively fast-acting and you should feel pain relief within 1-3 weeks. Such radiotherapy does have side effects, but these will depend upon the site treated and the dose prescribed, but the intent of such treatment is to keep these minimised. However if symptoms of pain return you may require further treatment (please see a later section for more information about treatments to relieve symptoms).

**External beam radiotherapy (EBRT)** uses high energy x-ray beams that are directed at the prostate from the outside. Generally people have this treatment in a hospital setting daily for 7-8 weeks. During your EBRT treatment, you can continue to do what you would normally do if you're able but it can interfere with some day-to-day activities as you may need to schedule multiple hospital visits, and there are side effects.

External beam radiotherapy (EBRT) can cause side effects such as fatigue, skin discomfort around the area where the rays penetrated the skin, erectile problems, and urinary or bowel problems. Urinary problems can include burning or stinging during urination, or frequent urination or incontinence. Bowel problems can be mild but include looseness and frequency of bowel motions, or incontinence. Occasional bleeding from the back passage may occur, and should be reported to your healthcare team.

**Brachytherapy** is when radioactive material is inserted directly into the prostate. The procedure takes place at a hospital. It is sometimes given in combination with EBRT for locally advanced disease.

Brachytherapy can cause side effects such as soreness, frequent and difficult urination, and bowel discomfort. You can usually resume normal activities a couple of weeks after the procedure. You can start having sex straight after brachytherapy but you may not feel like it for the first few weeks. Initially you should wear a condom as the ejaculate may be bloodstained.

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## Use of hormone therapy before and after radiotherapy

Hormone therapy, also known as androgen deprivation therapy (ADT), is usually given before radiotherapy, called neo-adjuvant therapy, because this makes it a better treatment and improves treatment outcome. It's been shown that using hormone therapy before and during radiotherapy can reduce the chance of the cancer spreading and improve survival. For men with higher risk cancer, hormone therapy is also given after radiotherapy (adjuvant therapy) to improve treatment outcome and overall survival.

There is more information about hormone therapy in Section 7 of this booklet.

### *Further questions to ask*

As well as the questions in Section 3, the following could be useful for you to ask your healthcare team about the form of radiotherapy that is recommended to you:

- What are the advantages and disadvantages of EBRT and brachytherapy for my situation?
- Will hormone therapy be used before and/or after my radiotherapy?

You can read more about side effects from radiotherapy in one of the booklets in this series: *Side Effects*.

## 7. *Hormone therapy (Androgen deprivation therapy)*

Prostate cancer is driven by hormones. So by reducing hormones, it is possible to slow the growth of the cancer. This is known as hormone therapy, also known as androgen deprivation therapy (ADT), and is the standard first treatment when prostate cancer has spread (metastatic prostate cancer).

Testosterone is a male sex hormone (or androgen), which is produced by the testicles. It is vital in reproductive and sexual function. Hormone therapy reduces testosterone levels, and can often keep the cancer under control for several years by shrinking it, delaying its growth and reducing symptoms. How well hormone therapy controls the cancer is different from one man to another. It depends on how aggressive the cancer is, and how far the cancer has spread when you start hormone therapy.

Your doctor will speak with you about the different types of hormone therapy available and what is best for you, depending on your specific needs and situation. There are three main types of hormone therapy for advanced prostate cancer.

## *Injections to stop the production of testosterone*

Injections block the messages from the brain to make testosterone, or block its action in the tissues. The drug (luteinizing hormone releasing hormone (LHRH) agonist\*) can be injected under the skin or into the muscle monthly or every 3, 4 or 6 months.

## *Tablets to block the effects of testosterone (anti-androgens)*

Anti-androgen drugs stop testosterone from getting to the prostate cancer cells so they are not able to grow. They are taken as tablets and may be used in combination with injections (see above) or orchidectomy (see below) to completely stop the action of testosterone in the body because they are not as effective on their own.

