Information for patients receiving long term hormone treatment and radiotherapy for prostate cancer

Northern Centre for Cancer Care (NCCC)
Freeman Hospital
Introduction

This leaflet has been written to give you general information and answer some of the questions you may have about how hormone treatment and radiotherapy work and the side effects of these treatments.

We hope you will find this helpful. If you have any further questions relating to your treatment, please do not hesitate to ask your radiographer, specialist nurse or oncologist.

When do I start the hormone treatment?

Before starting radiotherapy you will start the hormone treatment. You will be given a prescription for Cyproterone acetate tablets (CPA) and Zoladex or Prostap injection. The CPA tablets are to be taken one week prior to your first hormone injection and for two weeks thereafter.

You must complete the course of CPA and they do not need to be continued by your G.P.

Your first hormone injection will usually be given to you by the nurse practitioner in clinic however, it can be arranged for this to be administered by your GP or practice nurse at your GP surgery. It is given in the form of an injection that lasts for four weeks. After this your G.P. or practice nurse will give your injections once every 12 weeks.

These injections are given to stop the production of testosterone from the testicles. Prostate cancer needs testosterone to grow, so stopping its production will slow down the growth of the cancer cells.

You will need to continue on the injections for three months before the radiotherapy, during the radiotherapy and for at least three years after completing your course of radiotherapy.

What are the side effects of the hormone treatment?

These can vary and you may not experience them all. If you develop any problems we can discuss the treatment of these when you attend your appointments. The most common side effects include:

• Impotence and lack of sexual desire
• Hot flushes
• Mild weight gain around the abdomen.
• Weight loss on the arms and legs
• Lethargy and lack of energy
• Changes in appetite
• Mood swings
• Swelling and discomfort around the breast area.

Everyone is different and your oncologist or specialist nurse will be happy to discuss and help to manage any of these problems.

Radiotherapy - possible short term (acute) side effects

Acute side effects are temporary and affect most patients. The side effects generally develop during the second half of the course of radiotherapy, last for several weeks after the treatment has finished and then usually settle within the next three to four months.

• Changes to your urinary system

During your course of radiotherapy you may experience changes to your urinary symptoms, especially in the last few weeks and on completion of the radiotherapy. If you already have some problems with passing urine, unfortunately these may become worse. You may begin to experience some burning or stinging when you pass urine, sometimes called cystitis. You may feel the need to pass urine more frequently, especially at night. This could also coincide with a strong urgency to pass urine.

What can I do to help?

Whilst having radiotherapy:
• Drink at least eight cups of fluid a day. Don’t be tempted to drink less.
• Avoid smoking and drinking alcohol or drinks containing caffeine e.g. tea, coffee, coca-cola. They can all make any urinary problems worse.
• **Altered bowel habits**

Changes in your bowel habits can occur during radiotherapy. If diarrhoea is a problem this is often very mild and changing to a low fibre diet can often help. Sometimes you may feel that you want to open your bowels frequently but only a small stool or no motion is passed. You may even pass mucus or a small amount of blood, this is called tenesmus and you should talk to your specialist nurse or oncologist about this. Again, a low fibre diet can help and medication may be required.

Your bowel habits may continue to be disrupted for several weeks following radiotherapy but it should resolve. Please tell your oncologist or specialist nurse if it does not.

• **Tiredness / Fatigue**

Radiotherapy can sometimes make you feel very tired especially towards the end of your course of radiotherapy and for a number of weeks following treatment. You should rest as much as you need to. It may be some time before you feel able to do some of your usual activities.

Fatigue is something nearly everyone with cancer feels. It affects people differently and it is important to tell the health care team if you are feeling more tired than usual. There are some physical causes, such as anaemia that are readily treatable. Please ask for a booklet on Fatigue at the Information Centre in NCCC which may give you tips to help with this.

• **Effects on the skin**

Towards the end of treatment some patients experience some changes in the skin affecting the area that has been treated. The skin may

- feel tight and uncomfortable
- become pink or red
- become dry and flaky
- itch
Your skin will be monitored by your radiographers during radiotherapy and you will be given advice on how to care for it. Skin reactions may sometimes persist for up to six weeks after treatment has finished.

