

UNDERSTANDING

Health and wellbeing

with prostate cancer

A guide to diet, exercise and managing your emotional wellbeing for a better quality of life.



Prostate Cancer
Foundation of Australia

Health and wellbeing with prostate cancer

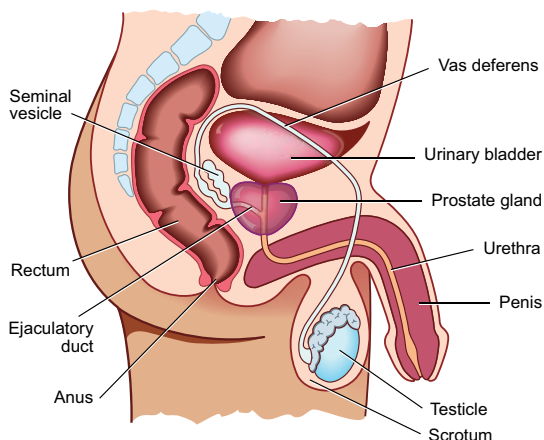
What is prostate cancer?

The prostate is a small gland located below the bladder and in front of the rectum in men. It surrounds the urethra, the passage that leads from the bladder, out through the penis through which urine and semen pass out of the body. The prostate gland is part of the male reproductive system (see diagram).

The prostate produces some of the fluid that makes up semen, which enriches and protects sperm. The prostate needs the male hormone testosterone to grow and develop. Testosterone is made by the testicles.

The prostate gland is about the size of a walnut and it is normal for it to grow as men age. Sometimes this can cause problems, such as difficulty with passing urine.

The male reproductive system



Prostate cancer occurs when abnormal cells develop in the prostate. These cells have the potential to continue to multiply, and possibly spread beyond the prostate. Cancers that are confined to the prostate are called **localised** prostate cancer. If the cancer extends into the surrounding tissues near the prostate or into the pelvic lymph nodes, it is called **locally advanced** prostate cancer. Sometimes it can spread to other parts of the body including other organs, lymph nodes (outside of the pelvis) and bones. This is called **advanced** or **metastatic** prostate cancer. However, most prostate cancers grow very slowly and about 96% of men survive at least 5 years after diagnosis, particularly if diagnosed with localised prostate cancer.

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Health and wellbeing with prostate cancer

1. Introduction

This booklet is to help you deal with some of the emotional and physical challenges that men with prostate cancer can experience. It provides information to support your mental and emotional wellbeing and to help you look after yourself through exercise and healthy diet choices.

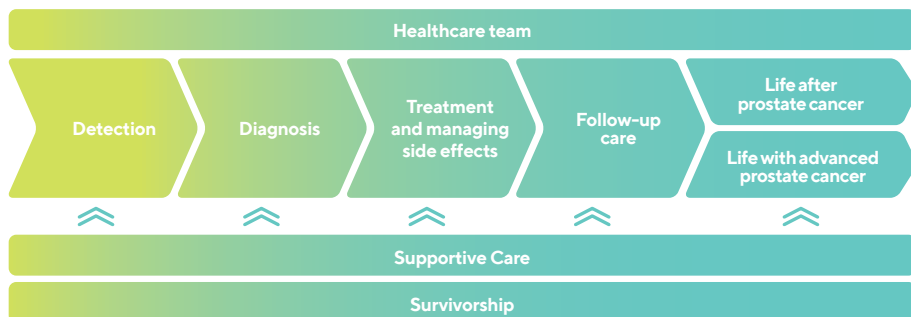
You will find this booklet useful whether you have just been diagnosed with prostate cancer, are having treatment, or have finished treatment. You can use the information in this booklet to guide discussions with your doctor or other health professionals.

Your cancer experience

After being diagnosed with prostate cancer, it's common for you to see a number of health professionals with different expertise who work together in a healthcare team (sometimes called a multidisciplinary team). This team includes health professionals who are involved in diagnosing your cancer, treating your cancer, managing your symptoms and side effects, and assisting you with your feelings or concerns during your cancer experience.

