Advanced prostate cancer

In this fact sheet:

- What is advanced prostate cancer?
- How is advanced prostate cancer diagnosed?
- What do my test results mean?
- What treatments are available?
- How will my cancer be monitored?
- What happens if my cancer starts to grow again?
- Treatments to help manage symptoms
- What is my outlook?
- Dealing with prostate cancer
- Questions to ask your doctor or nurse
- More information
- About us

This fact sheet is for men who have been diagnosed with advanced (metastatic) prostate cancer – cancer that has spread from the prostate to other parts of the body. Your partner, family or friends might also find it helpful.

We explain what advanced prostate cancer is, what your test results mean, and the treatments available.

If you want to find out about localised or locally advanced prostate cancer, read our fact sheets, Localised prostate cancer and Locally advanced prostate cancer.

Each hospital will do things slightly differently. Use this fact sheet as a general guide and ask your doctor or nurse for more information. You can also speak to our Specialist Nurses, in confidence, on 0800 074 8383 or chat to them online.

Symbols

These symbols appear in this fact sheet to guide you to more information:

- Speak to our Specialist Nurses
- Read our publications

What is advanced prostate cancer?

Advanced prostate cancer is cancer that has spread from the prostate to other parts of the body. It develops when prostate cancer cells move through the blood stream or lymphatic system. The lymphatic system is part of the body’s immune system.

You might hear cancer that has spread described as metastatic prostate cancer, secondary prostate cancer, secondaries, metastases or mets. It is still prostate cancer, wherever it is in the body.

Prostate cancer can spread to any part of the body, but most commonly to the bones. More than four out of five men (80 per cent) with advanced prostate cancer will have cancer that has spread to their bones.
Another common place for prostate cancer to spread to is the lymph nodes (sometimes called lymph glands). Lymph nodes are part of your lymphatic system. They are found throughout your body and some of them are in the pelvic area, near the prostate.

Advanced prostate cancer can cause symptoms, such as fatigue (extreme tiredness), bone pain and problems urinating. If you do get symptoms, the symptoms you might have will depend on where the cancer has spread to. Speak to your doctor or nurse if you have any symptoms. There are treatments available to help manage them (see page 6).

It’s not possible to cure advanced prostate cancer. But treatments can help keep it under control and manage any symptoms.

How is advanced prostate cancer diagnosed?

If you’ve been diagnosed with advanced prostate cancer, you will have had some or all of the following tests. These are the main tests used to diagnose prostate cancer, but you might have other tests as well.

Prostate specific antigen (PSA) test
This measures the amount of PSA in your blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells, wherever they are in the body.

Digital rectal examination (DRE)
The doctor feel your prostate through the wall of the back passage (rectum). They feel for hard or lumpy areas that might be a sign of cancer.

Prostate biopsy
Thin needles are used to take small samples of tissue from the prostate. The tissue is then looked at under a microscope to check for cancer. You might not need a biopsy if other tests show you have advanced prostate cancer. But many clinical trials only accept men who have had a biopsy. If you think you might want to join a clinical trial in the future, talk to your doctor about having a biopsy.

Bone scan
This can show whether any cancer cells have spread to your bones, which is a common place for prostate cancer to spread to.

Magnetic resonance imaging (MRI) or computerised tomography (CT) scan
These scans take images of your body to see whether the cancer has spread outside the prostate and where it has spread to, for example to the lymph nodes or nearby bones. You might not need an MRI or CT scan if you’ve already had a bone scan.

Read more about tests used to diagnose prostate cancer in our fact sheet, How prostate cancer is diagnosed.

What do my test results mean?
Your results will give your doctor an idea of where your cancer has spread to. This will help you and your doctor to discuss which treatments might be suitable for you.

PSA level
It’s normal to have a small amount of PSA in your blood, and the amount rises as you get older. Prostate cancer can raise your PSA level.
You may have had a PSA test that showed your PSA was raised, and then had other tests to diagnose your prostate cancer.

