

# Prostate Cancer

## From diagnosis to recovery



Marie Keating  
FOUNDATION

Making cancer less frightening by enlightening

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## About this booklet

We have developed this booklet because we recognise that prostate cancer is the second most common cancer in men (after skin cancer). More than 3,400 men are diagnosed with prostate cancer in Ireland every year.

This booklet focuses on your journey after you have been diagnosed with prostate cancer. It will give you advice and information if you are going through treatment and also when you are on the road to recovery. The first four chapters address issues before you start treatment.

Your experience will be unique to you, but the challenges you face may be similar to those faced by the thousands of prostate cancer patients and survivors living in Ireland today.

With thanks to plain English expert and journalist Sheila O’Kelly who wrote and designed this booklet.

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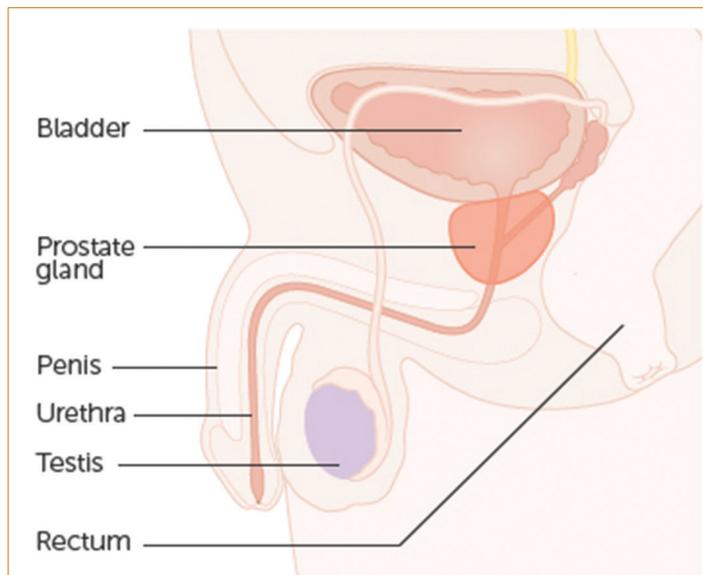
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## 1. What is the prostate gland?

**The prostate** is a gland found only in males. In younger men, it is about the size of a walnut, but it can become larger as men grow older. The prostate is found below the bladder.

**T**he prostate surrounds the first part of the tube (urethra), which allows the flow of urine from the bladder to the penis.



**The prostate gland and where it is in relation to the bladder, urethra, penis, testis and rectum**

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The same tube also allows the passage of semen. The prostate gland is divided into lobes, to the left and the right of a central groove. There is also a middle lobe.

See also: <https://www.mariekeating.ie/cancer-information/prostate-cancer/about-prostate-cancer/>

## What is the prostate gland?

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### What is the function of the prostate?

The role of the prostate is to make some of the fluid that protects and nourishes sperm cells in semen, making the semen more liquid. The growth of the prostate changes over time and can be the reason why some men present with urinary flow (waterworks) problems, this happens usually from age 50 years. It does not necessarily mean that you have prostate cancer but it is recommended that you get checked out by your GP. The prostate gland depends on the male sex hormone testosterone, which is produced in the testes, to keep it healthy.

### How does prostate cancer start?

Nine out of 10 men (90%) have adenocarcinoma of the prostate, this booklet focuses on this type of cancer.

Several types of cells are found in the prostate, but most prostate cancers start in the outer gland cells of the prostate and are known as 'adenocarcinomas'. The gland cells make the prostate fluid that is added to the semen.

Many of these cancers grow extremely slowly and are unlikely to spread. But some can grow more quickly and could be at risk of spreading. The older you are the more likely you are to get prostate cancer.

The prostate gland produces a protein called prostate specific antigen (PSA). A simple blood test can measure the level of PSA.

## 2. Symptoms of non-cancerous and cancerous prostate conditions

**As men** get older, usually over 50, their prostate gland often enlarges. This is not due to cancer. It is a condition called benign prostatic hyperplasia (BPH), however, an enlarged prostate may sometimes contain areas of cancer cells.

In its early stages, prostate cancer generally does not cause any symptoms. Many prostate cancers start in the outer part of the prostate gland, away from the urethra, the tube that allows the flow of urine out of the body. If a tumour is not large enough to put pressure on the urethra, you may not notice any effects from it.

The symptoms of an enlarged prostate are similar whether it is non-cancerous (benign) or cancerous (malignant). These symptoms include:

- having to rush to the toilet to pass urine
- passing urine more often than usual, especially at night
- difficulty passing urine, including straining to pass it or stopping and starting
- a sense of not being able to completely empty the bladder.

Very rarely you may get:

- pain when passing urine
- blood in the urine or semen.

## Symptoms of non-cancerous and cancerous prostate conditions

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These are more often a symptom of non-cancerous prostate conditions. If you are experiencing any of these symptoms, you should see your GP straight away so that he or she can examine you. It is most likely a benign (non-cancerous) condition, but your GP can ask for expert advice and further tests if necessary.

See also: <https://www.mariekeating.ie/cancer-information/prostate-cancer/prostate-cancer-symptoms/>

### Other symptoms of prostate cancer

Prostate cancer can grow slowly, especially in older men. Symptoms may be mild and occur over many years.

Rarely, the first symptoms are from prostate cancer that has already spread to your bones. Prostate cancer cells in the bone may cause pain in your back, hips, pelvis or other bony areas. Cancer that has spread to other areas of the body is called 'metastatic' or 'secondary' prostate cancer. This is a rare presentation these days.

Other symptoms that may occur are weight loss, particularly in elderly men, and difficulty getting an erection (where you haven't had difficulty before).

With both prostate cancers and non-cancerous enlargement of the prostate, the prostate gland presses on the urethra, the tube that allows the flow of urine out of the body. The pressure blocks the flow of urine and causes symptoms such as feeling the need to go urgently to the bathroom or having difficulty passing urine.

Most enlargements of the prostate are benign and can be easily treated.

### 3. Prostate cancer risks and causes

**In Ireland**, prostate cancer is the second most common cancer in men, after skin cancer. More than 3,400 men are diagnosed with prostate cancer in Ireland every year.

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**T**he number of men getting prostate cancer in Ireland is rising – between 1995 and 2007 the number of new cases has more than doubled. In 2009, the HSE set up a rapid access prostate clinic in the eight centres all over Ireland. This has also contributed to awareness and an increase in the number of men being diagnosed with prostate cancer. Although there are many men with this disease, most men do not die from it.

#### What causes prostate cancer?

It is not known exactly what causes prostate cancer. However, research shows that some factors may increase your risk, though scientists are still working to find out why there is a link between these factors and prostate cancer risk.

#### Age

Age is the most significant risk factor for prostate cancer. A risk factor is anything that can increase your chance of developing cancer. Your risk increases as you get older. Prostate cancer is quite rare in men under 50. Only one out of every 100 (1%) of cases diagnosed in Ire-

## Prostate cancer risks and causes

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land are diagnosed in men under 50. In old age, up to eight out of 10 men (80%) have prostate cancer cells in the prostate, but in some men they don't cause any problems.

In Ireland, about one in eight men will get prostate cancer at some point in their lives. However, it is important to note that most cases of prostate cancer are in older men.

### A family history of cancer

Prostate cancer seems to run in some families. Generally speaking, if you have a father or brother diagnosed with prostate cancer you are two to three times more likely to get prostate cancer yourself, compared to the average man. If a relative has had prostate cancer at 50 or younger you will need to consider getting a PSA blood test at 45 years of age.

### Genes

Sometimes in prostate cancer there may be an inherited or genetic factor. It could be a sign that you have an inherited faulty gene in the family if you have:

- a relative who was young when they were diagnosed with prostate cancer, or
- several relatives with prostate cancer

Your risk of prostate cancer is also increased if your mother has had breast cancer. This is mainly caused by an inherited faulty gene called BRCA2. Men who have a fault (mutation) in the BRCA2 gene can have a risk of prostate cancer that is five times higher than men in the general population. The risk can be seven times higher in men under age 65.

## Lynch syndrome

Researchers have found that men with Lynch syndrome may have a higher risk of prostate cancer than men in the general population.

It is important to remember that statistics are always a generalisation.

## Ethnicity

Prostate cancer is more common in black Caribbean and black African men than in white or Asian men. Asian men have a lower risk than white men.

This difference seems to be due to a mixture of inherited genes and environmental factors. When men move from a country where the prostate cancer risk is low to a country where it is higher, their risk increases over decades. For example, South Asian men living in Ireland have a higher risk of prostate cancer than men living in South Asia.

## A previous cancer

Men who have had certain cancers in the past, may have a slightly increased risk of getting prostate cancer. Studies have shown an increase in risk for men who have had kidney cancer, bladder cancer, lung cancer, thyroid cancer and melanoma skin cancer.

## Diet

The exact role of diet in the development of prostate cancer is not clear.

## Prostate cancer risks and causes

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### Hormones

Hormone levels may or may not play a part in the risk of developing prostate cancer. The prostate gland is a sex organ. It produces a liquid that is mixed with sperm to make semen.

Testosterone is a sex hormone produced by the testicle and the prostate gland needs testosterone to work.

It was thought in the past that having higher levels of testosterone in the blood may increase the risk of prostate cancer. But, in 2008 an analysis of 18 separate studies found no link between levels of sex hormones and prostate cancer risk.

### Vasectomy

A large 2014 American study showed a small increased risk of prostate cancer in men who have had a vasectomy. Two other large studies in 1993 also found a small increase in risk but other studies have not shown an increased risk.

It seems likely that vasectomy does increase the risk of prostate cancer, but the increase in risk is very small.

## 4. Tests for prostate cancer

**Men should** ideally get an appointment within two weeks (an urgent referral) if they have certain symptoms.

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These symptoms are:

- abnormalities in your prostate that your GP can feel during a digital rectal examination (DRE)
- a PSA test that is considered high for your age
- a borderline PSA test, followed by a repeat test six weeks later that shows the level is rising
- a raised PSA reading, together with other symptoms that may be linked to prostate cancer.

The symptoms that the guidelines suggest GPs should also consider are:

- unexplained weight loss (especially if you are elderly)
- low back pain or other bone pain
- blood in the urine
- problems getting an erection (when you have not had problems before).

Your GP should offer to do a rectal examination and a PSA test if you have these symptoms.

### Digital rectal examination

This is where a doctor examines your prostate by putting a gloved finger into your back passage to feel your prostate gland and check its size and shape. They will check if your prostate has enlarged or has abnormal tissue, such as hard lumpy areas.

### PSA blood test

PSA is a protein produced by both normal and cancerous prostate cells. It is normal for all men to have some PSA in their blood. A high level of PSA can be a sign of cancer. But your PSA level can also be raised in prostate conditions that are not cancer (are benign) or infection.

A PSA test on its own doesn't normally diagnose prostate cancer. It is not a screening test. Men over 50 can ask their doctor for a prostate specific antigen (PSA) blood test. There is evidence from the research that doing a PSA test doesn't save lives. Your GP will discuss the test with you.

### Referral to a Urologist

Your GP will refer you to a Urologist if you have some or all of the symptoms previously. As mentioned you should receive an appointment within two to four weeks depending on your PSA level and digital rectal examination findings. Further tests such as transrectal ultrasound and biopsy may be organised for you.

## Transrectal ultrasound (TRUS)

You may have a rectal ultrasound scan to examine the prostate gland further. It is called a trans rectal ultrasound (TRUS). You will need to make sure you have had a bowel movement beforehand so that your rectum is empty when you go for your appointment. You will receive a letter and be given instructions on how to prepare for your ultrasound.

The urologist puts a small ultrasound device about the width of a finger into your back passage. It produces sound waves to create a clear picture of the prostate gland. This test is uncomfortable, but shouldn't hurt. It does not take long, usually less than 10 minutes.

## Needle biopsy

If the urologist finds a lump or hardening of your prostate during your rectal examination or ultrasound, they will take a sample of cells (a biopsy) to examine under a microscope. The biopsy is most often done through your back passage (rectum) using the transrectal ultrasound scanner and biopsy needle. This is called a TRUS biopsy. It takes about 10 minutes and is usually done in the outpatient rooms.

You can also have a biopsy taken through the skin behind your testicles (the perineum). This is not usual but can be offered in some cases, or you may have it while you are having a cystoscopy (a look into the bladder) examination. This is usually a test carried out with light sedation so you are more relaxed.

### **MRI – Magnetic Resonance Imaging**

If your prostate biopsy does not find cancer cells but you have a high PSA level, it may mean that the biopsy missed the cancer cells. Your doctor may suggest that you wait a few months and then have an MRI scan. In some cases the MRI scan can be offered even before the TRUS biopsy.

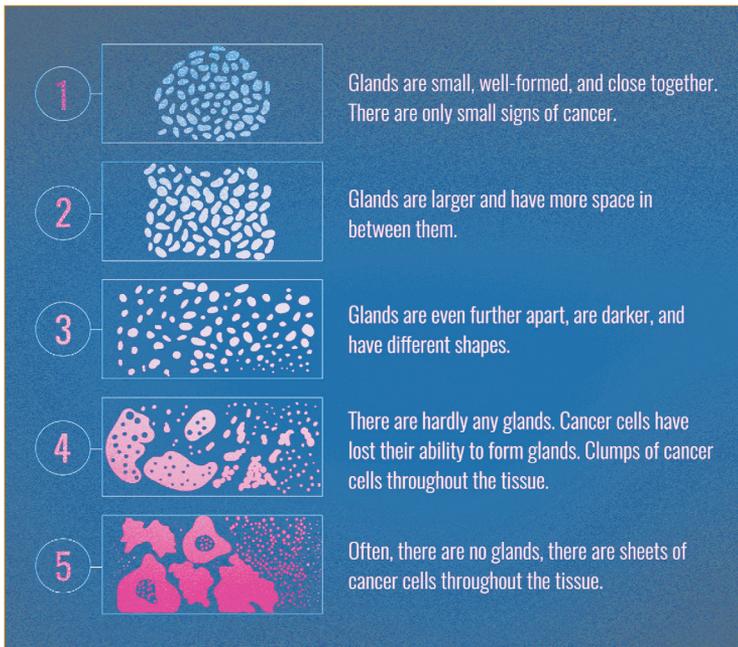
An MRI scan uses magnetism to build up a picture of the inside of the body. It can show up abnormal areas in the prostate gland.

## Diagnosing grade and stage of prostate cancer

### Diagnosing your cells

After your biopsy a doctor (pathologist) will look at your samples under a microscope. They will 'grade' any cancer cells using what is called the 'Gleason score'. The Gleason score grades your cells into five categories:

- nearly normal cells
- some abnormal cells, loosely packed
- many abnormal cells
- very few normal cells left
- completely abnormal cells (no normal cells left).