The cancer experience is not the same for everybody, even for those with the same type of cancer. Depending on the grade (the cancer aggressiveness) and stage (the extent of spread) of your prostate cancer and any underlying medical conditions, your experience may be quite different to someone else's.

Your prostate cancer experience



As the diagram above shows, it can be useful to think of the cancer experience in different stages: detection, diagnosis, treatment, follow-up care and either life after cancer or life with advanced prostate cancer. Take each stage one at a time so that you can break down what might feel like an overwhelming situation into smaller, more manageable steps.

From the moment prostate cancer is detected, your healthcare team will focus on survivorship – every aspect of your health and wellbeing while you are living with cancer and beyond. Survivorship also includes your family and loved ones.

2. Emotions during the prostate cancer experience

There are key times in your prostate cancer experience when you may feel more emotional or stressed.

You may need more support:

- when you are first diagnosed
- when you are deciding about treatment
- during treatment – especially if you are experiencing side effects such as erectile dysfunction and incontinence
- after treatment
- during follow-up appointments including Prostate Specific Antigen (PSA) testing
- if your prostate cancer comes back.

shock shame
anxiety and panic
guilt feeling out of control
anger **Common reactions men can experience after diagnosis are:** fear
loneliness confusion blame
sadness disbelief

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Your emotions after diagnosis

Being diagnosed with cancer may be one of the most stressful events you ever experience. A prostate cancer diagnosis can come as a real shock because you may not have had any symptoms or indication that something was wrong. It can be a very emotional time.

You might be worried because you've seen the experiences of a family member or friend who had cancer. You might feel angry or that it's unfair this has happened to you now. Or you might feel sad for your partner or family.

All these feelings are normal. There is no right or wrong way to react or feel – each man will have his own individual way of managing.

Some people find they feel better over time. But others might be so overwhelmed it feels like they're losing control, or their negative emotions don't go away.

If you feel like your emotions are interfering with your everyday life, there is help available. Tell your treating specialist, nurse, GP or call PCFA for support on **1800 22 00 99**.

Your emotions during treatment

Just as you're coming to terms with the emotional impact of your diagnosis, you may be faced with a difficult choice between several different treatment options. This can be a very challenging stage of your cancer experience, and the time at which you may need the most support.

Treatment for cancer can be physically challenging and it will impact your life for a while. You may feel stressed about treatment costs, managing work and how the treatment impacts your family.

Remember, it is normal to feel more emotional than normal when you are being treated for cancer. The more down you feel, the harder it is to cope with treatment. That's why it's important to tell your healthcare team if you're struggling emotionally. The better you feel, the better the outcomes will be for you and those close to you.

Your emotions after treatment

Some men find they still feel down and emotional even after treatment has finished. It's normal to feel like the priorities in your life have changed. You might also feel very anxious that the cancer might come back.

Some men find that coping with their prostate cancer may lead to ongoing problems with managing their emotions, to the point it becomes difficult to continue with their normal daily activities or they become physically unwell.

Your emotions if the cancer is advanced

It can be very challenging if the treatment doesn't go to plan, or if the cancer comes back.

If you have advanced prostate cancer, the symptoms and treatments can make you feel more down and emotional than usual. You might feel drained and unwell. You may have good days and bad days. Take your time and don't force yourself to be over positive – there is no right or wrong way to feel.

If you are having a lot of down days and your emotions are affecting your everyday life, there is help available. You could talk to a professional counsellor, your GP or your Prostate Cancer Specialist Nurse.

More information can be found in *Understanding advanced prostate cancer* downloadable at pcfa.org.au

Prostate Cancer Counselling Service

Our Prostate Cancer Counselling Service (PCCS) can help you with the psychological and emotional impacts of the disease. You can access the free service at any point – whether you or someone you love has been impacted by prostate cancer. Call **1800 22 00 99** and talk to one of our Prostate Cancer Specialist Nurses about a referral.

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3. Coping strategies

You probably already have ways of coping with difficult situations or decisions that have worked for you in the past.

