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Locally-advanced Prostate Cancer

The underlined terms are listed in the glossary.

If you are diagnosed with locally-advanced prostate cancer, your doctor can recommend treating the cancer with watchful waiting, radical prostatectomy, or a combination of radiation therapy and hormonal therapy. Each treatment has its own advantages and disadvantages. The choice depends on your individual situation.

This section describes the different treatment options which you should discuss with your doctor. This is general information, which is not specified to your individual needs. Keep in mind that individual recommendations may depend on your country and health care system.

What is locally-advanced prostate cancer?

Locally-advanced prostate cancer refers to a tumour which has spread outside of the prostate. It may be a T3 or T4 tumour, depending on where and how far outside of the prostate it has grown. T3 means that the tumour has grown just outside the prostate or to the seminal vesicles. A T4 tumour means that

prostate cancer has invaded the bladder neck, the urinary sphincter, the rectum, or the pelvic floor (**Fig. 1 and 2**).

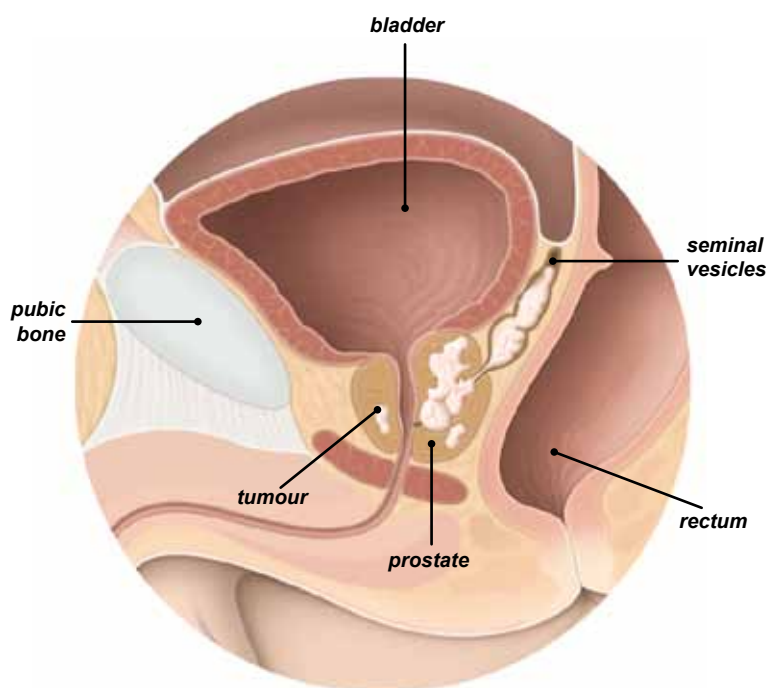


Fig. 1: A T3 prostate tumour which has spread to the seminal vesicles.

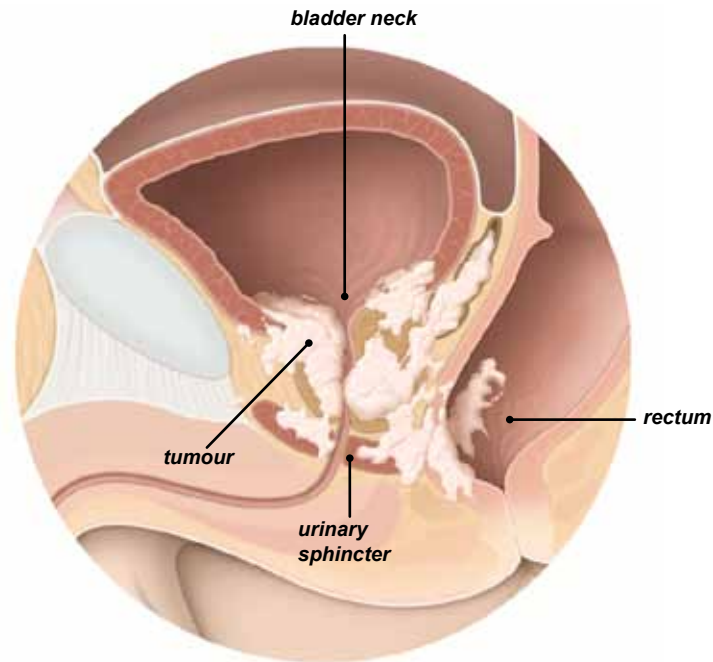


Fig. 2: A T4 prostate tumour which has spread to the bladder neck, urinary sphincter, and rectum.

Treatment options

The most common treatment options for locally-advanced prostate cancer are watchful waiting, radical prostatectomy, and a combination of radiation therapy and hormonal therapy. Which treatment pathway is best for you depends on:

- The tumour characteristics
- Your medical history
- Your age
- The kind of treatment available at your hospital
- Your personal preferences and values
- The support network available to you

In watchful waiting the doctor schedules regular visits to monitor your health and recommends further treatment when symptoms appear. This treatment is generally indicated when you are unfit for radical prostatectomy, radiation therapy or hormonal therapy. This may be related to your age or any medical conditions which make those treatments dangerous for you.

Radical prostatectomy is the surgical treatment in which the entire prostate and the seminal vesicles are removed. It can be performed by open or laparoscopic surgery. If you have locally-advanced prostate cancer you generally need additional treatment after surgery. This can be radiation therapy, hormonal therapy or a combination of these.