## *Orchidectomy*

This form of hormone therapy involves the surgical removal of the testicles. Even though it involves surgery, its main effect is as a form of hormone therapy. Unlike other types of hormone therapy, orchidectomy cannot be reversed. It is important for you to talk with members of your healthcare team to make sure this is the most appropriate option for you.



*Listed below are some questions you may want to ask members of your healthcare team about the different types of hormone therapy:*

- Why is this type of hormone therapy being recommended to me?
- Why are the other types not being recommended to me?
- What are the advantages and disadvantages of this type of hormone therapy over the other types?

\*LHRH is produced in the brain to stimulate the pituitary to make luteinizing hormone (LH). This causes cells in the testicles to make testosterone, the male hormone. LHRH agonists are drugs that affect the production of LH.

Hormone therapy can cause side effects such as loss of libido, erectile difficulties, hot flushes, fatigue, weight gain, loss of muscle mass and strength, thinning of the bones, risk of heart disease, and increased risk of developing or exacerbating existing diabetes.

You can read more about side effects from hormone therapy in one of the booklets in this series: *Side Effects*.

In some situations, after you have been on hormone therapy for a while your doctor may suggest different ways of using hormone therapy such as intermittent androgen deprivation (sometimes called intermittent hormone therapy) and combined androgen blockade (sometimes called maximal androgen blockade).

- **Intermittent androgen deprivation** – This involves stopping treatment when test results (e.g. PSA) show that you are responding well to the hormone therapy. Treatment starts again when it is needed. Only using the therapy when it is needed will reduce the impact of side effects on your quality of life. However, this approach may not be as effective compared to if hormone therapy had been administered continuously, or quite as good in terms of overall survival, however this depends on the individual.
- **Combined androgen blockade (CAB)** – This is when different types of hormone therapy are used together. The most common way of giving CAB is usually an injection (LHRH agonist) and anti-androgen together. It is not commonly used as a first treatment for metastatic prostate cancer because it increases the risk of side effects.



## 8. How will I know if my hormone therapy is working?

*‘I needed more information about “What if?” questions – What if my PSA doesn’t get down to zero? What’s the next step in the process?’*

The PSA test is used to monitor if hormone therapy is working. The PSA is a clearer indicator for some men than others, depending on the type of advanced prostate cancer they have.

**You know hormone therapy is working effectively when** your PSA level drops and stays at a low level. Your doctor will speak with you about what that level should be and will also tell you how often you will need to have a PSA test or any other tests. You will also know hormone therapy is working when you are pain free, feeling well, have no unplanned weight loss and your tests are stable.

**You know hormone therapy is not working effectively when** the results show that the PSA level has increased over time – this is not uncommon. For most men with advanced or metastatic prostate cancer, hormone therapy will work very successfully to control the cancer but it is hard to predict exactly how long for. It depends how far the cancer has spread and how well it responds to treatment.

Other clues that hormone therapy has stopped working so well include bone pain, urinary symptoms and difficulties, fatigue and other symptoms such as swelling in lower limbs, loss of appetite and weight loss. Tell your doctor or members of your healthcare team if any symptoms are getting worse, or if you have developed any new symptoms.

## 9. *What to do if hormone therapy stops working?*

It is possible that prostate cancer may progress after a while, even when it has been treated with hormone therapy. This is because the cancer cells can regrow and adapt to the change in the testosterone level. The cancer is then referred to as castrate resistant (or sometimes hormone refractory) because the cancer can progress without a normal level of testosterone in the body. New generation hormonal therapies are constantly being developed, which may still work even with a rising PSA with low testosterone.

The types of treatment available when this happens depend on what treatments you previously had, your symptoms, and how the cancer is progressing. Although one type of hormone therapy may have stopped being effective for you, a different combination of hormone therapy could stop the cancer from progressing. Some treatments control the cancer while others control the symptoms, and some do both. The best treatment at this point is the one that suits your needs and situation.