For example, some men may talk through problems with people they trust such as their partner or close friends. Others try to distract themselves from an unpleasant thought or situation. They might try to grin and bear it, laugh it off, or in some cases, they may turn to drugs or alcohol in an attempt to cope..

Understanding what has worked best for you in the past can help you cope with the challenges a cancer diagnosis may bring.

There are some strategies you can use to help:

Look after yourself: Stay active and eat and drink healthily, even if you don't feel like it. The better you care for yourself and keep your body strong, the better you will get through the emotional and physical challenges you may have during your prostate cancer experience.

Eat well: You need a range of nutrients for energy and to help you through treatment. A healthy, balanced diet has also been shown to result in better outcomes from prostate cancer. For more information on diet and nutrition, see page 13.

Exercise: Regular exercise can help to prevent tiredness and fatigue, lift your mood, and help you to sleep. You can talk to your healthcare team about a tailored exercise program and what level of exercise is right for you. For more information on exercise, see page 11.

Talk: Don't block your emotions or reactions, as this can lead to further anxiety or frustration. Discussing your feelings with someone close may help you cope and make sense of your situation. If you don't feel comfortable talking to family or friends about your cancer, you could call a helpline, join a support group, or find a professional counsellor to talk to. For more information on getting support, see page 18.

Take time out: Take time out from cancer wherever possible. Do something enjoyable for yourself, like relaxing, going for a walk outside, taking a bath or having a massage. If you feel up to it, try to keep up with your social activities and the hobbies you previously enjoyed. Being around your friends and having a social life can help you forget your worries for a while.

Rest and relax: Rest is as important as exercise, particularly during treatment and just afterwards. Relaxation exercises or techniques such as meditation can help you to manage stress. Talk with your healthcare team for information about relaxation exercises or techniques.

Sleep: Getting enough sleep is very important to help you cope with prostate cancer, both emotionally and physically. It can be hard to sleep if you have pain, side effects or worries. You might not be getting as much exercise as you're used to, which can also make sleep harder. You can improve sleep by getting into a regular bedtime routine, going to sleep at about the same time each night, making sure your room is cool, dark and quiet, and avoiding alcohol, caffeine and big meals in the evening.

Avoid alcohol, cigarettes and drugs: Some men may turn to alcohol, cigarettes or drugs to help them cope with stressful situations. These can give you relief for a while, but they can also harm you physically and affect how well your cancer treatment works. If you find you are starting to rely on alcohol, cigarettes or drugs, then it's important to tell someone in your healthcare team for professional support.

Be informed about your prostate cancer: Many men feel more in control and able to manage more easily if they have understanding and knowledge of their situation. The Prostate Cancer Foundation of Australia website is a great place to start: pcfa.org.au

Be organised: Being organised can help you think more clearly and avoid being overwhelmed by your emotions. Keep a diary, write down notes from your appointments, and do your research.

Sort out your practical affairs: If you're worried about your finances, relationships or work, make a plan and seek advice early. More tips on managing your finances are on page 18.

Use complementary therapies: Things like relaxation, meditation, yoga and counselling are all useful to help you feel strong and in control.

Seek support: Openly discussing your concerns can make your cancer experience more manageable. More tips on seeking support are on page 18.

Do's and don'ts

Do

- Eat healthily and get plenty of exercise
- Get enough sleep
- Learn relaxation techniques or meditation
- Spend time with family and friends
- Join a prostate cancer support group

Don't

- Avoid your problems
- Blame yourself
- Use alcohol, cigarettes or drugs to make yourself feel better
- Gamble
- Overeat

However, sometimes your usual strategies may not help you cope with all the challenges of cancer. If this happens, then it's a good idea to seek professional help.

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Who can help?

Your GP can be a good starting point because they know you and your individual situation. Your GP can provide support and information and refer you to other healthcare professionals including:

Accredited Exercise Physiologist: Allied health professional who specialises in prescribing an individualised and safe exercise prescription as part of your cancer treatment.

Dietitian: Recommends the best eating plan before, during and after treatment and in your recovery.