As an alternative to surgery, your doctor may recommend radiation therapy to cure your cancer. This therapy damages and kills cancer cells. It is a common treatment option for locally-advanced tumours. In locally-advanced prostate cancer, radiation therapy is always combined with hormonal therapy.

Hormonal therapy affects the production of testosterone in the body. The aim is to stop the growth of the tumour. Another name for hormonal therapy is androgen deprivation therapy (ADT).

Watchful Waiting

Watchful waiting is a form of symptom-guided treatment. The aim is to check your health regularly and start further treatment only when symptoms appear. This is part of a palliative care approach. Your doctor may recommend watchful waiting if you have no symptoms, and have a high level of prostate-specific antigen (PSA) in the blood that increases quickly. Watchful waiting can be a treatment option if you are unfit for other types of treatment, or if you choose watchful waiting over other treatments because of your preferences and values. Discuss with your doctor what is best for you in your individual situation.

Radical Prostatectomy

Radical prostatectomy is a surgical treatment option for locally-advanced prostate cancer. The aim is to remove as much of the tumour as possible. This is done by removing the entire prostate gland and both seminal vesicles, as well as surrounding tissue affected by the tumour. The procedure also includes the removal of lymph nodes in the pelvic area. For radical prostatectomy you will receive general anaesthesia.

It is not always possible to remove the entire tumour with radical prostatectomy. Because of this, your doctor may recommend additional treatment with radiation therapy or hormonal therapy.

How is radical prostatectomy performed?

Radical prostatectomy can be performed as an open or laparoscopic surgery. For open surgery, the surgeon cuts the abdominal wall or the perineum to access the prostate directly. The prostate and the seminal vesicles are removed. The surgeon will also remove any other tissue that is affected by the tumour. Then, the bladder and the urethra are attached together (**Fig. 3**). The doctor inserts a catheter to help the urethra and bladder heal. Usually the catheter is removed after 7 days.

Fig. 3a: During radical prostatectomy the surgeon removes the entire prostate and the seminal vesicles.

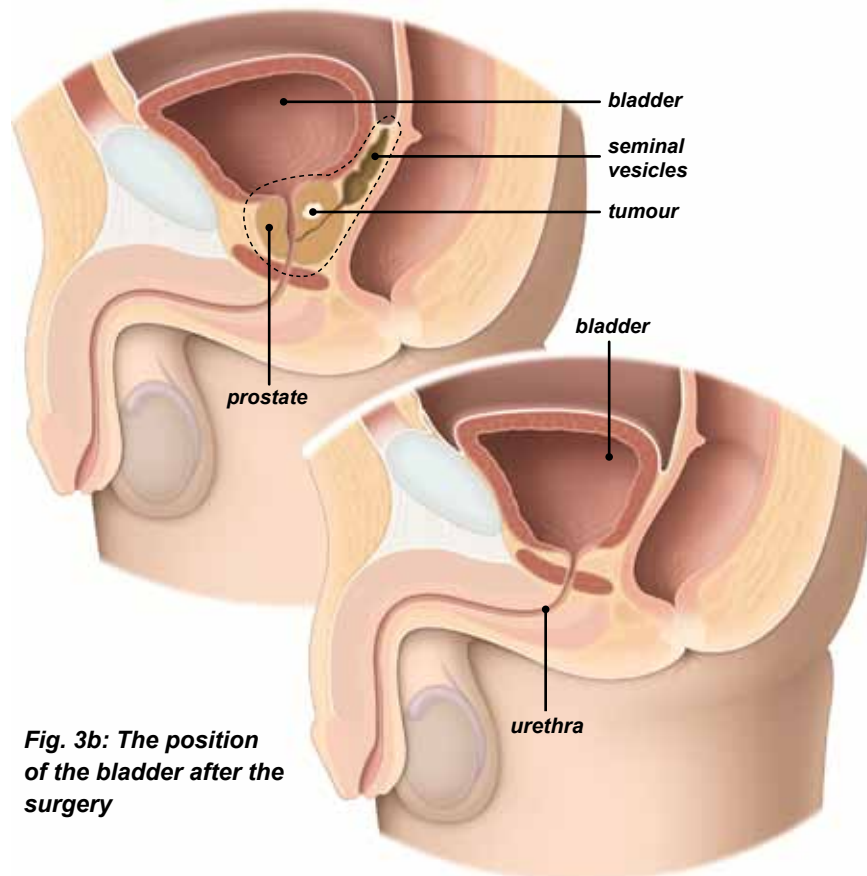


Fig. 3b: The position of the bladder after the surgery

In laparoscopic surgery, the surgeon inserts small plastic tubes into your abdomen. Through these tubes the surgeon can insert the instruments needed to remove the prostate. One of the small tubes is used to insert a camera which allows the surgeon to see a high-quality image of your prostate on a video monitor. Laparoscopic surgery can also be done with the help of a surgical robot system.

For the removal of a locally-advanced tumour with radical prostatectomy, open and laparoscopic surgery appear to be equally effective.

How do I prepare for the procedure?