**What can I do to help?**

- Wear loose, preferably cotton, clothing that does not rub the skin and will allow air to circulate.

- Do not soak the area in the bath or under a long hot shower. You may wash the treated area using a simple, unperfumed soap applying gently with your hands rinsing the area well with warm water. Avoid using flannels or sponges. Pat the area dry with a soft towel or let the skin dry naturally.

- **Do not use** talcum powder, bubble baths, bath salts, shower gels or body lotions in the treated area as they tend to be highly perfumed and can dry or irritate the skin. You may be given a moisturising cream from the radiographers or nurses to soothe the skin, or your oncologist may prescribe a cream if needed.

◆ **Your emotions**

It is important to make time for yourself. Emotions associated with the reactions to a diagnosis of prostate cancer may come to the surface at various stages during your treatment.

Don’t worry if you feel low, this can be normal. If you need to talk to someone, please ask, we are here to help. We have a wide range of support services within the department, such as Macmillan nurses, dietician and social worker. A Clinical Psychology service is also available at NCCC on referral from your oncologist.

◆ **Sex**

Sexual activity is personal to each individual and may be an aspect of your life about which you have concerns relating to your disease or treatment. You may have questions you wish to ask.
♦ **Impotence or sexual problems**

Most men will lose interest in the sexual aspect of their relationship and may be unable to get an erection. This is due to the hormone treatment but radiotherapy may also cause these problems. We understand that this may be a difficult problem to discuss. Your specialist nurse will be able to advise you on the different treatments available to help. There is more information available in the Information Centre at NCCC.

**How else can I help myself during treatment?**

You can help by doing these things…

- Don’t try to lose weight.
- Try not to smoke. It can make your side effects worse.
- Tell us if you are worried about your side effects, or if you feel unwell, or if you have any problems or questions.

**Possible long-term or permanent effects of treatment**

Please ask for a booklet on late effects of radiotherapy at the Information Centre in NCCC which may give you tips to help with this.

**Your progress**

You will be seen by a member of your specialist team once every two weeks during your treatment. This will be an opportunity to discuss any concerns or problems you may have.

**Please tell your treatment radiographers if you have any problems between appointments.**

**After your radiotherapy has finished**

The side effects of treatment can continue for several weeks after radiotherapy has finished. Continue with your skincare routine until any changes return to normal. If you have altered your diet or decreased your caffeine
intake then you will need to continue with this until your symptoms have improved.

You will be given a discharge letter with a copy for your GP summarising any side effects you may have and any creams or medication you have been prescribed at NCCC. If you are worried about your side effects after your treatment has finished, please contact your specialist nurse or the NCCC Information Centre for further advice.

**Follow up**

You will be sent a follow up appointment to see your specialist team six to 12 weeks after finishing treatment; this may be at the Northern Centre for Cancer Care or the original hospital where you first saw your oncology consultant.

You will then be seen every three to six months after that.

During this appointment your Prostate Specific Antigen (PSA) blood test will be taken to assess your response to treatment. Your prostate may also be examined but not necessarily at each visit. At the clinic you will have the opportunity to discuss your disease and the treatment you have received. You will also have the opportunity to discuss any concerns or worries you may have following your treatment.

As previously mentioned you will continue to receive your monthly or three monthly hormone injection for three years after completion of your radiotherapy.

**Useful contacts:**

Northern Centre for Cancer Care Macmillan Information and Support Centre
0191 2138611 - Monday to Friday from 9am to 4.30pm

Uro Oncology Nurse Practitioner
Northern Centre for Cancer Care
Freeman Hospital, Tel: 0191 2138337, Monday to Friday from 8.30am to 4.30pm
Newcastle upon Tyne Hospitals NHS Foundation Trust
www.newcastle-hospitals.org.uk

CancerBACUP
freephone 0808 800 1234
www.cancerbacup.org.uk

Macmillan Cancer Relief
Head office 020 7840 7840
freephone 0808 800 1234
www.macmillan.org.uk

If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS Choices website at www.nhs.uk. On this website there is an information prescription generator www.nhs.uk/ips which brings together a wealth of approved patient information from the NHS and charity partners which you may find helpful

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