### The Gleason scoring system

### TNM staging system

Your doctor will then decide what 'stage' your cancer is at using the 'TNM' staging system. TNM stands for:

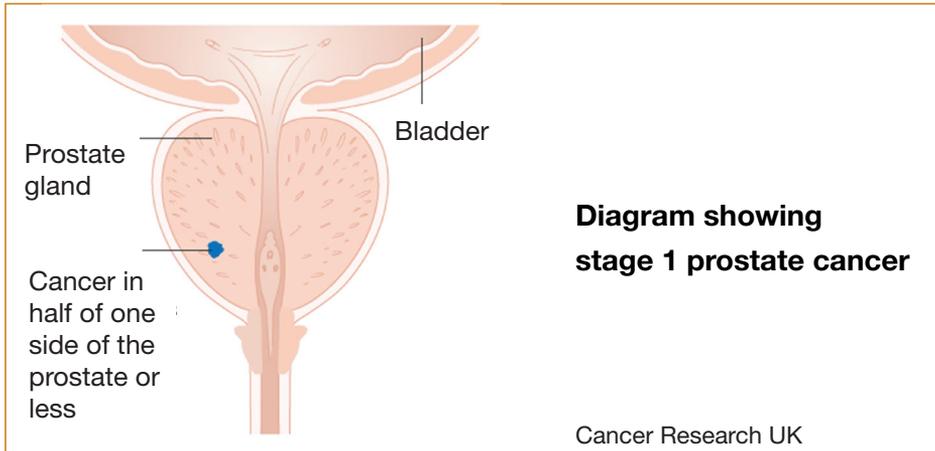
- **T**umour
- **N**ode
- **M**etastases.

The TNM staging system describes:

- the size of a primary tumour (**T**)
- if any lymph nodes contain cancer cells (**N**)
- if the cancer has spread to another part of the body (there is metastasis) – (**M**).

## Stage 1: cancer is present

Stage 1 means the cancer is in only half of one side of the prostate, or less. It is completely contained within the prostate gland.



In the TNM staging system stage 1 prostate cancer is the same as one of the following.

### T1, N0, M0:

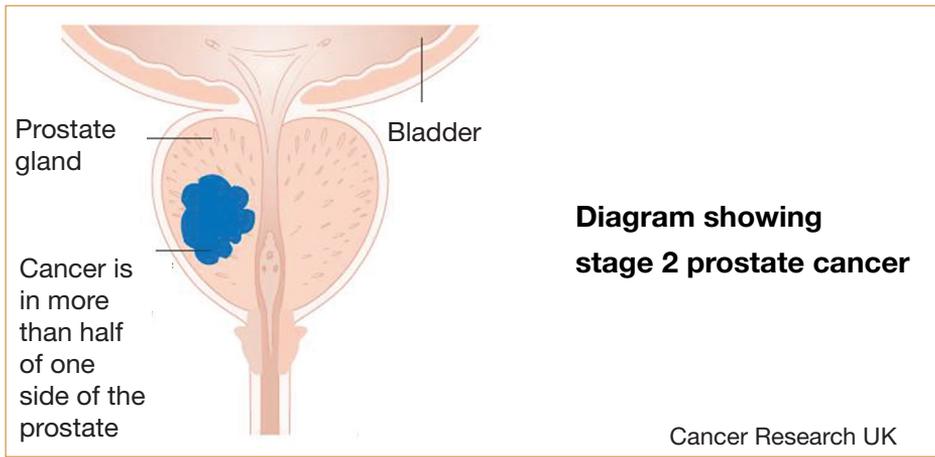
- there is a tumour (**T1**), but
- there are no cancer cells in the lymph nodes (**N0**), and
- the cancer has not spread to any other part of the body (**M0** – metastasised).

### T2a, N0, M0:

- there is a larger tumour (**T2a**)
- there are no cancer cells in the lymph nodes (**N0**)
- the cancer has not spread to any other part of the body (**M0**). X

### Stage 2: tumour can be felt, but is confined to prostate

Stage 2 means the cancer is in more than half of one side of the prostate. But it is still completely contained within the prostate gland.



In the TNM staging system stage 2 prostate cancer is the same as one of the following.

#### **T2b, N0, M0:**

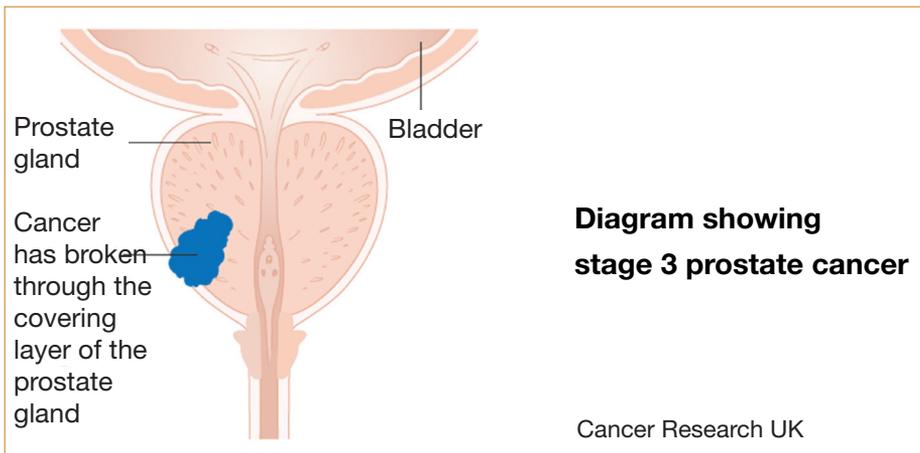
- there is a larger tumour than in Stage 1 (**T2b**)
- there are no cancer cells in the lymph nodes (**N0**)
- the cancer has not spread to any other part of the body (**M0**).

#### **T2c, N0, M0:**

- there is a larger tumour than in Stage 1 (T2c)
- there are no cancer cells in the lymph nodes (**N0**)
- the cancer has not spread to any other part of the body (**M0**).

### Stage 3: tumour spread within prostate and local organs

Stage 3 means the cancer has broken through the capsule (covering) of the prostate gland. It may have spread into tubes that carry semen (seminal vesicles).



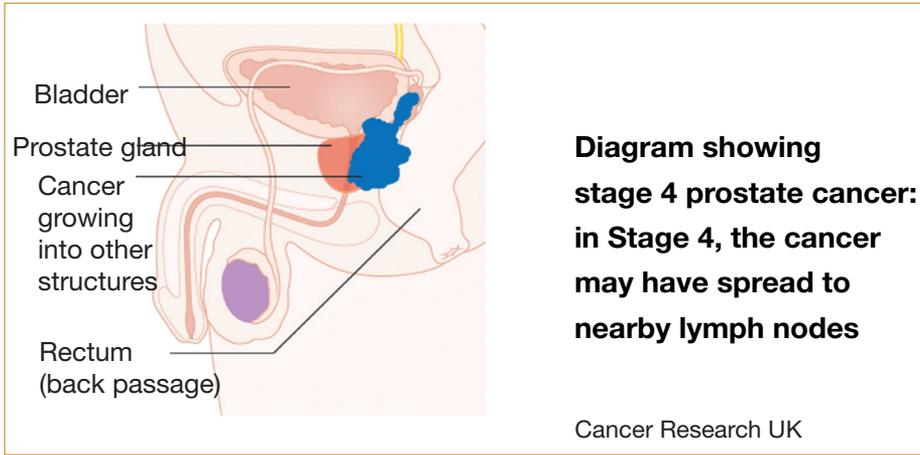
In the TNM staging system stage 3 prostate cancer is the same as this.

#### **T3, N0, M0:**

- there is a larger tumour than in Stage 1 or Stage 2 **(T3)**
- there are no cancer cells in the lymph nodes **(N0)**
- the cancer has not spread to any other part of the body **(M0)**.

### Stage 4: cancer has spread further

Stage 4 can mean different things, including that the cancer has spread into nearby body organs, such as the back passage or bladder.

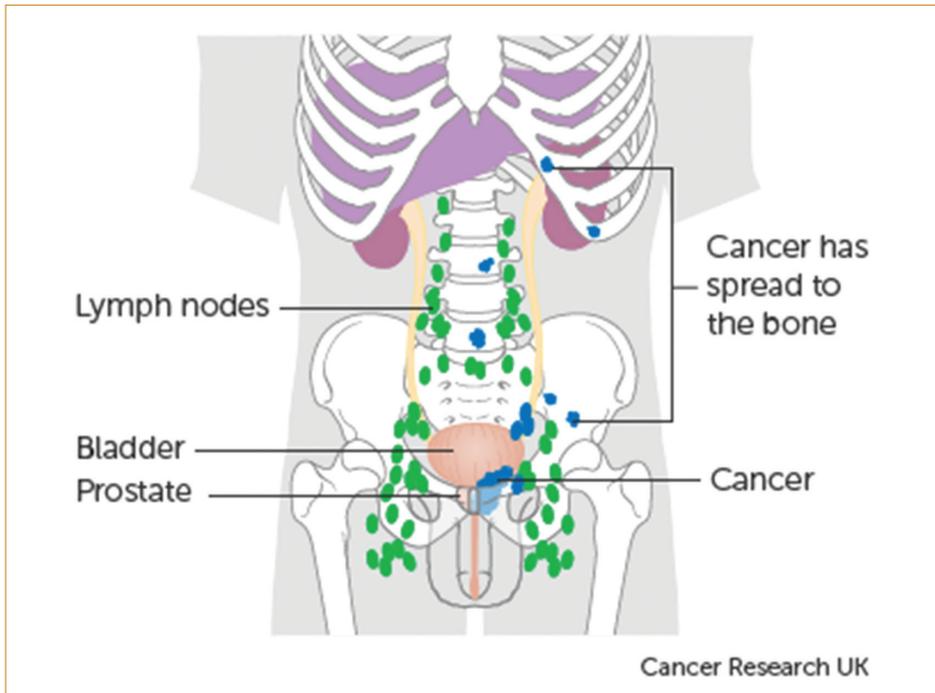


In Stage 4, the cancer may have spread to other parts of the body outside the pelvis, like the lungs or liver.

In the TNM staging system Stage 4 prostate cancer may be described as shown in the next three examples.

#### **T4, N0, M0:**

- there is a T4 tumour **(T4)**
- there are no cancer cells in the lymph nodes **(N0)**
- the cancer has not spread to any other part of the body **(M0)**.



**Diagram showing metastasis of prostate cancer**

**Any T, N1, M0:**

- there is any size of tumour (**Any T**)
- there are cancer cells in the lymph nodes (**N1**)
- the cancer has not spread to any other part of the body (**M0**).

**Any T, any N, M1.**

- there is any size of tumour (**Any T**)
- there are cancer cells in the lymph nodes (**N**)
- the cancer has spread to another part of the body (**M1**).
- the cancer has spread to the skeleton (bone) (**M1b**).

### Other tests for prostate cancer

#### Bone scan

If prostate cancer has spread, the most common place for it to go to is your bones. Because of this, your doctor may ask you to have a bone scan. However, you may not need a bone scan if your PSA reading is low and your prostate cancer cells look very like normal prostate cells. In this situation the prostate cancer is very unlikely to have spread to the bone.

A bone scan shows up changes or abnormalities in the bones. Doctors usually scan your whole body to find out if cancer has spread into the bone. A bone scan is also called a:

- radionucleotide scan,
- scintigram, or
- nuclear medicine test.

You will receive a radioactive injection into your veins an hour before the bone scan. You are then scanned by a large camera (called a gamma camera) that picks up radioactivity in the bone where cancer deposits have settled. This will show if you have metastatic bone cancer.



**A bone scanner**

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Many prostate cancers stay within the prostate for years. But if they do spread then bones are a common place for it to spread. It doesn't always cause symptoms.

## X-rays

You may have a chest X-ray to check your general health, especially if you are going to have surgery. You may have X-rays of any hot spots that have shown up on your bone scan. This is to try to see if the hot spots have been caused by:

- cancer,
- arthritis,
- old fractures, or
- other bone conditions.

## MRI scans and CT scans

MRI scans can produce a very clear picture of the prostate and show whether or not the cancer has spread into the area surrounding the prostate or nearby lymph nodes, or both. This information can be very important for your doctors in planning your treatment. But like CT scans, if your cancer is newly diagnosed and likely to be confined to the prostate, your doctor may decide that you do not need an MRI scan.

To improve the accuracy of the MRI, you might have a probe, called an endorectal coil, placed inside your rectum for the scan. This must stay in place for 30 to 45 minutes and can be uncomfortable. These are not available everywhere in Ireland as yet. If needed, your doctor may give you a sedative to make you feel sleepy, before the scan.

## Tests for prostate cancer

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MRI scans and CT scans can show if the cancer has spread to the area around the prostate gland or to nearby lymph nodes. You will need these tests if you are going to have surgery to remove the prostate or radiotherapy to try to cure your prostate cancer. CT scans are used to plan radiotherapy also.

### Abdominal ultrasound

An abdominal ultrasound uses sound waves to build up a picture of the inside of the body. It is completely painless. You may have a scan of your tummy (abdomen) to look at your kidneys and see how well your bladder is emptying.

### Waiting for results

You will be asked to go back to the hospital when your test results have come through, which can take some time, and may be up to two weeks or more. You may feel very anxious during this time.

It may help to talk to a close friend or relative about how you feel. Or you may want to contact a cancer support group to talk to someone who has been through a similar experience.

Your GP may also be able to put you in touch with a local counsellor. You may have been provided with contact details for a specialist nurse and you can contact them for information if you need to.

You can also contact the Marie Keating Foundation nurses.

## 5. Treatment and side effects

**Treatments for** prostate cancer can cause long-term side effects, so doctors try to avoid giving certain treatments if they can safely do so.

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**D**octors will still continue to monitor you regularly. If the cancer starts to develop they will offer you surgery to remove the prostate gland or radiotherapy to the prostate. You may have hormone therapy as well as radiotherapy.

### Discuss your treatment in detail

It is vital that you discuss any treatment plan and their side effects in detail with your doctor so you can make an informed decision. Your risk group helps your doctor decide which treatment you need. Treatment also depends on:

- your age and general health
- how you feel about the treatments and side effects
- your type of cancer (the type of cells – low, medium or high risk cells).

The following also need to be considered when making treatment decisions:

- stage of cancer
- PSA level
- size of prostate
- general health and urinary symptoms.

### If you don't have treatment straight away

If your healthcare team think your cancer is unlikely to grow or develop for many years, they will monitor it closely. This is called active surveillance and is done if you have either:

- low-risk localised prostate cancer – and surgery or radiotherapy would be suitable treatments for you in the future, or
- intermediate risk localised prostate cancer – and you don't want treatment straight away.

### Treatment options

Treatment options might include:

- surgery to remove the prostate (open, keyhole or robotic)
- external radiotherapy, with or without hormone therapy
- internal radiotherapy (inserting radioactive seeds into the prostate 'brachytherapy'), with or without hormone therapy
- internal radiotherapy and external radiotherapy
- cryotherapy (using local or general low temperatures in medical therapy), as part of a clinical trial
- high frequency ultrasound therapy (HIFU), as part of a clinical trial.

Radiotherapy and surgery work equally well at curing prostate cancer but they have different side effects. Your doctor can explain these to you.

## Surgery to remove prostate – radical prostatectomy

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The aim of this operation is to potentially cure your prostate cancer. You may have it if:

- your cancer has not spread outside the prostate gland
- you are younger and have a fast growing tumour (high grade tumour)
- as part of planned treatment for locally advanced or high grade prostate cancer.

Radical prostatectomy is major surgery with many possible side effects. If you are an older man with a slowly growing prostate cancer, this type of surgery may not be necessary for you. This is because your cancer may grow so slowly that you are more likely to die of old age or other causes than from the prostate cancer itself.

### The operation

The surgeon removes the prostate gland, surrounding tissues, lymph nodes and the tubes that carry semen (seminal vesicles). This is called a radical prostatectomy.

### Side effects of prostate removal

The major possible side effects of radical prostatectomy are:

- urinary incontinence – being unable to control the flow of your urine
- erectile dysfunction – impotence, problems getting or keeping erections.
- dry ejaculation and infertility.