Your doctor will advise you in detail about how to prepare for the procedure. You must not eat, drink, or smoke for 6 hours before surgery to prepare for the anaesthesia. If you are taking any medication, discuss it with your doctor. You may need to stop taking it several days before surgery. Your doctor will advise you on when to start taking it again.

What are the side effects of the procedure?

Usually you can leave the hospital between 3 and 7 days after surgery. The length of hospital stay can vary in different countries. You may experience minor pain in the lower abdomen for some weeks after open radical prostatectomy. After the surgery you may suffer from urinary incontinence or erectile dysfunction. You may need treatment for these conditions.

You need to go to your doctor or go back to the hospital right away if you:

- Develop a fever
- Have heavy blood loss
- Experience severe pain
- Have problems urinating

The removal of pelvic lymph nodes may cause lymphorrhea. This is a leakage of lymph fluid on the skin. The fluid leads to skin damage, and may cause an infection. Discuss the treatment of lymphorrhea with your medical team.

Radical prostatectomy may cause stress urinary incontinence (SUI). This is because the prostate surrounds the urethra, helping it to resist the pressure of a full bladder. If your prostate is removed this may have an effect on how much pressure the urethra can resist. There are several treatment options to improve or cure SUI. You can read more about these in the section UI after Prostate Surgery in *EAU Patient Information on Urinary Incontinence*.

Another common risk of the surgery is erectile dysfunction. Because the surgeon may need to remove tissue outside of the prostate, there is a risk that vessels and nerves are damaged or removed during surgery. This is a common cause of erectile dysfunction. During surgery, the surgeon tries to keep the nerves to the penis undamaged. The success of this depends on the aggressiveness of the cancer and where the tumour is located. If necessary, your doctor can recommend treatment for erectile dysfunction. Keep in mind that the main goal of radical prostatectomy is to remove the tumour and cure you.

Read more about recovery after surgery in the section *Support after Surgery* on page 11.

What is the impact of the treatment?

Radical prostatectomy is a common procedure for locally-advanced prostate cancer. In most cases, other treatments are necessary to completely remove the tumour. The most common treatments after radical prostatectomy are radiation therapy and hormonal therapy. These treatments can cause side effects or have an impact on your quality of life.

Treatment after surgery

If during follow-up the PSA level shows that the prostate cancer has not been completely removed you may need additional treatment to remove all tumour cells. Discuss with your doctor which option is best for you.

What will the follow-up be like?

After radical prostatectomy for prostate cancer, your doctor will plan regular follow-up visits with you.

Routine follow-up lasts at least 5 years. During each visit the doctor will test the level of PSA in your blood. In some cases you may need a digital rectal examination (DRE). Follow-up is important to monitor how you recover from surgery, to check your general state of health, and to detect possible recurrence of the cancer.

Radiation therapy

Radiation therapy damages and kills cells and is used to attack cancer cells. It can be done with external beam radiation therapy or brachytherapy. Prostate cancer cells are generally responsive to radiation therapy. Because of advances in radiation therapy techniques, it has become an effective treatment for locally-advanced prostate cancer. Your doctor may also recommend radiation therapy after radical prostatectomy.

To improve the results of the treatment, your doctor may recommend hormonal therapy together with the radiation therapy. This is known as combination therapy for prostate cancer. A course of hormonal therapy generally lasts 2-3 years.

How is radiation therapy performed?

The goal of radiation therapy is to kill the cancer cells. Because the radiation can also kill cells in other organs, such as the bladder, it is important that the radiation beam mainly targets the cancerous cells and limits the damage to other tissue. Developments in radiation therapy have increased the precision of the beam, and allowed for a higher dosage of radiation with fewer side effects.

The standard course of external radiation therapy (**Fig. 4**) lasts around 8 weeks, 5 days a week. You receive one dose of radiation per day. The treatment takes about 20 minutes each day, and you do not have to be admitted to the hospital.