Physiotherapist: Specialises in movement and function of the body and advises on resuming normal physical activities and pelvic floor training.

Prostate Cancer Specialist Nurse: A nurse who has received specialised training to provide treatment, support and assistance through all stages of prostate cancer.

Psychologist, psychiatrist or counsellor: Provides strategies for decision-making, problem-solving, and dealing with psychosocial issues, including providing emotional and practical support and managing anxiety and depression.

Sex therapist: Provides sex therapy and relationship counselling to individuals or couples dealing with intimacy or sexuality issues and relationship concerns.

Social worker: Advises on support services and issues relating to coping and functioning at home, physically, socially and financially.

Find a prostate cancer support group near you at www.pcfa.org.au/support/find-a-support-group

4. How exercise can help

Physical activity is very important for maintaining or even improving your physical and psychological health. You should try to do some physical activity most days, if not every day.

Exercise is a planned, structured type of physical activity. It can address specific health issues and prevent other chronic diseases such as heart disease, stroke, diabetes and high blood pressure as well as other cancers.

There is extensive evidence that targeted exercise is very beneficial and safe for men with prostate cancer. In fact, current Australian recommendations are that all men should perform some exercise each week, no matter the stage of their prostate cancer or whether they are undergoing difficult treatments.

Exercise is now recognised as a medicine because it is a powerful way to improve your health before, during and after the primary treatments for prostate cancer.

Exercise before treatment

It's very important to complete an exercise program to prepare your body for surgery, chemotherapy or radiation therapy.

For example, men often wait for 6 to 10 weeks leading up to prostate cancer surgery. This is an ideal time to engage in a specific exercise program to increase the resilience of your body, fitness level and potentially lose some body fat if you're overweight. This will result in improved outcomes from surgery and much faster recovery.

Exercise during treatment

Exercise has been shown to be very effective in reducing the side effects of hormone therapy or androgen deprivation therapy (ADT). It is critical that you exercise throughout hormone therapy to counteract side effects such as putting on weight and increasing your risk of cardiovascular and metabolic disease. Exercise will improve muscle and bone mass, strength and physical function. It will also benefit some of the psychological side effects of hormone therapy.

During radiation or chemotherapy, exercise is recommended to reduce the severity of side effects, particularly fatigue. There is emerging evidence that exercise done immediately before you receive a dose of radiation or chemotherapy may actually make the treatment more effective.

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Exercise after treatment

It is proven that exercise helps with rehabilitation after cancer treatment. It builds up muscle size and strength, helps you regain function, improves the capacity of the heart and lungs, reduces fatigue, and enhances overall quality of life. It is highly likely that regular exercise will reduce the risk of the cancer coming back and prevent you developing other chronic diseases that are often late stage side effects of cancer treatment.

Getting started

The most important thing is to avoid being sedentary (sitting for long periods of time). This is because being sedentary reduces your ability to overcome the cancer, makes side effects of treatment more severe, and results in poorer physical and mental health.

A little bit of physical activity is better than none; and more is better than a little. This physical activity can include sports such as golf and bowling – in fact, any movement that raises your heart rate, makes you breathe faster and deeper, and contracts your muscles forcefully.

However, for the best outcome it is important to use regular exercise as a medicine to help manage your cancer.

Exercise medicine

Exercise medicine can be prescribed to specifically address the health issues that are causing you the greatest problems. In general, this will involve a combination of cardiorespiratory exercise (for example, fast walking, jogging, cycling or swimming) as well as resistance exercise (for example, lifting weights and body weight exercise).

If you are relatively healthy, then you should aim to perform:

- 70 to 150 minutes of moderate to vigorous exercise each week
- at least 2 resistance training sessions per week.

If you are experiencing disease and/or treatment-related issues, you may need a more targeted exercise prescription to treat the problems. In this case it is recommended that you consult with an accredited exercise physiologist (AEP), who will assess your health and fitness and then prescribe a targeted exercise program that is safe and will achieve the best outcomes for you.