**Biopsy results**
You might not need a biopsy if other tests show you have advanced prostate cancer. But if you’ve had a biopsy, the results will show how aggressive the cancer is – in other words, how likely it is to grow and spread. You might hear this called your Gleason grade, Gleason score or grade group. Read more about these in our fact sheet, *How prostate cancer is diagnosed*.

**Staging**
Your doctor will use your scan results to work out the stage of your cancer – in other words, how far it has spread. This is usually recorded using the TNM (Tumour-Nodes-Metastases) system. You might not be told your TNM stages – your doctor may just tell you where your cancer has spread to.

**T stage**
The T stage shows how far the cancer has spread in and around the prostate. A digital rectal examination (DRE) or MRI scan is usually used to find out the T stage, and sometimes a CT scan. You may not be told your T stage if other tests have already shown your cancer has spread to your bones.

**N stage**
The N stage shows whether your cancer has spread to the lymph nodes near the prostate. This is a common place for prostate cancer to spread to. An MRI or CT scan (see page 2) is used to find out your N stage.

The possible N stages are:

- **NX** The lymph nodes were not looked at, or the scans were unclear.
- **N0** No cancer can be seen in the lymph nodes.
- **N1** The lymph nodes contain cancer.

You might not be told your N stage if other tests show your cancer has already spread to your bones.

**M stage**
The M stage shows whether the cancer has spread (metastasised) to other parts of the body, such as the bones. A bone scan (see page 2) is usually used to find out your M stage.

The possible M stages are:

- **MX** The spread of the cancer wasn’t looked at, or the scans were unclear.
- **M0** The cancer hasn’t spread to other parts of the body.
- **M1** The cancer has spread to other parts of the body.

If your cancer has spread to other parts of the body (M1), you will be diagnosed with advanced prostate cancer.

Ask your doctor or nurse to explain your test results if you don’t understand them. Read more in our booklet, *Prostate cancer: A guide for men who’ve just been diagnosed*, or call our Specialist Nurses.

**What treatments are available?**
If you have advanced prostate cancer, treatment won’t cure your cancer. But it can help keep it under control and manage any symptoms.

If you’ve just been diagnosed with advanced prostate cancer, you may be offered the following treatments:

- hormone therapy
- chemotherapy with hormone therapy
- clinical trials.

Before you start any treatment, make sure you have all the information you need. It’s important to think about the possible side effects and how you would cope with them. Speak to your doctor or nurse about this.

It can help to write down any questions you want to ask at your next appointment. And to write down or record what’s said to help you remember it. It can also help to take someone to appointments with you, such as a partner, friend or family member.
If you don’t have any symptoms and want to avoid or delay treatment and its side effects, you might be able to have your cancer monitored instead. This is known as watchful waiting. It isn’t usually recommended for men with advanced prostate cancer, because it won’t control the cancer or help manage symptoms. Your doctor can help you think about the advantages and disadvantages of watchful waiting. Read more in our fact sheet, Watchful waiting.

**Hormone therapy**
Prostate cancer needs the male hormone testosterone to grow. Hormone therapy works by stopping your brain from telling your body to make testosterone, or by stopping testosterone from reaching the cancer cells. This causes the cancer to shrink, wherever it is in the body. It can also help control the symptoms of advanced prostate cancer, such as bone pain.

Hormone therapy will be a life-long treatment for most men with advanced prostate cancer.

There are three main ways to have hormone therapy for prostate cancer. These are:
- **injections or implants** to stop your testicles making testosterone
- **tablets** to block the effects of testosterone
- **surgery** to remove the testicles or the parts of the testicles that make testosterone. This is called an orchidectomy.

The most common type of injection or implant is called a luteinizing hormone releasing hormone agonist (LHRH agonist). There’s another type of injection called a gonadotrophin releasing hormone antagonist (GnRH antagonist). You may have more than one type of hormone therapy at the same time.