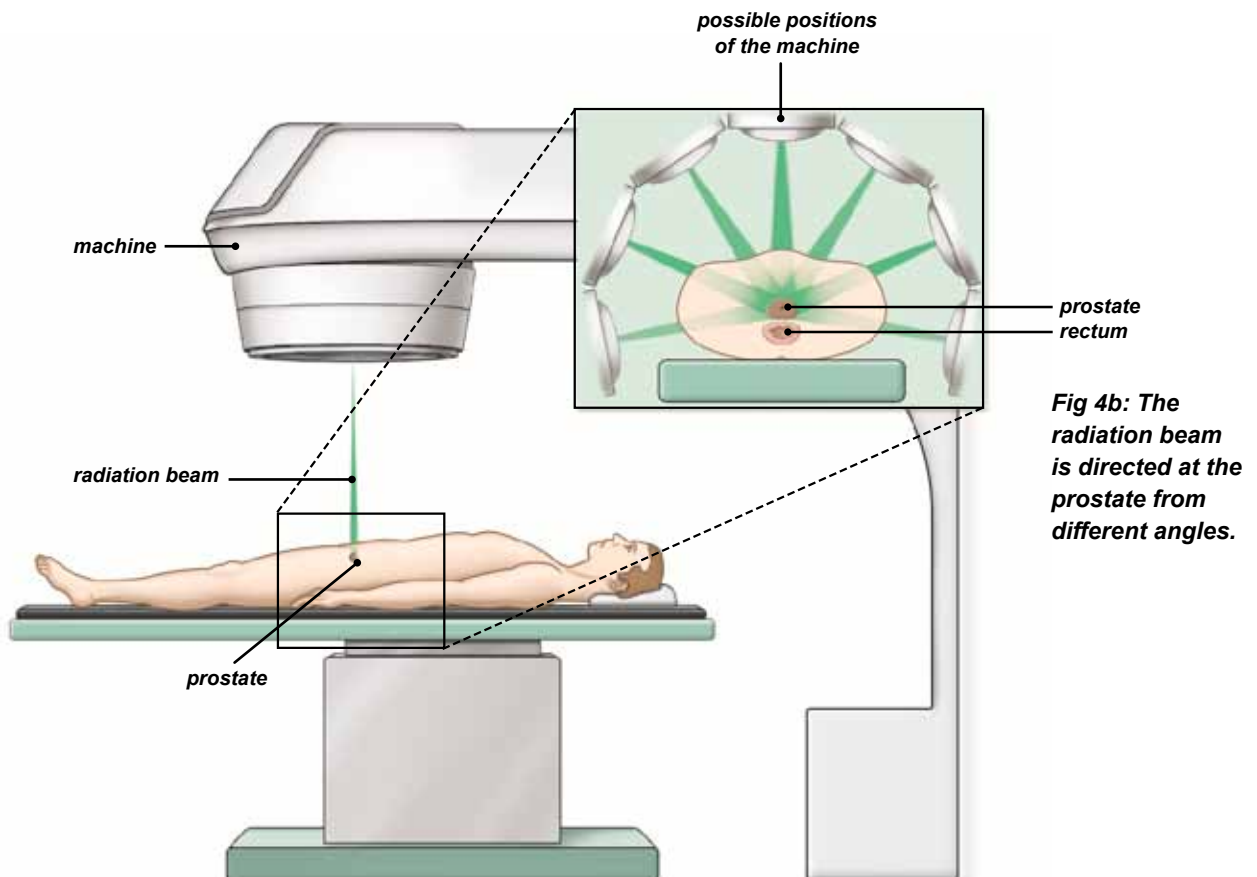


Fig. 4a: External beam radiation therapy damages and kills cancer cells.

Fig 4b: The radiation beam is directed at the prostate from different angles.

Before the start of a course of radiation therapy you will get a CT scan. This is done to map the area that will be radiated as well as the surrounding tissue that should not be treated. In recent years, image-guided radiation therapy has become more widely available. For this type of therapy the radiation oncologist locates the part of the lower urinary tract that should be radiated very precisely with the help of an x-ray or CT scan.

Another form of radiation therapy is brachytherapy. For this type of treatment, a source of radiation is inserted directly into the prostate (**Fig. 5**). Brachytherapy alone is not recommended to treat locally-advanced tumours in the prostate. It is generally used in combination with external beam radiation.