These are serious side-effects so you need to be very clear that this is the course of treatment you are prepared to pursue. You should discuss all the possibilities in detail with your medical team and nurse specialists.

### External Beam Radiotherapy

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External beam radiotherapy for prostate cancer uses high-energy beams, such as X-rays or protons, to kill cancer cells. During external beam radiotherapy for prostate cancer, the high-energy beams are generated by a machine called a 'linear accelerator' that aims the beams at your prostate gland. During the planning phase you will have tiny tattoos on your body around the prostate area and the machine will direct the beams to these tattoos every time.

External beam radiotherapy for prostate cancer kills cancer cells by destroying the genetic material that controls how cells grow and divide. Healthy cells in the beam's path are also affected by external beam radiotherapy, resulting in side effects.

The goal of external beam radiotherapy for prostate cancer is to destroy the cancerous cells while sparing as much of the normal surrounding tissue as possible.

External beam radiotherapy for prostate cancer is one of the standard treatment options to treat prostate cancer. It may also be used for men who have prostate cancer that can come back after surgery.

### Side effects of external beam radiotherapy

The type and severity of side effects you have with external beam radiotherapy for prostate cancer may depend on the dose and the amount of healthy tissue that's exposed to the radiation.

Most side effects are temporary, can be controlled and generally improve over time once treatment has ended. Potential side effects of external beam radiotherapy for prostate cancer may include:

- frequent urination
- difficult or painful urination
- blood in the urine
- urinary leakage
- abdominal cramping
- diarrhoea
- painful bowel movements
- rectal bleeding
- fatigue
- sexual dysfunction, including reduced erectile function or decrease in the volume of semen
- skin reactions (similar to a sunburn)
- secondary cancers in the region of the radiotherapy.

### Brachytherapy

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Brachytherapy is also known as ‘seed implantation radiotherapy’. It is when your doctor puts very small radioactive metal seeds into your prostate gland. The seeds slowly release a low level of radiation into the area of the prostate over six to 12 months. This treatment is also called ‘permanent brachytherapy’ or ‘low-dose rate radiotherapy’.

Brachytherapy is pronounced brack-ee-therapy.

### When you have seed implant radiotherapy

Radiotherapy seeds are a treatment for early stage prostate cancer. The cancer must be contained completely within the prostate.

If your prostate gland is large you might need hormone therapy for three months before the radiotherapy treatment. The hormone therapy shrinks the prostate and makes it easier to put the seeds into the right place.

You might need to have external beam radiotherapy as well as the seed implantation if your prostate cancer is a high grade type.

### How well it works

Seed implantation radiotherapy can get rid of the cancer completely in more than six out of 10 men (more than 60%) with early prostate cancer.

## Side effects of brachytherapy

### **Pain and swelling**

You have some swelling and bruising between your legs where the needles were put in. Your nurse will give you painkillers. Warm baths can also help.

### **Urine problems**

You might have a burning feeling when you pass urine and may see traces of blood for the first few days. You might also need to pass urine more often than usual. Drinking a small glass of water every hour can help to flush out the bladder. It also reduces the chance of blood clots.

Avoid or cut down on drinks that might irritate the bladder such as fizzy drinks and alcohol. Also limit caffeinated drinks like tea, coffee and cola.

### **Tiredness**

You might feel tired for the first few days to weeks after treatment as you recover from the anaesthetic. Rest when you need to.

### **Blood in semen**

You might notice blood in your semen for a few weeks after the treatment. Ejaculation can also be painful at first but tends to settle in time. After a while you may notice that you have very little or no semen due to the radiotherapy.

### **Bowel changes**

You may have constipation, loose stool or diarrhoea for a few weeks due to inflammation of the bowel. Tell your doctor or nurse if you do. They can give you medicines to help.

### **Very rare side effects**

Seed implantation brachytherapy is generally a very safe procedure, but a very few people have:

- bladder damage
- bowel damage
- injury to the muscle that controls bowel motions
- an opening that forms between the urethra and bowel called a fistula.

**These are very unlikely to happen to you.**

### **Hormone therapy for prostate cancer**

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Hormones occur naturally in your body. They control the growth and activity of normal cells. Testosterone is a male hormone mainly made by the testis.

Prostate cancer depends on testosterone to grow. Hormone therapy blocks or lowers the amount of testosterone in the body, but is the main treatment for high-risk prostate cancer. It can lower the risk of an early prostate cancer coming back when you have it with radiotherapy. Or it can shrink an advanced prostate cancer or slow its growth.

## Hormone therapy with radiotherapy

You have hormone therapy with radiotherapy if:

- your cancer hasn't spread but is at a high risk of coming back, for example, the cancer has grown through the covering (capsule) of your prostate (Stage 3)
- you have a very high prostatic specific antigen (PSA) level
- you have a high Gleason score.

You might have hormone therapy before, during and after radiotherapy. Doctors usually recommend that you have the treatment for three months to three years. The length of time depends on the risk of your cancer coming back and how many side effects you experience.

## Side effects of hormone therapy with radiotherapy

The side effects of hormone therapy are due to the low levels of testosterone in your body. Some side effects are caused by all hormone therapies for prostate cancer. Some effects vary from drug to drug. The main side effects are:

- erectile problems (impotence)
- loss of libido (loss of desire)
- hot flushes and sweating
- feeling tired and weak
- breast tenderness
- tumour flare (this is a temporary side effect like bone pain).

Side effects of long-term treatment are:

- weight gain
- memory problems
- mood swings and depression
- bone thinning (osteoporosis)
- risk of early heart failure.

## Chemotherapy and its side effects

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Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. The drugs circulate throughout the body in the bloodstream.

Chemotherapy for advanced prostate cancer can relieve symptoms. It can also control the cancer and improve your quality of life for a time.

### Types of chemotherapy

The common types of chemotherapy for advanced prostate cancer are docetaxel (Taxotere); cabazitaxel (Jevtana); and mitoxantrone (Novantrone).

### Side effects

Common chemotherapy side effects include:

- feeling sick
- losing weight
- a lower resistance to infections
- diarrhoea or constipation
- loss of appetite
- feeling very tired
- bleeding and bruising easily
- hair loss.

## 6. Coping with your diagnosis

**It can** be very difficult coping with a diagnosis of prostate cancer, both practically and emotionally.

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**A**t first, you are likely to feel very upset, frightened and confused. You may feel that things are out of your control.

It is very important to get the right information about your type of cancer and how it is best treated. People who are well informed about their illness and treatment are better able to make decisions and cope with what happens.

Treatment for prostate cancer can be hard. You may have side effects that generally improve over the weeks and months after treatment, but for some these may be long lasting and have a profound effect on your quality of life.

### Coping practically with prostate cancer

As well as coping with the fear and anxiety that a diagnosis of prostate cancer brings, you may also have to work out how to manage practically. There may be money matters to sort out. You may need information about financial support, like:

- benefits
- sick pay
- grants.

See [‘Coping with financial implications, page 111.](#)

### Ask for help

Just try to remember that you don't have to sort everything out at once. It may take some time to deal with each issue. Do ask for help if you need it. Your doctor or specialist nurse will know who you can contact for help. They can put you in touch with people specially trained in supporting those with cancer. These people are there to help so do use them if you feel you need to.

### Staff can support you

You may need access to support staff, like a specialist nurse or dietitian. Social workers can help you with information about your entitlement to sick pay and benefits. If you live alone, a social worker may be able to help by organising convalescence when you first come out of hospital.

## Feelings many men have

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### Common thoughts and feelings

Men respond in all kinds of ways to being diagnosed and living with prostate cancer. You may feel a wide range of emotions and they might change very quickly.

### Shock, fear or anger

You could feel any or all of these things when you're told you have prostate cancer.

## **Denial**

If you feel well, you may find it difficult to accept that you have prostate cancer.

## **Frustration and disappointment**

The way you think about yourself, your life and your plans might have changed.

## **Stress**

It can be difficult to decide what treatment to have and you might feel stressed.

## **Worries about side effects**

If you have side effects like erectile dysfunction, urinary and bowel problems, then coping with these could also make you feel down or worried. Problems with sexual function may be a common complaint in men over 40 years of age, and increase as you get older. It is also common for sexual issues to develop during and after cancer treatment. Urinary incontinence can also be a problem after surgery. Make sure you talk to your urologist and nurse specialist about these issues, they will be able to help you.

## **Sense of loss**

Hormone therapy can cause physical changes to your body, such as causing you to put on weight, reducing your physical strength, or changing your sex life. This might make you feel very different about your body and cause a sense of loss.

### **Changing identity**

Sometimes men say they feel less of a man because of their diagnosis and treatment. Some men feel that their role in the family has changed – for example, because they've had to stop working.

### **Mood swings**

Hormone therapy can make you feel emotional and down. It can also cause mood swings, such as getting tearful and then angry.

### **Anxiety**

Some men worry about getting their prostate specific antigen (PSA) test results. The PSA test is used to monitor your cancer if you're not having treatment straight away or to check how successful treatment has been. Even after treatment has finished some men feel anxious and find it hard to move on and think about the future.

### **Feeling alone**

You might feel isolated, especially if your treatment has finished and you're no longer seeing your doctor or nurse.

All these are very normal ways to feel. These feelings may stay with you, but some men find they gradually change with time.

## 7. Physical effects and sexuality

**Treatment for** prostate cancer can have a significant effect on quality of life.

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### Radical prostatectomy

Radical prostatectomy – removing the prostate is sometimes the most appropriate treatment for prostate cancer

Prostate cancer surgery may damage nerves, blood vessels and muscles. This can damage a man's ability to get or keep a good erection.

Urinary control (continence) can also be affected.

The removal of the seminal vesicles and the prostate means there is no semen at orgasm (climax). This can cause what is known as a 'dry orgasm' and dry ejaculate.

Some men find their penis is slightly shorter and sometimes men can develop a bend in their erect penis after their surgery.

### Brachytherapy – a type of radiotherapy

Brachytherapy involves placing tiny radioactive metal type 'seeds' into your prostate under a general anaesthetic. This procedure is called an 'implant'. The seeds will stay in your prostate and give out radiation to treat your cancer for about one year.

## Physical effects and sexuality

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It is safe to have sex and sleep in the same bed as your partner after treatment. For a few months, when having sex you should wear a condom. You may find it difficult to get an erection. You may also notice a change in your semen. You may have less semen; or you may notice some blood in your semen after sex.

Brachytherapy may cause temporary urinary symptoms or inflammation of the back passage.

### External beam radiotherapy

After external beam radiotherapy, you may have problems getting or maintaining an erection as radiotherapy may damage nerves and blood vessels needed for an erection. You may also notice a change in your semen. You may have less semen or you may notice some blood in your semen after sex.

Erectile dysfunction may develop gradually for up to two years after radiotherapy.

### Hormone therapies

Hormone therapy includes:

- Hormone therapy, also known as Androgen Deprivation Therapy (ADT)
- Bilateral orchidectomy (removal of both testicles).

Both of these treatments have the same effect, reducing testosterone levels to unrecordable levels.

Testosterone is the main male hormone, and may fuel prostate cancer cell growth.

Hormone therapy (ADT) or bilateral orchidectomy (removal of both testicles) reduces testosterone level. Locally advanced prostate cancer and metastatic prostate cancer cells respond to this treatment.

- You may have less or no sexual desire.
- You may find it difficult getting or maintaining an erection.
- Your penis may look smaller.
- You testicles may reduce in size.

### **What sexual problems may I experience?**

Cancer and its treatment may change you and your sexual response. Hormone levels or the nerves and blood vessels supplying the genital area may have been affected, causing physical problems such as erectile dysfunction.

### **What is erectile dysfunction?**

When you have trouble getting or keeping an erection firm enough for sexual activity, this condition is called erectile dysfunction.

### Treatments that can help you have an erection

#### Oral drugs or tablets

Drugs that come in a pill form and are used to treat erectile dysfunction include:

- sildenafil (Viagra)
- vardenafil (Levitra)
- tadalafil (Cialis)
- avanafil (Stendra).

These drugs are available on prescription only. With medicines the name of the brand starts with a capital letter, but the name of the ingredient does not. It is important to know exactly how to take these tablets for them to be effective. For example Viagra should be taken on an empty stomach and no alcohol so that it is absorbed well.

#### Penile injections

Alprostadil (Caverject or Viridal Duo) can be injected into your penis to enable you to have an erection. You may be taught this procedure in your urology or radiotherapy oncology clinic. Often partners will learn how to give the injection as well.

#### Vacuum pump

It can take practice to learn how to use a vacuum pump and achieve a good erection. You may be taught this procedure in your urology or radiotherapy oncology clinic or you may be referred on for further education to another clinic.

Vacuum pumps are often used to start penile rehabilitation immediately after surgery – be sure and ask your urologist about this.

### **Penile pellets**

You can be taught how to use Alprostadil (MUSE) penile pellets in your urology or radiotherapy oncology clinic. Speak to your healthcare team.

### **Penile implants**

Speak to your surgeon to see if this procedure is suitable for you.

### **Penile urethral cream**

This is a relatively new treatment in Ireland and is called alprostadil (Vitaros). Speak to your healthcare team to find out more.

## **When treatment is finished**

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You may feel happy that you have successfully completed your cancer treatment, however, it is also normal to feel anxious. This new stage of living with or beyond cancer is an opportunity to increase your general health and wellbeing. If you feel your mood is low on an ongoing basis, please contact your GP.

### How do I talk to my partner about sexual problems?

Talking to each other is important for a healthy sex life in any relationship. In particular, sharing cancer-related concerns may help worries and boost emotional intimacy and trust. You may not even be aware that you are not taking an interest in sex or being as intimate as you were before. If you have a partner, this can be confusing for them and it may make them feel uncertain about how to react.

You may worry that others will avoid or reject you when they see how your body and your responses may have changed. You may not be able to imagine yourself in a sexual situation again. But you can help yourself by talking to your partner or healthcare team.

### How do we create physical and emotional intimacy?

Spend time talking and actively listening to help maintain emotional intimacy.

Even if you're in a long-term partnership, don't assume you know what your partner is thinking.

Ask your partner to talk to you about their feelings.

Pick a good time to talk – a time when you can give your full attention to your partner.

Offer comfort and reassurance through holding hands, hugging or massage.

## What can I do to help myself?

### **Foreplay**

Remember that sex is a journey which can begin with desire and arousal before there is any physical contact whatsoever. It progresses through sensual touching, kissing and onto sexual touching and foreplay.

### **Choose time of day**

Be intimate at the time of day best for you (for example, in the morning when you feel refreshed) and have shorter lovemaking sessions.

### **Try new things**

Try different ways of getting aroused: shower together, have a weekend away, whatever makes you feel relaxed and good about yourself

### **Masturbation may help**

If you feel comfortable with masturbation, this may give you the reassurance that you can still enjoy sex. Or you may want to stimulate your partner and help them reach orgasm, even if you don't want this yourself

### **Change position**

Change position during sex to work out which position is the most comfortable for you.

### **Ask about other treatments**

Ask your healthcare team about medications or treatments that may help with sexual dysfunction.

### **What can I do to help myself?**

Be physically active for at least 30 minutes a day. This can stimulate sexual desire by increasing energy and lifting your mood.

- Eat a healthy diet.
- Stop smoking.
- Reduce your alcohol consumption.

Talk to your partner about how you are feeling as this can help. Let them know why you don't want sex but reassure them that you love them. Most partners will be happy to do things at your pace

Show affection by touching, hugging, massaging, talking and holding hands with your partner

### **When can I start having sex again?**

You may decide to wait for a while after treatment before having sex. However, there is growing evidence that staying sexually active, especially having erections regularly after cancer treatment, may help you avoid sexual problems later.