You can find an AEP in your local area through the website www.essa.org.au/find-aep and select “cancer” as a specialty.

Medicare may pay for all or a portion of the cost of a consultation with an AEP. This involves asking your GP for a “chronic disease management plan” to include referral to an AEP.

Some other good resources to get you started on an exercise program include:

- Exercise is Medicine Australia at www.exerciseismedicine.com.au
- Tips for starting an exercise program at www.exerciseismedicine.com.au/wp-content/uploads/2018/06/Tips-for-starting-an-exercise-program_2016-1.pdf
- My exercise medicine at www.myexercisemedicine.net

5. How diet and nutrition can help

Eating healthy foods every day can reduce the risk of developing cancer and result in better outcomes from prostate cancer treatment.

For a healthy, balanced diet:

- eat mostly plant and wholegrain foods
- eat moderate amounts of meat
- limit processed meats
- limit sugary drinks
- limit alcohol
- cook at home using fresh food that you buy or grow yourself.

A healthy, balanced diet provides the vitamins and minerals your body needs. When combined with physical activity, a healthy diet can help you achieve a healthy weight. There is strong evidence that maintaining a healthy weight reduces the risk of cancers, including prostate cancer.

Unintended weight loss

It is important to monitor your weight during prostate cancer treatment as you may have a poor appetite and unintended weight loss. If you are losing weight, try adding nutritious, high-protein foods and healthy fats to your diet, and eating small, frequent meals over the day (3 main meals and 3 snacks). Eating high-protein foods and being physically active will also help to maintain muscle, which is important for your health as you age.

Speak with your healthcare team if you are experiencing side effects from treatment that affect your appetite, such as nausea, vomiting, diarrhoea, constipation, taste changes or weight loss.

Foods to eat for unintended weight loss include:

- non-salted nuts and seeds
- avocado
- lentils and legumes (baked beans, chickpeas, kidney beans)
- yoghurt, cheese and milk
- smoothies and milkshakes
- hummus
- nut butter (peanut butter, cashew butter, etc)
- eggs
- olive oil
- poultry/ fish/ red meat.

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Tips to achieve a healthy, balanced diet

- Extend casseroles, soup and pasta dishes by adding a can of lentils, chickpeas or kidney beans.
- Eat a handful of mixed non-salted nuts each day (for example, almonds, walnuts, Brazil nuts).
- Roast nuts and seeds with sweet potato, pumpkin and capsicum and a drizzle of olive oil.
- Pack cut vegetables (for example, carrot, cucumber, celery, capsicum, snow peas) for a mid-morning or mid-afternoon snack.
- Eat 2 pieces of fruit each day.
- Top hummus with fried mushroom and capsicum to add flavour and variety.
- Stir fry tofu and tempeh to create an Asian veggie dish.
- Treat yourself to a cooked breakfast with baked beans, tomato, mushroom, egg and wholegrain toast.
- Eat multigrain or wholemeal bread, pasta and breakfast cereals.
- Have natural yoghurt topped with your favourite fruit (fresh, frozen or canned in natural juices), wholegrain cereal and/or nuts.
- Be adventurous. Try new grains such as brown rice, buckwheat, quinoa, freekeh, barley.
- Avoid sugar sweetened drinks (soft drinks and fruit juice).
- Drink water.
- Replace processed foods (fast foods) with home cooked meals.
- Consult a member of your healthcare team before taking vitamin or mineral supplements.

Your nutrition needs can change depending on your cancer stage and treatment.

An Accredited Practising Dietitian (APD) can provide individual diet advice.

You can find a dietitian on the Dietitians Australia website at www.dietitiansaustralia.org.au/find-an-apd

6. Screening for distress

Your healthcare team's job is to care for you emotionally as well as physically. During stages of your cancer journey, you may be asked how you and your partner, if you have one, are coping emotionally.

Sometimes it can be difficult to put into words how you are feeling. There are ways to measure your level of distress, such as the Prostate Cancer Distress Screen. This involves a member of your healthcare team, such as a Prostate Cancer Specialist Nurse, talking to you about how you are coping, any problems you are experiencing, and asking questions about your level of distress.