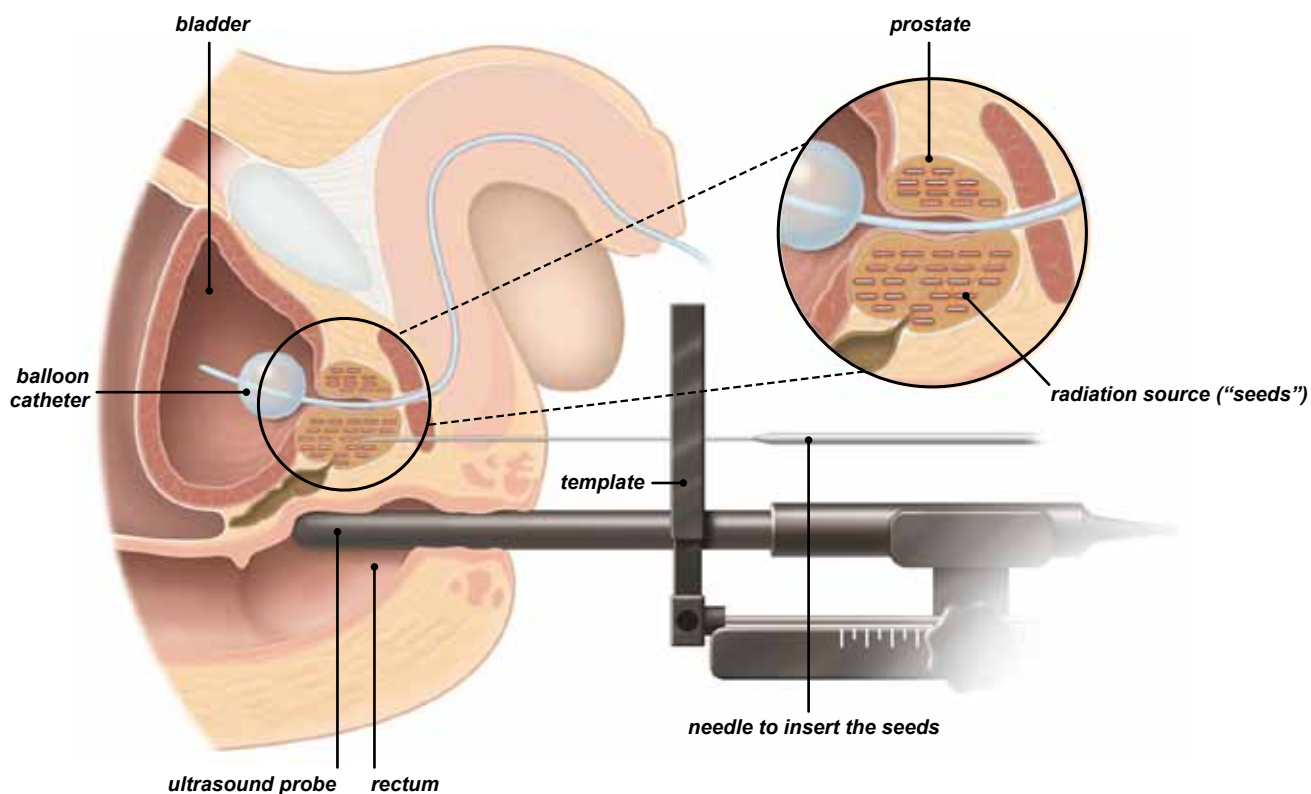


Fig. 5: In brachytherapy a radiation source ("seeds") is inserted directly into the prostate.

How do I prepare for the procedure?

Your doctor will advise you in detail about how to prepare for the procedure. You will receive a schedule for eating and drinking before each session to make sure that your bladder is comfortably full and the rectum is empty before the procedure. If you are taking any medication, discuss it with your doctor. Generally you do not need to stop taking it during radiation therapy.

What are the side effects of the procedure?

Common side effects are a burning sensation when you urinate, [urinary frequency](#), and anal irritation. This is because the surrounding organs, particularly the bladder and the rectum, also receive radiation. Usually these symptoms appear halfway through the treatment course and disappear several months after it ends.

A common side effect of radiation therapy is bleeding in the bladder and the rectum, even several years after treatment. You could also experience lower urinary tract symptoms ([LUTS](#)), or erectile dysfunction.

How bothersome the side effects of radiation therapy are, and when they appear, varies from person to person. This is related to your general health and the type of radiation therapy you get.

Read more about how to deal with the side effects of radiation therapy in the section *Support for Radiation Therapy* on page 12.

Treatment after radiation therapy

If during follow-up the PSA level shows that the prostate cancer has not been completely removed you may need additional treatment to remove all tumour cells. Common treatment options are:

- [Salvage radical prostatectomy](#)
- [Salvage brachytherapy](#)
- [Salvage hormonal therapy](#)

What will the follow-up be like?

After radiation therapy for prostate cancer, your doctor will plan regular follow-up visits with you. Routine follow-up lasts at least 5 years. During each visit the doctor will test the level of prostate-specific antigen (PSA) in your blood. In some cases you may need a digital rectal examination (DRE). Follow-up is important to monitor how you recover from the treatment, check your general state of health, and to detect possible recurrence of the cancer.

Hormonal therapy

Hormonal therapy is a treatment option for locally-advanced prostate cancer. It aims to stop the growth of the tumour.

The growth of prostate cancer cells is dependent on male sex hormones called **androgens**. **Testosterone** is the most important androgen. Androgens are mainly produced in the **testicles**. Hormonal therapy either stops the production or blocks the action of androgens. This is known as **castration**.

Another name for hormonal therapy is **androgen deprivation therapy (ADT)**. It can be performed surgically or with drug treatment. In surgical therapy, both testicles are removed in a procedure called **bilateral orchiectomy**. The surgery is generally done under local anaesthesia. Drug therapy to stop the production of androgens includes **LHRH agonists** and **LHRH antagonists**. These drugs are available as **depot injections** right under the skin or into the muscle. **Anti-androgens** are drugs that block the action of androgens. They come as a pill. All of these therapies cause castration.

Castration has physical and emotional consequences. The most common are **hot flushes**, lower sex drive, and erectile dysfunction. The effects of surgical castration are permanent. In chemical castration, some of the symptoms may disappear after the treatment. Do not hesitate to discuss any concerns with your doctor.

In locally-advanced prostate cancer the standard treatment to cure the disease is hormonal therapy in combination with radiation therapy.

Bilateral orchiectomy

Bilateral orchiectomy, or surgical castration, is a surgery to remove both testicles. It is a treatment option for locally-advanced prostate cancer and aims to stop the production of androgens.

The surgery can be done under local anaesthesia. If you have a history of cardiovascular disease, your

doctor may advise you to see a **cardiologist** before starting with hormonal drug therapy.

How is bilateral orchiectomy performed?

During the surgery, you will lie on your back. You generally receive local or spinal anaesthesia. In some cases your doctor may recommend general anaesthesia. The surgeon makes an incision in the scrotum to remove both testicles. Because the tissue that surrounds the testicles is not removed, the scrotum will not look totally empty after the surgery.

How do I prepare for the procedure?

Your doctor will advise you in detail about how to prepare for the procedure. If you need general anaesthesia, you must not eat, drink, or smoke at least for 6 hours before surgery. If you are taking any prescribed medication, discuss it with your doctor. You may need to stop taking it several days before surgery. Your doctor will advise you on when you can start taking it again.

What are the side effects of the procedure?

Complications after a bilateral orchiectomy are rare and include pain around the scrotum, bleeding, infection, or delayed healing of the wound. In most cases, the way the scrotum looks will not be affected by the surgery.