Your physical and emotional concerns are important. Prepare to talk to your healthcare team and partner. It is helpful to write down your questions and concerns about your sexual health before your hospital appointments.

## How do I 'talk and tell' in future relationships?

Starting a new relationship can sometimes be a source of concern. It is important that you know and feel comfortable in the relationship before deciding to discuss your diagnosis and its effects. New partners can be very understanding about your fears once they are informed.

## When should I talk to my healthcare team about sex?

After your treatment, health professionals with specialised training can help you cope with specific sexual problems. It can be helpful to get advice and support, rather than to just put up with it.

Talk to your healthcare team – either with your partner or separately – and ask for a referral to the appropriate specialist. Relieving physical side effects that affect you having and enjoying sex is an important part of cancer care. Your healthcare team can give you details about options to help you manage or discuss any other worries you have.

## Sexual symptoms to discuss with your healthcare team

1. Loss of desire for sex.
2. Inability to get or keep a firm erection (erectile dysfunction or ED).
3. Inability to keep a hard erection during sexual activity.
4. Fear of intimacy or performance anxiety.
5. Orgasms (climax) don't feel as good as they did before the cancer or treatment.
6. Difficulty reaching orgasm.
7. Having a dry orgasm without releasing any semen.

## Physical effects and sexuality

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8. Having urine leak out at orgasm.
9. Pain in the penis or testis or deep in the pelvis during sex or at orgasm.
10. Blood in your semen.
11. Shortening of the penis.
12. Bending or curvature of the penis when erect.

### Prostate cancer treatment and fertility

Changes to your sperm during radiotherapy, brachytherapy and chemotherapy could affect any children you may conceive during or after treatment, but the risk of this happening is very low. You may wish to use a condom or other type of contraception to avoid fathering a child during treatment and for up to two and a half years afterwards.

If you and your partner are planning to have children speak to your GP or specialist team. You may want to think about storing your sperm before treatment, so that you can use it later for fertility treatment (IVF).

Services offering fertility advice are the Rotunda hospital, Sims IVF, Beacon CARE fertility and Merrion Fertility clinic.

## Urinary problems

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Many men get urinary problems after prostate cancer treatment such as leaking urine or problems emptying their bladder. Urinary problems usually last for a few weeks or months after treatment, but some men may have problems for several years and will need further help to manage this problem.

### What can help?

Tell your doctor or nurse about any urinary problems even if you're no longer having treatment for prostate cancer. They can suggest treatments and lifestyle changes to help manage them. They may refer you to a continence service, run by specialists in urinary problems. You might also be offered tests to try to find out exactly what is causing your symptoms, and which treatments are most likely to help.

Depending on the type of problems you're having, there are things that can help including:

- lifestyle changes
- pelvic floor muscle exercises
- bladder retraining
- medicines
- further surgery for example artificial urinary sphincter.

### Acute urine retention

This is when you suddenly and painfully can't urinate – sometimes called a spasm – it needs treating straight away. If it happens, call your doctor or nurse, or go to your nearest accident and emergency department.

They may need to drain your bladder using a catheter. This is a thin tube put into the bladder either through your penis or your abdomen (stomach area). Make sure they know what prostate cancer treatment you've had.

### How can I help myself?

#### **Drink plenty of fluids**

Try to drink plenty of fluids, but cut down on fizzy drinks, alcohol (especially spirits), tea and coffee as these may irritate the bladder.

#### **Exercise your pelvic floor**

Do pelvic floor muscle exercises to help strengthen the muscles that control when you urinate. Read more in our fact sheet, 'Pelvic floor muscle exercises'. You could also ask to see a physiotherapist.

#### **Keep a healthy weight**

Try to stay a healthy weight. Being overweight can put pressure on your bladder and pelvic floor muscles.

#### **Avoid smoking**

If you smoke, try to stop. Smoking can cause coughing which puts pressure on your pelvic floor muscles. Ask your GP about help with quitting. He can refer you to a Smoking Cessation clinic.

## Plan ahead

Plan ahead when you go out. For example, find out where there are public toilets before leaving home.

Pack a bag with extra pads, underwear and wet wipes. Some men also find it useful to carry a screw-top container in case they can't find a toilet.

Get the 'Urgent toilet card' to help make it easier to ask for urgent access to a toilet.

## Bowel problems

Radiotherapy for prostate cancer can cause bowel problems for some men. Radiation can irritate the lining of the bowel and back passage (rectum). This may cause loose and watery bowel movements (diarrhoea) and pain in the stomach area or back passage. More rarely, it can cause bleeding from the back passage.

Symptoms vary from man to man, and some will notice a slight change rather than a problem. Some men find that changes to their bowel habits last for a short time. For others, the changes are permanent. And some men develop bowel problems months after treatment.

## What can help with bowel problems?

Tell your doctor or nurse about any changes in your bowel habits. They can give advice and support to help manage them. There are also medicines available to help with symptoms and control diarrhoea.

## Physical effects and sexuality

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Your local continence service can assess your bowel problems and give you information about treatments. Ask your GP to refer you.

If you have long-term bowel problems, you could ask to be referred to a bowel specialist (gastroenterologist). You could also ask to see a dietitian who can give you expert advice on how to manage your diet in line with keeping your bowel as healthy as possible.

## Managing cancer fatigue

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We all feel fatigue at times – maybe when we are working too hard, worrying about something! Fatigue for people with cancer can be very different. The cancer or its treatment may make you feel very tired. It can go on for weeks, months or even years and rest does not always help to relieve it. This is called chronic fatigue – chronic means long lasting.

### **Radiotherapy and fatigue**

Most people feel tired while they are having radiotherapy, particularly if they are having treatment over several weeks. This is because the body is repairing the damage to healthy cells. Or tiredness can be due to low levels of red blood cells (anaemia).

You may also feel weak and as though you don't have the energy to do your normal daily activities. This may last for a few weeks after the treatment ends. Rest if you need to and try to exercise a little when you can. This may help to reduce the tiredness, but if your tiredness persists let your doctor know.

## **Fatigue is common**

Fatigue is very common in people with cancer. It can be the most troubling symptom. It affects between seven and nine out of every 10 people (70%-90%) with cancer.

Many people say that it is the most disruptive side effect of all. In the past, doctors and nurses haven't always appreciated the long-term effects of fatigue on people with cancer. But there is now a lot of research into this area. Things are improving and there are ways of relieving fatigue.

You are not imagining your cancer fatigue. It is very real and can have a big impact on your life. If you have symptoms of fatigue, let your doctor or nurse know. There are ways of managing fatigue and your medical team will try to help you.

## **How fatigue can affect your daily life**

Fatigue can be very frustrating. You and your relatives might underestimate how much it can affect daily life. It can have a mental, physical, emotional and spiritual impact on you.

Doctors sometimes overlook fatigue, leaving you to feel that you've been left to cope alone. Everyday life can be hard work and you might not have the energy to cook, clean, bathe or go shopping. You might not even feel up to a chat.

All this can affect the way you feel about yourself and your relationships with other people. You can feel very down and not want to go out or be with people, which can be hard for them to understand.

## Physical effects and sexuality

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You might have to stop work or cut down your hours. This can affect how much money you have.

You might feel like fatigue is a constant reminder of your cancer and this can be hard to accept. You might worry that because you feel so tired all the time your cancer could be getting worse. But it is more likely to be a side effect of treatment, or due to the fact that cancer can cause fatigue.

## Depression and anxiety

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It is natural to feel some sadness during and after your illness. Many men with prostate cancer feel anxious and worried at times. If you're feeling very down, your sleep pattern or appetite has changed a lot, or you get angry more easily, this could be a sign of depression.

If you notice these changes in yourself, speak to your GP, hospital doctor or nurse – there are things that can help.

Regular physical activity can often help you deal with feelings of anxiety and depression. Learning ways to relax, such as yoga or meditation, might also help.

If nothing cheers you up and you are feeling low for several weeks, it may be a sign that you are depressed.

Depression can develop slowly and may be hard for you or your family to recognise at first. Other times, it can come on very suddenly, where you feel plunged into despair and feel rather hopeless.

Depression is more than just feeling sad or blue. It is a significant medical condition that affects thoughts, feelings, and the ability to function in everyday life. It can occur at any age and is more common than you might think.

Depression affects one in five people at some point in their lives. In this illness, recovery takes time. And because people do not know the cause of their depression in the first place, they cannot just ‘pull themselves together’ or ‘snap out of it’.

### **Steroids can increase risk of bone thinning**

You might be given steroids, either to take with another treatment or on their own. Steroids can help to reduce the amount of testosterone made in your adrenal glands. Side-effects from steroids include an increased appetite and an improved mood.

They can also increase your risk of diabetes and cause bone-thinning, fluid retention and other body changes. Your doctor will check for these side-effects regularly if you are on steroid therapy.

### **Risk of heart disease**

Prostate cancer needs testosterone to grow and thrive, so androgen-deprivation therapy (ADT) is designed to reduce the amount of testosterone in the body to close to zero, thereby helping to slow cancer’s growth. There is some evidence of a link between this therapy and cardiovascular disease.

Some studies have shown that ADT combined with radiotherapy is

## Physical effects and sexuality

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more successful at treating prostate cancer than just radiotherapy alone. However, there is growing evidence that low testosterone levels might increase the risk of cardiovascular disease (CVD).

## 8. Marie Keating Foundation health professional highlights issues of living with and after prostate cancer

**Helen Forristal, Director of Nursing Services, Marie Keating Foundation, talks about important issues in relation to prostate cancer**

### After treatment

There are huge quality of life issues around prostate cancer after treatment. Both men and their partners need to be informed of the actual side-effect profile of possible unwanted effects from the treatments available. These side effects can be caused by:

- surgery
- brachytherapy
- radiotherapy
- hormone therapy.

### Incontinence can be a major issue after surgery

Incontinence and erectile dysfunction can both be major issues after surgery. Before men with prostate cancer get treatment they need to understand the side effects of the different treatments offered to them specific to their prostate cancer. In fact before you have any treatment, it is a very good idea to learn physiotherapy techniques to strengthen your pelvic floor muscles.

## Marie Keating professional highlights issues

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This can help to reduce unwanted effects or at the very least make them more manageable. Generally, when you ask men to prioritise what was the worst side effect that they could think about after surgery, it is urinary incontinence above erectile dysfunction.

The thought of having to wear pads and maybe not having as good control as they are used to is very daunting. As health professionals talking to patients we really need to engage their mindsets to make them very aware that this could be a quite realistic side effect.

There is a higher incidence of urinary incontinence after surgery than after other treatments because the bladder neck is reconstructed during surgery. For a small percentage of men it doesn't happen at all.

Incontinence can also present itself in the early stages, during or after radiotherapy or brachytherapy. These are the signs:

- frequency of urination
- a burning sensation when passing urine
- an urgency about getting to the toilet on time and possible leakage if you do not make it – this is known as 'urge incontinence'.

These are symptoms that professionals really need to talk through with you. They might not happen, but if it happens to you, you need to have thought about how you could cope with it.

### How to live with this unwanted effect

With surgery, incontinence issues can first arise when the catheter is removed post-surgery. If you read the patient stories in this booklet you can find out more about how men live with these symptoms.

Usually, over time urinary incontinence recovers. It's different for different men, but typically within a year someone may go from wearing one or two pads a day to none at the end of a year.

## **Erectile dysfunction**

It is also important to learn more about erectile dysfunction before making your final decision on treatment. It is another well-known side effect of surgery. It doesn't happen to everyone, it probably happens in 60-70% of men. It's an unwanted effect that can improve over time. There are now penile rehabilitation programmes in place, which include using the vacuum pump and some drugs. This is part of looking at surviving and thriving after treatment.

## **Viagra**

You should consult your consultant or nurse specialist about Viagra. It is very effective, but you need to know how to use it. Viagra can last up to four hours. You cannot take alcohol or eat fatty foods with it because these interfere with its absorption and may reduce how effective it is.

## **Levitra**

Levitra is another medication – it works for four-six hours.

## **Cialis**

Cialis has a longer span of life, which is useful, for example, when people are going away on holiday and they don't want to be taking medication on a regular basis. Cialis is often known as the 'weekender' because it can last for two-three days.

## **Marie Keating professional highlights issues**

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These drugs need to be taken with caution. Other conditions need to be taken into account. So if someone is on nitrates for a heart condition, they should not be prescribed Viagra for instance.

### **Other treatments**

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Some surgery is laparoscopic (key hole) and some robotic. Evidence suggests incontinence and erectile dysfunction are less of a problem after these types of surgery because these are more specific and disturb a much smaller area of the body. In Ireland, robotic surgery is only available through private healthcare.

### **External beam radiotherapy**

There can also be side effects from external beam radiotherapy. The short-term side effects would be urinary symptoms and possible erectile dysfunction.

Some people don't have any effects at all. It is very individualised as to how people feel.

### **Hormone therapy**

Hormone therapy can be used to shrink the prostate down before radiotherapy and this is called neo-adjuvant hormone therapy. It can also be given for a prolonged period after radiotherapy, this is called adjuvant therapy. This depends on whether or not there is a medium or high risk of the cancer spreading.

Hormone therapy blocks testosterone by 95% and this can cause 'andropause'. It's like the menopause in women but in men. You can get feelings of mood change, hot flushes, bloatedness and weight gain around the middle. It also affects libido with no desire and can cause erectile dysfunction.

If a man is on hormone therapy long term, it can take nine months to a year for these side effects to completely leave the body once the hormone therapy is stopped.

## **Emotional effects of urinary and erectile problems**

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One of the side effects of treatment for prostate cancer is feeling the loss of manhood. It depends on where you are in life as to how that affects you. But it is something that health professionals should talk you through.

You need to understand before treatment how and why these effects can happen and how you can manage them. And you need to develop a mindset and a coping mechanism beforehand so that you can cope with these

Men also need to look at the changing roles within the family. It is extremely important that men still feel valued and worthy. For this to happen, there must be discussion in the family so that everyone understands the treatment and its effects.

### The role of partners

We would always encourage partners to be part of the whole conversation from the point of diagnosis onwards. It is just as important for partners to understand the effects of the cancer and of treatments. It is a life-changing event. It helps a lot if partners can be very involved when it comes to making a decision on what treatment to choose. That in itself can be very challenging for men and their partners.

Men cope much better if they have open channels of communication with their partners from the time they are diagnosed.

Prostate cancer is not something that you should go through alone. If you find yourself without someone to talk to contact the Marie Keating Foundation and we can give you support.

### Single young men

It can be especially difficult when a single young man is diagnosed with prostate cancer. You are very reliant on the health professionals to open up these difficult conversations. It can be really difficult for a young man with prostate cancer to get involved in a relationship, especially if you have erectile dysfunction.

### Masturbation

A lot of men masturbate and this needs to be taken into consideration as part of manhood. Even that feeling of having an early morning erection is really important to men and they need to be able to discuss this openly.

## **Psychological pain**

We should never forget psychological pain which can be caused by;

- the stress of being diagnosed and having cancer
- feeling hard done by
- lingering side effects.

It is quite common for men with prostate cancer to develop clinical depression. Always be open with your GP or health care professional if you are feeling down and you can be referred on for counselling. On some occasions, couples can be referred on for psychosexual counselling.