The information you give may help you and your healthcare team identify areas where you may need help and support.

Measure your level of distress

Talk to your healthcare team if any of these problems are causing you distress:

Practical problems	Treatment problems
Work	Understanding treatments
Financial/Insurance	Making a decision
	Information about my illness
Family problems	Physical problems
Partner	Pain
Children	Fatigue
Emotional problems	Sexual
Depression	Urinary
Uncertainty about the future	Bowel
Nervousness	Hot Flushes
Sadness	Weight Gain
Worry	Weight Loss
Loss of interest in usual activities	Loss of Muscle Mass
	Memory/Concentration
	Sleep

A distress screening form can be downloaded at www.prostate.org.au/media/458256/Prostate_Cancer_Distress_Form.pdf. It might be helpful for you to fill this form out and take it with you to discuss with your doctor, nurse, psychologist or counsellor.

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7. When it's more than feeling down

Sometimes negative feelings can start interfering with your normal everyday life. If this happens for more than 2 weeks, you could have anxiety or depression. These are mental health conditions that make it more difficult to deal with the physical side effects of treatment.

Anxiety

Anxiety is the thoughts, feelings and physical reactions you have when you are faced with stress or danger. Some signs of anxiety include:

- panic attacks
- racing heart
- tight chest
- breathing quickly
- restlessness
- trembling or shaking
- worrying excessively
- avoiding situations that make you feel anxious
- difficulties with concentration or sleep.

Depression

Depression is feeling sad, moody or low for a long period of time. The rate of depression is higher in men with prostate cancer than in the rest of the community. Some signs of depression include:

- always feeling in a low mood – sad, miserable, frustrated or angry
- having no interest in usual activities that you previously enjoyed
- feeling overwhelmed
- relying on alcohol or sedatives
- not being able to concentrate
- not being able to make decisions
- withdrawing from family and friends
- difficulties with sleeping and eating.

Anxiety and depression don't usually go away by themselves. But there are very effective treatments available. It's worth getting treatment as the symptoms may get worse over time.

Treatments for anxiety and depression include:

- **Therapy:** This can be from a psychologist, counsellor or other mental health professional. It involves talking and developing strategies to cope with your feelings.
- **Coping strategies:** Learning how to relax or meditate can make a big difference if you have anxiety or depression. You can do this at home, with the help of an online tool. You can find a list of mental health resources on the Australian Government's Head to Health website at www.headtohealth.gov.au
- **Medication:** If your anxiety or depression are moderate or severe, your doctor may prescribe you antidepressant medication. This can be very effective, but may take 4 to 6 weeks to work and there are sometimes side effects. You can discuss these with your doctor.

Talk to your doctor or call us on **1800 22 00 99** if you need advice on how to get help for anxiety or depression.

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8. Getting support

Every man will have different ways of dealing with prostate cancer and need different levels of support. Here are some of the support options available to you.

Personal support

Support from your partner, family members, a friend or a prostate cancer support group can help you cope with the challenges of prostate cancer.

Even if you don't want to talk about your feelings with family and friends, they can help you in practical ways. They can give you company, have fun with you, or help you exercise.

Professional support

There are many forms of professional support available to you. The first step is to talk to your GP or a member of your healthcare team. If you feel you would benefit from talking to someone or having some additional help, they can refer you to the right person.

Financial support

Cancer can have financial implications, such as the cost of certain treatments, or the cost of having time off work, leading to loss of income.

Centrelink provides payments and services to help you if you have an illness, injury or a disability that means you cannot work, or can only do a limited amount of work.

For more information, visit Services Australia at: www.servicesaustralia.gov.au/individuals/subjects/payments-people-living-illness-injury-or-disability

Medicare covers some of the costs of procedures and tests used to diagnose and treat prostate cancer, but there may be some 'out-of-pocket' costs. Your doctor or a member of your healthcare team can answer your questions about why you need certain procedures and tests, and the potential financial outlay.