Like all treatments, hormone therapy can cause side effects. These are mainly caused by low testosterone levels. There are a lot of possible side effects, but hormone therapy affects men in different ways. Some men only get a few side effects or don’t get any at all. The chance of getting each side effect will depend on the type of hormone therapy you’re on. There are usually ways to manage side effects, so speak to your doctor or nurse about them.

**Side effects can include:**
- hot flushes
- loss of desire for sex (libido)
- problems getting or keeping an erection (erectile dysfunction)
- extreme tiredness (fatigue)
- weight gain
- strength and muscle loss
- breast swelling or tenderness (gynaecomastia)
- bone thinning (osteoporosis)
- small increase in your risk of heart disease, type-2 diabetes and stroke
- changes to your mood.

Read more about hormone therapy in our fact sheet, **Hormone therapy**. Read more about side effects and how to manage them in our booklet, Living with hormone therapy: A guide for men with prostate cancer.

**Chemotherapy with hormone therapy**
Chemotherapy uses anti-cancer drugs to kill cancer cells, wherever they are in the body. You might be offered a chemotherapy drug called docetaxel (Taxotere®) at the same time as hormone therapy (see above). This helps many men to live longer, and may help delay symptoms such as pain.

You need to be quite fit to have chemotherapy because the side effects can be harder to deal with if you have other health problems.

Like all treatments, chemotherapy can cause side effects. This is because chemotherapy can damage some of your healthy cells. You will have regular appointments to monitor any side effects. Chemotherapy affects men in different ways, so you might not get all the possible side effects. There are usually ways to manage side effects.

**Side effects can include:**
- higher risk of infections
- feeling breathless, tired or weak
- bleeding and bruising more easily than normal
- swelling in your ankles or legs (fluid retention)
- numbness or tingling in the hands and feet (peripheral neuropathy)
- extreme tiredness (fatigue)
- hair loss.
You'll be given steroid tablets to take alongside chemotherapy. This can help to lower the risk of side effects from the chemotherapy. But steroids can cause side effects too. These might include indigestion and irritation of the stomach lining, feeling irritable or restless, and fluid retention – which can cause swollen hands and feet. Your hormone therapy may also cause side effects (see page 4).

Read more about chemotherapy, including the possible side effects, in our fact sheet, Chemotherapy.

Clinical trials
A clinical trial is a type of medical research. It aims to find new and improved ways of preventing, diagnosing, treating and managing illnesses. People are involved in the trial in a controlled and carefully planned way.

There are clinical trials looking at new treatments for men with advanced prostate cancer and new ways of using existing treatments.

Taking part in a clinical trial is a personal decision – you have to decide if it’s right for you. You can ask your doctor or nurse if there are any clinical trials you could take part in, or speak to our Specialist Nurses. You can also find details of some clinical trials for prostate cancer at www.cancerresearchuk.org

Read more in our fact sheet, A guide to prostate cancer clinical trials.

How will my cancer be monitored?
You will have regular PSA tests. This is a useful way to check how well your treatment is working. If your PSA level rises, it could be a sign that the treatment isn’t controlling your cancer. If your PSA level falls this usually suggests the cancer is shrinking.

You’ll have regular blood tests to see whether your cancer is affecting other parts of your body, such as your liver, kidneys or bones.

You might have more scans (see page 2) to see how your cancer is responding to treatment and whether your cancer is spreading.

Your doctor will also ask you how you’re feeling and if you have any symptoms, such as pain or tiredness. This will help them understand how you’re responding to treatment and how to manage any symptoms. Let them know if you have any side effects from your treatment. There are usually ways to manage these too.

What happens if my cancer starts to grow again?
Your first treatment may help keep your cancer under control. But over time, the cancer may change and it may start to grow again.

You will usually stay on your first type of hormone therapy. This is because the hormone therapy will still help to keep the amount of testosterone in your body low. But there are other treatments that you can have alongside your usual treatment, to help control the cancer and manage any symptoms.