## **Fear of cancer coming back**

This is a reality and men need to discuss it. The PSA test itself promotes stress and anxiety. Men are only relaxed when they know their PSA is the same or dropping. The Marie Keating Foundation Survive and Thrive programme does a lot of work to help men cope with this fear.

Sometimes this huge fear settles down over time. Men build confidence when they see that the results are good. If the results are poor, the fear remains.

### Marie Keating Foundation Survive and Thrive programme

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The Marie Keating Foundation can direct people to resources and also provides programmes of care. The Survive and Thrive programme for men who have completed their prostate cancer treatment is particularly helpful. The programme addresses issues like:

- understanding your cancer diagnosis coping with side effects such as
  - urinary incontinence
  - erectile dysfunction
  - altered body image
  - shortening of the penis and managing that
  - understanding your cancer diagnosis
- emotional impact of cancer and learning about self-compassion
- boosting energy
- diet and nutrition
- exercise – getting back to being fit
- mindfulness and meditation
- learning new skills to help you cope well
- looking good and feeling good.

## 9. Survivors tell their stories

Three men have been brave enough to tell us their stories in frank detail. These warts and all experiences show you that you are not alone and you can get through this. Thanks to the three men for their time and honesty:

- Michael Daly
- Rory Duffy
- Jarlath McKenna

## Survivor brings hope and comfort to other people dealing with cancer



**Michael Daly** talks about his journey from diagnosis with prostate cancer in 2009 to receiving the all-clear in 2014

### Septicaemia following biopsy

I was getting my annual check-up and my GP noticed my PSA was rising and said: “We’ll keep an eye on it”. He sent me to a urologist who said: “Yes we need to take a biopsy”.

At the time they were reassuring me that this was just a safety measure. I had the biopsy and they said they’d let me know within a week. I found the biopsy uncomfortable more than painful.

Three weeks later I had heard nothing and I thought: “Yahoo, no news is good news”. But I went out playing golf on a beautiful March day and I

felt really sick. I thought, “Oh god, not today” with the lovely fine weather. The lads had to put the clubs in the car for me and I went home.

## Diagnosis

My wife took me to the hospital. A junior doctor came in and he looked at me and he said: “Yes we have the infection in hand and there will be somebody along in a minute to talk to you about your tumour”. That was the first I heard of it and I said “What?”.

They had been scheduling me to go in the following week to be told. But it was fast-tracked and I was brought down straightaway to see them. My wife was with me and 90% of what they said to me, I didn’t hear. I hung on to two words “curable” and “treatable” for dear life. That’s all I heard.

**“I hung on to two words ‘curable’ and ‘treatable’ for dear life. That’s all I heard.”**

They referred to incontinence and erectile dysfunction, but they were just small things to me at the time. I thought I’ll deal with them after. I’ll get this major thing out of the way. Boy was I wrong. They became just a monument later on.

## Surgery

I had a radical prostatectomy and was in hospital for 10 days. When I went home from hospital I had the catheter in me. The top of your penis gets very sore where they put in the tube. I had to rest a lot at home. I’m lucky because I have a brilliant wife and a fantastic son.

### The blackest day

The day the catheter comes out, wow! Nothing prepares you for that, absolutely nothing. It is probably the blackest day that you'll ever go through. I was totally wet. I was not told about it and I was not expecting it – you think once the catheter comes out, “oh this is great I'll be back to normal”. It's an absolute shock to the system. Being told you have cancer is bad but this is actually worse.

We've experienced grown men in the Cancer Support Centre bursting into tears. When you go to get the catheter out you need to go to the hospital wearing loose fitting clothes like a tracksuit, because you will have a nappy on that you are not used to. You need to have a cover on the seat of the car. Not only are you mortified that you are the way you are, but if you are getting a lift you worry you are destroying someone's car. That all adds to it.

### Physiotherapy changed my life

It took a long time to regain continence. We are very fortunate in Galway, we have a fantastic private physio who specialises in men's health, including pelvic floor exercises.

It was the following February or March when I got to this physio. And my God, that changed my life. They give you a sheet in the hospital but it's like giving you a jigsaw and no picture. You're doing the exercises and you don't know if you are doing them right.

We encourage people who come to us in the Cancer Support Centre, to go and start doing pelvic floor exercises before they have surgery. We call it being 'match fit'.

## **Incontinence inhibits way of life**

It took me about a year from surgery to regain urinary control, but I am not 100%. You do the pelvic floor exercises every day, but there is always a time that you don't do them or you pick up something, or your forget yourself. You have to be on the watch all the time.

If I'm going to a family function or going out, I will still wear a pad. When I come back it could be dry, but it's just for my own sanity and dignity. A lot of lads are the same way.

## **Financial impact**

I was working as a truck driver when I was diagnosed. Then you go to being on an Illness Benefit, it's devastating. Not alone are you going through something where you feel you are not contributing to family life, but then you have the money side of it. Our son was in fifth year at the time and still very much a dependent.

Because I do heavy work, I was out of work for 11 months. Now with the robotic surgery, the recovery is much faster and you are back to work faster too.

The financial cost involved is not talked about enough. My wife wasn't working at the time, but she is now.

You still have to pay the bills and you have to live, so you are snookered. You just hope you have some savings or something if something major comes up. You just live hand to mouth.

### Erectile dysfunction

I talk to a lot of people on the phone and the things people ask most about are incontinence and erectile dysfunction. They ask: “I’m going for surgery – when does erectile function come back?”.

It is such an individual thing. Some people are very lucky they get it back reasonably quickly, some people never get it back. There are a lot of people in the middle. It can have a devastating effect on relationships, which again is not talked about.

### Vacuum pump and medication

There are tablets and there is a device called a vacuum pump. You need to get a good one. It is basically a rehabilitation device. Because the blood is not going into the penis, this pump pulls the blood into the penis and then it holds it there.

People can use the pump with medication. It takes practise to make it work. A lot of men are squeamish about doing this. We got trained how to use it and I show people how they can use it. If you go too hard at it you can burst a blood vessel and that would be devastating.

When I am demonstrating the pump I say: “There are two awkward things now, one is I have to watch you doing it to make sure you’re doing it right; and the other is the price which is that they are €300.”

## Five step programme

We have developed a five-step rehabilitation programme, which can really help men after prostate cancer treatment.

1. You see the physio.
2. You see a GP who is also a sex therapist.
3. You see a nurse specialist in continence advice.
4. You get a demonstration of the vacuum pump.
5. You see a counsellor – you have to get your mind right as well.

## Depression

The incontinence, erectile dysfunction and financial difficulties bring on depression. Unfortunately, I went through very bad bouts of it. I was really helped by counselling I had at the Cancer Centre in Tuam. I strongly advise people to go and talk to a counsellor. I don't know if everyone who gets prostate cancer goes through depression, but I've a feeling they do at some level.

There's a myth out there and people say: "Oh you have prostate cancer, it's like getting a tooth pulled, once you have the tooth out you're hunky dory. Thank god you got a good one". There's no such thing as a good one. Another myth is "men don't talk". Men will talk if you give them the correct environment.

As good as your wife or partner is you might not be able to say everything to them. When we say things in the group, everyone knows what you're talking about. I would encourage people to find a support centre or group, or if there isn't one, create one.

### Getting the all-clear

I got the all clear in 2014 and it was like winning the Lotto.

It's all little milestones:

- you get the surgery done
- you get the catheter removed
- you can drive again
- you're walking a bit more
- your check-ups are every three months
- your check-ups are every six months
- your check-ups are once a year
- and then you get the all clear.

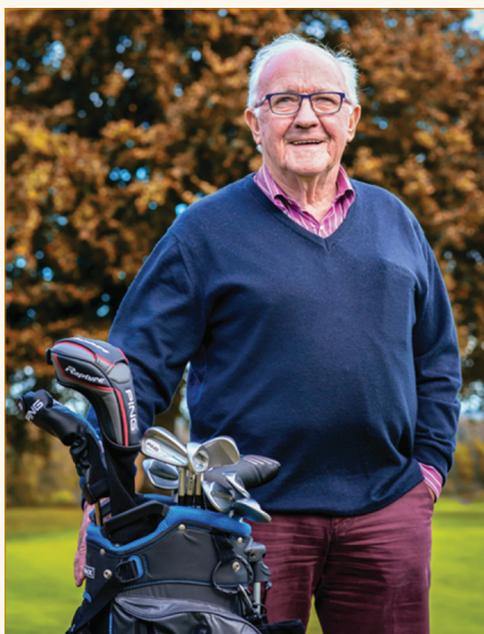
**"I got the all-clear in 2014 and it was like winning the lotto."**

### Coping mechanism for depression

I have a coping mechanism for the depression and I have great support at home and from friends. You really find out who your friends are, and your family are so important. A quick one and a half minute phone call from family or friends is great, because it gives you a boost but doesn't tire you out.

I would encourage people to pick two or three good friends outside the family so you can phone one of them and say: "I'm not feeling great today". They don't have to say anything, they just have to allow you to let it out. They might say: "Do you want me to come over and have a cup of coffee?"; but you will probably say: "No I'm grand now again". That's so important – it is working for me.

## Find out all the options and make an informed choice, advises Rory Duffy



**Rory Duffy** was diagnosed with prostate cancer in November 2003 and had brachytherapy at the beginning of 2004. His wife died of breast cancer 22 years ago. Rory is now being treated with pioneering chemotherapy as part of a trial.

### Diagnosis and treatment with brachytherapy

**M**y diagnosis of prostate cancer back in 2003 was a bit of a shock. My daughter and myself were going to a wedding when we got the news. I had brachytherapy in 2004. Brachytherapy involves implanting small radioactive ‘beads’ into the prostate.

I researched the brachytherapy before I got the treatment. My brother in England knew someone in Austria who had it. That man went to America when he was diagnosed with prostate cancer and investigated what was available. I had known about the brachytherapy even though at the time it was quite new.

The oncologist, said at the time: “You are a perfect patient for this brachytherapy”. I had 125 radioactive implants (“beads”) in the prostate.

### Optimistic outlook

After the initial shock I never felt anything other than optimistic about it all. I treated the cancer like someone I was having a pint with that I didn't like – I wanted to get rid of them. I genuinely never felt that it wouldn't end well. I was well looked after and I felt lucky in that sense. I would say this to anyone: “Accept that you've got it but think about it as an unwelcome guest you're going to ask to leave”.

My daughter had nagged me to get blood tests and to specifically include the PSA, so if I had left it longer perhaps the cancer would have been more aggressive. The important thing is for men to get tested. If you are over 50, ask your doctor for the PSA blood test – just to get peace of mind. In a lot of cases your GP can put your mind at ease, or if there is a problem, they can treat it.

### Research the options

If anyone is diagnosed with prostate cancer, I would advise them to check out all the things that are available and do a bit of research before they are given the treatment options. You may say “yes”, or you may say “no”. I think it would be important for people who are diagnosed to make an informed choice. They need to know the kind of likely result for everything – the after effects.

Decide with the oncologist the treatment you would like and he will advise you and go through the options. And do research.

Radical surgery wasn't going to be me because of the possibility of incontinence. If that was the way it was I would say I'd let the cancer spread. I have kept an element of optimism and not to let it bother you.

## When prostate cancer comes back

Back in 2003, after my treatment finished, I went back every six months for physical examinations and blood tests. I had continuous check-ups for the first six months and then moved on to yearly check-ups.

But then gradually my PSA started rising and there was a fear the cancer would metastasise to my bones. When the PSA reached 18-19, the doctor advised me to go to Heidelberg for a specialised scan, which was not available in Ireland or Britain. The professor there came out afterwards and said: "Mr Duffy, your tumour has returned".

This new treatment is working for me, but the side effect is fatigue. There wasn't much fatigue before I started taking this drug. I am reasonably active but I have to rest up. I do 15-30 minutes of my own type of exercises in the morning. I do a whole series of exercises that give you energy and make you feel good.

It costs \$10,000 a month in the US to be on this new treatment, but because it is on trial in Ireland I do not have to pay for it.

Before I started this new treatment my PSA was around 26 and the last time I had a check-up in August it was 0.1, so it is working big time.

I think I am just one of just 11 people in this trial for this new treatment.

## The impact of prostate cancer on Jarlath McKenna and his young family



**Jarlath McKenna was diagnosed in 2012. He underwent a radical prostatectomy in February 2013 at the age of 48. He is a lecturer in nursing at Waterford Institute of Technology. Jarlath talks about how he has navigated prostate cancer while having four young children including one who has Down's syndrome**

### Diagnosis

**T**he diagnosis was very much a shock and I found it hard to believe because I was only 48. It opened a whole world of fear, even though I am a health professional myself.

It also had a significant impact on my wife and young children. I have

four children and my eldest son has Down's syndrome. He was very well able to pick up emotionally that things were not right and that compounded it even more for my wife and me in terms of looking after our children.

I had done everything I could to keep my physical and mental health well and I wondered how come I now had this. I had lots of those "what ifs", and "why" questions. In terms of my role, I'm a father, I'm a husband, I'm a brother, I'm a son and I'm a professional. It impacts on all those relationships.

I'm a scientist and I did what all scientists do and I put my diagnosis in a box. But the impact of putting these things in a box causes trouble further down the line.

The diagnosis really sends your life into disarray.

## **Anxiety and depression**

About eight months after the operation, anxiety and depression just grabbed me by the throat. My mental health deteriorated because I had put it in a box.

I work in psychiatry myself and therefore I have a good knowledge of a person's mental health, but I really wasn't aware of my own beginning to deteriorate because it happened so suddenly.

I knew there was something wrong and I got immediate help, but I hadn't seen it creeping up on me.

### Getting help

All of a sudden. It was Christmas Eve – I remember very vividly – I was going up to Tesco’s in the car and it just grabbed me.

I had the sudden realisation of what I had been through, and the fact: “I am here, it’s Christmas and I’m not terminally ill and I’m going to recover”. It was the whole shock of that too. The diagnosis, the operation and the recovery which was very, very difficult.

**“I am here,  
it’s Christmas  
and I’m not  
terminally ill  
and I’m going to  
recover.”**

### Being a parent

Throughout this, in parent mode you’re trying to play it down. My children were doing Junior Cert and Leaving Cert and you’re trying to minimise the impact on them.

I played it down as long as I could, but you cannot play it down for ever. I am lucky in that I have a very good relationship with my wife and we were able to talk about all these things quite openly. And normally in my family we would be quite open. That is not the same in all families and all group dynamics.

I’m an Ulster man and we tend to say it as it is – which can be good or bad depending on the context!

## Many different impacts of prostate cancer

The impact on oneself is multi-factorial, multi-dimensional and there are a number of different levels:

- physical
- trauma
- psychological
- family.

We have four children and our eldest son is very dependent on us. You have the thought: “If I’m not here, what is going to happen now?”

“If I’m not here, what is going to happen now?”

## Effect on my wife

All of these experiences were very similar for my wife. She had the denial and the initial disbelief and the notion of death. It was only when she started to hear other people’s stories that she realised the impact that this was going to have on us.

## Mental health

It has a huge impact on your mental health – which you can only see retrospectively. Of all the men I’ve spoken to since, it has all impacted on their mental health. I was very lucky that the clinical nurse specialist in prostate cancer in the hospital I attended made the links for me with the Waterford Solas support centre. Solas were invaluable. The service that they provide for people with cancer was certainly part of my life-line. They provide therapies and counsellors and were invaluable to me.

Mental health assessment should be part of all this process. Planning

for mental health care and intervention along every step is not a part of it. Why is this not being addressed, why is it an afterthought?