Medicare also covers some of the costs of seeing a mental health professional. For more information, visit Services Australia at www.servicesaustralia.gov.au/individuals/subjects/whats-covered-medicare/mental-health-care-and-medicare

People with a chronic condition like prostate cancer may be eligible to claim Medicare benefits for allied health services. The first step is to talk to your GP about writing a management plan for you. (see www1.health.gov.au/internet/main/publishing.nsf/Content/mbprimarycare-chronicdisease-pdf-infosheet)

Each state and territory has a government-funded scheme to help patients who must travel long distances to obtain specialist treatment that is not available locally. These are called Patient Assisted Travel Schemes (PATS) and will help with travel expenses and accommodation costs for you and someone to accompany you. You can find your local PATS on the healthdirect website www.healthdirect.gov.au/travelling-to-your-healthcare-appointment

Talk to a member of your healthcare team, such as a social worker, about what financial and practical support services are available.

Some organisations listed in the 'Support services and other resources' section can provide you with more information on financial assistance.

Support groups

It is important to remember you are not alone – there are established prostate cancer support groups all around Australia. You can get support and advice from men and their partners who have been in the same position as you and this can provide a powerful way of coping.

Being part of a support group can help you experience:

- a sense of belonging
- a sense of community
- feeling as though you are not alone
- feeling accepted and supported
- empathy
- feeling understood
- feeling as though you are being cared for
- feeling safe to express your feelings and fears.

Find a prostate cancer support group near you at www.pcfa.org.au/support/find-a-support-group

Support for partners, families and loved ones

If you have a partner, they may also be worrying about how prostate cancer will affect both of your lives. The side effects of treatment such as erectile dysfunction and incontinence can affect your relationship. You and your partner can discuss these personal issues with your healthcare team.

More information can be found in *Understanding prostate cancer for partners and families* downloadable at pcfa.org.au or prostate.org.au

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9. Where to get more information and support

Prostate Cancer Foundation of Australia (PCFA)
(02) 9438 7000/1800 22 00 99 (freecall)
Email: enquiries@pcfa.org.au
www.prostate.org.au

Beyond Blue: the National Depression Initiative – providing information about, and support for, anxiety and depression.
1300 22 46 36
www.beyondblue.org.au

Cancer Council Australia: professional telephone and online support, information and referral service.
13 11 20
www.cancer.org.au

Carer Gateway: support for people who are caring for other people
1800 422 737
www.carergateway.gov.au

Continence Foundation of Australia: providing information about bladder and bowel health and accessing support
National incontinence helpline: 1800 33 00 66
Email: info@continence.org.au
www.continence.org.au

Dietitians Australia: find an accredited practising dietitian
(02) 6189 1200
Email: info@dietitiansaustralia.org.au
www.dietitiansaustralia.org.au/find-an-apd/

Exercise & Sport Science Australia (ESSA): find an accredited exercise physiologist
(07) 3171 3335
Email: info@essa.org.au
www.essa.org.au/find-aep

Lifeline Australia: personal crisis support and suicide prevention
13 11 14 (24-hour service)
www.lifeline.org.au

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11. Glossary

Abdomen – The part of the body that includes the stomach, intestine, liver, bladder and kidneys. The abdomen is located between the ribs and hips.

Advanced prostate cancer – Prostate cancer that has spread to surrounding tissue or other parts of the body such as lymph nodes, bones or other organs.

Androgen Deprivation Therapy (ADT) – Treatment with drugs that minimises the effect of testosterone in the body. This is also known as hormone therapy.

Bladder – An organ in the pelvis that stores urine.

Cancer nurse coordinator – A specialist nurse who guides you and your family through cancer treatments and liaises with other care providers.

Carer – A person who helps someone through an illness or disability such as cancer.

Chemotherapy – The use of medications to kill or slow the growth of cancer cells.

Constipation – Bowel motions (faeces) that are infrequent and/or hard to pass.

Diarrhoea – Having very frequent, loose bowel motions.

Dietitian – A health professional who specialises in human nutrition.