## 10. Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells in advanced prostate cancer when the cancer has spread to other parts of the body. It cannot eradicate prostate cancer, but it can shrink it and slow its growth. Chemotherapy may help some men with advanced prostate cancer to live longer. Chemotherapy can also help relieve some of your symptoms. Because the side effects of chemotherapy can be severe and may limit what you can do, your doctor may assess whether you are fit enough to go through a course of chemotherapy. You may also be prescribed steroid tablets along with your chemotherapy to prevent or reduce side effects such as poor appetite, weight loss, fatigue and low energy.

Chemotherapy is commonly given intravenously – that is, the medicine is given as a liquid through a fine tube into a vein in your arm. This way, the medicine goes into your bloodstream and moves through the whole body to attack any cancer cells that are there. Chemotherapy is usually given in a hospital setting but as an outpatient, which means you don't have to stay overnight. The number of times you have to go, and the length of time you are there, depend on the chemotherapy treatment you have been prescribed by your doctor. Some chemotherapy drugs can be expensive. It is important to find out as much as you can about the treatment, procedure, possible side effects and outcomes so you are prepared. This can relieve the stress that some people experience when they are on chemotherapy.

Chemotherapy can cause side effects such as anaemia (low red blood cells), neutropenia (low white blood cells), fatigue, changes to appetite, bruising, constipation, diarrhoea, hair loss, nausea and vomiting, sore mouth or throat, nerve changes, skin and nail changes, watery eyes and runny nose, swelling, and infertility.

You can read more about side effects from chemotherapy in one of the booklets in this series: *Side Effects*.

## 11. *What are the treatments for relieving symptoms?*

If you do have any pain, discomfort or any sensations that are difficult for you, tell your healthcare team. Hormone therapy and other treatments such as chemotherapy can help to control symptoms.

### *Pain management*

There are different kinds of pain-relieving drugs to manage pain from prostate cancer. These include mild pain-relieving drugs that you can buy over the counter, and stronger drugs that require a prescription. Your healthcare team will suggest the right type of pain-relieving drug for your needs. They could also develop a pain management plan with you, or refer you to a pain clinic or a palliative care clinic. Depending on where you live, the palliative care team could visit you at home to help you manage your symptoms. Being linked with a palliative care clinic does not necessarily mean your cancer has become life-threatening. It may just mean you can benefit from support in managing your symptoms.

### *Management of bone problems*

If the cancer spreads to the bones, it will damage them and may cause bone pain or fractures. Drugs called osteoclast inhibitors, such as bisphosphonates, are used to stop the bone breaking down. They can prevent or reduce pain and can prevent fractures and spinal cord compressions (known as skeletal-related events) caused by the spread of prostate cancer. Radiotherapy can also be helpful in reducing pain, preventing fractures or assisting in the repair of fractures.

## Complementary therapies

Some men with advanced prostate cancer may choose to use complementary therapies as well as mainstream cancer treatment. There is evidence to show that physical activity, meditation, yoga and acupuncture can help with managing the physical and emotional symptoms of cancer. If you are thinking about using complementary therapies, it is important that you use safe and proven therapies and not therapies that are unproven or promoted as alternatives or substitutes to mainstream cancer treatment.

It is important that you speak with your healthcare team if you are thinking of using complementary therapies as well as mainstream cancer treatment because they may be able to advise on complementary therapies that are appropriate for you, and possible effects some complementary therapies and your mainstream treatment may have on each other.

*Listed below are some questions you may want to ask members of your healthcare team about complementary therapies:*



- What are the useful complementary therapies for me?
- How will they help me?
- What is the evidence to show they work?
- Do they have side effects? What are they?
- Will they interfere with the conventional prostate cancer treatment I am having or want to have?
- What are the financial costs of the complementary therapies being suggested?

## 12. Are there new treatments?

New drugs and treatment approaches are constantly being developed and researched. New combinations of different strategies and therapies, as well as the development of new drugs, are constantly being trialled and tested to see if they can further improve treatment options for men with advanced prostate cancer and their quality of life.