### Incontinence

When the catheter came out, I was first of all relieved. But then that brought us straight to the continence issues. I was very upfront with my colleagues from the beginning that this was going to happen. I immediately started doing the pelvic floor exercises.

For about four months after the catheter was removed I was using baby pampers, because I had absolutely no control of my bladder. At that stage if I sat down in a low seat, or coughed, or sneezed or laughed immediately I was wet. That is normal for most men following a radical prostatectomy. The positive thing is that my continence came back quite quickly – after five-six months – I nearly had full control again.

### Bladder spasm

Every time you get into the car, you have to think where am I going to stop for a wee? This means you have to plan each trip carefully. The risk is that your bladder will fill unknown to you and then go into spasm which is excruciating. When it is in spasm it is very difficult to let go so that you can void your bladder.

Another problem is that if you wear light colour trousers like chinos, you are visibly wet. This means you have to be careful about what type of clothes you wear. You also have to make sure that you have a change of underpants, trousers and socks with you at all times in the boot of the car and in a little bag if you are going somewhere.

Not only could you be wet, but you can smell of urine. All of those things have an impact on your sense of self. I was out of work for eight months – and I went back too early. Another month would have helped me more. It took me a good 12 months to be completely continent again. I was very lucky and I religiously did the pelvic floor exercises.

### **Keeping your cool with incontinence**

In the order of bad things, having an accident is not a number 10 it's a number one, that's the way I would see it. Listen you're wet, what's the big deal? You wash and dry and change and there's no big deal. You're not pushing up the daisies, so in the greater spectrum of things, it's a small thing.

But I can understand someone else having a different perspective on that depending on the person and their own normal value, beliefs and attitudes. The easiest way is to plan in advance. So no matter where you go, you have that little bag. I had a pair of trousers in it, under-pants, socks and wet wipes and a towel in it. If I picked up the keys of the car, I'd think: "have I the bag and is everything in it?".

On one or two occasions, I had to change in the car and I'm sure others have had to too. I had a blanket in the boot, and I would just put the blanket over me as I sat in the front of the car and changed.

### **Reaction of children**

The children were initially bothered by the incontinence, but one of our ways of dealing with this is with laughter and humour. Having a good laugh at yourself is very therapeutic.

I think initially the children were very frightened. Keeping the communication open about what is going on at every step, is important. They knew up front: “Here’s what is going to happen and here’s what the outcome will be. Don’t be overly concerned, it’s not your problem, this is our problem, we’ll deal with this”. They were happy when they were assured that “daddy will be alright”.

### Animal therapy

I also have a golden retriever and she is a very intuitive animal. She was with me everywhere and to this day she lies at the side of the bed and she knows if something is up or not. I found the relationship I had with the dog when others were not there, invaluable too. You are never alone when you have a dog, even when there is nobody else around.

### The elephant in the room – erectile dysfunction

Scientifically I understood what all of these things meant. I was very aware of the risks because I had looked after people in urology wards and I knew the impact of all of these things from a professional point of view, but now I was walking my own journey with it.

Erectile function after a prostatectomy is dependent on the type and extent of surgery needed. With most men only 60-70% of erectile function returns after surgery.

For one calendar year after surgery, I had nothing. Then in the second year, very slowly a little bit of erectile function returned. As that started to happen the healthcare team introduced things that could help. The first one was the injections that you inject yourself directly into the

penis. They give you a partial erection for a short period of time. My libido did not change.

Myself and my wife talked all the time about this and tried to have intimacy as best as we could with what we had. You can still have as fulfilling a sex life with your wife as you had previously, it's just different. The mechanics change because there's very little mechanics for the man, but at the same time the notion of orgasm is not affected by the surgery, that happens with your brain. Every man and woman can orgasm – a man can orgasm without an erection.

### **Laughing and crying**

We had a good laugh and a good cry. We got through it together by trying to give each other as fulfilled a sex life as possible within the considerations. It's an important part of any human being. I also had very open and frank discussions about it with my healthcare team.

The injections were very sore. I persevered with them for about six months then I was introduced to Cialis tablets. The Cialis tablets were excellent for me. If you take the tablet on a Saturday you would get two days out of it. They had started me on the Viagra, but I couldn't take it because it put my blood pressure up. But the Cialis has been excellent and leaves me with 80-85% of the erection I had before so I have been very lucky.

From my wife's point of view her main concern was that I was alive and well and we would deal with any other issues afterwards. Which we did. I am very lucky because I have an excellent relationship with my wife and I am blessed.

## 10. Supportive personnel

**On your** journey through prostate cancer and on to recovery you will meet different members of your healthcare team

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### Specialist surgeons

Urologists are specialist surgeons who devote their time to the study of urological conditions, in this setting prostate cancer and the surgical management of prostate cancer. They have expertise in open surgery, laparoscopic surgery and robotics. They also help to surgically manage urinary incontinence and erectile dysfunction as well as prescribe the many drugs already mentioned in this booklet.

### Specialist radiotherapists

Consultant radiotherapists are specialists who understand radiation oncology, medical oncology and have the expertise to deliver planned treatment regimens for patients with cancer. They also have the knowledge to prescribe hormone therapy together with radiotherapy.

### Specialist oncologists

Medical oncologists are specialists who devote most of their time to the study and treatment of malignant tumours. They have the knowledge, skills, and clinical experience to prescribe many variations and treatment regimens in the form of chemotherapy, needed for people with cancer.

## **Clinical Nurse Specialists**

In ideal circumstances, Clinical Nurse Specialists (CNS):

- give you information about the disease and side effects
- give you emotional support
- help you make decisions
- assess your fitness for starting and maintaining treatment
- are part of the multidisciplinary team looking after you
- organise transport, accommodation and funding of these if you need it
- are always available to you and your families.

## **Oncology Liaison Nurses**

The role of the Oncology Liaison Nurse is to meet the needs of people with cancer including:

- psychological
- emotional
- information about chemotherapy treatments.

They work with you in the:

- inpatient oncology unit
- oncology day unit
- throughout the hospital with people who are referred to the oncology service through a consultant.

Oncology Liaison Nurses also provide support to the family and significant others, through listening, problem solving, and education.

They provide outreach support to patients at home and help patients who need referral to specialist services.

### Public Health Nurse

There is a community oncology nursing programme between the hospital and community health services for people receiving systemic cancer therapy. A Public Health Nurse may come to your home to help you with wound care and catheter care immediately after your surgery and any other aspects of your treatment. A Public Health Nurse is sometimes called a Community Nurse.

### Continence advisor

Many men with early prostate cancer will not have experienced any urinary symptoms before prostate cancer treatment. Other men will have noticed a gradual lessening of the flow of urine or a need to pass urine more often.

Urinary incontinence is the most common side effect following radical prostatectomy and also following radiotherapy. In fact, all men will be incontinent for at least a few weeks following surgery to remove the prostate.

Adjusting to urinary problems can be a difficult time both emotionally and physically. You may want to seek advice from a healthcare professional, like a physiotherapist or specialist nurse or continence advisor, on how to do exercises that can help.

## Physiotherapist

Some hospitals have a physiotherapist with a special interest in male incontinence; ask your doctor if there is one in your hospital, or you can find a private physiotherapist. Alternatively check with your doctor or public health nurse if there is a local continence advisory service who can support you.

It can be helpful to start doing pelvic floor exercises before surgery or radiotherapy treatment.

## Psychosexual counselling

The emotional and physical effects of a cancer diagnosis and of treatment for cancer can be difficult for both you and your partner, and can cause stress and strain in some relationships.

## Relationships Ireland

Relationships Ireland offers couples counselling or psychosexual therapy for couples who are affected by cancer, as well as general relationships and sexuality counselling. For more information see [www.relationshipsireland.com](http://www.relationshipsireland.com), email [info@relationshipsireland.com](mailto:info@relationshipsireland.com) or Lo-Call 1890 380 380.

## Accord

Accord offers sex therapy for married couples who are experiencing problems in their sexual relationship. For more information see [www.accord.ie](http://www.accord.ie), email [info@accord.ie](mailto:info@accord.ie) or call 01 505 3112.

## Supportive personnel

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### Cosrt

Cosrt, the College of Sexual and Relationship Therapists, has information on sexual issues and contact details of accredited therapists in Ireland. For more information see [www.cosrt.org.uk](http://www.cosrt.org.uk), email [info@cosrt.org.uk](mailto:info@cosrt.org.uk) or call 00 44 20 8543 2707.

## 11. Diet and nutrition

**A healthy** lifestyle can give you more control over your health and help you to improve it. It can also help you manage the effects of prostate cancer and its treatment.

**S**taying a healthy weight and having a healthy diet can reduce your risk of many health problems, including heart disease, diabetes and some cancers. There is also strong evidence that being overweight or obese increases the risk of aggressive or advanced prostate cancer. So it may be particularly important for men with prostate cancer to eat a healthy diet and stay a healthy weight.

Being a healthy weight may mean your prostate cancer is less likely to spread after surgery or radiotherapy. Hormone therapy may also be less effective if you are very overweight. Staying a healthy weight might also help you manage or reduce some of the side effects of treatments, such as urinary problems after surgery.

A healthy diet is important for general health. It can help you stay a healthy weight.

### How can I eat more healthily?

A healthy diet doesn't need to be boring. It's good to eat lots of different foods to make sure you get a range of nutrients. Start by making small changes that you feel comfortable with, such as eating a new fruit and vegetable each week. Most people should be able to get all

the nutrients they need by eating a balanced diet, without taking supplements.

### Nine steps to eating well

#### **Eat three regular meals a day**

If you have loss of appetite or difficulty eating, try to eat small amounts regularly instead.

#### **Fruit and veg**

Eat at least five servings of fruit and vegetables each day, for example, tomatoes and broccoli.

#### **Eat starchy foods at each meal**

These include:

- potatoes
- bread
- rice
- pasta
- plantain
- sweet potato
- yam.

Choose wholegrain and other high-fibre options where possible. These give you energy and help you to feel full for longer if you are trying to lose weight.

## **Include some protein-rich foods**

These include:

- fish (plenty of oily fish)
- meat (only two portions per week)
- eggs
- nuts
- beans.

## **Dairy foods**

Eat some dairy foods or non-dairy sources of calcium.

Choose low-fat dairy foods, such as skimmed or semi-skimmed milk and reduced-fat cheese. Non-dairy sources of calcium include:

- soy products with added calcium
- green leafy vegetables
- fish where you eat the bones.

## **Avoid saturated fat**

Choose foods that are low in saturated fat. These include:

- olive oil
- vegetable oils
- avocados
- nuts and seeds.

## **Sugar**

Eat less sugar and avoid sugary drinks, sweets and cakes as much as possible.

### **Cut down on salt**

Eat less than 6g of salt each day. Look out for hidden salt in processed foods and takeaways. Avoid adding salt when you cook – try using herbs and spices to add flavour instead.

### **Drink lots of water**

Try to drink around 1.5 to 2 litres (3 to 4 pints) of water every day.

### **Are you losing weight?**

If you're having difficulty eating enough and you're losing weight ask your doctor to refer you to a dietitian. They can help if you're making big changes to your diet, or if you have any other health problems that could be affected by your diet, such as diabetes.

Consider anti-oxidants (these foods are capable of protecting body cells from the damaging effects of oxidation). These include:

- pecan nuts
- blueberries
- strawberries
- artichokes
- broccoli
- pomegranate juice
- green tea
- fish.

## 12. Physical activity before, during and after treatment

**Physical activity** is important for general health and wellbeing. It can help you to stay a healthy weight by using spare energy that the body would otherwise store as fat.

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**B**eing a healthy weight may help to lower your risk of advanced prostate cancer and can help with some of the side effects of treatment and help you cope with feelings of anxiety or depression.

Some research suggests that physical activity may help slow down the growth of prostate cancer

### What type of physical activity should I do?

The type of physical activity you do isn't really important – the main thing is to get active. If you find an activity you enjoy, and that fits into your life, you'll be more likely to keep doing it. The following tips may help.

#### Everyday exercise

Walking, swimming, cycling and gardening are all good exercise.

You can do simple things, such as getting off the bus one stop earlier or using stairs rather than a lift.

## Physical activity before, during and after treatment

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### Exercise from the bed or chair

You can even exercise from your chair or bed. Try lifting and stretching your arms and legs – this can help improve your movement and muscle strength.

### Resistance exercise

Gentle resistance exercise, such as lifting light weights or using elastic resistance bands, is particularly good if you're on hormone therapy and are at risk of bone thinning.

### Counting steps

If you're trying to be more active, an exercise programme such as walking 10,000 steps a day can be useful. You might not manage this at first – just do what you can, and try to walk a little further each day.

### Try a variety of exercise

Try a variety of activities or sports so that you don't get bored, and set some goals to aim for. You may prefer to exercise with a friend or in a group.

### How much physical activity should I do?

This will depend on many things, including the stage of your cancer, any treatments you are having, and your fitness levels. Even if you can't do a lot of physical activity, a small amount can still help. Take things at your own pace and don't do too much. Rest when you feel you need to.

Aim to be physically active up to five times a week. Start gently for short periods of time, such as 10 to 15 minutes, and gradually increase the amount as you become fitter. If you can, build up to include 30 minutes of moderate exercise three to five days a week. Moderate exercise means your heart should beat faster but you should still be able to talk – about the level of a brisk walk. While 30 minutes may seem like a lot, remember you can reach this amount by being active for 10 minutes, three times a day.

### **Being physically active is safe**

It's safe for men with prostate cancer and those having treatment to be physically active. But it might be a good idea to speak to your GP, nurse or hospital doctor before you start any kind of exercise plan. This is particularly important if you have other health problems, such as heart disease or problems with your joints or muscles. As mentioned earlier in this booklet you may need to be mindful of incontinence issues while exercising.

Your doctor or nurse can talk to you about exercising safely. You could also ask to be referred to an exercise programme or a physiotherapist for further advice. These programmes are running in Dublin and Waterford but will eventually be available all over Ireland.

### **Exercise safely**

Be careful to avoid falls, especially if you're on hormone therapy or your cancer has spread to the bones – both of these can increase your risk of breaking bones.

## **Physical activity before, during and after treatment**

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Wear clothing and trainers that fit properly, and don't exercise on uneven surfaces.

### **Make sure you drink enough water.**

Don't exercise if you feel unwell, or have any pain, sickness or other unusual symptoms. Stop if you get any of these while exercising.

## 13. Relationships and family life

**You might** find that your plans get interrupted or your priorities change after a diagnosis of prostate cancer.

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If you have side effects from prostate cancer or your treatment, like tiredness, your normal family role might change.

Prostate cancer is your disease, but it also affects everyone who loves and cares for you. Your loved ones experience prostate cancer in a very real way.

Your loved ones' challenges may not show up on a lab chart or test result, but they are often equally important. Your diagnosis can leave them feeling helpless and confused. They, too, experience the treatments, the doctor visits, interrupted sleep, sadness, fear and grief.

While some relationships remain unchanged, you and your loved ones may have to work to find the 'new normal'. This means deciding what information you want to share and with whom, and how to best approach these conversations.

### **Have a confidante**

You may benefit from having people around whom you can trust with thoughts and concerns. Who is that person for you?

### **Ask for help**

Asking for help may be difficult. But family and friends can listen, prepare a meal, run errands or drive you to an appointment – whatever you might need.

### **Look for support**

A lot of men may have similar experiences with what you are going through. Openly or anonymously, you may use an online forum or in-person support group to discuss your thoughts through this process. There is a list of cancer support centres at the back of this booklet, look for a support group near you.