Recommendations for 2-3 weeks after the surgery:

- Avoid heavy exercise
- Avoid hot baths
- Avoid the sauna

You have to see your doctor or go back to the hospital if you:

- Develop a fever
- Have severe pain
- Notice that the wound starts to bleed or leak a transparent fluid

Bilateral orchiectomy results in permanent castration. This has physical and emotional consequences. Do not hesitate to discuss any concerns with your doctor. Together you can decide if other treatment options are more suitable for you.

Chemical castration

If you prefer not to undergo surgical hormonal therapy, there are drugs which can stop the production of androgens. The most common drugs are LHRH agonists and LHRH antagonists. The aim of these drugs is to stop the growth of the tumour by chemical castration. How they do this varies for each group of drugs. Each drug is different in how it is applied.

If you have a history of cardiovascular disease, your doctor will advise you to see a cardiologist before starting with hormonal drug therapy.

LHRH

The production of testosterone is regulated by the brain. The brain produces several hormones which help regulate other hormones. These are called releasing hormones. The specific releasing hormones of androgens are called luteinizing-hormone releasing hormones (LHRH). In prostate cancer treatment, drugs that affect LHRH are used to stop the production of androgens.

LHRH agonists

LHRH agonists stop testosterone production in the testicles. They are administered as a depot injection right under the skin or into the muscle. These injections can last for 1, 3, 6 or 12 months. Discuss with your doctor which option is best for you.

In the first days after the first injection, LHRH agonists increase your testosterone level before they decrease it. This is known as a flare. The increase in testosterone level can cause the tumour to swell. In rare cases this could be dangerous and can cause

difficulties urinating. Your doctor might give you a low dose of anti-androgen drugs to prevent damage from rising testosterone levels.

LHRH antagonists

LHRH antagonists are a new form of hormonal drug therapy. They do not need to be combined with an anti-androgen for the first weeks because they do not cause a flare. Degarelix is the most commonly used LHRH antagonist. It needs to be administered every month by injection under the skin.

Anti-androgens

Anti-androgens block the action of testosterone. As a result, the tumour will grow slower or stop growing completely. The most commonly used anti-androgens are cyproterone acetate, flutamide, and bicalutamide. They all come as a pill, and are taken every day.

Cyproterone acetate is usually administered in two or three daily dosages. Flutamide is administered three times a day. Bicalutamide is the most common anti-androgen, and it is taken once a day.

What are the side effects of hormonal therapy?

Hormonal therapy stops the production or blocks the action of male hormones, and causes castration. Your body can react to castration in different ways. The most common side effects of castration are:

- Hot flushes
- Lower sex drive
- Erectile dysfunction
- Osteoporosis
- Increased risk of heart disease
- Diabetes

You could also experience pain, for example in your joints, your back, your bones, or muscles.

Changing hormone levels can affect your blood and cause high blood pressure, dizziness, and bruising. You may also be at higher risk of infection, especially in the nose or throat, or urinary tract infections.

Loss of appetite and weight loss can also be a result of castration. These may be related to diarrhoea, constipation or vomiting caused by the hormone changes.

Other side effects may include coughing, shortness of breath, headaches, and peripheral oedema.

The different treatments may cause side effects as well.

LHRH antagonists may cause an allergic reaction.

Anti-androgens may cause swelling of your breasts. This is called gynecomastia and can be painful in some cases. To prevent gynecomastia your doctor may recommend radiation therapy of your chest before the start of the hormonal therapy. In rare cases, you may need surgery to remove the mammary glands.

Anti-androgens could worsen hot flushes. These can be treated with low-dose oestrogen therapy. Oestrogens can increase the risk of heart disease. Flutamide can cause diarrhoea.

How bothersome the side effects of hormonal therapy are, and when they appear, varies from person to person. This is related to your general health and the type of treatment you get. Read more about how to deal with the side effects of hormonal therapy in the section *Support for Hormonal Therapy* on page 12.

With time, prostate cancer cells become resistant to hormonal therapy, and the cancer will start to grow again. This is known as castration-resistant prostate cancer. How long this takes to develop varies from person to person. You can read more about this stage of the disease in the section *Castration-Resistant Prostate Cancer*.

Additional treatment

If during follow-up the prostate-specific antigen (PSA) level shows that the prostate cancer has not been completely removed you may need additional treatment to remove all tumour cells. Common treatment options are:

- [New hormonal agents](#)
- [Chemotherapy](#)
- [Immunotherapy](#)

Treatment of recurrence

It is possible that prostate cancer comes back after you have been treated. This is known as recurrence. The cancer may come back in the prostate, in tissue around the prostate or pelvic lymph nodes, or in other parts of the body.

If you have been treated with radical prostatectomy and the PSA level in your blood rises, this could be a sign of recurrence. Your doctor may recommend salvage radiation therapy. In this procedure, the area where the prostate was located will be radiated to kill cancer cells. If radiation therapy is not the best option for you, your doctor can recommend hormonal therapy.

If your cancer was treated with radiation therapy, your doctor may recommend to treat recurrence with radical prostatectomy. If the PSA level rises quickly, or you have symptoms, hormonal therapy will be recommended. In some countries, brachytherapy is available to treat recurrence as an alternative to hormonal therapy.