### *Clinical Trials*

Clinical trials are research studies that investigate a new test, treatment or medical procedure to find better ways to treat cancer. Some clinical trials compare new treatments with standard treatments or look at new combinations of treatments or new ways of giving treatments. You may or may not be eligible to take part in a clinical trial. Talk to your doctor about clinical trials that may be right for your needs.

For more information about clinical trials, see *Understanding Clinical Trials and Research – A guide for people affected by cancer* (Cancer Council NSW) and, the *Australian Cancer Trials* website ([www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au) – Cancer Australia), a consumer friendly website about clinical trials conducted in Australia.

## 13. *Financial costs*

In Australia, through the Pharmaceutical Benefits Scheme (PBS), the Australian Government subsidises the cost of listed prescription medicine to all residents and eligible overseas visitors.

The PBS Schedule lists all of the medicines available for people at a Government-subsidised price. The Schedule is part of the wider PBS managed by the Department of Health and administered by Department of Human Services ([www.pbs.gov.au/info/about-the-pbs](http://www.pbs.gov.au/info/about-the-pbs)).

Talk to a member of your healthcare team (e.g. social worker) about what financial and practical support services are available. Talk to your local Medicare office about the 'Medicare Safety Net' and the 'Pharmaceutical Benefits Scheme Safety Net' on costs of medications and medical bills ([www.humanservices.gov.au/customer/services/medicare/medicare-safety-net](http://www.humanservices.gov.au/customer/services/medicare/medicare-safety-net) and [www.humanservices.gov.au/customer/services/medicare/pbs-safety-net](http://www.humanservices.gov.au/customer/services/medicare/pbs-safety-net)).






Notes

## 14. Where to get information and support

Listed below are some of the leading organisations and services that can provide you accurate information and support about advance prostate cancer.



### Prostate Cancer Foundation of Australia (PCFA)

 (02) 9438 7000 or  
1800 220 099 (freecall)  
 [enquiries@pcfa.org.au](mailto:enquiries@pcfa.org.au)  
 [www.pcfa.org.au](http://www.pcfa.org.au) (PCFA state  
offices are listed on the website)

### Cancer Australia

 [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)

### Australian advanced prostate cancer support groups (PCFA affiliated)

 (07) 3878 4567  
 [www.jimjimjimjim.com](http://www.jimjimjimjim.com)




### Cancer Council Australia

 [www.cancer.org.au](http://www.cancer.org.au)



### Cancer Council Helpline

 13 11 20

### Andrology Australia

 1300 303 878  
 [info@andrologyaustralia.org](mailto:info@andrologyaustralia.org)  
 [www.andrologyaustralia.org](http://www.andrologyaustralia.org)

### beyondblue - The National Depression Initiative

 1300 224 636  
 [www.beyondblue.org.au](http://www.beyondblue.org.au)




### Lifeline Australia

 13 11 14 (24 hour service)



### Continence Foundation of Australia

 (03) 9347 2522  
 [info@continence.org.au](mailto:info@continence.org.au)  
 [www.continence.org.au](http://www.continence.org.au)




### Impotence Australia

 02 9280 0084 or  
1800 800 614 (freecall)  
 [admin@impotenceaustralia.com.au](mailto:admin@impotenceaustralia.com.au)  
 [www.impotenceaustralia.com.au](http://www.impotenceaustralia.com.au)



### Talk It Over - Men's Line Australia

 1300 789 978  
 [www.menslineaus.org.au](http://www.menslineaus.org.au)




### Black Dog Institute

 (02) 9382 4523  
 [blackdog@blackdog.org.au](mailto:blackdog@blackdog.org.au)  
 [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)



### Fertility Society of Australia

 (03) 3645 6359  
 [www.fertilitysociety.com.au](http://www.fertilitysociety.com.au)



### Impotence Australia

 (02) 9280 0084 or  
1800 800 614 (freecall)  
 [admin@impotenceaustralia.com.au](mailto:admin@impotenceaustralia.com.au)  
 [www.impotenceaustralia.com.au](http://www.impotenceaustralia.com.au)