### **Be understanding**

Your family and friends may be worried and tired, too. Put yourself in their shoes and consider seeking support together. It may help everyone cope during this time.

### **Adjusting takes time**

People find that they go through stages of adjusting and develop new ways of thinking about life and relationships, after a cancer diagnosis.

You might find some of these ideas can help:

- learn more about prostate cancer together
- talk about things
- get all the support you need as a family
- get help with practical matters such as work, money or household tasks
- develop a wider support network including other family, friends or health professionals
- find ways to manage or treat your side effects, ask for help...

## Couples

Prostate cancer and its treatments can affect your sex life. You and your partner might need particular support for relationship and sexual issues.

### Talking to your partner

If you have a partner, or are starting a new relationship, try to talk to them about how you're feeling. Talking could help you both feel better and reduce any worries you have about what each other is thinking. Talking may also help your partner understand more about any physical and emotional changes you're going through.

Sometimes it's not easy to talk, especially during stressful times. In particular, talking about sex can be difficult, even for a couple who have been together for a long time. Relationship therapy can sometimes help. Your GP, nurse or hospital doctor can put you in touch with a counsellor.

You could also try contacting organisations such as Relate or the College of Sexual and Relationship Therapists.

### 14. Coping with the financial implications of prostate cancer

#### Benefits for people who are sick or have a disability

There are a number of social welfare payments for people who are sick or who have a disability. Payments are made either by the Department of Social Protection or the Health Service Executive (HSE). To qualify for a social welfare payment because you are sick or have a disability you must be certified as sick or disabled by a doctor.

You can qualify for other payments if you are sick for just a short time. For other payments you need to show that you have an illness or disability that will last longer than one year. Some social welfare disability payments are based on your PRSI contributions. If you do not have enough PRSI contributions you may qualify for a similar social assistance payment, however, you must pass a means test.

- Illness Benefit is intended for those with a short-term illness.
- Invalidity Pension is a long-term payment.

Illness Benefit and Invalidity Pension are both social insurance payments based on your PRSI contributions.

#### Partial Capacity Benefit

This scheme allows you to return to work (if you have reduced capacity to work) and continue to receive a payment from the Department of Social Protection. To qualify for Partial Capacity Benefit you must be getting either Illness Benefit (for a minimum of six months) or Invalidity Pension.

## Disability Allowance

This is a long-term social assistance payment for those aged 16-65 with a disability expected to last at least one year.

## Supplementary Welfare Allowance

If you are sick and do not qualify for any payment you may be eligible for Supplementary Welfare Allowance. Generally, social welfare payments are made up of a personal payment for yourself and extra amounts for your dependent spouse, civil partner or cohabitant and your dependent children.

## Other payments

If you are getting a social welfare payment you may qualify for additional financial support because of your illness or disability, for example, under the Supplementary Welfare Allowance Scheme you can apply for a Heating Supplement, if you have exceptional heating expenses due to ill-health or infirmity. You may also be eligible for:

- the Long Term Illness Scheme
- a Medical Card
- a GP Visit Card.

Apply to your Local Health Office in the Health Service Executive.

## Driving and home benefits

There are concessions for disabled drivers and passengers and local authority grants to adapt your home.

## Coping with the financial implications of prostate cancer

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### Tax benefits

There are also tax benefits available to people that are sick or have a disability.

### Carer's payment

If someone is providing you with full-time care they may qualify for a carer's payment.

### Medical Card application form

Your illness may mean you are entitled to a Medical Card. Your Medical Social Worker will advise you and can help you to apply for a Medical Card online if appropriate at:

- [www.sspcrs.ie/portal/medapponline/](http://www.sspcrs.ie/portal/medapponline/)

People who hold a Medical Card are entitled to a range of Health Services free of charge.

To apply for a Medical Card, you can download and print an application form from this website, fill it in, and return it to the HSE Client Registration Unit, P.O. Box 11745, Dublin 11.

Call the HSE customer care team at the Client Registration office on Call Save 1890 252 919 for any other questions you have about Medical Cards. They can also post an application form to you, or help you in filling in the form or making your application.

## Non-Medical Card holders

Everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is an 80 a night charge up to a limit of 800 in a 12-month period. Higher rates apply for semi-private or private care.

If you do not have a Medical Card, you may have to pay some in-patient and out-patient hospital charges. You may be entitled to some community care and personal social services.

## Mortgages, loans, pensions and insurance

### Mortgages and loans

You may be experiencing short-term payment difficulties with your mortgage, due to your illness, and you may be worried about losing your home. Talk to your lender. If you can't – talk to MABS, the state money advice service.

MABS now has a dedicated confidential, free, and independent mortgage arrears service. It is a state-funded service for mortgage debt advice and referral.

You can call MABS on 0761 07 2000 for independent information, advice and referral.

If you are unable to make payments on other loans you can contact MABS for help on this too. It is the same phone number 0761 07 2000.

You can also send an email to [helpline@mabs.ie](mailto:helpline@mabs.ie) if you have any queries. MABS does not offer financial advice on investments or on specific financial products. Remember also that MABS does not give out money.

## Coping with the financial implications of prostate cancer

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### Pensions

You may be worried about taking a break from paying into a private or occupational pension scheme. For information on your scheme, contact:

- the trustees in an occupational (workplace) pension scheme
- the provider in a private scheme.

They will tell you if the scheme allows you to take a break and how this may affect your final pension payout.

The Department of Social Protection can tell you how a break in employment may, or may not, affect your final state pension. See more information on their website at: [www.welfare.ie/en/Pages/home.aspx](http://www.welfare.ie/en/Pages/home.aspx)

### Health insurance

If you have prostate cancer and you have private health insurance, before you attend hospital check with your provider what cover you have for inpatient and outpatient services.

### Taking out health insurance

If you take out health insurance when you are ill, the health insurance company may not cover you for existing or previous illnesses for some years. The amount of time you have to wait before you are covered for pre-existing conditions varies from company to company.

### Travel insurance

It can be very hard for people who have cancer to get travel insurance. This can apply if you have had cancer in the past or if you are receiving treatment at present.

Before you look for insurance, ask your doctor for a letter to say you are fit to travel. Before you book your tickets, check the cost of travel insurance as it may be so expensive that you cannot afford the trip.

When asked, you must give the travel insurance company all the information they need about current and past illnesses. They will use this information to decide how much of a risk you are, and how much they will charge. They may refer you to a special phone line that will ask you questions to medically screen you.

If you fail to give the insurance company all the relevant information, and you later make a claim, the insurance company may say the policy is invalid and refuse to pay out on it.

<b>Financial implications: useful contacts</b>	
<b>Medical card forms</b>	
Phone	Phone HSE customer care team at the Client Registration office. Call Save 1890 252 919
Website	<a href="http://www.sspcrs.ie/portal/medapponline/">www.sspcrs.ie/portal/medapponline/</a>
<b>Free advice, Money advice and budgeting service (MABS)</b>	
Phone	0761 07 2000
Website	<a href="http://www.mabs.ie">www.mabs.ie</a>
<b>Citizens' information Service</b>	
Phone	0761 07 4000
Website	<a href="http://www.citizensinformation.ie/en/">www.citizensinformation.ie/en/</a>

### 15. Returning to work after cancer treatment

You cannot set in stone when you will return to work after being treated for prostate cancer. Everyone's experience will be different, and unfortunately some people may feel under financial pressure to return to work before they really feel fit enough.

If possible, agree a flexible plan with your employer where you can fit in medical appointments and treatment and possibly work flexi-hours or part time. It can give you confidence and help you return to work more easily if you can make these arrangements in advance of your cancer treatment.

You may also need to return to less physically demanding or stressful work until you are fully recovered.

#### **Employer must make 'reasonable accommodation'**

The law requires your employer to take reasonable steps to accommodate your needs while you are ill. They must make 'reasonable accommodation' and this might be some modification to the way your work is organised including the:

- tasks or structure of your job or workplace
- working time arrangements

It's a good idea to arrange a conversation with your employer at least a couple of weeks before you plan to return to work. This will give you enough time to discuss and identify any adjustments that you need to be able to return to work.

Every person with prostate cancer is different and employers should not make assumptions about your fitness or about what reasonable adjustments will or won't be needed.

Ask your employer to arrange a smooth return and avoid situations where you come back to a mountain of work. Also check that your employer has told your colleagues that you are returning. If your colleagues don't already know about the nature of your illness, it is up to you if you want them to be told. You should agree with your employer whether you tell them, or if someone else should do it.

If you feel it will be helpful, ask your union representative to help you make arrangements about sick leave and returning to work.

### 16. Talking to children about prostate cancer

Cancer has a huge impact on everyone but the focus of medical professionals and family members can often, of necessity, be on supporting the person diagnosed with cancer. Children can sometimes feel left behind. It can be hard for children to know where to turn, how to express their feelings, or who to talk to.

It is natural to want to protect children from difficult news, but being honest and open with them about cancer is usually best.

Children are often aware if there is a serious change that affects their family. Telling them about the cancer means they can ask questions. It will also help to prevent them misinterpreting what is going on.

Take time to prepare yourself before speaking with your children. Make sure you understand everything and think about questions they may ask.

#### Tips for talking to children

Choose a time and place when you all feel comfortable. It's best to tell all your children together. What they need to know and their reactions depend on their age, but there are some tips that will help:

- be honest
- use simple language
- find out what they know
- correct misunderstandings
- repeat information for younger children.

It may be useful for teachers, other parents or nursery staff to be aware of the situation. With teenagers, it's usually best to talk this through with them first. If you're concerned about how your child is coping, ask your doctor or nurse for advice about counselling or psychological services.

### **CLIMB® Programme for Children**

The CLIMB (Children's Lives Include Moments of Bravery) programme is aimed at children aged between five and 11 years and is run by Cancer Support Centres around Ireland. This six-week programme is designed especially for children of primary school-going age (5-11 years) who have a parent or a significant adult who has been diagnosed with cancer. The sessions are designed to be fun and involve discussion, art and play to assist children to understand and express the feelings they have.

The CLIMB programme is free of charge. If you are interested in registering a child, contact your nearest Cancer Support Centre (there is a list at the back of this booklet) and register your interest and your children will be booked in.

### 17. Prostate cancer and gay and bisexual men

Prostate cancer is likely to affect gay men in many of the same ways as heterosexual men, but there may also be some different concerns and impacts. Recent studies have shown that gay men had lower levels of functioning than heterosexual men after prostate surgery and during hormone therapy treatment.

Prostate cancer mainly affects men over the age of 50 and risk increases with age. Gay men with prostate cancer may have social support, but this support may be different from heterosexual men. For example, older gay and bisexual people are more likely to live alone and less likely to have children.

Additionally, gay and bisexual men may be excluded from non-family support enjoyed by heterosexual men, such as support groups. Some gay men may try to find a support group open to having gay men participate, others may remain closeted, rely on internet-based support groups, or be socially isolated.

For gay men who are in long-term relationships, there is very little research about male-to-male support and if and how this differs from female partner support in long-term relationships.

#### Sexual issues

Treatments for prostate cancer can cause sexual side effects such as problems with erections and loss of sex drive. Specific issues for gay men may not be addressed in standard advice and information.

During anal sex, the prostate gland can be an area of sexual pleasure, and prostate cancer may carry a particular significance to gay men and their sense of sexuality.

Rehabilitation in prostate cancer is often focused on creating erections rigid enough for vaginal penetration when anal penetration may require a greater degree of rigidity. Different advice and treatment may be needed for gay men who do have anal sex.

Radiotherapy to the prostate and the surrounding area can cause bowel problems such as diarrhoea, pain in the back passage, or, more rarely, bleeding from the back passage. Gay men who receive anal sex, need to be aware of these side effects, not only after treatment, but before treatment during decision-making.

### 18. How the Marie Keating Foundation can help you

The Marie Keating Foundation's aim is "Making cancer less frightening by enlightening". The Foundation is a leading voice in cancer awareness and information for both men and women in Ireland.

We provide information on all the key cancers, including:

- prostate cancer
- bowel cancer
- breast cancer
- cervical cancer
- throat cancer
- lung cancer
- skin cancer
- testicular cancer.

We do not receive any Government funding and all of our community services are provided free of charge.

#### Ask the Nurse

Our 'Ask the Nurse' service means you can get information about any aspect of prostate cancer from a qualified, expert nurse. You can submit your question on line at [www.mariekeating.ie/cancer-information-services/ask-the-nurse/](http://www.mariekeating.ie/cancer-information-services/ask-the-nurse/)

Our nurse will respond to you in complete confidence to the email address that you supply.

## Marie Keating Foundation Comfort Fund

We provide financial help to people who are receiving treatment for any kind of cancer and who find themselves in financial difficulty as a result. A diagnosis of cancer can lead to:

- increased medical costs such as consultant fees and expensive medications
- additional expenses from activities such as increased travel to medical appointments that may be some distance from home
- increased utility bills due to extra time at home while recovering from treatment
- reduction in earnings where a patient and their family members have to take time off work.

Many people can find themselves overwhelmed by these costs and this adds to the stress associated with their cancer diagnosis. We hope to reduce that burden. Each year, the Marie Keating Foundation allocates a specific budget for people who are undergoing treatment for cancer, but who are financially struggling. The fund accepts applications on behalf of men, women and children. This fund has been operating successfully since 2004. In 2017 alone, the Marie Keating Foundation's Comfort Fund helped more than 530 families through their cancer journey.

## How does the Comfort Fund work?

The Marie Keating Foundation works in partnership with health care professionals, mainly Medical Social Workers (MSWs) and Clinical Nurse Specialists (CNSs). The Marie Keating Foundation does not accept applications directly from patients.

## How the Marie Keating Foundation can help you

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Applications must be made by the healthcare professional involved directly in your care.

If you do not know who this is, ask in the centre where you are receiving treatment and they will refer you. The Comfort Fund only provides 'one-off' assistance. The Foundation will consider only one application per patient.

### Survive and Thrive

The Marie Keating Foundation provides workshops and seminars to help cancer survivors adapt to the 'new normal'. The workshops and the seminars include advice from experts on issues that cancer survivors often face including:

- coping with emotions
- fatigue and other side effects
- changing nutritional needs
- coping with feelings and change
- managing stress and physical activity
- managing urinary incontinence and erectile dysfunction.

Sometimes the courses are for men or women only and sometimes they are mixed. Attendees are welcome to bring a friend or family member to support them through the course or day.

All courses and seminars are free, but places are limited, and registration is essential. If you would like to apply for an upcoming course or seminar, please contact Angela Egan, the Marie Keating Foundation, on 01 628 3726 or email [info@mariekeating.ie](mailto:info@mariekeating.ie). Please say which course or seminar you are applying for.

**“I realise now it isn’t the end of the world by any means – it changes things alright but the prognosis is very good nowadays.”**

David Leavy is one of our Heroes of Hope and he says: “Two years ago, I was given the all-clear and it is such a massive relief to be finally told you are well. I sometimes still wonder why I got it but the most important thing was to deal with it head on and take the advice of the professionals. I realise now it isn’t the end of the world by any means – it changes things alright but the prognosis is very good nowadays. I am so appreciative of the support I got from my wife and kids, they were a huge support even though it was hard for them too. For us it is something that’s in the past now.”