Erectile dysfunction – Inability to achieve or maintain an erection firm enough for penetration. This is also known as impotence.

Fertility – Ability to have children.

General practitioner (GP) – A family doctor. Your GP is the first person you see if you're sick. They can refer you to other medical specialists.

Grade – A score that predicts how quickly the tumour is likely to grow.

Hormone – A substance that affects how your body works. Some hormones control growth, others control reproduction.

Hormone therapy – Treatment with drugs that minimises the effect of testosterone in the body. This is also known as androgen deprivation therapy (ADT).

Incontinence – Inability to hold or control the loss of urine or faeces.

Intravenous – Into a vein. An intravenous drip gives medication directly into a vein.

Metastatic prostate cancer – Prostate cancer that has spread from the prostate gland and started to grow in other parts of the body.

Occupational therapist – An allied health professional who can help you manage everyday tasks.

Oncologist – A doctor who specialises in treating cancer with different medications and treatments.

Pathologist – A health professional who studies diseases to understand their nature and cause. Pathologists examine tissues under a microscope to diagnose cancer and other diseases.

PBS – Pharmaceutical Benefits Scheme: a government scheme that subsidises the cost of medications for Australians.

Physiotherapist – An allied health professional who specialises in movement and function of the body and advises on resuming normal physical activities.

Prostate Cancer Specialist Nurse – An experienced registered nurse who has received additional training to make them an expert nurse in prostate cancer care.

Prostate specific antigen (PSA) – A protein in the blood that is produced by cells in the prostate gland. The PSA level is usually higher than normal when prostate cancer is present.

Psychologist – A health professional who provides emotional, spiritual and social support.

Quality of life – A person's overall appraisal of their situation and wellbeing – whether they have symptoms and side effects, how well they can function, and their social interactions and relationships.

Radical prostatectomy – An operation to remove the prostate gland and seminal vesicles.

Radiation therapy (radiotherapy) – The use of radiation, usually X-rays or gamma rays, to kill cancer cells or injure them so they cannot grow or multiply.

Radiation oncologist – A doctor who specialises in treating cancer using radiation therapy.

Side effect – Unintended effects of a drug or treatment.

Social worker – A trained professional can help you face challenges and make sure you are treated fairly.

Stage – The extent of a cancer and whether the disease has spread from an original site to other parts of the body.

Health and wellbeing with prostate cancer

Stereotactic radiation therapy – A technique to precisely position the radiation therapy beam in a three-dimensional space.

Support group – A group of people who provide emotional caring and concern, practical help, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.

Supportive care – Improving quality of life for people with cancer from different perspectives, including physical, social, emotional, financial and spiritual.

Surgery – Treatment that involves an operation.

Survivorship – The health and life of a person beyond diagnosis and treatment for cancer. Survivorship issues may include follow-up care, late effects of treatment, secondary cancers, and quality of life factors.

Testosterone – The major male hormone, which is produced by the testicles.

Urethra – The tube that carries urine and semen out through the penis and to the outside of the body.

Urologist – A surgeon who treats people with problems involving the urinary system, including the kidney, bladder, prostate and reproductive organs.

Health and wellbeing with prostate cancer

You may wish to use this note section to record your progress or questions you may have about your symptoms following treatment.

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PROSTATE CANCER FOUNDATION OF AUSTRALIA (PCFA)

We are Australia's leading community-based organisation for prostate cancer research, awareness, and support. As the nation's predominant charity fund for Australian – based prostate cancer research, we exist to protect the health of existing and future generations of men in Australia and to improve quality of life for Australian men and families impacted by prostate cancer.

Our vision is a future where no man dies of prostate cancer and Australian men and their families get the support they need.

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For a full list of contributors and reviewers, please visit the PCFA website: pcfa.org.au

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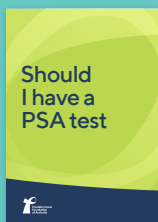
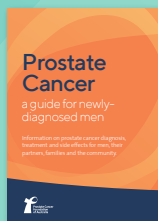
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