### Talk It Over – Men's Line Australia

 1300 789 978  
 [www.menslineaus.org.au](http://www.menslineaus.org.au)



### Cancer Connections

 13 11 20  
 [www.cancerconnections.com.au](http://www.cancerconnections.com.au)

### Black Dog Institute




 (02) 9382 4523  
 [blackdog@blackdog.org.au](mailto:blackdog@blackdog.org.au)  
 [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

### Fertility Society of Australia




 (03) 3645 6359  
 [www.fertilitysociety.com.au](http://www.fertilitysociety.com.au)

## Cancer Councils:




### Cancer Council ACT

 (02) 6257 9999  
 [reception@actcancer.org](mailto:reception@actcancer.org)  
 [www.actcancer.org](http://www.actcancer.org)




### Cancer Council South Australia

 (08) 8291 4111  
 [tcc@cancersa.org.au](mailto:tcc@cancersa.org.au)  
 [www.cancersa.org.au](http://www.cancersa.org.au)




### Cancer Council NSW

 (02) 9334 1900  
 [feedback@nswcc.org.au](mailto:feedback@nswcc.org.au)  
 [www.cancercouncil.com.au](http://www.cancercouncil.com.au)




### Cancer Council Tasmania

 (03) 6212 5700  
 [infotas@cancertas.org.au](mailto:infotas@cancertas.org.au)  
 [www.cancertas.org.au](http://www.cancertas.org.au)




### Cancer Council Northern Territory

 (08) 8927 4888  
 [admin@cancernt.org.au](mailto:admin@cancernt.org.au)  
 [www.cancercouncilnt.com.au](http://www.cancercouncilnt.com.au)




### Cancer Council Victoria

 (03) 9635 5000  
 [enquiries@cancervic.org.au](mailto:enquiries@cancervic.org.au)  
 [www.cancervic.org.au](http://www.cancervic.org.au)

### Cancer Council Queensland

 (07) 3634 5100  
 [info@cancerqld.org.au](mailto:info@cancerqld.org.au)  
 [www.cancerqld.org.au](http://www.cancerqld.org.au)

### Cancer Council Western Australia

 (08) 9212 4333  
 [inquiries@cancerwa.asn.au](mailto:inquiries@cancerwa.asn.au)  
 [www.cancerwa.asn.au](http://www.cancerwa.asn.au)

## Further reading

Cancer Council Australia. (2009). *Advanced prostate cancer – a guide for men and their families*. (You can get a free copy of this book by contacting PCFA – **Tel:** (02) 9438 7000 or 1800 220 099 (freecall) **Email:** enquiries@pcfa.org.au **Website:** www.pcfa.org.au)

Chambers, S. (2013). *Facing the tiger – a guide for men with prostate cancer and the people who love them*. Toowong: Australian Academic Press

Other booklets in this advanced prostate cancer series on:

- **Diagnosis** – Your diagnosis explained
- **Side effects** – The side effects of treatment for advanced prostate cancer with tips on how to cope
- **Wellbeing** – How to deal with the practicalities of living with advanced prostate cancer.

## 15. Glossary

The words listed below are used in this booklet, and likely to hear used by members of your healthcare team.