More hormone therapy
Although your prostate cancer is no longer responding so well to your first hormone therapy, it may still respond to other types of hormone therapy, or a combination of other treatments.

You may be offered a hormone therapy listed on page 4. Or you might be offered another type of hormone therapy, such as abiraterone (Zytiga®), enzalutamide (Xtandi®) or steroids.

More chemotherapy
If you’ve had hormone therapy on its own as a first treatment, you might be offered a chemotherapy drug called docetaxel (Taxotere®). If you’ve already had docetaxel, you might be offered more docetaxel or another chemotherapy drug called cabazitaxel (Jevtana®).

Radium-223
You might be offered a new treatment called radium-223 (Xofigo®). This is a type of internal radiotherapy called a radioisotope. It is injected
into a vein in your arm and collects in bones that have been damaged by prostate cancer. It kills the cancer cells in the bones, but doesn’t damage many surrounding healthy cells. It helps some men to live longer. It can also delay some symptoms, such as bone fractures, and can help to reduce bone pain.

Read more about these treatments, including the possible side effects, in our fact sheet, Treatment options after your first hormone therapy.

Clinical trials
There are clinical trials looking at new treatments for men with advanced prostate cancer that has stopped responding to their first treatment. You can ask your doctor or nurse if there are any clinical trials you could take part in, or speak to our Specialist Nurses. You can also find details of some clinical trials for prostate cancer at www.cancerresearchuk.org

Read more in our fact sheet, A guide to prostate cancer clinical trials.

Pain-relieving drugs
Treatments to control pain include mild pain-relieving drugs such as paracetamol and anti-inflammatory drugs such as ibuprofen. There are also stronger pain-relieving drugs you can take, so speak to your doctor or nurse if you have any pain.

Read more about ways to control pain in our fact sheet, Managing pain in advanced prostate cancer.

Radiotherapy
Radiotherapy can help control symptoms by slowing down the growth of the cancer. This is sometimes called palliative radiotherapy. There are two types of radiotherapy to reduce symptoms.

• External beam radiotherapy. This is where high-energy X-ray beams are directed at the area of pain from outside the body.

• Radioisotopes. A very small amount of a radioactive liquid is injected into a vein in your arm. Radioisotopes for advanced prostate cancer include radium-223 (Xofigo®) and strontium-89 (Metastron®).

Read more about radiotherapy to control symptoms in our fact sheet, Radiotherapy for advanced prostate cancer.

Bisphosphonates
These are drugs that can strengthen the bones and help prevent broken bones in men whose cancer has caused bone thinning. Bisphosphonates can also be used to treat pain caused by cancer that has spread to the bones. Read more about bisphosphonates in our fact sheet, Bisphosphonates for advanced prostate cancer.

There is more information about ways to manage symptoms and the support available in our booklet, Advanced prostate cancer: Managing symptoms and getting support. If you have any questions, speak to our Specialist Nurses.
Your multi-disciplinary team (MDT)
This is the team of health professionals involved in your care. It is likely to include:
- a specialist nurse
- a urologist (a surgeon who specialises in diseases of the urinary and reproductive systems, including prostate cancer)
- an oncologist (a doctor who specialises in cancer treatments other than surgery)
- a diagnostic radiographer (a person who takes X-rays and scans of the body)
- a therapeutic radiographer (a person who gives radiotherapy treatment)
- other health professionals, such as a dietitian or physiotherapist.

Your MDT will meet to discuss your diagnosis and treatment options. You might not meet them all straight away. Your main point of contact might be called your key worker. This is usually your specialist nurse, but might be someone else. The key worker will co-ordinate your care and help you get information and support.

You may also have close contact with your GP and the practice nurses at your GP surgery.

What is my outlook?
If you’re diagnosed with advanced prostate cancer, you may want to know how well your treatment is likely to control your cancer and for how long it will control it. This is sometimes called your outlook or prognosis. But not all men will want to know this.