To read Our Heroes of Hope Stories. <https://www.mariekeating.ie/heroes-hope/> See [www.mariekeating.ie/cancer-information-services/survive-and-thrive/](http://www.mariekeating.ie/cancer-information-services/survive-and-thrive/) for upcoming courses

## Contact

All courses and seminars are free to attend, but places are limited, and registration is essential. If you would like to find a course that is suitable for you, please contact:

The Marie Keating Foundation

Phone: 01-628 3726

Email: [info@mariekeating.ie](mailto:info@mariekeating.ie)

There is also more information in the ‘Positive living’ section of this booklet.

## 19. Useful organisations, contacts and supports

National organisations and supports See also <a href="http://www.mariekeating.ie">www.mariekeating.ie</a>			
Name	Location	Phone	Email and/or website
Citizens Information Board	43 Townsend St, Dublin 2, D02 VK65	0761 07 4000	info@ciboard.ie <a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a>
Family Carers	Nationwide	1800 240 724	info@familycarers.ie <a href="http://familycarers.ie/">http://familycarers.ie/</a>
Hospice Friendly Hospitals	Nationwide	01- 679 3188	hfh@hospicefoundation.ie <a href="http://www.hospicefriendlyhospitals.ie">www.hospicefriendlyhospitals.ie</a>
Irish Brain Tumour Support Group	St Luke's Hospital, Dublin 6	01-406 5163	<a href="http://www.braintumoursupport.ie">www.braintumoursupport.ie</a>
Irish Cancer Society	Head office, 43/45 Northumberland Road, Dublin 4	01-231 0500 1800 200 700	support@irishcancer.ie <a href="http://www.cancer.ie">www.cancer.ie</a>
Irish Hospice Foundation	32 Nassau Street, Dublin 2, D02 YE06	01-679 3188	info@hospicefoundation.ie <a href="http://www.hospicefoundation.ie">www.hospicefoundation.ie</a>

Support groups and centres – National organisations continued			
Name	Location	Phone	Email and/or website
Irish Nutrition & Dietetic Institute	Ashgrove House, Kill Avenue, Dun Laoghaire, Co Dublin	01-280 4839	info@indi.ie www.indi.ie
LARCC (Lakelands Area Retreat & Cancer Centre)	Multyfarnham, Mullingar, Co Westmeath.	044-9371971 1850 719 719	http://cancersupport.ie/ info@cancersupport.ie
Lymphoedema Ireland	C/O The Irish Cancer Society, 43/45 Northumberland Road, Dublin 4	Freefone 1800 200 700 087-693 4964	info@lymphireland.com http://lymphireland.com/
Marie Keating Foundation	Unit 9 Millbank Business Park, Lucan, Co Dublin	01-628 3726	info@mariekeating.ie www.mariekeating.ie
Medical card application		Call Save 1890 252 919	www.sspcrs.ie/portal/ medapponline/
Money Advice and Budgeting Service (MABS)	Nationwide	0761 07 2000	helpline@mabs.ie www.mabs.ie
St Luke's Breast Cancer Support Group	St Luke's Hospital, Dublin 6	01-406 5163	http://stlukesnetwork.ie/ patients/patient-support/ support-groups-and-pro- grammes.html

## Useful organisations, contacts and supports

Support groups and centres – National organisations continued			
Name	Location	Phone	Email and/or website
Think Ahead Planning For death and dying	32 Nassau Street, Dublin 2	01-679 3188	info@hospicefoundation. ie http://hospicefoundation. ie/
<b>Health insurers</b>			
AVIVA Health (formerly VIVAS Health)	1 Park Place, Hatch Street, Dublin 2.	1850 45 35 25	www.aviva.ie/health
Laya Healthcare (formerly Quinn)	Eastgate Road, Eastgate Business Park, Little Island, Co. Cork	021-202 2000	www.layahealthcare.ie
<b>LEINSTER</b>			
ARC Cancer Support Centre	Arc House, 65 Eccles Street, Dublin 7	01-830 7333	info@arccancersupport.ie http://arccancersupport. ie/
ARC Cancer Support Centre	557-559 South Circular Road, Dublin 8	01-707 8880	info@arccancersupport.ie www.arccancersupport.ie
Arklow Cancer Support Centre	8 St. Mary's Road, Arklow, Co Wicklow	040-235 90	arklowcancersupport@ gmail.com http://arklowcancersup- port.ie/

Regional support groups and centres – Leinster continued			
Name	Location	Phone	Email and/or website
Balbriggan Cancer Support Group	Unit 23, Balbriggan Business Park, Co Dublin	01-841 0116 087-353 2872	<a href="http://www.balbriggan.info/balbriggan-cancer-support-group/">www.balbriggan.info/balbriggan-cancer-support-group/</a>
Brain Tumour Ireland	8 Kilgobbin Lawn, Stepside, Co Dublin		<a href="mailto:info@braintumourireland.com">info@braintumourireland.com</a> <a href="https://braintumourireland.com/">https://braintumourireland.com/</a>
Canteen Ireland – support for young people with cancer	4 Carmichael Centre, North Brunswick Street, Dublin 7	01-872 2012	<a href="mailto:info@canteen.ie">info@canteen.ie</a> <a href="http://www.canteen.ie">www.canteen.ie</a>
Cara Cancer Support Centre	7 Williamson Place, Dundalk, Co Louth	042-933 9383 087-395 5335	<a href="mailto:info@ccscdundalk.ie">info@ccscdundalk.ie</a> <a href="http://www.ccscdundalk.ie">www.ccscdundalk.ie</a>
Cois Nore Kilkenny Cancer Support Centre	8 Walkin Street, Kilkenny, Co Kilkenny	056-775 2222	<a href="https://coisnore.ie/">https://coisnore.ie/</a>
Cuisle Centre	Block Road Portlaoise Co Laois	057-868 1492	<a href="mailto:info@cuislecancersupport-centre.ie">info@cuislecancersupport-centre.ie</a> <a href="http://www.cuislecentre.com">www.cuislecentre.com</a>

## Useful organisations, contacts and supports

Support groups and centres – Leinster continued			
Name	Location	Phone	Email and/or website
Dochas Offaly Cancer Support	Teach Dóchas, Offaly Street, Tullamore, Co Offaly	057-932 8268	info@dochasoffaly.ie www.dochasoffaly.com
Éist Cancer Support Centre Carlow	The Waterfront, Mill Lane, Carlow	059-913 9684 085-144 0510	info@eistcarlowcancersupport.ie www.eistcarlowcancersupport.ie
Gary Kelly Cancer Support Centre	George’s Street, Drogheda, Co Louth	041-980 5100	info@gkccancersupport.com www.gkccancersupport.com
Greystones Cancer Support	La Touche Place, Greystones, Co Wicklow	01-287 1601	info@GreystonesCancerSupport.com
Haven Cancer Support and Therapy Group	Haven House, 68 Hazelwood, Gorey, Co Wexford	053-942 0707	info@thehavengroup.ie www.thehavengroup.ie
Hope Cancer Support Centre	22 Upper Weafer Street, Enniscorthy, Co Wexford	053-923 8555	info@hopesupportcentre.ie www.hopesupportcentre.ie
Lakelands Area Retreat & Cancer Centre	Ballinalack, Mullingar, Co Westmeath	044-937 1971; Callsave 1850 719 719	info@larcc.ie www.larcc.ie

Support groups and centres – Leinster continued			
Name	Location	Phone	Email and/or website
Rathdrum Cancer Support Centre	St Anne's, Rathdrum, Wicklow.	087-691 7675	rathcan@gmail.com
Tallaght Cancer Support Group	1-2 Main Street, Tallaght, Dublin 24	086-400 2736 086-400 2703	ctallaght@yahoo.ie <a href="http://tallaghtcancersupport.com/">http://tallaghtcancersupport.com/</a>
Wicklow Cancer Support Centre	Unit 2, Rear of Butlers Medical Hall Pharmacy, Abbey Street, Wicklow	0404-32696	wicklowcancersupport@gmail.com
CONNAUGHT			
Athenry Cancer Care	Social Service Centre, New Line, Athenry, Co. Galway	091-844 319 087-412 8080	athenrycancercare@gmail.com <a href="http://athenrycancercare.ie/">http://athenrycancercare.ie/</a>
Ballinasloe Cancer Support Centre	Society Street, Ballinasloe, Co Galway	090-964 5574 087-945 2300	<a href="http://ballinasloecancer-support.ie/">http://ballinasloecancer-support.ie/</a>
Cancer Care West	Inis Aoibhinn, University Hospital Galway, Costello Road, Galway	091-545 000	info@cancercarewest.ie <a href="http://www.cancercarewest.ie">www.cancercarewest.ie</a>

## Useful organisations, contacts and supports

Support groups and centres – Connaught continued			
Name	Location	Phone	Email and/or website
Cara Iorrais Cancer Support Centre	2 Church Street, Belmullet, Co Mayo	097-20590	caraiorrais@gmail.com www.caraiorrais.com
Galway East and Midlands Cancer Support Centre	Le Chéile, Brackernagh, Ballinasloe, Co Galway	090-964 2088	info@egmcancersupport.com www.egmcancersupport.com
Gort Cancer Support Group	Garrabeg, Gort Co Galway	091-648 606 086-172 4500	info@gortcancersupport.ie www.gortcancersupport.ie
Mayo Cancer Support Association	Rock Rose House, 32 St Patricks Avenue, Castlebar, Co Mayo	094-903 8407	info@mayocancer.ie www.mayocancer.ie
Roscommon Cancer Support Group	Vita House Family Centre, Abbey Street, Roscommon	090-662 5898	lauramullooly@vitahouse.org https://roscommoncancersupport.ie/
Sligo Cancer Support Centre	44 Wine Street, Sligo, Co Sligo	071-917 0399	scsc@eircom.net
Tuam Cancer Care Centre	Cricket Court Dunmore Road Tuam, Co Galway	093-285 22	support@tuamcancer-care.ie www.tuamcancercare.ie

Support groups and centres – Munster			
Name	Location	Phone	Email and/or website
<b>MUNSTER</b>			
CARE Cancer Support Centre	14 Wellington Street, Clonmel, Co Tipperary	052-618 2667	caresupport@eircom.net <a href="https://cancercare.ie/">https://cancercare.ie/</a>
Circle of Friends Cancer Support Centre	4, 6 & 7 Station House, Station Road, Tipperary Town	087-3412600	circleoffriendstipp@gmail.com <a href="http://www.circleoffriendscancer-support.com/">www.circleoffriendscancer-support.com/</a>
Clare Cancer Support Sláinte on Chláir:	Kilnamona, Ennis, Co Clare	1850 211 630 087-691 2396	admin@clarecancersupport.com <a href="http://www.clarecancersupport.com">www.clarecancersupport.com</a>
Cork ARC Cancer Support House	Cliffdale, 5 O'Donovan Rossa Road, Cork	021-427 6688	info@corkcancersupport.ie <a href="http://www.corkcancersupport.ie">www.corkcancersupport.ie</a>
Cork Brain Tumour Support Group	Chemotherapy Department of Cork University Hospital, Cork	087-146 5742	
Cunamh Bons Secours Cancer Support Group	Bon Secours Hospital, College Road, Cork	021-480 1676	
Kerry Cancer Support Group	124 Tralee Town House Aptmnts, Main Street, Tralee, Co Kerry	066-719 5560	kerrycancersupport@eircom.net <a href="http://www.kerrycancersupport.com">www.kerrycancersupport.com</a>

## Useful organisations, contacts and supports

Support groups and centres – Munster continued			
Name	Location	Phone	Email and/or website
Midwestern Cancer Support Centre	University Hospital Limerick, Dooradoyle, Limerick	061-482 900	www.midwesterncancer-centre.ie
Recovery Haven	5 Haig's Terrace, Tralee, Co Kerry	066-719 2122	reception@recovery-havenkerry.com www.recoveryhavenkerry.com
South Eastern Cancer Foundation Solas Centre	Solas Cancer Support Centre, Williamstown, Waterford.	051-304 604	info@solascentre.ie <a href="https://solascentre.ie/">https://solascentre.ie/</a>
Suimhneas Cancer Support Centre	2 Clonastee, Gortland Roe, Nenagh, Co Tipperary	067-37403	suaimhneascancersupport@eircom.net
Suir Haven Cancer Support Centre	Clongour Road, Clongour, Thurles, Co Tipperary	0504-211 97	suirhaven@gmail.com
West Cork Cancer Support	'The Bungalow' at Bayview Gories, Goureebeg, Bantry, Co. Cork	027-53 891 083-198 8580	westcork@corkcancer-support.ie <a href="http://www.corkcancersupport.ie/">www.corkcancersupport.ie/</a> west-cork-services-1/
Youghal Cancer Support Group	29 Friar St, Youghal-Lands, Youghal, Co Cork	024-91654	

## Prostate Cancer – From diagnosis to recovery

Ireland's eight Designated Cancer Centres			
Hospital Group	Cancer Centre	Phone	HSE Region
<b>RCSI</b>	Beaumont University Hospital <a href="http://www.beaumont.ie/oncology">www.beaumont.ie/oncology</a>	Main switch: 01-809 3000	HSE Dublin – North East
<b>Ireland East</b>	Mater University Hospital <a href="http://www.mater.ie">www.mater.ie</a>	Main switch: 01-803 2000	HSE Dublin – North East
	St Vincent's University Hospital <a href="http://www.stvincents.ie">www.stvincents.ie</a>	Main switch: 01-221 4000	HSE Dublin – Mid Leinster
<b>Dublin Midlands</b>	St James's University Hospital <a href="http://www.stjames.ie">www.stjames.ie</a>	Main switch: 01-410 3000	HSE Dublin – Mid Leinster
<b>South/Southwest</b>	Cork University Hospital <a href="http://www.cuh.hse.ie">www.cuh.hse.ie</a>	Main switch: 021-492 2000	HSE South
	Waterford Regional Hospital <a href="http://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/waterford/">www.hse.ie/eng/services/list/3/acutehospitals/hospitals/waterford/</a>	Main switch: 051-848 000	HSE South
<b>Saolta University</b>	Galway University Hospital <a href="http://www.saolta.ie/hospital/university-hospital-galway">www.saolta.ie/hospital/university-hospital-galway</a>	Main switch: 091-524 222	HSE West
	Satellite: Letterkenny General Hospital <a href="http://www.hse.ie/go/LGH/">www.hse.ie/go/LGH/</a>	Main switch: 074-912 5888	
<b>Midwest</b>	University Hospital Limerick <a href="http://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/ulh/hospitals/uh/">www.hse.ie/eng/services/list/3/acutehospitals/hospitals/ulh/hospitals/uh/</a>	Main switch: 061-301 111	HSE West











## About the Marie Keating Foundation

Following their mother Marie's death in 1998, the Keating family promised that they would do everything they could to bring an end to cancer. They committed to provide all Irish people with the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was "Making cancer less frightening by enlightening".

Through its community information service, the Foundation's dedicated nurses have enlightened more than 260,000 people about the causes and risk factors of cancers. The Foundation is continuing to expand its awareness campaigns on the most common cancers affecting men and women in Ireland. It is doing this at local level through its community outreach approach as well as through national campaigns.

Through its Comfort Fund, the Foundation provides financial assistance to people who are currently receiving treatment for any kind of cancer and who, as a result, find themselves in financial difficulty. In 2017 alone, more than 530 families received assistance from the Comfort Fund.

*On 2 February 1998, our mother, Marie died from breast cancer. Throughout her illness, we could do nothing to help the amazing person who had done everything for us, all our lives. We, the Keating family, have set up this charity in her name to try to prevent others going through what our family went through. This is also to ensure that such a wonderful person did not die in vain.*

Take care,



Marie Keating  
FOUNDATION

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