- **Adjuvant therapy or adjuvant treatment** – Treatment given in addition to the primary treatment. In prostate cancer, adjuvant treatment often refers to hormone therapy or chemotherapy given after radiotherapy or surgery, which is aimed at destroying any remaining cancer cells.
- **Advanced prostate cancer** – Prostate cancer that has spread to surrounding tissue or has spread to other parts of the body.
- **Brachytherapy** – A type of radiotherapy treatment that implants radioactive material sealed in needles or seeds into or near the tumour.
- **Cancer** – A term for diseases in which abnormal cells divide without control.
- **Chemotherapy** – The use of drugs, which kill or slow cell growth, to treat cancer. These are called cytotoxic drugs.
- **Clinical trial** – Research conducted with the person's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain a better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
- **Cultural engagement** – actively involve people with respect to their cultural needs.
- **Erectile dysfunction** – Inability to achieve or maintain an erection firm enough for penetration.
- **External beam radiotherapy (EBRT)** – Uses x-rays directed from an external machine to destroy cancer cells.
- **Fertility** – Ability to have children.
- **Hormone** – A substance that affects how your body works. Some hormones control growth, others control reproduction. They are distributed around the body through the bloodstream.
- **Hormone therapy/treatment** – Treatment with drugs that minimises the effect of testosterone in the body. This is also known as androgen deprivation therapy (ADT).
- **Incontinence** – Inability to hold or control the loss of urine or faeces.
- **Locally advanced prostate cancer** – Cancer which has spread beyond the prostate capsule and may include the seminal vesicles but still confined to the prostate region.
- **Lymph nodes** – Also called lymph glands. Small, bean-shaped collections of lymph cells scattered across the lymphatic system. They get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen.
- **Lymphoedema** – Swelling caused by a build-up of lymph fluid. This happens when lymph nodes do not drain properly, usually after lymph glands are removed or damaged by radiotherapy.
- **Metastatic prostate cancer** – Small groups of cells have spread from the primary tumour site and started to grow in other parts of the body – such as bones.

- **Multidisciplinary care** – This is when medical, nursing and allied health professionals involved in a person's care work together with the person to consider all treatment options and develop a care plan that best meets the needs of that person.
- **Osteoporosis** – A decrease in bone mass, causing bones to become fragile. This makes them brittle and liable to break.
- **Pelvic floor muscles** – The floor of the pelvis is made up of muscle layers and tissues. The layers stretch like a hammock from the tailbone at the back to the pubic bone in front. The pelvic floor muscles support the bladder and bowel. The urethra (urine tube) and rectum (anus) pass through the pelvic floor muscles.
- **Prognosis** – The likely outcome of a person's disease.
- **Prostate cancer** – Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
- **Prostate gland** – The prostate gland is normally the size of a walnut. It is located between the bladder and the penis and sits in front of the rectum. It produces fluid that forms part of semen.
- **Prostate specific antigen (PSA)** – A protein produced by cells in the prostate gland, which is usually found in the blood in larger than normal amounts when prostate cancer is present.
- **Quality of life** – An individual's overall appraisal of their situation and wellbeing. Quality of life encompasses symptoms of the disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning.
- **Radical prostatectomy** – A surgical operation that removes the prostate.
- **Radiotherapy or radiation oncology** – The use of radiation, usually x-rays or gamma rays, to kill tumour cells or injure them so they cannot grow or multiply.
- **Self-management** – An awareness and active participation by people with cancer in their recovery, recuperation and rehabilitation, to minimise the consequences of treatment, promote survival, health and wellbeing.
- **Shared decision-making** – Integration of a patient's values, goals and concerns with the best available evidence about benefits, risks and uncertainties of treatment, in order to achieve appropriate health care decisions. It involves clinicians and patients making decisions about the patient's management together.
- **Side effect** – Unintended effects of a drug or treatment.
- **Standard treatment** – The best proven treatment, based on results of past research.
- **Support group** – People on whom an individual can rely for the provision of emotional caring and concern, and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
- **Supportive care** – Improving the comfort and quality of life for people with cancer.
- **Survivorship** – In cancer, survivorship focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to follow-up care, late effects of treatment, second cancers, and quality of life.
- **Testosterone** – The major male hormone which is produced by the testicles.
- **Urethra** – The tube that carries urine from the bladder, and semen, out through the penis and to the outside of the body.

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## RESEARCH AWARENESS SUPPORT

PCFA is a broad-based community organisation and the peak national body for prostate cancer in Australia. We are dedicated to reducing the impact of prostate cancer on Australian men, their partners, families and the wider community.

We do this by:

- Promoting and funding world leading, innovative research in prostate cancer
- Implementing awareness campaigns and education programs for the Australian community, health professionals and Government
- Supporting men and their families affected by prostate cancer, through evidence-based information and resources, support group and Prostate Cancer Specialist Nurses