While it isn’t possible to cure advanced prostate cancer, treatments can help keep it under control, often for several years. Treatments will also help manage any symptoms.

No one can tell you exactly what your outlook will be, as it will depend on many things such as where the cancer has spread to, how quickly it has spread, and how well you respond to treatment. Some men may not respond well to one treatment, but may respond better to another. And when your first treatment stops working, there are other treatments available to help keep the cancer under control for longer. Speak to your doctor about your own situation and any questions or concerns you have.

Dealing with prostate cancer
Some men say being diagnosed with advanced prostate cancer changes the way they think and feel about life. Hearing that your cancer cannot be cured can be very difficult. You might feel scared, worried, stressed, helpless or even angry. There’s no right way that you’re supposed to feel and everyone reacts in their own way.

Treatments for advanced prostate cancer can have side effects that can be difficult to deal with. There are usually ways to manage these.

There are things you can do to help yourself and people who can help. Families can also find this a difficult time and they may need support too. This section might also be helpful for them.

How can I help myself?
- **Look into your treatment options.** Ask your nurse or doctor about any side effects so you know what to expect and how to manage them.
- **Talk to someone.** It could be someone close, or someone trained to listen, like a counsellor or your medical team.
- **Set yourself some goals and things to look forward to,** even if they’re just for the next few weeks or months.
- **Look after yourself.** Learn some techniques to manage stress and to relax, like breathing exercises or listening to music.

Stay a healthy weight
Some men put on weight while they are on hormone therapy, particularly around the waist. Being very overweight might make hormone therapy less effective and make it harder to deal
with some of the side effects. If you’re on hormone therapy, you’re already at risk of bone thinning and broken bones, and being underweight or very overweight can increase this risk.

**Eat a healthy, balanced diet**
A healthy diet is important for general health. It can help you stay a healthy weight and can lower your risk of health problems such as heart disease, type-2 diabetes and some cancers.

If you’re on hormone therapy, you may need extra calcium or vitamin D to protect your bones. This is because hormone therapy can cause bone thinning, which may increase your risk of broken bones. Speak to your doctor or nurse about this.

Drinking lots of alcohol can increase your risk of broken bones, so try not to drink more than the recommended amount.

**Stop or reduce smoking**
Smoking increases the risk of health problems such as heart disease, stroke and some other cancers. It may also be harmful for men with prostate cancer. Smoking also increases your risk of bone thinning. If you’re having hormone therapy for your prostate cancer you’re already at risk of bone thinning, but stopping smoking will help reduce your overall risk.

**Be as active as you can**
Some research suggests that physical activity may help slow down the growth of prostate cancer, although other studies haven’t found this.

Regular physical activity can often help with some side effects of hormone therapy, such as weight gain, fatigue, sexual problems and feelings of anxiety and depression. Certain exercises might also help reduce muscle loss and reduce your risk of broken bones. Even if you can’t do a lot of physical activity, a small amount can still help. Take things at your own pace.

For more information, read our fact sheet, *Diet and physical activity for men with prostate cancer.*

**Who else can help?**

**Your medical team**
It could be useful to speak to your nurse, doctor, GP or someone else in your medical team. They can explain your diagnosis, treatment and side effects, listen to your concerns, and put you in touch with others who can help.

**Trained counsellors**
Many hospitals have counsellors or psychologists who specialise in helping people with cancer – ask your doctor or nurse to refer you.

**Hospices**
Your local hospice or community palliative care team can provide a range of services, including emotional, spiritual, practical and financial advice and support, as well as treatment to manage symptoms such as pain.

**Local support groups**
At local support groups, men get together to share their experiences of living with prostate cancer. Some groups have been set up by local health professionals, others by men themselves.

**Spiritual support**
You might think more about spiritual beliefs as a result of having prostate cancer. If you need spiritual support, speak to your friends, family, religious leader or faith community.