Support

Getting diagnosed with cancer has a great impact on your life and the lives of your loved ones. Cancer can make you feel powerless. It can cause feelings of anxiety, anger, fear, or even depression. Undergoing treatment for cancer is intense and will affect your work, your social life, and your sexuality.

To find support, approach your doctor or nurse in the hospital, or ask your family doctor. They will be able to give you contact information about patient organizations or others who can help you with psychological support or practical matters such as financial advice.

Preparing for a consultation

Preparing for a consultation can be very useful. It will help you and your doctor better address your questions and concerns. It can also help you prepare for treatment and the possible side effects. Here are some things you can try:

- Write down the questions you would like to ask the doctor. This will help you remember things that you want to ask. Writing down questions can also help you organize your thoughts
- If you can, take someone with you to the visit. It is good to have someone to discuss what the doctor said and you probably remember different things
- Ask for information about your specific type of prostate cancer
- If the doctor uses words you do not understand, ask for an explanation
- Tell your doctor what medicine you take and if you take any alternative medicine. Some of these medicines can affect the treatment

After the consultation you can:

- Search the Internet or go to the library for more information about your type of cancer. Be aware that not all the information you see online is of good quality. Your doctor or health care team can point you to reliable websites

- Contact a patient organization, they can offer support and information
- Discuss with your health care team the possible financial consequences of your treatment. They might be able to direct you to people or places where you can get advice about your economic situation or even financial help
- If you want, you should ask for a second opinion from another specialist

How to find a patient organization nearby

Patient organizations can be very helpful. To find one close to you, ask your family doctor, nurse, or doctor at the hospital. You can also search the Internet for a patient group.

Support after surgery

In the first days or weeks after surgery you may need help with everyday activities. If you can, ask family, friends, or neighbours to help you with things like buying and carrying home food, cooking, cleaning, washing, and gardening. You can also ask your health care team for information about professional home care.

After surgery, it is common that you experience fatigue. This means you feel more tired than usual, you are out of energy, have trouble concentrating, and it does not get better after you sleep. Most people experience fatigue for 1-2 months after the surgery. To deal with fatigue, you can:

- Write down things that give you energy and give them priority during the day or week
- Get help with household tasks like washing, cleaning, or gardening
- Take short naps several times during the day
- Try to be as active as you can. A short walk every day is better than a long walk once a week

- When planning social activities like a trip or a visit, keep in mind you may need time to rest during the day. Discuss this with your family, friends, or caregiver so that you can plan ahead. It is important to tell them when you are feeling tired

Radical prostatectomy may cause stress urinary incontinence (SUI). This means that you lose urine during certain activities, for example coughing, laughing, running, or lifting. Here are some tips to help manage your symptoms:

- Try to make sure you always know where the nearest toilet is. Never be afraid or embarrassed to ask where the toilet is when you are away from home
- If you have problems with dribbles of urine you can use a drip collector, or a small pad. Drip collectors are worn over the penis and held in place by your underwear
- Invest in odour preventers. Ask your pharmacist or family doctor about these
- Wear dark-coloured clothes. Lighter-coloured clothes may show stains more easily
- Wear loose clothes for comfort
- Have an extra set of clothes at hand

You can read more about these in the section *Living with UI in EAU Patient Information on Urinary Incontinence*.

Another common risk of the surgery is erectile dysfunction. There are various options to treat this condition. The most common ones are pills, injections, or a prosthesis. Discuss with your doctor what is the best option for you.

Dealing with SUI or erectile dysfunction after radical prostatectomy can be difficult. They can have long-lasting psychological effects. Talk to your surgeon, nurse, or family doctor so they can help you find the support you need.

Support during radiation therapy

During the course of radiation therapy you can generally carry on with your daily activities. The

treatment may cause fatigue and can affect your lower urinary tract and bowel. Usually these symptoms go away a few months after treatment.

Your skin may be affected by the radiation. To care for your skin you can:

- Avoid scratching or rubbing the radiated area
- Ask your doctor or nurse which type of skin lotion you should use to deal with skin irritation
- Avoid sun exposure
- Use a high-factor sunscreen
- Wear loose-fitting clothes in natural fabrics such as cotton or linen
- Wash yourself daily with mild soap and lukewarm water
- Gently pat your skin dry after washing
- Avoid the sauna

Support during hormonal therapy

All types of hormonal therapy cause castration, to which your body can react in various ways. The most common side effect of castration is hot flushes. To manage this, your doctor will advise you to monitor your weight and avoid alcoholic drinks. If you experience hot flushes, you can:

- Dress in layers
- Wear natural fabrics like cotton or linen, which let the body breathe
- Sleep under layers of light blankets so that you can remove some if you need to
- Avoid hot baths, saunas, or whirlpools
- Avoid hot or spicy food
- Drink plenty of water, and carry a bottle with you when you leave the house

Discuss with your doctor possible treatments to manage hot flushes or any of the other consequences of castration and side effects of hormonal therapy.

Follow-up

After treatment you will meet with your doctor. In this visit, both the results of the treatment and the follow-up schedule will be discussed. Ask for a care plan so you can see how often you will need to see your

doctor, and what kind of tests could be needed before each visit. This depends on the characteristics of the disease.