**Prostate Cancer UK services**
We have a range of services to help you deal with problems caused by prostate cancer or its treatments:

- our Specialist Nurses who can answer any of your questions in confidence
- our one-to-one support service, where you can speak to someone who’s been there
- our online community, a free forum to talk about what’s on your mind
- our fatigue support telephone service delivered by our Specialist Nurses to help with extreme tiredness.

To find out more about any of the above, visit [prostatecanceruk.org/get-support](http://prostatecanceruk.org/get-support) or call our Specialist Nurses on 0800 074 8383.
Questions to ask your doctor or nurse

You may find it helpful to keep a note of any questions you have to take to your next appointment.

What type of hormone therapy are you offering me and why?

Are there other treatments I can have?

What are the advantages and disadvantages of my treatment?

What treatments and support are available to help manage side effects?

Are there any lifestyle changes I can make to help me manage my cancer, symptoms, or side effects?

How often will I have check-ups and what will this involve?

How will we know if my cancer starts to grow again?

What other treatments are available if that happens?

Can I join any clinical trials?

If I have any questions or get any new symptoms, who should I contact?
More information

**British Association for Counselling & Psychotherapy**
www.bacp.co.uk
Telephone: 01455 883 300
Information about counselling and details of therapists in your area.

**Cancer Research UK**
www.cancerresearchuk.org
Telephone: 0808 800 4040
Patient information from Cancer Research UK, including a database of some clinical trials and advice on finding a trial.

**Healthtalk.org**
www.healthtalk.org
Watch, listen to and read personal experiences of men with prostate cancer and other health problems.

**Hospice UK**
www.hospiceuk.org
Telephone: 020 7520 8200
Information about hospice care, including a database of hospice and palliative care providers.

**Macmillan Cancer Support**
www.macmillan.org.uk
Telephone: 0808 808 0000
Practical, financial and emotional support for people with cancer, their family and friends.

**Maggie’s Centres**
www.maggiescentres.org
Telephone: 0300 123 1801
Drop-in centres for cancer information and support. Includes an online support group.

**Marie Curie**
www.mariecurie.org.uk
Telephone: 0800 090 2309
Runs hospices throughout the UK and a free nursing service for people in their own home.

**Penny Brohn UK**
www.pennybrohn.org.uk
Telephone: 0303 3000 118
Runs courses and offers physical, emotional and spiritual support for people with cancer and those close to them.

**Royal College of Radiologists**
www.rcr.ac.uk/what-expect-when
Interactive information on cancer treatment and scans. Includes descriptions from staff and patients.
About us

Prostate Cancer UK has a simple ambition: to stop men dying from prostate cancer – by driving improvements in prevention, diagnosis, treatment and support.

This fact sheet is part of the Tool Kit. You can order more Tool Kit fact sheets, including an A to Z of medical words, which explains some of the words and phrases used in this fact sheet.

Download and order our fact sheets and booklets from our website at prostatecanceruk.org/publications or call us on 0800 074 8383.

At Prostate Cancer UK, we take great care to provide up-to-date, unbiased and accurate facts about prostate cancer. We hope these will add to the medical advice you have had and help you to make decisions. Our services are not intended to replace advice from your doctor.

References to sources of information used in the production of this fact sheet are available at prostatecanceruk.org

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- Our Specialist Nurses
- Our Volunteers.

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• £10 could buy a Tool Kit – a set of fact sheets, tailored to the needs of each man with vital information on diagnosis, treatment and lifestyle.

• £25 could give a man diagnosed with a prostate problem unlimited time to talk over treatment options with one of our Specialist Nurses.

To make a donation of any amount, please call us on 0800 082 1616, visit prostatecanceruk.org/donate or text PROSTATE to 70004†. There are many other ways to support us. For more details please visit prostatecanceruk.org/get-involved

† You can donate up to £10 via SMS and we will receive 100% of your donation. Texts are charged at your standard rate. For full terms and conditions and more information, please visit prostatecanceruk.org/terms