Write down questions you may have before the visit. Examples of questions you can ask are:

- Is the cancer gone?
- Do I need additional treatment? If so, what options are relevant for me?
- What tests do I need before the follow-up visits?
- How will the treatment and the prostate cancer affect my quality of life?

It is important that you continue to attend these visits. During these, the doctor monitors your health and can detect possible tumour recurrence on time. It is also important to tell your doctor if you notice any new symptoms that may be related to prostate cancer. If you notice any symptoms before the visit, do not hesitate to contact your health care team.

Lifestyle advice

It is important to maintain a healthy lifestyle during and after treatment. Try to get physical exercise regularly. Find an activity that you enjoy doing. If you have doubts about what you can do, ask your doctor to refer you to a physiotherapist.

Try to eat a balanced diet with a mix of vegetables, fruit, and dairy. Also include starchy food like bread and potatoes, rice or pasta, and protein-rich food like meat, fish, eggs, or legumes. Try to eat less sugar, salt, and fatty food. If you have any questions, ask your doctor to refer you to a dietician.

Try to stop smoking. It may help you recover faster after treatment.

Psychological support

After the surgery you may worry about your prognosis, the impact of cancer on your social or financial situation, or other issues.

It is common to worry about the cancer coming back. Most people who have been diagnosed with cancer,

or their loved ones, will probably have these worries and thoughts. If you feel worried, contact your doctor and find out the risk of cancer recurrence. You can also ask the doctor about psychological support if you feel you need to have someone to talk to. A patient organization can also offer support.

During treatment you will be away from your work. Talk to your boss about the best way for you to get back to work. Perhaps you could work part time, or in a different function.

Discuss the possible financial consequences of your treatment with your health care team. They might be able to direct you to people or places where you can get advice about your economic situation or even financial help.

The side effects of the treatment can make it difficult to fully participate in social and economic life. Changes in your daily life as a result of the disease or the treatment can lead to isolation. Talk to your doctor or nurse. They can help you find the support and treatment you need.

A cancer diagnosis can make you look at life in a different way and you may realise you now have different priorities. This can affect your work or relationships and can make you feel disoriented and uncertain. Talk to family and friends and take all the time you need for this process. If you do not feel comfortable addressing these issues with those close to you, you can ask your health care team for a referral to a psychologist. The psychologist can give you the tools to deal with these feelings and help you to realise the changes you want or need.

Cancer treatment can affect your sexuality. Feelings of depression and fatigue can also have a negative effect on your sex life. It is important that you talk to your partner about your feelings. There are many ways in which you can be intimate. If it is difficult for you to be sexually active, be near each other, touch each other, give and take hugs, and just sit or lay down close to each other.

Support for family and friends

A cancer diagnosis not only affects the patient, but also the people around them. As a loved one, you can offer support in many different ways. Sometimes you can help with practical things like laundry, gardening, or grocery shopping.

It may also be helpful to go to the doctor together. You could offer to drive to the visit or help formulate questions to ask during consultation. Being there for the consult can also be good. You may remember different things or focus on other details, which you can later discuss together. You could also ask the doctor how the treatment may impact your lives in terms of caregiving and psychological effects.

The diagnosis and treatment can be very emotional for everybody involved. Cancer treatment is intense and your life may change suddenly. Questions about prognosis, effects of the treatment, and even the possibility of dying may come up. As a friend or loved one you can be there and listen. You don't need to have the answers.

If you feel you need somebody to talk to, approach your family doctor or the medical team to get support. Patient organizations also offer support for family members or friends of people who have been diagnosed with cancer.

Support for partners

A cancer diagnosis can put pressure on your relationship. Often talking to each other becomes more difficult because of the time and energy spent on treatment. You could decide to discuss any difficulties with a therapist.

You may experience a similar degree of stress, anger, and depression as your partner. You could feel exhausted, both physically and emotionally. This can be a result of the responsibilities of caring for your partner, and taking on extra tasks around the house. Be sure to make time for yourself and think about your own needs and wishes.

Your partner's cancer treatment can affect your sex life. Try to talk to your partner about your feelings. There are many ways in which you can be intimate. Be near each other, touch each other, give and take hugs, and just sit or lay down close to each other.

It is normal to worry about being left alone. If you feel you need somebody to talk to, approach your family doctor or your spiritual advisor. Patient organizations also offer support for partners.

This information was updated in January 2015.

This leaflet is part of EAU Patient Information on Prostate Cancer. It contains general information about this disease. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider. No leaflet can replace a personal conversation with your doctor.

This information was produced by the European Association of Urology (EAU) in collaboration with the EAU Section of Uro-Oncology (ESOU), the Young Academic Urologists (YAU), the European Association of Urology Nurses (EAUN), and Europa Uomo.

The content of this leaflet is in line with the EAU Guidelines.

You can find this and other information on urological diseases at our website: <http://patients.uroweb.org>

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Dr. Pirus Ghadjar	Berlin, Germany
Dr. Alexander Kretschmer	Munich, Germany
Prof. Dr. Feliksas Jankevičius	Vilnius, Lithuania
Prof. Dr. Nicolas Mottet	Saint-Étienne, France
Dr. Bernardo Rocco	Milan, Italy
Ms. Maria Russo	Orbassano, Italy